March 13, 2020

DRAFT Napa County Mental Health Services Act Three Year Plan

2020-2021 THROUGH 2021-2023

NAPA COUNTY | HEALTH AND HUMAN SERVICES| MENTAL HEALTH

A Tradition of Stewardship
A Commitment to Service

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

☑ Three-Year Plan for FY 21-22 to FY 22-23

☐ Annual Update to Three-Year Plan

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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 19-20 Annual Update to the Napa County Mental Health Services Act Three-Year Program and Expenditure Plan for FY 17-18 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.

Sarah O'Malley, LMFT
Local Mental Health Director (PRINT)

Final document will be signed and dated
Signature Date

Napa County Mental Health Services Act Three Year Plan

FY 2020-2021 – FY 2022-2023

Introduction

The purpose of the Three Year Plan is 1) to keep the community and local stakeholders informed of the MHSA programs in the community and 2) to give an update and to ensure that the County is providing the Mental Health Services Oversight and Accountability Commission (MHSOAC) the information they need to be informed about the service provision offered in Napa County.

The Three Year Plan includes a summary of MHSA programs as well as outcome data from the last three fiscal years, FY 16-17 through FY 18-19, specifically for PEI programs. Program updates are organized by existing MHSA 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 sections - program summary, program cost, total number served, successes, goals, challenges and any anticipated changes as a result of the challenges.

Summary Highlights and Changes in MHSA Funded Programs

MHSA Funding Projection

According to the State's FY 19-20 budget projections, the projection revenue for FY 19-20 was an increase of 7.2 percent higher than in FY 17-18. It is projected for funding to decrease by 4.6% from FY 20-21 to FY 21-22. However, funding is projected to increase by 4.5% from FY 21-22 to FY 22-23.The Mental Health Division plans to carefully monitor revenue and expenditures in FY 20-21 to determine if current funding is sufficient to sustain programs in FY 21-22 or if funding adjustments will need to be made.

SB 1004-MHSA Prevention and Early Intervention Changes

The California Legislative Counsel states that, SB 1004 requires the MHSOAC to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services; including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill authorizes a county to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities. If the county chooses to include other programs, the bill requires the plan to include a description of why those programs are included and metrics by which the effectiveness of those programs are to be measured.

Napa County MHSA is complying with the MHSOAC's established PEI priorities with the following programs:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental

health needs.

   a. The **Prevention Program Kids Exposed to Domestic Violence provides** services to children exposed to domestic violence at risk of developing PTSD and or poor mental health outcomes. It offers trauma informed supports and support group to children/youth who have been exposed to domestic violence.

2. Early psychosis and mood disorder detection, intervention and mood disorder and suicide prevention programming that occurs across the lifespan.
   a. The Division is exploring options to fund these PEI Priorities.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs.
   a. The **Prevention Program CLARO/A** addresses cultural barriers and stigma in the Latino community in order to help youth understand mental health and connect them to services. The program supports youth through cultural identity, increase knowledge or mental health and positive connections to friends, family school and community.
   b. The **Early Intervention Program: NCOE Court and Community Schools Student Assistance Program** addresses the social and emotional needs of youth that are not addressed in traditional academic curriculum. Students are screened using the Patient Health Questionnaire and are then offered individual mental health support on site and/or are referred to other mental health services.
   c. The **NVUSD American Canyon Student Assistance Program** also addresses the social emotional needs of youth that are not addressed in traditional academic curriculum. This Wellness Program consists of three tiers of services; all students are screened and identified if they are in need of tier two or three interventions. In tier two and three studiers are offered group and individual support, if needed students are connected and referred to community or county mental health services.
4. Culturally competent and linguistically appropriate prevention and intervention.
   a. The **Prevention Program: Suscol Intertribal Council Native American Project** addresses the lack of information about Native history, the enculturation for Native people in Napa County and improve access to mental health services for Native people in Napa County. Through workshops, knowledge and understanding of the norms of indigenous cultures are taught, as well as knowledge regarding mental health.
   b. The **Stigma and Discrimination Reduction Program LGBTQ Project** addresses the lack of LGBTQ component and/or specialized community resources, services and the mental health needs of LGBTQ individuals that are not being met. Trainings are provided to teach about understanding LGBTQ identities, awareness of issues that affect the mental health of LGBTQ individuals and understanding of affirming mental health resources for LGBTQ people.
5. Strategies targeting the mental health needs of older adults as defined.
   a. The **Early Intervention Program Healthy Minds Healthy Aging** addresses elder specific age related challenges to access to and utilization of behavioral health services. The program conducts intake screenings and assessments to identify mental health issues. The case management piece supports access to services to address the identified needs. In addition, a therapy component provides mild to moderate mental health treatment as indicates.
6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression and psychosis.

a. Eight out of the nine Napa County MHSA PEI programs use screening and assessment tools to identify mental health symptoms. The two following programs are examples of early identification programs.
b. The **Prevention Home Visitation Program** addresses the issues of parents of young children that are at risk of depression and young children's developmental concerns that can lead to more serious mental health needs. The program uses an evidence based home visiting model to support and sustain families. The Edinburgh screening is used to identify parents' depression and the ASQ/ASQSE is used as the Children's Developmental and Social-Emotional Screening Tool.

c. The **Prevention Strengthening Families Program** addresses the need for mild to moderate mental health supports for parents. The program uses the Triple P Parenting model to support parents; participants are screened for mental health needs. The second part of the program include parent support groups, which assist parents understand their children's experiences. The DASS-21 and PAFAS are used to screen parents.

Prevention and Early Intervention (PEI) Component

Between FY 18-19 and FY 19-20, the MHD met with each PEI program to revisit evaluations, update logic models and revamp the reporting forms. Program activities and outcomes were clarified and realigned with the PEI regulations. This was done to assure that all PEI programs remain in compliance and to reorient new staff working in the PEI programs. The following changes were made:

Native American Project Changes: the Suscol Intertribal Council identified organizational partnerships as essential and ongoing work to increase access to mental health. Staff work with community organizations to develop and maintain organizational partnerships to increase access to culturally competent services for Native people in Napa County.

New measures:

- Organization type.
- Number of partnerships maintained.
- Number of partnerships developed.

Kids Exposed to Domestic Violence (KEDS) Changes: KEDS determined that they were not screening children because it is an understanding that children and youth who have been exposed to domestic violence have known mental health risks. Also, KEDS was doing limited work with parents and instead are focused on supporting children with trauma informed care. Thus, the education to parents was dropped and instead was labeled as "outreach," as the parents are mostly provided with information about children's mental health. KEDS identified their collaborative with community partners as essential to connect community members with their services.

New measures:

- Number of organizations participating in KEDS Collaborative and number of meetings and their topics.
- Number/type of community outreach events and number of individuals reached at each event.
- Number of parents given information about the impact of domestic violence on mental health.
- Number of children referred to mental health.

- Referral sources for KEDS participants.
- Identifying coping strategy for self-regulation, self-worth/self-esteem and healthy relationships.

American Canyon Student Assistance Program (SAP) Changes: This program has shifted to a Wellness Program divided into three tiers**.** Tier 1 is universal, services are provided school wide, these services are not funded by PEI. Although, tier one services are part of the service structure, these will no longer be part of the evaluation. The screening tool for Tier 2/3 has changed from Walker Screener Inventory (WSI) to Strengths and Difficulties Questionnaire (SDQ).

New measures:

- Number of Wellness Team meetings and people who attend meetings.
- Trimester attendance data for students who use Wellness Center services –by student (percent of school days attended).

Home Visitation Program Changes: Home Visitation has transitioned from the model Healthy Families America to the evidence based home visiting model Parents as Teachers. The program now focuses on "Group Connections" to support parents' mental health with monthly meetings to promote parent connections. The family centered assessment and goal setting (Screen/Identify Parents) are now screening for mental health rather than child maltreatment.

New measures:

- Track activities/events with mental health providers.
- Description of group connection events.
- Number of parents who attend group connections/meetings and the aggregated pre-post mental health indicators from the groups.
- Aggregated number of referrals to health and developmental services.

CLARO/A Mentoring Programs Changes: CLARO/A attends the Core Team meetings to identify students at risk and to plan referrals and interventions. The program administrators plan to choose a screening tool and train CLARO/A facilitators to use screening tool.

New measures:

- Number of Core Team meetings.
- Chosen screening tool and number of facilitators training.
- Group description and number of students who participate in weekly meetings.
- Number of students who receive one on one mentoring.
- Number of students that receive support from school districts and/or family center resources (not Medi-cal funded).

Strengthening Families At-Risk: Both Cope and Mentis have identified the essential work accomplished through outreach or collaborating with the community to increase mental health knowledge. COPE has focused on doing general outreach to families in Napa County, which includes mental health resources in addition to other supports (e.g. CalFresh, employment, rent assistance, etc.). COPE has implemented the Triple P model, through which they provides transition support groups and screen parents for mental health. COPE also refers parents to Mentis' Healthy Relationships Groups and other services such as

HHSA. Mentis collaborates with family resources centers in Napa County to identify parents in need of mild to moderate mental health supports.

New measures:
COPE's outreach:

- Description of outreach event, description of attendee, number of attendees contacted.

COPE screening:

- Number of parents participating in Triple P who are assessed for mental health concerns, tools used, and scores *("Pre" score on DASS-21. "Pre" score on PAFAS is optional).*
- Number of parents referred to Transitions group and number of parents participating in Transitions group.

COPE referrals:

- Number of parents referred to Healthy Relationships groups.
- Number of parents referred to HHSA/MHP mental health services.
- Number of sessions/individual.

Mentis Outreach:

- Number of partnership and number of referrals received from each partnership.

Healthy Relationship Groups:

- Number of parents participating in the Healthy Relationships groups, number of parents referred to mental health services (HHSA/MHP) and number of sessions/individual.

Healthy Minds, Healthy Aging Program: Mentis and Collabria identified screening and assessments from referrals received as an essential main activity, these were previously not being tracked. HMHA is screening for dementia with the AD8 tool and assessing depression (PHQ9) and added the health survey (SF-12v2).

New measures:

- Outreach topic, Location, number and type of attendees.
- Number of referrals received from partners/source *(Mentis).*
- Number of individuals screened for dementia *(Collabria, Mentis)*.
- Number of individuals referred for dementia services *(Collabria and Mentis)*.
- Number of individuals referred for therapy (mild-moderate) *(Mentis).*

Case management:

- Multidisciplinary team meetings, number of individuals served, number of case management visits/individual.

Napa County of Education Court and Community Schools Student Assistance Program: The program screens all students at intake for mental health concerns using the Depression Module (PHQ-9).

New measures:

- PRE and POST score from first screening and score before support ceased.
- Individual Support from Social Worker (MHSA-funded) and individual support from Intervention Specialist (MHSA funded).

LGBTQ Connection: The identified changes for The LGBTQ Connections will be to review input from LGBTQ community and feedback form panelist and presenters at provider training.

New measures:

- Number of panelists and/or presenters who participate and provide input.
- Number of focus groups that contributed input (and basic description—age, gender, r/e, etc.).

Community Services and Supports (CSS) Component

In FY 18-19, the Children's FSP was expanded due to an increase in demand. This expansion provides additional services to an increase number of children consumers who would benefit from the wrap around services. Administration worked with staff to assure that new subunit's structure was implemented and staff was adequately trained to work with this population. The children receiving these services were screened to make sure that they met MHSA CFSP criteria.

Community Services and Supports (CSS) Housing

In FY 18-19, MHSA provided the Buckelew Program a onetime Funding Assistance Fund. The Buckelew Program provides stable housing and support services to help consumers live independently in the community. With stable housing, consumers are able to explore employment, further their education, volunteer work and focus on their wellness and recovery.

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 illness and six two bedroom units of transitional housing for homeless transition-aged youth (18-26 years) who are living with mental illness.

Innovations (INN) Component

For Innovations Round 2, the Native American Trauma and Healing Innovation Project and Napa Adverse Childhood Experiences Innovation will end on June 30, 2020. The other two the Mental Health Needs of the American Canyon Filipino Community Innovation Project and Work for Wellness Innovation Project are projected to end in FY 20-21.

For Innovations Round 3, Napa County will participate in a Learning Health Care Network for California Mental Health Programs. The proposed Innovation Project will make a change to an existing practice in the field of mental health by introducing a collaborative Early Psychosis (EP) Learning Health Care Network (LHCN) to support quality improvements, consumer engagement and provider use of measurement-based care in EP programs.

Workforce Education and Training (WET) Component

The MH Division anticipated that WET funds would have been fully expended by June 30, 2018; however, several issues have prevented these funds from being expended. The Internship Program has generated more revenue than was anticipated, and, because this revenue offsets expenditures of WET funds, interest has also accumulated on the unspent WET funds.

The Mental Health Division utilized previous WET funds for a variety of stakeholder-approved actions or programs. The Mental Health Division will spend Reverted/Reallocated MHSA WET Funds in FY 18-19 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.

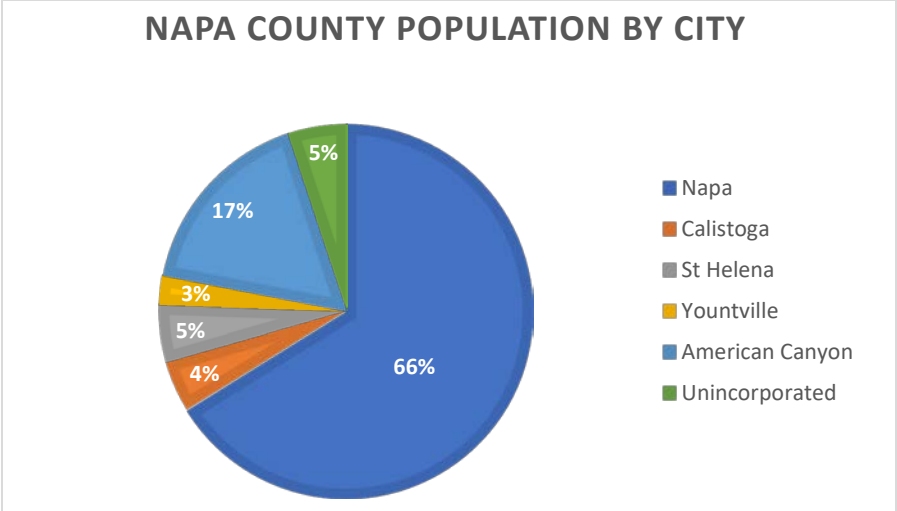
Capital Facilities/Technological Needs (CF/TN)

The MHD expects to have expended CF/TN funds on the new Electronic Health Record (EHR) as well as the Big Data Project with IBM by June 30, 2020 and currently does not have any plans to designate any CSS funds for CF/TN.

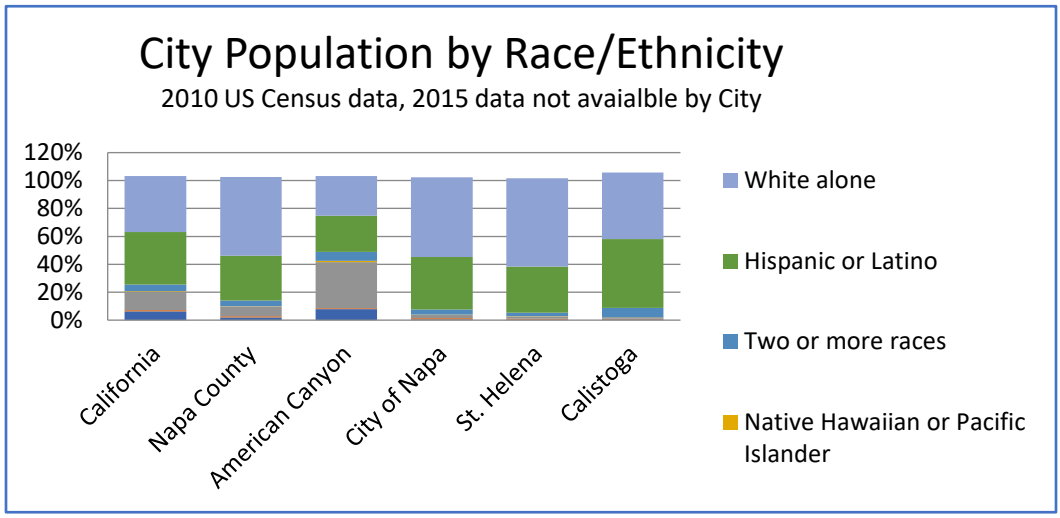
Overview of Napa County

The Napa Valley, located in the heart of California's pre-eminent wine country is home to some 139,417[1] 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 2018 estimates, the population of Napa County is distributed across the County in the following way: 66% of population reside in the City of Napa, 17% in American Canyon, 5% in St Helena and the unincorporated areas, 4% in Calistoga and 3% in Yountville.

[1] US Census Quick Facts, Napa County Population, April 2018

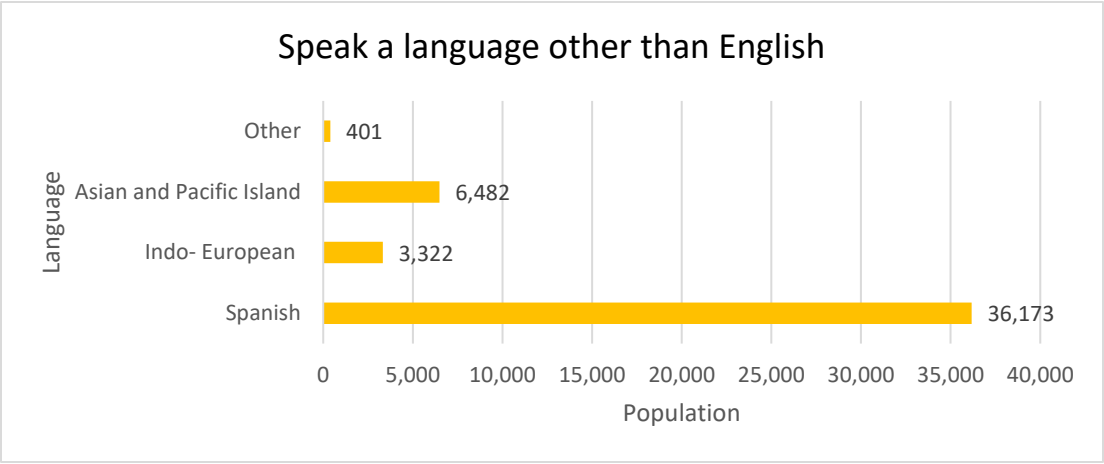


American Canyon is the most diverse city in Napa County and Calistoga continues to have a large population of Hispanic/Latinos, making it the majority racial/ethnic group in the City of Calistoga. The most common non-English languages spoken in Napa County are Spanish and Tagalog.[2] From a population of 133,501, over the age of 5 years old, 87,123 residents speak English only and 46, 378 speak a language other than English. The other most prominent languages were Spanish, being a threshold language, Asian and Pacific Island languages, Indo-European and Other languages (not identified).[3]

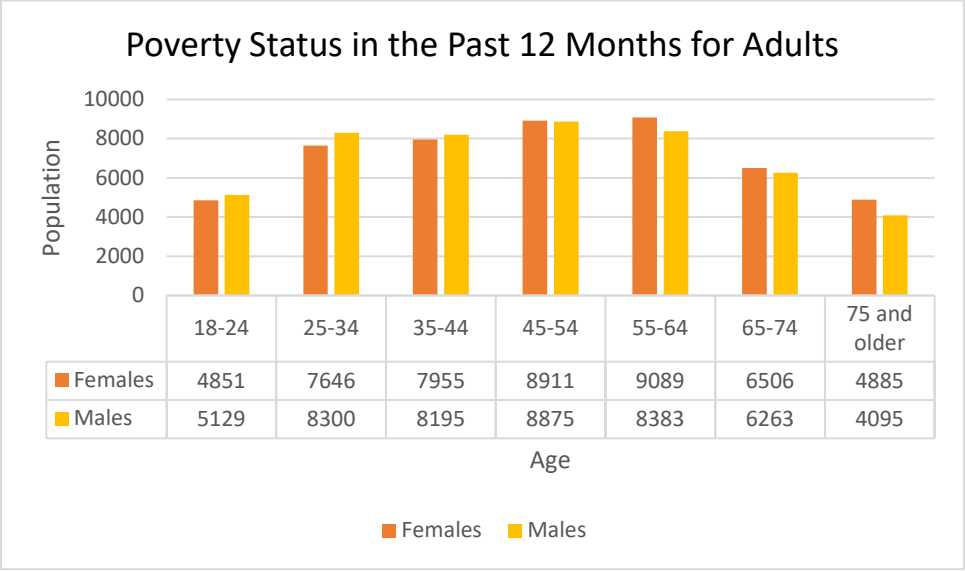


[2] https://datausa.io/profile/geo/napa-ca-metro-area/; http://reports.abag.ca.gov/sotr/2015/section3-changing-population.php

[3] US Census Quick Facts, Napa County Population. April 2018

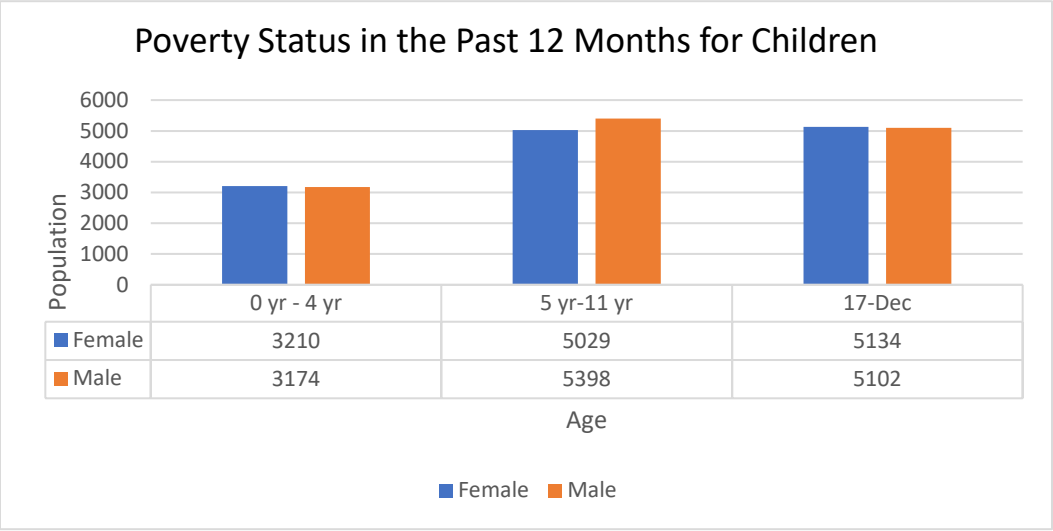


Based on the Census, 8.2% of Napa County residents are below poverty level. In the last 12 months, 99,083 adults were under the poverty level. The age range with the most adults in poverty were the ages between 45 to 54 years of age. For children, 27,047 were in poverty. The age range with the highest poverty level is between 5 years to 11 years with 10,427 children in poverty.[4]



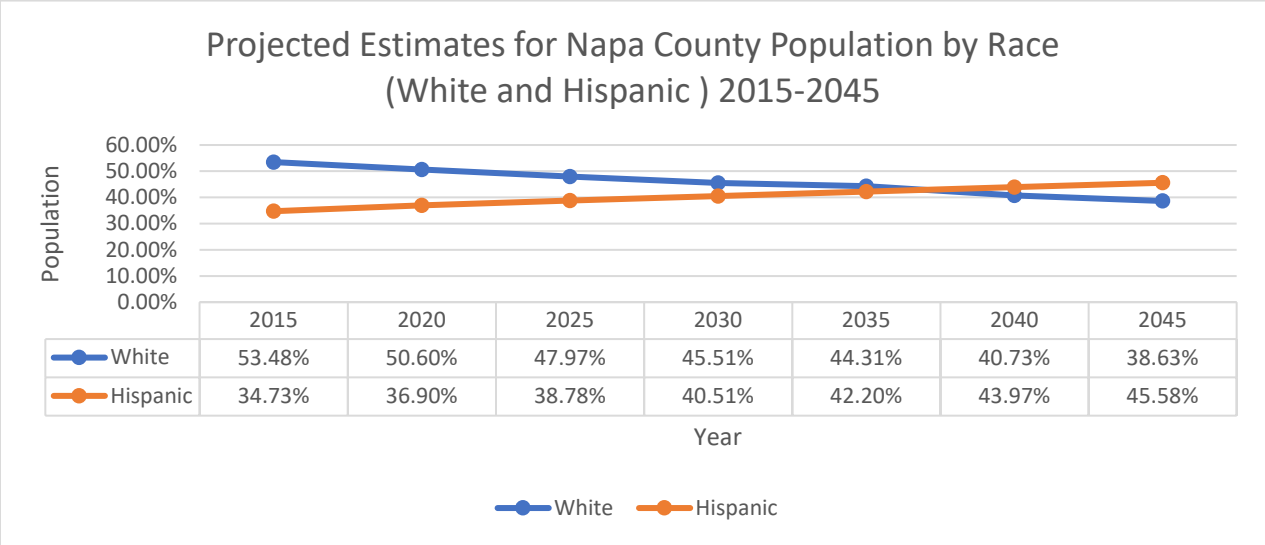
	18-24	25-34	35-44	45-54	55-64	65-74	75 and older
Females	4851	7646	7955	8911	9089	6506	4885
Males	5129	8300	8195	8875	8383	6263	4095

[4] https://www.livestories.com/statistics/california/napa-county-poverty

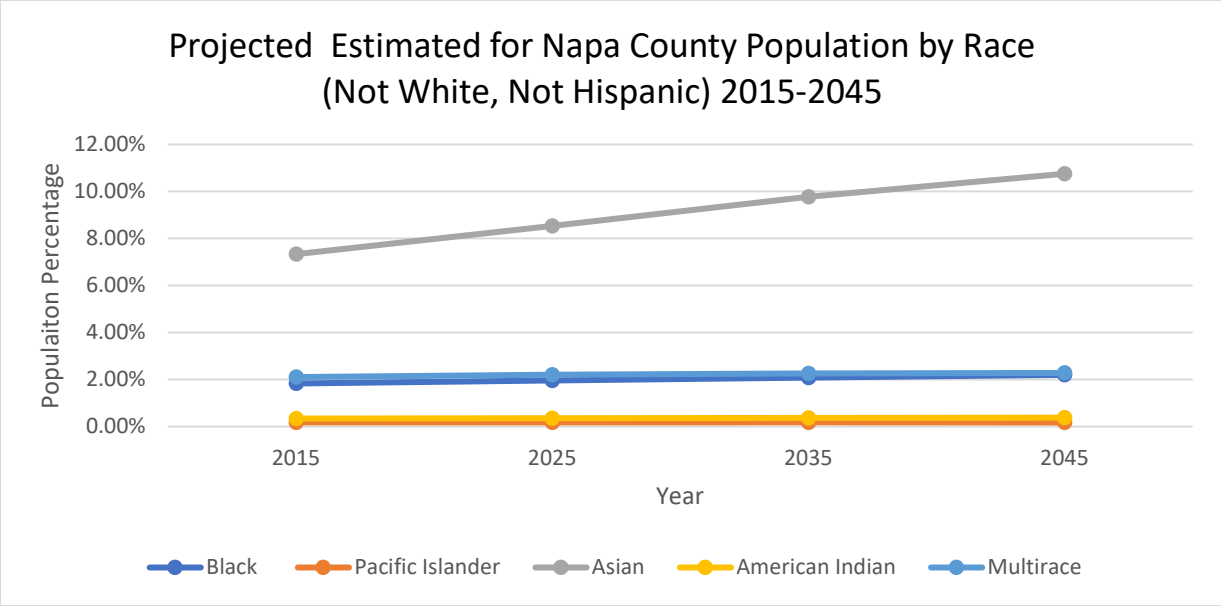


Population Projections for Napa County

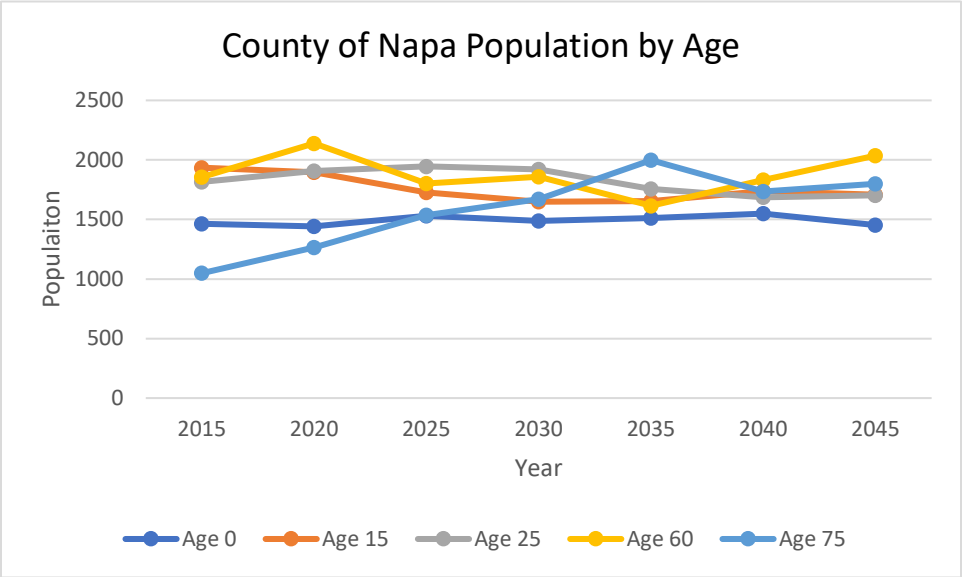
The following two graphs show the projected population by race in Napa County. Latino and Asian populations are currently the fastest growing population in Napa County. It is projected that by 2037 the Latino population will surpass the Caucasian/Whites population while the Asian population will comprise about 8.5% of the total population by 2025. Other racial categories such as Multiracial, Asian, American Indian and Black/African American also continue to grow at a slower rate through 2045. With increasing population with diverse cultural needs, the CSS services may have to evolve along with the changing demographics.[5]



[5] http://www.dof.ca.gov/Forecasting/Demographics/Projections/



The graph below depicts the County of Napa's population trends by age categories served by CSS program. As of 2015 to 2035, the population increasing at the fastest rate are individuals 75 years of age. From 2015 to 2035 it is projected that the age group of 60 will slowly decrease, but will begin to take an upward trend after 2035. The age groups of 0 and 15 remain at a steady from 2015 through 2045. The 25-year-old age group slightly increases, but begins to decrease in 2030. Based on these projections the CSS programs should continue focusing on the age group 25 as well as 60 and older.[6]



[6] http://www.dof.ca.gov/Forecasting/Demographics/Projections/

The MHSA Three Year Planning Process:

PRIORITY ASSESSMENT

Gather information from the community through interviews, focus groups and surveys.

After the information has been received, the priorities and ideas will be summarized and additional analysis about services, gaps and opportunities will be added by staff.

COMMUNITY MEETINGS

Summarized feedback with the analysis will be presented at community meetings and additional input from stakeholders will focus on ideas to address the priorities.

CLOSING THE LOOP

After the second round of input from stakeholders, further analysis will be undertaken to address the feasibility/sustainability of the priority areas.

PUBLISH AND SHARE FINAL REPORT

The final report will be distributed to interested stakeholders and available online at the HHSA Mental Health Division website.

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. 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:

- Representative of Napa County Commission of Aging/Older Adult
- Family Center Representative/Executive Director, COPE Family Center
- 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
- Representative from Mentis, Older Adults
- Representative from the Napa County Mental Health Board
- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- A representative from Ole Health 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
- Older adult and Veteran Representative
- Director, Clinical Director and Staff of the Mental Health Division
- Director or Napa Valley College or student Mental Health representative
- Consumer/Family Member Representative, Innovations Community Center, On The Move
- Behavioral Health Representative, Executive Director, Mentis

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

- Public Health
- Family Member of a Child/Youth Consumer
- Transition Age Youth
- Faith Community
- Latino Community
- Asian/Pacific Islander

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 2020-2021 through FY 2022-2023 MHSA Three Year Plan will take place from Friday, March 13 to Monday, April 13, 20202 and a public hearing will be held at a meeting of the Napa County Mental Health Board on Monday, April 13, 2020 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 2020-2021 – FY 2022-2023 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.

PEI Annual Evaluation Report

The nine Prevention and Early Intervention (PEI) programs in Napa County have been funded to provide services since 2011. In FY 16-17, they began piloting program evaluation measures with the intent that program evaluation would continue into FY 17-18. Several things occurred that interrupted the program evaluation:

- In October 2017, Napa County experienced devastating fires. This event meant that the Mental Health Division staff and each of the funded agencies turned their attention to disaster response for several months.
- The program evaluation was delayed due to staff transition to another division. Due to hiring freezes, the disaster and other obligations, filling this position took longer than anticipated.
- Many of the funded PEI programs have had changes in staffing since FY 16-17. As staff began compiling the information for the evaluation report, the person who had submitted the data in FY 16-17 or FY 17-18 was different than the current contact for the program. In some cases, the original contact had left the program.

A review of the FY 16-17 and FY 17-18 data available for evaluation showed that programs had diligently collected and submitted the demographic and outreach data. There was significant variability in the submission of the outcome data intended for the evaluation report. The following scenarios summarize the situations encountered:

- Partial outcome data was collected and reported. For several programs, data was reported for most of the outcome measures.
- The outcome data submitted was tabulated incorrectly and the original source data was not available to verify the calculations.
- The outcome data collected for FY 17-18 did not align with the outcome data collected in FY 16-17. Due to program staffing changes, it was not clear which data should be collected and why. In some cases, PEI program staff collected and submitted data that was not relevant to the program activities funded by PEI.
- The data was not collected. In some cases, this was because program staff was confused about how to collect the information. In other instances, the surveys and/or forms needed were not developed for the programs. This was the most frequent scenario.

MHSA staff and the Acting Mental Health Director reviewed the spotty program evaluation data and decided to include only the portions that were verifiable and relevant. This resulted in very little data. MHSA PEI Program staff is working with an evaluation consultant to develop program logic models, evaluation plans and data collection tools. For some programs, the process will result in partial program evaluation data for FY 18-19. For most programs, these efforts will result in program evaluation data for FY 19-20 and beyond.

MHSA PEI Programs
Napa County, January 2020
N
Calistoga
Angwin
Saint Helena
Lake Berryessa
Napa Co Airport
RUSS ISLAND
UPVALLEY
UpValley Family Center
CITY OF NAPA
NEWS
KEDS
LGBTQ CONNECTION
LGBTQ Connection
Native American Project
COPE FAMILY CENTER
Strengthening Families at Risk & Home Visitations
mentis
Healthy Minds Healthy Aging
EDUCATION
Court and Community Student Assistance Program
NAPA VALLEY UNIFIED SCHOOL DISTRICT
American Canyon Student Assistance Program
Service Layer Credits: Napa County Health and Human Services. Content may not reflect National Geographic's current map policy. Sources: National Geographic, Esri, Garmin, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAN, Open Street Map

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

Prevention Program: American Canyon Student Assistance Program

Program Description

The American Canyon Student Assistance Program was implemented in 2011 to provide accessible and coordinated prevention and early intervention mental health services for youth in American Canyon schools.

The project uses a Wellness Model to provide universal prevention (Tier 1), group support (Tier 2) for students with mild to moderate mental health needs and adds more individualized supports (Tier 3) for students with more significant mental health needs.

When the program began in 2011, MHSA PEI funds were used in all three Tiers. In 2014, the Napa Valley Unified School District (NVUSD) began to support Tier 1 and to expand it to other schools in the district. In FY 16-17 through FY 18-19, MHSA PEI funds were used to identify and support students with mental health concerns and to provide Tier 2 and Tier 3 services. Funding from MHSA PEI also provided staff training to be sure the student screening is done with fidelity in each school. The Napa Valley Unified School District (NVUSD) continues to support Tier 1, the universal prevention component of the Wellness Model.

The program currently serves students in three schools in NVUSD that are in the City of American Canyon: Napa Junction Elementary School (NJES), American Canyon Middle School and American Canyon High School.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$159,807	$159,807	$159,807
Number of Individuals Served	91	305	210
Cost per Individual Served	$1,756	$523.96	$760.99

NVUSD: Tier 1

Tier 1: NVUSD has implemented universal prevention messages using the Positive Behavioral Interventions and Supports (PBIS) framework. This framework and the associated training are available to all schools in the district. NVUSD schools decide whether or not to implement the framework. Once implemented, there is a school-wide coordinated effort to teach students behavioral expectations and reward students for following them. The district chose the Building Effective Schools Together (BEST) curriculum to bring this framework to the staff and students. Each of the schools in this project continue to use PBIS and BEST. Tier 1 is supported by NVUSD and is not part of the MSHA PEI evaluation.

MHSA Prevention and Early Intervention: Tier 2 and 3

Wellness Team Screenings: Every six weeks staff at Napa Junction Elementary School, American Canyon Middle School and American Canyon High School meet to review data on three indicators for all students: grades, attendance and office discipline referrals. Based on these criteria, students are identified who may need additional support. In FY 2017-2018, staff asked teachers to complete the Walker Screening Inventory (WSI) for identified students. In FY 2018-2019, staff shifted to using the Strengths and Difficulties Questionnaire (SDQ). (The findings from the SDQ will be included in the FY 18-19 to FY 20-21 evaluation report.)

Tier 2 Services: Group support is offered to students who have mild to moderate mental health needs. The interventions at this level of service are designed to teach students skills to manage common and shared mental health concerns. Students who are screened and determined to need Tier 2 mental health services also benefit from the school administrators and staff working together in Student Success Teams. This level of intervention may include referrals to mental health providers.

Tier 3 Services: Students who have serious mental health needs receive more intensive supports. These students are offered individualized interventions to address their mental health needs. These plans include referrals to mental health providers as indicated.

Program Activities

The American Canyon Student Assistance Program works to identify, screen and support students at each of the three schools. The data in this section describes the number of students who were served by these activities and the demographics of the students who received Tier 2 and Tier 3 supports.

Students are identified by Wellness Team and receive Tier 2 and Tier 3 supports

	FY 16-17		FY 17-18		FY 18-19	
	Number of Students	**Percentage of Students**	**Number of Students**	**Percentage of Students**	**Number of Students**	**Percentage of Students**
Identify Students						
Students identified by Wellness Team	91	3%	304	10%	357	12%
Total students (all schools)	**3,031**		**3,036**		**3039**	

Screen Students						
Students completing a WSI screening (pre)	--	--	304	100%	--	--
Students identified by Wellness Team	91	--	304	--	--	--
Students Completing SDQ (pre)	--	--	--	--	**357**	--
Students Identified by Wellness Team	--	--	--	--	**357**	--
Support Students						
Students supported with Tier 2 or Tier 3 services	91	100%	262	86%	210	7%
Students with Tier 3 services	19	21%	57	22%	--	--
Total students served by Wellness Team	**91**		**305**		**210**	

Demographics of Students who received Tier 2 or Tier 3 Services

	FY 16-17		**FY 17-18**		**FY 18-19**	
Demographic Categories	**Number of Students**	**Percentage of Students**	**Number of Students**	**Percentage of Students**	**Number of Students**	**Percentage of Students**
Age						
0-5 years	89	98%	12	4%	2	1%
6 to 15 years			254	83%	270	76%
16 to 25 years	2	2%	39	13%	85	24%
26 to 59 years	0	0%	0	0%	0	0%
60+ years	0	0%	0	0%	0	0%
Race						
Am. Indian or Alaska Native	1	1%	12	4%	5	2%
Asian	1	1%	18	6%	14	4%
Black or African American	14	15%	48	16%	51	14%
Native Hawaiian or Pacific Islander	4	4%	46	15%	50	14%
White	40	44%	168	55%	207	58%
Other	1	1%	5	2%	1	1%
More than one race	--	--	5	2%	12	3%
Unknown/Not Collected/Declined	12	13%	3	1%	2	1%
Ethnicity						
Hispanic or Latino	18	20%	146	48%	166	46%
Non-Hispanic or Latino	--	--	153	50%	172	48%
More than one Ethnicity	--	--	2	1%	0	0%
Unknown/Not Collected/Declined	73	80%	4	1%	3	10%

	FY 16-17		FY 17-18		FY 18-19	
Demographic Categories	**Number of Students**	**Percentage of Students**	**Number of Students**	**Percentage of Students**	**Number of Students**	**Percentage of Students**
Primary Language						
English	52	57%	238	78%	228	64%
Spanish	24	26%	46	15%	84	24%
Indigenous	--	--	0	0%	0	0%
Other	3	3%	18	6%	29	29%
Unknown/Not Collected/Declined	12	13%	3	1%	0	8%
Sexual Orientation						
Gay or Lesbian	--	--	6	2%	5	2%
Heterosexual or Straight	--	--	0	0%	117	33%
Bisexual	--	--	2	1%	29	8%
Questioning or Unsure	--	--	8	3%	34	10%
Queer	--	--	0	0%	0	0%
Another Sexual Orientation	--	--	0	0%	1	1%
Unknown/Not Collected/Declined	91	100%	289	95%	47	13%
Disabilities						
Difficulty seeing	--	--	0	0%	1	1%
Difficulty hearing or having speech understood	--	--	16	5%	4	2%
Mental (learning disability, developmental disability, dementia)	--	--	16	5%	9	3%
Mobility/Physical Disability	--	--	2	1%	3	1%
Chronic Health Condition	--	--	76	25%	36	10%
Other	--	--	1	0%	3	1%
Unknown/Not Collected/Declined	91	100%	--	--	--	--
Gender: Assigned at Birth						
Male	45	49%	170	56%	180	50%
Female	34	37%	135	44%	161	45%
Unknown/Not Collected/Declined	12	13%	--	--	--	--
Total Students Served	**91**		**305**		**341**	

Program Outcomes

The program outcomes are divided into two areas. The first area are short-term outcomes related to referrals that happen in the first months of service. The second section details the longer-term outcomes that are expected by the end of the school year.

Students are identified by Wellness Center staff

All students who were identified by the Wellness Team received services from Wellness Center staff in both fiscal years.

	FY 16-17		FY 17-18		FY 18-19	
	Number of Students	**Percentage of Students**	**Number of Students**	**Percentage of Students**	**Number of Students**	**Percentage of Students**
Students identified/served by Wellness Team	91	100%	305	100%	357	100%

Students are referred to Mental Health Services

Some students receiving Tier 2 and Tier 3 mental health supports are referred to mental health services. These services may take place on the school campus at the Wellness Center, county mental health services, or may be in the community depending on the needs of the students and/or the families.

Mental Health Referrals:

Information about mental health referrals was not tracked by all PEI programs in Napa County in FY 16-17, FY 17-18 of FY 18-19. Napa County MHSA staff is working with all PEI programs to develop ways to begin to track this information in FY 19-20.

Data pending for FY 19-20

Average number of days from when need was identified by youth and/or family and participation in services--*defined as participating at least once in service.*

Students are referred to community (non-clinical) services

Students receiving Tier 2 and Tier 3 mental health supports were referred for services other than mental health treatment. In FY 16-17 the total number of referrals was tracked, but not the number of students referred. In FY 17-18, 222 referrals were given to the 305 students served at the Wellness Centers. The most common referral was for healthcare related services. Service referrals drastically dropped in FY 18-19, the most common referral in this year was for legal services.

	FY 16-17		FY 17-18		FY 18-19	
Service Referrals (not mental health treatment services)	**Number of Referrals**	**Percentage of Referrals**	**Number of Referrals**	**Percentage of Referrals**	**Number of Referrals**	**Percentage of Referrals**
Healthcare (physician, pediatrician)	--	--	39	18%	2	4%

School/Educational Needs	--	--	23	10%	3	6%
Adult/Child Protective Services	--	--	23	10%	9	17%
Alcohol & Drug (non-VCBH)	--	--	22	10%	2	4%
Support Program/Group	--	--	18	8%	0	0
Family Support	--	--	16	7%	0	0
Basic Needs (food)	--	--	14	6%	3	6%
Basic Needs (shelter)	--	--	12	5%	4	0
Parenting	--	--	11	5%	9	17%
Healthcare (insurance)	--	--	10	5%	2	4%
Alcohol & Drug (VCBH)	--	--	10	5%	1	2%
Domestic Violence	--	--	9	4%	9	17%
Legal	--	--	7	3%	10	19%
Basic Needs (clothing)	--	--	5	2%	0	0
Healthcare (dental)	--	--	2	1%	0	0
Triple P Parenting	--	--	1	0%	0	0
Total Community (non-clinical) Referrals	**121**		**222**		54	

Community (Non-Clinical) Referrals:

More detailed information about referrals (see below) was not tracked by PEI programs in Napa County in FY 16-17, FY 17-18 or FY 18-19. Napa County MHSA staff is working with all PEI programs to develop ways to begin to track this information in FY 19-20.

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed, these outcomes will be tracked and reported in FY 19-20.

Short-term outcomes (3-6 months):

- Students use services and supports at Wellness Center
- Students are referred for mental health services as indicated.
- Reduce amount of time students experience untreated mental illness.

Long-term outcomes (within school year):

- Increase in attendance
- Improvement in Strengths and Difficulties Questionnaire
- Students receive mental health services

Prevention Program: Native American PEI Project

Program Description

The Native American PEI Project addresses (1) the lack of information about Native history and experiences, (2) the lack of enculturation for Native people in Napa County, and (3) the need to improve access to mental health services for Native people in Napa County. Since 2011, they have been providing outreach to the community and ongoing workshops to Native American individuals who are indigenous to Napa County and surrounding areas. Community members who are interested in Native history and experiences are also welcomed.

Organizational Partnerships are a continual focus of project. Staff meet with mental health organizations, school leadership, and community agency leaders to discuss how to incorporate culturally competent practices into services that are provided to the community.

Outreach includes presentations to area schools, community groups and organizations and general information provided at in health fairs and community events. Outreach is designed to address the lack of information of Native history and experiences and to inform individuals about the workshops.

The workshops also provide information about history and experiences. They also incorporate enculturation by including the norms of indigenous cultures including ideas, concepts and values through traditional practices and crafts. Staff at Suscol Intertribal Council is able to develop trust and relationships with these individuals. This rapport helps them to encourage individuals to discuss their needs for mental health and/or community resources and allows the staff to provide referrals.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$94,878	$94,878	$94,878
Number of Individuals Served	1,115	850	463
Cost per Individual Served	$85.09	$111.62	$204.92

Program Activities

This section describes the work that Suscol Council does to provide outreach and workshops for individuals in Napa County. Outreach is provided to community groups and at health fairs to share information about Native History and Experiences in Napa County. In FY 17-18, 37 presentations were given by Suscol Intertribal Staff to community groups and organizations in the City of Napa (90%, 34 presentations), the Town of Yountville (5%, 2 presentations), and City of St Helena (5%, 2 presentations). Additionally, staff participated in three community fairs in the City of Napa.

The presentations were most likely to take place in schools (24%, 9 presentations), at the Innovation Community Center, a peer-led center for adults with Serious Mental Illness (30%, 11 presentations), and VOICES, an agency that addresses the specific needs of youth, foster youth and youth who identify as LGBTQ (11%, four presentations). All of the outreach was conducted in English, three of the events were also presented in Spanish.

In FY 17-18 and FY 18-19 all outreach presentations were about mental health prevention. These outreach events mostly took place in community organizations such as the Innovations Community Center and VOICES. All outreach was conducted in English during these two fiscal years. The outreach topics most presented on during these two year were Information about Native People in Napa County and Crafts and/or Music of Native People in Napa County.

	FY 2016-17		FY 2017-18		FY 2018-19	
Outreach Content	**Number of Events**	**Percent of Events**	**Number of Events**	**Percent of Events**	**Number of Events**	**Percent of events**
Reduce Stigma and Discrimination	--	--	--	--	--	--
Prevention	--	--	40	100%	35	100%
Improve timely access to Services for underserved pops	--	--	--	--	--	--
Outreach to Recognize Early Signs of MI	--	--	--	--	--	--
Access & Linkage to Service for People with SMI	--	--	--	--	--	--
Outreach Venue						
Community Fair	--	--	3	8%	1	1%
Speaking Event/Presentation	--	--	--	--	--	--
Church	--	--	2	5%	0	--
School	--	--	9	23%	9	11%
Interagency meeting	--	--	3	8%	2	2%
Other (specify)	--	--	**23**	**58%**	**72**	**86%**
Innovations Community Center	--	--	*11*	*28%*	*27*	*32%*
VOICES	--	--	*4*	*10%*	*0*	*0*
Private residence	--	--	*2*	*5%*	*1*	*1%*
Veterans Home	--	--	*2*	*5%*	*2*	*2%*
Pizza Hut	--	--	*1*	*3%*	*0*	*0*
St. Helena Library	--	--	*1*	*3%*	*0*	*0*
Suscol Office	--	--	*1*	*3%*	*42*	*50%*
Trancas Crossing Park	--	--	*1*	*3%*	*0*	*0*
Outreach Language						
English	--	--	40	100%	84	100%
Spanish	--	--	--	--	--	--
Outreach Topics						
Information about Native People in Napa County	--	--	13	33%	20	24%
Talking Circle	--	--	11	28%	17	20%

	FY 2016-17		FY 2017-18		FY 2018-19	
Outreach Content	**Number of Events**	**Percent of Events**	**Number of Events**	**Percent of Events**	**Number of Events**	**Percent of events**
Craft and/or Music of Native People in Napa County	--	--	6	15%	23	27%
Healing Event: Native Healing Elements and Traditions	--	--	4	10%	2	2%
Health Fairs/Community Events			3	8%	13	15%
Drum Circle	--	--	2	5%	10	12%
Community Conversations	--	--	2	5%	1	1%
Total Outreach Events			**40**		84	

Outreach Population			**Number of Participants**	**Percent of Participants**	**Number of Participants**	**Percent of events**
Community Member	--	--	401	51%	5871	97%
Parent	--	--	34	4%	11	.2%
Clinician	--	--	20	3%	0	0
Nurse	--	--	--	--	0	0
Educator	--	--	4	1%	23	.4%
Students	--	--	324	41%	164	3%
Law Enforcement	--	--	--	--	0	0
Other	--	--	--	--	2	>.05%
Total Participants			**783**		6071	

Ongoing workshops provide information about Native History, enculturation and access to services. Individuals in ongoing classes are screened for mental health concerns and/or other resource needs and referred as indicated.

- In FY 16-17, 9 individuals were referred for mental health services.
- In FY 17-18, 4 individuals were referred for mental health services.
- In FY 18-19, 2 individuals were referred.

Description of Individuals who participated in workshops (demographics)

In FY 18-19, demographics were not adequately collected.

	FY 16-17 (duplicated) includes workshops and outreach		FY 17-18 (unduplicated)	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**
American Indian or Alaska Native	336	30%	43	64%
More than one Race	515	46%	18	27%
White	133	12%	3	4%
Other	0	0%	4	6%

Unknown/Not Collected/Declined	131	12%	3	4%
Ethnicity				
Hispanic or Latino	105	9%	9	13%
Non-Hispanic or Latino	1,010	91%	58	87%
Primary Language				
English	1,115	100%	65	97%
Spanish			2	3%
Age				
0-5 years old	483	43%	0	0%
6-15 years old			8	12%
16-25 years old	137	12%	2	3%
26-59 years old	369	33%	27	40%
60+ years old	126	11%	22	33%
Unknown/Not Collected/Declined	0	0%	9	13%
Disabilities				
Mental (learning disability, developmental disability, dementia)	--	--	2	3%
Chronic Health Condition	--	--	2	3%
Mobility/Physical Disability	--	--	1	1%
Difficulty seeing	--	--	0	0%
Difficulty hearing or having speech understood	--	--	0	0%
Other	--	--	0	0%
Unknown/Not Collected/Declined	1,115	100%	0	0%
Underserved Populations				
Native American	336	30%	43	64%
Older Adult	126	11%	22	33%
Latino/Hispanic	105	9%	9	13%
LGBTQ	--		6	9%
Veteran	--		4	6%
Geographically Underserved	94	8%	0	0%
Sexual Orientation				
Gay or Lesbian	--	--	6	9%
Heterosexual or Straight	--	--	44	66%
Unknown/Not Collected/Declined	1,115	100%	28	42%
Gender Assigned at Birth				
Male	--	--	24	36%
Female	--	--	43	64%
Current Gender Identity				
Male	454	41%	23	34%
Female	647	58%	43	64%
Transgender	--	--	0	0%
Genderqueer	--	--	0	0%

Questioning or Unsure	--	--	0	0%
Another Gender Identity	14	1%	0	0%
Unknown/Not Collected/Declined	0	0%	1	1%
Total Participants	**1,115**		**67**	

Program Outcomes

Program outcomes are divided into short-term (changes expected after a workshop) and long term (changes expected during a fiscal year).

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed, these outcomes will be tracked and reported in FY 19-20.

Short-term outcomes (after a workshop):

- Individuals in workshops report knowledge and understanding of the norms of indigenous cultures including ideas, concepts and values.
    - Signs and symptoms of mental health concerns, and
    - Mental health resources.

Long-term outcomes (within school year):

- Organizations make culturally competent changes that increase access to services for Native people in Napa County
- Community awareness about Native history and experiences in Napa County is improved.
- Community Awareness about ongoing workshops available for Native individuals and allies in Napa County is improved.
- Individuals with mental health needs use mental health services.

Prevention Program Kids Exposed to Domestic Violence PEI Project

Program Description

The Nurturing Empowerment, Worth and Safety (NEWS) program has operated the Domestic Violence PEI project since 2011.

The program provides outreach to community groups, at community events and for health fairs and festivals in Napa County to educate the community about the effects of domestic violence on children.

Staff identify children who have been exposed to domestic violence and screen the children using a Universal Screening Tool to determine the impact of the trauma. Children are referred to the Domestic Violence PEI project services through the community outreach and by agency staff who refer children who participate in domestic violence services and shelters at NEWS and in Napa County.

The Domestic Violence PEI Project provides art therapy, tutoring and a support group to children exposed to domestic violence to reduce their risk factors and increase their protective factors. Children are referred to mental health and community services as indicated.

Parents receive parent education sessions and information about resources. They also complete a case plan to continue to support their children. The education and case plan are intended to help parents understand their child's reaction to being exposed to domestic violence and to know where to seek support for additional services if needed.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$109,400	$109,400	$109,400
Number of Individuals Served	489	494	1196
Cost per Individual Served	$223.72	$221.46	$91.47

Demographics

	FY 18-19	
Race	**Frequency**	**Percent**
American Indian or Alaska Native	--	--
More than one Race	--	--
White	--	--
Other	--	--
Unknown/Not Collected/Declined	--	--
Ethnicity		
Hispanic or Latino	74	68%
Non-Hispanic or Latino	35	32%
Primary Language		
English	48	--
Spanish	50	--
Age		
0-5 years old	70	64%
6-15 years old		
16-25 years old	8	7%
26-59 years old	28	26%
60+ years old	--	--
Unknown/Not Collected/Declined	--	--
Disabilities		
Mental (learning disability, developmental disability, dementia)	--	--
Chronic Health Condition	--	--
Mobility/Physical Disability	--	--
Difficulty seeing	--	--
Difficulty hearing or having speech understood	--	--
Other	--	--
Unknown/Not Collected/Declined	--	--

Underserved Populations		
Native American	--	--
Older Adult	--	--
Latino/Hispanic	--	--
LGBTQ	--	--
Veteran	--	--
Geographically Underserved	--	--
Sexual Orientation		
Gay or Lesbian	--	--
Heterosexual or Straight	--	--
Unknown/Not Collected/Declined	--	--
Gender Assigned at Birth		
Male	47	43%
Female	62	57%
Current Gender Identity		
Male	--	--
Female	--	--
Transgender	--	--
Genderqueer	--	--
Questioning or Unsure	--	--
Another Gender Identity	--	--
Unknown/Not Collected/Declined	--	--
Total Participants		

*Demographics were not adequately collected; therefore, it is difficult to determine the total number of participants that reported their demographics.

Program Activities

Outreach: Provide outreach about needs and resources to partners and community organizations.

Location and Setting

	FY 2016-17		FY 2017-18		FY 18-19	
Setting for Outreach	Frequency	Percent	Frequency	Percent	Frequency	Percent
School	--	--	250	54%	312	41%
Speaking Event/Presentation	--	--	210	46%	375	49%
Interagency Meeting	--	--	--	--	25	3%
Other	--	--	--	--	50	7%
Total Outreach Contacts	**440**		**460**		**762**	

Number of outreach events and number of individuals reached at each event.

	FY 2016-17	FY 2017-18	FY 2018-19

Outreach Topics	Number of Outreach Contacts	Percentage of Outreach Contacts	Number of Outreach Contacts	Percentage of Outreach Contacts	Number of Outreach Contacts	Percent of Outreach Contacts
NVUSD Family Festival	--	--	250	54%	--	--
Sex trafficking event	--	--	60	13%	--	--
Kaiser Denim Day	--	--	60	13%	--	--
Far Niente Health Fair	--	--	60	13%	--	--
Mayacamas Apartments Parents Presentation	--	--	30	7%	--	--
Vintage Peer Support Event	--	--	--	--	25	6%
Shearer Scholl Parent Presentation	--	--	--	--	200	49%
Snow School Presentation	--	--	--	--	12	31%
NVC-MVMA Outreach Table	--	--	--	--	50	12%
KEDS Collaborative Meeting	--	--	--	--	70	17%
BACA Wine-Hall Winery	--	--	--	--	50	12%
Total Outreach Contacts	**440**		**460**		**407**	

Description of Individuals who participated in outreach (potential responders)

	FY 16-17		FY 17-18		FY 18-19	
Participant Type	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Parent	--	--	280	61%	110	22%
Community Member	--	--	70	15%	180	36%
Educator	--	--	50	11%	77	15%
Students	--	--	40	9%	130	26%
Nurse	--	--	20	4%	5	1%
Total Outreach Participants (potential responders)	**440**		**460**		**502**	

Identify Children at Risk: Screen children exposed to domestic violence using an evidence-based screening tool.

Number of children screened, and tool(s) used for screening

There were 49 children and their parents who were new to the program in FY 16-17. In FY 17-18, 34 children were screened and served by the program.

Support Children: Offer psycho-educational support groups to children

Number of supports offered and number of children who attend each session (art therapy, tutoring, support group).

- In FY 16-17, 52 children participated in a support group, and 46 participated in art therapy.
- In FY 17-18, 34 children were served.
- In FY 18-19, 69 children were served.

Support Children: Provide follow-up/referral services as needed

Number of children who are referred for services

In FY 16-17, 45 children were referred to mental health service providers.

In FY 18-19, 20 children were referred to mental health service providers.

Support Parents: Offer parent education on the effects of domestic violence on children

Number of parents served (unduplicated)

- In FY 16-17, 88 parents completed a parent survey.
- In FY 17-18, demographic information was collected for 9 adults.
- In FY 18-19, this data was not reported.

Program Outcomes

Identify Children at Risk: Number of children referred to Napa County Mental Health Access

In FY 16-17, 45 children were referred to mental health service providers.

In FY 18-19, 20 children were referred to mental health service providers.

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed; these outcomes will be tracked and reported in FY 19-20.

<u>Short-term outcomes (second month):</u>

- Referral source for KEDS participants
- Children and youth receive food, clothing, shelter, and critical health, dental care.
- Children and youth received education at the shelter.
- Children and youth attend community support groups.

<u>Long-term outcomes (second month + long term outcome):</u>

- Members learn about Trauma Informed Responses and share information about resources for childe exposed in domestic violence.
- Children/youth build skills and encourage self-regulation, self-worth/self-esteem and healthy relationships.
- Children/youth receive mental health services and supports *(NCHHS will track)*

Stigma and Discrimination Reduction Program:

LGBTQ Connection Project

Program Description

The LGBTQ Connection Project is operated by On The Move. Staff provide group and single agency training and technical assistance for local community providers on relevant LGBTQ issues facing youth to older adults. They do this by offering LGBTQ 101 training, Best Practices for LGBTQ TAY, and LGBTQ Older Adults training.

Staff also offers training and technical assistance to local organizations looking to increase inclusivity and change organizational policies and protocols that may potentially be negatively affecting their ability to reach individuals in these communities. LGBTQ Connections is also a trusted hub for information and support in the community. There are several regulations and laws addressing critical LGBTQ-inclusion and non-discrimination that are not currently being addressed at the preventative level. Staff continues to offer training and TA and support in full implementation of laws to continue to promote inclusivity and reduce discrimination.

Program Funding and Cost per Individual Served (duplicated)

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$43,500	$43,500	$43,500
Number of Individuals Served	12,189	20,217	89,696
Cost per Individual Served	$3.57	$2.15	.49¢

Program Activities

LGBTQ Connections reaches out to the local LGBTQ community in several ways.

- Social Media efforts: This includes email, Facebook, Twitter and the website for the program.
- Outreach Efforts: These informal efforts take place in various venues throughout the community.
- Community Events and Support Groups: Events that are hosted by LGBTQ Connections and support groups that are conducted by staff. Support groups focus on awareness and prevention. The events and support groups are specifically designed for LGBTQ youth, young adults, seniors, transgender people, people of color, Spanish-speakers and those who live outside the City of Napa.
- Cultural Competency Training and Technical Assistance: These trainings are designed for organizations and individuals who work with LGBTQ people.

	Number of Participants (duplicated)		
Outreach and Training Activities	**FY 16-17**	**FY 17-18**	**FY 18-19**
Social Media	44,400	18,264	84,864
Outreach Efforts	1,763	1,095	3,777
Community Events and Support Groups	643	713	1,017
Cultural Competency Trainings and Technical Assistance	783	145	38
	47,589	**20,217**	**88,696**

Demographics of Individuals Served

The following demographics were collected for individuals who attended a technical assistance training in FY 17-18 and FY 18-19. The numbers are duplicated as individuals may have participated more than once during the fiscal year.

	FY 16-17 (duplicated)		FY 17-18 (duplicated)		FY 18-19 (duplicated)	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
American Indian or Alaska Native	--	--	2	2%	0	0%
More than one Race	--	--	7	5%	2	4.3%
White	--	--	55	38%	11	30.3%
Other	--	--	7	5%	2	4.3%
Unknown/Not Collected/Declined	--	--	0	0%	0	0%
Ethnicity						
Hispanic or Latino	--	--	58	40%	15	39.1%
Non-Hispanic or Latino	--	--	--	--	23	60.9%
Primary Language						
English	--	--	110	76%	27	78.2%
Spanish	--	--	15	11%	11	30.4%
Age						
0-5 years old	--	--	0	0%	0	0%
6-15 years old	--	--	0	0%	0	0%
16-25 years old	--	--	15	11%	3	8.6%
26-59 years old	--	--	112	77%	35	91.3%
60+ years old	--	--	18	12%	0	0%
Unknown/Not Collected/Declined	--	--	0	0%	0	0%
Disabilities						
Mental (learning disability, developmental disability, dementia)	--	--	0	0%	0	0%
Chronic Health Condition	--	--	0	0%	0	0%
Mobility/Physical Disability	--	--	17	12%	36	95.7%
Difficulty seeing	--	--	0	0%	0	0%
Difficulty hearing or having speech understood	--	--	0	0%	0	0%
Other	--	--	0	0%	2	4.3%
Unknown/Not Collected/Declined	--	--	0	0%	2	4.3%
Underserved Populations						
Native American	--	--	2	2%	0	0%
Older Adult	--	--	18	12%	0	0%
Latino/Hispanic	--	--	58	40%	15	39.1%

	FY 16-17 (duplicated)		FY 17-18 (duplicated)		FY 18-19 (duplicated)	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
LGBTQ	--	--	22	15%	5	17.3%
Veteran	--	--	2	2%	2	4.3%
Geographically Underserved	--	--	--	--	--	--
Sexual Orientation						
Gay or Lesbian	--	--	22	15%	5	13%
Heterosexual or Straight	--	--	119	82%	24	69.6%
Unknown/Not Collected/Declined	--	--	4	3%	3	8.7%
Gender Assigned at Birth						
Male	--	--	9	6%	5	13%
Female	--	--	136	94%	33	87%
Current Gender Identity						
Male	--	--	11	8%	5	17.4%
Female	--	--	132	91%	31	82.6%
Transgender	--	--	0	0%	0	0%
Genderqueer	--	--	0	0%	0	0%
Questioning or Unsure	--	--	0	0%	0	0%
Another Gender Identity	--	--	2	2%	5	13%
Unknown/Not Collected/Declined	--	--	2	2%	0	0%
Total Participants	**783**		**145**		**38**	

Program Outcomes

Advocacy:

In FY 16-17 through FY 18-19 LGBTQ Connections staff reported on the findings from their outreach and advocacy.

Outreach and Advocacy Outcomes	FY 16-17	FY 17-18	FY 18-19
Service providers and resources that are culturally competent in both LGBTQ identities as well as culturally competent in serving Latino and Spanish-speaking individuals and families.	✓	✓	✓
Increased transgender-experienced and transgender competent support (community, mental, physical health) for transgender individuals as well as information and resources for family members.	✓	✓	✓
LGBTQ competent health care providers, visibly-LGBTQ supportive providers, and openly (out) LGBTQ health care providers.	✓	✓	
Additional social and support opportunities for LGBTQ seniors, people of color and non-English speaking community members (Spanish, Tagalog).	✓	✓	✓

Outreach and Advocacy Outcomes	FY 16-17	FY 17-18	FY 18-19
LGBTQ competency training, including gender bias and transgender non-discrimination, for crisis systems and entry-points (emergency rooms, hotlines, crisis stabilization services program).		✓	✓

Organizational Changes

In FY 17-18, LGBTQ Connections began evaluating the effectiveness of the Cultural Competency Training and Technical Assistance. Staff distributed a follow-up survey to participants three months after they had completed the training. All respondents noted they had made changes based on the training. Below are some of the changes reported, listed in order of frequency.

- Using gender neutral language
- Showing visible displays of support for LGBTQ consumers
- Asking and respecting preferred names and pronouns
- Sharing LGBTQ-inclusive resources
- Attending more trainings or looking for more resources
- Making forms more inclusive
- Doing LGBTQ inclusive outreach

Policy Changes

LGBTQ Connections conducts brief needs assessments for organizations as part of the ongoing technical assistance. Recommendations made during FY 16-17 through FY 18-19 are shown below:

Policy Change Outcomes	FY 16-17	FY 17-18	FY 18-19
LGBTQ-inclusive language changes for intake forms at two organizations providing health services	✓		
The inclusion of LGBTQ Connection's logo on a city's welcome sign	✓		
Mandatory LGBTQ competency training for four organizations	✓		
Trans-inclusivity training implementation at a local police academy	✓		
Mandatory LGBTQ-competency training in English and Spanish for all current and new resource (foster) families	✓		
Development of co-location for LGBTQ Connection programming at an UpValley high school site	✓		
Placement of all-gender restroom signs at two organizations	✓		
Showing visible displays of support for LGBTQ consumers (rainbow stickers, flags, etc.)		✓	✓
Sharing LGBTQ-inclusive resources		✓	✓
Using gender neutral language		✓	✓

Policy Change Outcomes	FY 16-17	FY 17-18	FY 18-19
Asking and respecting preferred names & pronouns		✓	✓
Making forms more inclusive		✓	✓
Attending more trainings or looking for more resources		✓	✓
Doing LGBTQ-inclusive outreach		✓	✓
Making a change to organizational policy or practice guidelines		✓	✓
Creating or updated a program offering to be LGBTQ specific or LGBTQ-inclusive		✓	✓

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed; these outcomes will be tracked and reported in FY 19-20.

Short-term outcomes (after a workshop):

- Identify gaps in access to mental health prevention and early intervention services for the LGBTQ community
- Practitioners demonstrate better understanding of LGBTQ identities, more compassion, more awareness, more confidence, and increased knowledge of resources.
- Input from LGBTQ community members indicates improved understanding and access.
- LGBTQ individuals who are referred for mental health support receive services.

Long-term outcomes (within school year):

- Adjust provider trainings and outreach to respond to identified gaps.
- Changes that improve access to mental health services and supports for LGBTQ individuals.
- Organizations make changes to make services more affirming and to improve access for LGBTQ individuals.

Prevention Program: Home Visitation Program

Program Description

The Home Visitation program is operated by Cope Family Center. The program helps families develop skills to move toward self-sufficiency and provide healthy homes for their children through access to prevention and primary care services. Cope uses the Parents as Teachers evidence-based home visiting model, and maintains accreditation by proving high model fidelity. The model promotes optimal early development, learning and health of children by supporting and engaging their parents or caregivers. . There are four components to this model: personal visits, group connections, resource network and child screenings.

- These comprehensive components and services aim to accomplish the following goals: Increase parent knowledge of early childhood development and improve parent practices
- Provide early detection of development delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and success

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$50,000	$50,000	$50,000
Number of Individuals Served	286	19	20
Cost per Individual Served	$174.83	$2,631.58	$2,500

Program Activities

In FY 16-17, the program reported 286 unduplicated individuals were served. 78% of the individuals served were Latino and 19% were Caucasian. The remaining 3% were Black/African-American, Asian, or Asian/Pacific Islander.

Demographics

	FY 16-17		FY 17-18		FY 18-19	
Demographic Categories	**Number of Individuals**	**Percentage of Individuals**	**Number of Individuals**	**Percentage of Individuals**	**Number of Individuals**	**Percentage of Individuals**
Age						
0-5 years	--	--	2	11%	2	10%
6 to 15 years	--	--	0	--	--	--
16 to 25 years	--	--	3	16%	4	20%
26 to 59 years	--	--	14	74%	14	70%
60+ years	--	--	0	--	--	--
Race						
Am. Indian or Alaska Native	--	--	0	--	--	--
Asian	--	--	0	--	--	--
Black or African American	--	--	0	--	--	--
Native Hawaiian or Pacific Islander	--	--	0	--	--	--
White	--	--	0	--	6	30%
Other	--	--	0	--	14	70%
More than one race	--	--	0	--	--	--
Unknown/Not Collected/Declined	--	--	0	--	--	--
Ethnicity						
Hispanic or Latino	--	--	13	68%	14	70%
Non-Hispanic or Latino	--	--	6	--	6	30%
More than one Ethnicity	--	--	0	--	--	--

	FY 16-17		FY 17-18		FY 18-19	
Demographic Categories	**Number of Individuals**	**Percentage of Individuals**	**Number of Individuals**	**Percentage of Individuals**	**Number of Individuals**	**Percentage of Individuals**
Unknown/Not Collected/Declined	--	--	0	32%	--	--
Primary Language						
English	--	--	11	58%	11	55%
Spanish	--	--	8	42%	9	45%
Indigenous	--	--	0	--	--	--
Other	--	--	0	--	--	--
Unknown/Not Collected/Declined	--	--	0	--	--	--
Sexual Orientation						
Gay or Lesbian	--	--	0	--	--	--
Heterosexual or Straight	--	--	19	100%	20	100%
Bisexual	--	--	0	--	--	--
Questioning or Unsure	--	--	0	--	--	--
Queer	--	--	0	--	--	--
Another Sexual Orientation	--	--	0	--	--	--
Unknown/Not Collected/Declined	--	--	0	--	--	--
Disabilities						
Difficulty seeing	--	--	0	--	--	--
Difficulty hearing or having speech understood	--	--	0	--	--	--
Mental (learning disability, developmental disability, dementia)	--	--	0	--	--	--
Mobility/Physical Disability	--	--	0	--	--	--
Chronic Health Condition	--	--	0	--	4	20%
Other	--	--	0	--	--	--
Unknown/Not Collected/Declined	--	--	0	--	16	80%
Gender: Assigned at Birth						
Male	--	--	1	.5%	1	.5%
Female	--	--	18	95%	19	95.5%
Unknown/Not Collected/Declined	--	--	0	--	--	--
Total Students Served	**286**		19	100%	20	100%

Program Outcomes

Track no. of referrals to Napa County Mental Health Access

In the fourth quarter of FY 17-18, four individuals were referred to mental health services. The date for the services received was known for one individual, who was seen 2 months after the referral.

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed; these outcomes will be tracked and reported in FY 19-20.

Outcomes (within a fiscal year):

- Parents are referred to mental health services as indicates.
- Children are referred to mental health, health and developmental services are indicates.
- Depression and social connections indicators from Healthy Families Parenting Inventory.
-

Prevention Program: Strengthening Families At-Risk Program

Program Description

The Strengthening Families At-Risk Program is implemented by Cope Family Center and Mentis. The program addresses the prevention and early intervention needs of families at-risk of developing mental illness by offering parent/couple support groups and brief therapy for individuals who are identified as needing a higher level of services post support group. Support groups are offered in English and Spanish throughout the county. This program also offers emergency aid/assistance as needed.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$98,000	$98,000	$98,000
Number of Individuals Served	653	69	85
Cost per Individual Served	$150.08	$1,420.29	$1,152.94

Program Activities

Strengthening Families Support Groups

Support groups were held in Napa, St Helena and Calistoga.

Demographics of Support Group Participants

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
American Indian or Alaska Native	--	--	--	--	--	--
More than one Race	--	--	--	--	--	--
White	5	8%	12	17%	10	12.5%
Other	--	--	--	--	--	--

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Unknown/Not Collected/Declined	--	--	--	--	--	--
Ethnicity						
Hispanic or Latino	61	92%	57	83%	75	94%
Non-Hispanic or Latino	--	--	--	--	--	--
Primary Language						
English	--	--	12	17%	12	15%
Spanish	--	--	57	83%	73	91%
Age						
0-15 years old	--	--	--	--	12	15%
16-25 years old	2	3%	--	--	--	--
26-59 years old	64	97%	69	100%	30	38%
60+ years old	--	--	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--	--	--
Disabilities						
Mental (learning disability, developmental disability, dementia)	--	--	--	--	--	--
Chronic Health Condition	--	--	--	--	--	--
Mobility/Physical Disability	--	--	--	--	--	--
Difficulty seeing	--	--	--	--	--	--
Difficulty hearing or having speech understood	--	--	--	--	--	--
Other	--	--	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--	--	--
Underserved Populations						
Native American	--	--	--	--	--	--
Older Adult	--	--	--	--	--	--
Latino/Hispanic	61	92%	57	83%	74	93%
LGBTQ	--	--	--	--	--	--
Veteran	--	--	0	0%	0	0%
Geographically Underserved	22	33%	25	36%	--	--
Sexual Orientation						
Gay or Lesbian	--	--	--	--	--	--
Heterosexual or Straight	--	--	69	100%	85	100%
Unknown/Not Collected/Declined	--	--	--	--	--	--
Gender Assigned at Birth						
Male	28	42%	31	45%	36	45%

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Female	38	58%	38	55%	49	61%
Current Gender Identity						
Male	28	42%	31	45%	36	45%
Female	38	58%	38	55%	49	61%
Transgender	--	--	--	--	--	--
Genderqueer	--	--	--	--	--	--
Questioning or Unsure	--	--	--	--	--	--
Another Gender Identity	--	--	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--	--	--
Total Participants	**66**		**69**		**85**	

Emergency Drop-in Services

In FY 16-17, 587 families participated in emergency drop in services.

In FY 17-18, 156 families (duplicated) received emergency drop in services. The majority were seen anonymously. 21 of the families shared demographic information.

In FY 18-19, 115 families (duplicated) received emergency drop in services. The majority were seen anonymously.

Demographics of those who received Emergency Drop-in Services

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Black/African American	6	1%	0	0%	0	0%
Native American/Alaskan Native	5	1%	0	0%	0	0%
Asian	5	1%	0	0%	3	2.6%
Latino	391	67%	0	0%	0	0%
Multi-Ethnic	15	3%	2	10%	0	0%
Pacific Islander/Native Hawaiian	1	0%	0	0%	0	0%
White	131	22%	9	43%	74	64%
Other/Unknown	33	6%	10	48%	17	15%
Ethnicity						
Hispanic or Latino	391	67%	14	67%	21	18%
Non-Hispanic or Latino	--	--	--	--	77	67%
Primary Language						
English	210	36%	8	38%	17	15%
Spanish	260	44%	7	33%	88	77%
Age						
0-5 years old	--	--	0	0%	0	0%
6-15 years old	--	--	0	0%	0	0%

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
16-25 years old	--	--	2	10%	2	2%
26-59 years old	--	--	19	90%	113	98%
60+ years old	--	--	0	0%	0	0%
Unknown/Not Collected/Declined	587	100%	0	0%	0	0%
Disabilities						
Mental (learning disability, developmental disability, dementia)	--	--	0	0%	0	0%
Chronic Health Condition	--	--	0	0%	0	0%
Mobility/Physical Disability	--	--	0	0%	0	0%
Difficulty seeing	--	--	0	0%	0	0%
Difficulty hearing or having speech understood	--	--	2	10%	0	0%
Other	--	--	0	0%	0	0%
Unknown/Not Collected/Declined	--	--	0	0%	0	0%
Underserved Populations						
Native American	--	--	--	--	0	0%
Older Adult	--	--	--	--	2	2%
Latino/Hispanic	391	67%	--	--	21	18%
LGBTQ	4	1%	--	--	--	--
Veteran	--	--	--	--	--	--
Geographically Underserved	--	--	--	--	--	--
Sexual Orientation						
Gay or Lesbian	--	--	--	--	--	--
Heterosexual or Straight	--	--	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--	--	--
Gender Assigned at Birth						
Male	--	--	1	5%	12	10%
Female	--	--	14	67%	103	90%
Current Gender Identity						
Male	123	21%	1	5%	--	--
Female	460	78%	11	52%	--	--
Transgender	--	--	--	--	--	--
Genderqueer	--	--	--	--	--	--
Questioning or Unsure	--	--	--	--	--	--
Another Gender Identity	4	1%	--	--	--	--
Unknown/Not Collected/Declined	--	--	9	43%	--	--
Total Participants	**587**		**21**		**115**	

Program Outcomes

Strengthening Families Support Groups:

In both FY 16-17 and FY 17-18, 100% of the participants showed improvement in the PHQ-9 and Emotional Rating Scale (ERS). In FY 18-19, 86% showed improvement in the PHQ-9 and the ERS scale. The other 14% were referred to continue therapy.

Emergency Drop-in Services

In FY 16-17,

- 587 individuals received emergency drop-in services.
- 320 individuals received emergency aid.
- There were 601 referrals made to social service agencies
- There were 134 referrals for mental health services.

In FY 16-17, 87% of individuals who received emergency aid reported improvement in having their needs met. In FY 17-18, 88% reported improvement in the post assessment.

In FY 18-19, there were 115 (duplicated) families that dropped in for emergency services.

Outreach

IN FY 18-19, staff attended 24 events and provided information to 2,801 individuals. Twenty-two of the 24 events were designed to provide connection to community resources and all events aimed at reducing stigma and discrimination.

Staff distributed 1,626 materials during the 24 events. At all events, the materials were information on accessing services and mental health information.

Of the 24 events, all events addressed stigma and discrimination, but also incorporated other. Staff primarily attended community fairs and conducted speaking events/presentations. Most outreach events were conducted in Spanish and English.

Outreach Content	**Number of Events**	**Percent of Events**	**Number of Events**	**Percent of Events**
Reduce Stigma and Discrimination	14	74%	24	100%
Prevention	13	68%	16	67%
Improve timely access to Services for underserved pops	8	42%	21	88%
Outreach to Recognize Early Signs of MI	3	16%	20	83%
Access & Linkage to Service for People with SMI	0	0%	22	92%
Outreach Venue				
Community Fair	9	47%	10	42%
Speaking Event/Presentation	6	32%	13	54%
Church	3	16%	2	8%
School	2	11%	1	4%
Interagency meeting	1	5%	0	0%
Other (specify)	1	5%	0	0%

Outreach Language				
English	16	84%	14	58%
Spanish	13	68%	23	96%
Outreach Population				
Community Member	13	68%	20	83%
Parent	8	42%	21	88%
Clinician	4	21%	12	50%
Nurse	3	16%	6	25%
Educator	3	16%	18	75%
Students	3	16%	6	25%
Law Enforcement	2	11%	6	25%
Other	13	68%	10	42%

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed; these outcomes will be tracked and reported in FY 19-20.

Short-term outcomes (up to 3 months):

- Individuals receive mental health treatment:
  - attendance at Transitions groups (Cope)
  - attendance at Healthy Relationships groups (Mentis)
- Individuals who are referred to HHSA/MHP partners receive mental health treatment

Long-term outcomes (3 months+):

- Parents who receive mental health support have improved mental health

Prevention Program: Up Valley PEI Mentoring Project

Program Description

UpValley Family Centers provides two programs: Challenging Latinos to Access Resources and Opportunities (CLARO) and Challenging Latinas through Awareness, Resources and Action (CLARA). Both are mentoring programs for middle and high school aged youth to build positive identities in a process of self-exploration through the lens of culture. Although the focus is on serving Latinos and Latinas, these programs are offered to any student who is interested in cultural awareness and in developing an appreciation for cultural diversity and inclusion.

Topics addressed in the program include:

- Values
- Cultural Norms
- Self-worth & Self-expression
- Substance Abuse
- Domestic Violence
- Latino/a Heritage
- Health and Safety
- Masculinity/Femininity
- Drugs/Alcohol
- Problem-Solving
- Family
- Relationships

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$76,150	$76,150	$76,150

Number of Individuals Served	143	147	143
Cost per Individual Served	$532.52	$518.03	$507.66

Program Activities

Eight outreach events were held in FY 17-18, reaching 725 individuals.

Outreach

Outreach Content	FY 17-18 Number of Events (n=8)	FY 17-18 Percent of Events	FY 18-19 Number of Events (n=13)	FY 18-19 Percent of Events
Reduce Stigma and Discrimination	--	--	0	0%
Prevention	7	88%	0	0%
Improve timely access to Services for underserved pops	6	75%	0	0%
Outreach to Recognize Early Signs of MI	--	--	0	0%
Access & Linkage to Service for People with SMI	--	--	0	0%
Outreach Venue				
Community Fair	1	13%	0	0%
Speaking Event/Presentation	--	--	0	0%
Church	--	--	0	0%
School	7	88%	13	100%
Interagency meeting	--	--	0	0%
Other (specify)	--	--	0	0%
Outreach Language				
English	7	88%	13	100%
Spanish	5	63%	0	0%
Outreach Population				
Community Member	1	13%	0	0%
Parent	1	13%	0	0%
Clinician	--	--	0	0%
Nurse	--	--	0	0%
Educator	1	13%	0	0%
Students	7	88%	13	100%
Law Enforcement	--	--	0	0%
Other	--	--	0	0%

Demographics

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Black/African American	--	--	--	--	0	0
Native American/Alaskan Native	--	--	--	--	0	0
Asian	--	--	--	--	0	0
Latino	--	--	--	--	0	0
Multi-Ethnic	--	--	15	10%	0	0

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Pacific Islander/Native Hawaiian	--	--	1	1%	0	0
White	--	--	6	4%	0	0
Other/Unknown	--	--	86	59%	0	0
Ethnicity						
Hispanic or Latino	--	--	104	71%	141	99%
Non-Hispanic or Latino	--	--	8	5%	2	1%
Primary Language						
English	--	--	64	44%	130	91%
Spanish	--	--	48	33%	13	9%
Age						
0-5 years old	--	--	0	0	0	**0%**
6-15 years old	143	100%	117	82%	96	67%
16-25 years old			30	18%	47	33%
26-59 years old	0	0	0	0	0	0
60+ years old	0	0	0	0	0	0
Unknown/Not Collected/Declined	0	0	0	0	0	0
Disabilities						
Mental (learning disability, developmental disability, dementia)	--	--	0	0	--	--
Chronic Health Condition	--	--	0	0	--	--
Mobility/Physical Disability	--	--	0	0	--	--
Difficulty seeing	--	--	2	1%	--	--
Difficulty hearing or having speech understood	--	--	1	1%	--	--
Other	--	--	0	0	--	--
Unknown/Not Collected/Declined	--	--	0	0	--	--
Underserved Populations						
Native American	--	--	0	0	0	0
Older Adult	--	--	0	0	0	0
Latino/Hispanic	--	--	104	71%	140	98%
LGBTQ	--	--	6	4%	1	.07%
Veteran	--	--	0	0	NA	NA
Geographically Underserved	--	--	147	100%	143	100%
Sexual Orientation						
Gay or Lesbian or Bisexual	--	--	2	1%	1	.07%
Heterosexual or Straight	--	--	94	64%	70	49%
Unknown/Not Collected/Declined	--	--	16	11%	72	50%
Gender Assigned at Birth						

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Male	--	--	66	45%	65	--
Female	--	--	46	31%	85	--
Current Gender Identity						
Male	61	43%	--	44%	--	--
Female	82	57%	--	29%	--	--
Transgender	0	0	--	--	--	--
Genderqueer	0	0	1	1%	--	--
Questioning or Unsure	0	0	0	0	--	--
Another Gender Identity	0	0	0	0	--	--
Unknown/Not Collected/Declined	0	0	3	2%	--	--
Total Participants	**143**		**147**		**143**	**--**

Program Outcomes

In FY 16-17, participants stated they increased their knowledge and skills *because* of the CLARO/CLARA program:

	FY 16-17	FY 18-19
"***I can talk about my problems with a friend my age***"	75%-94%	83%
reported having ***plans for the future***	97%	--
reported having a better understanding of their ***cultural identity***	93%	95%
reported they have more skills to help them ***solve problems***	90%	78%
reported ***expressing themselves*** in a more positive way	89%	--
reported having more ***positive family relationships***	85%	--
reported they engage in ***fewer risky behaviors***	84%	69%
reported ***volunteering*** their time for their community	75%	--
reported they can ***identify there is*** **an adult they can depend** on for help if they need it.	--	76%

Common themes from student open-ended responses include:

I feel more proud about my culture.	*I like this group because it's a family not just a group.*
I respect other cultures, and now I respect my own culture.	*How to respect myself and others.*
Confidence! Thank you! Pride in who I am. Pride in who I will become.	*I would encourage many other students to join this program because this group helps me through all my difficulties in life.*

To stay true to yourself.	*I am thankful. Words cannot express how much I love this program. I love it.*

In FY 17-18, the program tracked mental health referrals and non-clinical referrals.

- For the 10 students referred to clinical services, there was an average wait of 28.6 days before they were seen with a range from 8 to 72 days.
- Nineteen students were referred for non-clinical services, and staff reported an average wait of 2.1 days with a range of 0 to 7 days.

In FY 18-19, the mental health referrals and non-clinical referrals were not correctly reported this year.

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed; these outcomes will be tracked and reported in FY 19-20.

Short-term outcomes (within 3 months):

- Youth who are referred to mental health services receive supports (internal and external referrals)

Long-term outcomes (by the end of the school year):

- Improved knowledge of personal culture
- Improved sense of belonging to culture
- Knowledge of how to identify stress and anxiety
- Understanding of Self-Care techniques to address stress and anxiety
- Understanding of stigma and how it prevents discussion
- Identification and treatment of mental health concerns.
- Positive connections to friends, family, school and community.
- Identifying warning signs for mental health concerns
- Knowledge of mental health resources to seek mental health support.

Early Intervention Program: Court and Community Schools PEI Project

Program Description

The Napa County Office of Education provides the Court and Community Schools Student Assistance Program. The program offers mental health services and counseling, as needed, along with a wide range of services including academic assistance in order to support students, reduce suspension rates, and increase school attendance. Students are referred to the Court and Community Schools for reasons of truancy, disciplinary issues or expulsion. Most students are performing well below grade level and all come from a history of neglect, abuse, trauma, substance abuse, and/or diagnosed or undiagnosed mental health conditions.

All staff has been trained in behavioral modification techniques including Positive Behavioral Intervention and Support (PBIS), Building Effective Schools Together (BEST), and Restorative Justice. In addition, staff

is trained to offer mindfulness activities and yoga/meditation. The SAP multidisciplinary team meets weekly to discuss and organize services to all students participating in therapy.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$81,600	$81,600	$81,600
Number of Individuals Served	139	136	129
Cost per Individual Served	$587.05	$600.00	$632.56

Program Activities

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Black/African American	4	3%	2	1%	0	0%
Native American/Alaskan Native	0	0	6	4%	3	2%
Asian	0	0	0	0	0	0%
Latino	107	77%	95	70%	97	75%
Multi-Ethnic	3	2%	22	16%	24	17%
Pacific Islander/Native Hawaiian	4	3%	3	2%	0	0%
White	20	14%	26	19%	21	16%
Other/Unknown	1	1%	76	56%	0	0%
Ethnicity						
Hispanic or Latino	107	77%	95	70%	97	75%
Non-Hispanic or Latino	0	0	28	21%	16	12%
Primary Language						
English	56	40%	84	62%	90	70%
Spanish	81	58%	52	38%	39	30%
Age						
0-5 years old	--	--	--	--	0	0%
6-15 years old	55	40%	59	43%	67	52%
16-25 years old	84	60%	77	57%	62	48%
26-59 years old	--	--	--	--	0	0%
60+ years old	--	--	--	--	0	0%
Unknown/Not Collected/Declined	--	--	--	--	0	0%
Disabilities						
Mental (learning disability, developmental disability, dementia)	--	--	18	13%	0	0%
Chronic Health Condition	--	--	1	1%	0	0%
Mobility/Physical Disability	--	--	0	0	0	0%
Difficulty seeing	--	--	0	0	0	0%
Difficulty hearing or having speech understood	--	--	0	0	0	0%
Other	--	--	0	0	0	0%
Unknown/Not Collected/Declined	--	--	0	0	0	0%

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Underserved Populations						
Native American	--	--	6	4%	0	0%
Older Adult	--	--	0	0	0	0%
Latino/Hispanic	--	--	95	70%	97	75%
LGBTQ	--	--	12	9%	9	7%
Veteran	--	--	0	0	0	0%
Geographically Underserved	--	--	0	0	5	4%
Sexual Orientation						
Gay or Lesbian or Bisexual	--	--	12	9%	7	5%
Heterosexual or Straight	--	--	122	90%	120	93%
Unknown/Not Collected/Declined	--	--	2	1%	2	1%
Gender Assigned at Birth						
Male	98	71%	92	68%	95	74%
Female	41	29%	44	32%	34	26%
Current Gender Identity						
Male	--	--	92	68%	95	74%
Female	--	--	44	32%	34	26%
Transgender	--	--	0	0	0	0%
Genderqueer	--	--	0	0	0	0%
Questioning or Unsure	--	--	0	0	0	0%
Another Gender Identity	--	--	0	0	0	0%
Unknown/Not Collected/Declined	--	--	0	0	0	0%
Total Participants	**139**		**136**		**129**	

Program Outcomes

In FY 16-17, 137 unduplicated students received SAP services. Of these students, 42% behavioral showed improvement in pre/post measures.

In FY 18-19, 129 unduplicated students received SAP services. Of these students, an average of 78% showed a behavioral improvement in pre/post measures.

Total number of parents served

Staff reported a total of 2,150 parent phone calls and 583 meetings with parents in FY 17-18

In FY 18-19, Staff reported a total of 2,270 parent phone calls and 645 meetings.

Number of students who graduate

Five of the SAP students graduated in FY 17-18.

One of the SAP students graduated in FY 18-19.

Number of refocus visits compared to overall suspension rate

- There were 642 refocus visits and 66 suspensions in FY 17-18. This is an average of 9.7 refocus visits for each suspension.
- There were 448 refocus visits and 46 suspensions in FY 17-18. This is an average of 9.7 refocus visits for each suspension.
- There were 380 refocus visits and 40 suspensions in FY 18-19. This is an average of 9.5 refocus visits for each suspension.

Attendance rate for SAP students compared to overall student body

- The attendance rate was 86% for SAP students for FY 16-17
- The attendance rate was 87% SAP for students for FY 17-18
- The attendance rate was 83.5% for SAP students for FY 18-19.

Percent of conflict resolution interventions that end successfully

- In FY 17-18, 70 students were offered restorative justice. None refused, and 65 students (93%) indicated the issue was resolved.
- In FY 18-19, 45 students were offered restorative justice. None refused, and 40 (89%) students indicated the issue was resolved.

Referrals for Mental Health Services

- 17 students were referred for mental health services at Mentis or through Access. Of these, staff reported that students were seen in an average of 2.7 days.
- In FY 18-19, 16 students were refereed to mental health services to Aldea. Of these, staff reported that students were seen in an average of 3.74 days.

Referrals for Non-Clinical Services

- 13 referrals were offered for non-clinical needs. Staff reported that students received services in an average of 13.6 days.
- Referrals included: substance use services (n=5), food (n=3), ParentsCAN (n=3), health insurance (n=1), and parenting (n=1)
- In FY 18-19, 8 referrals were offered for non-clinical needs.
- The 8 referrals were referred to Aldea substance abuse services.

Percent of students who improve on ERS (Emotional Rating Scale) in individual and support group (implemented at the beginning and end of solution-focused therapy).

- In FY 17-18, the staff reported the results of the PHQ-9 Screening Tool. 91 students were screened, and 48% reported improvement by the end of therapy.
- In FY 18=-19, the staff reported the results of the PHQ-9 Screening Tool. 33 students were screened, and 78% reported improvement by the end of therapy.

Planned Evaluation Outcomes for FY 19-20

New program outcomes were developed, these outcomes will be tracked and reported in FY 19-20.

<u>Short-term outcomes (up to 3 months):</u>

- Reduce amount of time students experience untreated mental illness.

- Students use mental health supports and services:
  - Individual mental health services and supports on site.
  - Mental health services in the community. *(NCHHS will track this information)*

Long-term outcomes (3 months+):

- Improvement in PHQ-9 scores
  - PRE: Score from first screening
  - POST: Last score before support ceased (if available)
- Decrease in Referrals to Refocus Room: Referrals from staff will be tracked and are anticipated to decrease once students receive support. Self-referrals are encouraged and will not be tracked.
  - PRE: month prior to support
  - POST: last month of support
- Improvement in Attendance
  - PRE: month prior to support
  - POST: last month of support

Early Intervention Program: Healthy Minds Healthy Aging

Program Description

The goals of the Healthy Minds-Healthy Aging Program are to (1) reduce depression and improve quality of life for older adults and caregivers with depression and other mental/cognitive health concerns; (2) increase early identification of emerging and/or serious mental health and cognitive impairment issues among older adults and their caregivers; (3) improve access to and utilization of services for mental and/or cognitive health concerns among older adults and caregivers by increasing services and coordination among providers.

HMHA provides a continuum of community-based, culturally and linguistically competent behavioral and cognitive health education, early intervention and brief treatment services for older adults 60 years of age and older in Napa County. The program design uses an evidence-based, multidisciplinary, collaborative approach to coordinate among, link across, and build upon (not duplicate) community-based systems of care. Collaborative partners include Family Service of Napa Valley (FSNV), Area Agency on Aging (AAA), Hospice and Adult Day Services (NVHADS), Queen of the Valley Community Outreach, and Comprehensive Services for Older Adults. HMHAP focuses on key strategies for early identification, increasing access to behavioral and cognitive health services as well as safety net support for low-income older adults with depression and/or cognitive health concerns. Each collaborative partner plays a key role. A FSNV MSW social worker case manager, AAA community navigator and health educator and an FSNV clinical case manager/ therapist as well as social work staff at NVADS provide program services.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18	FY 18-19
Total Program Funding	$91,350	$91,350	$91,350
Number of Individuals Served	101	168	226
Cost per Individual Served	$904.46	$543.75	$404.20

Program Activities

Outreach

Two key strategies are focused on community education and outreach: Gatekeeper Training and Professional Continuing Education. *Gatekeeper training* is conducted on two levels: one targeting community members and front-line staff who are likely to come in contact with older adults and the second focusing on providers and professionals working with older adults. *Professional continuing education* is offered to build capacity of providers to identify and provide early intervention for vulnerable older adults with mental or cognitive health concerns.

In FY 16-17:

- 362 gatekeepers or professionals trained in mental health and cognitive issues
- 688 older adults educated
- 62% of those participating in outreach identified as White, and 37% identified as Hispanic.

In FY 17-18, data was available for the fourth quarter only.

- 79 individuals participated in outreach. They were 82% female and 18% male. 47% identified as Hispanic, 51% identified as White and 3% identified as Asian.
-

Outreach Event Description

		FY 16-17	FY 17-18 (Q4 only)	
Outreach Content			**Number of Events (n=10)**	**Percent of Events**
Reduce Stigma and Discrimination	--	--	0	0
Prevention	--	--	0	0
Improve timely access to Services for underserved pops	--	--	0	0
Outreach to Recognize Early Signs of MI	--	--	10	100%
Access & Linkage to Service for People with SMI	--	--	0	0
Outreach Venue				
Community Fair	--	--	--	--
Speaking Event/Presentation		--	--	--
Church	--	--	--	--
School	--	--	--	--
Interagency meeting	--	--	--	--
Other (specify)	--	--	--	--
Outreach Language				
English	--	--	4	40%
Spanish	--	--	6	60%
Outreach Population				
Community Member	--	--	7	70%
Parent	--	--	0	0
Clinician	--	--	0	0
Nurse	--	--	0	0

Educator	--	--	0	0
Students	--	--	0	0
Law Enforcement	--	--	0	0
Other	--	--	2	20%
Total Outreach Events			**10**	

Screening, Assessments and Case Management

Staff utilizes evidence-based tools – the PHQ9 and AD8 to screen referrals for depression and/or cognitive concerns. A comprehensive assessment conducted in consumers' homes screens for additional quality of life and basic needs concerns. Each consumer works with staff to set goals and is provided a care plan that addresses these concerns as well as mental or cognitive health problems. To address issues, Healthy Minds, Healthy Aging staff refers consumers to and works in partnership with a host of community resources. For referred older adults that do not enter the program or do not qualify for services, information and assistance referrals to community resources are offered as well.

In FY 16-17:

- 74 care plans/assessments completed
- 210 supportive referrals were made for consumers served during the year.

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Black/African American	2	2%	6	3%	6	3%
Native American/Alaskan Native	0	0	0	0	0	0
Asian	1	1%	7	4%	0	0
Latino	26	26%	50	30%	40	18%
Multi-Ethnic			1	0.5%	3	1%
Pacific Islander/Native Hawaiian	1	1%	0	0	0	0
White	77	76%	104	62%	176	78%
Other/Unknown	0	0	0	0	1	.04%
Ethnicity						
Hispanic or Latino	26	26%	50	30%	40	18%
Non-Hispanic or Latino	0	0	0	0	0	0
Primary Language						
English	--	--	--	--	--	--
Spanish	--	--	--	--	--	--
Age						
0-5 years old	0	0	0	0	0	0
6-15 years old	0	0	0	0	0	0
16-25 years old	0	0	0	0	0	0
26-59 years old	0	0	0	0	0	0
60+ years old	101	100%	168	100%	226	100%

	FY 16-17		FY 17-18		FY 18-19	
Race	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Unknown/Not Collected/Declined	0	0	0	0	0	0
Disabilities						
Mental (learning disability, developmental disability, dementia)	0	0	8	5%	0	0
Chronic Health Condition	0	0	42	25%	71	31%
Mobility/Physical Disability	0	0	20	11%	33	15%
Difficulty seeing	0	0	14	8%	28	12%
Difficulty hearing or having speech understood	0	0				
Other	0	0	0	0	0	0
Unknown/Not Collected/Declined	0	0	0	0	0	0
Underserved Populations						
Native American	0	0	0	0	0	0
Older Adult	0	0	168	100%	226	100%
Latino/Hispanic	0	0	50	30%	40	18%
LGBTQ	0	0	4	2%	0	0
Veteran	0	0	1	0.5%	8	4%
Geographically Underserved	0	0	0	0	7	3%
Sexual Orientation						
Gay or Lesbian or Bisexual	2	2%	5	3%	7	3%
Heterosexual or Straight	0	0	163	97%	218	96%
Unknown/Not Collected/Declined	0	0	0	0	0	0
Gender Assigned at Birth						
Male	20	20%	23	14%	30	13%
Female	81	80%	145	86%	195	87%
Current Gender Identity						
Male	20	20%	23	14%	30	13%
Female	81	80%	145	86%	195	87%
Transgender	0	0	0	0	0	0
Genderqueer	0	0	0	0	0	0
Questioning or Unsure	0	0	0	0	0	0
Another Gender Identity	0	0	0	0	0	0
Unknown/Not Collected/Declined	0	0	0	0	0	0
Total Participants	**101**		**168**		**225**	

Therapeutic Intervention

Consumers with signs of cognitive issues are referred to Adult Day Services for family consultations. Program staff provide appropriate brief therapeutic interventions in consumers' homes or accessible community sites as well as family consultations and referrals or older adults identified with cognitive health issues

In FY 16-17, 75 individuals received therapy in 788 sessions (an average of 10.5 sessions per consumer). Nine families were referred for family consultations and six were served.

Program Outcomes

Outreach

In FY 16-17, 62 referrals were received from providers and 28 individuals referred themselves.

Screening, Assessments and Case Management

In FY 16-17, 79% of consumers discharged had completed care plans at end of period (several consumers died or moved during period)

Therapeutic Intervention

In FY 16-17, 77% of 57 discharged consumers demonstrated improved PHQ9 scores for depression.

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.

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.

Program by Age	**Number Served 7/1/2018 to 6/30/2019**
Full Services Partnership	
0-15	70
16-25	27
26-59	61
60+	49
System Navigators	
0-15	0
16-25	8
26-59	51
60+	12
Crisis Stabilization Services	

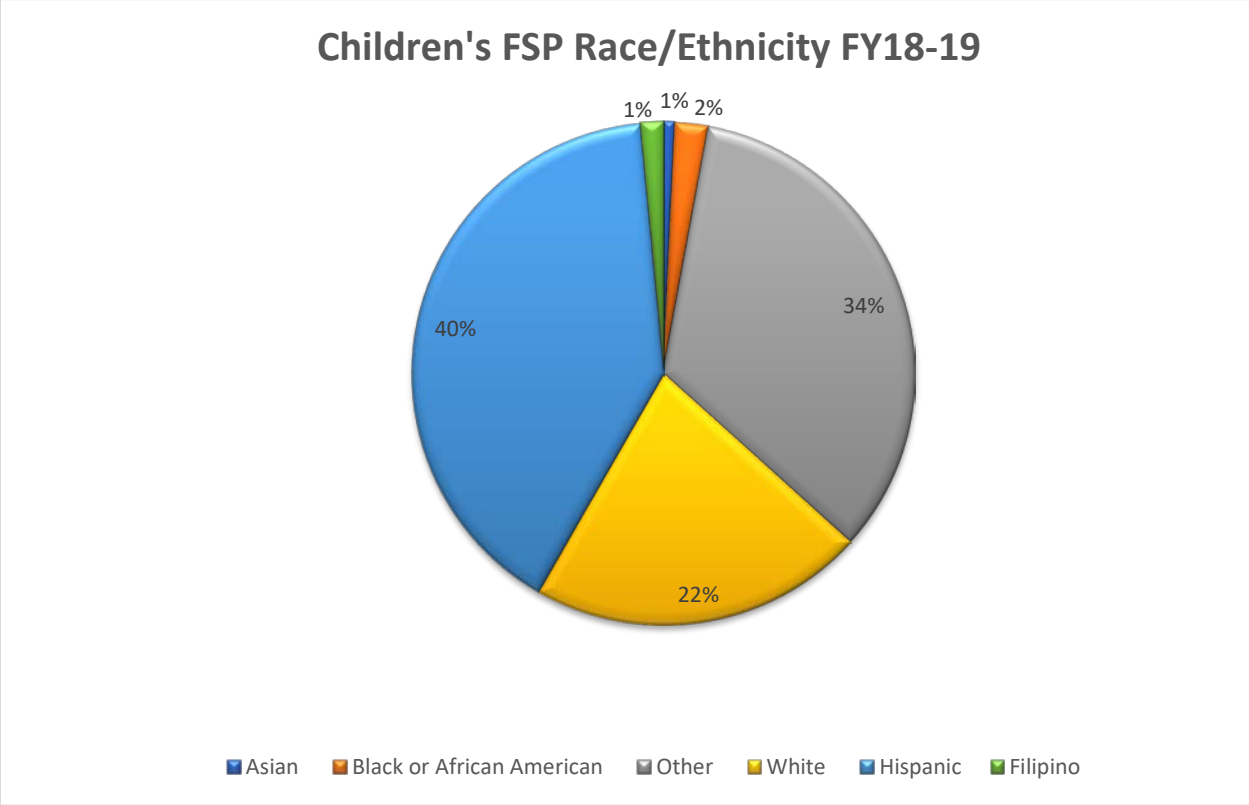
0-15	142
16-25	264
26-59	696
60+	100
Innovations Community Center	
0-15	12
16-25	16
26-59	330
60+	30
Declined to answer	30

Program Name: Children's FSP	**Mental Health Division Program**
Number Served 7/1/2018 to 6/30/2019 Ages 0-15: 70 FY19-20 Consumers Served Projection: 70	FY 18-19 Funding from MHSA: $498,060 Cost per person served:$498,060/70 =$7,115.14

Program Summary:
The CFSP is designed to assist underserved, at-risk children with a serious emotional disturbance who demonstrate problems with functioning in at least two of the following areas:
1) School, home, community or Peer relationships AND
2) Are either at risk for hospitalization, incarceration, suicide, homicide, removal form the home, OR the mental disorder impairments are likely to continue for more than a year without treatment.
As the Latino population has been historically underserved, special emphasis has been given to Latino youth who are at greater risk (i.e. meet multiple target population criteria) and to other unserved/underserved populations. Key aspects of the CFSP program:

- Youth ages 0 to 15
- CFSP staff provides a holistic approach to address the mental health and emotional issues limiting the child and the family's capacity for success.
- Wraparound efforts are based in the community and encourage the family's use of their natural supports and resources
- CFSP collaborates with the family and their external support network or helps them create one.
- This process of working with the child, family and the CFSP team occurs through periodic and frequent contact at home, at school, or in the community in order to address the child's emotional, social, academic and familial needs.

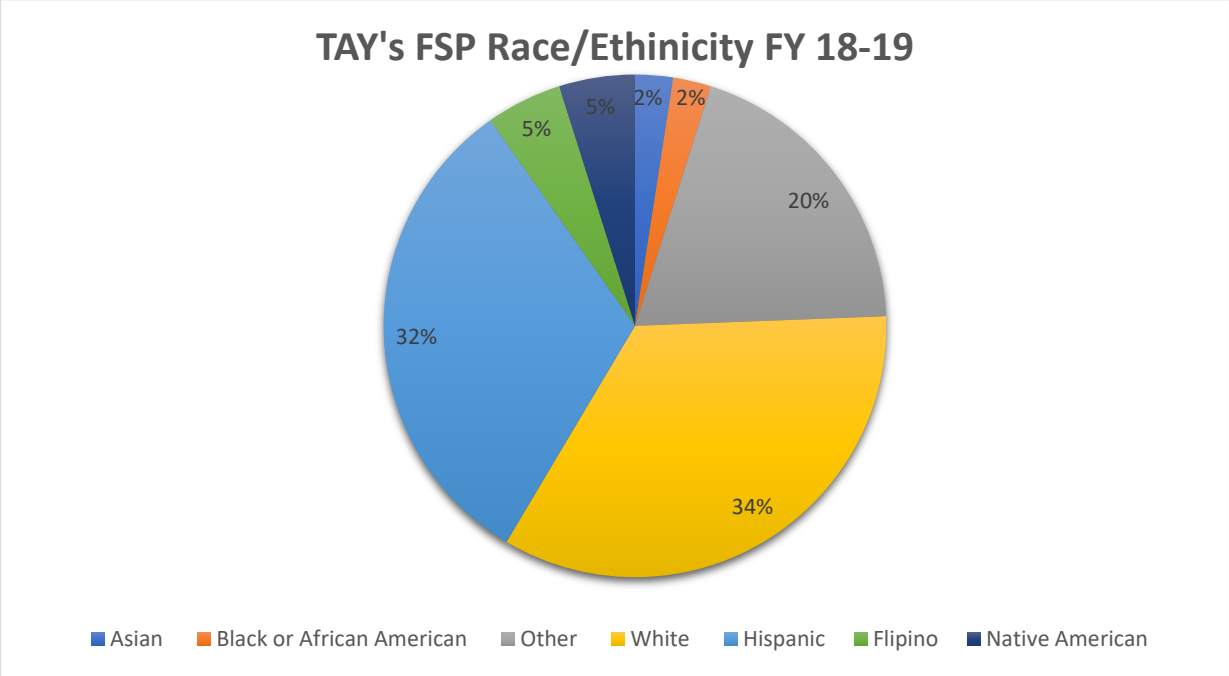
The Children's FSP program served 70 individuals. 38 % were females and 61% were males. 2.1 % were ages 0-5, 51% were ages 6-15, 47 % were ages 16-19. The top three non-mental health issues facing the youth being served by CFSP continue to be 1) Involvement with law enforcement, 2) Dual diagnosis comorbidity with substance abuse, and 3) academic challenges. The majority of youth served lived with their parents, some were placed in residential treatment/group homes, and a small number were placed in juvenile hall.



Successes:	Challenges:
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 The program has hired a parent partner whose daughter successfully achieved her mental health goals through our own CFSP program. She brings enthusiasm, lived experience, and a huge desire to help other parents that are navigating the difficult road	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 have exhausted existing community resources and still need support. CFSP has had more turnover from staff than in previous years. It has been a challenge to find competent and driven master level clinicians that are interested in the work that this unit devotes to the clientele that it serves. The team is now new and is going through training in order to bring everyone up to speed and to build relationships within the team and in the community. CFSP no longer utilizes Functional Family Therapy and is using Evidence-Based Practices such as Dialectical Behavioral Therapy for youth.

of obtaining adequate mental health services for their children. She is a true advocate that helps families learn how to be able to advocate for themselves and how to connect to services in their communities.	
Goals: • Continue to build a sense of community for our consumers and their families by involving them not only in their own MH treatment but also in community events that foster wellness for the entire family. • Research and identify resources or evidence-based practices for youth with co-occurring disorders.	

Program Name: TAY FSP	**Contractor: Progress Foundation**
Number Served 7/1/2018-6/30/2019: Ages 16-25: 27 FY19-20 Consumers Served Projection: 28	FY 18-19 Funding from MHSA: $465,577 Cost per person served:$465,577/27=$17,243.59
Program Summary: The Transitional Age Youth Full Service Partnership (TAY FSP) Program provides a comprehensive range of support services for youth ages 16 to 25 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 27 individuals and received 28 referrals. Out of these referrals, 13 identified as female and 15 identified as male. 7% were between the age of 16-17 and 93% were between the ages of 18-24.The most prominent problems other than MH facing the youth served were drug and/or alcohol use as well as other illegal substance abuse. Involvement with law enforcement, incarceration and homelessness also came up high in the risk factor levels that needed to be address with youth while receiving TAY FSP services. Several of the TAY served explored school or employment while they received services. FY18-19 was the first year TAY FSP was an in-house services placed under the children's FSP with specialized TAY staff. Prior to this, the Progress Foundation administered the TAY FSP.	



Successes

The former Progress Foundation TAY FSP program became a County MH Program in June 2018 and MHD staff ensured a seamless transition for 12 TAY consumers who were currently open at the time of transition. The program has grown to serve 28 TAY in the last two years.

Staff have worked on establishing relationships with community partners in agencies such as Vocational Rehabilitation, Napa Community College, Homeless Youth Coalition, VOICES, LGBTQ Connection, and others.

As a new TAY program, staff are creating a new identity for TAY in the MH division and in the community.

The TAY FSP has hired two full time therapists and in the future would like to add a position for a peer staff member.

TAY has adopted the EBP, Dialectical Behavioral Therapy.

Challenges

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

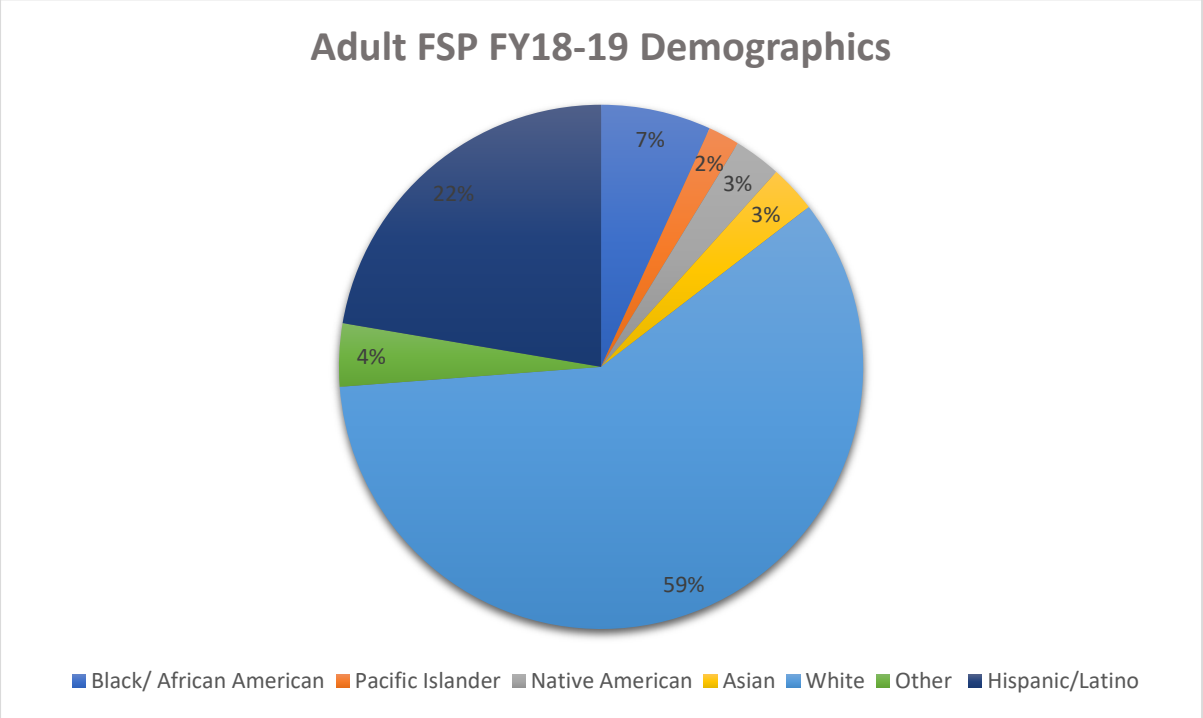
Need more clinicians that are devoted to the TAY program to meet the community need. A bilingual therapist, case manager, and peer mentor are needed to have program fidelity.

Increase the number of drug and alcohol treatment/residential centers that can help meet the gap of the current service available.

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

Staff are making notable connections with the community and participating in monthly collaboration meetings.	
Goals: • Increase knowledge and understating of the issues affecting TAY youth and their families. • Learning about other promising practices to serve the TAY population • Exploring current available services in our community or in need of further development • Becoming familiar with the TAY practice, program implementation, and policy issues..	

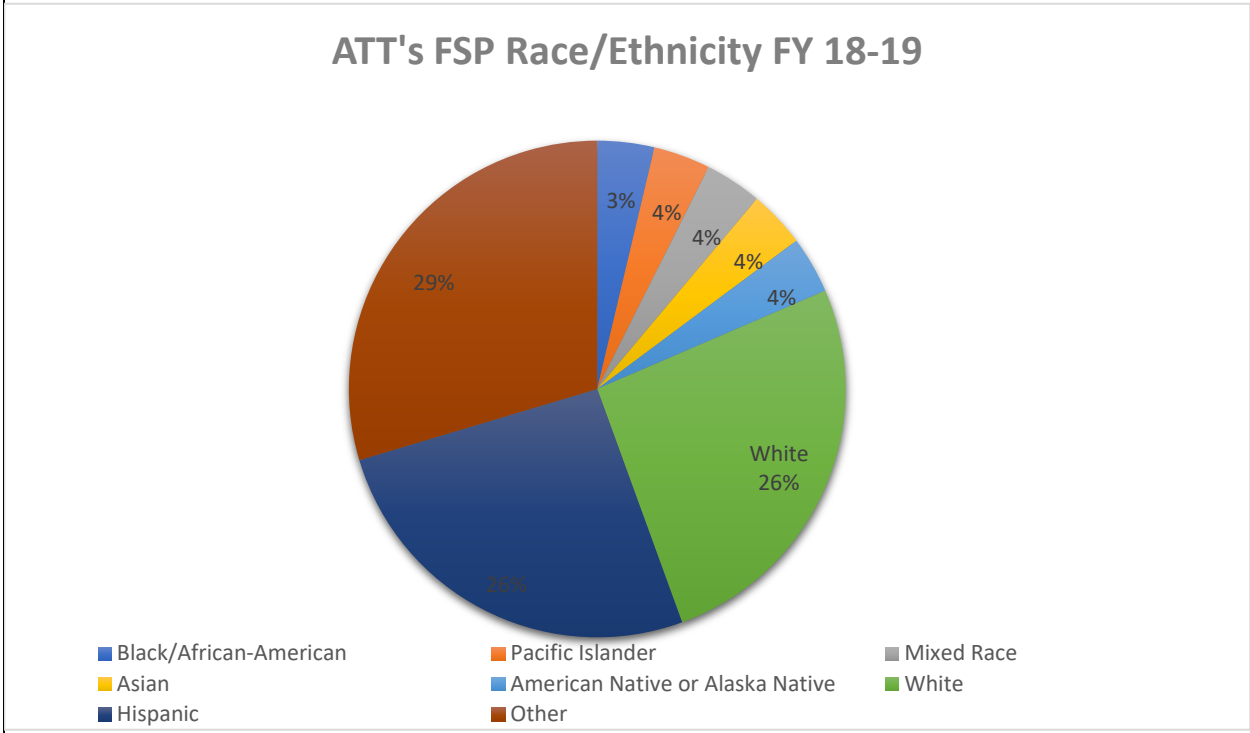
Program Name: Adult FSP	**Mental Health Division Program**
Number Served (7/1/18 to 6/30/19): Ages 26-59: 61 FY19-20 Consumers Served Projection: 85	FY 18-19 Funding from MHSA: $631,674 Cost per person served: $631,674/61=$10,355.31
Program Summary: The Adult FSP program provides intensive wrap around 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 providing strengths based therapeutic case management services to 61 individual program participants, who were served from July 1, 2017 to June 30, 2018. The number of participants who were identified as having a co-occurring disorder ranges from 60-80% at any given time. Approximately, 41% or 25 individuals served by the AFSP were female, and 59% or 36 individuals served were male. The Fresh Start housing program hit the milestone of 5 years of supporting people with serious mental illness reach their recovery and housing goals. Over the past two years, 22 people have entered the program including 5 Older Adults, 2 Transitional Age Youth, and 9 women. 55% of people entering the program were diagnosed as having a co-occurring substance use disorder. Since March 2018, 9 people moved into housing – 3 individuals renting in the community, and 6 individuals into mental health supportive housing. 2 Individuals returned to the shelter due to substance abuse issues. Overall, more than 80% of people moved into long-term housing. Community Events designed to bring the people living in the programs three separate houses together were regularly attended by consumers. The gardening group continues to flourish and provides a backdrop to house events where the vegetables are prepared and served to the residents. A WRAP group is provided to all new residents. A men's support group occurs weekly for men who are struggling with understanding their mental illness and how it affects their lives today. Weekly house meetings are held to discuss roommate concerns and provide support to each other.	

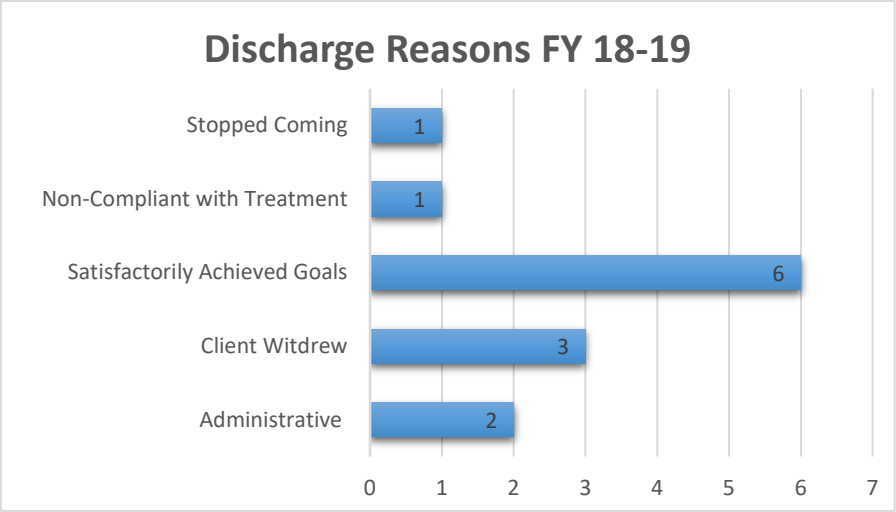


Successes	Challenges:
The program has become fully staffed, including two full time bilingual case managers after a long lapse that was due to staff turnover. A peer staff have become a full time, benefitted Mental Health Worker Aide. The AFSP case managers and supervisors have been trained in the Strengths 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 completed December 31, 2018. Four AFSP staff not previously trained in the Strengths Model for case management participated in a 2-day training. AFSP staff use the associated Strengths Assessment and Personal Recovery Plan tools to guide the development of person-centered, strength based wellness and recovery plans. A Fresh Start garden group was started by	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 Engaging individuals with active substance use continues to inhibit program participant's success. More staff training related to co-occurring illness is warranted. Training for co-occurring disorders continues to be a need for the AFSP team. One FTE Mental Health Counselor position was vacant for 6 months. Transportation: The HHSA shuttle bus program was discontinued which lead to an increase in missed

and AFSP Mental Health Worker. The garden was developed by the program participants who learned about nutrition, gardening, and gained socialization skills by participating in the group.	appointments and cancellations due to transportation problems.
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 (7/1/2018-6/30/2019) Ages 26-59: 36 FY19-20 Consumers Served Projection:35	FY 18-19 Funding from MHSA: $253,067 Cost per person served: $253,067/36=$7,029.63
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. 56% or 20 individuals identified as female and 44% or 16 individuals identified as male. In FY 18-19, there were a total of 13 discharges.	





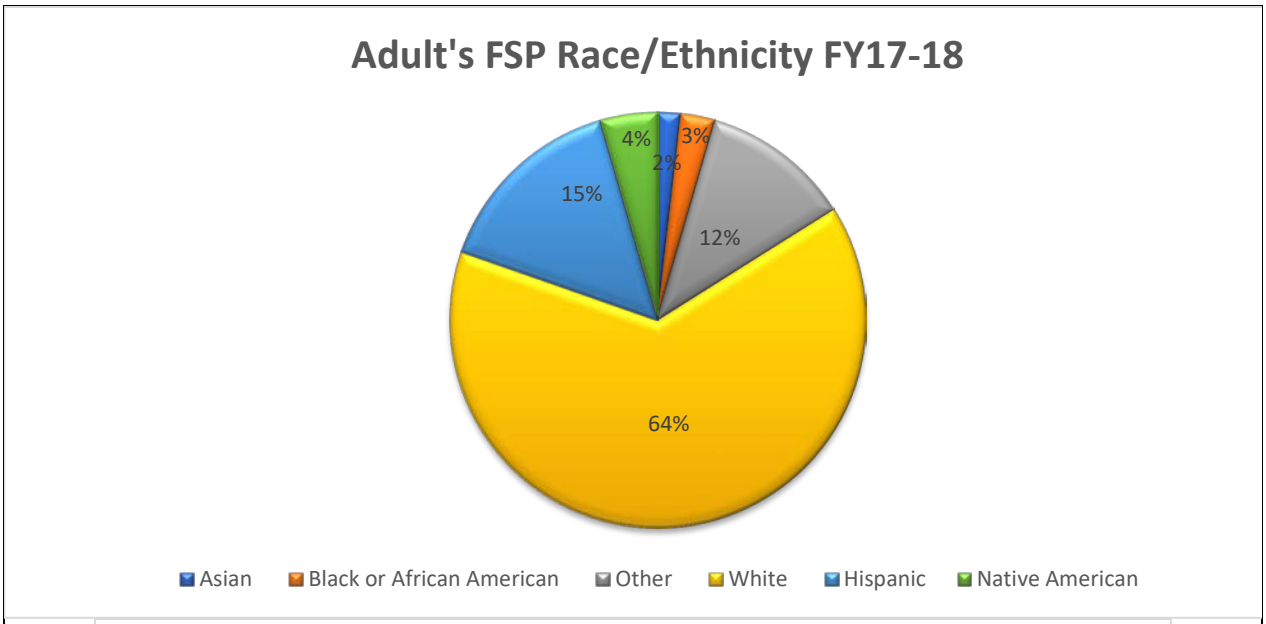
Successes:	Challenges:
Staff is trained in various evidence-based practices including Cognitive Behavioral Therapy-psychosis, Motivational Interviewing, Solution Focused Therapy, Strengths Based Case Management Model and Milestones of Recovery Scale (MORS).	• The local Housing crisis continues to the most prominent barrier for the individuals we serve. • Multiple levels of care in catchment area

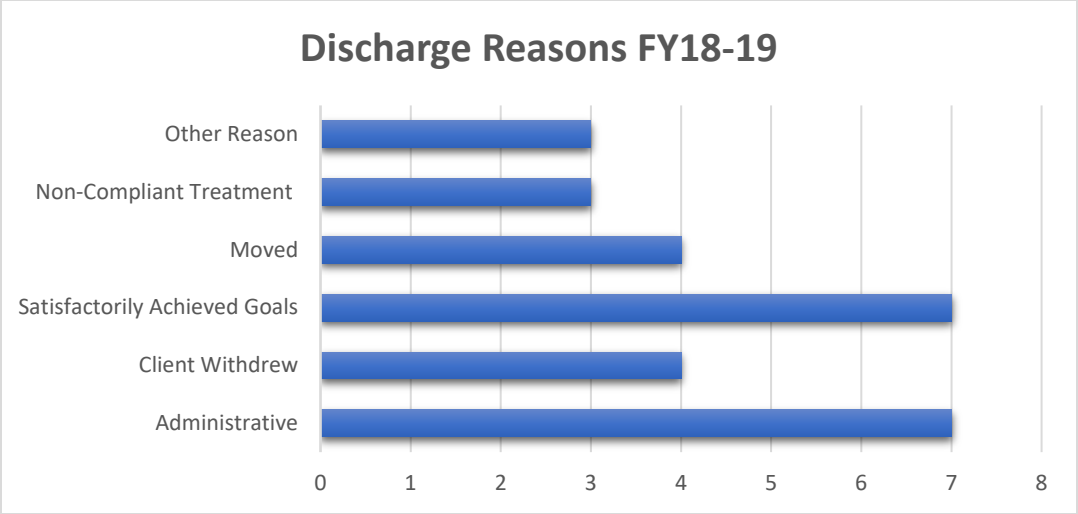
Goals:
Increase healthy recovery by offering more extensive opportunities and choices for consumers. Provide increased support for consumers to obtain identified goals.

Program Name: Older Adult FSP	**Napa County Comprehensive Services for Older Adults (CSOA)**
Number Served (7/1/18 to 6/30/19): Ages 60+: 49 FY19-20 Consumers Served Projection: 40	FY 17-18Funding from MHSA: $341,625 Cost per person served: $341,625/49= $6,971.94

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 34 people served in FY 18-19, 30 or 61% identified as female, 19 or 39% as male. Out of the 49 individuals, 2 serf identified as LGBTQ.

There were 28 individuals discharged during this reporting period: 7 met their goals, 4 moved, 4 withdrew, 3 were non-compliant with their treatment and 7 others were closed out for administrative reasons.





Successes:	Challenges:
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). Support groups are offered for family members and friends that know older adults with mental illness. Seasonal support groups to help older adults get through the holiday season.	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. Connecting the chronically homeless, who have mental illness to services that they do not want.

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. • Expand services and support to hard to reach older results in American Canyon, which include Filipinos, Latinos and Whites.	
Program Name: Project Access (7/1/2018-6/30/2019)	**Various contractors and Mental Health Division**
System Navigators: 53 unduplicated individuals reached through outreach events and brief case management. Sponsored activities throughout the year, saw more than 13,000 through attendance at health fair, community outreach events and T.V outlets. **Co-Occurring Disorders Group:** 72 individuals served by Alcohol and Drug Services Division staff. **Innovations Community Center** 418 unduplicated individuals served (This does not include family activities, preventative activities or any participants of activities outside of regular Center hours.) **ParentsCAN:** General outreach and engagement Newsletter 791 mailed to households and 1,209 printed to pass out at outreach events. E-newsletter reached 1,689 unduplicated families. Website: 6,544 visitors, 4,814 were new. Support groups: 14 attendees Event Outreach: 9,591 **Network of Care:** Total Visits: 26,921; 1.5 page views per visit and average visits per day 73. **Mental Health Month:** Over 500+ people engaged through Mental Health Month sponsored activities.	FY 18-19 Funding from MHSA: $543,735.22 Cost per person served: Cost per person served would be difficult to calculate for Project Access given the variety of services, outreach and engagement activities and the duplicated individuals reached.
Program Summary:	

<table>
<tr><td colspan="2">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.</td></tr>
<tr><td>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.

System Navigators: One success was that through the outreach done weekly at the Mexican markets, a System Navigator made contact with a Latino male who was shopping at the store who had experienced a very traumatic event with a work accident that claimed his co-workers life right in front him on that day. Had the Navigator not been performing outreach at that location, the individual would not have known about available resources for crisis counseling and ongoing mental health services were he to need them. The outreach was a success in that the individual was able to share his story with the mental health worker/System Navigator and begin the process to managing his trauma.

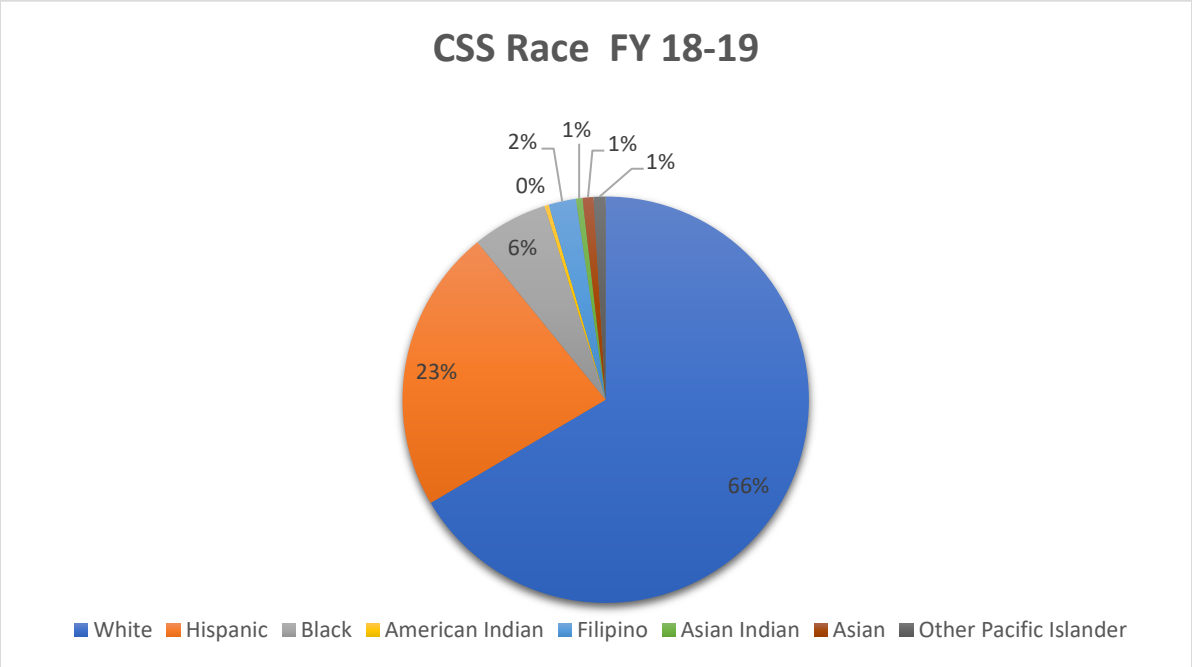
Innovations Community Center (ICC):
• The May art event at Innovations Community Center was a success with 35 mothers sharing their stories and capturing their story through the creation of a personal mosaic. ICC had a total of 128 people the day of the event that brought awareness to the attendees that art is very important.
• All Peer staff has worked diligently on personal wellness plans and personal, interpersonal and professional goals over the last year, hoping to achieve a balance in their lives.
• ICC’s Narcotics Anonymous meetings have doubled their core members to 12 and average participation has increased from 15 to 20 people per meetings. The Alcoholicos Anonimos meetings are now 5 nights a week and the Friday night attendance is 30 to 40 people.</td>
<td>Challenges:
Service capacity and housing continue to be issues that affect staff ability to fully meet the needs of individual with mental illness.

Identifying appropriate services and service providers for co-occurring needs such as developmental issues and mental illness can be challenging.

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.

Challenges identified at ICC:
• Transportation
• Nutrition program - the Center does not want to just provide food and is trying to instill healthy eating as a part of the program.
• Would like to see more warm-hand offs where Mental Health providers bring consumers to the center to establish a relationship with peers and other staff.</td></tr>
</table>

• The four (4) ICC participants hired as peer staff received numerous opportunities to grow their leadership and work skills through regular training and coaching. Peer staff completed 40 different training modules including topics such as Motivational Interviewing, substance abuse, group facilitation, CPR and First Aid, mandated reporting and other legal requirements, cultural competency, de-escalation, and mental health topics including diagnosis, psychosis, and QPR.	
Goals: • 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. • A goal of the Navigator program is to add three more outreach locations in the community over the next year.	



Program Name: Crisis Stabilization Services (CSS aka CSU) Program	**Contractor: Exodus, Inc.**

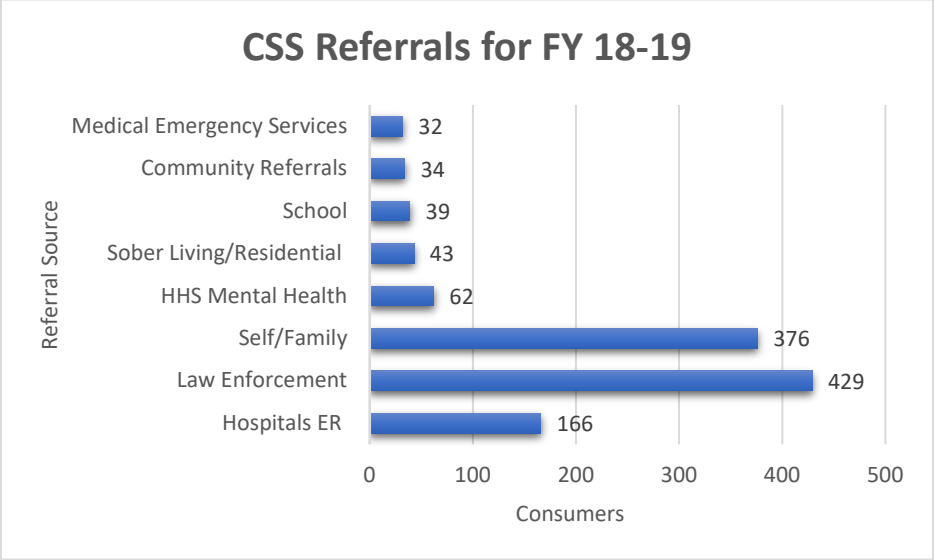
Number Served (7/1/2018-06/30/2019): 1,202 total duplicate individuals served.	FY 19-20 Funding from MHSA: $250,000 Cost per person served: $250,000/1,202= $207.99

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.

The CSSP:
- 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.

The top referrals come from the following locations:



CSS Program (CSSP) Highlights
- 24/7/365 access to behavioral health professionals including an integrated team of physicians/nurses/social services and para professional staff;
- Serves ages 5 to older adults

• Provides outreach and education to local law enforcement, local Medical Center, Napa County Department of Behavioral Health 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 consumers having difficulty managing at Progress Foundation's Crisis Residential Treatment (CRT) facility; • Exodus CSSP offers TB placement and screening for consumers transferring from the CSSP to Progress Place, filling a gap in the previous system of care • Up to 23-hours of immediate care and discharge linkage to community based solutions, as well as referrals.
Challenges: Expected adjustments and challenges were experienced during the transition from one treatment model (ERT) to a full fidelity Crisis Stabilization Model. 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 in recruiting and retention of qualified staff due to intense competition form the region's major medical centers providing psychiatric care.

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.

One time MHSA Funded Housing Assistance Fund: The Buckelew Program provides stable housing and support services to help individuals to live independently in the community. Without these funds, consumers would be at risk of homelessness or homeless. Stable housing is a basic need that all persons strive to have; our consumers live on very limited incomes and need this subsidy to remain housed. Consumers are able to pursue other interests when they have the security of having a roof over their heads, a bed to sleep in and the ability to put food on their table. They are able to

explore employment, further their education, explore volunteer work and focus on their wellness and recovery

Workforce, Education and Training (WET)

The MH Division anticipated that WET funds would have been fully expended by June 30, 2018, however, several issues have prevented these funds from being expended. The Internship program has generated more revenue than was anticipated, and, because this revenue offsets expenditures of WET funds, interest has also accumulated on the unspent WET funds.

The Department of Health Care Services has determined, based on their reversion calculations, reverted $95,579 of WET funds from FY 07-08. The Mental Health Division utilized previous WET funds for a variety of stakeholder-approved Actions or programs. In compliance with the mandates of AB114, the Mental Health Division will spend Reverted/Reallocated MHSA WET Funds in FY 18-19 and FY 19-20 on the Mental Health Plan Staff development activities such as 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.

Program Name: Internship Program	**Mental Health Division Program**
Number Served: 4 graduate student interns participated in the cohort this year. Number Served (7/1/1 to 6/30/19): Ages 0-15: 8 Ages 16-25: 6 Ages 26-59: 16 Age 60+: 3 FY 19-20 Consumers Served Projection: 37	FY 18-19 Funding from MHSA: $58,756 Cost per person served: $1,728.11
Program Summary: In FY 18-19, four MFT Trainees and MSW Interns were placed in different units based on their interests and openings including Adult Mental Health Case Management, Child and Family Behavioral Health and the Adult and Children's Full Service Partnership (FSP), Community Links Unit/Program and Mental Health Court Unit. The Intern Coordinator is a Licensed Clinical Social Worker (LCSW) who oversees all aspects of the interns' work to endure adequate consumer care and adherence to agency policies. The Coordinator also provides clinical supervision, meeting with the interns for one hour per week for individual supervision and two hours per week for group supervision. The Coordinator also reviews and gives feedback on interns' case notes and documentation and is responsible for working directly with the universities where interns are enrolled to complete required student evaluations and other required paperwork. Unit supervisors also provide field supervision to the interns. In an effort to build a pipeline of qualified mental health professionals, the Internship Program offers a $5,000 stipend incentive to offset expenses each year up to five MFT and MSW students who complete their clinical internships with the Mental Health Division of Napa County Health and Human Services Agency. Interns provide services to individuals who have Medi-Cal as well as others who do not qualify for Medi-Cal for various reasons. Interns often participate in community outreach events, provide	

services at homeless shelters and the Hope Day Center for the homeless and also work closely with MH Division staff providing care. In addition, the Children intern provided extensive services in the Therapeutic Child Care Center (TCCC), sometimes working with parents and other times with the children.	
Successes: • Strong relationships with multiple university graduate programs in the region, in addition to the online MSW program through the University of Southern California. This includes development of a streamlined contracting process with the universities to make it easy for MSW and MFT interns to apply. • Strong clinical supervision: current and former interns both mentioned how pleased they were with the quality and quantity of clinical supervision they received. • Offering a stipend when many other internship sites in the area do not—Napa County recognized that given our small size and somewhat remote rural setting, incentivizing graduate students to intern here was critical to help to build the pipeline of community mental health clinicians. • Diverse intern cohort, which reflects our community. The interns' demographics were: 1 Latina women fluent in Spanish, 2 White women and 1 Korean make fluent in Korean. • In FY 18-19, the interns generated more revenues than anticipated: estimated MediCal Federal Financial Participation- $100,000.	Challenges: • Former interns do not receive any preference in the Napa County Health and Human Services Agency hiring process if they apply for a full-time position after they graduate. As a result, some interns may have difficulty being hired, as they are competing with more seasoned applicants. • With full caseloads and productivity expectations, some full-time behavioral health staff are resistant to playing an active role in supporting intern learning. • Funding is limited. It will be important to look at models that offer sustainability beyond this funding cycle. • There are increasingly more agencies in the area who have developed their own internship program, which results in increased completion for the various programs, but more options for students.
Goals: • Continue to offer the Internship Program and fill the spots. • Transition Internship Program to sustainable MH Division funds	

Innovations (INN) Round 2 Projects

Napa County Mental Health Division MHSA funds four Innovation Round 2 Projects 1) Addressing the Mental Health Needs of the American Canyon Filipino Community 2) Understanding Historical Trauma and Traditional Healing: A Training for Mental Health Providers 3) Napa Adverse Childhood Experiences (ACEs) and 4) Work for Wellness. After a thorough stakeholder process, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved these projects in September of 2017 and the projects initiated in April 2018.

Innovation Project: Addressing the Mental Health Needs of the American Canyon Filipino Community

Contractor: Napa Valley Unified School District Innovation Funds: $461,016

Summary

After review of Napa Valley Unified School District (NVUSD) and Napa Mental Health Division service usage data, NVUSD staff realized that Filipino youth in American Canyon schools were not using the existing mental health services and supports at the same rate as other populations. District staff held focus groups and distributed surveys to the Filipino community in American Canyon to get a better perspective about what might help. In the focus group and planning process, school staff discovered that there were intergenerational barriers to accessing services for Filipino students and their families. Some of the areas that Filipino youth and adults identified as topics that this project aims to address include generational barriers, stigma, pressure, isolation and need for a different solution as current systems are not working or are not effective in getting people the help they need, both for youth and adults.

This project is exploring the following learning goals and questions:

- Does an intergenerational approach (both in school and outside of school) to mental health support change:
    - Intergenerational empathy and understanding about wellness needs of parents and students?
    - Willingness of Filipino youth and families to use supports to promote and maintain wellness?
- Do the ideas generated by the intergenerational approach (both in school and outside of school) change how the district and mental health providers support changes to:
    - Screening process to identify mental health risks of all students, not just those with external behaviors?
    - Supports available to promote and maintain wellness for all students?

Project Activities

Phase One: Outreach by Filipino Youth to Filipino community, distribute a community survey and an event focused on Academic Success and Wellness.

- Number of students and family members that participate in recruitment
- Types of recruitment efforts
- Distribution of Community Survey and Response Rate
- Describe Event
- Filipino families (youth and adults) attend event
- Filipino families (youth and adults) agree to participate in Phase Two to promote Success and Wellness

Phase Two: Pilot an intergenerational group of Filipino families at ACHS to participate in activities and conversations to address generational barriers, stigma, pressure and isolation

Phase Three: Intergenerational group develops summary of learning and recommendations and shares with NVUSD and MH Providers

Survey

To initiate the implementation of the project a Filipino Innovations Program Community Survey was conducted in various community outreach events including, classroom presentations, club meetings, parent nights, farmer markers, and community bakeries. The purpose of the survey was to establish a basic understanding of the American Canyon Filipino community, including the connection to their culture, community concerns, gauge student stress levels and to identify the types of events of interest to Filipino families. Below are highlights of the survey including demographics, community concerns and event preferences.

Demographics

AGE GROUPS

Total Respondents	Adult	Youth	Unknown Age Group
442	100	338	6

442 surveys were conducted. The respondents' age group breakdown consisted of 100 adults, 338 youth and 6 individuals who did not self-identify their age group.

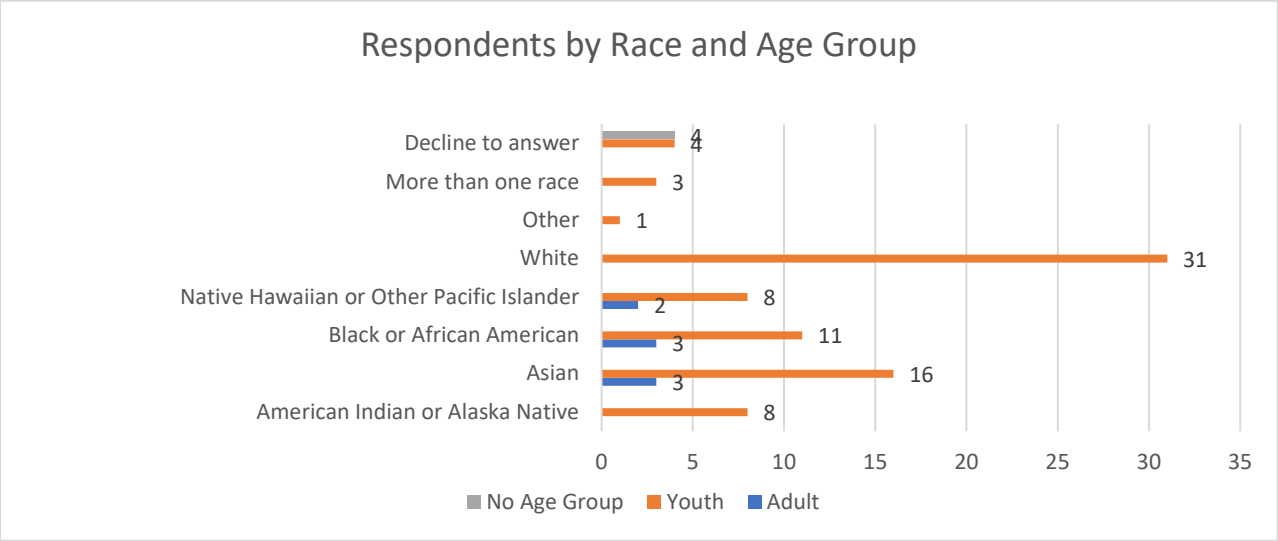
RACE

Race and Ethnicity was asked as an open-ended question. Respondents identified with multiple races and ethnicities, the responses are displayed below. Note that participants are represented in more than one racial and ethnic group based on their self-identification.

Race	Adult	Youth	No Age Group
American Indian or Alaska Native		8	
Asian	3	16	
Black or African American	3	11	
Native Hawaiian or Other Pacific Islander	2	8	
White		31	
Other		1	
More than one race		3	
Decline to answer		4	4

ETHNICITY

Non-Hispanic or Latino	Adult	Youth	No Age Group
African		2	
Asian Indian/South Asian		2	
Cambodian			
Chinese	2	12	1
Eastern European		2	
European	2	13	
Filipino	84	180	4
Japanese			
Korean		2	
Middle Eastern		4	
Vietnamese	1	9	
Other	8	20	
Declined to answer			
Hispanic of Latino			
Caribbean			
Central American	1	3	
Mexican/Mexican-American/Chicano	2	5	
Puerto Rican			
South American			
Other	1	43	
Declined to answer			



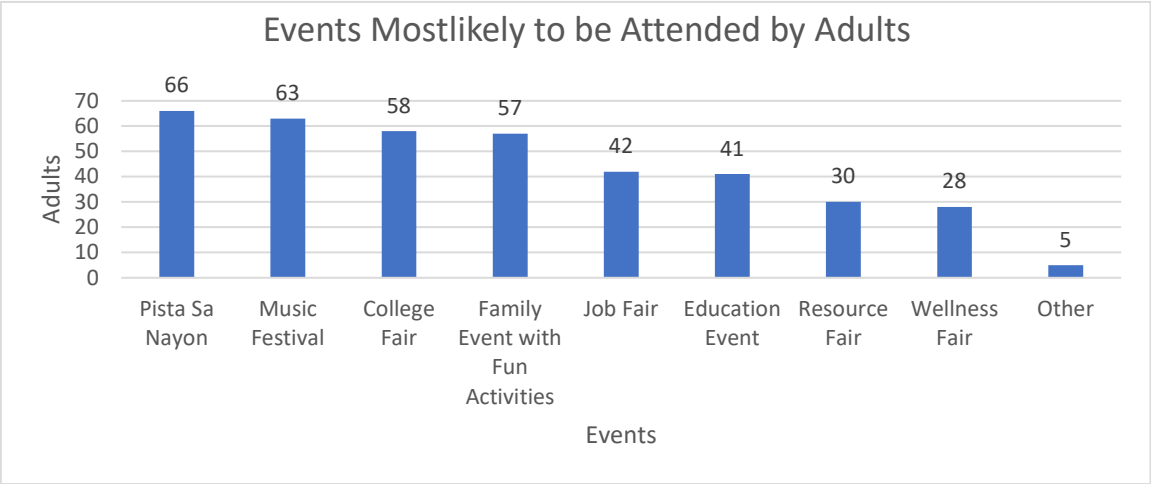
From the adult age group 84 identified as Pacific Islanders, Mixed or Filipino. While 192 individuals from the youth age group identified as Pacific Islander, Mixed or Filipino. The remaining respondents identified with various racial and ethnic groups including, but not limited to, African American, Asian, Hispanic or Mexican, Lebanese, Vietnamese and White.

Some of the concerns identified in the survey are listed below, in no particular order. These concerns include health, family expectations and relationships, lack of resources to Filipino families, language barriers, and lack of education on Filipino culture.

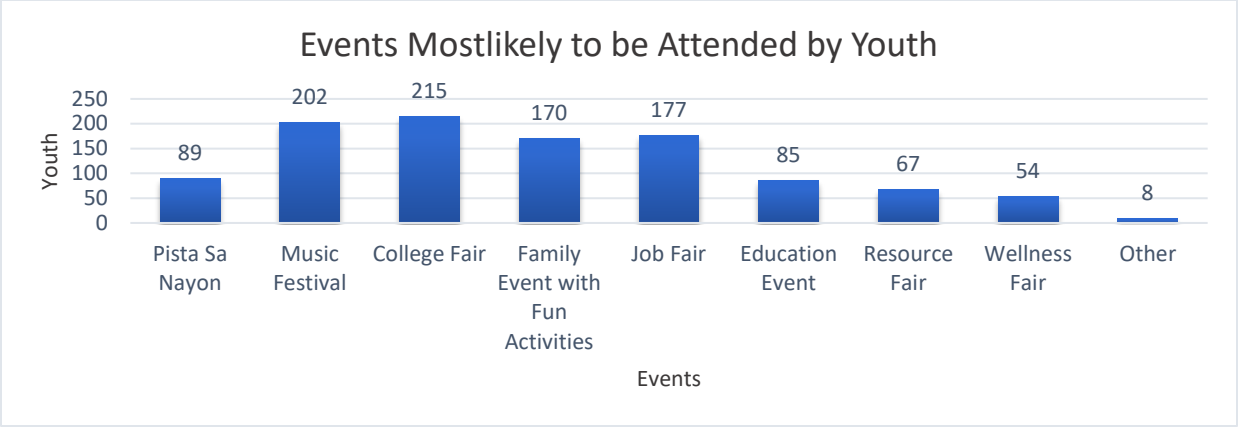
Adult Concerns	Youth Concerns
• *Access to classes/education relevant to culture* • *Bullying* • *Bullying. Intimidation. Safety* • *Culture Shock* • *Culture/Diversity; community involvement* • *Diabetes, weight loss, chronic diseases* • *Discrimination (2 responses)* • *Equity* • *Filipino culture isn't being passed down* • *Filipino resources* • *Filipinos are not really recognized, although American Canyon is populated mostly by Filipinos*	• *A lot of us don't seem to know our cultural backgrounds or can't speak the language.* • *A lot of young Filipino students are pressured by their parents to have this certain type of persona that reflects who they are and who the parents are as well. For the amount of Filipinos there are in this small, secluded city there aren't many events that help gather the Filipino community together.* • *For students, there is a lot of pressure to get good grades while excelling in sports.* • *Grades for sure and relationships* • *Health Issues* • *Lack of Connectivity*

• *Having classes/ education to maintain our culture, language, Filipino History* • *Kids are not in touch with their Filipinoness as much as they should (2 responses)* • *Language Barrier, Culture (2 responses)* • *Safety, bullying, social media, communication (with other adults and children)*	• *Many Filipino parents expect way too much from their children and tend to put their children under a lot of stress.* • *Mental illness stigma around parents* • *Problems with work ethic, self-confidence, stress, parental issues & generational gaps, and closed groups.* • *Relationships with parents/family* • *Students being stressed out or depressed because of high standards from their parents* • *That there's no club* • *There's so many of us who live in American Canyon yet we aren't represented at all.*

The survey also revealed that eight of the 84 adults (9.5%) and 81 of the 192 youth (42%) whom identify as Pacific Islander, Mixed or Filipino indicated that there were no concerns, or that they did not know of any concerns in the Filipino community in American Canyon.



Survey respondents also identified the events they would most likely attend. The survey demonstrated that Filipino adults were most likely to attend Pista Sa Nayon (Filipino town festival), music festival and college fairs. While youth would most likely attend college fairs, music festivals and job fairs.



These results will inform the project coordinators determine school and community events to engage students and parents and recruit focused groups. The focus groups will discuss intergenerational barriers, stigma and mental health in the Filipino community.

PHASE 2

Throughout FY 18-19, the program focused on implementing events in American Canyon High School. The purpose of these events were to establish trust with the community, introduce the mental health topic and recruit focused groups to discuss intergenerational barriers and stigma in mental health. There was a variety or events that were planed and put on by students and administration. These events included: multiple Cultural Event focused on Filipino Heritage, College Success and Wellness Events and movie nights.

The program faced challenges including: difficulty recruiting an intergenerational group, students hesitant to invite parents to events, disengaged students and learning how to discuss mental health with Filipino adults and older adults. These challenges created opportunity to learn about challenges in school administration, how to introduce the mental health topic to Filipino community and more. The main staff member working with the Filipino Community left to a different opportunity. The program administrators assessed whether or not to continue with the project. A new program lead was hired; this person is highly involved with the Filipino community as a lawyer and a community activist. The final Innovation Evaluation Report in FY 20-21 will include data, learning outcomes and analysis.

Innovation Project: Understanding Historical Trauma and Traditional Healing: A Training for Mental Health Providers

Contractor: Suscol Intertribal Council Innovation Funds: $479,518

Summary

By combining information about Native American culture, experiences and historical trauma with the experience of a healing tradition, the contractor, Suscol Intertribal Council, aims to change providers' understanding of and compassion for the Native American experience and encourage each participant to use and share the traditions in their personal and professional lives. This Innovation Project focuses on combining education about varied Native American cultures, histories and historical trauma with training on traditional wellness and healing practices. The project includes a series of workshops that take providers through the use and benefits of smudging, writing/art, drum circles, clapper sticks, drum making and drum blessings and videos of the workshops will be used to share the learning for ongoing training purposes after the project concludes.

This project includes the following Learning Goals/Questions:

- Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?
- Do providers integrate the learning into their own self-care? Why or why not?
- Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

Project Activities

The Suscol Intertribal Council Innovation Project, recruited cultural advisors to develop cultural competent curriculum, presentations and healing components. Currently the cultural advisory committee members include leaders from the Pomo/Wappo Tribe, Lake County Pomo Big Valley Band, The Cheyenne River Sioux Tribe and The Pomo Band of Point Arena.

The curriculum was created to provide an overarching understanding of Napa County's Native American regional history, post-colonial history and present-day thriving of the tribes. The first two workshops discuss the pre-colonial and colonial history of Napa and California Natives. The last two workshops presented topics of post-colonial history of Napa, California Natives and current tribal thrival, resiliency and culture. To each workshop there is a healing component as a way to teach about cultural healing and simultaneously help cohort participants process information that some may find traumatic or difficult to process.

Workshop Number	Topic	Healing Element
1	Overview of Napa County Regional Native History from Pre-Colonial to Contemporary Times	Traditional Uses of Sage: The importance and impact of smudging with sage, the different methods used by native communities, and the taboos involved.
2	Pre-colonial History of California Natives The beauty and complexity of the local Native communities before European contact.	Traditional Uses of Salt: The traditional healing and ceremonial uses of salt.
3	Colonial History in California Native Territories: The intense trauma of a 60,000-year-old civilization decimated in 25 years.	Traditional Uses of Tobacco: The traditional healing and ceremonial use of tobacco
4	Post-Colonial History of California Natives Discussions of the core causes of lateral violence and substance abuse within the Native Community today	Traditional Uses of the Rattle: The traditional healing and ceremonial uses of the rattle. How different types of rattles are used.
5	"Thrival" and Tribal Resiliency how culture and ceremony helps Native communities survive and thrive.	Traditional Uses of the Drum The traditional healing and ceremonial uses of the drum. How different types of drums are used.

Outreach

Suscol Intertribal Council initiated their outreach process to recruit participants for the first cohort, with the goal of recruiting 30 people. Outreach was conducted to 20 organizations in order to recruit mental health providers or that provide similar services in the community. The organizations included: Napa County Alcohol and Drug Services, Alternative for Better Living, OLE Health, Mentis, COPE, Legacy Youth Project, First Five, St. John The Baptist Catholic Church, Duffy's Rehab, LGBTQ Connection, Yountville Veterans Home, Napa County Health and Human Services, Yountville Veterans Home, McAlister Institute, VOICE and Aldea. The first cohort will begin in the fall of 2018.

	Year to Date
Total Number of participants **(unduplicated)**	0
Race:	
American Indian or Alaska Native	1
Asian	0
Black of African American	1
Native Hawaiian or other Pacific Islander	0
White	36
Other	10
More than one race	0

Decline to answer	0
Ethnicity	
Hispanic or Latino as follows:	0
Caribbean	0
Central America	1
Mexican/Mexican-American	20
Puerto Rican	0
South American	0
Other	0
Non-Hispanic as follows:	0
African	1
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
More than one ethnicity	0
Decline to answer	0
Age	
0-15 Children/Youth	0
16-25 TAY	0
26-59	57
60+ Older adults	4
Decline to answer	0

Gender Identity Assigned at Birth	Year to Date
Male	7
Female	52
Decline to answer	0
Current gender identity	
Male	37
Female	20
Transgender	0

Genderqueer	0
Questioning or unsure of gender identity	0
Another gender identity	2
Decline to answer	
Sexual Orientation	
Gay or Lesbian	2
Heterosexual or Straight	57
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Decline to answer	
Disability	
Yes (report the number that apply by each of the following):	
Mental (excluding: Mental Illness)	0
Physical/mobility	1
Chronic health condition (including chronic pain)	1
Difficulty seeing	0
Difficulty hearing	0
Other	0
No disability	0
Decline to answer	0
Primary Language	
English	37
Spanish	22
Other	0
Decline to answer	0
Veteran Status	
Yes	0
No	59

PHASE 2

In FY 18-19, the Suscol Intertribal Council successfully conducted three workshop series. The first series took place from September 2018-December 2018 with 30 mental health providers participants. Recruitment for the second cohort took place in November; the second series began in February 2019 with 37 participants. Originally, the project proposed to conduct two series to mental health local providers; however, a third cohort was added due to high interest in the series.

The trainings' uniqueness was extremely successful, the feedback from the first cohort helped improve the following two series. Overall, the feedback from participants stated that the workshops were dense in information, the healing component helped lightened the information and providers felt an improvement in their understanding of working with the indigenous population in regards to mental health. Participants completed surveys to relate their experience, learning and shift in knowledge. The final Innovation Evaluation Report in FY 20-21 will include data, learning outcomes and analysis.

Innovation Project: Work for Wellness

Contractor: On The Move Innovation Funds: $309,250

Summary

The Work for Wellness project is designed to learn what works to address the interpersonal, employer and system barriers in the current supported employment system and to learn how to create sustained, meaningful employment for Individuals with Serious Mental Illness (SMI) based on shared measures of success. The project will be implemented by On The Move (OTM) and will use OTM's community building and leadership development model, On The Verge, to bring together individuals with SMI, employers, and program administrators. The Work for Wellness project will tests the hypotheses that the key to creating sustained and meaningful employment opportunities is to build meaningful relationships between workers with mental illness, employers, and supported employment providers. If these participants have the opportunity to build trust and truly know each other, they will be more open to meeting each other's needs, sharing responsibility for success and building a more welcoming work environment across Napa County for people with Serious Mental Illness. The learning goals/questions for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.

This project includes the following Learning Goals/Questions:

- How to create shared measures of success among all participants in the system?
- How to increase commitment of all system participants to each other?
- How to implement common measures of success in the supported employment

Project Activities

The Work for Wellness Project began to develop their recruitment strategy to initiate recruitment of participants. The initial goal is to recruit 20 participants for the project. Due to initial challenges relating to engaging community employers, the project had to develop a couple recruiting strategies. On The Move was not able to begin the project as anticipated during the winter months when most employers have more time on their hands due to their being a seasonal decrease in business. The outreach strategy was redesigned, at a very early stage of the project, in order to account for limitations in employer's schedules. The redesigning of the outreach strategy for ensured that efforts were conducted in a way that demonstrates respect

for the employer's busy schedule and their need to stay focused on the daily operations of their business.

To increase the project's ability to connect with employers the following strategies were implemented:

- Outreach on Mondays and Tuesdays as employers reported that they are more available on these day.
- Staff developed a concise presentation of the project to help employers quickly understand the purpose of their participation in the project.
- Employers were provided a preliminary schedule of meetings to notify them of the expected time requirements.

Work for Wellness conducted outreach to the following agencies: THRIVE Enterprises, Department of Rehabilitation, Napa Senior Citizens Center, Napa County Public Health, Napa County Veterans Services,

Innovations Community Center, Napa Valley College Veterans Educational and Napa County Public Assistance. During this outreach, 11 individuals including consumers, employers, and systems representatives were engaged to support outreach and development of project cohort.

Work for Wellness also interviewed local media producer to develop ideas and strategies for documenting project for capturing, evaluating and sharing future learning.

The Work for Wellness Innovation Project developed at a slow pace. The project aimed to bring all parts of the supported employment system together to discuss and understand the needs of each group and lean into each other's needs. Employees were successfully recruited; however, it was difficult to recruit local employers from diverse sectors. In this process, employees were active participators and identified their needs and goals. The perspectives of the Individuals who have been diagnosed with a Serious Mental Illness were shared in the group and many people described increased understanding of the employment experiences and challenges for people who are diagnosed with a Serious Mental Illness

A challenge faced was the difficulty to recruit employers from diverse sectors. Some of the reasons for this was the staff time commitment and the long amount of time need for the project as a whole. Due to low employer participation, it was difficult to develop shared goals and measures. Although, originally employers stated that this was an important topic there was a lack of commitment to the actual project. The project will continue to attempt new ways to engage employers and decision makers. The final Innovation Evaluation Report, in FY 20-21, will include analysis, survey data and learning outcomes.

Innovation Project: Napa Adverse Childhood Experiences (ACEs)

Contractor: COPE Family Center Innovation Funds: $438,869

Summary

The Napa ACEs Innovation Project explores whether identifying and discussing the role of ACEs and Resiliency in the lives of paraprofessionals improves how they understand ACEs and Resiliency in the lives of the individuals they serve and/or improves how paraprofessionals manage workplace stress. By assessing and addressing ACEs in paraprofessionals, consumers and family members and evaluating the impact, this project aims to help improve service delivery to individuals who receive mental health and other social services. Ultimately, learning more about how individual's own ACEs impact their work will add to the learning about how to promote the wide-scale screening of ACEs in our communities and how to reduce workplace stress for paraprofessionals.

This project is exploring the following Learning Goals/Questions:

- 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?

Project Activities

Phase One: Recruitment and then screen the movie, *Resilience* to at least 45 paraprofessionals working in social services or a mental health field as well as family members or consumers. Individuals may either self-select, be nominated or project staff may recruit as necessary to ensure there is a representation of paraprofessionals serving the community across the lifespan as well as to ensure diversity amongst geographic location, inclusion of identified unserved/underserved communities, etc.

Phase Two**:** Select a cohort of 15 Paraprofessionals, family members or consumers and assess and address their ACEs. Managers and supervisors of paraprofessionals will be educated about ACEs and will be instructed on best practices to provide more effective supervision and support to their paraprofessional staff who have participated in the Napa ACEs Innovation Project.

Phase Three: Evaluate the long-term learning outcomes, participants change in behavior, share learning, present learning to NAC members and stakeholders.

Outreach and Recruitment

In November 2017, the Napa ACEs Innovation Project began to screen the Resilience documentary as a way to reach a broad demographic of paraprofessionals countywide from diverse organizations,

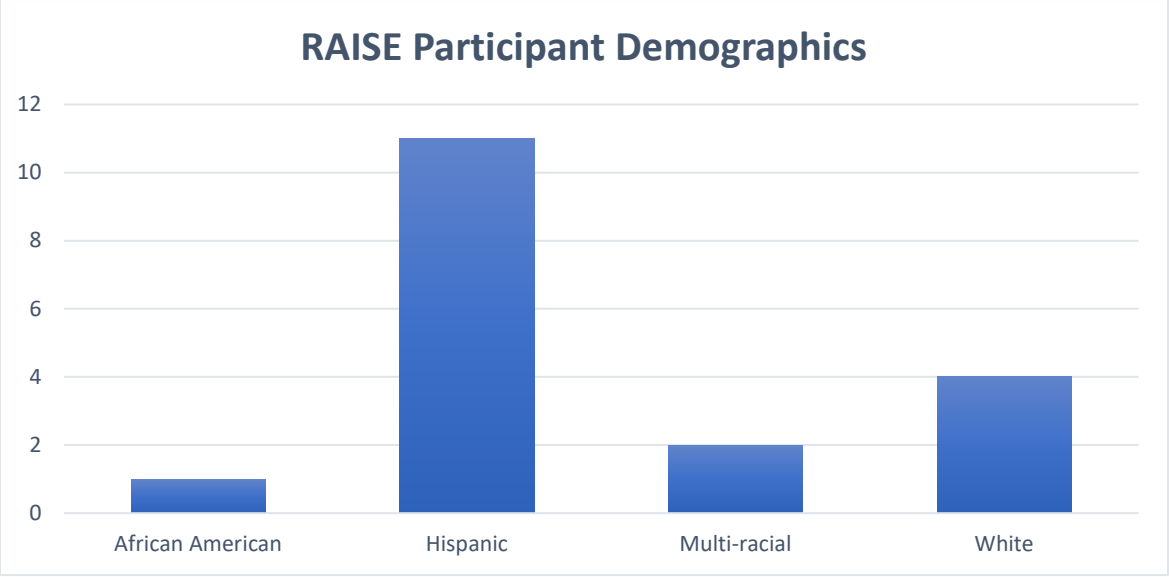
including paraprofessionals serving different age groups, underserved populations served and geographic regions. The initial outreach was done through the Napa ACEs Connection group, social media platforms, emails to key stakeholder groups, personal calls and meetings with partner agencies. Between December 2017 and June 2018, 382 paraprofessionals attended the initial learning sessions training course.

December 2017	February 2018	March 2018	April 2018	May 2018	Total Screenings
2	1	3	2	2	10

ACES trained or presented in the following organizations and events:	
Boys and Girls Club	Liliput
Aldea	On the Move
Families for caregivers	Napa County Health and Human Services Agency
Napa County Probation and Law Enforcement	District Attorney's Office
Calistoga High School Auditorium: community members	Napa Valley Performing Art Center: Community Members
Napa Valley Wellness Conference	Kaiser Permanente Napa
Napa County Medical Society for Physicians	

The ACEs Innovation Project recruited 19 RAISE participants; these individuals represented Juvenile Justice, WIC, NVUSD and non-profit providers. As a result, the cohort members can immediately apply the ACEs lens to their daily work resulting in a more just longer-lasting impact on the families served by these county-wide providers.

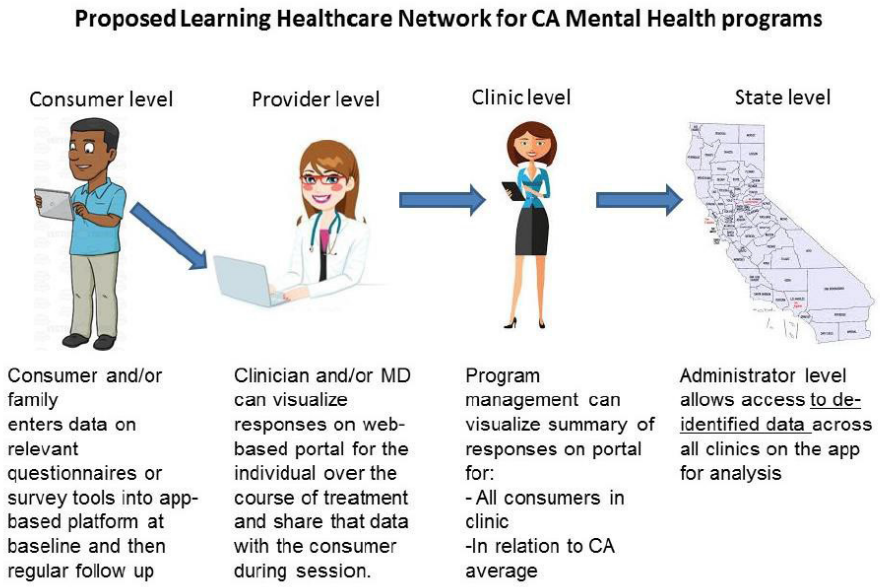
Demographics



PHASE 2

The ACES Innovation Program hosted ten sessions to discuss trauma, impact of trauma, resilience, train and self-care. The program used human centered design techniques to develop self-care portion of the curriculum in partnership with cohort members, as well as the steering committee, when reviewing and adjusting the programming. The goal is for the cohort members to share their learning's at additional trainings, encouraged to bring their learning's back to their organizations and participate in conferences. Manager Trainings were co-created with members for continued education. The program is expected to end June 2020 and an in depth evaluation and analysis will be complete in FY 20-21.

Napa County's Participation in UC Davis Learning Healthcare Network



Primary Purpose: Increase the quality of mental health services, including measurable outcomes

Estimated Project Length: 5 years

Estimated Project Budget for Napa County: $258,480

The proposed Innovation Project will make a change to an existing practice in the field of mental health by introducing a collaborative Early Psychosis (EP) Learning Health Care Network (LHCN) to support quality improvements, consumer engagement and provider use of measurement-based care in EP programs. This EP LHCN will collect and visualize real-time data at the individual, clinic, county and state levels to inform consumer- and program-level decisions and develop learning opportunities for individuals, staff, programs and administrators, in order to improve consumer outcomes. In addition, this project will include training and technical assistance to EP program providers to help them fully utilize the data in routine clinical care. The associated evaluation will examine the impact of the EP LHCN on the EP programs, and will quantify the cost of implementation and utilization, in order to support statewide efforts for early identification and treatment of psychosis. This project proposes an innovative approach to state-level learning and real-time outcomes monitoring for consumers, their families, and EP programs.

Aligning with a primary purpose for an Innovation project as identified by the MHSOAC, this project seeks to increase the quality of services, including measurable outcomes.

The proposed project meets a variety of unmet needs across the state:

1. Collects and visualizes consumer-level data across a variety of recovery-oriented measures to directly inform day-to-day service provision. Training and technical assistance will be provided to support the ability for EP program providers to use the EP LHCN data in practice, transforming these services to measurement-based care.
2. Provides immediate access to relevant outcome data for program leadership that can be quickly shared with stakeholders, the county, or the state. Rapid dissemination of program outcomes has historically been a challenge for county-based programs.
3. Provides infrastructure for an EP Learning Collaborative across counties, in which common challenges can be identified and "lessons learned" can be quickly disseminated, creating a network of programs that rapidly learn from and respond to the changing needs of their consumers and communities.
4. Evaluation of the EP LHCN will provide information on how to incorporate measurementbased care into mental health services and demonstrate impact of the EP LHCN on the recipients and providers of EP care.

The Prevention and Early Intervention component of the Mental Health Services Act (MHSA), coupled with a legislative focus on early psychosis (AB 1315, SB 1004), has served as a catalyst for the delivery of Early Psychosis (EP) services across California. Currently, 23 counties have established EP services using state or federal dollars. Napa County, in collaboration with the UC Davis Behavioral Health Center of Excellence proposes to use Innovation Funds to develop the infrastructure for a sustainable Learning Health Care Network for EP programs. The EP LHCN project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to clarify the effect of these programs on the clients and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties, will bring client-level data to the clinician's fingertips. This will allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the United States.

Through its participation in the EP LHCN, the Napa County Mental Health Plan and Aldea's SOAR program hope to increase our understanding of the most effective engagement and treatment approaches in order to decrease the duration of untreated psychosis and maximize early detection of psychosis symptoms.

Through the EP LHCN's use of electronic tablet data collection; immediate access to participant-level data; use of measures relevant to participants' experience and real-world outcomes; and cost-effectiveness, the Napa County MHP hopes to:

- Improve participant data collection and tracking methods
- Provide timely, effective and efficient service delivery
- Allow clinicians easy access to client-level data
- Offer participants the ability to view their data in real-time
- Engage participants in their treatment and recovery

FY 2020/21 Mental Health Services Act Annual Update
Funding Summary

County: Napa

Date: 1/20/20

	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 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,080,889	1,148,016	966,900	0	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2020/21 Funding*	4,960,868	1,265,791	335,563	0	0	
4. Transfer in FY 2020/21[a/]	0			0	0	0
5. Access Local Prudent Reserve in FY 2020/21	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2020/21	10,041,757	2,413,807	1,302,463	0	0	
B. Estimated FY 2020/21 MHSA Expenditures	3,964,137	987,070	218,298	0	0	
G. Estimated FY 2020/21 Unspent Fund Balance	6,077,620	1,426,737	1,084,165	0	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, 2020	764,402
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	764,402

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) Three Year Plan
Prevention and Early Intervention (PEI) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program PEI Project	76,150	76,150				
4. American Canyon SAP PEI Project	159,807	159,807				
5. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Court and Community Schools SAP PEI Project	81,600	81,600				
12. Mentis Healthy Minds Healthy Aging	91,350	91,350				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	142,418	132,418				10,000
PEI Assigned Funds - CalMHSA	49,967	49,967				
Total PEI Program Estimated Expenditures	997,070	987,070	0	0	0	10,000

Mental Health Services Act (MHSA) Three Year Plan
Community Services and Supports (CSS) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2020-21					
	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	697,723	64,429	620,694			12,600
2. TAY FSP	177,743		177,743			
3. Adult FSP	900,991	530,453	326,538			44,000
4. Adult Treatment Team FSP	709,808	604,573	99,535			5,700
5. Older Adult FSP	554,562	271,372	275,390			7,800
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
Non-FSP Programs						
1. Crisis Stabilization Services Program	250,000	250,000				
2. Project Access	624,685	619,785				4,900
3. Admin	675,247	644,647				30,600
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
CSS Administration	978,878	978,878				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,569,637	3,964,137	1,499,900	0	0	105,600
FSP Programs as Percent of Total	76.7%					

Mental Health Services Act (MHSA) Three Year Plan
Innovations (INN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2020-2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Allen & Shea Consulting Services	65,985	65,985				
2. Napa Valley Education Foundation	86,493	86,493				
3. On The Move- Work for Wellness	13,844	13,844				
4. Learning Health Care Network - Aldea	16,152	16,152				
5. Learning Health Care Network - UC Davis	7,350	7,350				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	28,474	28,474				
Total INN Program Estimated Expenditures	218,298	218,298	0	0	0	0

Mental Health Services Act (MHSA) Three Year Plan
Workforce, Education and Training (WET) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Residency/ Internship	0		0			0
2. Staff Development	0	0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that WET Funding will be fully expended by June 30, 2020.

Mental Health Services Act (MHSA) Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electronic Health Record	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that CF/TN Funding will be fully expended by June 30, 2020

Mental Health Services Act (MHSA) Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electronic Health Record	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that CF/TN Funding will be fully expended by June 30, 2020

FY 2021/22 Mental Health Services Act Annual Update
Funding Summary

County: Napa

Date: 1/20/20

	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 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,077,721	1,426,737	1,084,167	0	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2021/22 Funding*	4,957,075	1,265,791	335,563	0	0	
4. Transfer in FY 2020/21[a/]	0			0	0	0
5. Access Local Prudent Reserve in FY 2021/22	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2021/22	11,034,796	2,692,528	1,419,730	0	0	
B. Estimated FY 2021/22 MHSA Expenditures	4,069,182	988,528	107,563	0	0	
G. Estimated FY 2021/22 Unspent Fund Balance	6,965,614	1,704,000	1,312,167	0	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, 2021	764,402
2. Contributions to the Local Prudent Reserve in FY 2021/22	0
3. Distributions from the Local Prudent Reserve in FY 2021/22	0
4. Estimated Local Prudent Reserve Balance on June 30, 2022	764,402

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) Three Year Plan
Prevention and Early Intervention (PEI) Funding

County: Napa

Initial Date: 1/20/2020
Revision Date: 1/20/20

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program PEI Project	76,150	76,150				
4. American Canyon SAP PEI Project	159,807	159,807				
5. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Court and Community Schools SAP PEI Proje	81,600	81,600				
12. Mentis Healthy Minds Healthy Aging	91,350	91,350				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	143,876	133,876				10,000
PEI Assigned Funds - CalMHSA	49,967	49,967				
Total PEI Program Estimated Expenditures	998,528	988,528	0	0	0	10,000

Mental Health Services Act (MHSA) Three Year Plan
Community Services and Supports (CSS) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2021-22					
	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	711,678	78,384	620,694			12,600
2. TAY FSP	181,298	2,636	178,662			
3. Adult FSP	919,011	549,292	325,719			44,000
4. Adult Treatment Team FSP	724,004	618,769	99,535			5,700
5. Older Adult FSP	565,654	282,464	275,390			7,800
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
Non-FSP Programs						
1. Crisis Stabilization Services Program	250,000	250,000				
2. Project Access	637,179	632,279				4,900
3. Admin	688,752	658,152				30,600
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
CSS Administration	997,206	997,206				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,674,782	4,069,182	1,500,000	0	0	105,600
FSP Programs as Percent of Total	76.2%					

Mental Health Services Act (MHSA) Three Year Plan
Innovations (INN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2021-2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Allen & Shea Consulting Services	65,985	65,985				
2. Learning Health Care Network - Aldea	20,354	20,354				
3. Learning Health Care Network - UC Davis	7,194	7,194				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	14,030	14,030				
Total INN Program Estimated Expenditures	107,563	107,563	0	0	0	0

Mental Health Services Act (MHSA) Three Year Plan
Workforce, Education and Training (WET) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Residency/ Internship	0		0			0
2. Staff Development	0	0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that WET Funding will be fully expended by June 30, 2020.

Mental Health Services Act (MHSA) Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electronic Health Record	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that CF/TN Funding will be fully expended by June 30, 2020.

FY 2022/23 Mental Health Services Act Annual Update
Funding Summary

County: Napa

Date: 1/20/20

	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 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,965,617	1,704,000	1,312,169	0	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2022/23 Funding*	4,953,471	1,265,791	335,563	0	0	
4. Transfer in FY 2021/22[a/]	0			0	0	0
5. Access Local Prudent Reserve in FY 2022/23	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2022/23	11,919,088	2,969,791	1,647,732	0	0	
B. Estimated FY 2022/23 MHSA Expenditures	4,176,425	990,015	107,450	0	0	
G. Estimated FY 2022/23 Unspent Fund Balance	7,742,664	1,979,776	1,540,282	0	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, 2022	764,402
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	764,402

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) Three Year Plan
Prevention and Early Intervention (PEI) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program PEI Project	76,150	76,150				
4. American Canyon SAP PEI Project	159,807	159,807				
5. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Court and Community Schools SAP PEI Project	81,600	81,600				
12. Mentis Healthy Minds Healthy Aging	91,350	91,350				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	145,363	135,363				10,000
PEI Assigned Funds - CalMHSA	49,967	49,967				
Total PEI Program Estimated Expenditures	1,000,015	990,015	0	0	0	10,000

Mental Health Services Act (MHSA) Three Year Plan
Community Services and Supports (CSS) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2022-23					
	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	725,911	92,617	620,694			12,600
2. TAY FSP	184,923	6,261	178,662			
3. Adult FSP	937,391	567,672	325,719			44,000
4. Adult Treatment Team FSP	738,484	633,249	99,535			5,700
5. Older Adult FSP	576,967	293,777	275,390			7,800
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
Non-FSP Programs						
1. Crisis Stabilization Services Program	250,000	250,000				
2. Project Access	649,922	645,022				4,900
3. Admin	702,527	671,927				30,600
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
CSS Administration	1,015,900	1,015,900				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,782,025	4,176,425	1,500,000	0	0	105,600
FSP Programs as Percent of Total	75.8%					

Mental Health Services Act (MHSA) Three Year Plan
Innovations (INN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2022-2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Allen & Shea Consulting Services	65,985	65,985				
2. Learning Health Care Network - Aldea	20,541	20,541				
3. Learning Health Care Network - UC Davis	6,909	6,909				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	14,015	14,015				
Total INN Program Estimated Expenditures	107,450	107,450	0	0	0	0

Mental Health Services Act (MHSA) Three Year Plan
Workforce, Education and Training (WET) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Residency/ Internship	0		0			0
2. Staff Development	0	0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that WET Funding will be fully expended by June 30, 2020.

Mental Health Services Act (MHSA) Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding

Initial Date: 1/20/2020
County: Napa
Revision Date: 1/20/20

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electronic Health Record	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

It is anticipated that CF/TN Funding will be fully expended by June 30, 2020.

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Napa

✓ Three-Year Program and Expenditure Plan for FY 20-21 to FY 22-23

☐ Annual Update to Three-Year Plan

Local Mental Health Director		County Auditor-Controller/City Financial Officer	
Name:	Sarah O'Malley, LMFT	Name:	Tracy A. Schulze
Telephone Number:	(707) 299-2102	Telephone Number:	(707) 253-4551
E-mail:	Sarah.Omalley@countyofnapa.org	E-mail:	Tracy.Schulze@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 the FY 18-19 Annual Update to the Three-Year Program and Expenditure is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved annual update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Sarah O'Malley
Local Mental Health Director (PRINT)

final will be signed
Signature Date

I hereby certify that for the fiscal year ended **June 30, 2019**, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated **December 17, 2019** for the fiscal year **ended June 30, 2019**. I further certify that for the fiscal year ended **June 30, 2019**, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Tracy A. Schulze
County Auditor Controller (PRINT)

final will be signed
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)