



A Tradition of Stewardship
A Commitment to Service

Board of Supervisors

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**CERTIFIED EXCERPTS FROM THE DRAFT SUMMARY OF PROCEEDINGS OF THE
NAPA COUNTY - BOARD OF SUPERVISORS REGULAR MEETING
COUNTY OF NAPA**

June 23, 2020

Excerpt #1

1. CALL TO ORDER; ROLL CALL
The Board of Supervisors of the County of Napa met in regular session on Tuesday, June 23, 2020, at 9:00 a.m. with the following supervisors present: Chair Diane Dillon, Vice Chair Alfredo Pedroza, Supervisor Brad Wagenknecht, and Supervisor Ryan Gregory. Supervisor Belia Ramos, was present via Zoom video conferencing. Chair Diane Dillon called the meeting to order.

Excerpt #2

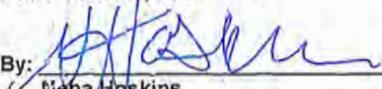
- 6V. Director of Health and Human Services requests adoption of proposed resolutions and Board approval of:
 1. Napa County's Mental Health Services Act (MHSA) Fiscal Year 2019-2020 Annual Update to the Three Year Plan for Fiscal Year 2017-2018 through Fiscal Year 2019-2020, which is necessary prior to submission to the California Mental Health Oversight and Accountability Commission; and
 2. The MHSA Three Year Plan for Fiscal Year 2020-2021 through Fiscal Year 2022-2023 and delegating authority to the Director of Mental Health to certify the State requirements have been met on behalf of Napa County.

R-2020-83; R-2020-84

Motion by Brad Wagenknecht, Second by Ryan Gregory, to approve consent items as amended. Motion passed 5 – 0 with Chair Diane Dillon, Vice Chair Alfredo Pedroza, Supervisors Ryan Gregory, Belia Ramos and Brad Wagenknecht voting yes.

The foregoing excerpts are true and correct copies of the original items on file in the draft summary of proceedings in this office.

Date: June 23, 2020

By: 
Neha Hoskins
Deputy Clerk of the Board

BRAD WAGENKNECHT
DISTRICT 1

RYAN GREGORY
DISTRICT 2

DIANE DILLON
DISTRICT 3

ALFREDO PEDROZA
DISTRICT 4

BELIA RAMOS
DISTRICT 5

RESOLUTION NO. 2020-83

RESOLUTION OF THE NAPA COUNTY BOARD OF SUPERVISORS, STATE OF CALIFORNIA, ADOPTING THE COUNTY'S MENTAL HEALTH SERVICE ACT (MHSA) FISCAL YEAR 2019-2020 ANNUAL UPDATE TO THE PREVIOUSLY ADOPTED MHSA THREE-YEAR PLAN FOR FY 2017-2018 TO FY 2019-2020

WHEREAS, in November 2004, California voters passed Proposition 63, which was enacted into law in 2005 and revised in 2018, and is known as the Mental Health Services Act (MHSA); and

WHEREAS, the MHSA imposed a 1% tax on adjusted annual income over \$1,000,000 for the purpose of reducing the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness; and

WHEREAS, in order to access MHSA funding from the State, counties are required to: 1) develop a three-year MHSA plan and annual updates in collaboration with stakeholders; 2) post each plan for a 30-day public comment and review period; and 3) hold a public hearing on each plan with the county mental health board; and

WHEREAS, Welfare and Institutions Code section 5847(a) requires that MHSA three-year plans, and annual updates, be adopted by county boards of supervisors prior to submission to the Mental Health Services Oversight and Accountability Commission and the State Department of Health Care Services; and

WHEREAS, the Board of Supervisors previously adopted the County's Three-Year MHSA Plan for Fiscal Year 2017-2018 through Fiscal Year 2019-2020; and

WHEREAS, the Mental Health Division of the Health and Human Services Agency has developed the Napa County MHSA Fiscal Year 2019-2020 Annual Update to the Three-Year Plan with input from stakeholders; and

WHEREAS, the County has complied with all pertinent regulations, laws, and statutes of the MHSA, including stakeholder participation, 30-day public review and comment period followed by a public hearing, and non-supplantation requirements.

NOW, THEREFORE, BE IT RESOLVED that the Napa County Board of Supervisors hereby adopts the County's MHSA Fiscal Year 2019-2020 Annual Update to the Three-Year Plan for Fiscal Year 2017-2018 through Fiscal Year 2019-2020.

SIGNATURE PAGE FOLLOWS

THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED by the Napa County Board of Supervisors, State of California, at a regular meeting of said Board held on the 23rd day of June 2020, by the following vote.

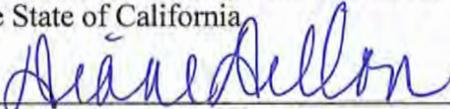
AYES: SUPERVISORS WAGENKNECHT, GREGORY, PEDROZA, RAMOS and DILLON

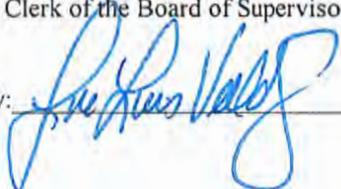
NOES: SUPERVISORS NONE

ABSTAIN: SUPERVISORS NONE

ABSENT: SUPERVISORS NONE

NAPA COUNTY, a political subdivision of the State of California

By: 
 DIANE DILLON, Chair of the Board of Supervisors

<p>APPROVED AS TO FORM Office of County Counsel</p> <p>By: Rachel L. Ross Deputy County Counsel</p> <p>Date: May 21, 2020</p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: June 23, 2020 Processed By:</p> <p><u></u> Deputy Clerk of the Board</p>	<p>ATTEST: JOSE LUIS VALDEZ, Clerk of the Board of Supervisors</p> <p>By: <u></u></p>
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Napa County Mental Health Services Act FY19-20 Annual Update to Three-Year Plan for FY 17-18 to FY 19-20



A Tradition of Stewardship
A Commitment to Service



The 30-day Public Review and Comment Period for the FY 19-20 Annual Update to the MHSA Three Year Plan took place from Friday, March 13th to Monday, April 13th, 2020. A public hearing was held during an online Zoom meeting of the Napa County Mental Health Board on Monday, April 13th, 2020 from 4-6pm.

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

- Three-Year Program and Expenditure Plan
- FY 19-20 Annual Update to Three-Year Plan

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

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

This FY 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)


 Signature

7/21/20
 Date

Introduction

The FY 19-20 Annual Update includes a summary of MHSA programs as well as outcome data from July 1, 2017 to June 30, 2018. 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 information - Program Summary, Program cost and total number served, Successes, Challenges and any anticipated changes as a result of the challenges, and goals.

Executive Summary

The FY 19-20 Annual Update includes a summary of MHSA programs as well as outcome data from July 1, 2017 to June 30, 2018. 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 information - Program Summary, Program cost and total number served, Successes, Challenges and any anticipated changes as a result of the challenges, and goals.

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

Plans to Spend Reverted/Reallocated Napa County MHSA funds

Changes in California Department of Health Care Services policies regarding reversion of MHSA funds and Assembly Bill (AB) 114, which identified reverted MHSA Funds, returned them to counties of origin, required counties to post by June 30, 2017 Plans to Spend Reverted/Reallocated funds prior to June 30, 2020. The Napa County Mental Health Division has developed Plans to Spend these Reverted/Reallocated funds in community programs and staff development.

MHSA Funding Projections

According to the State's FY 19-20 budget projections, the estimated actual funding increased from FY 17-18 to FY 18-19. The expected 6% increase in funds from FY 18-19 to FY 19-20 will be less than previously forecasted. The Division will carefully monitor revenue and expenditures to determine if current funding is sufficient to sustain programs in FY 19-20 or if funding adjustments will be needed.

Prevention and Early Intervention (PEI) Component

Three PEI programs have made changes in FY19-20. These programs have updated their program model, while continuing to provide the same service outcomes, the programs have identified models that better fit their services and changing community. The KEDS program was previously using the Safe From The Start Model, but will transition to the Trauma Informed Care Evidence-Based Practice.

- The Home Visitation Program previously used the Healthy Families America, but will transition to Parents as Teachers Home Visiting Program Model.
- The American Canyon Student Assistance Program will transition from a focus on Positive Behavioral Interventions and Supports to a Student Wellness Model.

Beginning in FY 18-19, 7% of PEI funds or approximately \$137,847 is taken annually by the state of California to finance the No Place Like Home (NPLH) Initiative to provide housing for homeless individuals with mental illness.

Community Services and Supports Component

- The Transition Age Youth (TAY) Full Service Partnership (FSP) successfully transitioned to the Mental Health Division in order to provide more cost-effective services and more seamless and timely referrals. TAY FSP staff are supervised by the Children's FSP Supervisor and TAY consumers work with Mental Health Division staff. The Mental Health Division will increase staff support and will work towards establishing support groups for TAY consumers.
- The Crisis Stabilization Services (CSS) Program which opened in May 2017 with construction costs covered by a grant from the California Health Facilities Finance Authority (CHFFA). MHSA funds are utilized to partially support ongoing operating costs in addition to other revenue sources.
- Beginning in FY 18-19, 7% of CSS funds or approximately \$308,653 has been taken by the state of California to finance the No Place Like Home (NPLH) Initiative to provide housing for homeless individuals with mental illness. Napa County applied and was awarded \$7,921,804 in NPLH loans for the Heritage House Project to create additional housing opportunities for homeless individuals with mental illness.

Community Services and Supports (CSS) Housing Funds

- The Progress Foundation Hartle Court Housing Apartment Complex is comprised of 18 one-bedroom units of permanent supportive housing for homeless or at risk of homeless adults with mental illnesses and six two-bedroom units of transitional housing for homeless transition-aged youth (18 to 26 years) who are living with mental illness.

Innovations (INN) Component

Funding was awarded by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in September 2017 for four projects – Napa ACEs Innovation Project - \$438,869; Native American Historical Trauma and Traditional Healing Innovation Project - \$479,518; Understanding the Mental Health Needs of the American Canyon Filipino Community Project - \$461,016; and Work for Wellness Innovation Project - \$309,250. The projects first initiated on April 2018. Outcome data is limited for FY17-18, as the last quarter of the fiscal year consisted of program development and outreach.

Workforce Education and Training (WET) Component

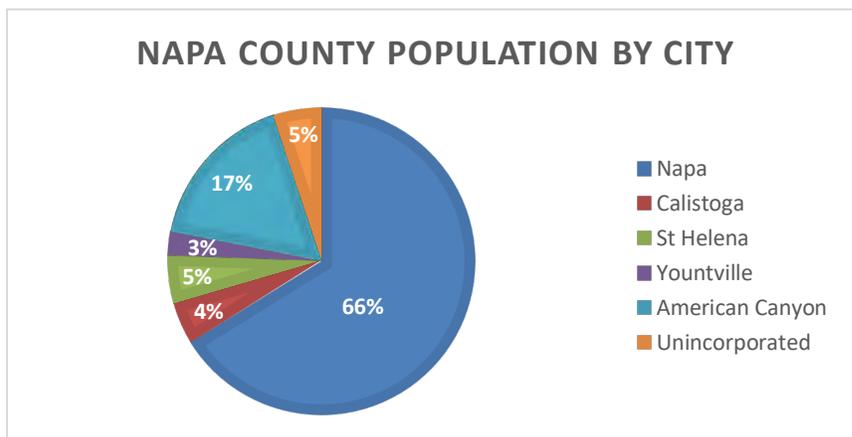
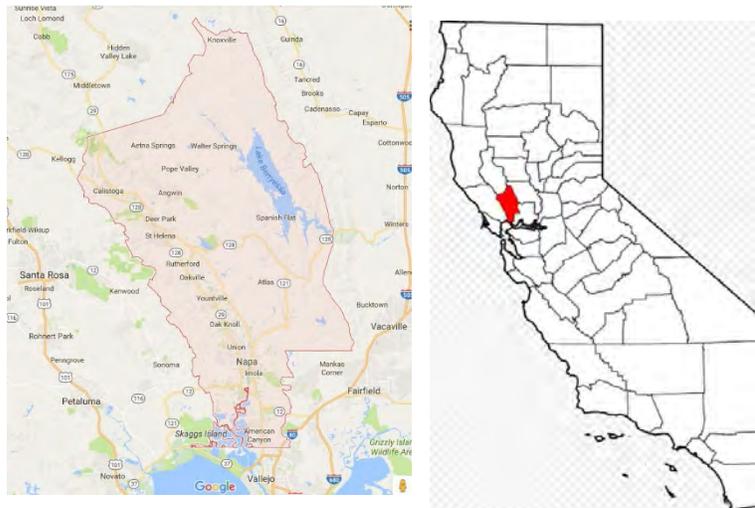
WET funds were anticipated to be expended by June 30, 2018; however, because MH Division Interns have been generating more revenue than was expected, these funds have not been expended. Additionally, Department of Health Care Services (DHCS) staff have identified \$95,579 in WET funds that have reverted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

Capital Facilities/Technological Needs (CF/TN)

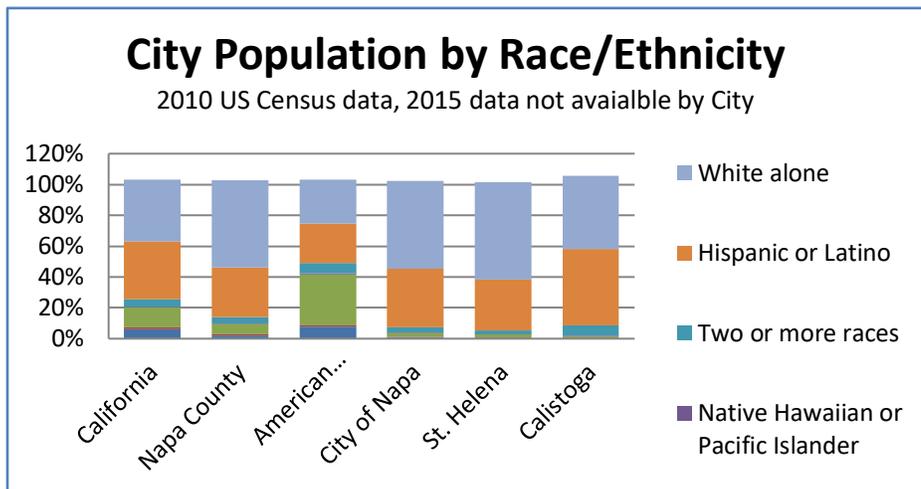
The Mental Health Division intends to utilize CF/TN funds in the amount of \$145,770 that reverted (based on a determination by HSA Fiscal staff) on June 30, 2018 to prepare for the transition to a new Electronic Health Record (EHR) including staff time and peripherals and equipment. The Division will also fund work on a Big Data Integration Project with other Divisions in the Napa County Health and Human Services Agency.

Overview of Napa County

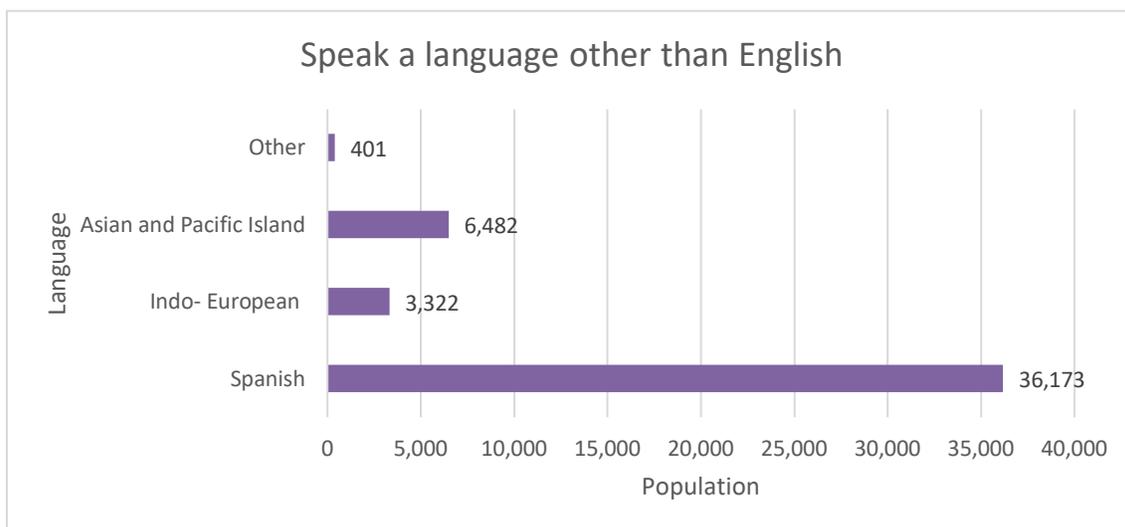
The Napa Valley, located in the heart of California’s pre-eminent wine country is home to some 139,417¹ residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. The County’s strategic location, sunny Mediterranean climate and abundant natural 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

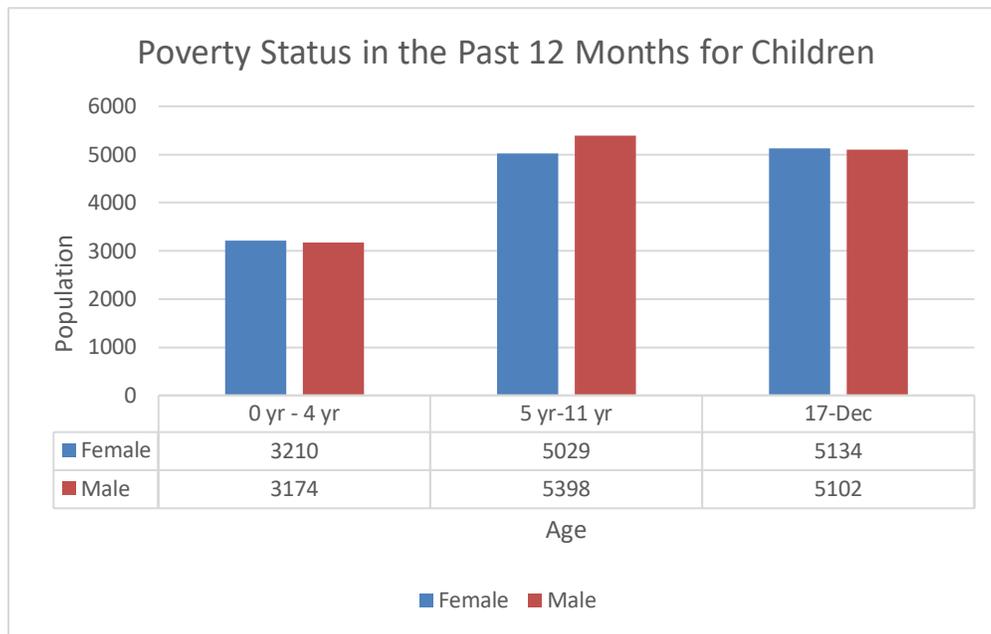
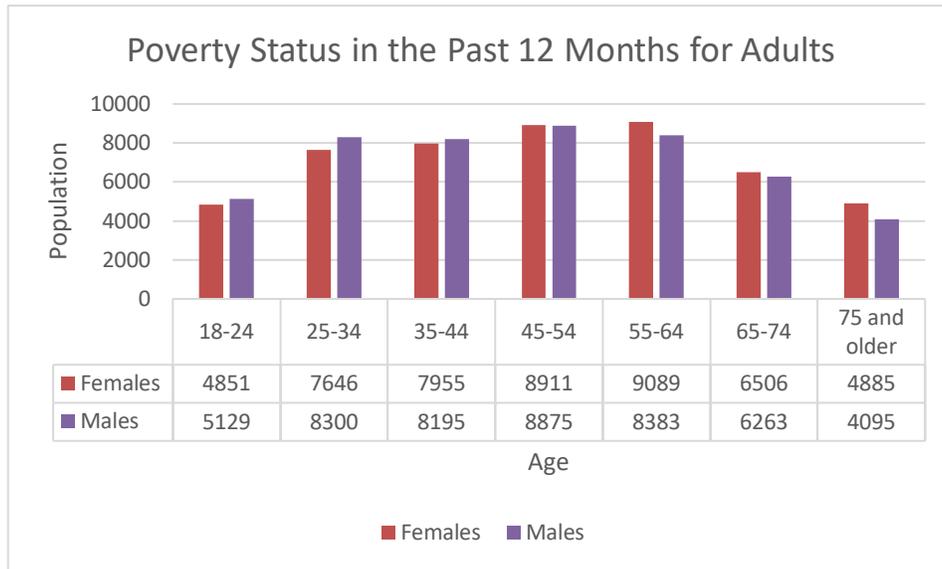


Based on the Census, 8.2% of Napa County residents are below poverty level. In the last 12 months, 99,083 adults were under the poverty level. The age range with the most adults in poverty were the

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

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

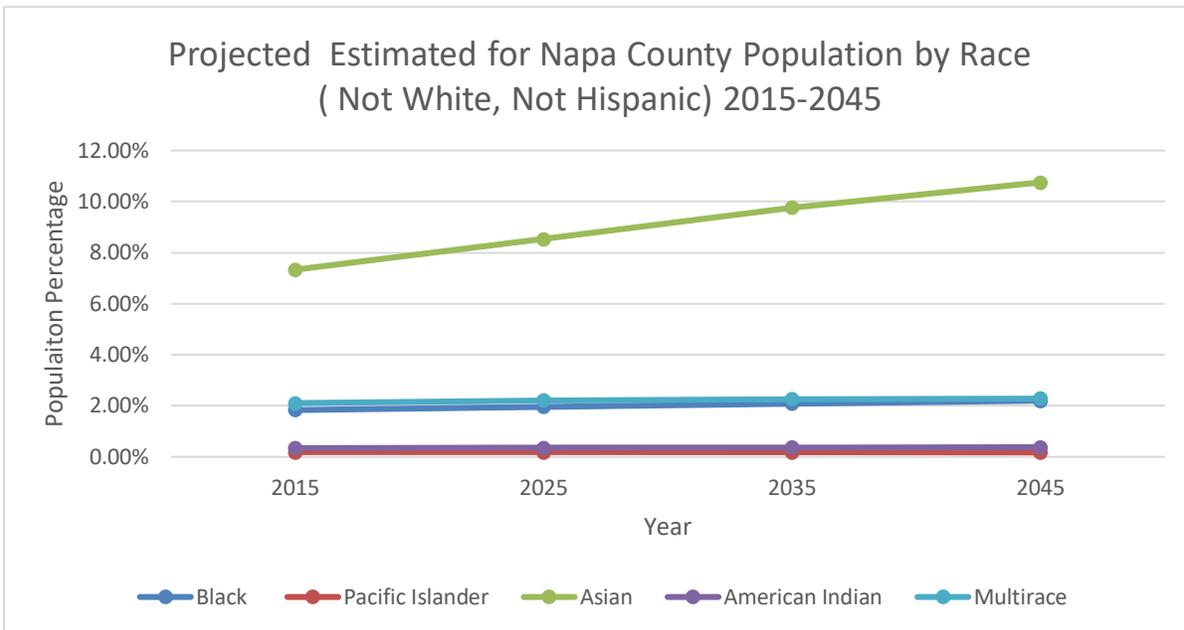
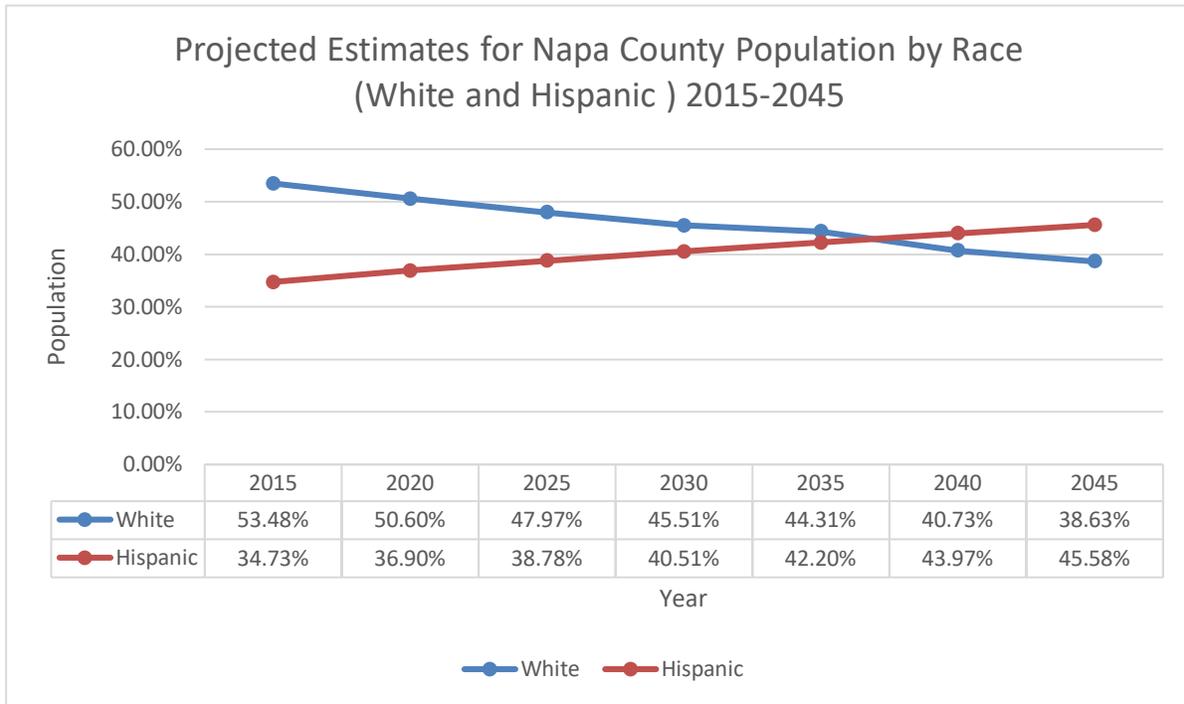


Population Projections for Napa County

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

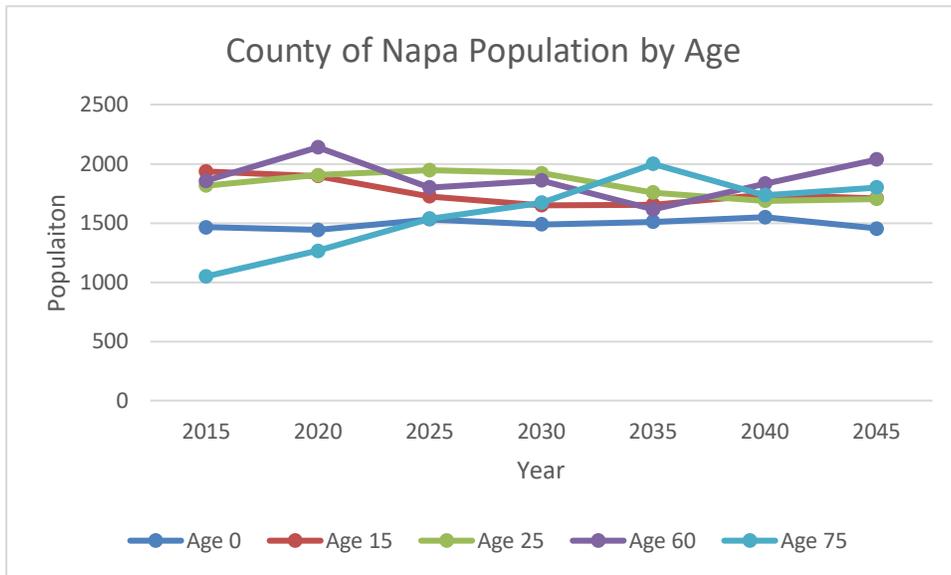
⁴ <https://www.livestories.com/statistics/california/napa-county-poverty>

⁵ <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>

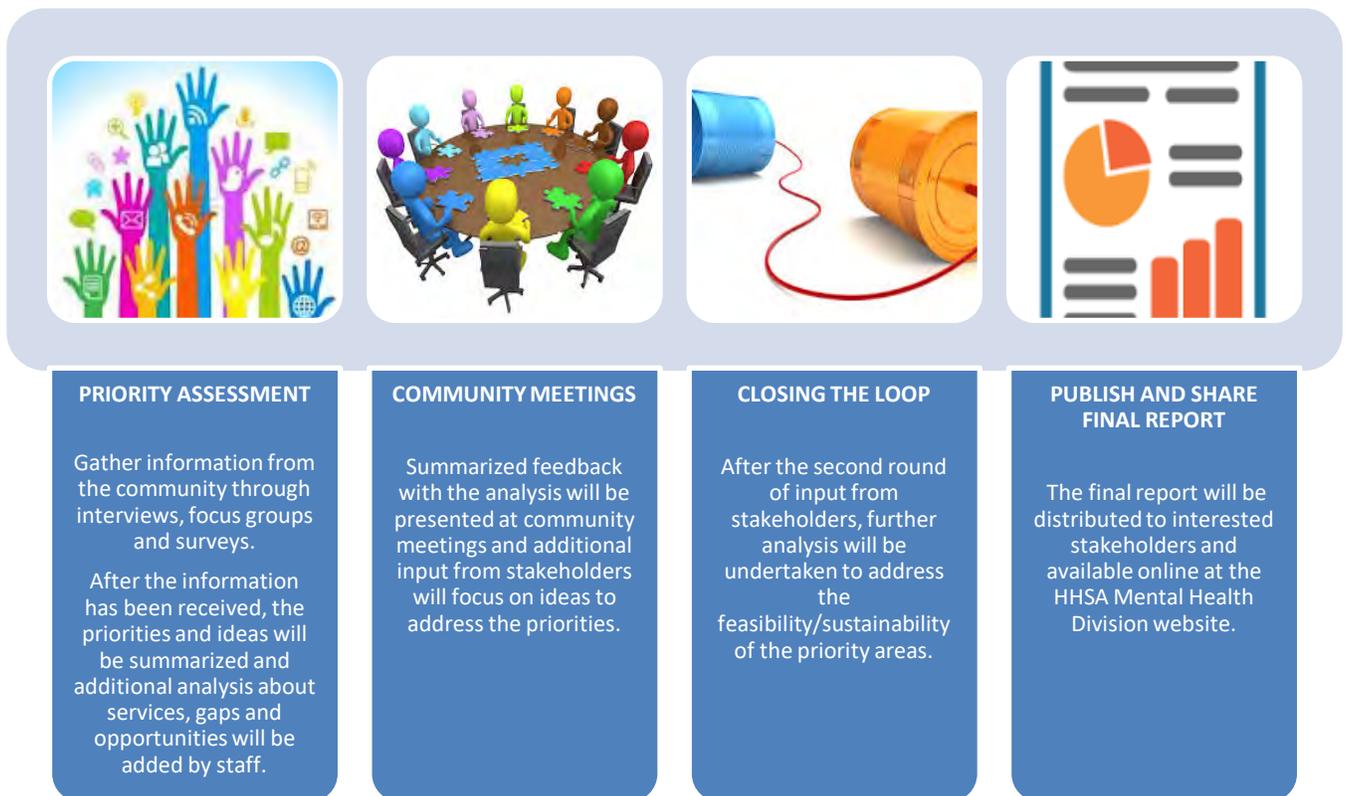


The graph below depicts the County of Napa’s population trends by age categories served by CSS program. As of 2015 to 2035, the population increasing at the fastest rate are individuals 75 years of age. From 2015 to 2035 it is projected that the age group of 60 will slowly decrease, but will begin to 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/>



Overview of Three Year Planning Process:



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:

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

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

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

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

Public Review/Comment Period and Public Hearing

The 30-day Public Review and Comment Period for the Division's FY19-20 Annual Update to the MHSa Three Year Plan took place from Friday, March 13th to Monday, April 13th, 2020. A public

hearing was held during an online Zoom meeting of the Napa County Mental Health Board on Monday, April 13, 2020 from 4-6 pm in compliance with California Code of Regulations (CCR) 3315(a)(b) and California Executive Order N-25-20. During the public review/comment period, the FY 19-20 Annual Update to the Three Year Plan was 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. All community stakeholders were invited to participate in the public review/comment process. There were no substantive public comments were received regarding the FY 19-20 Annual Update the Three Year Plan.

Timeline and Background on Reversion and Reallocation of MHSA Funds

- On December 5, 2011, the now defunct Department of Mental Health issued Information Notice 11-15 clarifying how Innovation funds subject to reversion should be calculated by counties. Essentially, if counties spent Community Services and Supports (CSS), and Prevention and Early Intervention (PEI) funds from which Innovations funds are drawn (5% of CSS and PEI) before those funds would revert, then Innovation funds would not be subject to reversion. Using this formula, Napa County had no Innovation funds subject to reversion.
- On December 23, 2016, DHCS issued IN 16-026 rescinding IN 11-15, thereby making unspent funds from fiscal years 2008-2009 through 2015-2016 subject to reversion if not spent within three fiscal years from July 1, 2016.
- On June 23, 2016, DHCS issued IN 16-026 rescinding IN 11-15, which had provided guidelines under which counties operated to minimize reversion of Innovations funds.
- Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) became effective July 10, 2017. AB 114 amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)).
- Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005-06 through FY 2014-15. AB 114 states that by July 1, 2018 counties are required to publicly post a Plan to Spend Reverted/Reallocated funds by July 1, 2020 (WIC Section 5892.1 (c)). Pursuant to WIC Section 5892.1, subdivision (e), 1, DHCS provided counties with IN 17-059 to implement those requirements.
- On December 28, 2017 DHCS issued IN 17-059 providing the methodology used to calculate funds subject to reversion as of July 1, 2017. IN 17-059 provided guidance on the appeals process, the requirement that by June 30, 2018, counties must develop and publicly post a plan for public review and comment to expend the reverted funds by July 1, 2020, and the consequences for failure to spend the funds.

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

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

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

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

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

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

The Mental Health Division does not dispute the Innovations funds subject to reversion identified by DHCS, but appealed to DHCS regarding the WET and CF/TN funds that were identified as having

reverted as there are differences between DHCS figures and figures provided by HHS Fiscal staff. No Community Services & Supports (CSS) funds or Prevention Early Intervention (PEI) funds have been identified at risk for reversion. In order to comply with AB114, however, the MH Division has developed the following plans to expend reverted Innovation, WET, and CF/TN funds.

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

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

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

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

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

The Mental Health Division plans to spend the remaining Reverted/Reallocated MHSA WET Funds in FY 19-20 on previously stakeholder-approved WET Actions or programs including Mental Health Plan Staff Development activities which include trainings, staff support for licensure exam preparation, and materials and other previously approved WET Actions or programs as well as the Internship Program, which is ongoing. After negotiations with DHCS, the actual amount reverted was \$95,619.

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

Expenditure Item	Reverted WET funds by Fiscal Year	Amount of Reverted WET Funds	Total Amount of Reverted/Reallocated WET Funds to be Spent	Years to be Spent
WET Trainings and Staff Development (previously approved by Stakeholders)	FY 2005-06	\$ -	\$ 95,619	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ 95,619		
	FY 2008-09	\$ -		
	FY 2009-10	\$ -		
	FY 2010-11	\$ -		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
FY 2014-15	\$ -			

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

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

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

Prevention and Early Intervention (PEI)

Prevention/Early Intervention Programs			
<p>Stigma and Discrimination Reduction</p> <ul style="list-style-type: none"> - Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Connection Project 	<p>Prevention</p> <ul style="list-style-type: none"> - American Canyon Student Assistance Program - Home Visitation Program - Kids Exposed to Domestic Violence - Native American PEI Project - Strengthening Families at Risk - Upvalley PEI Project 	<p>Early Intervention</p> <ul style="list-style-type: none"> - Court and Community Student Assistance Program (SAP) - Healthy Minds, Healthy Aging Program 	<p>Outreach for recognizing signs of Mental Illness</p> <ul style="list-style-type: none"> • System Navigator Program (CSS Component)

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

In FY 19-20, the Napa County Mental Health Division funded nine different programs with Prevention/Early Intervention funding. Efforts were made to ensure that these programs are in compliance with the new PEI regulations developed by the Mental Health Services Oversight and Accountability Commission (MHSOAC), which included training and technical assistance by County staff. Programs started full implementation of the regulations in FY 17-18 with data collected quarterly.

PEI Evaluation Report

FY 16-17 AND FY 17-18

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 from 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 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.

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 serious mental health needs.

When the program began in 2011, MHSA PEI funded 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 and FY 17-18, 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 ensure 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
Total Program Funding	\$159,807	\$159,807
Number of Individuals Served	91	305
Cost per Individual Served	\$1,756	\$523.96

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	
	Number of Students	Percentage of Students	Number of Students	Percentage of Students
Identify Students				
Students identified by Wellness Team	91	3%	304	10%
Total students (all schools)	3,031		3,036	
Screen Students				
Students completing a WSI screening (pre)	--	--	304	100%
Students identified by Wellness Team	91		304	
Support Students				
Students supported with Tier 2 or Tier 3 services	91	100%	262	86%
Students with Tier 3 services	19	21%	57	22%
Total students served by Wellness Team	91		305	

Demographics of Students who received Tier 2 or Tier 3 Services

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

Demographic Categories	FY 16-17		FY 17-18	
	Number of Students	Percentage of Students	Number of Students	Percentage of Students
More than one Ethnicity	--	--	2	1%
Unknown/Not Collected/Declined	73	80%	4	1%
Primary Language				
English	52	57%	238	78%
Spanish	24	26%	46	15%
Indigenous	--	--	0	0%
Other	3	3%	18	6%
Unknown/Not Collected/Declined	12	13%	3	1%
Sexual Orientation				
Gay or Lesbian	--	--	6	2%
Heterosexual or Straight	--	--	0	0%
Bisexual	--	--	2	1%
Questioning or Unsure	--	--	8	3%
Queer	--	--	0	0%
Another Sexual Orientation	--	--	0	0%
Unknown/Not Collected/Declined	91	100%	289	95%
Disabilities				
Difficulty seeing	--	--	0	0%
Difficulty hearing or having speech understood	--	--	16	5%
Mental (learning disability, developmental disability, dementia)	--	--	16	5%
Mobility/Physical Disability	--	--	2	1%
Chronic Health Condition	--	--	76	25%
Other	--	--	1	0%
Unknown/Not Collected/Declined	91	100%	--	--
Gender: Assigned at Birth				
Male	45	49%	170	56%
Female	34	37%	135	44%
Unknown/Not Collected/Declined	12	13%	--	--
Total Students Served	91		305	

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	
	Number of Students	Percentage of Students	Number of Students	Percentage of Students
Students identified/served by Wellness Team	91	100%	305	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 or may be in the community depending on the needs of the students and/or the families.

Number of students referred for mental health services

In FY 16-17, 12 students were given mental health treatment referrals, but the type of referral was not yet tracked. In FY 17-18, 46 students were referred. The following table shows the number of referrals given in both years.

Mental Health Referral	FY 16-17		FY 17-18	
	Number of Students	Percentage of Students	Number of Students	Percentage of Students
Aldea	--	--	11	19%
Aldea/Wolfe Center	--	--	14	25%
Kaiser	--	--	12	21%
Mentis	--	--	9	16%
Napa County Mental Health	--	--	8	14%
OLE Health	--	--	2	4%
Solano County Mental Health	--	--	1	2%
Total Mental Health Referrals	--	--	57	

Mental Health Referrals:

Information about mental health referrals was not tracked by all PEI programs in Napa County in FY 16-17 or FY 17-18. 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 (not mental health treatment services)	FY 16-17		FY 17-18	
	Number of Referrals	Percentage of Referrals	Number of Referrals	Percentage of Referrals
Healthcare (physician, pediatrician)	--	--	39	18%
School/Educational Needs	--	--	23	10%
Adult/Child Protective Services	--	--	23	10%

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

Community (Non-Clinical) Referrals:

More detailed information about referrals (see below) was not tracked by PEI programs in Napa County in FY 16-17 or FY 17-18. 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

- Number and type of services used in the Community-- *defined as participated at least once in the service*
- Average number of days from when referral was given and participation in services--*defined as participating at least once in service.*
- Description of how the program encouraged access to service and follow-through on services

Improvement in Grades, Attendance and Office Discipline Referrals

The same indicators that were used to screen students into the Wellness Center’s Tier 2 and Tier 3 services were tracked school-wide to monitor changes. All of the indicators improved at least slightly from FY 16-17 to 17-18 (*shown in green text*) with the exception of attendance at Napa Junction Elementary School (*shown in red text*).

School Wide Indicators	Percentage of All Students at School		
	2016-2017	2017-2018	Change from FY 16-17 to 17-18
Percent of Students with GPA less than 2.0			
Napa Junction Elementary	n/a	n/a	
American Canyon Middle School	13.7%	10.2%	-3.5%
American Canyon High School	19.6%	18.2%	-1.4%
Percent of Students with at least 10% of days absent			
Napa Junction Elementary	9.9%	11.6%	1.7%
American Canyon Middle School	9.2%	8.3%	-0.9%

American Canyon High School	9.5%	7.0%	-2.5%
Percent of Students with at least 6 Office Discipline referrals			
Napa Junction Elementary	0.2%	0.0%	-0.2%
American Canyon Middle School	7.1%	5.7%	-1.4%
American Canyon High School	0.9%	0.4%	-0.5%

In FY 16-17, a sample of these indicators were reviewed for 79 students receiving Tier 2 or Tier 3 services. The percentage of these students who improved, appear to exceed the school-wide averages shown below. **Note that the measures are similar but not equivalent.**

	FY 16-17		FY 17-18	
	Number of Students	Percentage of Students	Number of Students	Percentage of Students
Maintained or improved grades	7	9%	--	--
Maintained or improved attendance	10	13%	--	--
Reduced number of office referrals	11	14%	--	--
Total Students in Sample	79		--	--

Improvement on Walker Screening Inventory (WSI)

At the end of services (or the end of the school year, whichever comes first), the students are re-screened using the Walker Screening Inventory (WSI). Teachers indicated that over half (57%) of the students identified and served by the Wellness Center staff in FY 17-18 exhibited an increase in positive behaviors.

Walker Screening Inventory (WSI) scores for students who received Tier 2 or Tier 3 Services (n=304)

	FY 16-17		FY 17-18	
	Number of Students	Percentage of Students	Number of Students	Percentage of Students
Positive Change in WSI scores (behavior improved)	--	--	173	57%
Negative Change in WSI scores (behavior declined)	--	--	60	20%
No Change in WSI Scores (same behavior)	--	--	8	3%
WSI Pre Score Only (change is unknown)	--	--	63	21%
Students completing a WSI screening (pre)	--	--	304	

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 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 screenings and referrals.

Program Funding and Cost per Individual Served

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

Program Activities

This section describes the work that Suscol Council does to provide outreach and workshops for individuals in Napa County.

Outreach was 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%, two presentations), and City of St Helena (5%, two 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).

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All of the outreach was conducted in English; three of the events were also presented in Spanish. Suscol Intertribal Council staff provided handouts about the history of Native people in the Napa Valley as well as information about the ongoing workshops as indicated. Self-care packages were distributed at two healing events that were focused on recovering from Napa Complex Fires in October 2017.

Outreach Content	FY 2016-17		FY 2017-18	
	Number of Events	Percent of Events	Number of Events	Percent of Events
Reduce Stigma and Discrimination				
Prevention			40	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%
Speaking Event/Presentation				
Church			2	5%
School			9	23%
Interagency meeting			3	8%
Other (specify)			23	58%
<i>Innovations Community Center</i>			11	28%
<i>VOICES</i>			4	10%
<i>Private residence</i>			2	5%
<i>Veterans Home</i>			2	5%
<i>Pizza Hut</i>			1	3%
<i>St. Helena Library</i>			1	3%
<i>Suscol Office</i>			1	3%
<i>Trancas Crossing Park</i>			1	3%
Outreach Language				
English			40	100%
Spanish				
Outreach Topics				
Information about Native People in Napa County	--	--	13	33%
Talking Circle	--	--	11	28%
Craft and/or Music of Native People in Napa County	--	--	6	15%
Healing Event: Native Healing Elements and Traditions	--	--	4	10%
Health Fairs/Community Events	--	--	3	8%
Drum Circle	--	--	2	5%
Community Conversations	--	--	2	5%
Total Outreach Events			40	

Outreach Population	Number of Participants	Percent of Participants
Community Member	401	51%
Parent	34	4%
Clinician	20	3%
Nurse		
Educator	4	1%

Students			324	41%
Law Enforcement				
Other				
Total Participants			783	

Ongoing workshops provide information about Native History, enculturation and access to services

Data pending for FY 19-20

- Classes share the norms of indigenous cultures including ideas, concepts and values through traditional practices and crafts with individuals in Napa County.
- Information about signs and symptoms of mental health concerns are shared with participants
- Information about community resources for mental health concerns and other needs are shared with participants

Individuals in ongoing classes were 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.

Description of Individuals who participated in workshops (demographics)

Race	FY 16-17 (duplicated) includes workshops and outreach		FY 17-18 (unduplicated)	
	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).

Individuals in workshops report improved knowledge and understanding of the norms of indigenous cultures including ideas, concepts and values.

- In FY 16-17, 541 youth reported an increase in cultural awareness.

Data pending for FY 19-20

- Short Term Outcome: Individuals in workshops report improved knowledge and understanding of the norms of indigenous cultures including ideas, concepts and values.
- Short Term Outcome: Individuals in workshops report knowledge of (1) signs and symptoms of mental health concerns, (2) mental health resources, and (3) community resources addressing basic needs.
- Short Term Outcome: Individuals in workshops are screened and referred for mental health services
- Short Term Outcome: Individuals in workshops are screened and referred for other resource needs (besides mental health).
- Long Term Outcome: Community awareness about Native History and Experiences in Napa County is improved.
- Long Term Outcome: Community Awareness about ongoing workshops available for Native individuals and allies in Napa County is improved
- Long Term Outcome: Individuals in workshops with mental health needs receive services
- Long Term Outcome: Individuals in workshops with other resource needs (besides mental health) receive services.

Prevention Program: NEWS 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
Total Program Funding	\$109,400	\$109,400
Number of Individuals Served	489	494
Cost per Individual Served	\$223.72	\$221.46

Program Activities

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

LOCATION AND SETTING

Setting for Outreach	FY 2016-17		FY 2017-18	
	Frequency	Percent	Frequency	Percent
School	--	--	250	54%
Speaking Event/Presentation	--	--	210	46%
Total Outreach Contacts	440		460	

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

Outreach Topics	FY 2016-17		FY 2017-18	
	Number of Outreach Contacts	Percentage of Outreach Contacts	Number of Outreach Contacts	Percentage 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%
Total Outreach Contacts	440		460	

DESCRIPTION OF INDIVIDUALS WHO PARTICIPATED IN OUTREACH (POTENTIAL RESPONDERS)

Participant Type	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
Parent	--	--	280	61%
Community Member	--	--	70	15%
Educator	--	--	50	11%
Students	--	--	40	9%

Nurse	--	--	20	4%
Total Outreach Participants (potential responders)	440		460	

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.

Data pending for FY 19-20

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

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.

Data pending for FY 19-20

- Number of children enrolled in KEDS program (unduplicated)
- Number of supports offered and number of children who attend each session (art therapy, tutoring, support group).

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.

Data pending for FY 19-20

- Number of children who are referred for services

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 nine adults.

Data pending for FY 19-20

- Number of parent education sessions offered and number of parents who attend each session.

Support Parents: Share resources available to parents of children exposed to domestic violence

Data pending for FY 19-20

- Number of parents who receive information about resources.

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

Data pending for FY 19-20

- Identify Children at Risk: Number of children referred to Napa County Mental Health Access
- Support Children: Number of children who receive services they were referred to
- Support Parents: Number of parents who complete a case plan
- Support Children: Reduction of risk factors
- Support Children: Increases in protective factors

Support Children: Increases in protective factors

92% of the children surveyed in FY 16-17 reported increased social and emotional support.

Support Parents: Parents report positive behavior changes at end of services, understanding of behaviors that may warrant additional support for their child and they know how and where to seek support at end of services

Parent Survey Results FY 16-17

Parent Survey Item	Percentage of Parents (n=88)
Increased knowledge in their child's social & emotional needs	64%
Have concrete support at time of discharge	54%
Increase in knowledge of parenting & child development	41%
Increased resilience	24%
Increased social connections.	20%

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 Technical Assistance (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
Total Program Funding	\$43,500	\$43,500
Number of Individuals Served	12,189	20,217
Cost per Individual Served	\$3.57	\$2.15

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
Social Media	44,400	18,264
Outreach Efforts	1,763	1,095
Community Events and Support Groups	643	713
Cultural Competency Trainings and Technical Assistance	783	145
	47,589	20,217

Demographics of Individuals Served

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

Race	FY 16-17 (duplicated)		FY 17-18 (duplicated)	
	Frequency	Percent	Frequency	Percent
American Indian or Alaska Native	--	--	2	2%
More than one Race	--	--	7	5%
White	--	--	55	38%
Other	--	--	7	5%
Unknown/Not Collected/Declined	--	--	0	0%
Ethnicity				
Hispanic or Latino	--	--	58	40%
Non-Hispanic or Latino	--	--	--	--
Primary Language				
English	--	--	110	76%
Spanish	--	--	15	11%
Age				
0-5 years old	--	--	0	0%
6-15 years old	--	--	0	0%
16-25 years old	--	--	15	11%
26-59 years old	--	--	112	77%
60+ years old	--	--	18	12%
Unknown/Not Collected/Declined	--	--	0	0%
Disabilities				
Mental (learning disability, developmental disability, dementia)	--	--	0	0%
Chronic Health Condition	--	--	0	0%
Mobility/Physical Disability	--	--	17	12%
Difficulty seeing	--	--	0	0%
Difficulty hearing or having speech understood	--	--	0	0%
Other	--	--	0	0%
Unknown/Not Collected/Declined	--	--	0	0%
Underserved Populations				
Native American	--	--	2	2%
Older Adult	--	--	18	12%
Latino/Hispanic	--	--	58	40%
LGBTQ	--	--	22	15%
Veteran	--	--	2	2%
Geographically Underserved	--	--	--	--
Sexual Orientation				
Gay or Lesbian	--	--	22	15%
Heterosexual or Straight	--	--	119	82%

Race	FY 16-17 (duplicated)		FY 17-18 (duplicated)	
	Frequency	Percent	Frequency	Percent
Unknown/Not Collected/Declined	--	--	4	3%
Gender Assigned at Birth				
Male	--	--	9	6%
Female	--	--	136	94%
Current Gender Identity				
Male	--	--	11	8%
Female	--	--	132	91%
Transgender	--	--	0	0%
Genderqueer	--	--	0	0%
Questioning or Unsure	--	--	0	0%
Another Gender Identity	--	--	2	2%
Unknown/Not Collected/Declined	--	--	2	2%
Total Participants	783		145	

Program Outcomes

Advocacy:

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

Outreach and Advocacy Outcomes	FY 16-17	FY 17-18
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).	✓	✓
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

Policy Changes

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

Policy Change Outcomes	FY 16-17	FY 17-18
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		✓
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		✓

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 Healthy Families America (HFA), evidence-based program, and maintains accreditation by proving high model fidelity. This program is offered county-wide. The goal of this program is to prevent child abuse.

- Reduce child maltreatment;
- Improve parent-child interactions and children’s social-emotional well-being;
- Increase school readiness;
- Promote child physical health and development;
- Promote positive parenting; Promote family self-sufficiency;
- Increase access to primary care medical services and community services; and
- Decrease child injuries and emergency department use.

Program Funding and Cost per Individual Served

	FY 16-17	FY 17-18
Total Program Funding	\$50,000	\$50,000
Number of Individuals Served	286	n/a
Cost per Individual Served	\$174.83	n/a

Program Activities

In FY 16-17, the program reported a total of 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.

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.

Data pending for FY 19-20

- PEI regulations demographic data required
- Report on model fidelity
- % improve in Edinburgh scale (postnatal depression) and ASQ (Ages and Stages questionnaire child measure)
- No. of individuals graduating from the program successfully (out of total n leaving program)
- Track no. of referrals to Napa County Mental Health Access

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/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
Total Program Funding	\$98,000	\$98,000
Number of Individuals Served	653	
Cost per Individual Served	\$150.08	

Program Activities

Strengthening Families Support Groups

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

DEMOGRAPHICS OF SUPPORT GROUP PARTICIPANTS

Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
American Indian or Alaska Native	--	--	--	--
More than one Race	--	--	--	--
White	5	8%	12	17%
Other	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--
Ethnicity				
Hispanic or Latino	61	92%	57	83%
Non-Hispanic or Latino	--	--	--	--
Primary Language				
English	--	--	12	17%
Spanish	--	--	57	83%
Age				
0-5 years old	--	--	--	--
6-15 years old	--	--	--	--
16-25 years old	2	3%	--	--
26-59 years old	64	97%	69	100%
60+ years old	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--
Disabilities				
Mental (learning disability, developmental disability, dementia)	--	--	--	--
Chronic Health Condition	--	--	--	--

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Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
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%
LGBTQ	--	--	--	--
Veteran	--	--	0	0%
Geographically Underserved	22	33%	25	36%
Sexual Orientation				
Gay or Lesbian	--	--	--	--
Heterosexual or Straight	--	--	69	100%
Unknown/Not Collected/Declined	--	--	--	--
Gender Assigned at Birth				
Male	28	42%	31	45%
Female	38	58%	38	55%
Current Gender Identity				
Male	28	42%	31	45%
Female	38	58%	38	55%
Transgender	--	--	--	--
Genderqueer	--	--	--	--
Questioning or Unsure	--	--	--	--
Another Gender Identity	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--
Total Participants	66		69	

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. Twenty-one of the families shared demographic information.

DEMOGRAPHICS OF THOSE WHO RECEIVED EMERGENCY DROP-IN SERVICES

Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
Black/African American	6	1%	0	0%
Native American/Alaskan Native	5	1%	0	0%
Asian	5	1%	0	0%
Latino	391	67%	0	0%
Multi-Ethnic	15	3%	2	10%
Pacific Islander/Native Hawaiian	1	0%	0	0%
White	131	22%	9	43%
Other/Unknown	33	6%	10	48%
Ethnicity				
Hispanic or Latino	391	67%	14	67%
Non-Hispanic or Latino	--	--	--	--
Primary Language				
English	210	36%	8	38%
Spanish	260	44%	7	33%
Age				
0-5 years old	--	--	0	0%
6-15 years old	--	--	0	0%
16-25 years old	--	--	2	10%
26-59 years old	--	--	19	90%
60+ years old	--	--	0	0%
Unknown/Not Collected/Declined	587	100%	0	0%
Disabilities				
Mental (learning disability, developmental disability, dementia)	--	--	0	0%
Chronic Health Condition	--	--	0	0%
Mobility/Physical Disability	--	--	0	0%
Difficulty seeing	--	--	0	0%
Difficulty hearing or having speech understood	--	--	2	10%
Other	--	--	0	0%
Unknown/Not Collected/Declined	--	--	0	0%
Underserved Populations				
Native American	--	--		
Older Adult	--	--		
Latino/Hispanic	391	67%		
LGBTQ	4	1%		
Veteran	--	--	--	--

Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
Geographically Underserved	--	--		
Sexual Orientation				
Gay or Lesbian	--	--	--	--
Heterosexual or Straight	--	--	--	--
Unknown/Not Collected/Declined	--	--	--	--
Gender Assigned at Birth				
Male	--	--	1	5%
Female	--	--	14	67%
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	

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).

Data Pending for FY 19-20

- Pre/post scores on: PHQ9 (depression), GAD (anxiety) and Emotional Rating Scale (ERS)
- Demographic data per PEI regulations

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.

Data Pending for FY 19-20

- Total no. of calls/drop ins served
- 1-month follow-up call to see if referral was followed through
 - # of successful calls
 - # of successful referrals

Outreach

IN FY 17-18, staff attended 19 events and provided information to 3,457 individuals. 17 of the 19 events were

designed to provide connection to community resources. The other two were focused on supporting LGBTQ individuals and supporting survivors. Staff distributed 3,057 materials during the 19 events. At 18 of the events, the materials were information on accessing services. At one event, the materials were specifically focused on mental health. Of the 19 events, the majority addressed Stigma and Discrimination and Prevention. 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
Reduce Stigma and Discrimination	14	74%
Prevention	13	68%
Improve timely access to Services for underserved pops	8	42%
Outreach to Recognize Early Signs of MI	3	16%
Access & Linkage to Service for People with SMI	0	0%
Outreach Venue		
Community Fair	9	47%
Speaking Event/Presentation	6	32%
Church	3	16%
School	2	11%
Interagency meeting	1	5%
Other (specify)	1	5%
Outreach Language		
English	16	84%
Spanish	13	68%
Outreach Population		
Community Member	13	68%
Parent	8	42%
Clinician	4	21%
Nurse	3	16%
Educator	3	16%
Students	3	16%
Law Enforcement	2	11%
Other	13	68%

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
Total Program Funding	\$76,150	\$76,150
Number of Individuals Served	143	147
Cost per Individual Served	\$532.52	\$518.03

Program Activities

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

Outreach

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

Demographics

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	FY 16-17		FY 17-18	
Race	Frequency	Percent	Frequency	Percent
Black/African American				
Native American/Alaskan Native				
Asian				
Latino				
Multi-Ethnic			15	10%
Pacific Islander/Native Hawaiian			1	1%
White			6	4%
Other/Unknown			86	59%
Ethnicity				
Hispanic or Latino			104	71%
Non-Hispanic or Latino			8	5%
Primary Language				
English			64	44%
Spanish			48	33%
Age				
0-5 years old				
6-15 years old	143	100%	117	82%
16-25 years old			30	18%
26-59 years old				
60+ years old				
Unknown/Not Collected/Declined				
Disabilities				
Mental (learning disability, developmental disability, dementia)				
Chronic Health Condition				
Mobility/Physical Disability				
Difficulty seeing			2	1%
Difficulty hearing or having speech understood			1	1%
Other				
Unknown/Not Collected/Declined				
Underserved Populations				
Native American				
Older Adult				
Latino/Hispanic			104	71%
LGBTQ			6	4%
Veteran				
Geographically Underserved			147	100%
Sexual Orientation				
Gay or Lesbian or Bisexual			2	1%
Heterosexual or Straight			94	64%
Unknown/Not Collected/Declined			16	11%
Gender Assigned at Birth				

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

Program Outcomes

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

- 75%-94%, pre to post surveys in students indicating, "***I can talk about my problems with a friend my age***"
- 97% reported having ***plans for the future***
- 93% reported having a better understanding of their ***cultural identity***
- 90% reported they have more skills to help them ***solve problems***
- 89% reported ***expressing themselves*** in a more positive way
- 85% reported having more ***positive family relationships***
- 84% reported they engage in ***fewer risky behaviors***
- 75% reported ***volunteering*** their time for their community

Common themes from student open-ended responses include:

<i>I feel more proud about my culture.</i>	<i>I like this group because it is a family not just a group.</i>
<i>I respect other cultures, and now I respect my own culture.</i>	<i>How to respect myself and others.</i>
<i>Confidence! Thank you! Pride in who I am. Pride in who I will become.</i>	<i>I would encourage many other students to join this program because this group helps me through all my difficulties in life.</i>
<i>To stay true to yourself.</i>	<i>I am thankful. Words cannot express how much I love this program. I love it.</i>

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 eight 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.

Data Pending for FY 19-20

- No. of returning students out of total eligible (account for graduation)
- Pre/Post evaluation numbers focused on the questions listed above (will include total n):
- PEI regulations required demographic information as well as referrals for SED.

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
Total Program Funding	\$81,600	\$81,600
Number of Individuals Served	139	136
Cost per Individual Served	\$587.05	\$600.00

Program Activities

Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
Black/African American	4	3%	2	1%
Native American/Alaskan Native			6	4%
Asian	0		0	
Latino	107	77%	95	70%
Multi-Ethnic	3	2%	22	16%
Pacific Islander/Native Hawaiian	4	3%	3	2%
White	20	14%	26	19%
Other/Unknown	1	1%	76	56%
Ethnicity				
Hispanic or Latino	107	77%	95	70%
Non-Hispanic or Latino			28	21%
Primary Language				
English	56	40%	84	62%
Spanish	81	58%	52	38%
Age				
0-5 years old				
6-15 years old	55	40%	59	43%
16-25 years old	84	60%	77	57%
26-59 years old				
60+ years old				
Unknown/Not Collected/Declined				
Disabilities				

Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
Mental (learning disability, developmental disability, dementia)			18	13%
Chronic Health Condition			1	1%
Mobility/Physical Disability				
Difficulty seeing				
Difficulty hearing or having speech understood				
Other				
Unknown/Not Collected/Declined				
Underserved Populations				
Native American			6	4%
Older Adult				
Latino/Hispanic			95	70%
LGBTQ			12	9%
Veteran				
Geographically Underserved				
Sexual Orientation				
Gay or Lesbian or Bisexual			12	9%
Heterosexual or Straight			122	90%
Unknown/Not Collected/Declined			2	1%
Gender Assigned at Birth				
Male	98	71%	92	68%
Female	41	29%	44	32%
Current Gender Identity				
Male			92	68%
Female			44	32%
Transgender				
Genderqueer				
Questioning or Unsure				
Another Gender Identity				
Unknown/Not Collected/Declined				
Total Participants	139		136	

Program Outcomes

In FY 16-17, 137 unduplicated students received SAP services. Of these students, 42% behavioral showed 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

Number of students who graduate

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

Data Pending for FY 19-20

- Total number of students eligible to graduate

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.

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 students for FY 17-18

Data Pending for FY 19-20

- Attendance rate for overall student body (non-SAP students)

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.

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.

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)

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.

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; and (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
Total Program Funding	\$91,350	\$91,350
Number of Individuals Served	101	168
Cost per Individual Served	\$904.46	\$543.75

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

Outreach Content	FY 16-17		FY 17-18 (Q4 only)	
			Number of Events (n=10)	Percent of Events
Reduce Stigma and Discrimination				
Prevention				
Improve timely access to Services for underserved pops				
Outreach to Recognize Early Signs of MI			10	100%
Access & Linkage to Service for People with SMI				
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	
Parent				
Clinician				

Nurse				
Educator				
Students				
Law Enforcement				
Other				2
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	
Race	Frequency	Percent	Frequency	Percent
Black/African American	2	2%	6	3%
Native American/Alaskan Native			0	
Asian	1	1%	7	4%
Latino	26	26%	50	30%
Multi-Ethnic			1	0.5%
Pacific Islander/Native Hawaiian	1	1%		
White	77	76%	104	62%
Other/Unknown				
Ethnicity				
Hispanic or Latino	26	26%	50	30%
Non-Hispanic or Latino				
Primary Language				
English				
Spanish				
Age				
0-5 years old				
6-15 years old				
16-25 years old				
26-59 years old				
60+ years old	101	100%	168	100%
Unknown/Not Collected/Declined				
Disabilities				
Mental (learning disability, developmental disability, dementia)			8	5%
Chronic Health Condition			42	25%
Mobility/Physical Disability			20	11%

Race	FY 16-17		FY 17-18	
	Frequency	Percent	Frequency	Percent
Difficulty seeing			14	8%
Difficulty hearing or having speech understood				
Other				
Unknown/Not Collected/Declined				
Underserved Populations				
Native American				
Older Adult			168	100%
Latino/Hispanic			50	30%
LGBTQ			4	2%
Veteran			1	0.5%
Geographically Underserved				
Sexual Orientation				
Gay or Lesbian or Bisexual	2	2%	5	3%
Heterosexual or Straight			163	97%
Unknown/Not Collected/Declined				
Gender Assigned at Birth				
Male	20	20%	23	14%
Female	81	80%	145	86%
Current Gender Identity				
Male	20	20%	23	14%
Female	81	80%	145	86%
Transgender				
Genderqueer				
Questioning or Unsure				
Another Gender Identity				
Unknown/Not Collected/Declined				
Total Participants	101		168	

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 - 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. As part of the Mental Health Division’s ongoing system transformation efforts, permanent consumer positions have been created in the Adult Full Service Partnership program.

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

Program by Age	Number Served 7/1/2017 to 6/30/2018
Full Services Partnership	
0-15	83
16-25	28
25-59	77
60+	33
System Navigators	
0-15	3
16-25	10
25-59	83
60+	14
Crisis Stabilization Services	
0-15	165
16-25	269
25-59	748
60+	93
Innovations Community Center	
0-15	0
16-25	25
25-59	272
60+	71

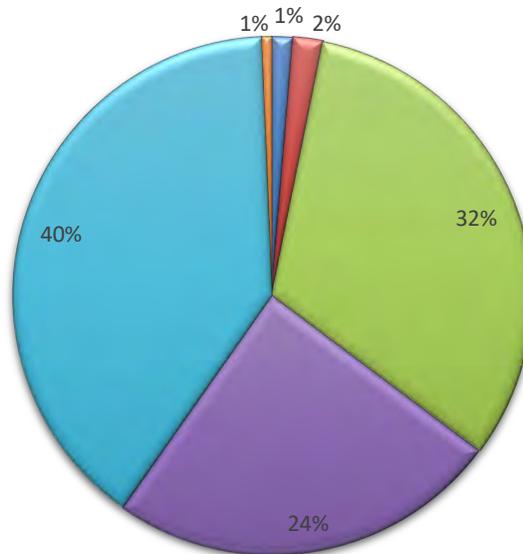
Program Name: Children’s FSP	Mental Health Division Program
Number Served 7/1/2017 to 6/30/2018 Ages 0-25: 62	FY 17-18 Funding from MHSA: \$498,060 Cost per person served: \$498,060/62 = \$8,033.23
FY18-19 Consumers Served Projection: 69	
Program Summary: The CFSP is designed to assist underserved, at-risk 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 from 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 62 individuals and received 84 referrals. 38% were females and 61% were males. 1.1% were ages 0-5, 83.3% were ages 6-17, 15.4% were ages 18-19. The top three non-mental health issues facing the youth being served by CFSP continue to be 1) Involvement with law enforcement and 2) Dual diagnosis comorbidity with substance abuse and 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. Approximately, 32 or 38% of the individuals who received services were female while 52 or 61% were male.

Race/ Ethnicity of Childrens FSP FY17-18



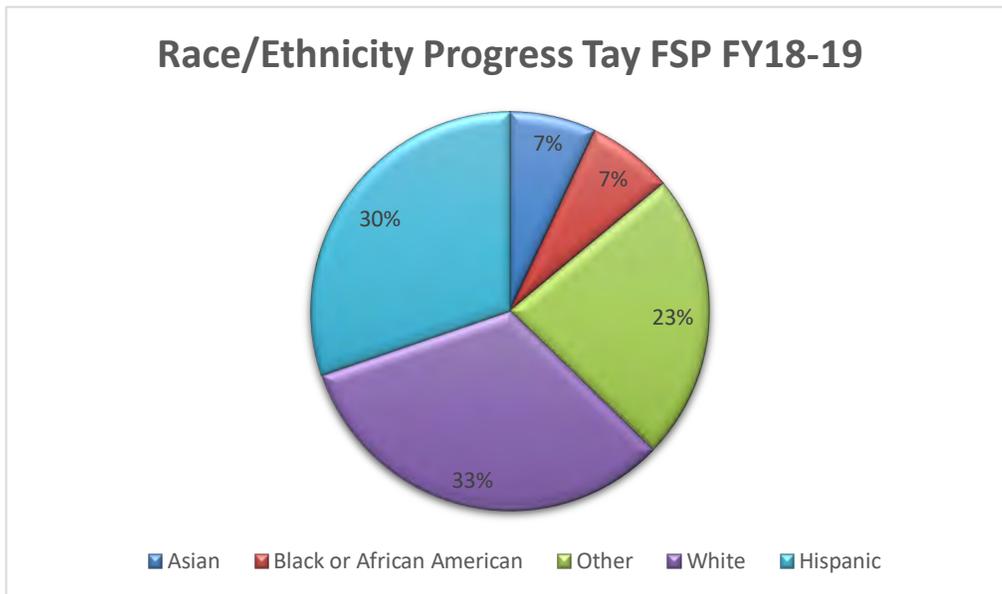
■ Asian
 ■ Black or African American
 ■ Other
 ■ White
 ■ Hispanic
 ■ Native American

<p>Successes: Children’s FSP staff continues to work with the whole family and take into consideration the whole family dynamic to ensure improved behavioral health outcomes for youth. Staff is currently trained in a number of evidence-based practices including Functional Family Therapy and Cognitive Behavioral Therapy for Psychosis and offer culturally appropriate services. There is bilingual capacity (Spanish) in the program to serve families in their native language.</p> <p>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 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.</p>	<p>Challenges: The Children’s FSP is seeing a higher number of youth with co-occurring disorders. It can often be difficult to determine how to meet their needs with limited resources, particularly when they have exhausted existing community resources and still need support.</p> <p>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 consumers 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.</p> <p>Staff is no longer utilizing Functional Family Therapy as a modality of the work that is done in the unit and is instead using Evidence-Based Practices such Dialectical Behavior Therapy (DBT) for youth.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • 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 (6/1/17 to 6/30/18): Ages 16-25: 28 FY18-19 Consumers Served Projection: 31	FY 17-18 Funding from MHSA: \$465,577 Cost per person served: \$465,577/28=\$16,627.75
<p>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:</p> <ul style="list-style-type: none"> • 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 28 individuals of which 13 or 46.4% were female and 15 or 53.5% were male. Five youth self-identified as LGBTQ (15%). 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.

FY17-18 was the last year the Progress Foundation administered the TAY FSP. TAY FSP is now part of the in-house services placed under the children’s FSP with specialized TAY staff.



Successes

The 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 20 TAY.

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 is creating a new identity for TAY in the MH division and in the community.

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 and case manager as well as a peer mentor are needed to have program fidelity as set by the standards of the MHSA programing.

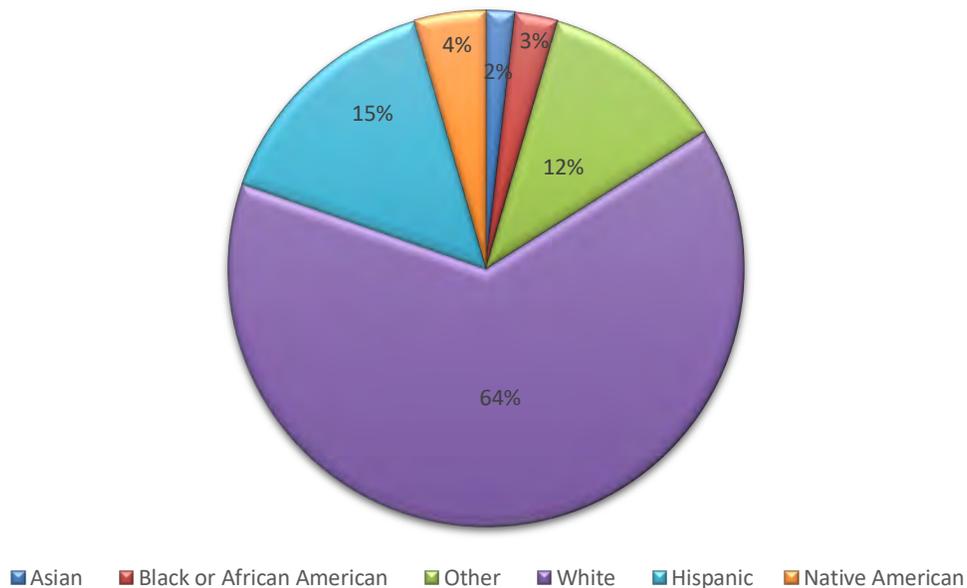
Increase the number of drug and alcohol treatment/residential centers that can help meet the gap of the current service available.

<p>The TAY FSP hired one full time therapist and are in the process of hiring a second one. TAY FSP has a MH worker aide that has been assigned to the program.</p> <p>TAY has adopted the EBP, Dialectical Behavioral Therapy.</p> <p>Staff are making notable connections with the community and participating in monthly collaboration meetings.</p>	<p>Affordable and appropriate housing is a chronic issue in the community and something that is being reviewed on countywide.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • 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
<p>Number Served (7/1/17 to 6/30/18): Ages 26-59: 91 FY18-19 Consumers Served Projection: 97</p>	<p>FY 17-18 Funding from MHSA: \$631,674 Cost per person served: \$631,674/</p>
<p>Program Summary:</p> <p>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 91 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, 38% of individuals served by the AFSP were female, and 62% or 56 individuals served were male. Out of the 91 consumers served 4 identified as a Veteran.</p> <p>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. Two Individuals returned to the shelter due to substance abuse issues. More than 80% of Fresh Start residents 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</p>	

house events where the vegetables are prepared and served to the residents. A Wellness Recovery Action Plan or 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.

Adult FSP FY17-18 Demographics



Successes

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

The AFSP case managers and supervisors have been trained in the Strengths Model case management Evidence-Based Practice

Challenges:

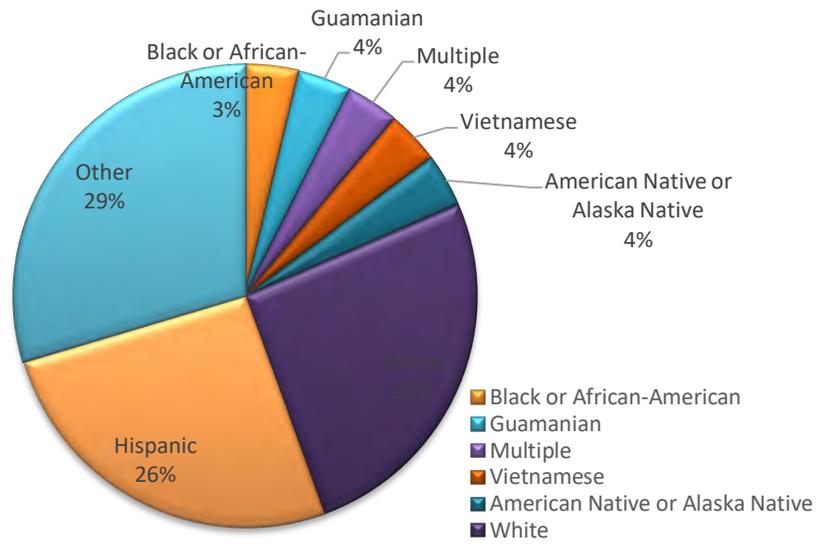
Comprehensive services to be provided within the team – nursing, employment, housing, and psychiatry

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

<p>(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.</p> <p>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.</p> <p>A Fresh Start garden group was started by 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.</p>	<p>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.</p> <p>One FTE Mental Health Counselor position was vacant for 6 months.</p> <p>Transportation: The HHS shuttle bus program was discontinued, which led to an increase in missed appointments and cancellations due to transportation problems.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • 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 (7/1/2017-6/30/2018) Ages 26-59: 34	FY 17-18 Funding from MHSA: \$253,067 Cost per person served: \$253,067/34=\$7,443.15
<p>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. The Adult TT FSP discharged 14 individuals - of these individuals, 29% were discontinued, 14% stopped attending, 21% moved, 7% was discharged to a home and 21% achieved goals.</p>	

Race/Ethnicity of Individuals Served by ATT FSP



Successes:

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

Challenges:

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

Goals:

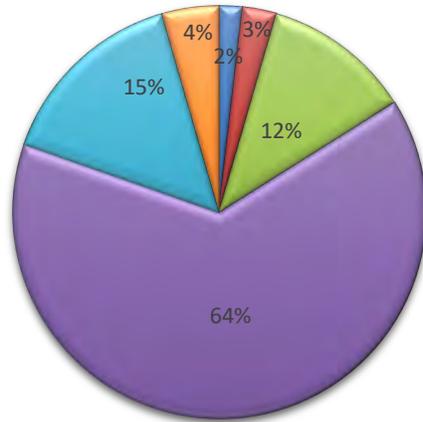
Increase healthy recovery offering more extensive opportunities and choices for consumers. Provide increased support for consumers to obtain identified goals.

Program Name: Older Adult FSP	Napa County Comprehensive Services for Older Adults (CSOA)
Number Served (7/1/17 to 6/30/18): Ages 60+: 34 FY18-19 Consumers Served Projection: 35	FY 17-18 Funding from MHSA: \$341,625 Cost per person served: \$341,625/34= \$10,047.79

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 17-18, 16 or 47% identified as female, 18 or 53% as male. Out of the 34 individuals, 2 identified as Veterans.

Adult FSP FY17-18 Demographics



■ Asian
 ■ Black or African American
 ■ Other
 ■ White
 ■ Hispanic
 ■ Native American

Successes:

There were 17 individuals discharged during this reporting period: 3 met their goals, 5 moved or withdrew, 4 were non-compliant with their treatment and 2 were deceased.

Staff is currently trained in the following evidence-based practices: Cognitive Behavioral Therapy-Psychosis (CBT-P), Motivational Interviewing (MI), Milestones of Recovery Scale (MORS), Cognitive Behavioral Therapy (CBT), and Dialectical Behavioral Therapy (DBT).

Challenges:

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

Goals:

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

Program Name: Project Access

Various contractors and Mental Health Division

Number Served (6/1/17 to 6/30/18):
System Navigators: 71 unduplicated individuals served and 81 duplicated individuals reached through outreach events and brief case management. Sponsored

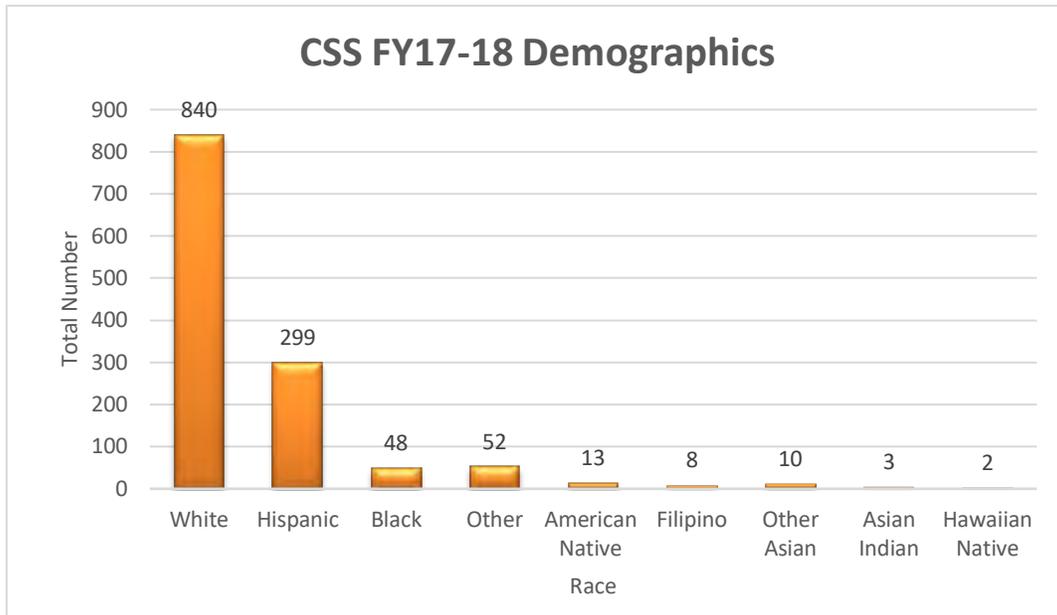
FY 17-18 Funding from MHSA: \$758,740
 Cost per person served: \$758,740. Cost per person served would be difficult to calculate for Project Access given the variety of services and outreach/engagement activities. Over 34,772

<p>activities throughout the year, saw more than 6,000 through attendance at health fairs and community outreach events.</p> <p>Co-Occurring Disorders Group: 37 individuals served by Alcohol and Drug Services Division staff.</p> <p>Innovations Community Center 368 unduplicated individuals served (This does not include family activities, preventative activities or any participants of activities outside of regular Center hours.)</p> <p>ParentsCAN: General outreach and engagement including ParentsCAN newsletter: 6190+ duplicated individuals reached.</p> <p>Network of Care: Total Visits: 21,677; 1.64 page views per visit and average visits per day 59.</p> <p>Mental Health Month: Over 500+ people engaged through Mental Health Month sponsored activities.</p>	<p>duplicated individuals served (Avg. cost per person = \$21.82)</p>
<p>Program Summary: Project Access includes a variety of programs that are focused on outreach and engagement to unserved/underserved community residents. Additionally, the Project Access is the only area that supports the Co-Occurring disorders group embedded in the Health and Human Services Agency Alcohol and Drug Services Division.</p>	
<p>Successes: MH Division staff and community partners continue to offer information about services and engage the community effectively through local events. This is evidenced by the strong relationships that are sustained with local community partners.</p> <p>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</p>	<p>Challenges: Service capacity and housing continue to be issues that impact staff ability to meet the needs of individual with mental illness.</p> <p>Identifying appropriate services and service providers for co-occurring needs such as developmental issues and mental illness can be challenging.</p> <p>A recent challenge in providing outreach in the community is the fear of ICE being somehow connected with the County – which it is not. Staff are working on strategies to change this mindset in the community.</p> <p>Challenges identified at ICC:</p>

<p>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.</p> <p>Innovations Community Center (ICC):</p> <ul style="list-style-type: none"> • The May art event at Innovations Community Center was a success. Thirty-five mothers were able to share their stories and were invited to capture their story in the creation of a personal mosaic. ICC had 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. • 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. • 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. 	<ul style="list-style-type: none"> • 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.
<p>Goals:</p> <ul style="list-style-type: none"> • Explore opportunities to work with the Whole Person Care and Community Links programs to maximize outreach and engagement services and reduce duplication as necessary. 	

- Mental Health Division staff will continue to work with the Innovations Community Center to support their efforts to develop peer staff and services for adults with mental illness.
- 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 (7/1/2017-06/30/2018): 1,275 total duplicate individuals served.	FY 17-18 Funding from MHSA: \$197,957 Cost per person served: \$197,957/1,275= \$155.26



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.

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;
- Services provided in a newly built, psychiatrically safe facility decorated with soft calming colors and comfortable furnishings;
- Provides outreach and education to local law enforcement, local Medical Center, Napa County 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

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 from the region's major medical centers providing psychiatric care.

Success story:

A 32-year-old consumer, who has had frequent contact with the CSS and numerous contacts with local Emergency Services, initially came to the CSS. Consumer presented to the CSS with psychosis, paranoia, and was not caring for his basic needs. The consumer was evaluated by the CSS team and staff collaborated with the consumer, his family, Napa County Mental Health, and Resources to get him the services he needs including Medi-Cal benefits. Several treatment options were considered for this consumer; he was evaluated through Napa County Mental health and he is now connected with intensive services. Consumer is now residing Independently. He has returned to CSS twice since his admission to visit. The availability of crisis services for this consumer have provided him the additional treatment needed at times of crisis and potentially prevented further contacts with Emergency Services, Law Enforcement, and inpatient hospitalizations.

Community Services and Supports (CSS) Housing Funds

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

Highlights

- The Mental Health Division (project sponsor) and Progress Foundation (property owner/manager) have a Memorandum of Understanding which contains agreements on service delivery, case management and crisis intervention as needed to maintain a safe and healthy environment for individuals living at the Hartle Court Apartment Complex.
- Supportive services are provided by Progress Foundation, Napa County Mental Health Division's Adult Full Service Partnership, City of Napa Homeless Outreach, Napa County Probation, Voices Emancipation Center, and the Community Connection Network.
- Since the initial opening, Progress Foundation has conducted several cycles of calls for applications for the TAY apartments to fill vacancies and is now accepting TAY applications on an ongoing basis.

Challenges

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

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. The data available for FY17-18 is limited as the projects initiated in April 2018. The last quarter of FY17-18 consisted of program development, creating logic and program models, establishing learning goals, community outreach, recruitment, and establishing a baseline understanding of the communities involved with the projects.

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 markets, 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

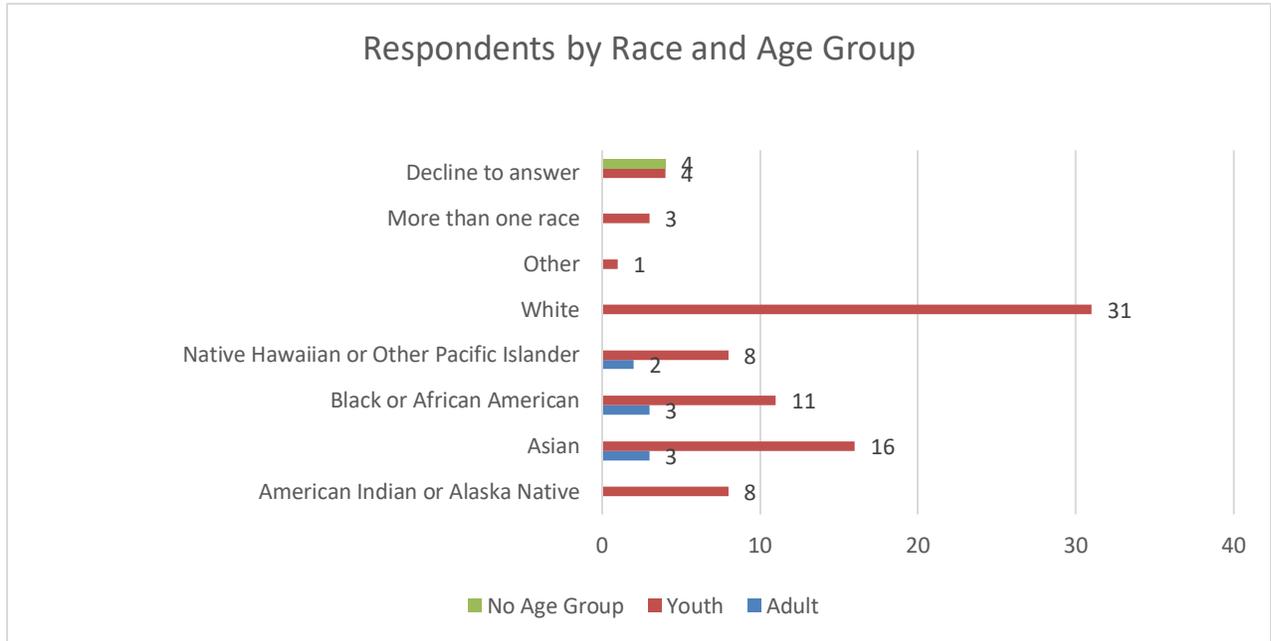
Total Respondents	Adult	Youth	Unknown Age Group
442	100	338	6

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



Ethnicity Non-Hispanic or Latino	Adult	Youth	No Age Group
African		2	
Asian Indian/ South Asian		2	
Cambodian			
Chinese	2	12	1
Easter European		2	
European	2	13	
Filipino	84	180	4
Japanese			
Korean		2	
Middle Eastern		4	
Vietnamese	1	9	
Other	8	20	
Declined to answer			1

Ethnicity Hispanic or Latino	No Age Group	Adult	Youth
Caribbean			
Central A		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.

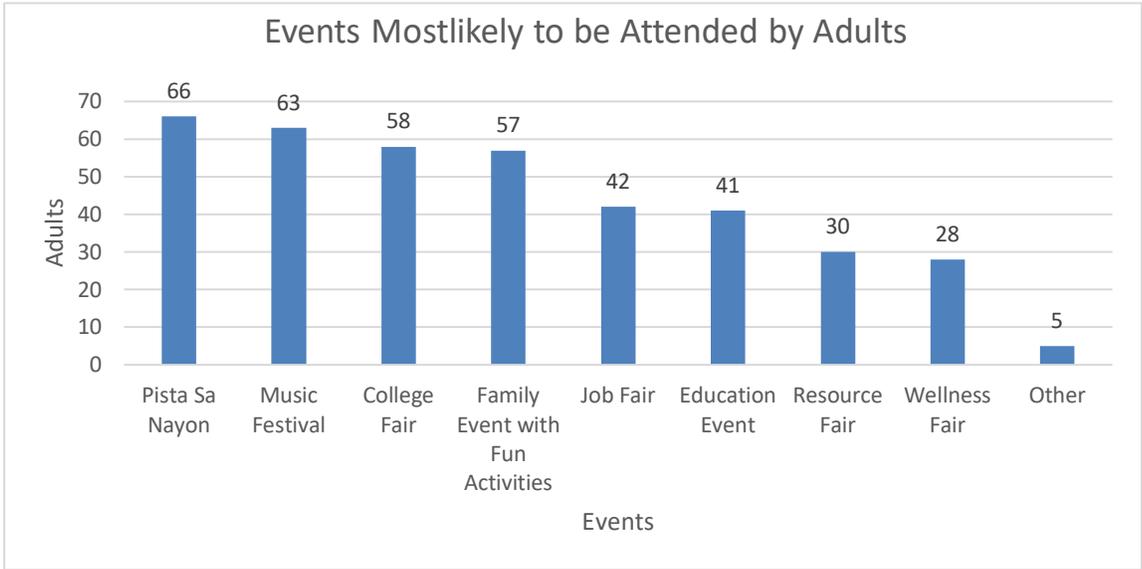
Some of the concerns identified in the survey are listed below, in no particular order. These concerns

include health, family expectations and relationships, lack of resources to Filipino families, language barriers, and lack of education on Filipino culture.

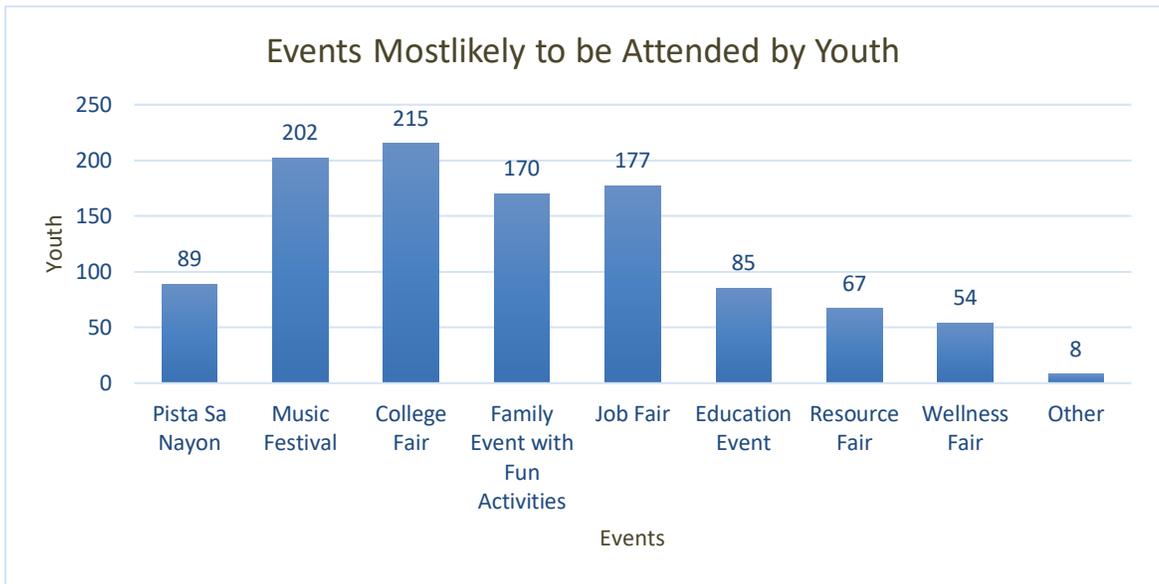
Adult Concerns	Youth Concerns
<ul style="list-style-type: none"> • Access to classes/education relevant to culture • Bullying • Bullying. Intimidation. Safety • Culture Shock • Culture/Diversity; community involvement • Diabetes, weight loss, chronic diseases • Discrimination (2 responses) • Equity • Filipino culture isn't being passed down • Filipino resources • Filipinos are not really recognized, although American Canyon is populated mostly by Filipinos • 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) 	<ul style="list-style-type: none"> • 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 • 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.



This survey will be used to 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.

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, McAllister Institute, VOICE and Aldea. The first cohort will begin in the fall of 2018.

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 developed 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 employers' 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 evaluation and sharing future learning.

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	

A screening survey was conducted during the preliminary presentations and trainings. The survey provided a baseline of participant’s understanding of ACES and how this played a role in their day to day interactions with the consumers they served. Some questions included aimed to learn about the participant’s knowledge of ACEs before and after the film, the perceived impacts of ACES on individuals and the community, the extent to which part experience of adverse ever impact respondents ability to serve their consumers and participants interest in learning about ACES. The results of the survey helped identify individuals to participate in the project’s cohort.

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. Additionally, as was stated previously on pages 12-13 the Department of Health Care Services has determined, based on their reversion calculations, that \$95,579 of WET funds from FY 07-08 have reverted.

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: 5 graduate student interns participated in the cohort this year. Number Served (7/1/17 to 6/30/18): 34 Ages 0-15: 6 Ages 16-25: 13 Ages 26-59: 15 FY18-19 Consumers Served Projection: 34	FY 17-18 Funding from MHSA: \$58,756 Cost per person served: \$1,728.11
<p>Program Summary: In FY 17-18, 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 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 provides clinical supervision, meeting with the interns for one hour per week for individual supervision and two hours per week for group supervision and also reviews and gives feedback on intern’s case notes and documentation. The Coordinator 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 on a daily basis.</p>	

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 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 included two African American women, one Latina women fluent in Spanish and one White woman.

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.

Goals:

- Continue to offer the Internship Program and fill the spots.
- Transition Internship Program to sustainable MH Division funds

Capital Facilities/Technology Needs (CFTN)

Local stakeholders had previously approved utilization of Capital Facilities Funds for the purchase and renovation of property at 3281 Solano Avenue in the City of Napa for the Adult Resource Center now known as the Innovations Community Center and operated by On The Move, Inc. Stakeholders had also previously approved use of Technological Needs funds for important upgrades to the Mental Health Plan's Anasazi Electronic Health Record (EHR). A balance of \$439,814 in unspent previously approved Capital Facilities/Technological Needs funds was approved by stakeholders in the FY 16-17 Annual Update to the Three Year Plan for expenditure on the following projects.

Capital Facilities

The Division utilized \$179,957 Capital Facilities to continue supporting the new Crisis Stabilization Services (CSS; aka Crisis Stabilization Unit or CSU) facility, which was primarily funded through a grant from the California Health Facilities Finance Authority's (CHFFA) Investment in Mental Health Wellness Act (IMHWA) Grant.

The CHFFA IMHWA grant, MHSA CF funds and other funds helped established the first Crisis Stabilization Unit (CSU) in Napa County, which is known as the Crisis Stabilization Services Program (CSSP) and now provides immediate short-term emergency psychiatric services to individuals experiencing a psychiatric/mental health crisis. The CSSP builds upon the Division's continuum of crisis services which includes Crisis Residential Services, and a Crisis Triage Program. The CSSP opened its doors on May 3, 2017.

Technological Needs (TN)

The Mental Health Division's Big Data project seeks to create a central repository for data from disparate systems and tools to be used for analyzing service delivery, program effectiveness, and client demographic composition. The Mental Health Division would benefit by having easy access to data from EHR as well as other agency systems that currently cannot share information to use in analysis, reports, and grant development. Mental Health Division analysts would also have access to comprehensive consumer data in a variety of formats both to perform person specific analysis as well as access to population level, de-identified data. The project was to include data matching at the repository level to improve quality as well as the creation of a universal ID for ongoing updates. The development of an in-house solution would allow greater flexibility to engineer a custom program that would have wider application within the agency, including building a consistent mechanism for exchanging data in a secure environment, which is a mandated goal of the Affordable Care Act. The long-term implications of developing an in-house solution is that it could eventually be used to generate a variety reports (required and otherwise) from a central location and which would include data from a collection of systems, a task which is challenging at this time as there is no easy way to extract, manipulate and match data to create a comprehensive, agency-wide consumer database.

Since the time the Big Data Project was approved by local stakeholders, the MH Division has identified the need to upgrade the Mental Health Plan's Electronic Health Record (EHR) Software as Anasazi, the Mental Health Plan's current EHR, will be discontinued by the parent company, Cerner. The MH Division continues to work towards adoption of a new Electronic Health Record to replace Anasazi and is devoting staff time, purchasing peripherals and equipment for staff and other preparations that are needed to make a seamless transition to the new software.

Reversion of CF/TN Funds

Before that purchase could be completed, the MH Division received notice from DHCS that had identified \$145,770 in CF/TN funds that had reverted, which was caused by DHCS establishing a different date for reversion than had been identified by MH Division and HHSF Fiscal staff as well as accrued interest to these reverted CF/TN funds, which is part of ongoing discussions between DHCS staff and HHSF Fiscal staff, who have determined that \$171,773 is subject to reversion using the proscribed AB114 methodology. The Mental Health Division has developed a Plan to Spend Reverted/Reallocated MHSA CF/TN Funds in FY 18-19 and FY 19-20. The MH Division intends to use these funds to upgrade the Mental Health Plan's EHR software and to pay for related staff training, equipment, support, and maintenance costs for transition to the new EHR system. The MH Division may also spend some or all of these reverted CF/TN funds on a Big Data Project, which had been previously approved by stakeholders, but was put on hold due to technical difficulties. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount by DHCS \$145,770 in reverted CF/TN funds, the actual amount received was \$171,773 as projected by HHSF Fiscal staff.

**FY 2019/20 Mental Health Services Act Annual Update
Funding Summary**

County: Napa

Date: 5/29/19

	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 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,368,353	553,886	1,119,636	54,204	94,836	
2. Estimated Prior Year Reversion			(844,141)	(95,619)	(145,770)	
3. Estimated New FY 2019/20 Funding*	4,900,368	1,070,875	290,401	660	2,187	
4. Transfer in FY 2019/20 ^f	0			0	0	0
5. Access Local Prudent Reserve in FY 2019/20	0	0				0
6. Re-distributed Reversion Funds			844,141	95,619	145,770	
7. Estimated Available Funding for FY 2019/20	7,268,721	1,624,761	1,410,037	54,864	97,023	
B. Estimated FY 2019/20 MHSA Expenditures	4,459,912	1,038,827	694,088	54,864	97,023	
G. Estimated FY 2019/20 Unspent Fund Balance	2,808,809	585,934	715,949	(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, 2019	914,402
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	914,402

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

**Mental Health Services Act (MHSA)
Community Services and Supports (CSS) Funding**

Initial Date: 6/30/2017
Revision Date: 5/29/19

County: Napa

	Fiscal Year 2019-20					
	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	954,434	396,316	545,518			12,600
2. TAY FSP	142,786	39,300	103,486			
3. Adult FSP	1,143,650	773,931	325,719			44,000
4. Adult Treatment Team FSP	326,318	221,083	99,535			5,700
5. Older Adult FSP	640,401	357,211	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	667,452	662,552				4,900
3. Admin	758,859	728,259				30,600
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
CSS Administration	1,031,260	1,031,260				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,915,160	4,459,912	1,349,648	0	0	105,600
FSP Programs as Percent of Total	71.9%					

**Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Funding**

County: Napa

Initial Date: 6/30/2017
Revision Date: 5/29/19

	Fiscal Year 2019-20					
	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	195,942	179,942				16,000
PEI Assigned Funds - CalMHSA	54,200	54,200				
Total PEI Program Estimated Expenditures	1,054,827	1,038,827	0	0	0	16,000

**Mental Health Services Act (MHSA)
Innovations (INN) Funding**

County: Napa

Initial Date: 6/30/2017
Revision Date: 5/29/19

	Fiscal Year 2019-20					
	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	112,068	112,068				
2. Napa Valley Education Foundation	139,173	139,173				
3. COPE - ACE's	145,000	145,000				
4. On The Move- Work for Wellness	105,344	105,344				
5. Suscol Intertribal Council	101,970	101,970				
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	90,533	90,533				
Total INN Program Estimated Expenditures	694,088	694,088	0	0	0	0

**Mental Health Services Act (MHSA)
Workforce, Education and Training (WET) Funding**

County: Napa

Initial Date: 6/30/2017
Revision Date: 5/29/19

	Fiscal Year 2019-20					
	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	41,200		28,000			13,200
2. Staff Development	42,334	42,334				
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	12,530	12,530				
Total WET Program Estimated Expenditures	96,064	54,864	28,000	0	0	13,200

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**

County: Napa

Initial Date: 6/30/2017
Revision Date: 5/29/19

	Fiscal Year 2019-20					
	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	84,368	84,368				
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	12,655	12,655				
Total CFTN Program Estimated Expenditures	97,023	97,023	0	0	0	0

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

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Napa

- FY19-20 Annual Update to the MHSA Three-Year Plan for FY17-18 to FY19-20
- MHSA Three-Year Program and Expenditure Plan for FY 20-21 to FY 22-23

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 this FY 19-20 Annual Update to Mental Health Service Act Three-Year Program and Expenditure Plan for FY 17-18 to FY 19-20 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.

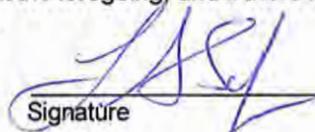
Sarah O'Malley
Local Mental Health Director (PRINT)

 7/21/20
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)

 7/22/20
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)

Mental Health Board Zoom Meeting and Public Hearing Minutes

April 13, 2020, 4:00 to 6:00

Chair:	Kristyn Miles	Vice Chair:	Beth Nelsen
Minutes:	LuAnn Pufford, Sr. Office Assistant		

---- Agenda Topics ----

1. Call to Order

The Zoom meeting was called to order at approximately 4:02 p.m. by Chair Kristyn Miles.

2. Roll Call/Introductions

The Napa County Mental Health Board (MHB) met in regular session on Monday, April 13, 2020, with the following members present: Chair Kristyn Miles, Vice Chair Beth Nelsen, Supervisor Ryan Gregory, Kathleen Chance, Theresa Comstock, Kristine Haataja, Tiffany Iverson, Rowena Korobkin, Robert Palmer and Shari Staglin. Member Summer Thompson was excused. Members Frank Dolan, Zachariah Geyer, Mirna Leiva-Gullord and Rocky Sheridan were absent.

Napa County Staff present: Felix Bedolla, Mental Health Services Act (MHSA) Project Manager, LuAnn Pufford, Sr. Office Assistant; Sarah O'Malley, Mental Health Director, Liset Esqueda, MHSA Staff Services Analyst.

3. Public Comment

None

4. Board Member Comment or Announcements

None

5. Approval of Minutes and Consent Items

A motion to approve the minutes from the March 9, 2020 meeting was made by member Theresa Comstock. The motion was then seconded by member Shari Staglin. Each member was individually asked to vote on approval of the minutes. The motion passed with all Ayes (Yes); no members were opposed or abstained.

**See list of members under item 2 Roll Call/Introductions.*

6. Old Business

A. None

7. New Business

- A. The Public Hearing opened at approximately 4:16 pm. Chair Kristyn Miles read the following statement: "Pursuant to California Welfare and Institutions Code Section 5847 (a), (b), (c) and (d), and Section 5848, the Mental Health Director is submitting for review and comment the Mental Health Division's Mental Health Services Act (MHSA) FY 2019-20 Annual Update to Three Year Plan for FY 2017-18 to FY 2019-20 and MHSA Three Year Plan FY 2020-2021 through FY 2021-2023".

MHSA Project Manager Felix Bedolla gave a brief overview of the highlights of the FY 19-20 Annual Update to the Three Year Plan for FY 17-18 to FY19- 20, particularly the plans to spend reverted/reallocated Napa County MHSA funds and MHSA funding projections in light of the current situation of the Covid-19 pandemic. He commented that several questions regarding these plans were submitted in writing, including some questions on the data in the reports. Mr. Bedolla acknowledged that there were some gaps in the data to be addressed. A response to these questions is forthcoming.

Mr. Bedolla also commented that the California Behavioral Health Director's Association is reaching out to the MHSAOAC to request flexibility for counties to utilize reverted MHSA funds due to the Covid-19 pandemic and Shelter in Place requirement. It is intended that both plans will be submitted to the State Mental Health Services Oversight and Accountability Commission (MHSAOAC) by June 30th, 2020. The discussion was then opened to questions from meeting participants.

MHB member Theresa Comstock asked if there would be performance outcome data for the Community Services and Supports (CSS) component, similar to the performance outcome data reported for Prevention and Early Intervention (PEI). Mr. Bedolla responded that yes, this would be addressed in future updates. Ms. Comstock also inquired about the community program planning process. Mr. Bedolla explained what was done in terms of outreach and program planning, the challenges faced and that this information will also be included.

MHB member Kristine Haataja asked whether or not there would be an opportunity for the MHB to participate in an oversight committee; she volunteered to be a participant.

MHB member Kathleen Chance had a question on the PEI Component information listed on page 4 of the FY 19-20 Annual Update to the Three Year Plan for FY 17-18 to FY19- 20. Specifically, she asked for an explanation of the Parent Teachers Home Visiting Program model. MHSA Staff Services Analyst Liset Esqueda explained the difference between the previous home visitation program and this new model focusing on a family setting in which parents are more engaged with the children for ages zero to five.

MHB member Robert Palmer asked about current and future housing initiatives, and whether or not is it known exactly how much of a shortfall there is in housing in Napa County. Mr. Bedolla spoke about the current Heritage House project, the possibility of housing at the former county Health & Human Services Agency site on Old Sonoma Road, and possible supportive housing associated with the future Napa Pipe project.

No additional questions were posed by the MHB members or public guests. The Public Hearing was officially closed at approximately 4:44 pm.

- B. Mental Health Director Sarah O'Malley shared with the MHB the Mental Health Division's response to the Covid-19 pandemic situation in Napa County. Both MH Director O'Malley and her colleague, Assistant Deputy Director Courtney Vallejo serve on the Napa County Emergency Operation Center as needed. The following programs and mental health services are in place.
- Mental Health telephone "warm line" which is staffed by mental health therapists in our Access program
 - Mental Health crisis line available 24 hours a day, seven days per week

- Limited staff on site at the Health & Human Services Agency, Mental Health Division
 - Mental Health services for the homeless temporarily located on site at the Wine Valley Lodge
 - Mental Health Division Medication Clinic is open, but primarily providing tele-health services
 - Mental Health Access program is offering mental health assessments by phone
 - Mental Health Division counselors and therapists working with clients via tele-health appointments
 - Grief counseling is available for those impacted by the Covid-19 virus
- C. Committee and Work Group updates were as follows:
- Quality Improvement Committee: Kristine Haataja – The April meeting was cancelled.
 - Stakeholder Advisory Committee: Kristine Haataja – April's meeting took place by phone. The Suscol Tribal Innovations project update was very interesting
 - Suicide Prevention Council: Kristyn Miles – The April meeting was cancelled; however, Supervising Mental Health Counselor Carolina Mariposa sent out via email an update with information on suicide prevention resources for the community.
- D. Member Theresa Comstock shared the following information:
The CALBHBC website has a two page Issue Brief posted online which highlights key components of suicide prevention, lists vulnerable groups and promising practices.
On Saturday, April 18th there is a Bay Area Regional Meeting and Training by teleconference. The meeting runs from 10 am to noon, with the training from 12:30 to 3:30 pm. MHB members are encourage to attend.

For more information, please visit the CALBHBC website at: www.calbhbc.org

8. Announcements & Informational Items

- A. Speaker Schedule Plan for FY2019-2020
1. Youth Mental Health Services
 2. Non-Profit Organizations and MH Services in Napa
 3. MHSA Innovations Project Updates
 4. Exodus Recovery Crisis Services
 5. Innovations in Mental Health Service Delivery: Tele-Health, Tele-Psychiatry, Text Based Services
- B. Napa County **Mental Health Board web page** includes Executive Committee and Board meeting agendas, minutes & supporting documents: <http://www.countyofnapa.org/HHSA/MentalHealthBoard/>
- C. Next **MH Board Meeting**, May 11, 2020, 4:00 to 6:00pm, by Zoom teleconference or at Napa County Health & Human Services Agency, 2751 Napa Valley Corporate Drive, Building A, 1st Floor, Oak Conference Room
- D. Next **Executive Committee Meeting**, TBD, by Zoom teleconference or at Napa County Health & Human Services Agency, 2751 Napa Valley Corporate Drive, Building A, 1st Floor, Manzanita Conference Room.

9. Adjournment

A motion to adjourn the meeting was made by member Kristine Haataja and was seconded by Rowena Korobkin. The motion passed with all Ayes. The meeting adjourned at approximately 5:03 pm.