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# MHSA Innovation Round 2 Planning: Data Resource List

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*Note: These resources can be used to find more information as you prepare your responses to Questions 2, 3 and 6 on the Innovation Project Plan. This document will be updated periodically as additional resources are identified. Please check back weekly for updates at [MHSA Components](#) or <http://tinyurl.com/jh6wvu4> . This document will be final on Friday, November 18, 2016 at 12 noon.*

**This section includes current information about the mental health needs of individuals and communities in Napa County. It is not complete. You are welcome to use additional and/or alternate sources for your Innovation Project Plan.**

Needs Assessment/Data Source	Description	Location	Contact
2013 HHS Live Healthy Napa County Health Assessment	Review of the overall health needs of Napa County residents, including mental health	<a href="http://www.countyofnapa.org/lhnc/">http://www.countyofnapa.org/lhnc/</a>	Jennifer Palmer (707) 253 - 4297 <a href="mailto:jennifer.palmer@countyofnapa.org">jennifer.palmer@countyofnapa.org</a>
Public Health GIS Maps	Review of how social determinants of health are distributed by census tract in Napa County.	<a href="http://www.countyofnapa.org/publichealth/data/">http://www.countyofnapa.org/publichealth/data/</a>  <a href="http://www.livehealthynapacounty.org/data-and-maps.html">http://www.livehealthynapacounty.org/data-and-maps.html</a>	Jennifer Henn 707.299.2155 <a href="mailto:Jennifer.Henn@countyofnapa.org">Jennifer.Henn@countyofnapa.org</a>
California Healthy Kids LGBT Student Results and Comparison 2013-14	Review of LGBT student responses to health questions.	<a href="http://www.lgbtqconnection.org/napa-county-lgbtq-needs-assessment-201213">http://www.lgbtqconnection.org/napa-county-lgbtq-needs-assessment-201213</a>	Ian Stanley (707) 363-0605 <a href="mailto:ian@lgbtqconnection.org">ian@lgbtqconnection.org</a>

Needs Assessment/Data Source	Description	Location	Contact
Napa County LGBTQ Needs Assessment 2012-13	Data about the Needs of the LGBTQ community in Napa County	<a href="http://www.lgbtqconnection.org/napa-county-lgbtq-needs-assessment-201213">http://www.lgbtqconnection.org/napa-county-lgbtq-needs-assessment-201213</a>	Ian Stanley (707) 363-0605 <a href="mailto:ian@lgbtqconnection.org">ian@lgbtqconnection.org</a>
Napa County School Safety and Climate Survey Findings 2012-13	Data from over 900 individuals in Napa County schools about harassment and safety issues and support for LGBTQ students on campus.	<a href="http://www.lgbtqconnection.org/napa-county-lgbtq-needs-assessment-201213">http://www.lgbtqconnection.org/napa-county-lgbtq-needs-assessment-201213</a>	Ian Stanley (707) 363-0605 <a href="mailto:ian@lgbtqconnection.org">ian@lgbtqconnection.org</a>
Mental Health System GIS Maps	Maps of Napa County that show how mental health need and services are distributed.	<a href="#">MHSA Components</a> or <a href="http://tinyurl.com/jh6wvu4">http://tinyurl.com/jh6wvu4</a>  <i>(Documents 5a1-5a12)</i>	Jim Diel <a href="mailto:James.Diel@countyofnapa.org">James.Diel@countyofnapa.org</a>
Healthy Kids Survey Data	Periodic survey of students statewide about health habits and risks.	<a href="http://chks.wested.org/reports/">http://chks.wested.org/reports/</a>	
INN survey information from current MHSA planning processes	Provider survey to reflect opinions of how well current mental health services meet current needs for Age Groups, Geographical Groups and Racial/Cultural Groups.	<a href="#">MHSA Components</a> or <a href="http://tinyurl.com/jh6wvu4">http://tinyurl.com/jh6wvu4</a>  <i>(Document 5b)</i>	Mechele Small Haggard 707.224.2700 <a href="mailto:mechele@mechelesmallhaggard.com">mechele@mechelesmallhaggard.com</a>
Summary of findings from previous INN planning process	Summarized findings about the needs of four underserved groups: Latinos, LGBTQ, Native Americans and Veterans	<a href="#">MHSA Components</a> or <a href="http://tinyurl.com/jh6wvu4">http://tinyurl.com/jh6wvu4</a>  <i>(Document 5c)</i>	Mechele Small Haggard 707.224.2700 <a href="mailto:mechele@mechelesmallhaggard.com">mechele@mechelesmallhaggard.com</a>

Needs Assessment/Data Source	Description	Location	Contact
Older Adult Survey	Two PowerPoint presentations summarizing the findings of an extensive survey done with Older Adults in Napa County.	<a href="#">MHSA Components</a> or <a href="http://tinyurl.com/jh6wvu4">http://tinyurl.com/jh6wvu4</a>  <i>(Document 5e1 and 5e2)</i>	Celine Regalia <a href="mailto:cregalia@collabriacare.org">cregalia@collabriacare.org</a> 707-258-9080  Kathleen Tabor <a href="mailto:Kmtabor@pacbell.net">Kmtabor@pacbell.net</a> 925-997-2813
Department of Finance Population Projections	Used to predict the future need for services.	<a href="http://www.dof.ca.gov/Forecasting/Demographics/Projections/">http://www.dof.ca.gov/Forecasting/Demographics/Projections/</a>	
Input from Innovation Community Center Participants	Individuals who use the Innovations Community Center were asked for their ideas about how to use innovation funding. This documents is a summary of their responses	<a href="#">MHSA Components</a> or <a href="http://tinyurl.com/jh6wvu4">http://tinyurl.com/jh6wvu4</a>  <i>(Document 5f)</i>	Mechele Small Haggard 707.224.2700 <a href="mailto:mechele@mechelesmallhaggard.com">mechele@mechelesmallhaggard.com</a>
MHSA Innovation Evaluation Inventory: Summary of Funded Innovation Projects in California	Report prepared by the California Institute for Behavioral Health Solutions to inventory Innovation projects as of July 2014.  <i>Note: These Innovation Projects were approved in the previous process and may not meet the requirements of the current process. The document is provided to share the ideas have been tried through Innovation previously.</i>	<a href="http://www.mhsoac.ca.gov/document/2016-04/mhsa-innovation-inventoryfinal-approved">http://www.mhsoac.ca.gov/document/2016-04/mhsa-innovation-inventoryfinal-approved</a>	
Maternal and Infant Health Assessment Survey (MIHA)	Information about maternal experiences and behaviors before, during and shortly after pregnancy. Based on a survey of women with a recent live birth in California.	<a href="http://www.cdph.ca.gov/MIHA">www.cdph.ca.gov/MIHA</a>	
2015 NAMI California MHSA report	Summary of programs funded in California using MHSA funding.	<a href="http://namica.org/cal-mhsa/calmhsa-reports/">http://namica.org/cal-mhsa/calmhsa-reports/</a>	

**Document Five of Eight: Data Resources**

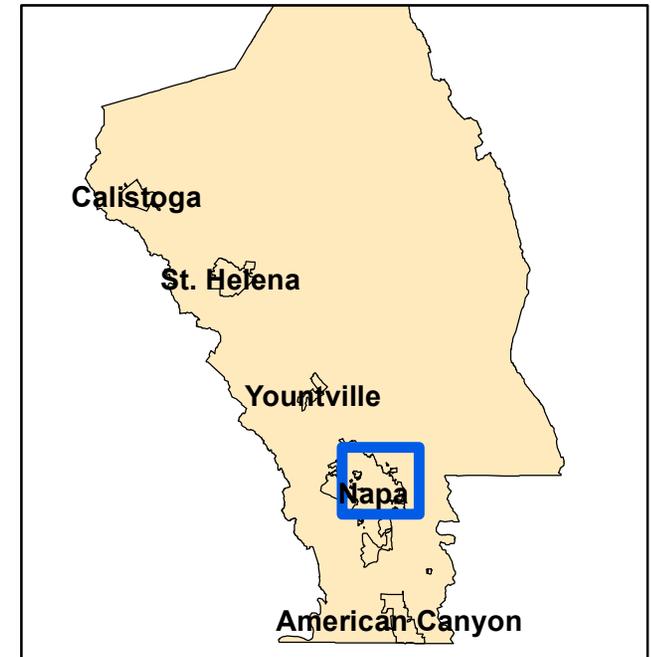
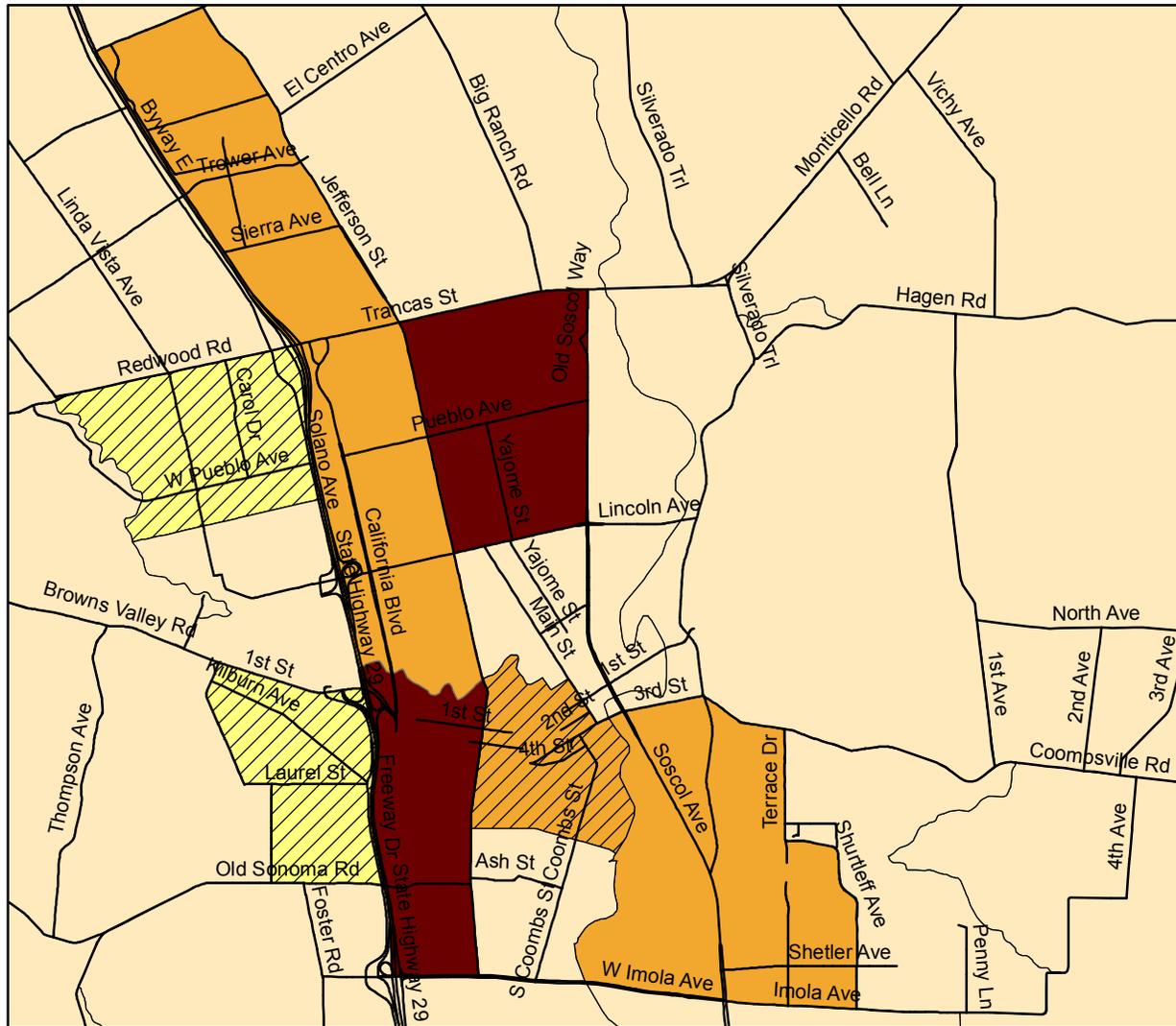
For more information see [MHSA Components](#) or <http://tinyurl.com/jh6wvu4>

This section includes current information about the Mental Health and Community Initiatives in Napa County. It is not complete. You are welcome to use additional and/or alternate sources for your Innovation Project Plan.

Mental Health and Community Initiatives /Data Source	Description	Location	Contact
HHSA Strategic Plan	Recently revised to reflect HHSA’s current priorities.	<a href="#">MHSA Components</a> or <a href="http://tinyurl.com/jh6wvu4">http://tinyurl.com/jh6wvu4</a>  <i>(Document 5d)</i>	Howard Himes <a href="mailto:Howard.Himes@countyofnapa.org">Howard.Himes@countyofnapa.org</a>
Community Health Improvement Plan 2014-2017	Plan to address identified health needs in Napa County	<a href="http://www.countyofnapa.org/lhnc/">http://www.countyofnapa.org/lhnc/</a>	Jennifer Palmer (707) 253 - 4297 <a href="mailto:jennifer.palmer@countyofnapa.org">jennifer.palmer@countyofnapa.org</a>
GradNation-America's Promise Alliance Youth Report	<p>The Center for Promise (CfP) implemented a youth-led health and wellness assessment in five cities -- Boston, Chicago, Denver, Philadelphia, and St. Paul.</p> <p>To our knowledge, this is the first youth-led assessment conducted simultaneously in multiple U.S. cities.</p> <p>This report provides new insights into the obstacles to wellness young people of color face in five cities and brings young people’s voices and views into the discussion about what affects their health and wellness.</p>	Here’s the link: <a href="#">Barriers to Wellness Report</a>	

# Rate of Anxiety Disorders Diagnoses, September 1, 2015\*

## City of Napa



0 5 10 20 Miles



### Rate per 10,000

8.9 - 11.6

11.7 - 17.5

17.6 - 23.5

Data Unstable

Data suppressed due to small numbers

Major Road

0 0.5 1 2 Miles

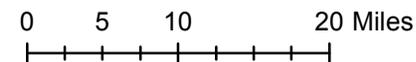
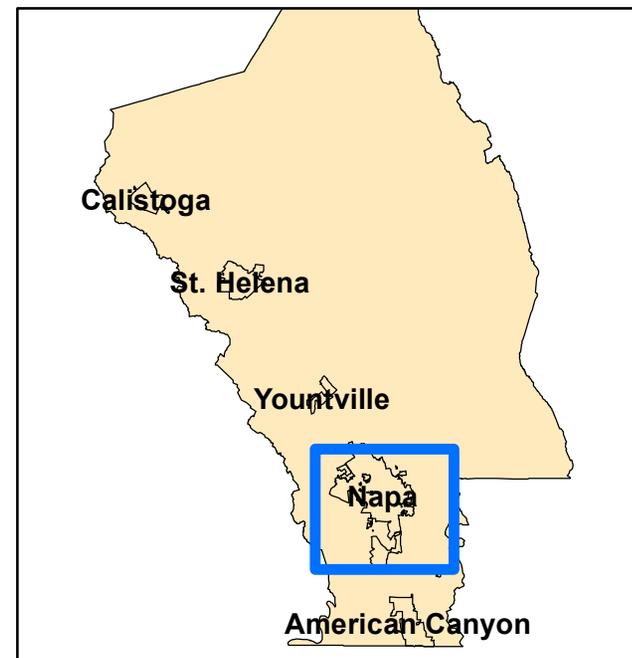
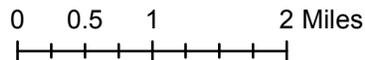
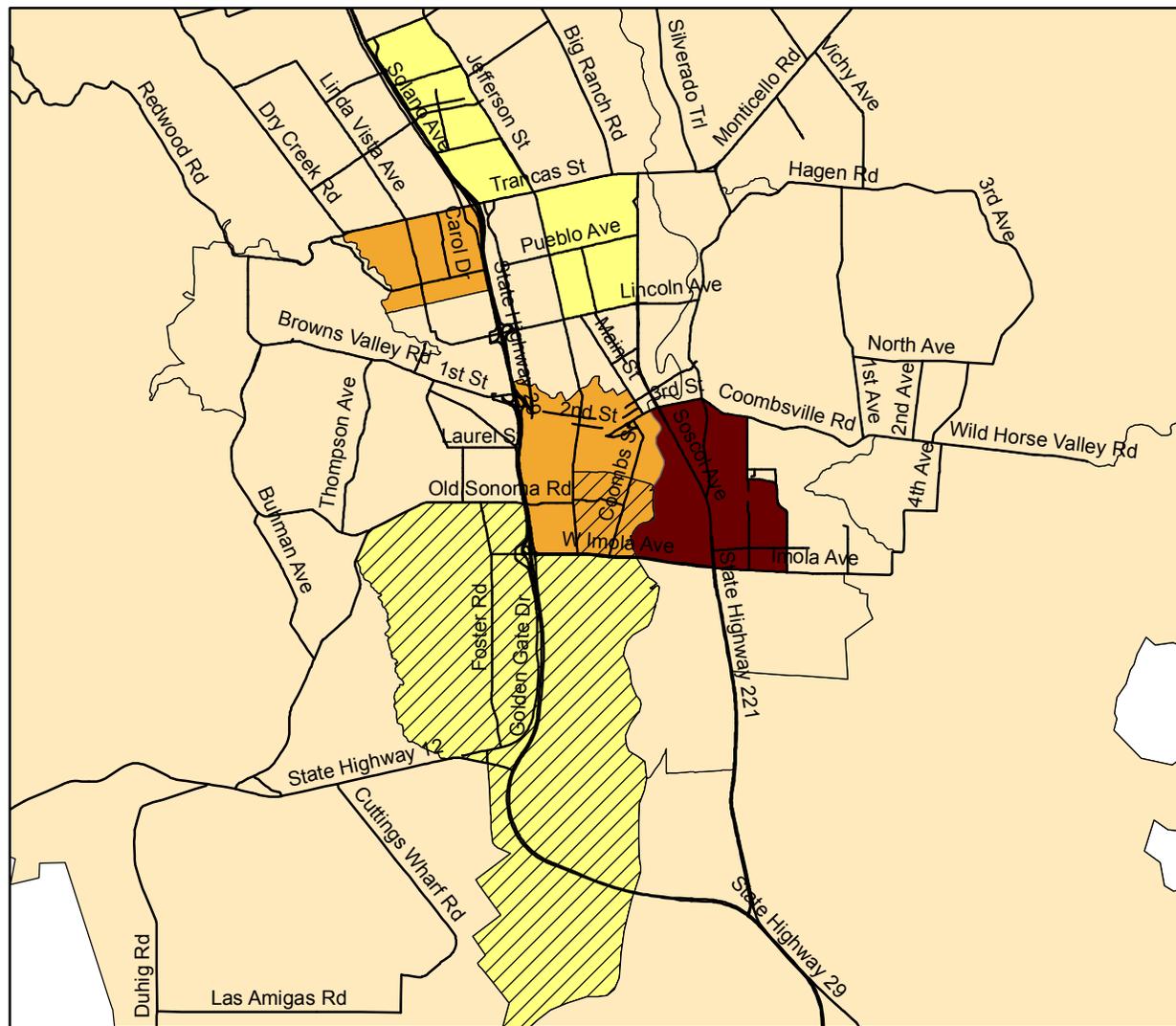
Source: Mental Health Division, September 1, 2015; 2013 ACS 5-year estimates. Diagnoses categorized using DSM-5 and input from Courtney Vallejo, Mental Health Division Utilization Review Coordinator.

Author: Kimberly Foster  
Napa County Public Health

\*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

# Rate of Bipolar and Related Disorders Diagnoses, September 1, 2015\*

## City of Napa



### Rate per 10,000

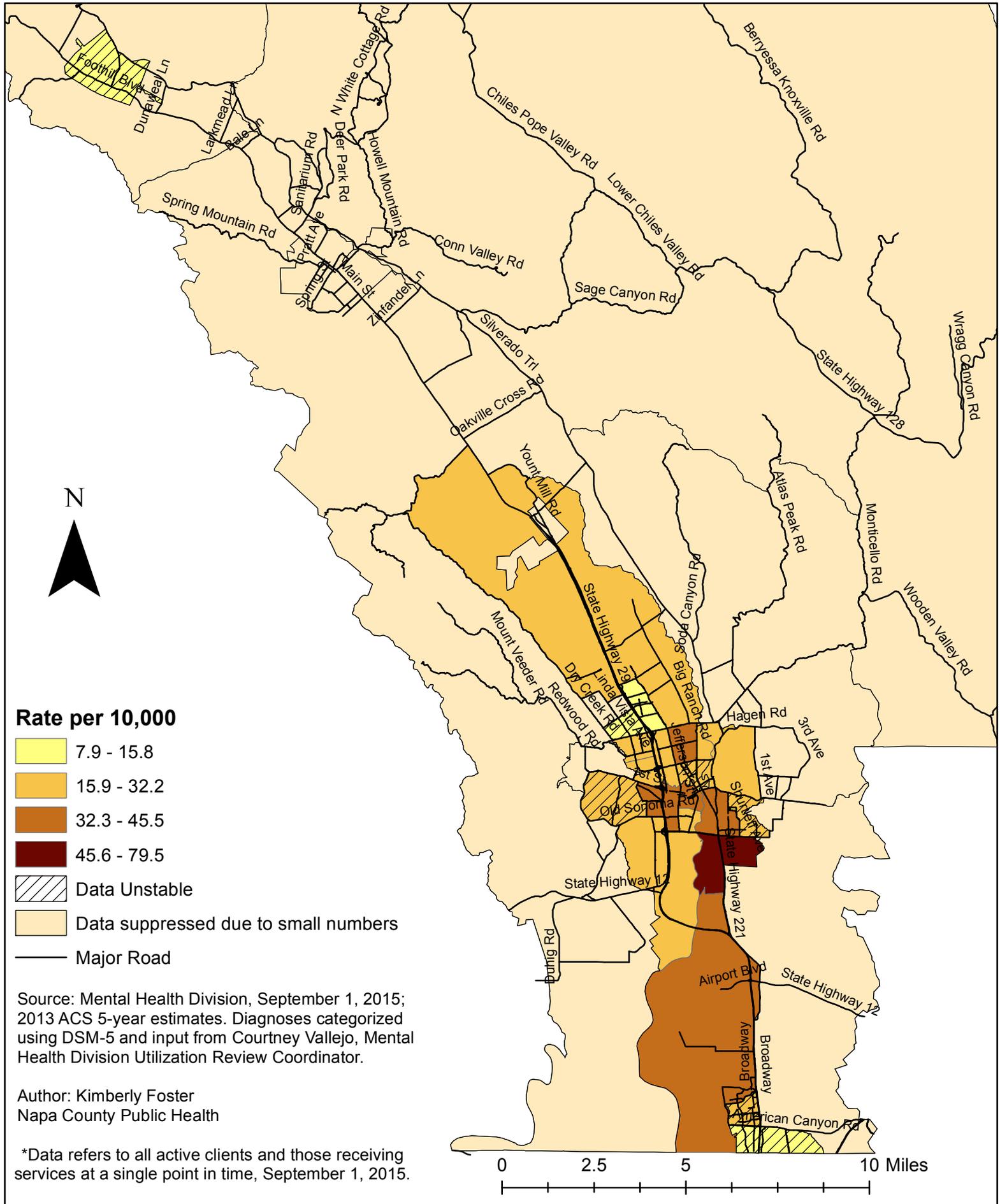
- 11.2 - 14.4
- 14.5 - 24.5
- 24.6 - 38.5
- Data Unstable
- Data suppressed due to small numbers
- Major Road

Source: Mental Health Division, September 1, 2015; 2013 ACS 5-year estimates. Diagnoses categorized using DSM-5 and input from Courtney Vallejo, Mental Health Division Utilization Review Coordinator.

Author: Kimberly Foster  
Napa County Public Health

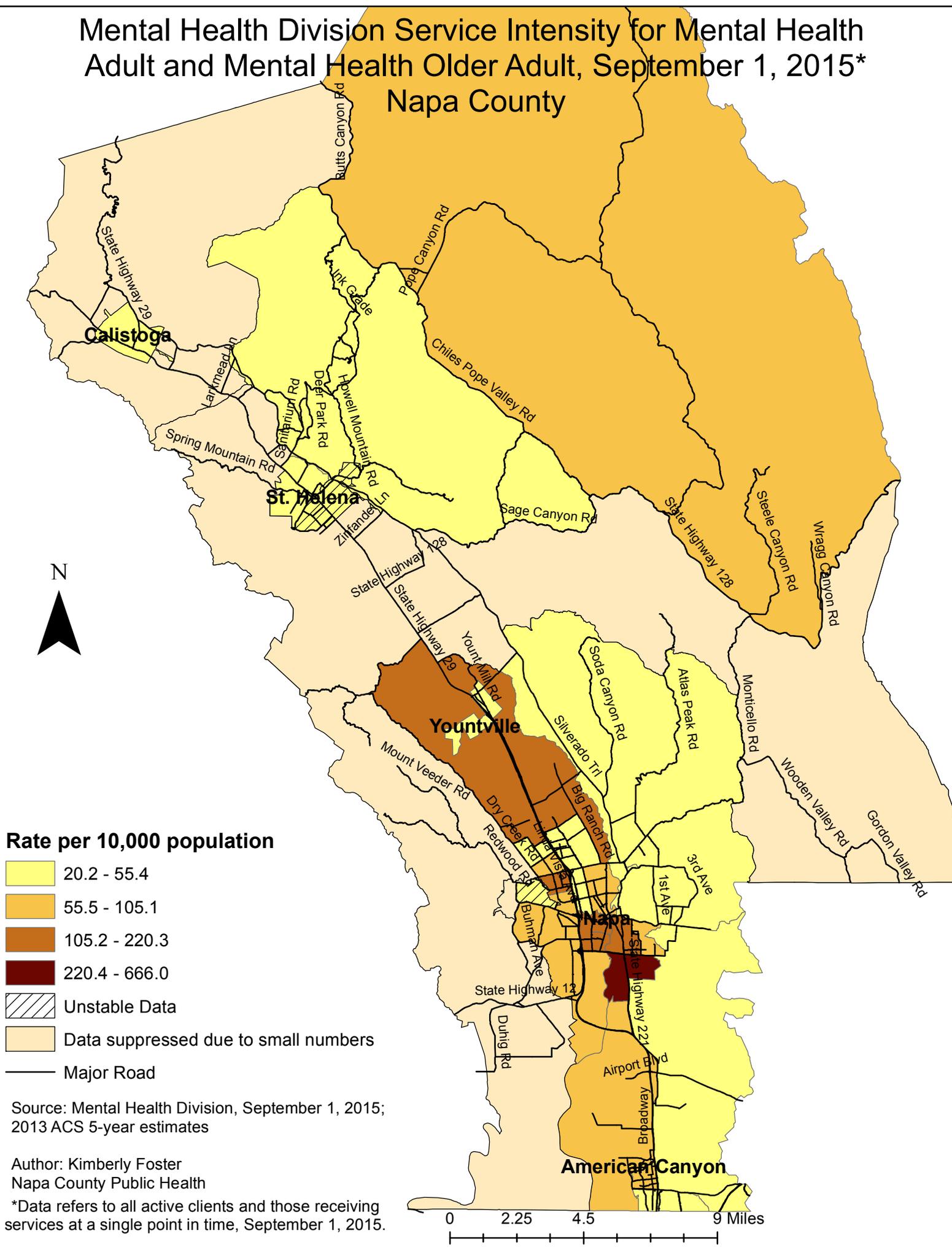
\*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

# Rate of Depressive Disorders Diagnoses, September 1, 2015\* Napa County



# Mental Health Division Service Intensity for Mental Health Adult and Mental Health Older Adult, September 1, 2015\*

## Napa County



Calistoga

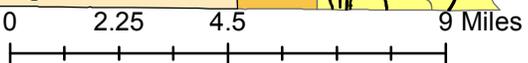
St. Helena

Yountville

Napa

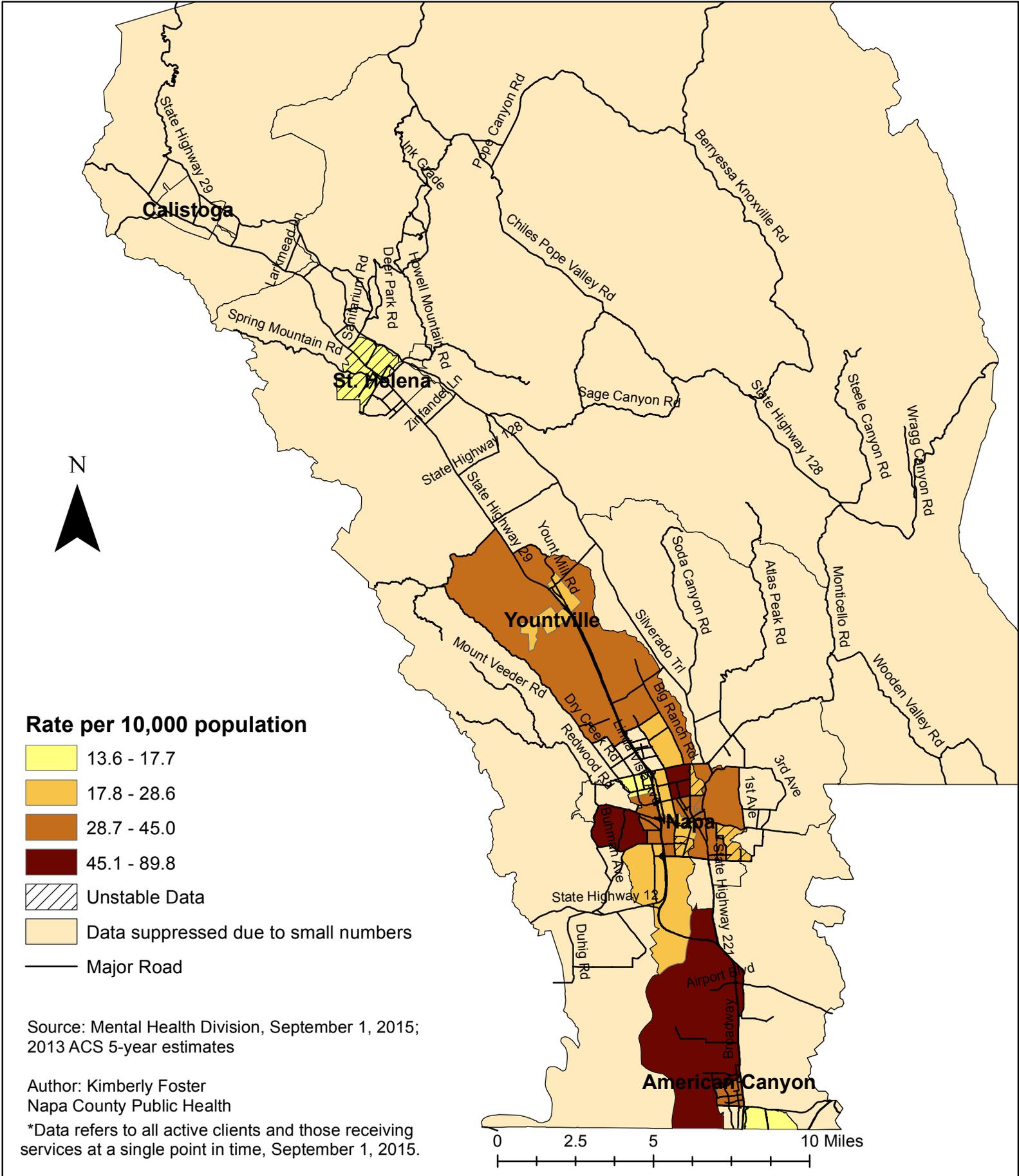
American Canyon

N



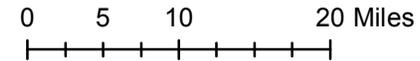
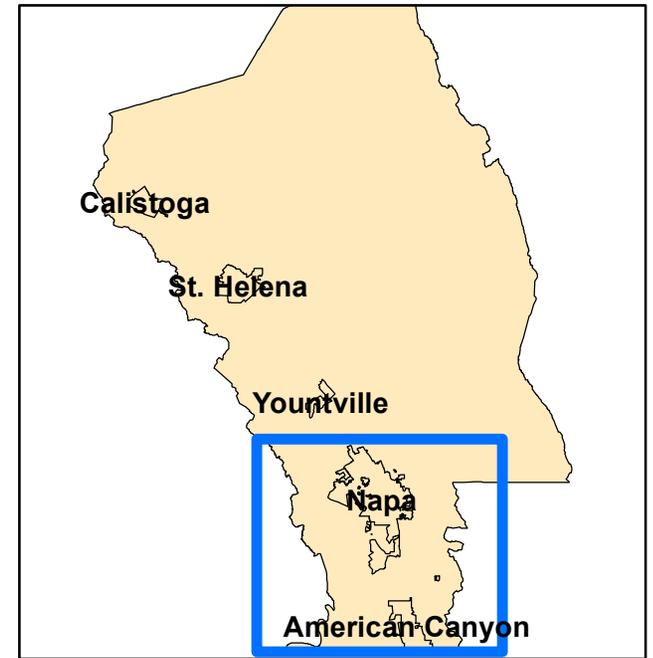
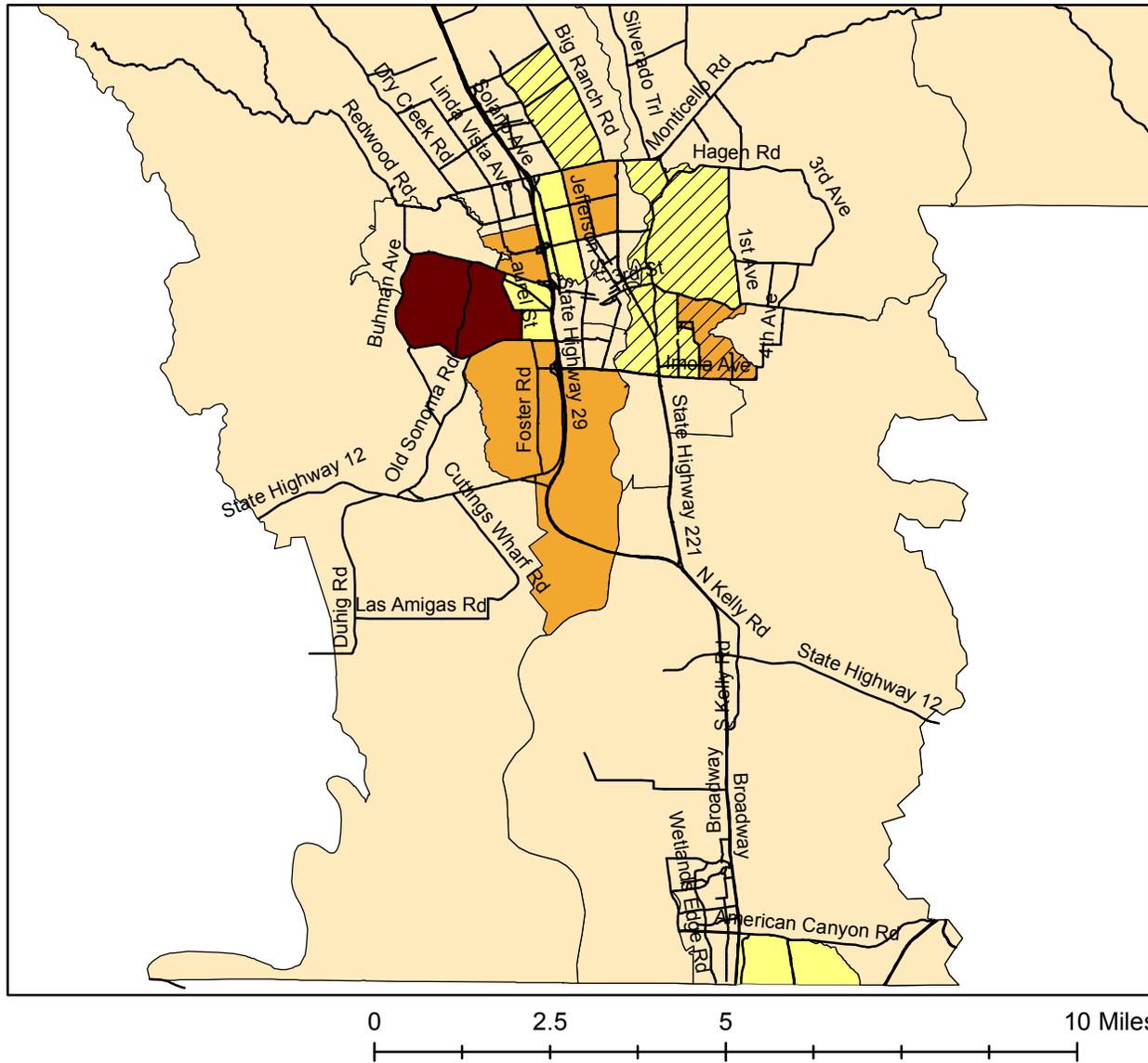
# Mental Health Division Service Intensity of Mental Health Children and TBS Units, September 1, 2015\*

## Napa County



# Rate of Neurodevelopmental Disorders Diagnoses, September 1, 2015\*

## City of Napa and City of American Canyon



### Rate per 10,000

11.5 - 14.2

14.3 - 27.0

27.1 - 41.6

Data Unstable

Data suppressed due to small numbers

Major Road

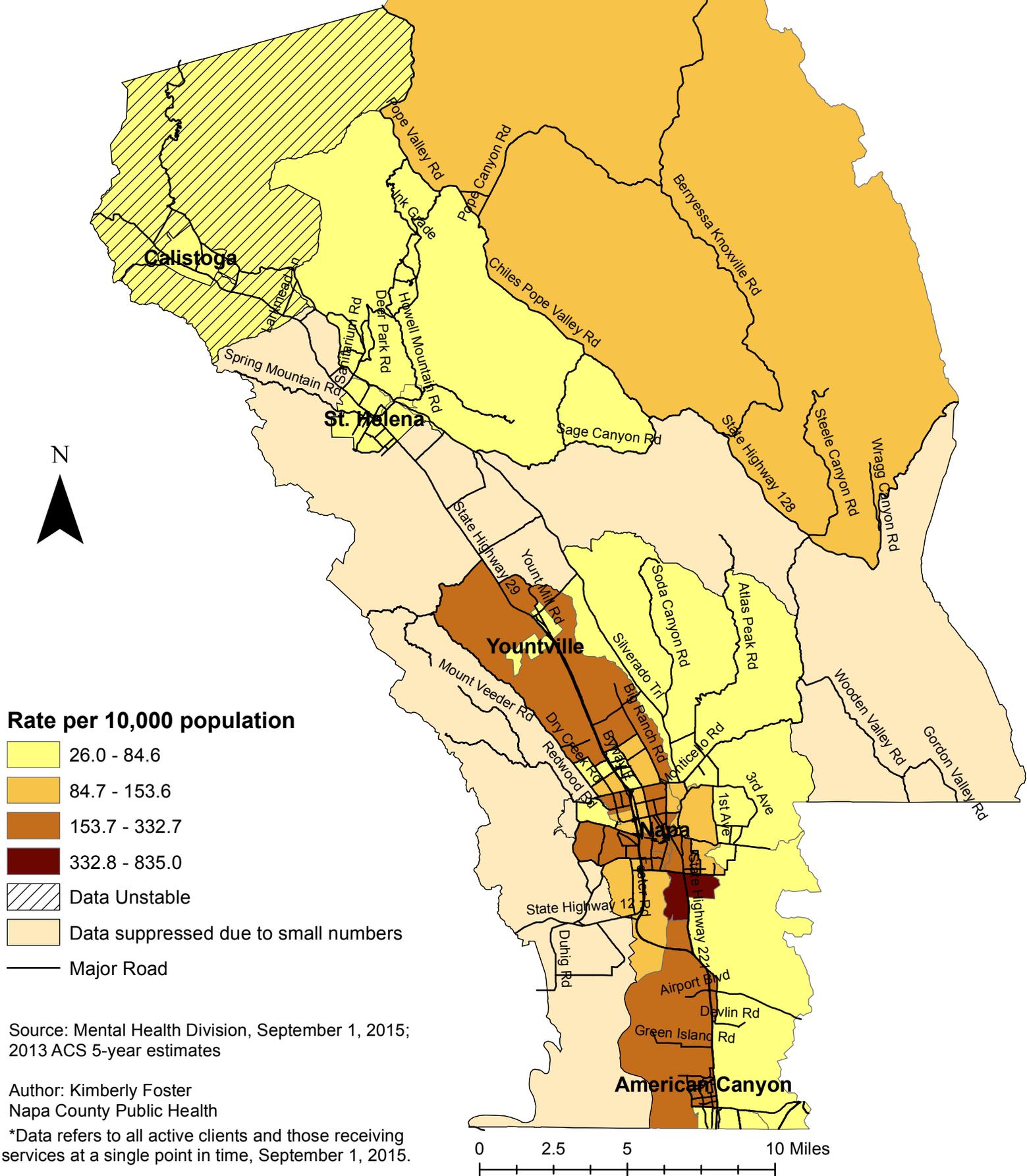
Source: Mental Health Division, September 1, 2015; 2013 ACS 5-year estimates. Diagnoses categorized using DSM-5 and input from Courtney Vallejo, Mental Health Division Utilization Review Coordinator.

Author: Kimberly Foster  
Napa County Public Health

\*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

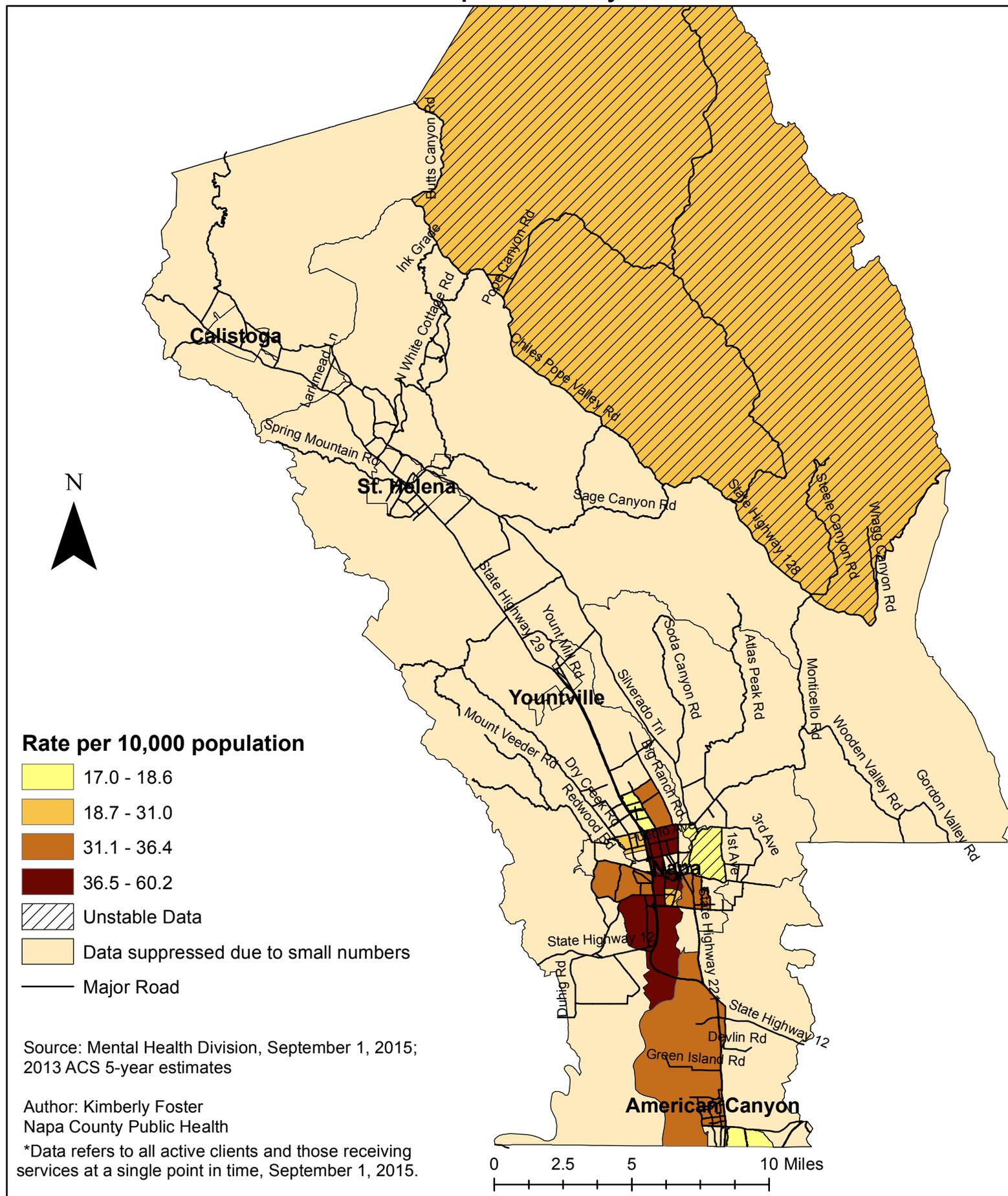
# Mental Health Division Service Intensity, September 1, 2015\*

## Napa County



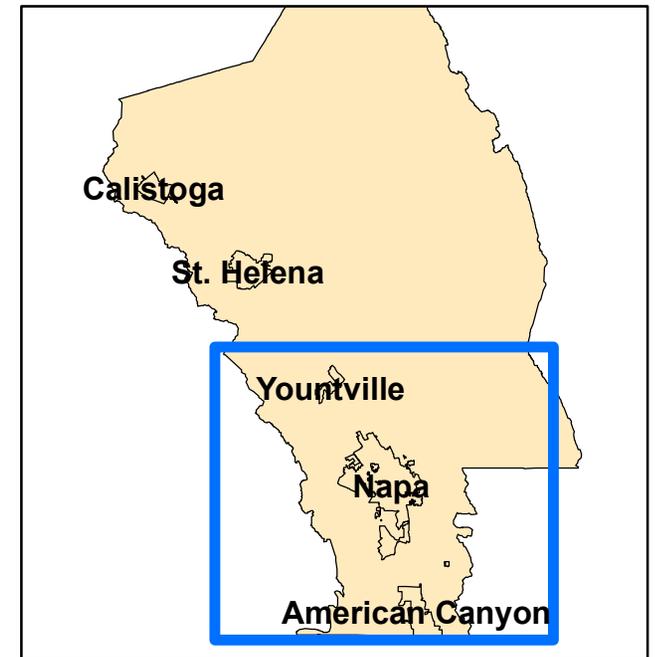
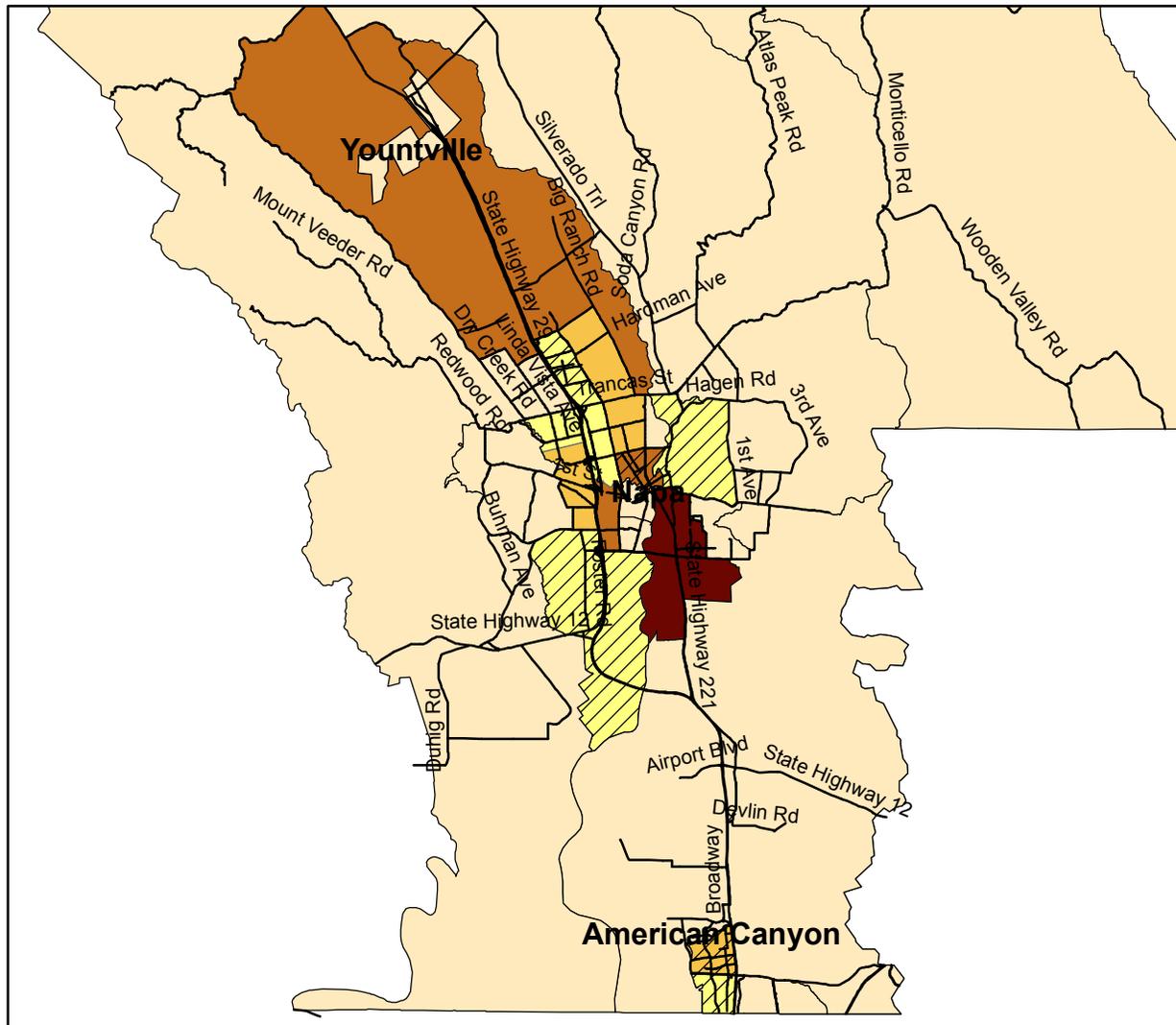
# Mental Health Division Service Intensity of Provider Mental Health Children Unit, September 1, 2015\*

## Napa County



# Mental Health Division Service Intensity for Provider Mental Health, Provider Mental Health Older Adult and Residential Mental Health Units, September 1, 2015\*

## Town of Yountville, City of Napa and City of American Canyon



0 5 10 20 Miles



### Rate per 10,000 population

- 10.3 - 14.3
- 14.4 - 21.4
- 21.5 - 39.5
- 39.6 - 99.4
- Data suppressed due to small numbers
- Unstable Data
- Major Road

Source: Mental Health Division, September 1, 2015;  
2013 ACS 5-year estimates

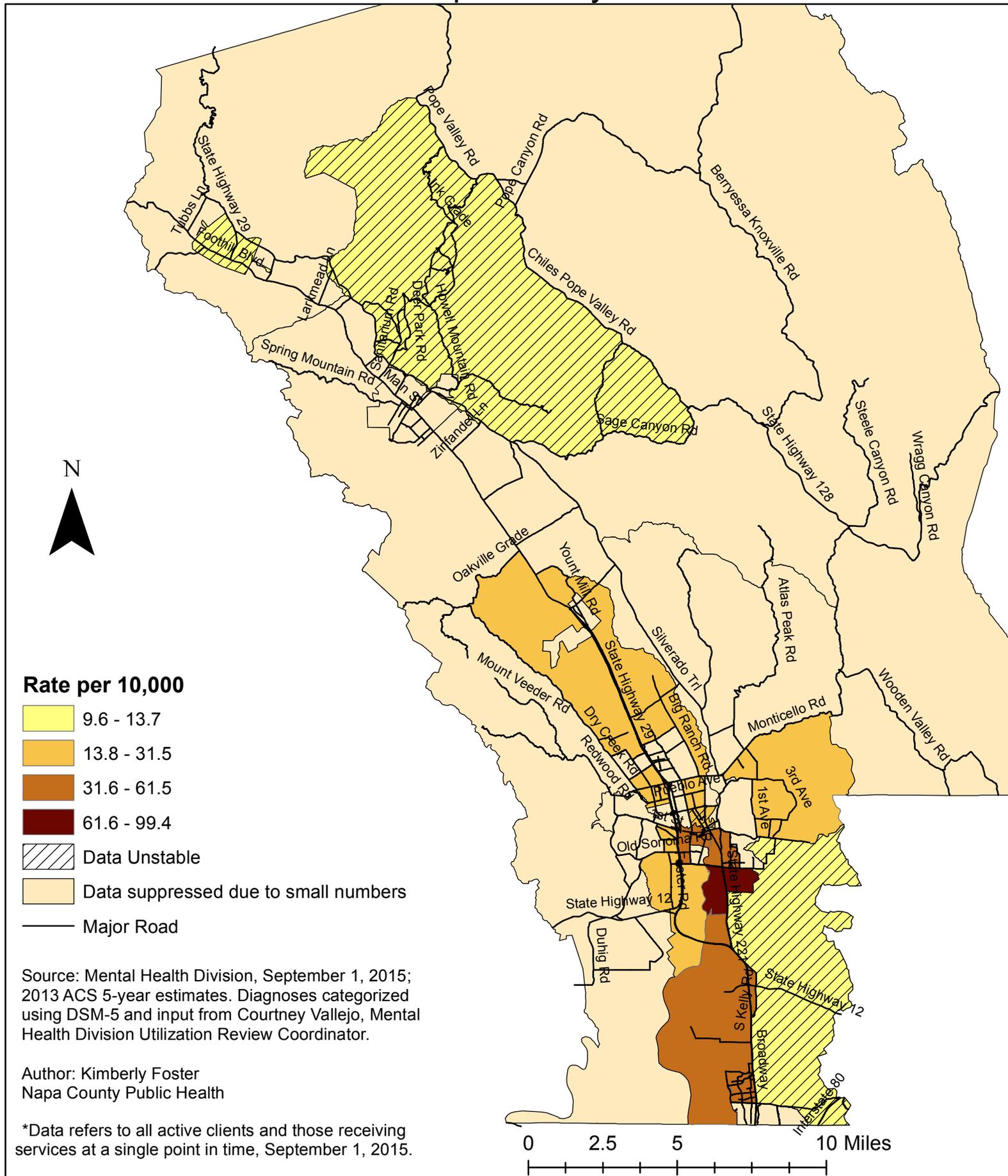
Author: Kimberly Foster  
Napa County Public Health

\*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

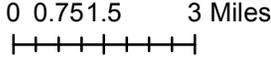
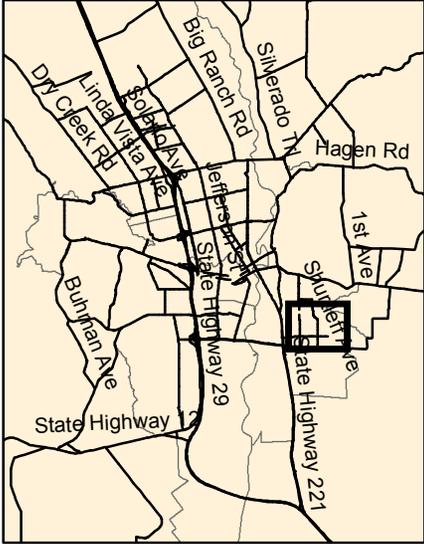
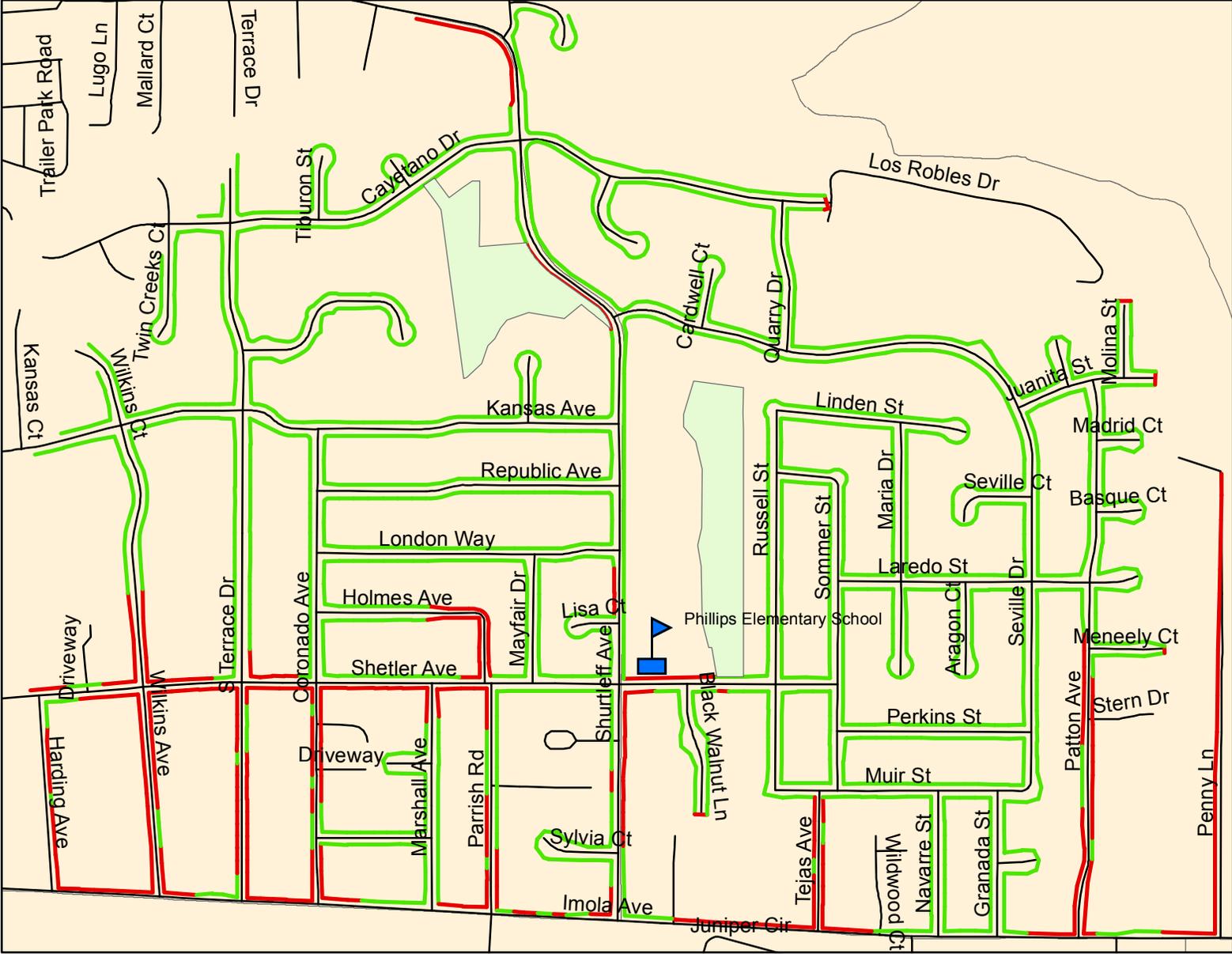
0 2.5 5 10 Miles

# Rate of Schizophrenia Spectrum and Other Psychotic Disorders Diagnoses, September 1, 2015\*

## Napa County



# Sidewalks Within a Half Mile Buffer of the Phillips Elementary School Phillips Neighborhood and the City of Napa



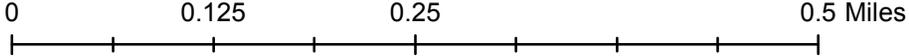
### Sidewalk Present

- no
- yes



- Park
- Road

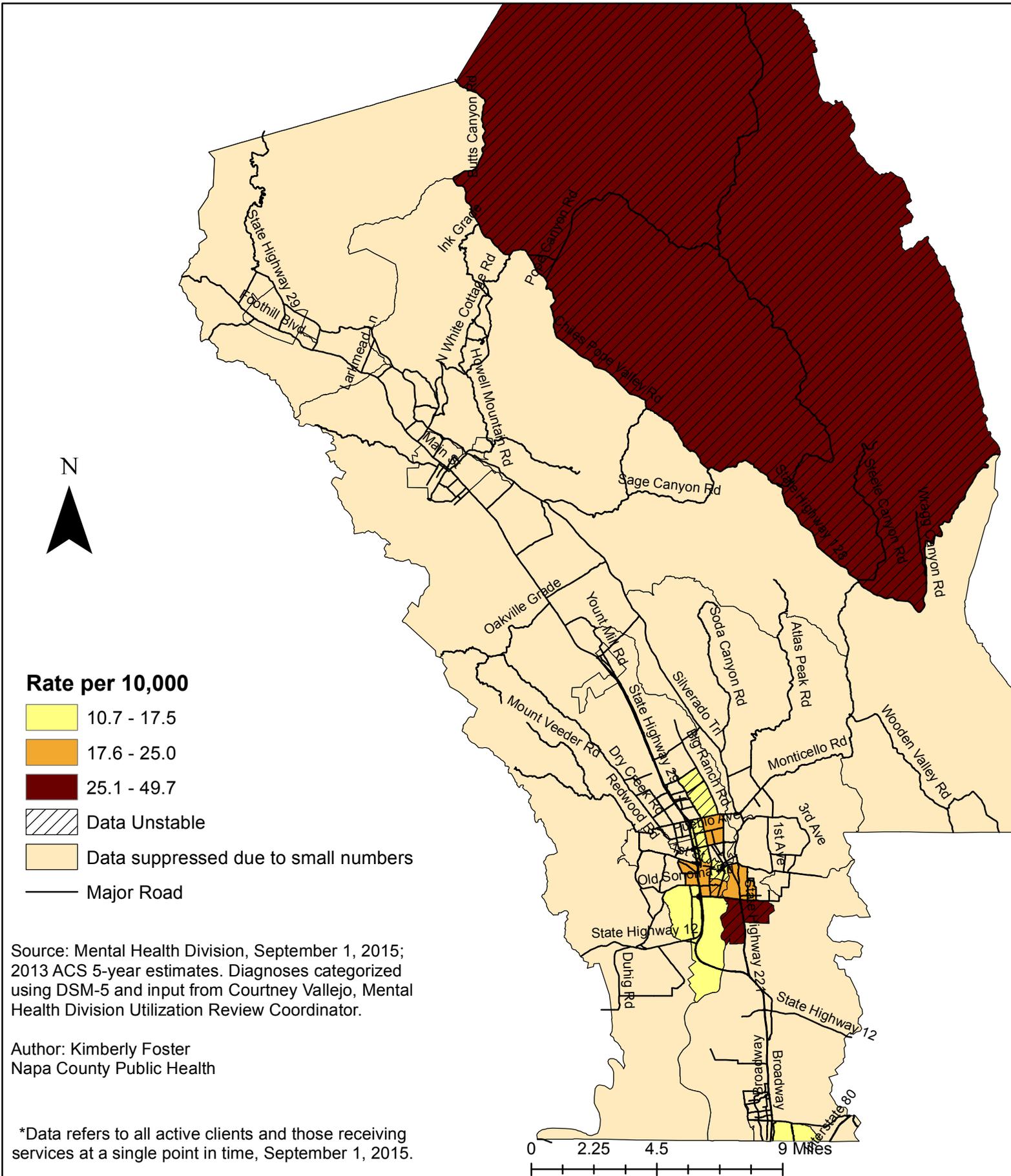
Author: Kimberly Foster  
Napa County Public Health



Source: Use of Google Street View to audit for sidewalk presence within a half mile radius of Phillips Elementary School. Sidewalks were defined as paved separation from roads.  
NOTE: This does not inform about quality of sidewalks.

# Rate of Trauma and Stressor Related Disorders Diagnoses, September 1, 2015\*

## Napa County



The MHSA Innovation Round 2 Planning Survey was completed by a sample of community mental health providers in May 2016.

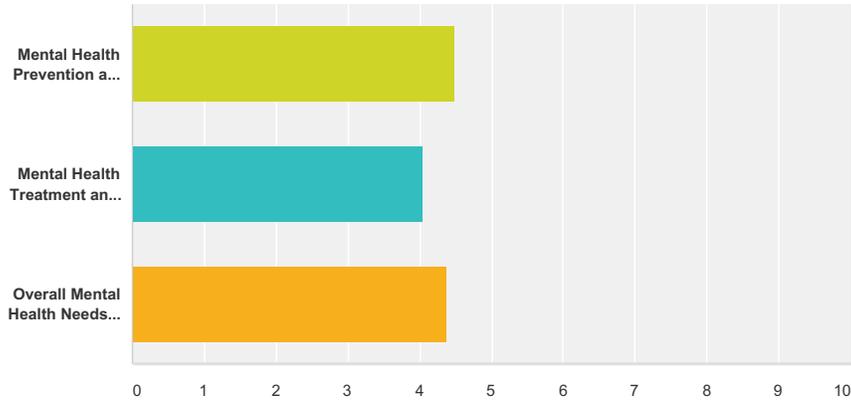
It was designed as a preliminary planning survey to better understand the perceptions of how the current services met the current needs for a variety of demographic groups.

It is intended to be used as a supplement to other data sources.

If you have questions about the data in this document, please contact Mechele Small Haggard at [mechele@mechelesmallhaggard.com](mailto:mechele@mechelesmallhaggard.com) or 707.224.2700.

**Q1 Please rate how well mental health needs are met with the available services in Napa County.**

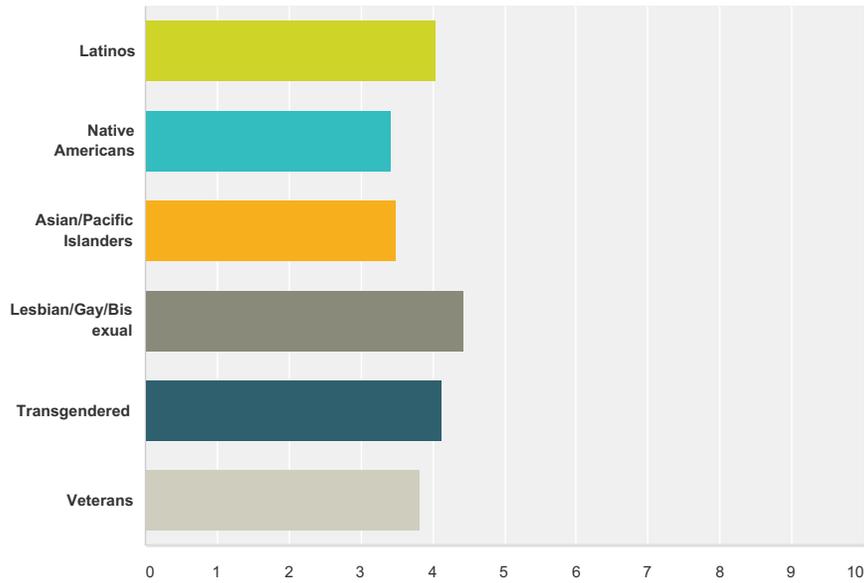
Answered: 49 Skipped: 3



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Mental Health Prevention and Early Intervention Needs in Napa County	0.00% 0	10.20% 5	8.16% 4	8.16% 4	24.49% 12	16.33% 8	10.20% 5	16.33% 8	4.08% 2	0.00% 0	0.00% 0	2.04% 1	49
Mental Health Treatment and Recovery Needs in Napa County	0.00% 0	12.24% 6	6.12% 3	20.41% 10	18.37% 9	16.33% 8	10.20% 5	10.20% 5	2.04% 1	0.00% 0	0.00% 0	4.08% 2	49
Overall Mental Health Needs in Napa County	0.00% 0	10.20% 5	6.12% 3	18.37% 9	16.33% 8	12.24% 6	22.45% 11	8.16% 4	4.08% 2	0.00% 0	0.00% 0	2.04% 1	49

**Q2 Thinking about your experiences working in Napa County, please rate how well the currently available mental health PREVENTION AND EARLY INTERVENTION services are addressing the needs of the following groups of people:**

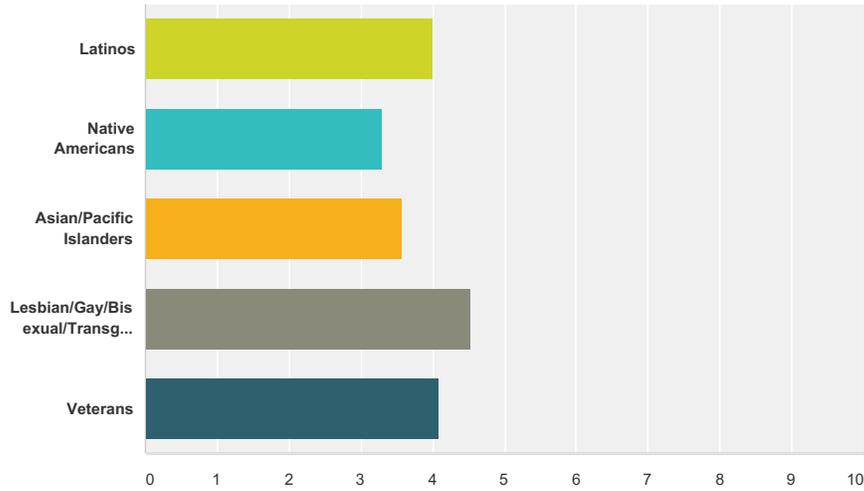
Answered: 41 Skipped: 11



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Latinos	0.00% 0	7.32% 3	14.63% 6	17.07% 7	29.27% 12	4.88% 2	4.88% 2	9.76% 4	7.32% 3	0.00% 0	0.00% 0	4.88% 2	41
Native Americans	4.88% 2	7.32% 3	12.20% 5	4.88% 2	12.20% 5	7.32% 3	2.44% 1	4.88% 2	2.44% 1	0.00% 0	0.00% 0	41.46% 17	41
Asian/Pacific Islanders	2.50% 1	10.00% 4	7.50% 3	10.00% 4	15.00% 6	5.00% 2	10.00% 4	2.50% 1	0.00% 0	0.00% 0	0.00% 0	37.50% 15	40
Lesbian/Gay/Bisexual	0.00% 0	12.50% 5	5.00% 2	17.50% 7	10.00% 4	10.00% 4	7.50% 3	5.00% 2	15.00% 6	0.00% 0	0.00% 0	17.50% 7	40
Transgendered	2.44% 1	14.63% 6	7.32% 3	9.76% 4	12.20% 5	4.88% 2	9.76% 4	4.88% 2	12.20% 5	0.00% 0	0.00% 0	21.95% 9	41
Veterans	0.00% 0	12.50% 5	7.50% 3	5.00% 2	20.00% 8	12.50% 5	7.50% 3	2.50% 1	2.50% 1	0.00% 0	0.00% 0	30.00% 12	40

**Q3 Thinking about your experiences working in Napa County, please rate how well the currently available mental health TREATMENT and RECOVERY services are addressing the needs of the following groups of people:**

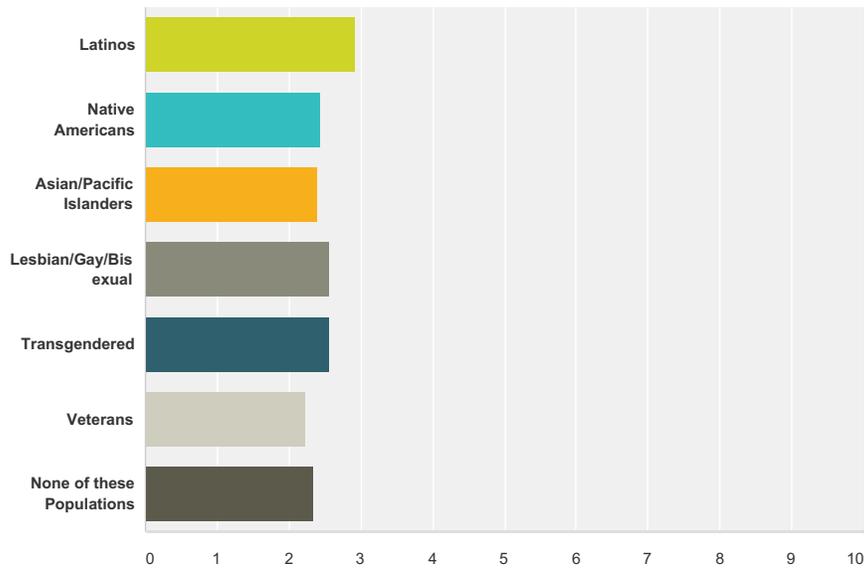
Answered: 40 Skipped: 12



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Latinos	0.00% 0	10.00% 4	20.00% 8	7.50% 3	27.50% 11	5.00% 2	7.50% 3	12.50% 5	5.00% 2	0.00% 0	0.00% 0	5.00% 2	40
Native Americans	5.00% 2	12.50% 5	10.00% 4	7.50% 3	5.00% 2	5.00% 2	10.00% 4	2.50% 1	2.50% 1	0.00% 0	0.00% 0	40.00% 16	40
Asian/Pacific Islanders	0.00% 0	20.51% 8	5.13% 2	2.56% 1	10.26% 4	5.13% 2	10.26% 4	7.69% 3	0.00% 0	0.00% 0	0.00% 0	38.46% 15	39
Lesbian/Gay/Bisexual/Transgendered community	2.50% 1	12.50% 5	5.00% 2	7.50% 3	10.00% 4	10.00% 4	20.00% 8	5.00% 2	7.50% 3	2.50% 1	0.00% 0	17.50% 7	40
Veterans	0.00% 0	10.00% 4	10.00% 4	5.00% 2	20.00% 8	10.00% 4	12.50% 5	2.50% 1	5.00% 2	0.00% 0	0.00% 0	25.00% 10	40

**Q4 Which of the following groups of people does your organization currently serve? How? (Check all that apply.)**

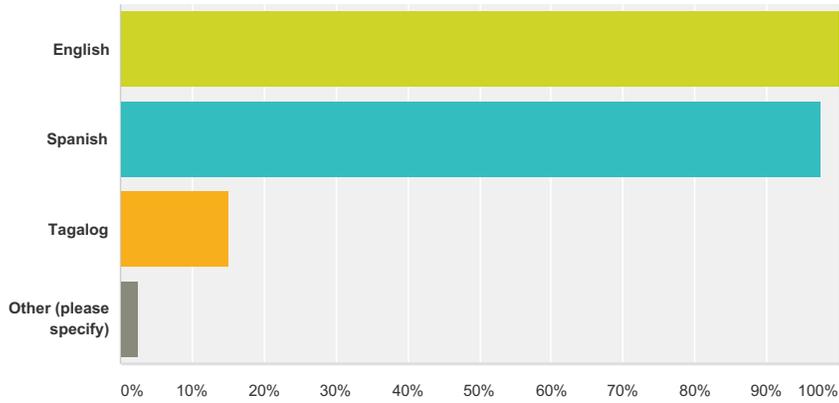
Answered: 42 Skipped: 10



	My organization DOES NOT serve people from this group	My organization serves people from this group as part of the GENERAL POPULATION	My organization does OUTREACH TO ENCOURAGE this group to use services	My organization provides SERVICES that are INCLUSIVE of this group	My organization provides SERVICES that are SPECIFIC to this group	Total	
Latinos	0.00% 0	14.29% 6	21.43% 9	35.71% 15	28.57% 12	42	
Native Americans	2.44% 1	43.90% 18	14.63% 6	31.71% 13	7.32% 3	41	
Asian/Pacific Islanders	2.44% 1	46.34% 19	12.20% 5	34.15% 14	4.88% 2	41	
Lesbian/Gay/Bisexual	0.00% 0	41.46% 17	14.63% 6	31.71% 13	12.20% 5	41	
Transgendered	0.00% 0	41.03% 16	15.38% 6	30.77% 12	12.82% 5	39	
Veterans	17.50% 7	35.00% 14	12.50% 5	30.00% 12	5.00% 2	40	
None of these Populations	0.00% 0	50.00% 3	33.33% 2	0.00% 0	16.67% 1	6	

**Q5 At your organization, which of the following languages are used to provide services? (Check all that apply.)**

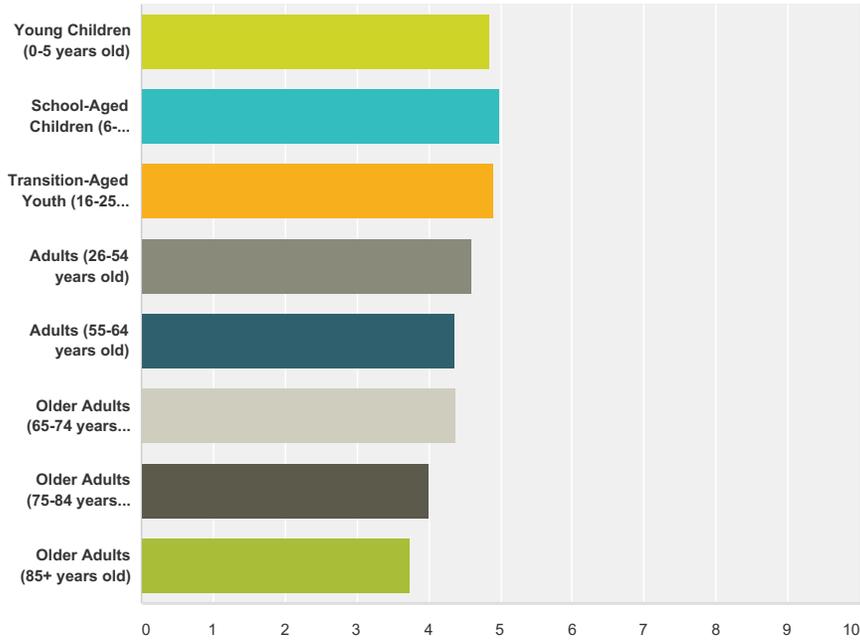
Answered: 40 Skipped: 12



Answer Choices	Responses
English	100.00% 40
Spanish	97.50% 39
Tagalog	15.00% 6
Other (please specify)	2.50% 1
<b>Total Respondents: 40</b>	

**Q6 Thinking about your experiences working in Napa County, please rate how well the currently available mental health PREVENTION AND EARLY INTERVENTION services are addressing the following age groups:**

Answered: 38 Skipped: 14



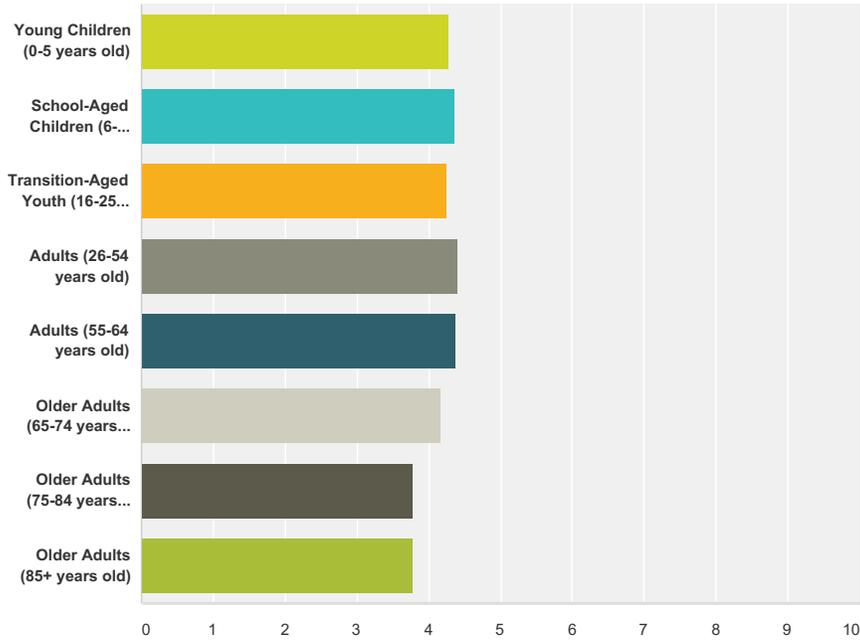
	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Young Children (0-5 years old)	2.63% 1	13.16% 5	2.63% 1	2.63% 1	5.26% 2	10.53% 4	10.53% 4	10.53% 4	10.53% 4	2.63% 1	0.00% 0	28.95% 11	38
School-Aged Children (6-15 years old)	2.63% 1	10.53% 4	7.89% 3	5.26% 2	7.89% 3	10.53% 4	7.89% 3	18.42% 7	10.53% 4	5.26% 2	0.00% 0	13.16% 5	38
Transition-Aged Youth (16-25 years old)	0.00% 0	7.89% 3	7.89% 3	7.89% 3	18.42% 7	7.89% 3	10.53% 4	7.89% 3	18.42% 7	0.00% 0	0.00% 0	13.16% 5	38
Adults (26-54 years old)	0.00% 0	5.26% 2	15.79% 6	5.26% 2	15.79% 6	13.16% 5	15.79% 6	13.16% 5	5.26% 2	0.00% 0	0.00% 0	10.53% 4	38
Adults (55-64 years old)	0.00% 0	7.89% 3	15.79% 6	10.53% 4	15.79% 6	2.63% 1	15.79% 6	10.53% 4	7.89% 3	0.00% 0	0.00% 0	13.16% 5	38
Older Adults (65-74 years old)	2.63% 1	10.53% 4	10.53% 4	7.89% 3	7.89% 3	2.63% 1	15.79% 6	7.89% 3	10.53% 4	0.00% 0	0.00% 0	23.68% 9	38

## MHSA Innovation Planning Survey, May 2016

Older Adults (75-84 years old)	<b>2.63%</b> 1	<b>13.16%</b> 5	<b>10.53%</b> 4	<b>7.89%</b> 3	<b>7.89%</b> 3	<b>5.26%</b> 2	<b>7.89%</b> 3	<b>5.26%</b> 2	<b>10.53%</b> 4	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>28.95%</b> 11	38	
Older Adults (85+ years old)	<b>5.26%</b> 2	<b>13.16%</b> 5	<b>10.53%</b> 4	<b>7.89%</b> 3	<b>5.26%</b> 2	<b>5.26%</b> 2	<b>7.89%</b> 3	<b>2.63%</b> 1	<b>10.53%</b> 4	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>31.58%</b> 12	38	

**Q7 Thinking about your experiences working in Napa County, please rate how well the currently available mental health TREATMENT, WELLNESS AND RECOVERY services are addressing the following age groups:**

Answered: 38 Skipped: 14



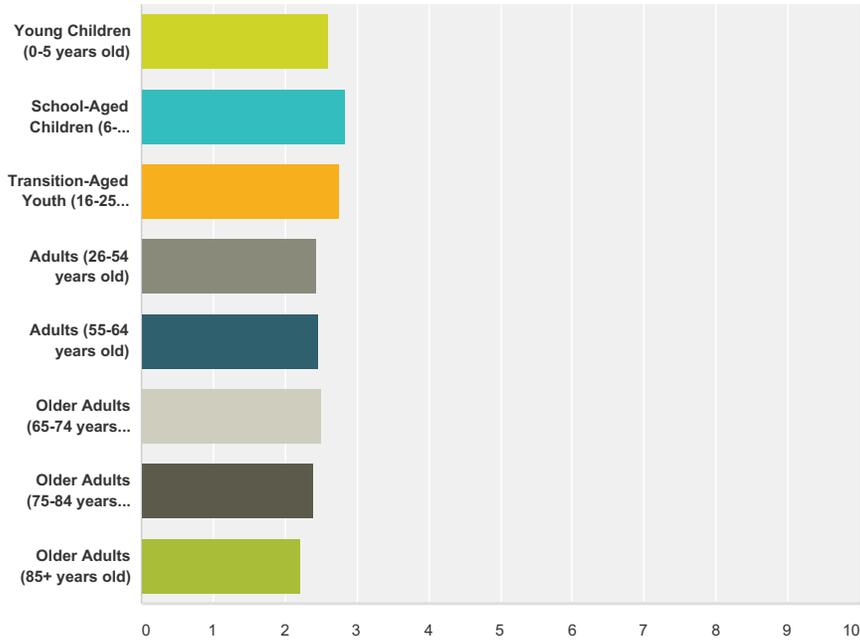
	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Young Children (0-5 years old)	2.70% 1	8.11% 3	5.41% 2	10.81% 4	5.41% 2	10.81% 4	5.41% 2	10.81% 4	5.41% 2	0.00% 0	0.00% 0	35.14% 13	37
School-Aged Children (6-15 years old)	2.70% 1	13.51% 5	5.41% 2	13.51% 5	5.41% 2	8.11% 3	8.11% 3	16.22% 6	8.11% 3	0.00% 0	0.00% 0	18.92% 7	37
Transition-Aged Youth (16-25 years old)	2.70% 1	10.81% 4	5.41% 2	18.92% 7	8.11% 3	8.11% 3	5.41% 2	21.62% 8	2.70% 1	0.00% 0	0.00% 0	16.22% 6	37
Adults (26-54 years old)	0.00% 0	5.26% 2	15.79% 6	2.63% 1	21.05% 8	10.53% 4	15.79% 6	10.53% 4	2.63% 1	0.00% 0	0.00% 0	15.79% 6	38
Adults (55-64 years old)	0.00% 0	7.89% 3	10.53% 4	5.26% 2	15.79% 6	15.79% 6	15.79% 6	7.89% 3	2.63% 1	0.00% 0	0.00% 0	18.42% 7	38
Older Adults (65-74 years old)	2.63% 1	7.89% 3	10.53% 4	7.89% 3	5.26% 2	13.16% 5	18.42% 7	5.26% 2	2.63% 1	0.00% 0	0.00% 0	26.32% 10	38

## MHSA Innovation Planning Survey, May 2016

Older Adults (75-84 years old)	<b>2.63%</b> 1	<b>10.53%</b> 4	<b>10.53%</b> 4	<b>10.53%</b> 4	<b>7.89%</b> 3	<b>10.53%</b> 4	<b>7.89%</b> 3	<b>0.00%</b> 0	<b>7.89%</b> 3	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>31.58%</b> 12	38	
Older Adults (85+ years old)	<b>2.70%</b> 1	<b>10.81%</b> 4	<b>10.81%</b> 4	<b>10.81%</b> 4	<b>10.81%</b> 4	<b>8.11%</b> 3	<b>8.11%</b> 3	<b>0.00%</b> 0	<b>5.41%</b> 2	<b>2.70%</b> 1	<b>0.00%</b> 0	<b>29.73%</b> 11	37	

**Q8 Which of the following groups of people does your organization currently serve? How? (Check all that apply.)**

Answered: 38 Skipped: 14



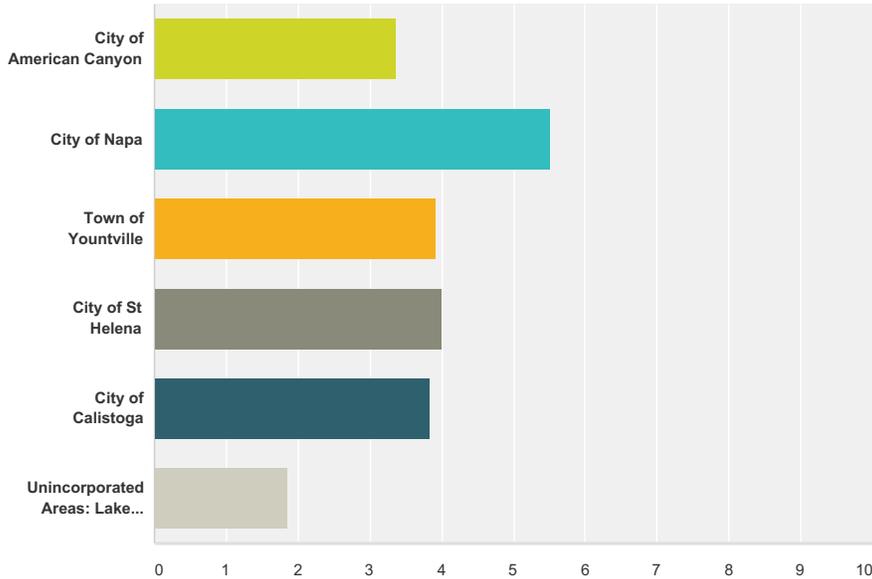
	My organization DOES NOT serve people from this age group	My organization serves people from this age group as part of the GENERAL POPULATION	My organization does OUTREACH TO ENCOURAGE this age group to use services	My organization provides SERVICES that are INCLUSIVE of this age group	My organization provides SERVICES that are SPECIFIC to this age group	Total	
Young Children (0-5 years old)	25.00% 9	22.22% 8	0.00% 0	19.44% 7	33.33% 12	36	
School-Aged Children (6-15 years old)	13.51% 5	18.92% 7	5.41% 2	27.03% 10	35.14% 13	37	
Transition-Aged Youth (16-25 years old)	13.51% 5	24.32% 9	5.41% 2	24.32% 9	32.43% 12	37	
Adults (26-54 years old)	22.22% 8	25.00% 9	5.56% 2	27.78% 10	19.44% 7	36	
Adults (55-64 years old)	18.92% 7	27.03% 10	8.11% 3	27.03% 10	18.92% 7	37	
Older Adults (65-74 years old)	21.62% 8	29.73% 11	2.70% 1	18.92% 7	27.03% 10	37	
Older Adults (75-84 years old)	27.03% 10	29.73% 11	0.00% 0	18.92% 7	24.32% 9	37	

# MHSA Innovation Planning Survey, May 2016

Older Adults (85+ years old)	<b>34.48%</b> 10	<b>31.03%</b> 9	<b>0.00%</b> 0	<b>13.79%</b> 4	<b>20.69%</b> 6	29	
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**Q9 Thinking about your experiences working in Napa County, please rate how well the currently available mental health PREVENTION AND EARLY INTERVENTION services serve the following communities:**

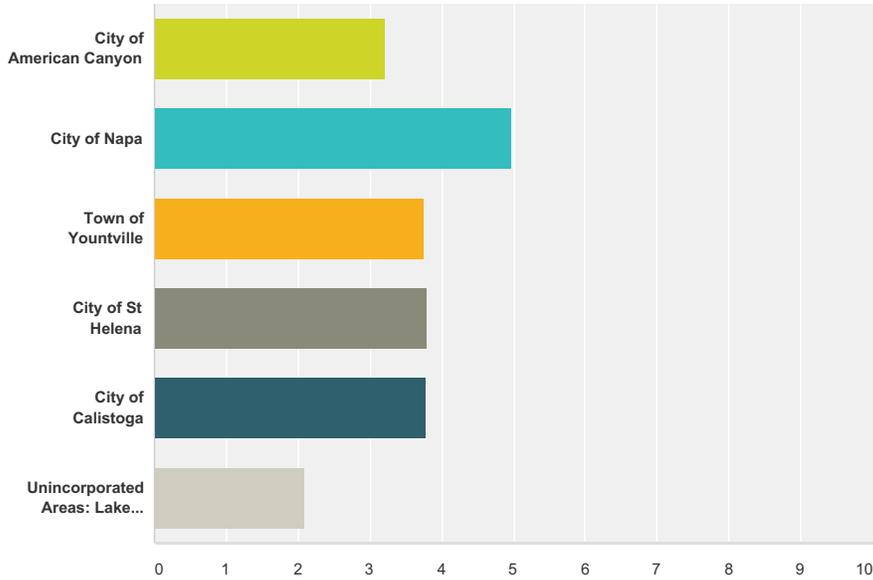
Answered: 35 Skipped: 17



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total	
City of American Canyon	0.00% 0	17.65% 6	14.71% 5	8.82% 3	17.65% 6	11.76% 4	8.82% 3	2.94% 1	0.00% 0	0.00% 0	0.00% 0	17.65% 6	34	
City of Napa	0.00% 0	6.06% 2	9.09% 3	6.06% 2	6.06% 2	18.18% 6	6.06% 2	18.18% 6	21.21% 7	3.03% 1	0.00% 0	6.06% 2	33	
Town of Yountville	2.86% 1	14.29% 5	5.71% 2	8.57% 3	5.71% 2	17.14% 6	2.86% 1	0.00% 0	11.43% 4	0.00% 0	0.00% 0	31.43% 11	35	
City of St Helena	0.00% 0	17.14% 6	5.71% 2	2.86% 1	11.43% 4	17.14% 6	11.43% 4	0.00% 0	2.86% 1	2.86% 1	0.00% 0	28.57% 10	35	
City of Calistoga	2.86% 1	17.14% 6	2.86% 1	11.43% 4	8.57% 3	17.14% 6	8.57% 3	2.86% 1	2.86% 1	2.86% 1	0.00% 0	22.86% 8	35	
Unincorporated Areas: Lake Berryessa, Angwin, Pope Valley, etc.	14.29% 5	22.86% 8	14.29% 5	14.29% 5	2.86% 1	2.86% 1	2.86% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.71% 9	35	

**Q10 Thinking about your experiences working in Napa County, please rate how well the currently available mental health TREATMENT, WELLNESS AND RECOVERY services serve the following communities:**

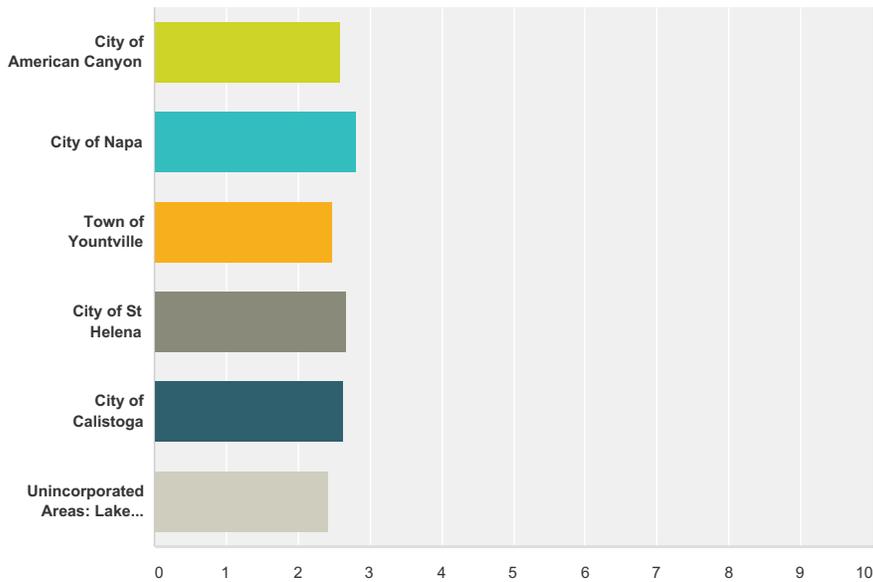
Answered: 35 Skipped: 17



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
City of American Canyon	2.94% 1	26.47% 9	2.94% 1	11.76% 4	8.82% 3	17.65% 6	8.82% 3	2.94% 1	0.00% 0	0.00% 0	0.00% 0	17.65% 6	34
City of Napa	0.00% 0	15.15% 5	6.06% 2	6.06% 2	6.06% 2	15.15% 5	12.12% 4	18.18% 6	15.15% 5	0.00% 0	0.00% 0	6.06% 2	33
Town of Yountville	5.71% 2	14.29% 5	8.57% 3	5.71% 2	5.71% 2	14.29% 5	5.71% 2	2.86% 1	5.71% 2	2.86% 1	0.00% 0	28.57% 10	35
City of St Helena	0.00% 0	20.00% 7	5.71% 2	2.86% 1	17.14% 6	11.43% 4	11.43% 4	0.00% 0	2.86% 1	2.86% 1	0.00% 0	25.71% 9	35
City of Calistoga	2.86% 1	17.14% 6	2.86% 1	8.57% 3	17.14% 6	14.29% 5	5.71% 2	2.86% 1	2.86% 1	2.86% 1	0.00% 0	22.86% 8	35
Unincorporated Areas: Lake Berryessa, Angwin, Pope Valley, etc.	14.29% 5	20.00% 7	11.43% 4	11.43% 4	11.43% 4	2.86% 1	2.86% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.71% 9	35

**Q11 Which of the following areas does your organization currently serve? How? (Check all that apply.)**

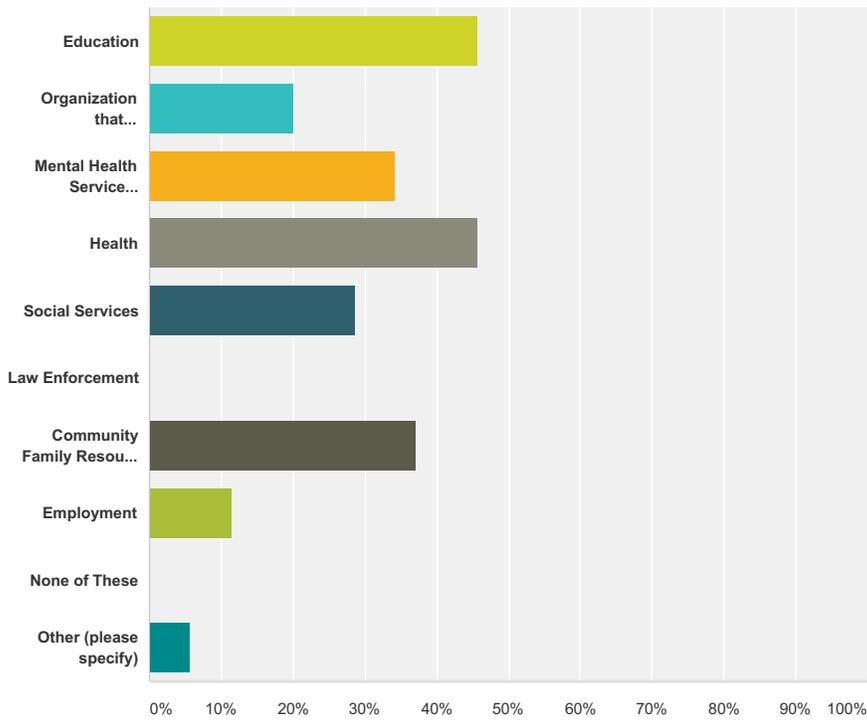
Answered: 35 Skipped: 17



	My organization DOES NOT serve people from this area	My organization serves people from this area as part of the GENERAL POPULATION	My organization does OUTREACH TO ENCOURAGE people from this area to use services	My organization provides SERVICES that are INCLUSIVE of people from this area	My organization provides SERVICES that are SPECIFIC to people from this area	Total	
City of American Canyon	6.25% 2	31.25% 10	9.38% 3	40.63% 13	12.50% 4	32	
City of Napa	2.94% 1	29.41% 10	5.88% 2	38.24% 13	23.53% 8	34	
Town of Yountville	3.03% 1	48.48% 16	3.03% 1	39.39% 13	6.06% 2	33	
City of St Helena	9.09% 3	30.30% 10	3.03% 1	39.39% 13	18.18% 6	33	
City of Calistoga	9.38% 3	28.13% 9	6.25% 2	40.63% 13	15.63% 5	32	
Unincorporated Areas: Lake Berryessa, Angwin, Pope Valley, etc.	9.68% 3	35.48% 11	6.45% 2	45.16% 14	3.23% 1	31	

**Q12 Which of the following categories best describe your organization? (Check all that apply.)**

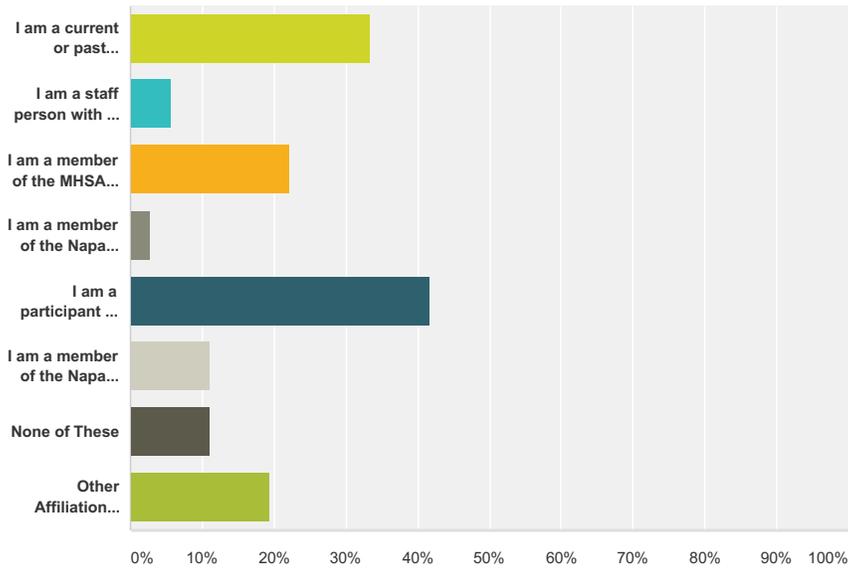
Answered: 35 Skipped: 17



Answer Choices	Responses
Education	45.71% 16
Organization that specifically serves individuals with serious mental illness and/or their families	20.00% 7
Mental Health Service Provider	34.29% 12
Health	45.71% 16
Social Services	28.57% 10
Law Enforcement	0.00% 0
Community Family Resource Center	37.14% 13
Employment	11.43% 4
None of These	0.00% 0
Other (please specify)	5.71% 2
<b>Total Respondents: 35</b>	

**Q13 Do any of the following apply to you? (Check all that apply.)**

Answered: 36 Skipped: 16



Answer Choices	Responses
I am a current or past participant in the Innovation Project with On the Verge	33.33% 12
I am a staff person with the Napa County Mental Health Division	5.56% 2
I am a member of the MHSA Stakeholder Advisory Committee	22.22% 8
I am a member of the Napa County Mental Health Board	2.78% 1
I am a participant in Live Healthy Napa County	41.67% 15
I am a member of the Napa County Coalition of Non Profit's Behavioral Health Committee	11.11% 4
None of These	11.11% 4
Other Affiliation (please specify)	19.44% 7
<b>Total Respondents: 36</b>	

# MHSA Round One Innovation Planning

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## 2010 Summary of Focus Groups and Interviews with Unserved and Underserved Populations

### Executive Summary and Recommendations

Focus groups and interviews were conducted with unserved/underserved groups in Napa County as part of the Community Planning Process for the Innovation component of the Mental Health Services Act.

The majority of issues identified by the participants related to the **need to improve access to mental health services for unserved and underserved populations.**

- The most frequently noted barriers to accessing mental health services varied by population. The most common barrier discussed across all the groups was that **providers are not informed about the needs of the unserved/underserved population.**
  - Latinos commented on the lack of providers/staff in the mental health system that connects to Latinos (30%).
  - LGBTQ participants spoke about being invisible to service providers and decision makers (45%).
  - Native Americans also talked about being invisible and often being mistaken for Latinos (19%) and noted that many Native Americans do not trust of the government and its systems (19%).
  - Veterans shared that mental health providers are not informed about veterans (33%).
- When asked to describe the learning goal for the mental health innovation, the most common goal for each of the four unserved and underserved groups was for **providers to learn “to be more compassionate, know the struggle and know the stories” of the population.**
- When asked about potential approaches, the most common area of discussion was **changing outreach to culturally-appropriate methods.** The priorities for each group varied:
  - Latinos commented on the need to create more informal relationships between providers and the community and to change outreach to more appropriate methods. (53%)
  - LGBTQ participants spoke frequently of educating providers about needs of LGBTQ individuals (53%).
  - Native Americans recommended building trust by hiring Native American individuals into the mental health system (35%).
  - Veterans suggested changing how outreach for mental health services is provided for veterans (54%).

## Methods

After speaking with Debora Lee, a representative of the Mental Health Oversight and Accountability Commission, the focus groups were designed to be very specific to the unserved/underserved groups previously identified: Latinos, LGBTQ, Native Americans and Veterans. The MHSA Community Supports and Services (CSS) and Prevention and Early Intervention (PEI) Community Planning processes had varied success reaching these groups.

Several methods were used to recruit participants. Emails were sent and phone calls were made to (1) public mental health providers, (2) community groups that were associated with or represented the population, and (3) individuals. In addition, flyers were developed and distributed by contacts. Participants were sought who represented an unserved/underserved population and had some experience with the current mental health system in Napa County (consumer, family member, and/or provider). Consumer and family member experience ranged from those who sought services and were not served, to those who were receiving services.

This very specific recruitment led to well-informed participants. Everyone who expressed an interest in participating was accommodated. Some were interviewed (in person or by phone) and some participated in focus groups. Stipends were offered to agencies who set up a focus group and to individuals who participated.

## Issues

### Unserved/Underserved Groups

The issues identified in the previous community planning processes were presented to the unserved/underserved groups at the beginning of the interview or focus group.

- The need to include consumers and family members in the system of services in a way that is meaningful and respected.
- The need to increase access to services for unserved and underserved populations:
  - Latinos
  - LGBTQ
  - Native Americans
  - Veterans

The groups were then asked if there were additional issues they would like addressed. After reviewing the responses, most of the comments generated during this portion addressed barriers to accessing services and were included as barriers for analysis.

## Barriers

When asked what the barriers were for resolving the issue, the responses fell into three general categories:

- Cultural barriers,
- Lack of connection between uninsured/underserved populations and providers, and
- How mental health services are currently delivered.

## Uninsured/Underserved Groups

Across all of the uninsured/underserved populations, the **most common concern was that mental health providers are not informed about the uninsured/underserved population**. On average, this concern represented 28% of the groups' comments about barriers.

The most frequently noted barriers varied by group:

- Latinos commented on the lack of providers/staff in the mental health system that connect to Latinos (30%).
- LGBTQ participants spoke about being invisible to service providers and decision makers (45%).
- Native Americans also talked about being invisible and often being mistaken for Latinos (19%) and noted that many Native Americans do not trust of the government and its systems (19%).
- Veterans shared that mental health providers are not informed about veterans (33%).

**Table 1: Barriers to accessing mental health services identified by focus group and interview participants**

Barriers to Accessing Mental Health Services	Uninsured/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
<b>Cultural Barriers</b>					
Stigma of mental illness in culture	11%	18%	8%	13%	<b>13%</b>
Cultural beliefs about how to address mental illness	11%	0%	14%	7%	<b>8%</b>
Attitude of self-sufficiency prevents individuals from seeking services	5%	0%	5%	20%	<b>8%</b>
Fear/distrust of systems and government	0%	0%	19%	7%	<b>6%</b>
Fear/ distrust of mental health system	0%	0%	8%	0%	<b>2%</b>
Isolation from other people in the population/group	0%	9%	11%	7%	<b>13%</b>
Providers not informed about population	24%	36%	16%	33%	<b>28%</b>

**MHSA Innovation: Summary of Focus Groups and Interviews with Unserved and Underserved Populations**

	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
<b>Barriers to Accessing Mental Health Services</b>					
Population is invisible	0%	45%	19%	7%	<b>18%</b>
Few mental health providers/staff in Napa County who represent/connect with population.	30%	27%	3%	0%	<b>15%</b>
Mental health providers lack knowledge about diversity/ cultural competency	11%	27%	8%	0%	<b>12%</b>
Lack of informal relationships with providers	14%	0%	3%	0%	<b>7%</b>
<b>Outreach/Intake/Treatment Methods</b>					
Lack of action by systems to reach out to unserved/underserved populations	5%	9%	8%	27%	<b>12%</b>
Lack of coordination of other systems with mental health system	0%	0%	0%	13%	<b>3%</b>
Access barriers to entering system (paperwork, transportation, etc.)	14%	0%	8%	13%	<b>9%</b>
Crisis services instead of services to address long term mental health needs	0%	0%	0%	20%	<b>5%</b>
Language/marketing of mental health outreach and information	11%	9%	0%	0%	<b>5%</b>
Services focus on the individual and do not involve or support families.	8%	0%	8%	0%	<b>4%</b>
Lack of information about signs of mental illness	3%	0%	0%	13%	<b>4%</b>
Focus on mental health only, rather than the whole person	3%	0%	8%	0%	<b>3%</b>
Lack of peer support	0%	0%	3%	0%	<b>1%</b>
<b>Total responses</b>	<b>37</b>	<b>11</b>	<b>37</b>	<b>18</b>	

## Other Barriers

Barriers that were noted less frequently are below:

### Unserved/Underserved Groups:

#### *Latinos*

- “Grass roots changes to happen locally: Example: Building relationships with the police department and the Latino community with a menudo and chili cook off. Providers are out of typical role and in a more relaxed community setting, building familiarity. Mental health providers could participate in this event. Meet people and explain where they are coming from.”
- “Majority of people in underserved areas (and come to live/ work in Napa’s ag. business) are first generation Latinos, have very little formal education –county needs to find other ways to reach this population that doesn’t rely on reading complex material, attending public or ‘government’ meetings, or requiring personal disclosures.”
- “There are many barriers to Latinos getting into an Admin/Decision Making role [in the mental health field], some of the reasons are personal things, employers need to be intentional about looking to see who is there and what they need to put in to get to the next level. Provide coaching and take chances. “
- “There are a few more bilingual staff at the county but there’s still a need for more personnel who speak Spanish “
- “Awareness; lack of understanding of how county services work, who is eligible, income requirements.”
- “Eligibility rejection (based on one factor such as income) can turn away a family from ever approaching or asking for assistance.”
- “County serves certain people with qualifying issues or diagnosis, others who don’t fit in may not have health insurance and that means they have limited access to information about the signs /symptoms of mental illness. “
- “Latina women in abusive situations will not leave their husbands or partners, only until he leaves or is not present will they consider escape from a dangerous situation. “
- “Introductory events, for providers to get to know the community. Ask ‘how can we engage the community better?’ Leaving office and meeting people outside. Community events are much more casual, not threatening. “
- “Achievement gap in high schools (and lower levels)à Huge, Huge difference between White and Latino students. “

#### *Native Americans*

- “[A mental health diagnosis is a] pre-existing condition, don’t want the system to know you have a pre-existing condition or may never get health insurance”
- “Native ceremonies work—access to traditional healing “
- “Past experiences [between Native Americans and service providers ]affect how relationships

work now.”

- “There is no trust between government and Native people (From the local to the federal level) Native American culture is fractured due to treatment in 1800s and beyond—massacres”
- “Profiling on the part of the police department. Reasons for doing it may be valid, but it is still wrong. Not going to change even though it’s better than it was 20 years ago.”
- “Assumed that Native Americans are like Hispanics and are being served by the same services. Often times those services have a preference on individuals who are Spanish-speaking. For example, getting an appointment at Clinic Ole.”
- “Many are in the middle place: The cost of care is too high and the services are not available. Much of the assistance is income-based, and many don’t qualify, but can’t afford care.”
- “There are services for those Native Americans with good insurance and money. There are good doctors available. For those in the middle, there are minimal services and the cost is often too high, for those who qualify for Medi-Cal, there is a long waiting list to get into services. For those who are outside the system and don’t have income or medical, the care is hit and miss, many just give up.”
- “Need to appeal to public at large to get enough support to change the system. Cultural events”
- “Many times the mental health condition is not identified until the person is on their own (young adult/adult) [and family cannot help them or advocate for their care.]”

### Veterans

- “Providers assumptions or lack of information about what VA and VA hospitals do for veteran’s health needs.”
- “Veterans are reluctant to go to County Mental Health for many reasons; stigma, it can end up being an obstacle to your next career path, it’s seen as a liability.”
- “If a veteran or active duty member of armed forces has a bad initial experience in accessing services, they’ll never go back –the trust is broken, they won’t feel understood. “

## Learning Goals

### Unserved/Underserved Groups

When unserved/underserved groups were asked to describe what they want the public mental health system to learn as a result of the innovation, the respondents described learning how to connect with the cultural community and learning how to provide culturally-appropriate mental health services.

On average, over half of the unserved/underserved groups comments were about the desire for providers **to learn “to be more compassionate, know the struggle and know the stories” of the population (52%)**. Respondents also wanted providers to learn about their cultural point of view and the diversity within the unserved/underserved community. For example:

- “The coming out process is different for everyone and affected by many factors (age, gender, culture, transgender, sexual orientation, HIV sero-status). Bisexuals get overlooked a lot.”

- “Know about Native traditions (birth to death). Example: Upon the death of a child, parent asked to have the clothes. The coroner had already discarded them. Coroner said: ‘There are too many tribes, can’t take care of them all.’”
- “Understand that not all veterans assimilate in the same way, for some veterans it’s no easier to live here today than it was to be on active duty under extraordinary stress.”

**Table 2: Learning goals for mental health innovations identified by focus group and interview participants**

Learning goals for mental health innovations	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
<b>Providers Understand and Connect with Cultural Community</b>					
"Know who we are" know the stories, struggle and history	25%	50%	63%	69%	<b>52%</b>
Understand cultural point of view	17%	20%	47%	62%	<b>36%</b>
Understand diversity within community	25%	40%	21%	31%	<b>29%</b>
Know there is a demand for services for the underserved group	0%	20%	21%	8%	<b>12%</b>
Understand the discrimination/risks the population experiences	8%	30%	5%	0%	<b>11%</b>
"Know how to find us"	0%	20%	5%	8%	<b>8%</b>
Learn language (of culture)	0%	0%	11%	8%	<b>5%</b>
Learn to be genuine	8%	0%	0%	8%	<b>4%</b>
<b>Learn How to Provide Culturally-Appropriate Mental Health Outreach, Intake and Treatment Services</b>					
Understand and connect to other systems	17%	0%	0%	46%	<b>16%</b>
Learn to treat consumers as individuals	17%	20%	21%	23%	<b>20%</b>
Understand and connect to other mental health resources	17%	0%	0%	23%	<b>10%</b>
Learn how to alter how therapy is offered	0%	30%	11%	0%	<b>10%</b>
Learn to provide services that support consumers' families	25%	0%	0%	8%	<b>4%</b>
Learn how to normalize mental health needs and care	8%	0%	0%	0%	<b>8%</b>
<b>Total responses</b>	<b>12</b>	<b>10</b>	<b>19</b>	<b>13</b>	

## Other Learning Goals

Other learning goals that were noted less frequently include:

### Unserved/Underserved Groups

#### *LGBTQ*

- “Providers need to [learn to] be more proactive to make up for [individuals’] reluctance to identify, make it safer.”
- Learn to serve the LGBTQ population well: “not just talking about it, actually DOING something” and stopping the attitude of “We only have a few, do we have to do this?”

#### *Latinos*

- “More Latinos in leadership roles: Community at large, children need to see people who look like them making decisions and having a positive impact on the community. The current mirror shows involvement with the law, gangs, violence, crime and teen pregnancy. Need to shift the mirror to see a healthier reflection and positive role models.”
- “Make the eligibility requirements clear; don’t make people go through a long process only to be told they aren’t eligible. There are lots of brochures but they don’t get to the point about who is eligible.”

## Potential Approaches

### Unserved/Underserved Groups

Finally, participants were asked what they would do to address the issues, the barriers and the learning goals they had discussed. The comments addressed the previous categories of provider-community relationships and how services are delivered and also included community education.

On average, 38% of each group's comments were focused on **changing outreach to incorporate culturally-appropriate methods**.

The specific priorities for each group varied:

- Latinos commented on the need to create more informal relationships between providers and the community and to change outreach to more appropriate methods (53%).
- LGBTQ participants spoke frequently of educating providers about needs of LGBTQ individuals (53%).
- Native Americans recommended building trust by hiring Native American individuals into the mental health system (35%).
- Veterans suggested changing how outreach for mental health services is provided for veterans (54%).

**Table 3: Potential approaches to mental health innovations identified by focus group and interview participants**

Potential Approaches	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
<b>Change relationships between mental health providers and community</b>					
Improve informal relationships between mental health providers and community	53%	35%	0%	21%	<b>27%</b>
Build trust by hiring peers	27%	18%	35%	8%	<b>22%</b>
Educate providers about unserved/underserved population	0%	53%	9%	13%	<b>19%</b>
Build alliances with families	33%	0%	4%	8%	<b>12%</b>
<b>Change mental health services</b>					
Change outreach, culturally appropriate methods	53%	35%	9%	54%	<b>38%</b>
Change how treatment services are offered	33%	12%	22%	38%	<b>26%</b>

Potential Approaches	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
Work with other agencies / groups	13%	12%	22%	42%	<b>22%</b>
Host events	27%	24%	0%	25%	<b>19%</b>
<b>Community Education</b>					
Educate community about unserved/underserved populations	20%	12%	26%	13%	<b>18%</b>
<b>Total Responses</b>	<b>15</b>	<b>17</b>	<b>23</b>	<b>24</b>	

### Other Potential Approaches

Approaches that were noted less frequently are below:

#### Unserved/Underserved Groups

##### Latinos

- “Pay attention to kids who reach college age, but don’t have good support system. They have hard time adjusting, drop out, disconnect with family and can become suicidal.”

##### LGBTQ

- “Present mental health topics and information in an informal setting”
- “Conduct a needs assessment to understand the mental health needs of the LGBTQ community”
- “Change the environment where services are delivered--posters, magazines, etc. Purchase subscriptions to gay and lesbian magazines and distributes them free of charge to providers (Curve, Advocate) Create a ‘lavender seal of approval’.”

##### Native Americans

- Create “downtown murals that depict history [of Native Americans]. Current murals start with Hispanics.”
- Establish a “commemorative site in Napa proper to recognize what was here before”
- “Need a place where we can all meet. Cultural Center that brings a connection to the community.”
- “Cultural center for many cultures/ education”
- “PAID Provider education for providers like COPE including posters and outreach”

- “Posters of Natives in waiting rooms (like Indian Health) of employment agencies, county offices and Clinic Ole. Tour Indian Health for ideas.”
- “Ceremony of public reconciliation/apology”
- “Advocates, Native American hotline alerted to when someone enters the system.”

### *Veterans*

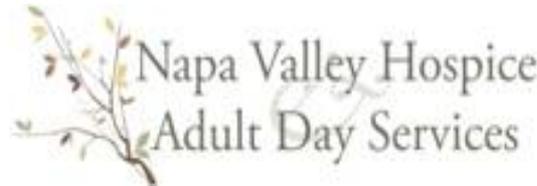
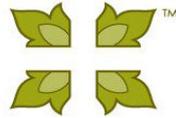
- “Create online information and networking sources for veterans – especially to links for employment. GI Bill for returning to college is good – but many returning veterans can’t handle being on a campus.”
- “Internet-based resources, online chats, online forums, and text messaging campaigns are very popular.”



**Healthy Aging Population Initiative**  
Napa County Older Adults  
Policy Summit  
September 25, 2015



# Thank You to Our Sponsors and Funders for the Survey and Summit



*Town of Yountville*  
"The Heart of the Napa Valley"



*A place to  
Stay Young in Mind,  
Body and Spirit!*





# Healthy Aging Initiative (HAPI)

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- Network Of 30 plus agencies throughout Valley
- HAPI partners share a vision that older adults living in Napa Valley will have a high quality of life that allows them to remain healthy, safe, secure and independent for as long as possible. We are focused on creating aging-friendly communities that benefit all.
- We assess and identify priorities for older adults in Napa Valley
- We build population-based, community-appropriate and feasible plans to address identified priorities of seniors
- We form partnerships and develop programs throughout the county working to improve, develop and implement coordinated, integrated, and cost effective responses to needs
- We advocate for and support community, institutional and governmental responses and policies that are appropriate to the specific needs of older adults



# HAPI Accomplishments

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- Implemented Older Adult Survey in 2005 and developed a strategic action plan to address needs:
- .Medications: Instigated Pharmacy Assistance Program Oral Health: Advocated for increased access to oral health services for older adults now provided through Sister Ann's
- Fall Prevention: Supported development and implementation of StopFalls Napa Valley
- Transportation: Implemented a volunteer driver voucher program to expand access to accessible transportation to older adults unable to drive. Developed policy agenda and advocated for senior friendly transportation services including ambassador program, shuttles, and shopping routes now being put in place



# HAPI Accomplishments

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- **Mental Health:** Secured 3 year funding from MSA for Family Service counseling for low income and Latino elders. Supported FSNV in applying for Medi-Medi coverage. Advocated for older adults in Mental Health Services Act funding. Implemented Healthy Minds, Health Aging Program.
- **Workforce Development:** Incubated Napa Institute on Aging professional education and caregiver training programs continued at NVHADS through Healthy Minds, Healthy Aging funding.
- **Information and Assistance:** Working to expand access to resources and services for older adults throughout the valley.
- **\$2.5M in funding for older adults programs acquired over past 9 years and increased capacity among providers**

# + Purpose of the Summit

- Review and discuss the findings from the 2015 Older Adult Survey
- Set the stage for refining, developing and implementing a collective action plan to prepare for the future of aging in the Valley, address needs and gaps and improve the quality of life of older adults in Napa Valley.





# Demographics

## Older adults in Napa County



# Napa County Growing Older

- Total population of Napa County is 136,484
- Approximately 15% of the county's population is over 65 years of age (approximately 20,400) compared to 12.5% of the CA population



- Napa County's median age was 39.7, in 2010; 4 years higher than the California state median and the third highest in the Bay Area
- The median age among Napa's cities ranged from 64 in Yountville (site of the Veteran's Home) to 35.5 in American Canyon

# Napa Growing Older

## U.S. Census Data

- 60+ population grew from 25% to 28% (about 4,900 more residents) between 2000 and 2010
- Population of those 65+ will grow to 27,500 by 2020
- Population of residents 75+ will be 12,151 by 2020

## Current Age Breakdown

60 and over: 29,014 or 21%

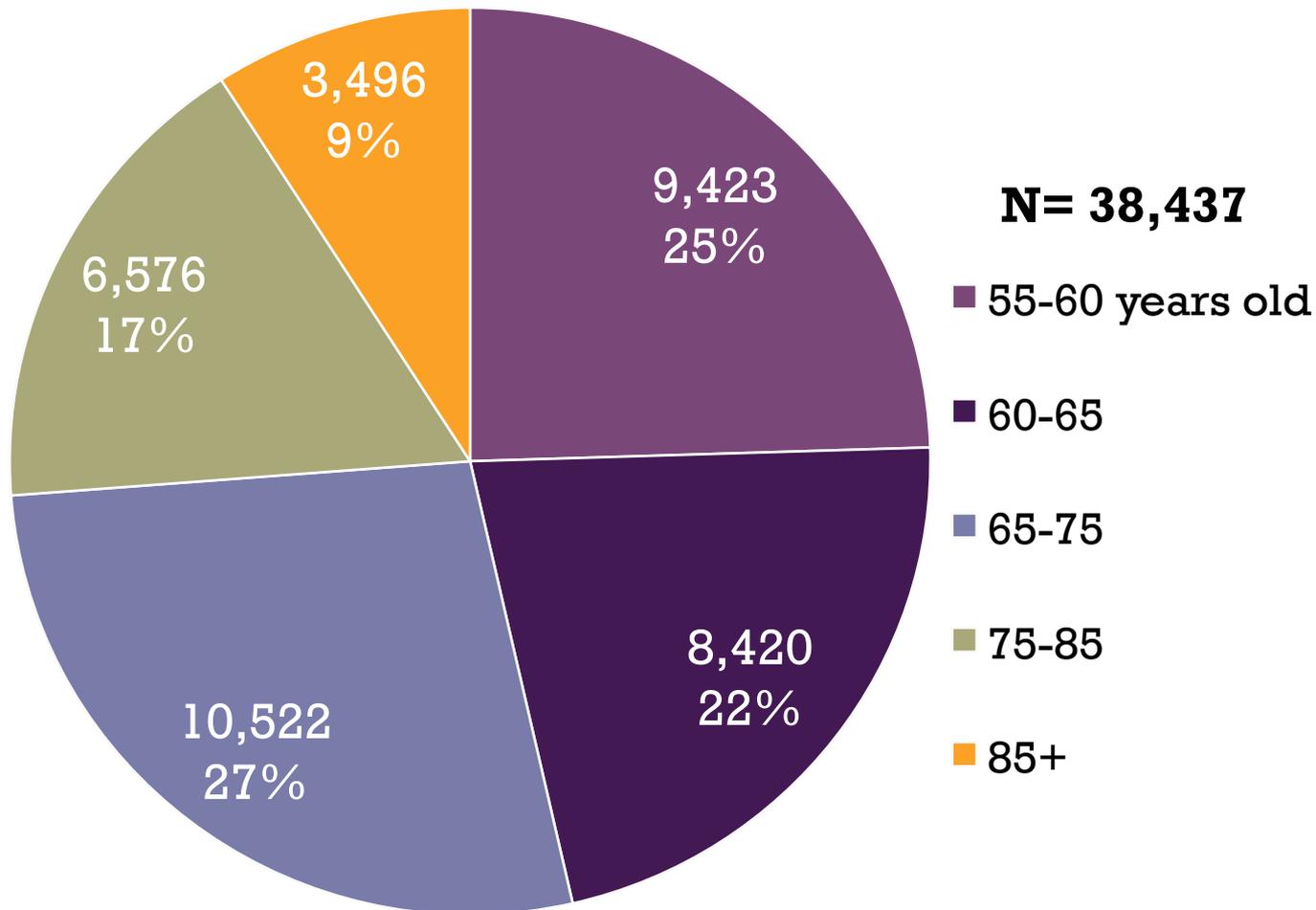
65 and over: 20,594 or 15%

75 and over: 10,072 or 7%

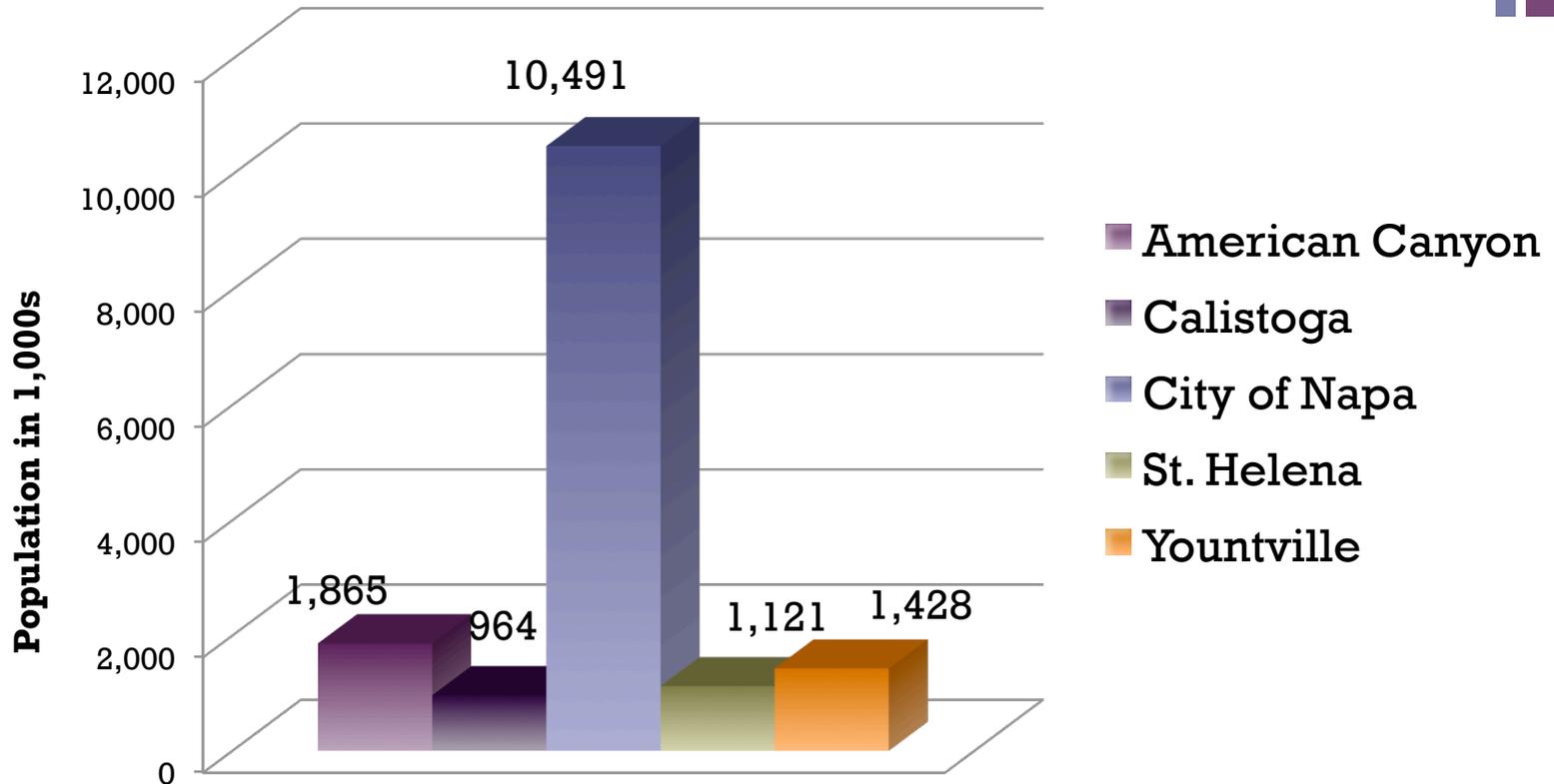
85 plus: 3,400 or 4.9%

**29.5% of households have one or more members 65 or older**

# Percent of 55+ by Age Group



# Population of 65+ by Major City



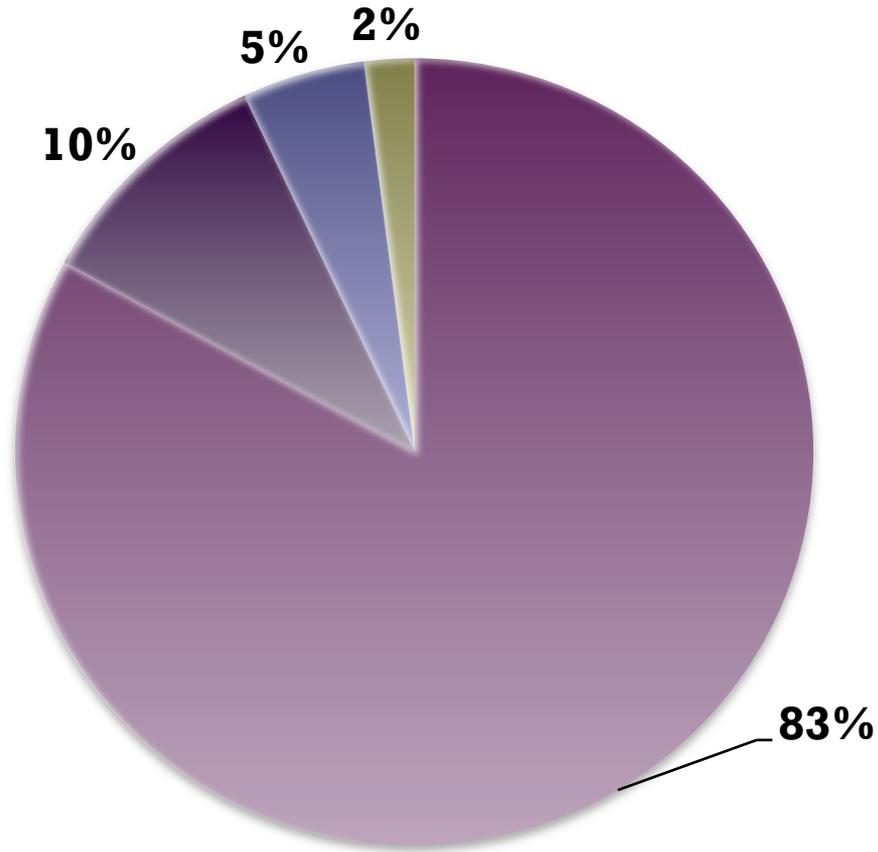
Over 50% of county's 65+ residents concentrated in the City of Napa; 10% in American Canyon and 40% UpValley. Veterans' Home in Yountville accounts for many older residents there.



# Napa County Older Adults by Ethnicity



■ White   ■ Hispanic   ■ Asian   ■ African American



# + Income Among Older Adults in Napa County

- 11% of those 65+ live alone (5,430 est.)
- 6% of older adults live below the Federal Poverty Level (\$11,700)
- More than 4,000 older adults with incomes below 150% of the federal poverty level could not rent a one bedroom apartment
- 693 households headed by people 65+ live on less than \$10,000/year
- 1,140 households live on incomes between \$10,000 – 14,999/year
- 1,070 live on incomes between \$15,000-\$19,999 /year
- 657 live on incomes between \$20,000 \$-24,999/year

Source: American Community Survey, 2010 Census estimates



# + Cost of Living Dwarfs Poverty Measures

## Measuring Economic Security Instead of Poverty

Poverty Measures Fall Far Short of Needs for Napa Seniors

Napa County  
Elder Index 2011  
(single renter):  
\$24,652

Median California  
Supplemental  
Poverty Measure  
2011(single renter):  
\$14,268

Federal Poverty  
Guidelines 2011:  
\$10,890

*Elder Index Data Source: UCLA Center for Health Policy Research.*

*The Supplemental Poverty Measure (SPM) is the weighted median threshold for single elderly renters in California.*

*SPM Data Source: Stanford Center on Poverty and Inequality and Public Policy Institute of California, based on US Census' methodology.*

# + Cost of Living in Napa

<b>Elder Index: Basic Expenses</b>	
Single Renter Living Alone   Napa	
-----	
The California Elder Index is a county-specific measure of the minimum income necessary to cover all of a senior's basic needs.	
-----	
Rent (one bedroom apt.)	\$1,044
Food	\$253
Healthcare	\$263
Transportation	\$239
Miscellaneous	\$255
-----	
<b>Monthly Total</b>	<b>\$2,054</b>
<b>ANNUAL TOTAL</b>	<b>\$24,652*</b>
* Annual total may not equal the sum of monthly totals due to rounding.	

More than half of all non-Latino White elders have incomes below the Elder Standard in Napa

# Housing Data

Date the data was compiled	# of Section 8 Vouchers			# of program participants living in Section 8 households			# of people on waiting list (Note: wait list is currently closed)		
	Aug. 2012	Aug. 2013	Oct. 2014	Aug. 2012	Aug. 2013	Oct. 2014	Aug. 2012	Aug. 2013	Oct. 2014
Seniors age 62+	470	503	680	443	483	722	468	492	703
Seniors w/ disabilities	290	300	335	271	289	370	275	287	364
Persons w/ disabilities 18+	776	850	2,514	694	792	2,749	683	811	2,510
Baby Boomers (age 45-64)	538	603	1,897	474	575	2,184	471	581	2,088
Baby Boomers w/ disabilities	382	397	1,030	338	367	1,161	328	361	1,087
<b>Total all ages</b>	<b>1,276</b>	<b>2,532</b>	<b>8,598</b>	<b>1,203</b>	<b>2,370</b>	<b>9,566</b>	<b>1,205</b>	<b>2,373</b>	<b>8,845</b>

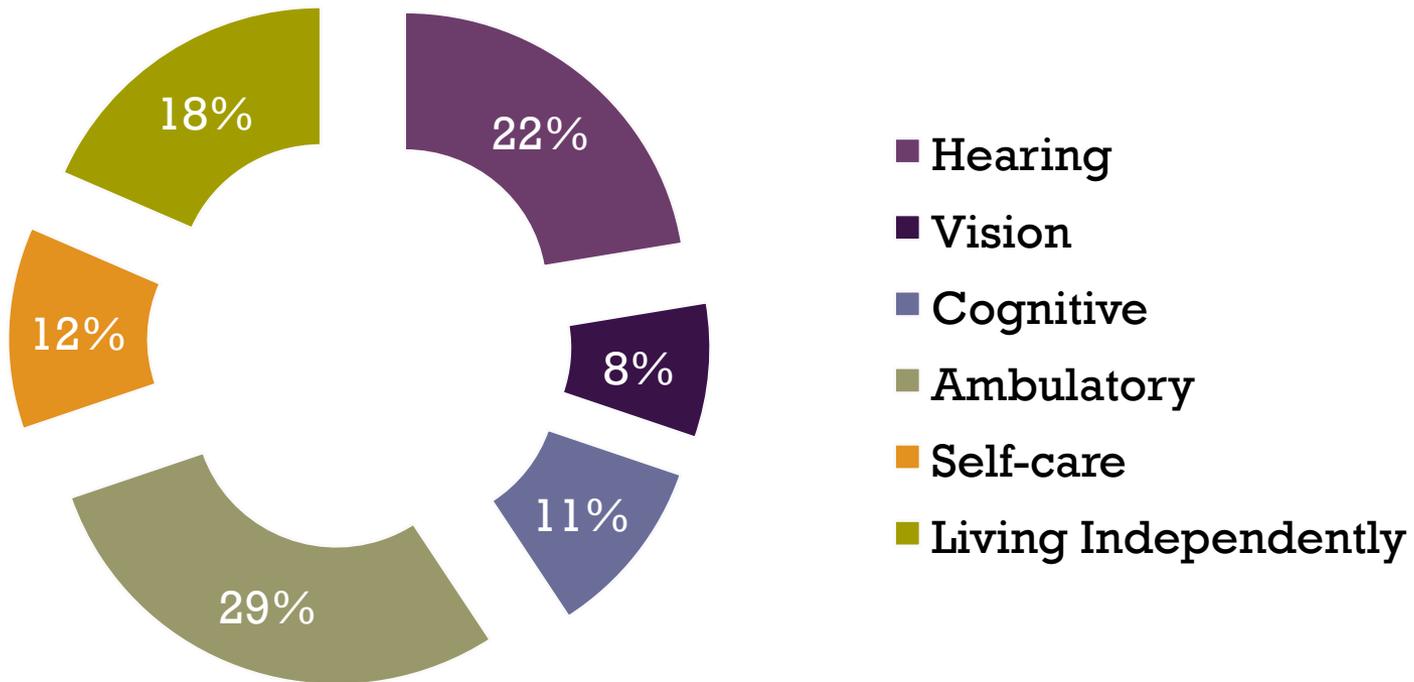
# + Disabilities Among Older Adults

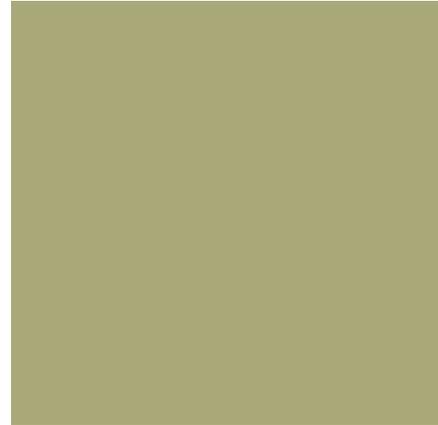
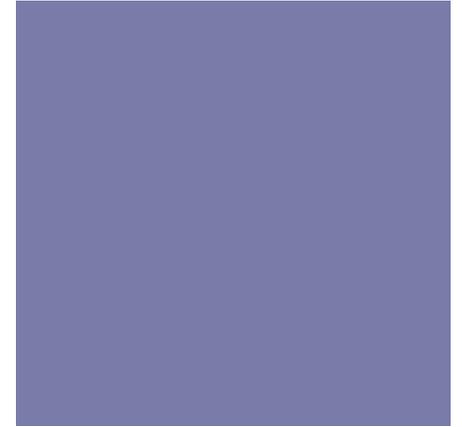
- 36% of older adults have one or more disabilities
- Based on estimates about 2,700 residents 65-84 and 1,600 residents 85+ could be expected to have Alzheimer's for a total of 4,300



# Disabilities by Age Group

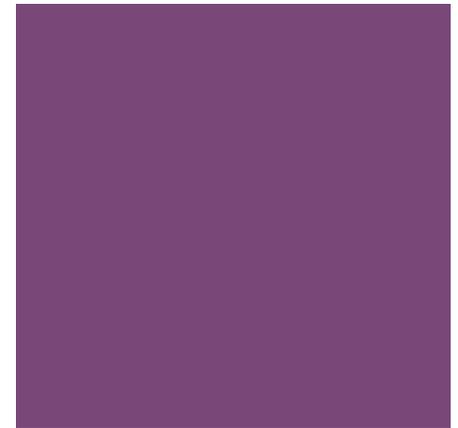
## Disabilities 65+





# Napa Older Adult Survey 2015

Healthy Aging Population Initiative

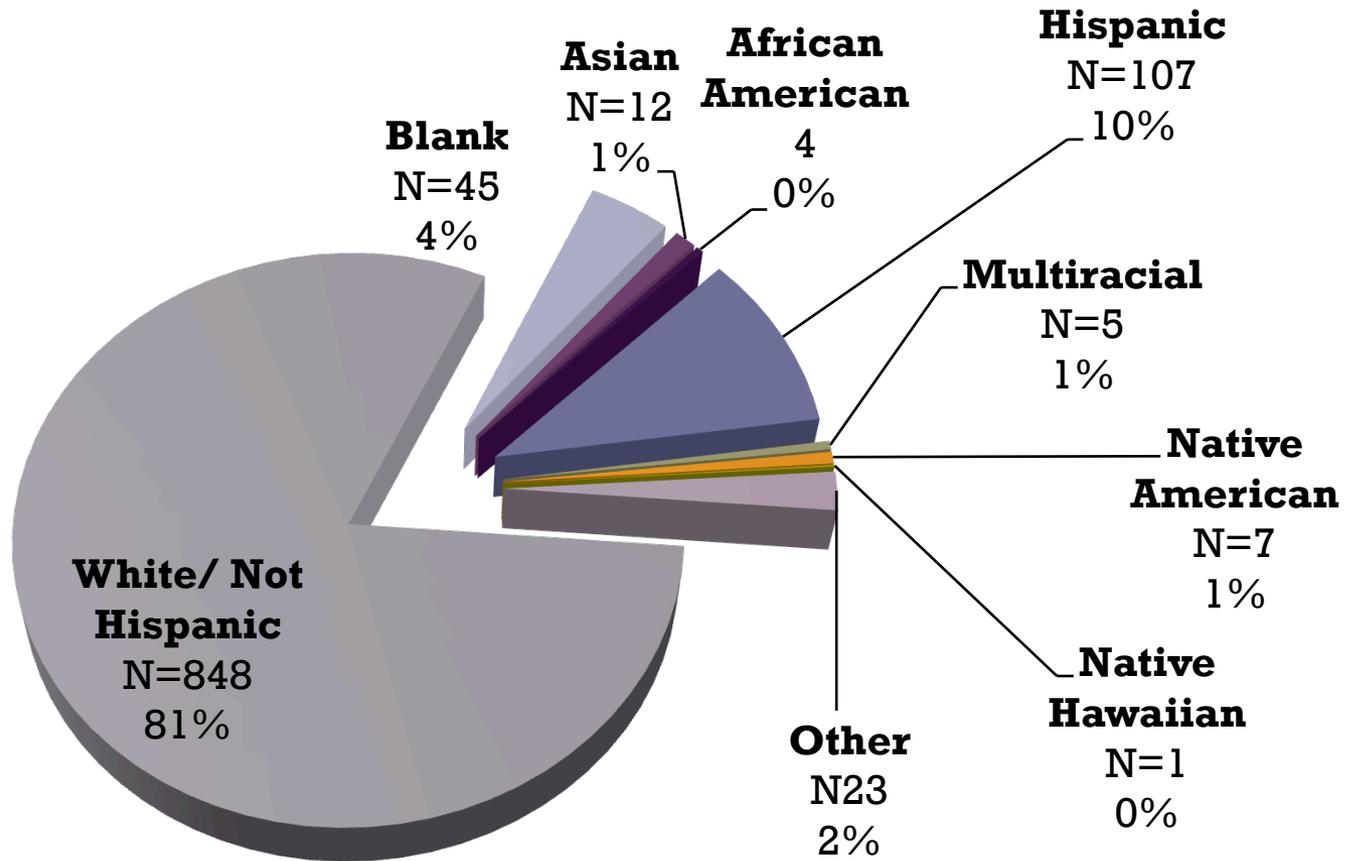


## + Survey Population

Respondents to Countywide Survey

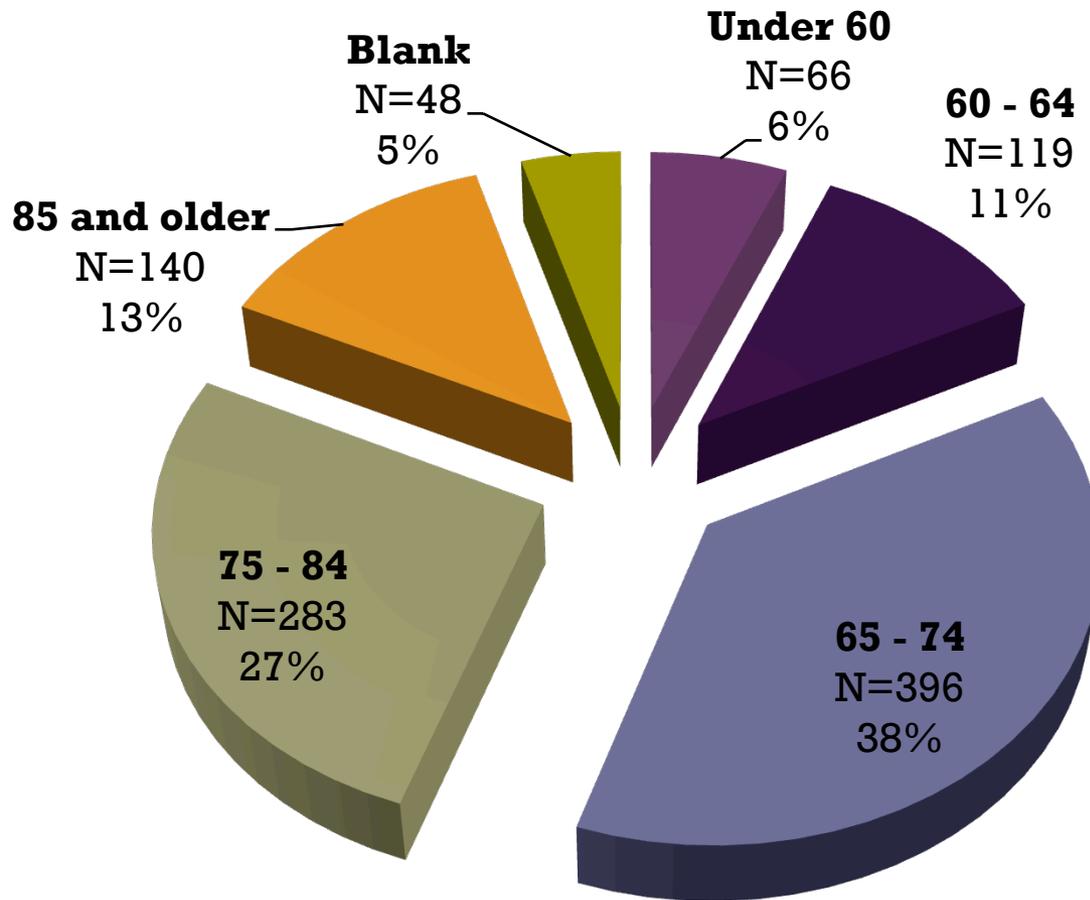
# Respondents Shown by Ethnicity

(Total N=1052)



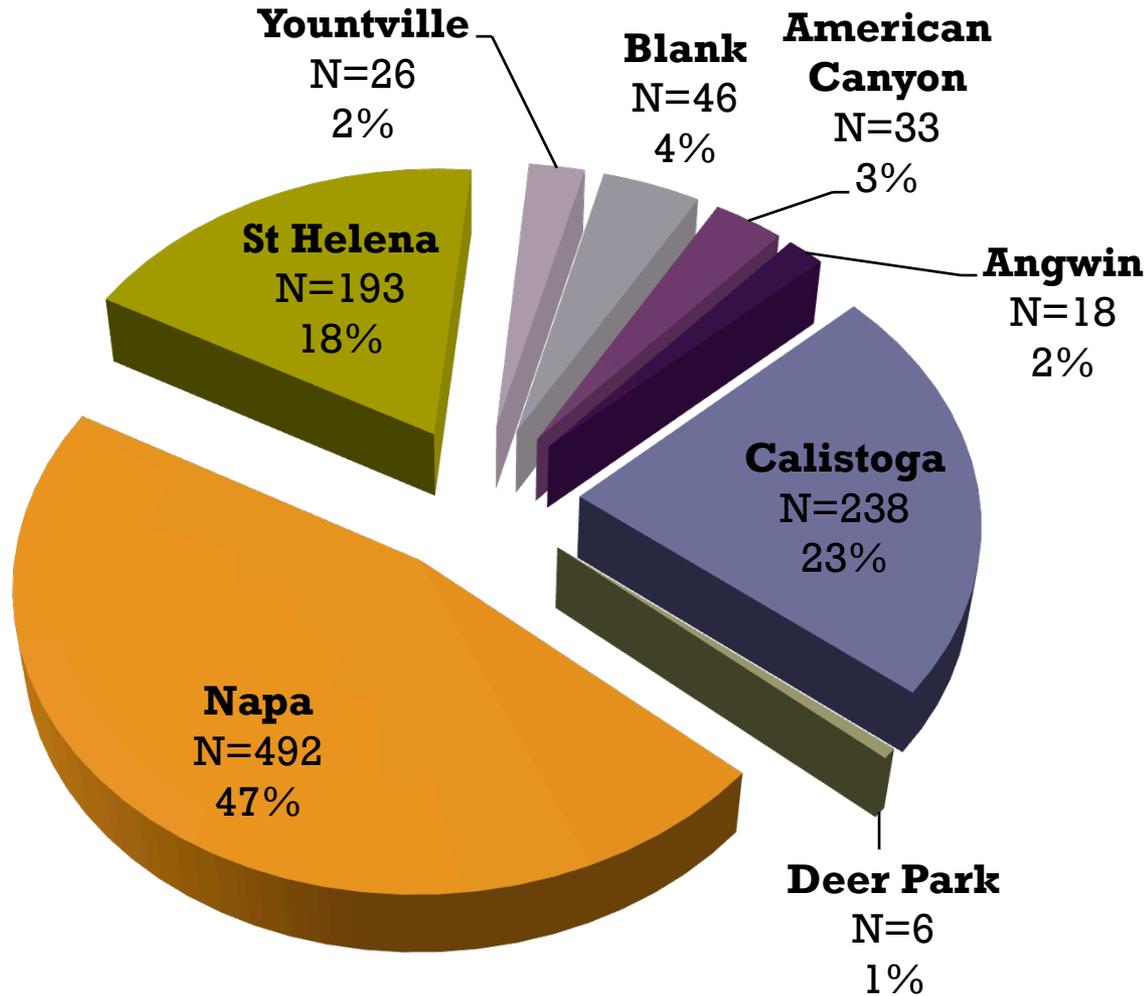
# Respondents Shown by Age Category

(total N= 1052)



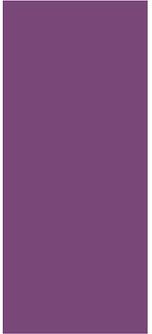
# Respondents Shown by Location

(total N=1052)

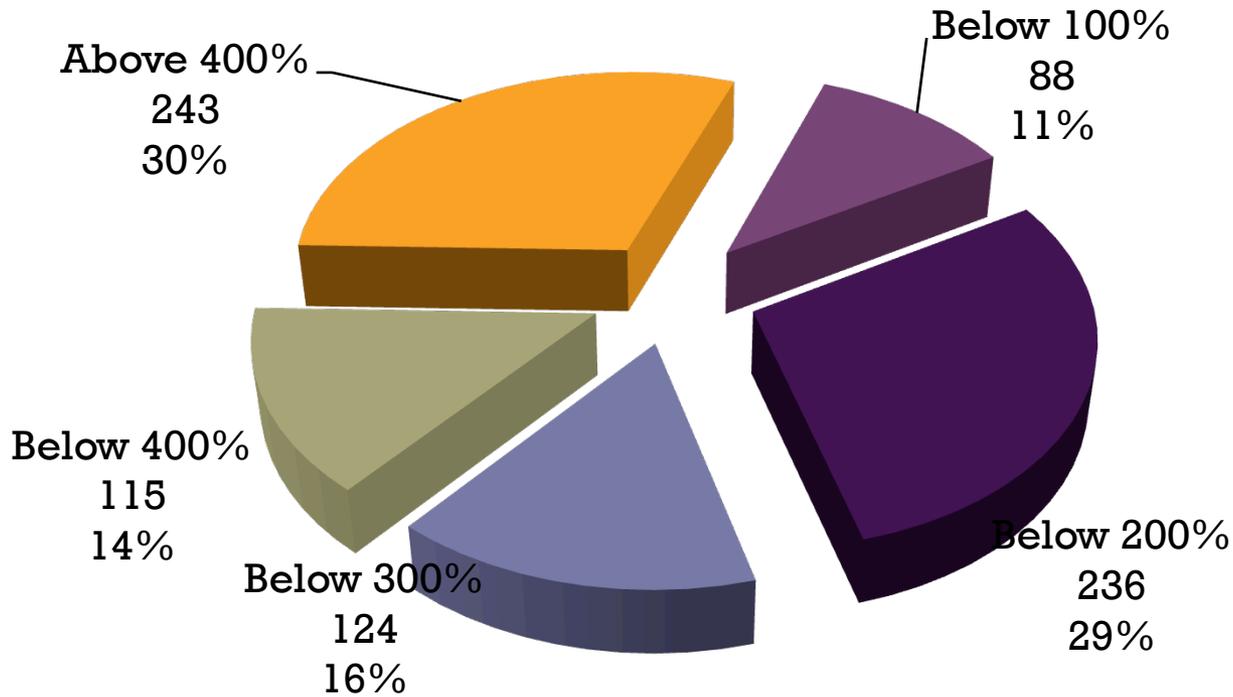




# Respondent Income Status



**Income Reported Matched to Federal Poverty Guidelines  
(Married and Single Incomes grouped together)  
(Total N=806)**



# + Financial Challenges for Respondents

## Living in Poverty\* Had Trouble

- 42% paying for housing
- 40% paying for utilities
- 56% paying for dental care
- 33% paying for medications
- 40% paying for glasses
- 37.5% paying for home repairs
- 49% paying for social events

*(\*at or below \$11,774 annually for 1 person)*

## Living Below 200% FPL\* Had Trouble

- 30% paying for housing
- 22% paying for utilities
- 49% paying for dental care
- 31% paying for medications
- 35% paying for glasses
- 30% paying for home repairs
- 36% paying social events or caring for a pet

*\*(Federal Poverty Level, e.g. up to \$23,500 annually for 1 person)*



# Lack of Financial Resources for Basic Living Needs



## Below 100% FPL

- 48% skipped meals
- 18% skipped medications
- 28% skipped medical treatments

## 100% - 199% FPL

- 32% skipped meals
- 16% skipped medications
- 17% Skipped medical treatments





# Where they live...

---

## Own or Rent

- Nearly 53% own their homes
- 27% rent
- 13.4% rent mobile home space

## Type of Dwelling

- 46% live in a house, condominium or townhouse
- 9.5% live in an apartment or boarding house
- 28.4% live in a mobile home
- 1% live in an assisted living situation (Board & Care, Veterans Home, Assisted Living)
- 9.5% live in independent senior living residence



# + Connections to Others

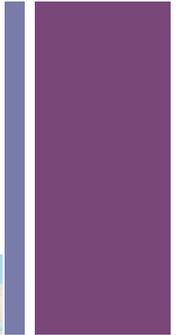
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- 42% are married or living with a partner
- 8% live with children
- 42% live alone
- 77% have children; 53% have children within 50 miles
- 35% see friends or family daily; 43% see friends weekly; 10% monthly or 10% seldom
- 75% participated in social activities in the past week
- 39% volunteered in the past month





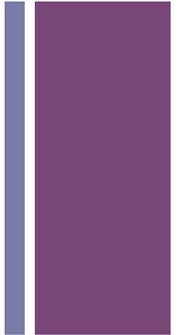
# Quality of Life in Napa Valley





# Life In Napa Valley Communities

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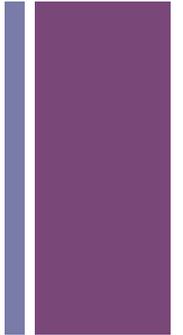
- 82% said Napa is a good place to live; 14% said somewhat and 1% said it's not
- 89% are satisfied with their neighborhood; 6% are not
- 13.5% feel that they have a lot of influence in their neighborhood; 47% feel they have some influence.
- 79% believe their neighbors are trustworthy and helpful.
- 90% feel safe alone in their neighborhood
- 74% have lived in the Valley more than 10 years (40.5% more than 30 years)





# Someone to Call or Help

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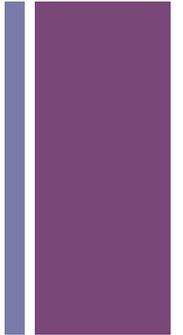
- 50% report often doing or receiving favors from neighbors; 42% report not often doing or receiving favors
- 68% report they have someone to turn to if they have a problems
- 13% do not have someone they could turn to and 15% don't know if they do
- 85% have someone to call in an emergency
- 78% have someone who could help if they were sick a short time
- 63.5% have friends or relatives that can help if they are sick for a long time; **18% do not and 15% don't know if they do**





# Caring for Others

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- 18% care for a relative or friend
- 72% of those are caring for a relative, spouse or partner
- 14% are caring for a friend
- 27% are caring for a grandchild or child
  
- 17.4% of those 65-74 care for others
- 15.5% of those 75-84 care for others
- 14% of those 85 and older are caring for others
  
- 52% often have help
- 24% occasionally have help
- 25% never have help



# + Help for Caregiving

- 80% know where to find help with caregiving
- 58% would use respite services
- 18% have used professional caregiving services
- 60% are aware that paid caregivers must have a permit





# Mobility: Transportation

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- 85.5% agree that public transportation is available
- Only 8% use it often
- 24% seldom use it
- 60% never use it





# Transportation Mode Most Often Used

- **69% drive themselves**
- 9.5% with friends or family
- 4% most often walk
- 5% most often take public transit
- 1% use taxis
- 2% use paratransit
- 1.3% use volunteer transit

## Adjusted for age

- **73% of those 75-84 drive themselves**
- **48% of those 85 and older drive themselves**





# Serious Problems of Living Independently

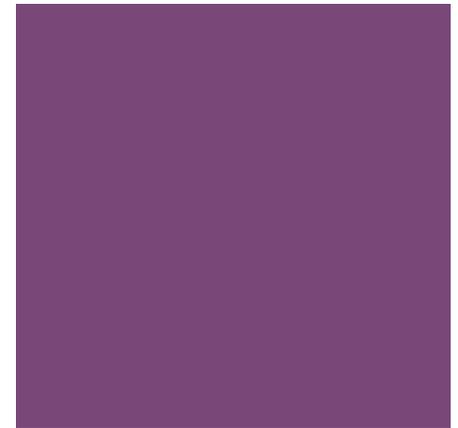
## All Respondents

- Affordable housing (15%)
- Having enough money (14%)
- Walking (9%)
- Crime (9%)
- Cultural/language (7%)
- Caregiving (7%)



## Respondents Below 200% FPL

- Having Enough Money (27%)
- Affordable Housing (22%)
- Crime (15%)
- Employment (15%)
- Walking (13.5%)
- Affording Medications (13%)
- Language barriers (12%)
- Receiving benefits (13%)
- Not enough food (12%)
- Paying for utilities (12%)
- Loneliness (11%)
- Legal Affairs (11%)



+ Health & Wellness



# Health Status

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- 89% have a primary care doctor
- 20.5% said finding health care or a doctor was a minor or serious problem for them
- 11% saw their doctor 12 or more times
- 10.5% saw their doctor 7-11 times
- 28% saw their doctor 4-6 times
- 43.5% 1-3 times and 3% not at all





# Medical Visits This Year

## All Respondents

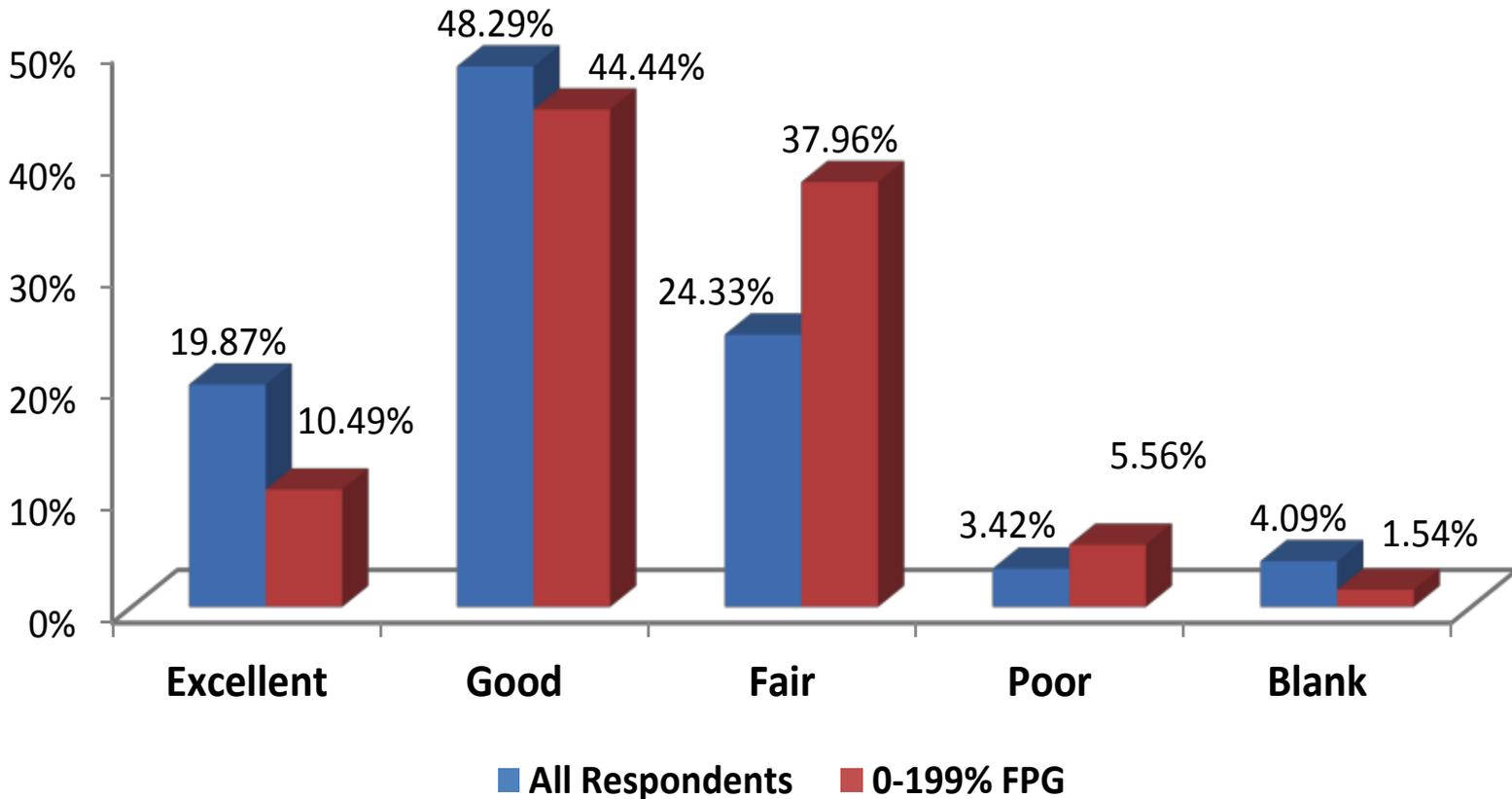
- 26% went to the ER 1-2 times
- 5% went 3 or more times
- 25% were hospitalized
- 18% 1-2 times; 2.5% more than 3 times

## Respondents w/o Primary Care

- 33% went to the ER 1-2 times
- 4.5% went more than 3 times
- 13.5% were hospitalized



# Self-rated Health Shown for: All Respondents (N=1052) Respondents below 200% FPG (N=324)



# + Had Regular Check-Ups

Blood Pressure	84%
Flu Shot	74%
Physical Examination	70%
Dental Examination	67%
Vision Examination	61%
Mammograms (women)	53%
Colon (past 5 years)	52%
Prostate (men)	42%
Hearing Test	22%
Memory Screening	8%
Falls Risk Screening	8%

# + Chronic Conditions

<b>Chronic Condition</b>	<b>All</b>	<b>Under 200% FPL*</b>
Cancer	40.4%	47.5%
Diabetes	18%	25%
High blood pressure/Stroke	18%	25%
Heart Disease	15.5%	23.5%
Asthma	9.4%	9%
COPD/Emphysema	6.3%	12.7%
Alzheimer's/Dementia	3%	7%

\*\$23,540/one person; \$31,860/2 people



# Physical Activity in the Past Week

## Walking or Exercising 20 Minutes or More During the Week

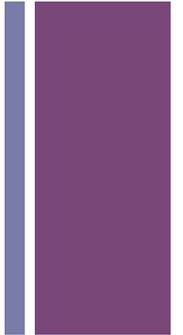
0 Times	1-3 Times	3-5 Times	Daily	Blank
12.5%	26%	36%	21.5%	4%



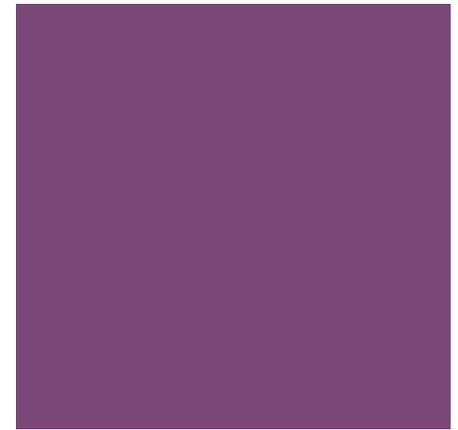


# Other Health Related Issues

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- 20% have fallen in the past 6 months
- 19% use alcohol daily
- 9% said alcohol/substance use was a minor or serious (3%) problem for them
- 5% reported using tobacco
- 17% said having enough food was a minor or serious problem for them
- 64% have an Advanced Healthcare Directive
- 57.5% have shared the Directive with their doctor and their family

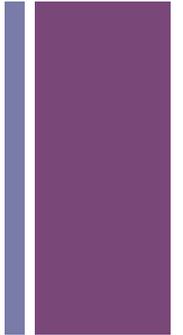


## + Mental & Emotional Health



# Emotional Wellbeing and Safety

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- 30% have needed help for depression
- 11% feel anxious most of the time and 11% limit activities due to anxiety
- 34% are worried about their memory
- 26% lack energy most of the time
- 12% have experienced or know someone that experienced danger from someone at home
- 3% currently don't feel safe from harm; 4% don't know



# Greatest Worries & Concerns

- Illness (146)
  - Death (106)
  - Independence (101)
  - Finances (93)
  - Family Relationships (82)
  - Loneliness (80)
  - Cognitive Health (68)
  - Depression (59)
  - Caregiving (57)
  - Anxiety (42)
- 57% often or sometimes need someone to talk to about worries or concerns; 38% never do
  - 57% would seek help; 5% would not and 21% don't know if they would





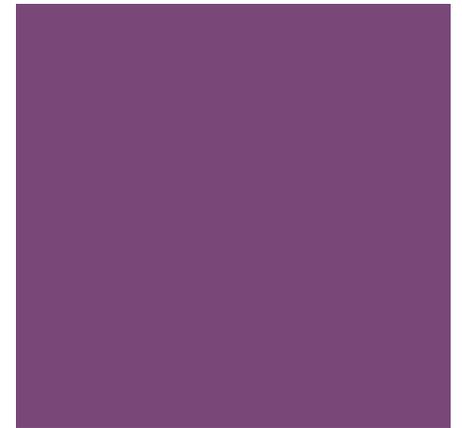
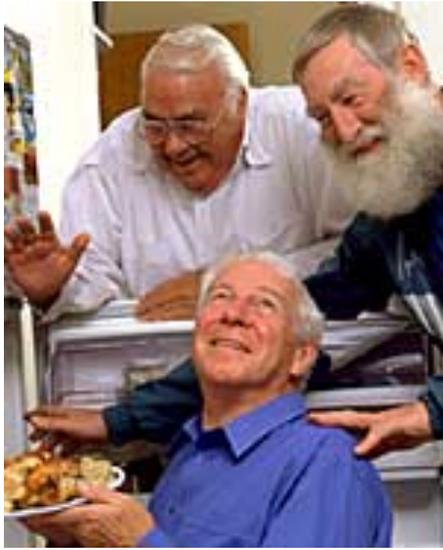
# Best Way to Receive Help

## Place

- 36% prefer their home
- 13% prefer the doctor's office
- 7% prefer the senior center
- 6% prefer their church
- 16% prefer other sites

## Person

- 39% prefer talking with a friend or family member
- 23% prefer a therapist
- 8.6% prefer a support group
- 4% prefer a religious leader
- 3% prefer a peer counselor
- 7% prefer other



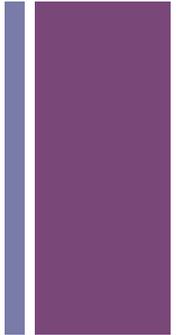
## + Services & Support



# Finding Services

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- 50.5% turn to a friend/family member for information
- 35% Senior Center
- 31% Internet
  - 74% have access/57% of low income do
  - 69% know how to use
- 30% Doctor
- 27% Telephone Book
- 27% AAA Senior Guide
- 24% Newspaper
- 19.6% Church
- 17.6% Area Agency on Aging
- 15% Napa County Social Services
- 11% Family Resource Center
- 10% Radio/TV





# Reason For Not Using Services

- 50% Don't need them
- 14% Don't know how to find them
- 13% Can't afford them
- 8% Distance from home
- 4.5% Transportation
- 1.4% Language



# + Services Most Likely to Need in the Future

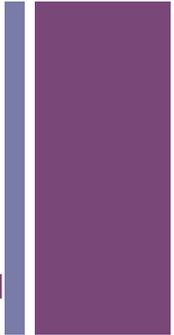


1. **Senior Housing (210)**
2. **Assisted living (183 )**
3. **Low cost dental care (177)**
4. **Home health aides (144)**
5. **End of life support (135 )**
6. Visiting nurse services (104)
7. Long term care facilities (100)
8. Transportation to services (95 )
9. Vision/Glasses (93 )
10. Help paying for medications (74)
11. Hearing aids (73)
12. Dementia/Alzheimer's support 67
13. Adult day care services 67
14. Nursing homes 66
15. Social services support 53
16. Counseling or support for problems or worries, grief or loss, etc. 49
17. Respite services for caregivers 46
18. Mental health services 44
19. Veteran's Services 44
20. Chore or homemaker services 40
21. Help billing insurance 37



# Services Ranked by Critical Importance – All Respondents

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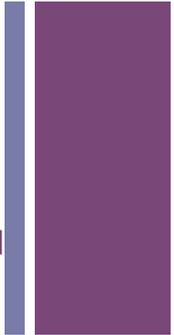
1. Emergency Response
2. Transportation for Disabled
3. Hearing Aids
4. Senior Centers/Senior Group Activities
5. Grocers Nearby
6. Recreational Activities
7. Meals on Wheels
8. Transportation to services
9. Senior Housing
10. Social services Support
11. Assisted Living
12. Dementia/Alzheimer's Support



# Services Ranked by Low Availability

(N=1052)

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1. Senior Housing
2. Assisted Living
3. Nursing Homes
4. Transportation to Activities
5. Long Term Care
6. Social Services Support
7. Transportation to Services
8. Recreational Activities
9. Cultural Activities
10. Disabled Housing
11. Transportation for Disabled
12. Educational Programs



# + Services Ranked by Critical Importance by 80% of Respondents

At or Below 200% of FPL/Below Self-Sufficiency

---

1. Meals on Wheels
2. Alzheimer's/Dementia Support
3. Vision/Glasses
4. Grocers Nearby
5. Assisted Living
6. Senior Recreational Activities
7. Food Sources
8. Senior Centers/Group Activities
9. Transportation to Activities
10. Long Term Care
11. Elder Abuse and Neglect Services
12. Help Billing Insurance



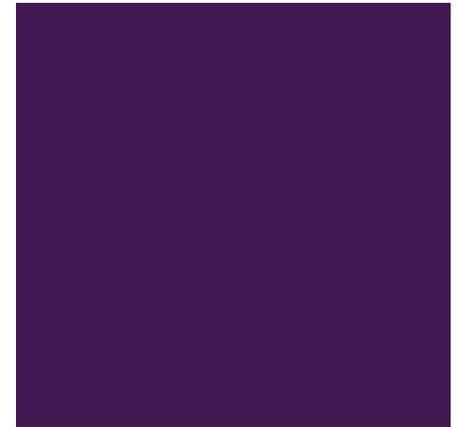
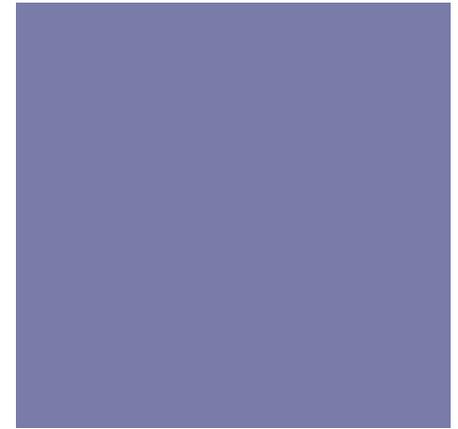
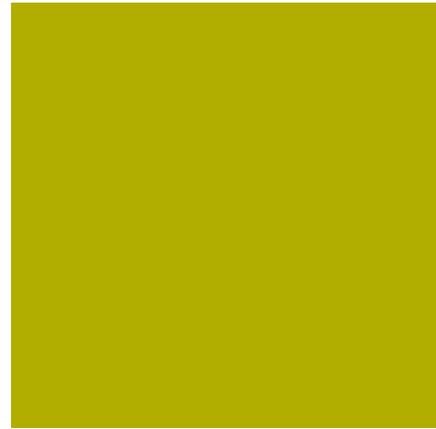
# Services Ranked as Lowest Availability

At or Below 200% FPL/Self-Sufficiency

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1. Nursing Homes
2. Long Term Care
3. Education Programs
4. Senior Center/Group Activities
5. Disabled Housing
6. Transportation for Disabled
7. Hearing Aids
8. Vision/Glasses
9. Veterans' Services
10. Chore/Homemaker Services
11. Low Cost Dental Care
12. Home Repair Services

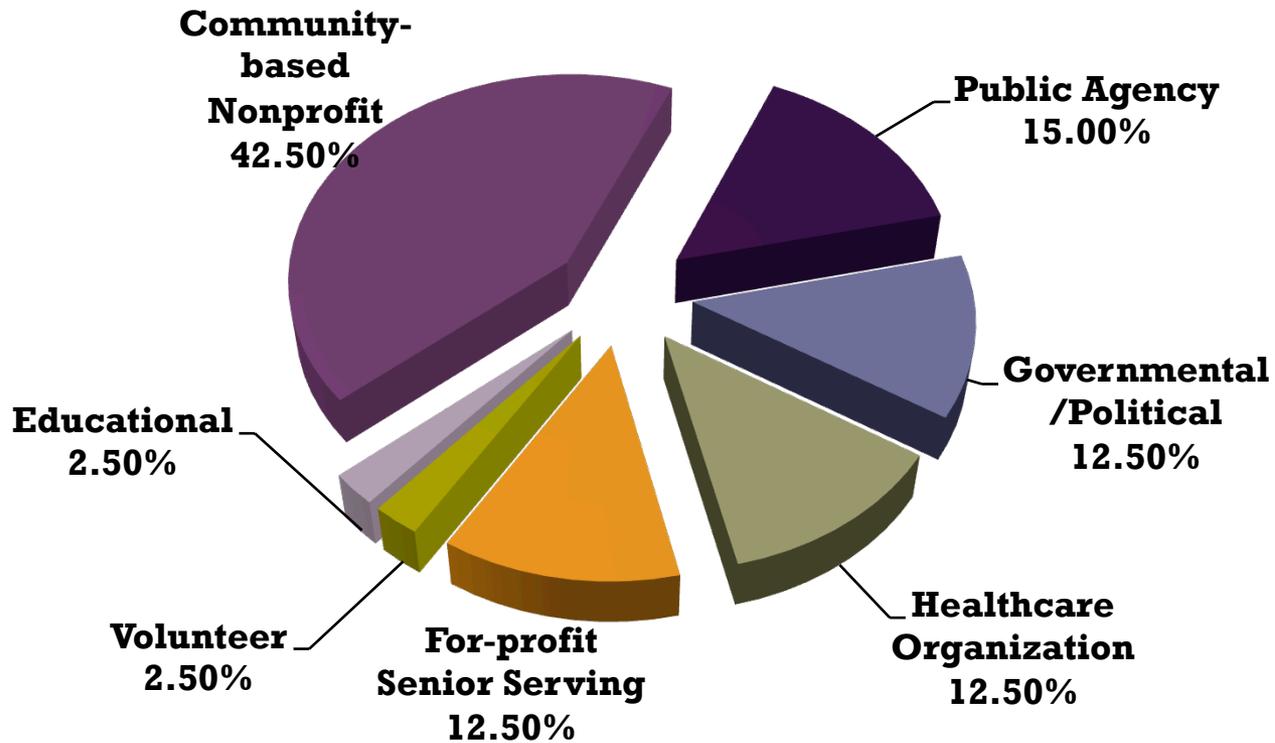




# Community Provider Survey Results

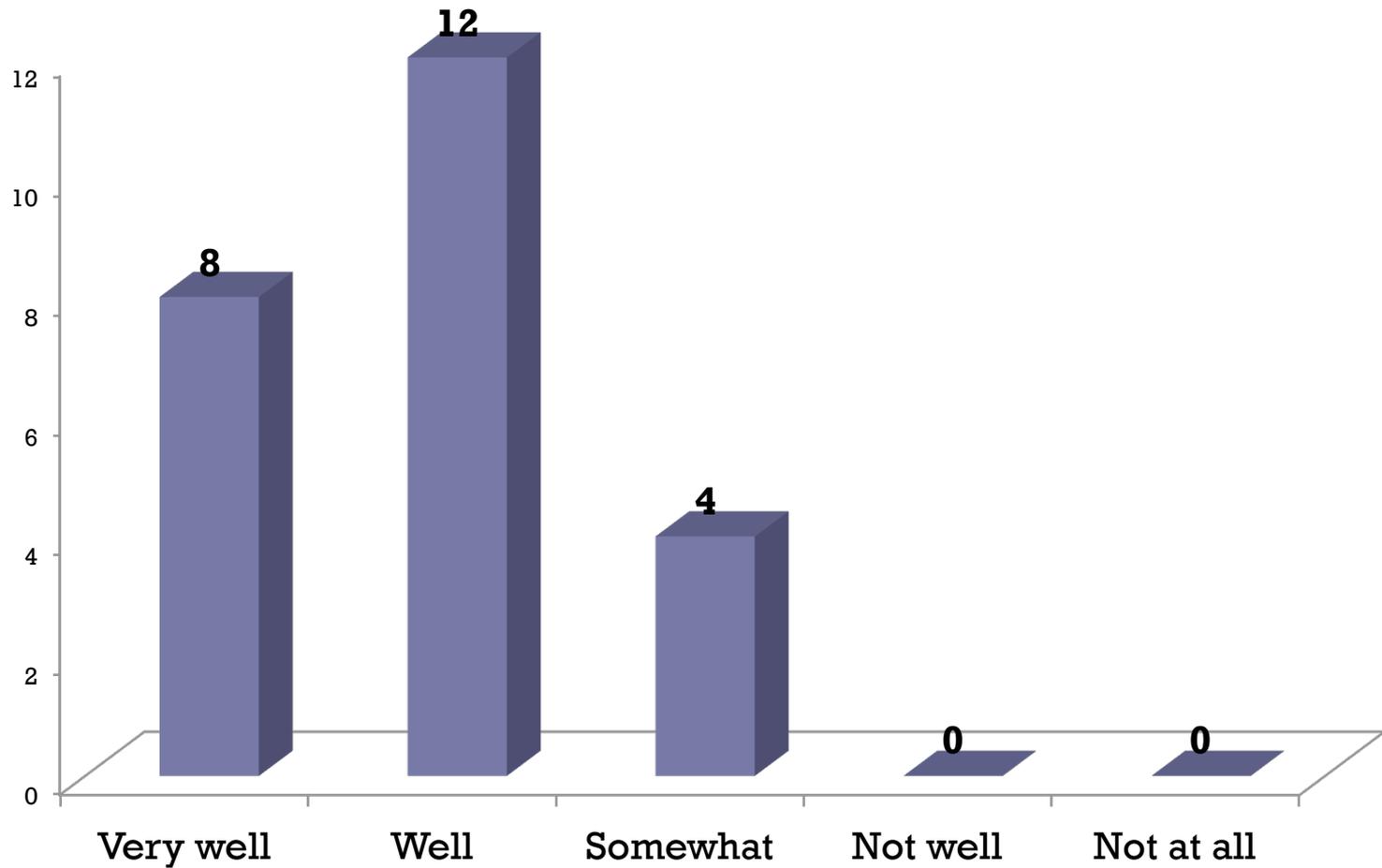
Online Survey 2015

# Respondents' Organization Types (Total N=40)



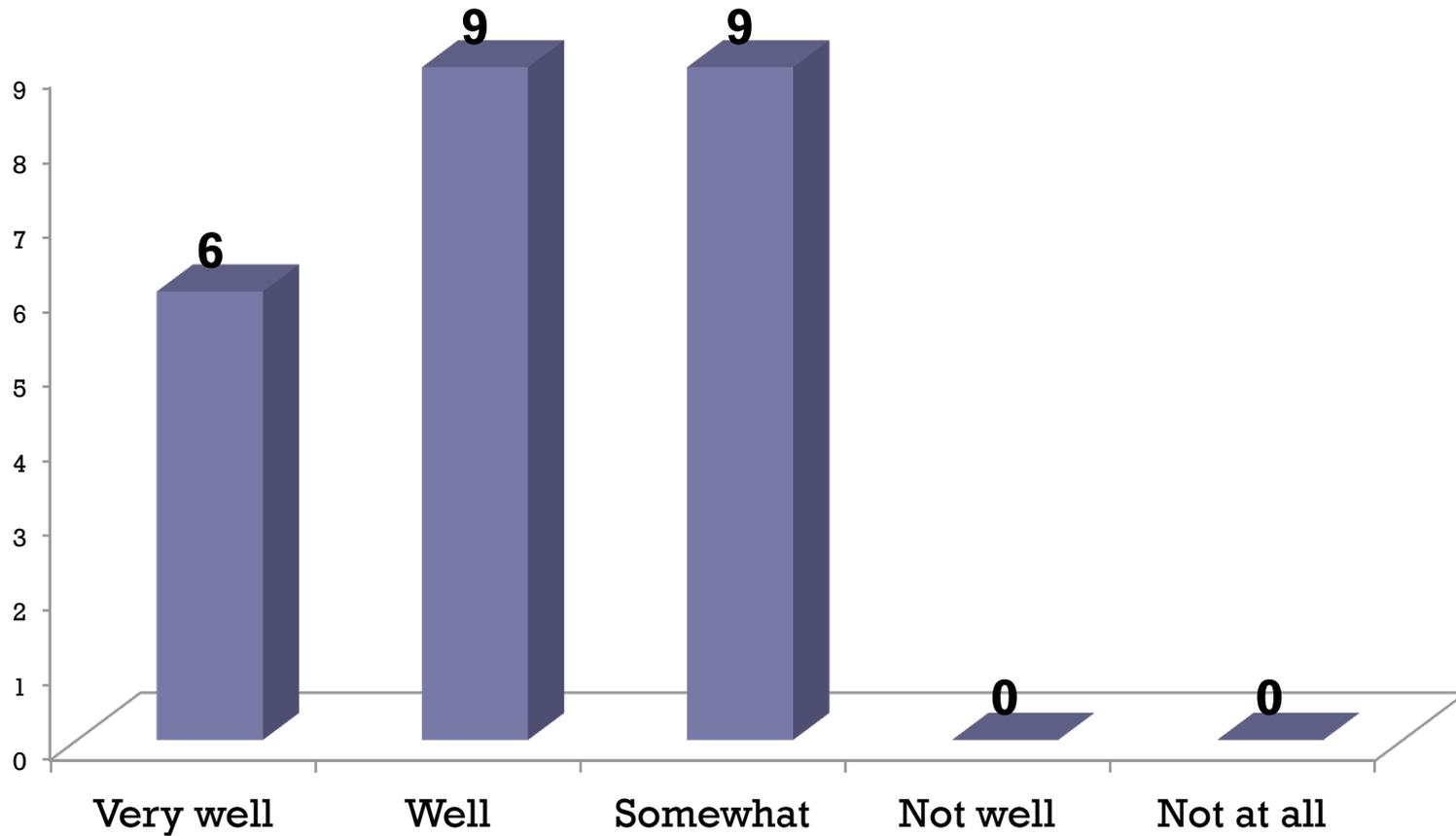
\*31 respondents report agency provides services countywide

## Ability to Meet Demands for Services (N=24)



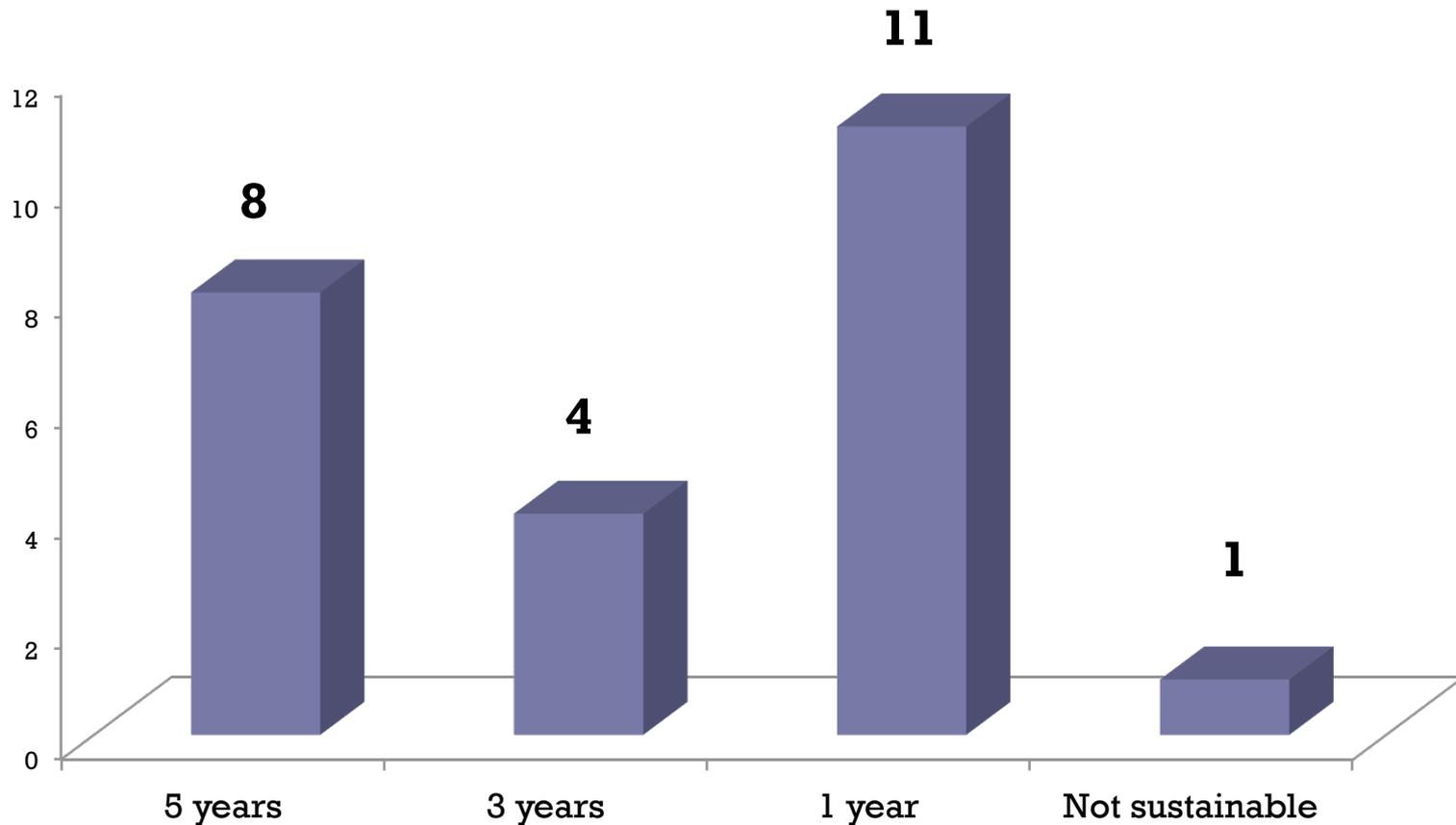
# Ability to Grow Programs to Meet Demands

(N=24)



# Funding Sustainability of Current Programs for Older Adults

(N=24)



# + Top 5 Gaps in Services Countywide

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1. **Senior housing**
2. **Transportation to services**
3. **Low cost dental care**
4. Financial management services
5. Mental Health services



 +  
Ranked Critically Important by  
75% of Respondents

Service	Critical Importance
Transportation to Services	35
Meals on Wheels	35
Low cost dental care	35
Transport for Disabled	34
Emergency Response	34
Vision/Glasses	34
Elder abuse and neglect services	32
Senior housing	32
Food sources (food banks, etc)	31
Mental health services	31
Dementia and Alzheimer's support	31
Veteran's services	31
Assisted living	31
Personal Caregiving	30
Hearing aids	30
Durable medical equipment	30
Long term care	30
Disabled Housing	30

Service	Low Availability
Senior housing	37
Long term care	34
Low cost dental care	34
Transportation to Activities	32
Skilled Nursing homes	32
Hearing aids	32
Assisted living	32
Vision/Glasses	32
Help acquiring and understanding insurance	31
Respite services for caregivers	31
Counseling or support for problems, worries, grief, loss, etc.	31
Disabled Housing	31
Transport for Disabled	31
Transportation to Services	31
Legal Assistance/Counseling	30
Substance abuse services	30
Personal Caregiving	30

  
 Ranked as Least Available by 75%
   
 or More of Respondents



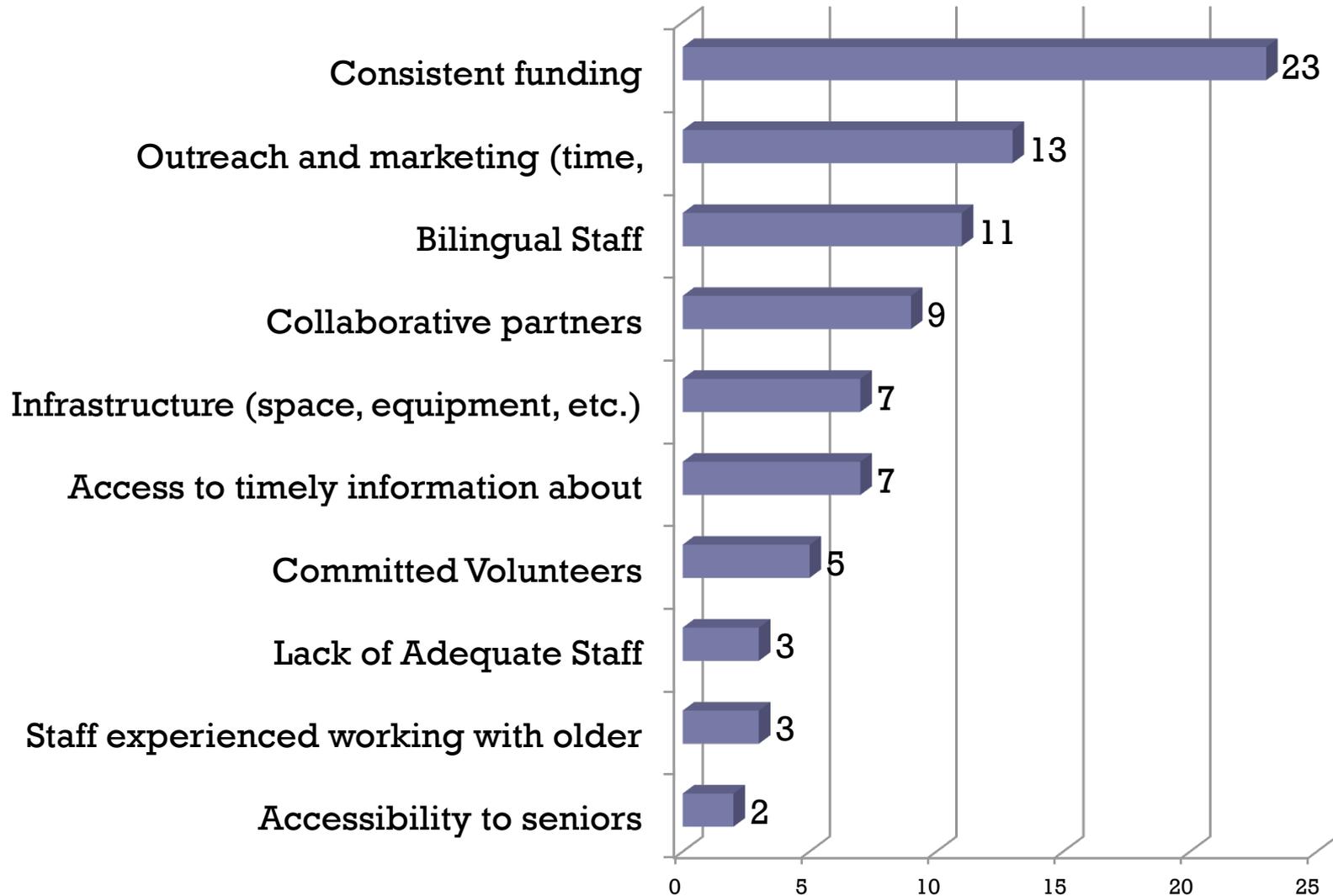
# City by City Gaps

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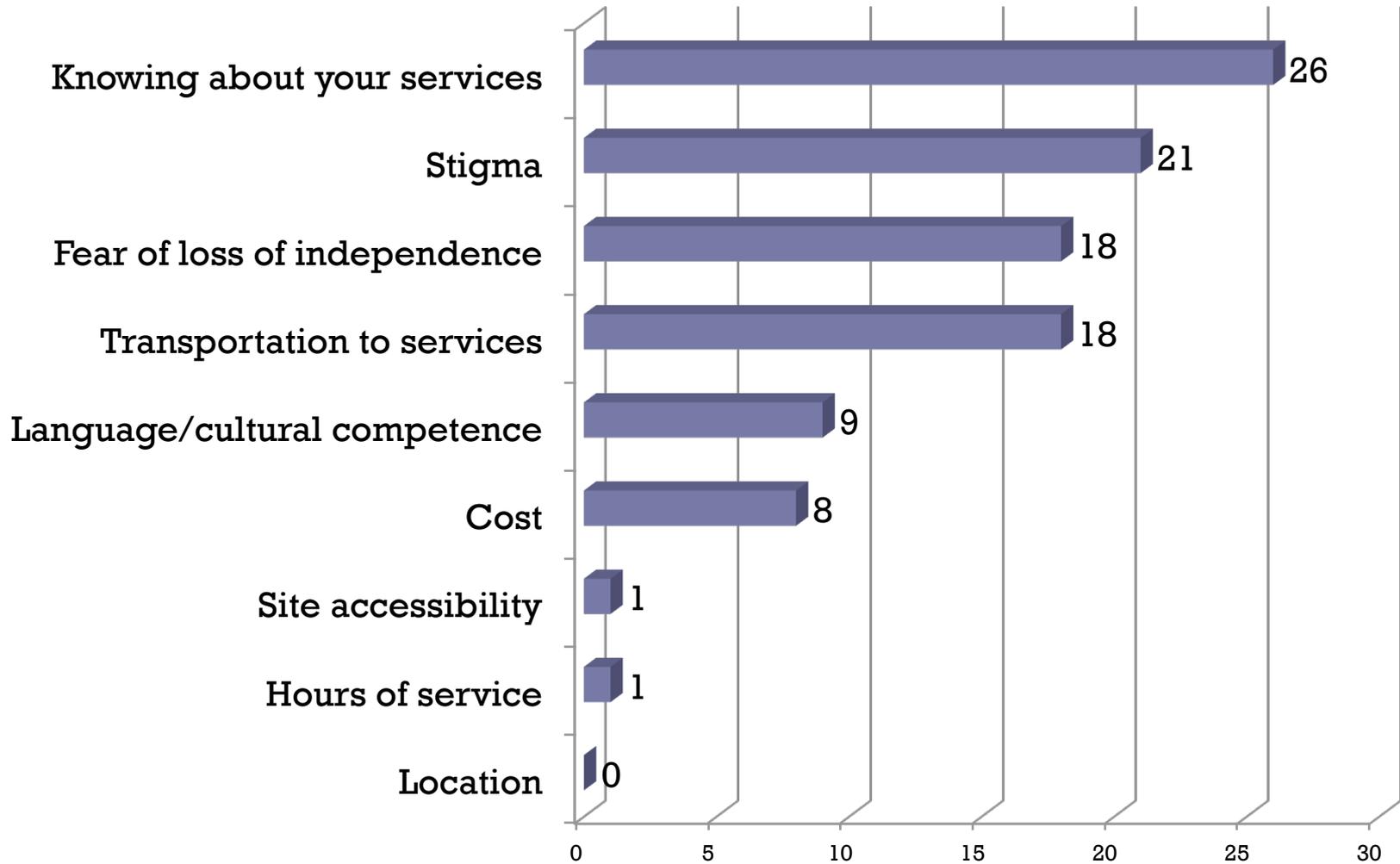
- Senior housing showed as #1 gap in Napa, Calistoga, American Canyon, and Yountville and #2 in St. Helena
- Transportation to services showed as #1 gap in Angwin, St. Helena, Deer Park, Berryessa, Pope Valley and #2 in American Canyon

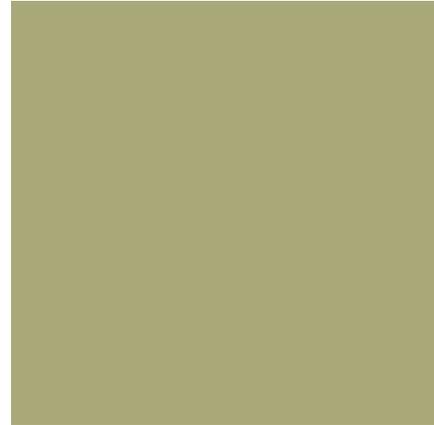


# Most Significant Obstacles to Delivering Services to Seniors



# Most Significant Barriers for Seniors to Access Services



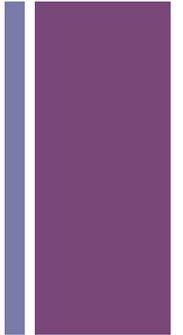


# Senior Policy Summit Follow-Up

Healthy Aging Population Initiative Retreat  
January 2016



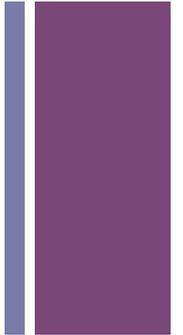
# Our Vision (Revised from 2004)



- Older adults living in Napa County will have a quality of life that allows them to remain healthy, safe, secure and independent for as long as possible. Napa County will have aging-friendly communities that provide equitable access to older adults at every stage of life or circumstance - at home, displaced or in appropriate supportive environments.



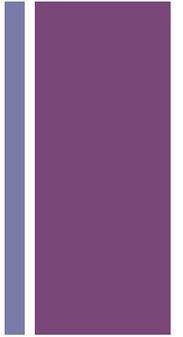
# Our Purpose



- The purpose of the Healthy Aging Population Initiative (HAPI) is to collectively research, plan and implement coordinated programs and services that address the needs of Napa County older adults at every stage of life and collaboratively advocate for policies and resources that create sustainable change to achieve our vision.

# + Target Population

- We serve all Napa County older adults and their caregivers at all stages of life and levels of independence

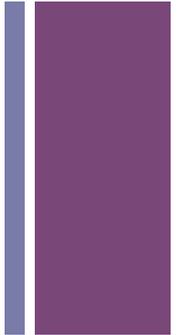


# + Guiding Values

- Collaborating at all levels and across sectors
- Leveraging strengths and resources to build cost effective and expert responses
- Providing equitable access for all older adults to services and supports
- Staying focused on needs and desires of Napa County's older adults
- Acting with respect and understanding for older adults
- Being inclusive and respectful of diversity
- Continuously improving through input, engagement, reflection to assure quality and responsiveness to the needs of our community
- Striving for High quality, effective services utilizing best practices and innovation adapted to our community
- Developing a workforce able to meet the needs of older adults at all stages of life
- Being nimble and able to adapt to changing issues
- Addressing emerging, immediate as well as long term needs



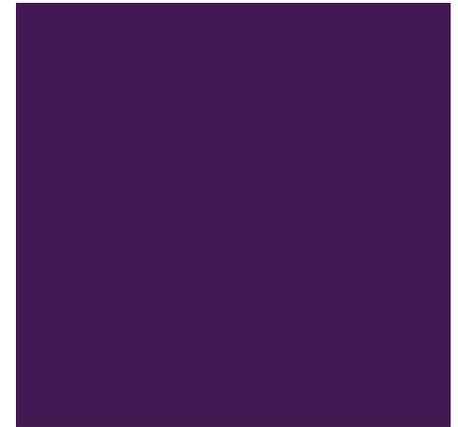
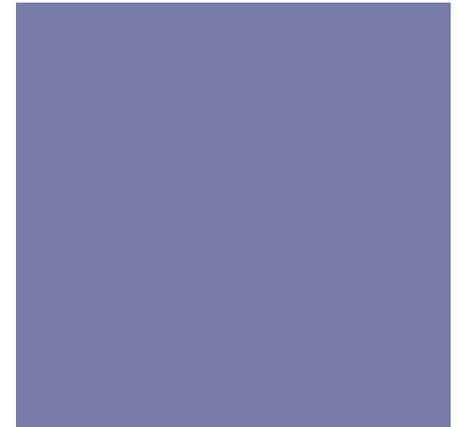
# Criteria for Assessing Program, Strategies and Policies for Action



- Ability to implement
- Potential for sustainability
- Buy-In from Key Partners and Policymakers
- Cost Effectiveness – Advantageous Cost/Benefit Ratio
- Accessible Resources/Community Assets to support
- Evidence-based or best practice models adaptable to community
- Level of need and interest
- Improves equity of access
- Builds capacity
- Serves needs countywide or targeted to specific needs or county sector
- Fundable
- Measurable



Addressing Identified Needs



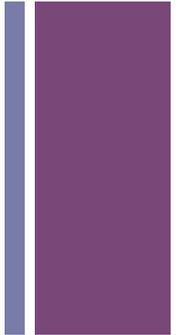
## Priority Focus Areas for Planning and Implementation

Outcomes and Strategies

# + Housing

## **OUTCOME:**

Napa older adults have a continuum of options for safe, affordable, appropriate housing at all stages of life and income levels.

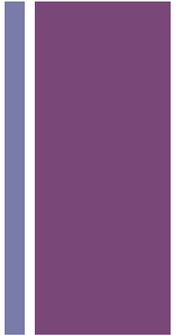


# + Housing

Priorities	Measures
<ul style="list-style-type: none"> <li>• Create a financing strategy to build affordable &amp; low income housing</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting housing element requirement for number of housing units- ABAG</li> <li>• New funding streams identified</li> </ul>
<ul style="list-style-type: none"> <li>• Remove state and local barriers to allow for more housing options through intensive mobilized advocacy at all levels</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile Home Residency laws changed to allow for home share</li> <li>• Senior park conversion law changed</li> <li>• Zoning allows granny units (Marin County Model to rent rooms)</li> <li>• Zoning maximizes housing unit density</li> <li>• Equity component promotes affordable housing</li> </ul>
<ul style="list-style-type: none"> <li>• Develop new and creative strategies for housing solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies working in other communities are implemented (Utah, Austin)</li> </ul>



# Outreach, Education and Linkages to Services & Supports



## **Outcome:**

Older adults are empowered and informed on how to access services before a crisis occurs through outreach and education that is multifaceted, multi-centered and high touch.



# Outreach, Education & Linkages

Priorities	Measures
<ul style="list-style-type: none"><li>• Network of Care Website provides support systems to bring updated information from agencies to the website</li></ul>	<ul style="list-style-type: none"><li>• Implemented, up to date website</li><li>• Number of agencies/services listed and updated on regular schedule</li><li>• Google analytics: # of those access site</li><li>• Number of trained volunteers/staff</li></ul>
<ul style="list-style-type: none"><li>• Support marketing /communications of resources to reach nontraditional locations with electronic and paper tools, e.g. pharmacies and first responders, to inform them of resources and referral strategies</li></ul>	<ul style="list-style-type: none"><li>• Number of tools distributed</li><li>• Number of pharmacies and responders reached</li><li>• Agencies tracking and sharing how clients heard about them</li><li>• Satisfaction survey</li></ul>
<ul style="list-style-type: none"><li>• Designated local access points</li></ul>	<ul style="list-style-type: none"><li>• Active access hubs located throughout county</li><li>• Tools and Information for all</li><li>• Older adults and staff trained and knowledgeable in I&amp;A</li></ul>

# + TRANSPORTATION

## **Outcome:**

Older adults maintain a sense of independence with accessible, timely, affordable, appropriate, safe and reliable transportation including transportation for medical purposes.





# Transportation/Mobility

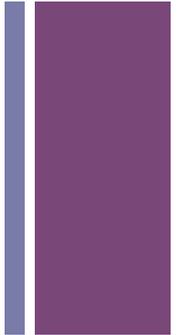
Priorities	Measures
<ul style="list-style-type: none"><li>Molly's Angels volunteers will concurrently sign up passengers for Vine-Go and taxi script</li></ul>	<ul style="list-style-type: none"><li>Decline in demand for Molly's Angels</li><li>Increase in Vine-Go utilization</li></ul>
<ul style="list-style-type: none"><li>Personal car services encouraged, (Uber, LIFT, limos)</li></ul>	
<ul style="list-style-type: none"><li>Maintain active engagement and advocacy with NVTa to assure appropriate options for older adults throughout the Valley</li></ul>	<ul style="list-style-type: none"><li>Increased utilization of transportation</li></ul>

## Immediate Strategies:

Review all users of Molly's Angels and sign them up for taxi script and Vine-Go  
Distribute transport resources and partners to users and community partners



# Healthcare



## **Outcome:**

- All older adults have equal access to and utilize a continuum of quality, comprehensive healthcare that meets individual needs.

# + Healthcare

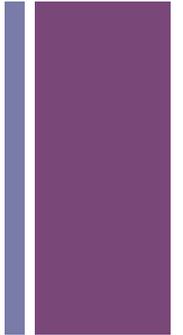
## Priorities

- Provide a menu of coordinated, community-wide Older Adult and Family Education that leverages providers expertise and is delivered in community settings (hubs), including SA harm reduction, Fall Prevention, Aging, Cognition, Mental Health, Stigma reduction, Chronic diseases
- Build capacity of existing intervention models, including case management such as: HMHAP, CARE Network, Fall Prevention, Alzheimer's/Dementia respite, MH Crisis intervention
- Affordable dental care
- Integrated, coordinated continuum of care model
- Workforce Development that tackles challenges such as pay, diversity, community affordability
- Medical/Legal Partnership

**Next step strategy: Convene discussion with healthcare providers, QV, Ole Health, Kaiser, St. Helena and HAPI to plan forward, esp. for lower income OAs; Survey Health Education Providers**



# Quality of Life



- Develop Live Healthy Napa County O&A Component that plans and implement a long term strategy to build an aging-friendly county and cities.
- Focus on Policy and Practice development related to quality of life; look at Blue Zones, livability and vitality projects being implemented by WHO/AARP aging friendly communities
- This is our vision statement realized.

## Input from members of the Innovations Community Center

*September 2016*

After an introduction about the Mental Health Services Act and the funding available for innovative mental health services and supports, the participants shared the following ideas:

- **Better Transportation** To get to services and for activities
- **Affordable Housing** Low income housing supports
- **Working training and coaching** Start a business, job development, help in finding and keeping a job
- **Additional support** Speakers, psychodrama, arts for healing (e.g., music, acting, yoga, tai chi)
- **Additional activities** Field trips, Bingo, dances, parties
- **Benefits counseling** Understanding IHSS, Social Security and other potential supports
- **Peer to peer counseling** 1:1 for people who don't like to talk in groups, home visits

These ideas have been summarized as a data resource for individuals working to develop an innovation plan.

**HHSA Final Strategic Plan**  
**April 29, 2016**

Mission

*We are on a **MISSION** to serve our community and support its health and well-being.*

Vision

*Our **VISION** is a community in which ALL people have the opportunity to experience fulfilling lives.*

Values

*We will serve with:*

- **COMMITMENT** to our community
- **COLLABORATION** with our community and
- **COMPASSION** for our community

## ***Goals and Strategies***

### **1. Improve health equity in our community**

- Provide services when, where and how the community needs them, i.e., placed-based services
- Continue to participate as an agency in *Live Healthy Napa County* (LHNC) as an effective community framework for improving health and wellbeing, and address these LHNC component plans:
  - Trauma and Behavioral Health
  - Poverty Reduction
  - Obesity Prevention
  - Older Adults
- Participate in redesigning the community's existing system to address homelessness and housing
- Implement integrated and division-specific prevention and early intervention services, such as services for children 0-5 years of age
- Continue to develop holistic service models including the "The Hub" and the primary care/mental health/substance abuse partnership
- Anticipate and prepare for a rapidly growing older and disabled adult population and its impact across the agency and community

### **2. Innovate to drive positive change in our services and systems**

- Design a system to manage, analyze and safeguard client data effectively on an agency wide basis
- Pursue continuous quality improvement through Agency efforts such as QuEST, Results Based Accountability and evidence-informed practices
- Support community wide implementation of the Positive Parenting Program ("Triple P")
- Implement a robust agency contract monitoring process to ensure high-quality services

### **3. Attract, retain, support and develop staff**

- Support culture change and practice teamwork through Collaborative Management Ambassadors, Diversity and Inclusion Steering Committee, Race Equity Cohort, LGBTQ training and rollout of Mutual Learning agency wide
- Participate in developing a new County performance management system
- Support agency wide training and organizational development efforts including training that addresses specific staff needs and the skill sets needed for agency culture and practice changes
- Provide opportunities for leadership development through the County leadership academies, a countywide mentorship program, Individual Development Plans and collaborative staff efforts throughout the Agency

### **4. Improve internal and external communications**

- Design and implement a plan for prioritizing, communicating and executing agency wide initiatives
- Redesign and simplify HHS's Internet and Intranet sites
- Create a centralized location where staff and community can easily monitor progress of agency wide efforts
- Utilize Mutual Learning to improve the effectiveness of communication among all levels of staff
- Develop a marketing strategy to effectively convey our story to the community

## ***Guiding Principles***

- ❖ **Health** encompasses all of the Social Determinants of Health—the conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.
- ❖ Improving **health equity** means reducing or eliminating disparities in health that are avoidable, unfair and unjust.
- ❖ **Well-being** includes a range of physical, emotional, economic and social conditions that contribute to an optimal state of living.
- ❖ **Fulfilling** lives are those in which people have the opportunity to achieve an optimal state of health and well-being.
- ❖ Our **community** includes all of the people, neighborhoods, organizations, institutions, towns and cities in our County as well as all Napa County staff.