



# **Napa County Mental Health Division Mental Health Service Act (MHSA) Three Year Plan Fiscal Year (FY) 14-15, FY 15-16 and FY 16-17.**

The 30-day Public Review and Comment Period will take place from Wednesday, March 11 – Friday, April 10, 2015.

A public hearing will be held at a regular meeting of the Napa County Mental Health Board on Monday, April 13, 2015, from 4-6pm.



A Tradition of Stewardship  
A Commitment to Service

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## Introduction

Despite the August 24, 2014, 6.0 earthquake that stunned Napa County residents and the destruction and loss it caused to the County and the community which has exceeded hundreds of millions of dollars and continues to climb, the Napa County Mental Health Division and our contracted community providers continued to offer critical mental health services without interruption. In the hours following the earthquake, county mental health staff and community providers called or visited individuals living in board and care homes within 24-hours and individuals receiving services who were perceived as being at-risk. In short, the Napa community rallied to support the individuals receiving mental health services to ensure their wellbeing and stability.

The Mental Health Division's Mental Health Services Act (MHSA) Three Year Plan for FY 14-15, FY 15-16 and FY 16-17 includes a review of the status of all existing MHSA component projects and includes service updates for FY 13-14 with projected expenditures through June 30, 2017 for Community Services and Supports (CSS), CSS Housing, Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovations (INN) and Capital Facilities/Technological Needs (CF/TN).

The Division's MHSA programs and services have been relatively stable since FY 13-14 with little change in stakeholder approved component plans and programs for FY 14-15, but some adjustments will be necessary in FY 15-16 and FY 16-17 due to reductions in projected PEI revenue and the expenditure of one-time WET funds. While no PEI Programs have been eliminated in FY 14-15 or are slated to be eliminated in FY 15-16, it will be necessary to access \$30,000 in PEI Prudent Reserve funds for FY 14-15 and \$70,000 in FY 15-16 in PEI Prudent Reserve funds to sustain PEI Programs. The removal of the Promotores and Parent Collaborative activities, which have not performed as intended, from the Up Valley PEI Project will also reduce PEI expenditures by \$28,250.

The Division has already initiated or completed several WET Actions, which were reported in previous MHSA Annual Updates - some of those statistics are included below for reference. Staff has sought also sought out partnerships with other regional and state agencies to offer some of these Actions using their own funding in order to extend limited local WET funds, which are projected to be completely expended by June 30, 2017, unless augmented by Community Services and Supports (CSS) funding. See WET Programs on pg. 24 for details.

The Division continues to work with internal as well as external stakeholders to ensure that programs are delivering effective services. Staff continues to work on adopting tools to determine program impact and to ensure that services continue to meet individuals where they are in terms of their recovery. The Mental Health Services Oversight and Accountability Commission (MHSOAC) continues to work with counties including Napa County to provide more comprehensive evaluation of MHSA programs and the Division is committed to working with the MHSOAC to improve program evaluation and reporting of outcomes.

The Division's MHSA Three Year Plan was prepared in accordance with guidelines established by the Mental Health Services Oversight and Accountability Commission (MHSOAC)<sup>1</sup>. The Division has complied with all relevant regulations, laws, and statutes of the MHSA, including stakeholder participation and non-supplantation requirements in the development of the Annual Plan Update.

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<sup>1</sup> [MHSOAC FY 2013-2014 MHSA Annual Update Instructions](#)

## Napa County Demographics

The Napa Valley, located in the heart of California’s pre-eminent wine country is home to some 140,326 residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. The County’s strategic location, sunny Mediterranean climate and abundant natural and cultural resources, provides a mix of small town living and city amenities.

With its tradition of stewardship and responsible land use planning, Napa County has maintained a strong rural character. About 56% of residents live in the City of Napa; 44% live in smaller cities with more limited access to mental health services as the majority of services are concentrated in the City of Napa.

Napa County is home to many individuals who have incomes well over the median income of \$69,571. About 10% of Napa County residents, however, are living below the poverty line and many more are at or near the poverty line. The majority (55%) of Napa County residents are White with 33.4% of residents who identify themselves as Hispanic/Latino, 7.7% as Asian, 2.3% as Black/African American, 1.3% as American Indian/Alaska Native, and .4% as Pacific Islander. See Table 1 for a comparison of these statistics. Most Hispanics/Latinos are of Mexican descent and many are long-time citizens and residents. The County also has a significant number of migrant and undocumented workers.

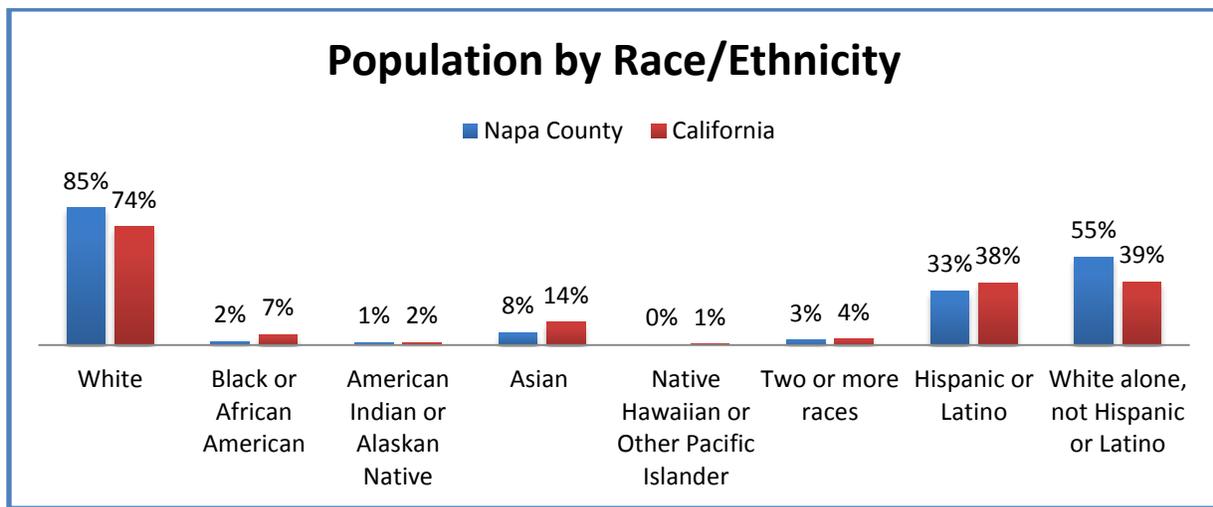


Table 1 – Population by Race/Ethnicity

While most age groups don’t vary too much from the State average, the County has a higher than average older adult population compared to the rest of the State and has the eighth highest per-capita population of seniors over 85 years old in the state<sup>2</sup>.

<sup>2</sup> Napa Valley Vintners. [http://www.napavintners.com/press/press\\_release\\_detail.asp?ID\\_News=400508](http://www.napavintners.com/press/press_release_detail.asp?ID_News=400508). December 12, 2014.

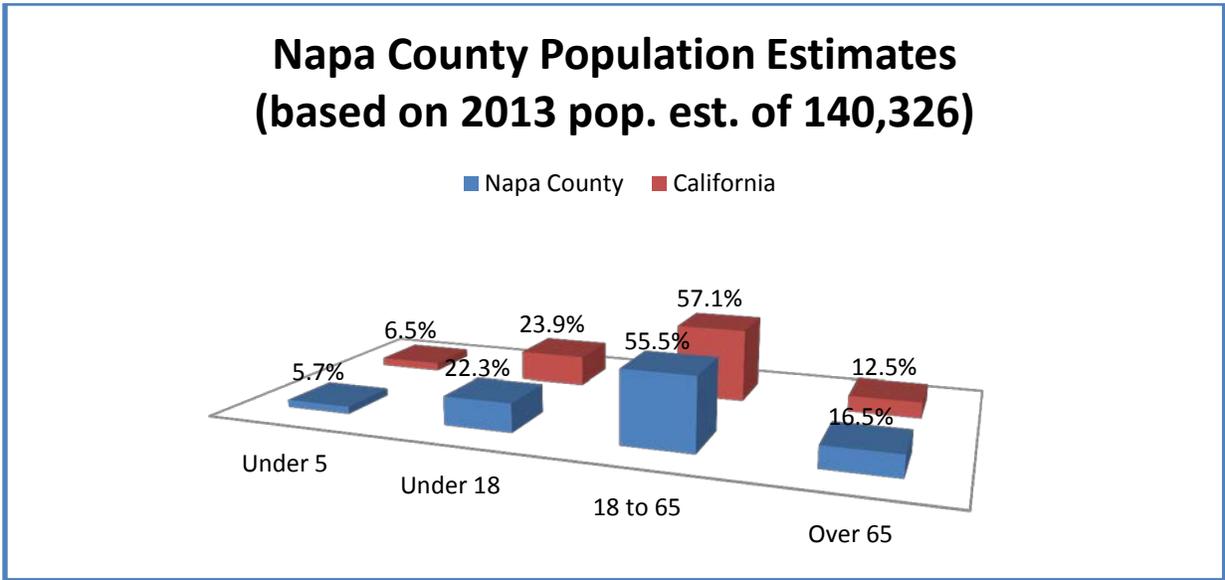


Table 2 – Napa County Population Estimates

The County Mental Health Plan (County Mental Health Department and Contracted Providers) offers a myriad of programs ranging from Prevention/Early Intervention through Crisis and in-patient services. A recent mapping of Mental Health Plan (MHP) services shows the number of available services per every 10,000 people with most of the services centered in the City of Napa. Although the City of Napa is the most populous city in the county with 79,068 residents and the total number of services in Napa is higher in Napa than other communities such the Town of Yountville with a population of 2,973 residents, Napa and American Canyon residents remain the most underserved in terms of Mental Health Services. See Table 3 on the following page.

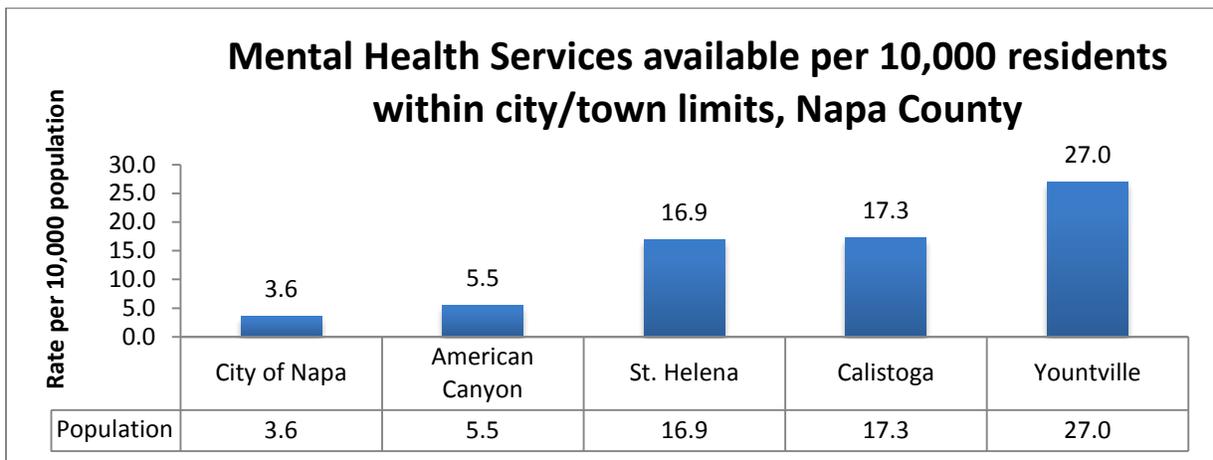


Table 3 – Mental Health Services per 10,000 residents. Prepared with assistance from Jennifer Henn, Epidemiologist, Napa County Public Health Division.

## MHSA Stakeholder Planning Process

The Division’s MHSA stakeholder planning process for the Three Year Plan Update meetings with community representatives and other interested stakeholders from March to November 2014. The CSS programs - Children’s FSP (CFSP), Transition Age Youth (TAY) FSP, Older Adult (OA) FSP, Mobile Outreach Response and

Engagement (MORE) and Project Access programs were developed through the initial county-wide planning process in 2004-2005. Additional CSS Programs – Adult FSP, Children’s FSP Expansion, Adult Treatment Team FSP, and Older Adult FSP Expansion - were developed in ensuring years through stakeholder planning efforts. The Mental Health Division has been working collaboratively with the Stakeholder Advisory Committee (SAC) since 2005. SAC members meet on a monthly basis and continue to provide guidance and review program monitoring, evaluation, program planning and budget allocations.

## **MHSA Stakeholder Advisory Committee (SAC)**

The SAC is the primary stakeholder body that is involved in the Mental Health Division’s MHSA Community Program Planning Process and is composed of:

- Chief Probation Officer for Adult and Juvenile Probation representing Law Enforcement
- Representative from Napa Valley Unified School District representing K-12 Education
- Representative from Napa County Office of Education representing K-12 Education
- Members of the Behavioral Health Committee representing the Napa Valley Non-Profit Coalition
- Representative from the Napa County Commission on Aging representing Older Adults
- Representative from the Healthy Aging Population Initiative (HAPI) representing Older Adults
- Representatives from the Mental Health Division’s Adult Self-Help Resource Center, People Empowering People (PEP), which is operated by Circle of Friends, Inc., representing individuals with mental illness
- Patient’s Rights Advocate representing individuals with mental illness
- Representative from Napa County Child Welfare Services representing Children/Youth
- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- A representative from Community Health Clinic Ole representing Health providers
- A representative from Napa County Public Health Division representing Health providers
- Representative from Napa County’s Alcohol and Drug Services Division representing Substance Abuse Services, Co-Occurring, Prevention and Youth
- Director, Clinical Director and Staff of the Mental Health Division
- Representative for Napa County Veterans
- LGBTQ Program Coordinator from a local non-profit organization representing the LGBTQ community
- Director of a local inter-tribal organization representing the Native American community

## **Public Review and Comment Period/Public Hearing**

The Public Review and Comment Period for the Division’s Three Year Plan will take place from Wednesday, March 11 – Friday, April 10, 2015 with a public hearing at a meeting of the Napa County Mental Health Board on Monday, April 13, 2015 from 4-6pm in compliance with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the Three Year Plan will be posted to community bulletin boards, emailed to all MHSA stakeholders, posted to the MH Division’s website, and available to all interested parties at the Mental Health Division office at 2261 Elm Street, Building N, in Napa upon request. All community stakeholders are invited to participate in the public review/comment process.

## Community Services and Supports (CSS) –

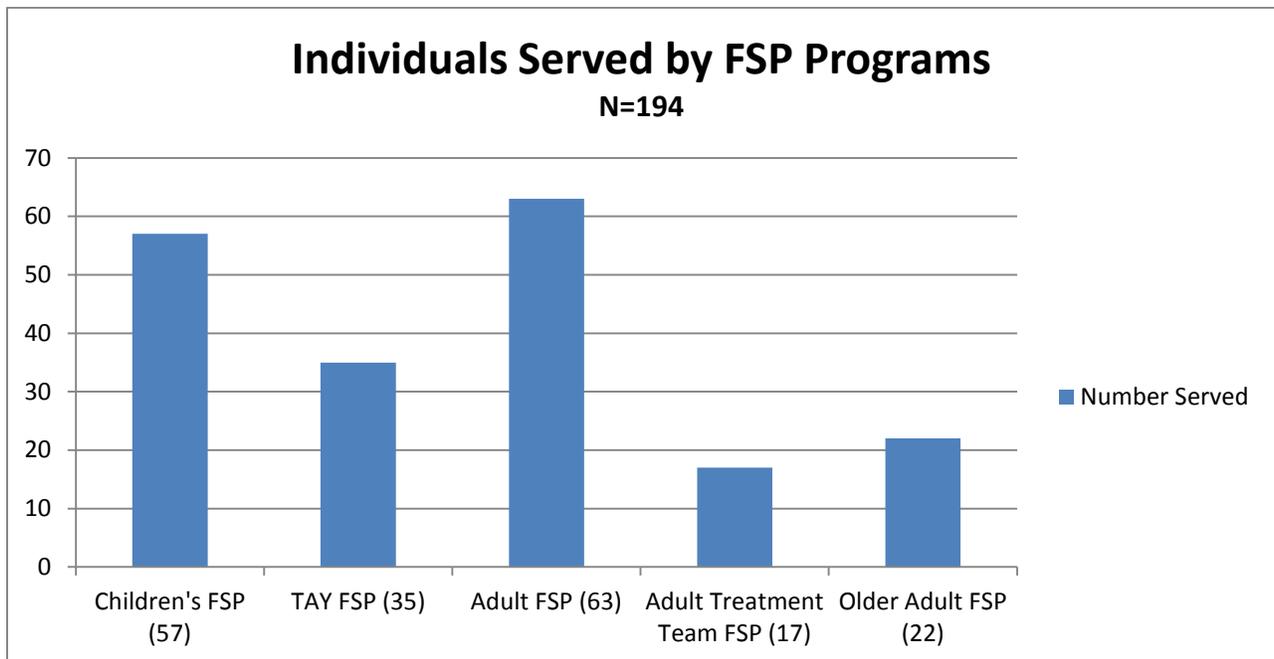
### CSS Previously Approved Programs

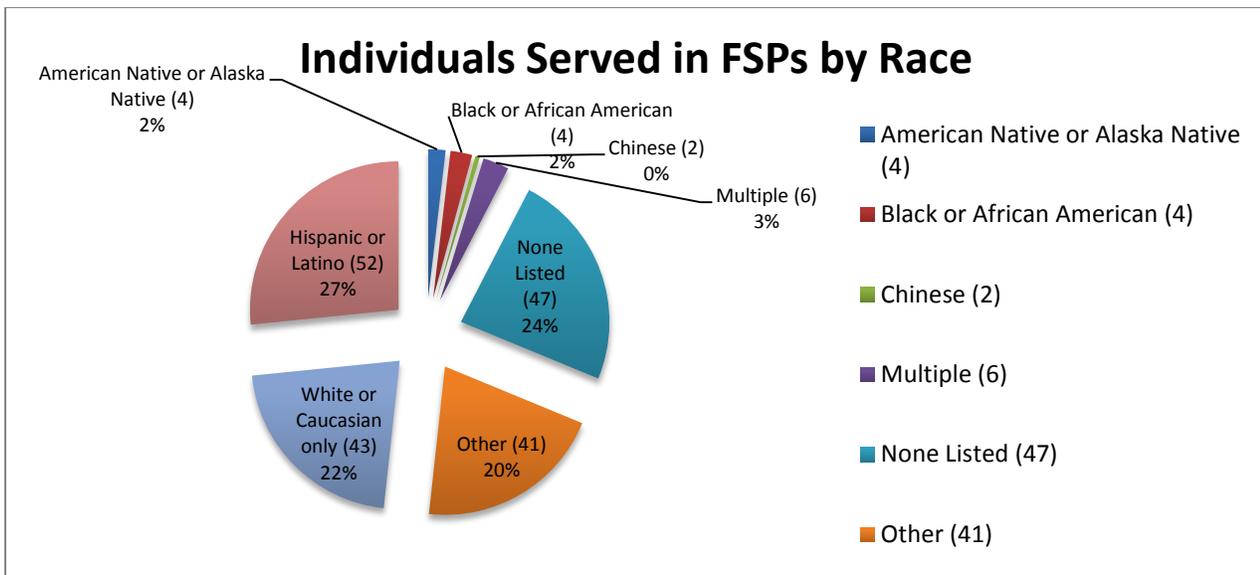
The Community Services and Support component of the MHSA has three categories of programs which include Full Service Partnerships (FSP), System Development and Outreach and Engagement Programs. The Mental Health Division recommended, and the Stakeholder Advisory Committee members agreed, to sustain currently existing programs and not make changes under the CSS component in FY 14-15. Below is a summary of FY 13-14 outcomes for each of the programs.

### Full Service Partnership Programs

FSP services are offered across the age spectrum for Children (0-15), Transition Age Youth (TAY; 16-25), Adults (26-59), and Older Adults (60+) While all FSP programs are based on the intense wraparound best practices model, specific services may vary depending on the need of the individual. FSP staff use a “whatever it takes” approach to ensure an individual is supported in meeting their wellness and recovery goals and work with individuals to foster independence and self-care so that they can eventually step down to a lower level of care.

Eligibility varies by program, but priority is given to individuals meeting the following criteria: 1) individuals must have Severe Mental Illness (SMI) or Serious Emotional Disturbance (SED); 2) individual is a member of an unserved/underserved population, with an emphasis on serving Latinos; 3) individuals at-risk of out of home placement, institutionalization, incarceration or homelessness; 4) individuals who could live in less restrictive environments with additional services and supports. In FY 13-14, the Division’s FSP staff served a total of 194 individuals.



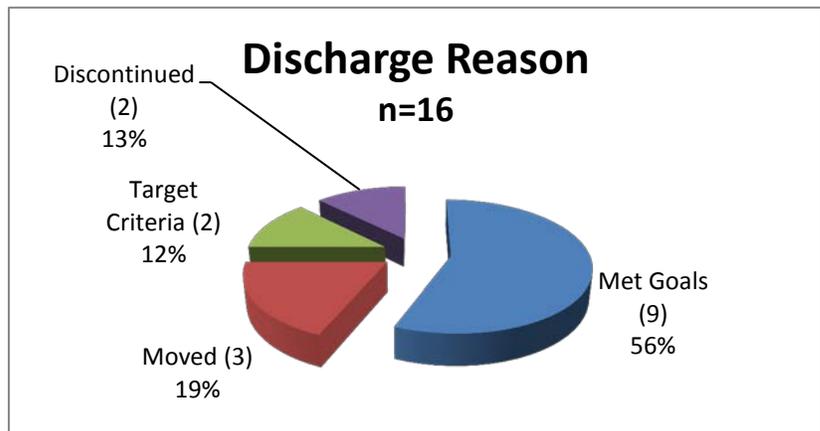


### Children’s Full Service Partnership Program (CFSP)

- Children (0-15) served in FY 13-14: 57
- Total program budget: \$439,828
- Cost per individual served: \$7,716.28

The Children’s FSP program consists of a Supervisor who carries a small caseload, two Mental Health Counselors, two Mental Health Workers, and a Parent Advocate position.

Families often enter the CFSP Program with preconceived ideas stemming from negative experiences with some service providers. CFSP staff has a holistic approach to service delivery inclusive of the all family members with bilingual/bicultural staff who offer culturally competent services.



The CFSP program continues to offer a multi-disciplinary team approach to services that is very family oriented and culturally centered. Additionally, one of the CFSP staff members is trained in Functional Family Therapy and carries a small caseload using this service modality.

### Lessons Learned by CFSP Staff

*“Every family that we graduate from our program, every child/youth that is able to go out in the community and is not afraid to be in a crowd, teens who finally have the energy and self-worth to participate in a job interview and secure employment, every child that feels confident and finally included in their classroom and no longer is intimidated by the school experience, every family that can be open with one another for the first time and value each other despite their personal struggles is a success.”*

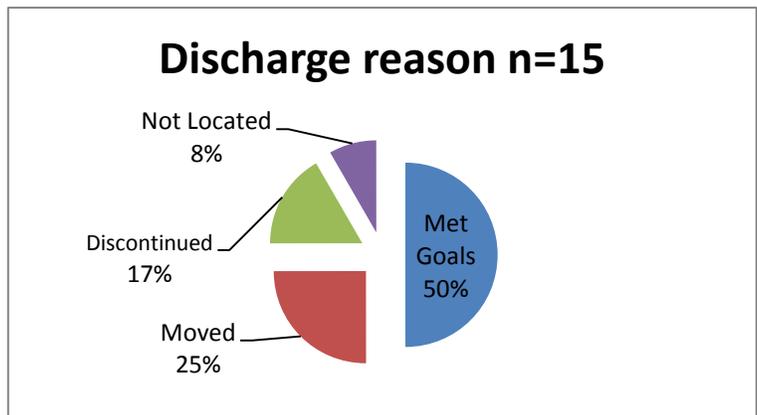
One of the major challenges/opportunities for CFSP staff is ensuring that all family members, youth and parents participate in services and activities. This can be extremely difficult, especially in situations where there is family conflict and members are not speaking to one another.

CFSP staff feel that it is critical for them as providers to learn to be patient with the process. It is important to remember that a provider’s job is to hold a space in order to have families “unstuck themselves.” Believing that individuals families have the answers and know their own “heart beat” better than providers do, CFSP staff help these individuals and families to set their own Wellness and Recovery goals and to find their own direction.

### **Transition Age Youth Full Service Partnership Program (TAY FSP)**

- TAY (16-25) served in FY 13-14: 35
- Total program budget: \$338,021
- Cost per individual served: \$9,657.74

The TAY FSP program staff includes a TAY FSP Supervisor, two Case managers and a Mental Health Worker Aide. Staff work with TAY individuals to develop wellness and recovery goals and address specific needs for mental health services, job training and employment, housing, education, and other services.



### **TAY FSP Program Highlights**

*“TAY need to try many things, wear many hats. Try school/college, get a job, etc. If they fail the first time, they are more willing to accept guidance the next time. TAY often return to the same situation, i.e. a home with a dysfunctional family, drug of choice, etc. They are not always ready to leave, even if what they are trying to leave makes them unhappy. The familiar can be easier than a new challenge. This past six months we have had youth come upon their two year limit in their transitional housing. This was a difficult transition and although we tried to help them save for the next step, they chose a different path that ended temporarily with homelessness.*

*We have seen some true successes such as:*

- *A person getting full time employment*
- *A person receiving SSI on their third appeal*
- *Youth getting into Bella House after many months of homelessness*
- *Helped a youth receive custody of three children by acquiring suitable housing in the last month*
- *Two TAY in their second semester of Emergency Medical Technician (EMT coursework)*

*In FY 14-15, TAY FSP Staff will work with TAY individuals to build more independent living skills including Cooking, Nutrition, Budgeting, including Banking and Bill Paying, and Social Skills.*

### ***Adult Full Service Partnership Program (AFSP)***

- Adults (25-59) served in FY 13-14: 63
- Total program budget: \$517,289
- Cost per individual served: \$8,210.94

The Adult FSP program serves individuals that are severely mentally ill and are in jail or about to be released from jail; or at-risk for homelessness or placement in a more restrictive setting. Adult FSP staff work closely with FSP partners to provide intense wraparound services, using the principles of Assertive Community Treatment (ACT) and Wellness and Recovery to support strengths, honor individual goals and promote recovery. The Mental Health Division’s Fresh Start Housing program, located at the former Avenues site on the Napa State Hospital campus, is an important housing resource for individuals in the Adult FSP program who meet all necessary eligibility criteria.

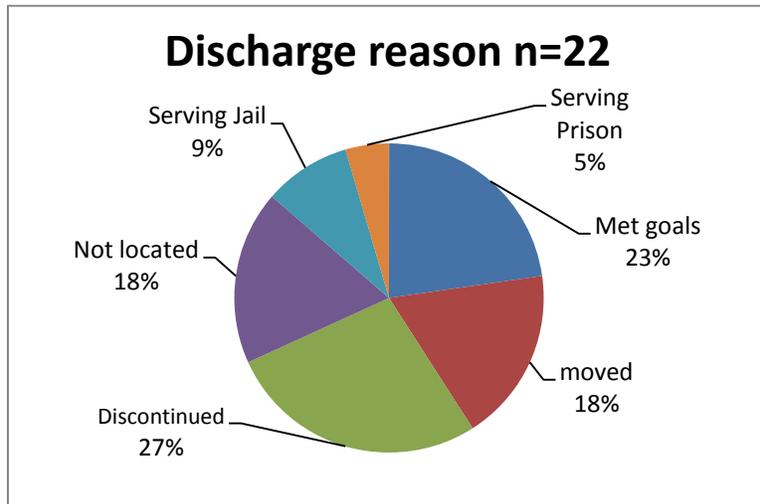
### ***Adult FSP Program Highlights***

- 13 Adult FSP partners who once lived at the homeless shelter, on the street, a residential substance abuse recovery program, or Institution for Mental Disease (IMD) benefitted greatly from stable supportive housing provided by the new Fresh Start program
- 2 Mental Health Consumers were hired as extra help Community Aides to work with Adult FSP staff and System Navigators to provide mental health outreach to the community and connect individuals with mental health needs to appropriate services resources
- Assisted an individual living with schizophrenia, who does not recognize that he has mental illness and has been homeless for 10 years, to live in a permanent supportive housing program where he has access to support as needed.
- Assisted a woman with mental health issues, who was living on the street and at high-risk for abuse and physical illness, to access a Shelter Plus Care voucher and obtain housing after being homeless for more than two years.
- Worked with People Empowering People Adult Resource Center to provide Wellness and Recovery Action Plan (WRAP) training for everyone living in the Fresh Start housing program.

### ***Adult Treatment Team Full Service Partnership Program (ATT FSP)***

- Adults (25-59) served in FY 13-14: 50
- Total program budget: \$420,760
- Cost per individual served: \$8,415.20

The Adult Treatment Team primarily serves individuals who are entering Mental Health Services post-hospitalization and/or incarceration. The ATT FSP offers wraparound services in order to prevent re-hospitalization. Cases are turned over more quickly than Adult FSP services and cases needing more intensive services are transferred to the Adult FSP. This is a particularly challenging population to serve and individuals often decide that they don’t want services or are not ready to make changes or decide to move. For more details, please see the FSP Outcome Report in Appendix A.

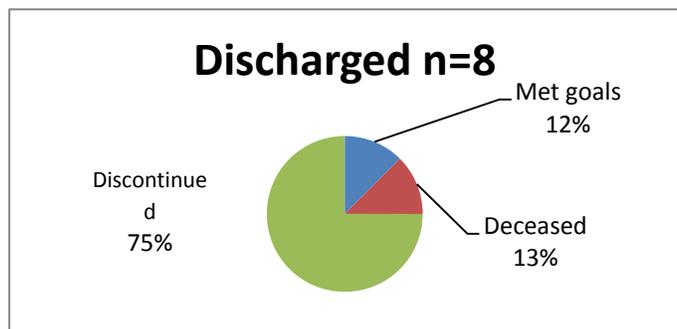


**ATT FSP Program Highlights**

- There is significant movement of consumers between the Adult FSP and the ATT FSP.
- The ATT FSP Treatment Team Case Management meeting is well attended with participation from different units including staff from Comprehensive Services for Older Adults (CSOA), Children’s FSP, Child and Family Behavioral Health, community providers and other professionals.
- Flex funds have been utilized strategically to avert crisis situations of enrolled individuals and address their unique for support.
- Some consumers have been able to resume their education including a consumer who was able to successfully return to community college and has maintained good grades throughout the year.
- Three homeless individuals have been placed in permanent housing.
- Eight individuals were able to move to less restrictive and more independent living environments in the community.
- Fresh Start Houses opening afforded four individuals to move into community housing. One from homelessness and three to an increased independent living situation. It also created more movement within the system overall so that more consumers could access increased independent living situations.

**Older Adult Full Service Partnership Program (OA FSP)**

- Older Adults (60+) served in FY 13-14: 25
- Program budget: \$354,367 (includes \$50,000 expansion with FSNV)
- Cost per individual served: \$14,174.68



The Older Adult FSP serves underserved, at-risk older adults, who would benefit from intensive wraparound case management, and who are: a) age 60 or above; b) diagnosed as severely mentally ill; and who c) live within Napa County or have been placed out of Napa County. The OA FSP has been able to place several elder adults in community housing, which has avoided institutionalization, reduced usage of Skilled Nursing Facilities (SNFs) and increased self-esteem of the individuals served. The OA FSP program has also begun to address the stigmatization of older adults who are mentally ill.

Family Service of the Napa Valley (FSNV) was awarded \$50,000 in FY 13-14 to provide therapy to Older Adults as a Medi-Medi (Medi-Cal and Medi-Care) match. Due to staffing/hiring challenges, documentation issues, and the difficulty of conducting outreach and enrolling individuals with Medi-Medi insurance, the program was only able to serve 17 Older Adults. Division and FSNV staff has been working to address these obstacles so that even more Older Adults can receive needed services.

### ***Older Adult (OA) FSP Program Highlights***

- OA FSP helped a homeless 64 year-old female with Bipolar Disorder and significant health issues, get admitted to the hospital, receive a prescription for psychiatric medication, and, once stabilized, transition to living at a board and care home.
- OA FSP staff provided support and helped a 60+ year-old woman with depression and mood swings who was on the verge of homelessness, see a psychiatrist for medications, and get connected with rehabilitation and Fresh Start Housing.
- OA FSP Flex Funds secured temporary nursing care for an 60+ year-old disabled woman with severe mental illness who was suffering from incontinence, which allowed her to maintain housing at Skilled Nursing Facility (SNS) until she could be connected to insurance and long-term placement.
- Program challenges include working with individuals who do not qualify for Medi-cal or other health insurance programs; ensuring that older adults have sufficient access to medication services; having enough local providers who can provide services to older adults that specialize in geriatric services; and finding appropriate housing for the mentally ill who also have dementia.
- Outreach to Latino older adults and their families has also been challenging. OA FSP continue to work closely with local older adult advocacy groups and programs to maximize efforts and address the needs of Older Adults.

### **System Development**

#### ***Mobile, Outreach, Response and Engagement (MORE) Program***

- MORE serves individuals of all ages
- 105 unduplicated individuals were served 120 times in FY 13-14
- Total program budget: \$265,211
- Cost per individual served: \$2,525.82

The MORE Program is a mobile mental health outreach service that provides crisis intervention, mental health assessment, assertive outreach, follow-up planning and services. MORE serves individuals in the community experiencing mental health distress.

### **MORE Program Highlights**

- MORE conducts consistent outreach to Clinic Ole, Hospitals, Napa County Jail and Juvenile Hall.
- MORE staff are embedded within the Mental Health Division’s Crisis Unit, so any staff member can be activated to provide mobile outreach services.
- MORE/Crisis Unit staff are working closely with the SB 82 funded Crisis Triage Program (implemented by Progress Foundation and Family Service of Napa Valley staff) to ensure that services are streamlined and that cross referrals occur as needed.
- MORE/Crisis Unit staff has identified a need for evening and weekend psychiatric support services to help individuals obtain critically needed medication after regular business hours.

### **Outreach and Engagement - Project Access**

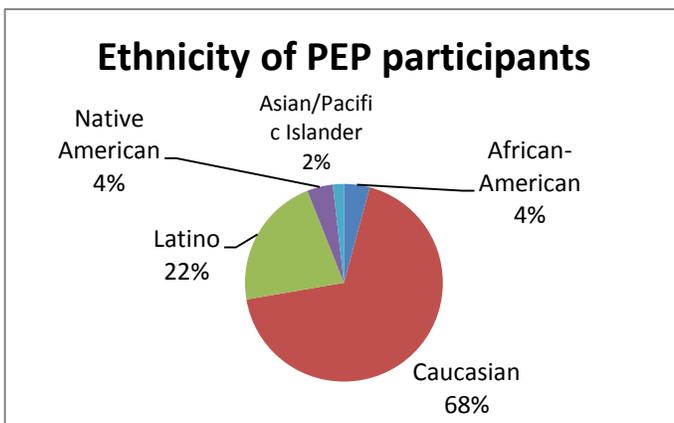
#### **System Navigators**

- System Navigators serve individuals of all ages, but mostly work with the adult population
- System Navigator Case management – 77 unduplicated individuals served (does not include Martha’s numbers which are accurate in the version you have)
- 35 individuals received a mental health assessment, short-term therapy and/or group therapy
- Outreach, trainings and meetings – 2,327 individuals served at 20 different events

The System Navigators program is composed of a Licensed Clinical Social Worker (LCSW) and a Mental Health Worker. Together, they work to ensure that they have an active presence throughout the county and participate in community events such as health fairs, presentations to family resource center staff and community members. Navigators also offer services at co-located sites throughout the county as needed including Puertas Abiertas, McPherson Family Center, and the Up Valley Family Resource Center in Calistoga.

#### **People Empowering People (PEP) Adult Resource Center**

- Unduplicated individuals served in FY 13-14: 173
- Duplicated contacts in FY 13-14: 5,570
- New individuals who joined PEP in FY 13-14: 27
- Average daily attendance = 22.9
- Average age of attendees = 42



PEP offers a wide range of classes including Dual Recovery Anonymous. PEP staff help individuals create a Wellness and Recovery Action Plans (WRAPs) and in FY 13-14 assisted in the development of 12 new WRAP plans. PEP had a variety of outings and activities over the course of the year including the annual PEP BBQ/Kick-Off for the Division’s May is Mental Health Month

Campaign, attendance at the Each Mind Matters/Wellness Fair, an outing to San Francisco’s Pier 39, and a three-day Stigma and Discrimination Reduction (SDR) Training.

### Other Project Access Stats

Network of Care Website – 136,441 unique sessions (a session is a series of hits or requests to the web server by one visitor) with an average of 2.34 page views per visit.

Co-Occurring Disorders Group – 37 individuals participated in the COD Group

Respite Services – 49 requests totaling \$9,187.55 were paid out in respite care

Parent/Family Member Support Group in Spanish – 99 parents attended this Spanish support group

Outreach Events – 3,715 contacts were made at 13 outreach events

Transportation – Transportation assistance in the form of bus passes was provided to 89 individuals

- Total Contacts – services were provided to 143,042 duplicated individual contacts
- Total program budget: \$554,810
- Cost per individual served: \$3.88 per duplicated individual contact

### CSS Housing - Hartle Court Apartments

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

### Highlights

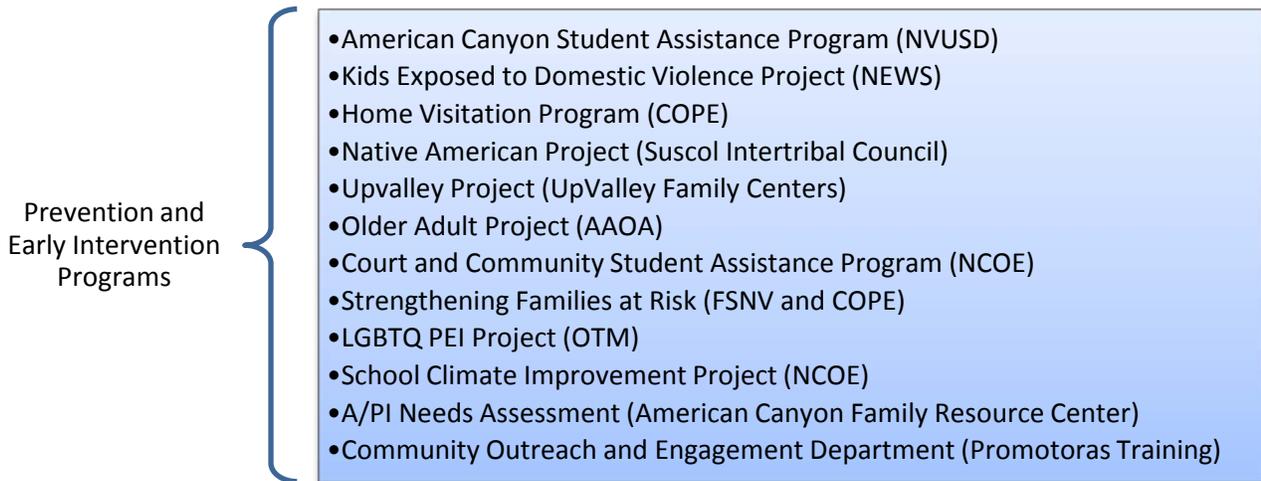
- The Hartle Court Apartment Complex held an Open House on Thursday, April 19, 2012 attended by providers and consumers. The complex quickly filled to capacity within several weeks.
- The Mental Health Division (project sponsor) and Progress Foundation (property owner/manager) have a Memorandum of Understanding which contains agreements on service delivery, case management and crisis intervention as needed to maintain a safe and healthy environment for individuals living at the Hartle Court Apartment Complex.
- Supportive services are provided by Progress Foundation, Napa County Mental Health Division’s Adult Full Service Partnership, City of Napa Homeless Outreach, Napa County Probation, Voices Emancipation Center, and the Community Connection Network.
- Since the initial opening, Progress Foundation has conducted several cycles of calls for applications for the TAY apartments to fill vacancies.
- Following the 6.2 earthquake on August 24, the property was inspected in September 2014 and no significant earthquake damage was found.

### Challenges

- There is a long waiting list of individuals who would like to move in once there are vacancies.
- Additional supportive housing is needed for TAY who age out of their units.

## Prevention and Early Intervention (PEI)

There were a total of 12 programs that were funded through MHSA PEI funds in FY 13-14. Additionally, the California Mental Health Services Authority (CalMHSA) provided Statewide and local resources around three initiatives which included: Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health. A CalMHSA County impact sheet is included at the end of the report as Appendix B.



The Prevention and Early Intervention Programs provide a wide range of county-wide services to various ethnic/cultural groups spanning all age groups. All PEI programs were approved following a comprehensive community planning process with local stakeholders. Collectively, these programs have achieved great outcomes and continue to serve more and more traditionally underserved/unserved groups.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) recently finalized the Prevention and Early Intervention regulations which are currently under review by the California Administrative Law Office. Should these regulations pass, they would affect specific components of currently funded PEI programs. The Mental Health Division has chosen to take a proactive approach and is working with existing programs to ensure their evaluation practices and deliverables are aligned with these regulations.

## PEI Program Descriptions and Outcomes

### Prevention - American Canyon Student Assistance Program (SAP)

- Contractor: Napa Valley Unified School District
- Total students served: an average of 500/yr (1400 duplicated counts)
- Student Success Team Meetings in FY 13-14: 54
- Mental Health referrals: 18
- MHSA funding amount: \$159,807

- Cost per unduplicated student: \$319.61 (does not include number of trained staff)

The American Canyon SAP Program uses the Building Effective Schools Together (BEST) and Positive Behavior Intervention and Support (PBIS) models to promote the use of positive reinforcement. This prevention program uses a universal approach (Tier 1) so that all students receive the same messages and rules regarding behavior and expectations. Teachers receive training and coaching as needed. Only students identified by teacher referral or other indicators such as a reduction in grades, low attendance, or office referrals receive additional support services (Tier 2 and 3) which could include counseling, student success team meetings, teacher coaching, parent meeting, or a combination of any of the above. The PEI grant supports a full time SAP Coordinator position and capacity-building trainings for teachers and administration.

**FY 13-14 Highlights:**

- Napa Junction Elementary School’s (NJES) attendance rate improved from 94.8% to 95.3%. While the improvement is not dramatically different, attendance continues to increase every year which illustrates the positive effect the program has had at NJES.
- American Canyon Middle School and High School have the highest attendance rates of all NVUSD Middle and High Schools.
- 31 Student Success Team Meetings took place at Napa Junction for Students identified as needing the highest level of support (Tier 3).
- 14 Student Success Team Meetings took place at American Canyon Middle School for Students identified as needing the highest level of support (Tier 3).
- 9 Student Success Team Meetings took place at American Canyon High School for students identified as needing the highest level of support (Tier 3).
- A total of 18 mental health referrals were made during the school year to agencies such as Aldea, Mental Health Division, Family Service of the Napa Valley, etc.

**Case Study #1:**

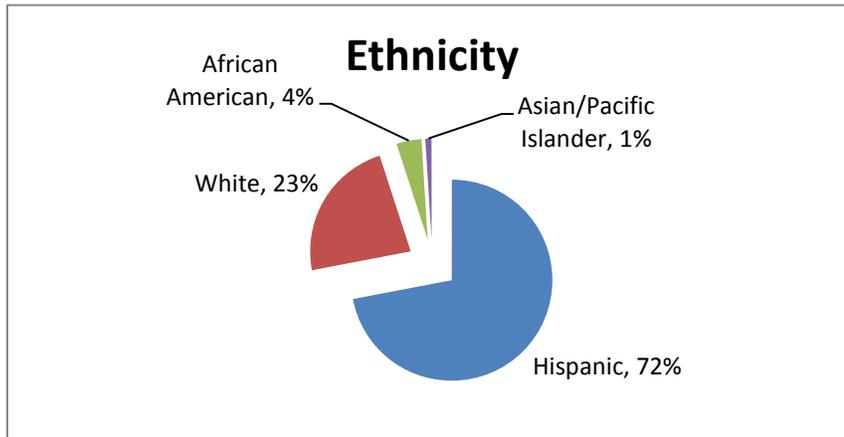
Three 6<sup>th</sup> grade boys engaged in what they believed to be mild teasing of another 6<sup>th</sup> grader diagnosed with autism. The teasing provoked a physical response from the student with autism. Discussion with these students evoked a sense of responsibility for what happened and a desire to “fix” the problem. They spontaneously acknowledged that another student with autism was also being victimized. They created a plan to eat lunch with both students on a rotating basis and to be “upstanders” in any future events where they might be teased.

**Case Study #2:**

J is a 10<sup>th</sup> grade student who wrote a letter to Napa Junction Elementary requesting assistance for his younger brother. During a meeting with J, he revealed symptoms consistent with PTSD. These symptoms increased during a period of family turbulence including reunification with his severely ill mother, threatened eviction of the family from their residence, and other family stressors. J eagerly accepted counseling services first from the SAP, who transferred J to an MFT intern. When that intern terminated due to medical issues, the SAP resumed counseling until a second MFT intern was in place. The SAP also connected J with the school psychologist and alerted his school counselor to the presenting issues. J reports great appreciation of the support he has received, and maintained his grades, attendance, and social connections. \*\*\*J’s younger brother was also provided with additional emotional support as well.

### Prevention and Early Intervention - Court and Community Student Assistance Program (SAP)

- Contractor: Napa County Office of Education (NCOE)
- Total students served: 96
- Mental Health referrals: 96 students received mental health services on campus
- MHSA funding amount: \$81,600
- Cost per individual served: \$850 (does not include number of trained staff)



The Court and Community Schools SAP staff provides a wide range of services and supports for students who are no longer able to attend school in their respective school district. Services range from universal messages and positive behavioral support using the BEST and PBIS models, anger management, alcohol and drug abuse counseling, junior achievement financial literacy program, individual

assessment and therapy as well as referral services to non-academic services. Program staff conduct weekly case conferencing and problem solving around students who are identified as needing more intense support. In the 2013/2014 school year, 100% of the 96 students who were referred to the SAP were linked to much needed behavioral services through the program. NCOE has hired a full time Licensed Clinical Social Worker (LCSW) for the 2014/2015 school year who will provide additional services including family support and counseling, case management, connection to community resources and assistance in determining Medi-Cal eligibility.

### Prevention - Home Visitation Program

- Contractor: COPE Family Center
- Individuals served: 197 with 4 mental health referrals
  - Children under 5: 21
  - Children over 5: 19
  - Adults served: 28
  - Individuals served by drop-in/emergency aid and parent education services: 129
- MHSA funding amount: \$50,000
- Cost per individual served (HV and Drop-in/Emergency Aid): \$253.81

Cope Family Center uses the Healthy Families America evidence-based curriculum in their home visitation program with the goal of reducing mistreatment of children. Cope matches MHSA PEI funds with multiple funding sources to offer this program to families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. The intensive home visitation program can take place over months to years depending on the family's needs. Home Visitation staff work with families on a set of 11 domains to ensure that the family is stable and gaining self-sufficiency. Domains include: adult education/employment, child development, community relations, family relations, finances, food and nutrition, housing, immigration/acclimation, mental health/substance use, physical health/safety and transportation.

MHSA funds were initially approved to serve families in American Canyon, but Cope Family Center requested and was approved to extend Home Visitation services throughout Napa County.

### Early Intervention - Kids Exposed to Domestic Violence Project

- Contractor: Napa Emergency Women’s Services (NEWS)
- Individuals served: 305 with 76 mental health referrals
  - Children served: 206
  - Adults served: 99
- MHSA funding amount: \$109,400
- Cost per individual served: \$358.69

The Kids Exposed to Domestic Violence Program (KEDS) offers support group services to children and their families who are receiving NEWS domestic violence services or are residing at the Women’s Shelter. Approximately 73% of the children served are Hispanic/Latino. NEWS recently partnered with the Napa Police Department and Child Welfare Services (CWS) to receive referrals for any house calls where children are involved. NEWS offers services and provides education as well as educational opportunities through other community providers for families as needed.

KEDS staff is fully bilingual and continue to support students through regularly scheduled support groups, tutoring, respite for parents and recreational activities for children exposed to domestic violence. Children identified as needing more specialized mental health services are referred to other providers, but waiting lists for mental health services, especially bilingual services, are long. KEDS staff continue to explore a variety of options to meet the needs of these children. In the past year, NEWS staff made 76 mental health referrals to Aldea, Mental Health Access, VOC, private insurances, and Family Services of the Napa Valley.

#### Case Study:

C. and her daughter began attending KEDS support groups in the Spring of 2014. C. was in crisis and was looking for all the support she could get for herself and her 8 year old daughter, M. She was in the process of leaving her husband due to abuse. He had mental health and substance abuse issues and had threatened her with a knife right in front of M. When C. and M. began attending support group, M. was too shy to interact with the staff and other kids. Two children who had been attending the KEDS support group for several months were quick to welcome M. into the group. After several weeks of constant attendance, M. and the other two children became good friends and looked forward to attending group and socializing. A few months later, during a NEWS office visit, M. asked her mom if they would be attending support group again saying that they really needed to go to support group, because they missed it last week. When M. was asked what she liked about support group, she said she liked going because it was fun and she felt comfortable being herself. She enjoyed making new friends, and liked the weekly check-ins.

The mother of the other two children became friends with C. and they were also able to find support in each other as mothers and survivors. They have been able to continue to allow their children to build their friendship by setting up play dates and outings on weekends outside of the support group setting, helping them to build healthy social connections, a protective factor that helps strengthen families.

### Access Strategy - LGBTQ PEI Project

- Contractor: LGBTQ Connection, a program of On the Move, Inc.

- Adults served: 757 professionals trained (687 trainings, 70 received technical assistance)+
- Individuals reached through social media: 13,700+ and physical outreach: 1,330
- MHSA funding amount: \$43,500
- Cost per individual served: \$2.75 (includes social media connections and outreach)

LGBTQ individuals are higher risk than the general population to develop mental health issues, engage in substance abuse, commit suicide, and have unmet health needs. The LGBTQ Project was designed to improve the cultural competency of community providers to improve mental health services for LGBTQ individuals in Napa County. To this end, the LGBTQ PEI Project offers training and technical assistance to organizations to make existing services more accessible and safer for LGBTQ individuals. All project activities are geared toward improving the accessibility and competency of services for these individuals in an effort to eliminate the discrimination and trauma LGBTQ individuals report experiencing as they seek services and as they “come out” to themselves, their friends, families and/or the community.

The LGBTQ Project staff work with Advisory Committee members (two youth leadership teams) to inform project goals and tasks. In fiscal year 2013/2014 LGBTQ Project staff offered a total of 24 trainings to 687 professionals from 12 organizations and provided technical assistance to 70 professionals from 15 organizations over 22 meetings. In addition to trainings and technical assistance, LGBTQ staff reached well over 13,500 individuals via social media. The groundbreaking nature of LGBTQ Connection’s work in Napa County was featured in 15 news articles and 4 radio broadcasts in the North San Francisco Bay Area and online. In addition to extensive exposure from news and social media and large-scale community events, over 1,330 community members, leaders, parents, young people, seniors, professionals and others were directly reached by LGBTQ Connection’s outreach efforts. The LGBTQ Connection Project has focused on providing services to isolated LGBTQ individuals in fiscal year 2014/2015 and will begin to offer technical assistance to PEI Programs to help them improve their LGBTQ Cultural Competency and data collection efforts.

#### **Access Strategy - Native American PEI Project**

- Contractor: Suscol Intertribal Council
- Youth served: 51 (duplicated contacts)
- Adults served: 75 (duplicated contacts)
- Individuals reached through outreach events: 250
- Attendees at annual Pow-Wow event: 2,000+
- Individuals referred to mental health services: 14
- MHSA funding amount: \$94,878
- Cost per individual served: \$39.70 per duplicated contact

The Native American PEI Project staff offer a number of weekly classes at their local center as well as other monthly cultural events. Suscol staff and volunteers work to engage Native American individuals and support resiliency and recovery by offering a safe space for traditional practices where youth and adults can be taught about the culture and promote enculturation of these traditions. In survey responses, adults who attended these classes stated that they participated mainly to support sobriety and healthy living in a culturally relevant environment, get more in touch with Native American culture and to learn a craft or skill. Most youth stated that their reason for attending was to get more in touch with Native American culture. Staff is working to ensure that

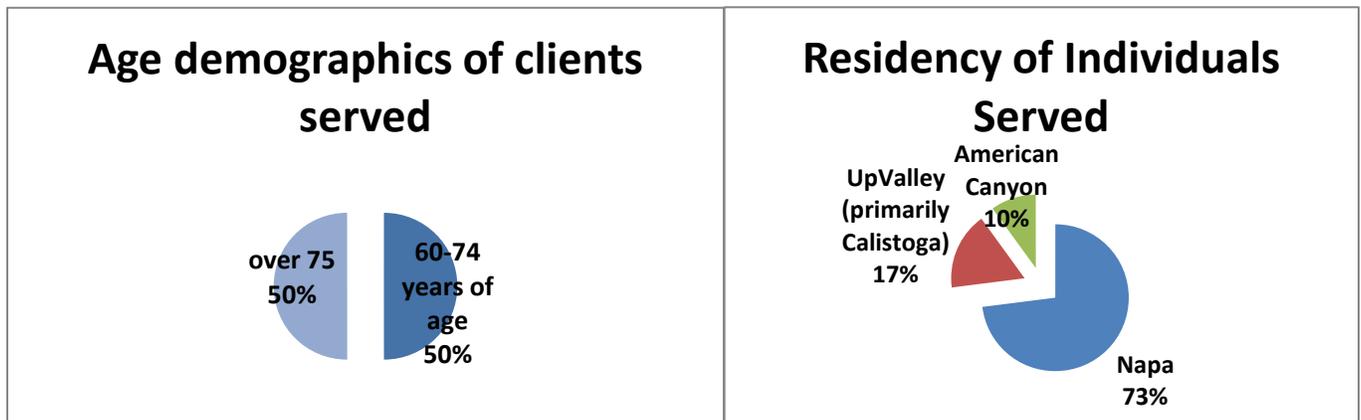
classes are offered at convenient times in order to maximize attendance. Program staff will be hosting at least two focus groups in FY 2014/2015 to ensure that services are aligned with the needs of the Native American individuals living in Napa County.

The Native American PEI Project staff and volunteers plan and organize the Annual Pow-Wow that is celebrated locally at the Yountville Veterans Home. In FY 13-14, more than 2,000 unduplicated individuals attended the Pow-Wow, which is the only local annual event that provides a space for Native American families and non-native attendees to learn and experience Native American culture and learn the traditional practices and dances that build positive protective factors in the Native American community. In addition to classes and cultural events, Native American PEI Project staff has been working closely with the Napa Valley Unified School District Vice-Superintendent and State Title VII/Indian Education Program to create a more collaborative working relationship in order to develop a more locally relevant Native American Curriculum.

**Prevention and Early Intervention - Older Adult Project**

- Contractor: Area Agency on Aging (AAOA), subcontractors: Family Service of the Napa Valley, Hospice and Adult Day Services
- Older Adults served (case management services): 75
- Older Adults served (behavioral health interventions): 23 (services funded by another funding source)
- Individuals reached through outreach events: 747
- Providers reached through trainings: 206
- Mental Health referrals: 7
- MHSA funding amount: \$91,350
- Cost per individual served (excludes behavioral health): \$88.26 per duplicated contact

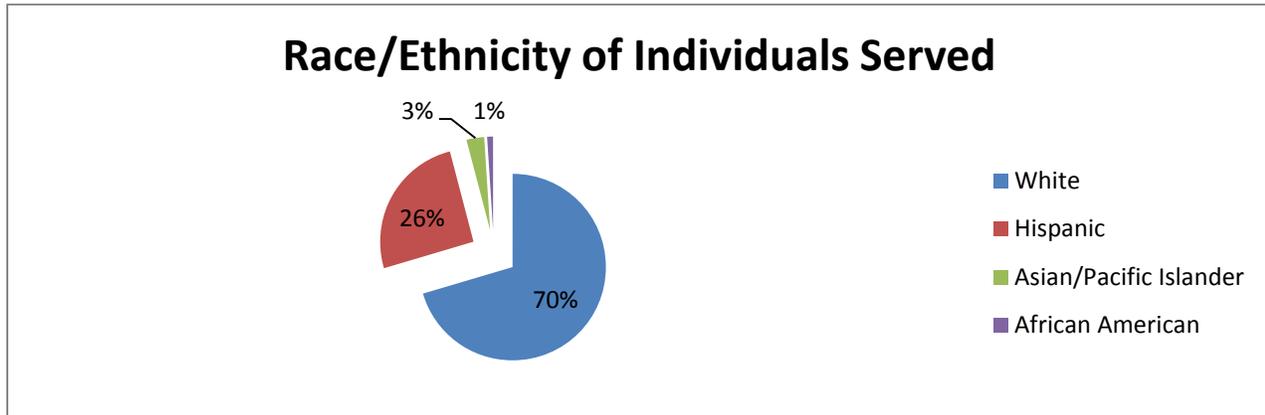
The Older Adult PEI Project, known as the Healthy Minds-Healthy Aging Program, consists of case management, system navigation, behavioral health services, outreach, and training for professionals and gatekeepers. MHSA



funding supports most of the components with the exception of the behavioral health component, but figures are included in the statistics above to demonstrate the impact this program has beyond MHSA-funded services.

The Healthy Minds, Healthy Aging program continues to offer much needed services and fills a void in the community where other older adult programs can't reach. Program staff continues to seek sustainable funding sources to ensure the program is staffed at an adequate capacity to be able to meet the growing need for older

adult services. Approximately 53% of the older adults receiving case management had improved Patient Health Questionnaire-9 (PHQ9) scores from screening to discharge. The rate may be attributed to a number of unmet needs or declining health which can include referrals to Adult Day Services (n=17), family consultations (n=10) or other type of longer term services. Of the 23 individuals who received behavioral health therapy, 19 or 84% had improved PHQ9 scores after receiving services. Individuals needing longer term mental health services were referred to County Mental Health, Family Service of the Napa Valley as well as other private providers.



**Prevention - Strengthening Families at Risk**

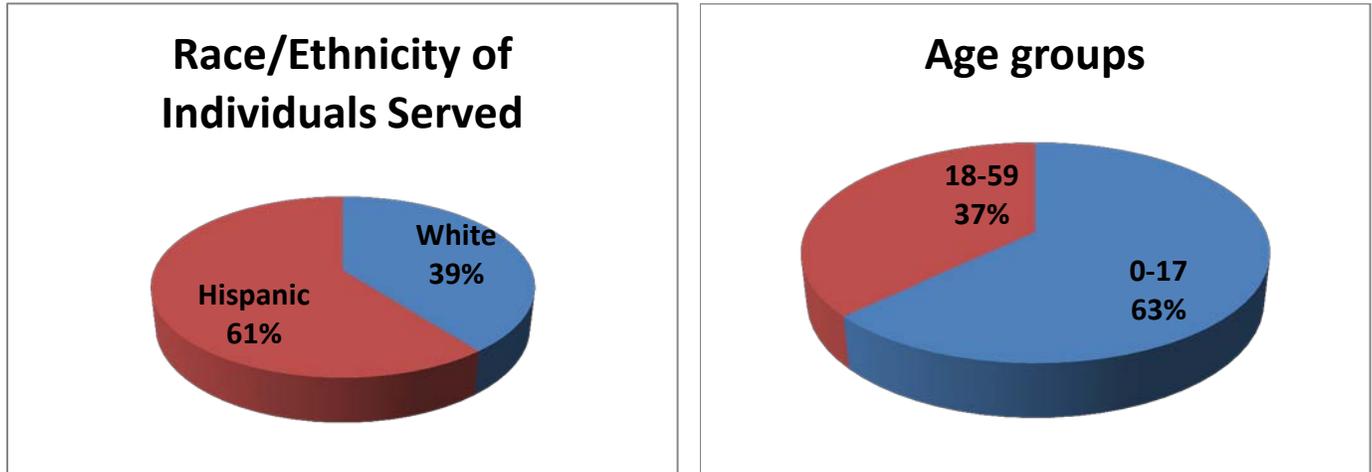
- Contractor: Cope Family Center, Subcontractor: Family Service of the Napa Valley
- Individuals served through Support Group: 75
  - 4 groups at the Up Valley Family Resource Centers in Calistoga and St. Helena
  - 4 groups at Cope Family Center in Napa
  - 1 group at American Canyon Family Center in American Canyon
- Mental Health referrals: 19
- Individuals served by emergency/drop-in aid services: 499
- Total MHSA funding amount: \$98,000; \$49,000 for support groups and \$49,000 for emergency/drop-in aid services)
- Cost per individual served: \$653.33 (support group), \$98.20 (emergency/drop-in aid services)

The Strengthening Families At-Risk Project was developed to support families at risk of developing more intense mental health needs as a result of external and internal stressors. This project works closely with other PEI programs as well as Family Resource Centers throughout the county to create a safety net for families at risk. The Up Valley Family Centers currently have a waiting list for their Spanish support group.

A testimonial from one participant illustrates the impact of this program:

*“These 8 weeks have been very important for my partner, my children and me. I have put into practice what I have learned and the results have been successful. It has encouraged me to continue to grow. I used to be a very angry person. I was angry with myself and my family. It was until I began to take this classes that I felt like living again. Now, I am a different. I am more communicative and loving person...thank you!”*

Emergency aid/drop-in services also ensure that individuals are referred to appropriate services as needed including mental health services and other critical needs affecting their stability such as housing, food, transportation, etc. In FY 14-15, the following groups of individuals were served:



#### Prevention and Access - Up Valley PEI Project

- Contractor: Up Valley Family Resource Centers
- Youth served: 98 students participated in the CLARO/A mentoring support groups
- Adults served: 6 parents attended the 40-hr Parent Leadership Institute training
- Promotoras/es participating in mental health promotional activities: 7 promotoras
- Mental Health referrals: 8 individuals were referred to mental health services
- MHSA funding amount: \$104,400
- Cost per individual served: \$940.54

The Up Valley PEI Project has three components which include a group mentoring component, parent collaborative and a Promotora group. Promotoras have received training in Mental Health First Aid and a general training on what a Promotora is and his/her role. The Up Valley Family Resource Center’s Promotoras are volunteers who help disseminate information about mental health and connect individuals to services.

The mentors currently use the (Challenging Latino/as to Access Resources and Opportunities) or CLARO/A curriculum with High School and Middle School students. CLARO/A are youth mentoring programs specifically designed as prevention programs for Latino/as in the middle/high school age range. These mentoring programs strive to increase prevention and protective factors through supportive, culturally-based, gender-specific groups and activities (i.e., soccer teams, college field trips, etc.); the programs help young Latinos/as recognize their cultural heritage and identity. CLARO/A has been successfully running at Up Valley schools (St. Helena and Calistoga) for the last 4 years. Survey data indicates that CLARO/A programs continue to have a positive impact on students’ perceptions of their ethnic identity, especially relating to belonging and acceptance of their cultural and ethnic heritage.

The Promotoras and Parent Leadership components of the Up Valley PEI Project were intended to complement the CLARO/A Mentoring Programs. While both programs have had some success in conducting outreach through a variety of events, they have not successfully integrated with the mentoring programs as we intended in the

original program design. After discussions with the contractor and stakeholders, the decision was made to eliminate both of these components from the Up Valley PEI Project as of FY 15-16.

### **Community Outreach and Engagement Department (Promotoras Training)**

The contract for the Community Outreach and Engagement PEI Project was awarded to the Calistoga Family Center and provided one-time funding for recruitment and training of consumers and individuals from diverse unserved/underserved communities in Napa County to serve as Mental Health Prevention Promotores/as. The contract was approved in Spring of FY 12-13 and the majority of the time was spent on program development and community engagement. The Calistoga Family Center worked with community-based organizations to develop a Promotor/a Academy and recruit promotores/as to attend this foundational three-day, 22-hour workshop. The workshop was tailored for new and existing promotores/as in the topics needed to develop their daily work of outreach, education and connecting families to services and resources in an effort to create a consistent initiative across the community. The training was very successful; there were 20 individuals in attendance. A follow-up workshop was held in April 2014 to provide an overview of the Promotora model, core competencies, and implementation for agencies that were interested in developing Promotora programs.

### **School Climate Improvement Project (NCOE)**

- Contractor: Napa County Office of Education
- Contact: Jeannie Puhger, Program Director

The original intent of the School Climate Improvement Project was to offer trainings to parents and technical assistance, trainings and resource development to schools throughout the County to improve school climate. While project staff accomplished most of their deliverables in year 2 of the project, the project was extended over a 3 year period because planning for some of the activities that Napa County Office of Education wanted to accomplish took longer than expected. A small amount was carried over into FY 13-14 to provide anti-bullying and social emotional curriculum and over 24 hours of Positive Behavior Intervention & Support (PBIS), site visits, material development and behavioral support implementation across the Napa Valley Unified School District with a focus on American Canyon Middle School and Phillips Elementary School.

### **Asian/Pacific Islander Needs Assessment**

The American Canyon Family Resource Center was awarded the contract to implement a county-wide needs assessment to identify barriers to accessing services and support that have increased the risk for mental illness in the Asian/Pacific Islander (A/PI) communities throughout Napa County, but with a primary focus on American Canyon. The goal of this project was to reach out to diverse A/PI cultures and explore strategies to break down barriers to services that result in poor health and mental health outcomes. The contract has been extended through the end of FY 14-15 to allow for the completion of the report.

### **Workforce Education and Training (WET)**

The WET component provides one-time, dedicated funding to address the education and training needs of the publicly-funded mental health workforce which includes community based organizations and individual providers who, together with the Mental Health Division staff, collectively comprise Napa County's publicly funded mental health system workforce. The Mental Health Division's WET Plan consists of seven distinct programs or Actions that were prioritized by a WET Workgroup composed of consumers, providers, and other stakeholders according to WET guidelines released by the Department of Mental Health. All WET programs and activities contribute to developing and maintaining a culturally competent workforce and include individuals

with client and/or family member experience, who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. Several WET Actions have already been initiated and reported in previous MHSA Annual Updates and some of those statistics are included below for reference.

In order to sustain the Internship Program (Action 6) through FY 16-17, the Division will make the following program adjustments and modifications:

- Because the E-Learning system (Action #3) has not performed to expectations and is not an effective training platform, the Division will discontinue funding in FY 15-16 and FY 16-17 or \$4,620 per year over 2 years for a total reduction of \$9,240.
- Through a partnership with the Greater Bay Area Regional Workforce Collaborative, the Division will be able to complete the Mental Health Interpreter Training (Action #4) for Providers and Interpreters in FY 14-15 for a savings of \$1,400 over three years for a savings of \$4,200.
- Reduce funding for Staff Development/Training (Action #2) from \$15,000 per year to \$6,581 for a savings of \$8,419 per year; a total savings of \$16,838. The Innovations Project also has set aside funds for Cultural Competence Trainings so Division staff and contractors will be encouraged to attend those trainings whenever possible.
- The total savings will be \$30,278 which will offset expenses in the Internship program.

The Division will continue to explore a variety of options to sustain the Internship Program for FY 17-18 and beyond which may include Increasing intern productivity/billing, recruitment of post-graduate interns, and allocation of additional funds for WET Programs.

### Collaborative Partnerships

Staff has sought out partnerships with other regional and state agencies to offer some of these Actions using their own funding in order to extend limited local WET funds. MH Division staff has established collaborative partnerships with the following agencies to complete various WET Actions:

1. From October 27 – November 7, 2014, Recovery Innovations/Recovery Opportunity Center offered an intensive, 80-hour [Peer Employment Training](#) (PET) program for consumers and family members who were employed or considering employment in the mental health workforce which completed the peer certification training or **Action 5 – the Psychosocial Rehabilitation (PSR) Certification Program**. The PET training covered topics such as recovery and peer support principles, communication skills, cultural diversity, ethics and boundaries, appropriate and non-appropriate self-disclosure, substance abuse, trauma and resilience, conflict resolution, and much more. Nine of the 13 participants in the PET training were from Napa County. Participants who attended completed at least 75 hours and passed the competency test were eligible to receive college credits and were awarded a Peer Support Specialist Certification.
2. United Advocates for Children and Families (UACF) has partnered with the Mental Health Division on a collaborative project that involves numerous Bay Area counties who have formed the Bay Area Workforce Co-Learning Collaborative, which is intended to help employers to support their ability to employ and support consumers and family members in the publicly-funded mental health workforce.

The Division has also submitted letters of support to several other agencies that are competing for state WET funds to help provide support to consumers and family members in the mental health workforce. Collectively, these partnerships, if all are successfully funded, will exceed the scope of **Action 1 – the Consumer Trainer/Work Experience Coordinator** by developing the Division’s internal capacity to support consumer/family member employment. The UACF and other potential partnerships will be initiated in FY 14-15 and will extend into FY 15-16.

3. The MH Division has partnered with the MHSA-funded Greater Bay Area Mental Health Workforce Education Collaborative (Bay Area Collaborative) to host a training for providers who use mental health interpreters to be offered in April 2015. The Bay Area Collaborative will also fund a training for Mental Health Interpreters which will be held in Marin County also in April 2015. These partnerships will address key components of **Action 4 – Spanish Language Training**.

### Staff Development/Training of Trainers – Action 2

Staff development trainings were offered in FY 12-13 and included a training attended by 92 Mental Health Division Staff, 58 Mental Health providers, and three consumers/family members on **Cultural Competency for Clinicians and Staff Working with Latinos**, which was offered by Dr. Carlos Canales. A training on **Healthy Aging vs. Dementia** was presented by Dr. Patrick Arbore and was attended by five Mental Health Division staff and 33 Mental Health Plan (community providers) and consumers/family members. The Division will continue to sponsor a variety of trainings for staff and will work closely with the Innovations Mental Health Equity Partnership (see page 26) to identify future cultural competency and clinical trainings.

### E-Learning System – Action 3

- FY 13-14 Cost per Individual: \$4,620/210 individuals employed by the MH Plan = \$22 per individual

The E-Learning project was developed and implemented through the Mental Health Division's e-learning provider, Trilogy, Inc. Continuing Education Credits (CECs) and training opportunities are available on-line to Mental Health Division providers, organizational providers and consumers through over 135 Board of Behavioral Sciences (BBS) approved courses at no charge to current staff of the Mental Health Plan. In FY 13-14 individuals took and passed 53 courses.

### Mental Health Division Internship Program – Action 6

- FY 13-14 Internship Program Cost (excludes Intern Stipends): \$47,873/77 individuals = \$621/individual served

The Mental Health Internship Program has been very successful since and is now in its fourth year. A licensed Internship Coordinator was hired in September 2012 to coordinate the recruitment process, provide individual/group supervision to interns, and to develop a training plan. The Division has had 16 individuals complete the 9-month internship program. The Division currently (FY14-15) has 8 interns providing services throughout the various units of the Mental Health Division ranging from children’s to older adult services, including the integrated Community Health Clinic Ole on the County Campus. As of June 30, 2014, interns have served a total of 367 individuals since the inception of the program in 2012 with 77 were served in FY 13-14.

### Stipends, Employment and Educational Incentives – Action 7

- FY 13-14 Cost per Intern: \$28,000/8 interns = \$3,500 stipend per intern

Currently, the stipends associated with this action are linked directly to MSW and MFT interns actively working through the Mental Health Division Internship Program. Interns receive a stipend award of \$3,500 per school

year to cover the cost of transportation and costs associated with this internship. While there are other opportunities for staff to request support to purchase materials to become Licensed Clinical Social Workers (LCSW) or Marriage and Family Therapists (LMFT), the only stipends that were awarded in FY 13-14 were strictly for interns. Space is a major consideration for intern placement and it is clear that there are additional needs for office space and infrastructure to accommodate all interns.

## Innovations

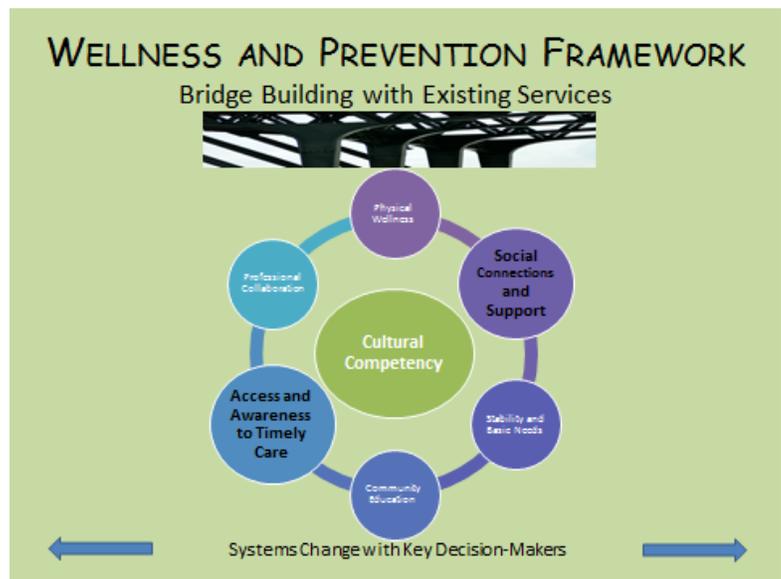
- Total number of cohort members = 27
- FY 14-15 – FY 15-16 projected number of individuals who will be participating in the INN project: 130
- FY 14-15 – FY 15-16 cost per individual:  $\$462,333/130 = \$3,556.41$  per individual participant

The Innovations project is in its 3<sup>rd</sup> year of implementation and is intended to improve access to and the quality of services within the Mental Health Division and local Medi-Cal contractors through the development of a Mental Health Equity Partnership composed of a cohort of 27 consumers, family members and mental health providers. Cohort members have three “coaches” and a number of Advisory members and have formed Workgroups which include Behavioral Health Leaders in the committee who are helping guide this project.

The project goal is to determine whether there is a perceived value in collaboration between consumers and providers and was developed in response to concerns from focus groups of unserved/underserved community stakeholders who felt that the Mental Health Division did not consistently engage with these groups except when there was a need for representation at community planning processes when new funding was received. These same communities felt that because of their small numbers and lack of visibility that their needs were consistently not funded. In order to determine whether providers and consumers find value in this collaborative project, cohort members are currently working on a number of projects that fall under a *Wellness and Prevention Framework* that was developed based on comments received at the Stigma and Discrimination Reduction (SDR) Town Hall meeting that took place in May 2014 which was attended by more than 260 community members and providers.

This framework is the foundation from which current projects are being developed by the Social Connections and Support Work Group and the Access and Awareness to Timely Care Work Group. These groups are reviewing existing data and gathering additional information from the four originally identified underserved groups (Latinos, LGBTQ, Native Americans and Veterans) across the lifespan to ensure project ideas are aligned with the target community needs.

Additionally, the Systems Change Work Group is focused on ensuring that the Innovations project stays aligned with the Innovations Component guidelines and project goals which include:



- 1) Engage a multi-generational community of emerging and veteran leaders in order to learn together and remove the barriers that prevent our collective success.
- 2) Build a deep understanding of the historical barriers, challenges, and opportunities faced by mental health professionals and consumers.
- 3) Develop the leadership skills of emerging mental health professionals and consumers who are committed to making a difference in their community.
- 4) Partner with emerging and veteran mental health professionals, consumers, and county staff to create the Mental Health Equity Partnership (MHEP) to:
  - a) Design and initiate cultural competence trainings for county mental health staff and county-funded Medi-Cal funded mental health professionals in order to increase access and quality of services for underserved groups.
  - b) Design and initiate strategies such as the proposed Peer Connector program to address service disparities and access barriers.
- 5) Document the process and develop a best practice model for future work in the County and in the field.

As a result of The Collaborative Project, the Mental Health Division anticipates development of a replicable model demonstrated to improve the relationships among underserved communities and providers of mental health services. This model will rely on mutuality and long-term relationships to increase the perceived value placed on the collaborative process for improving the quality of services provided and for increasing access to services for underserved/unserved communities, including Latinos, LGBTQ, Native Americans and Veterans. By building the leadership of mental health professionals and underserved groups, as well as the connections between professionals and consumers, the intention is to create a sustainable collaborative structure and model that will have impact long into the future. The Systems Change Work Group also ensures projects are embedding culturally appropriate services into their projects. The current Innovations project is to be completed by December 2015. Planning has been initiated for the next Innovations Project (Round 2), which will be submitted to the MHSOAC in a separate Innovations Component Plan.

## **Capital Funding/Technology Needs (CF/TN)**

The Capital Facilities component of addresses the capital infrastructure needed to support implementation of MHSA programs while the Technology Needs Component includes provides funding to improve or replace existing technology systems to meet the technology needs of the publicly-funded mental health system.

### **Capital Facilities (CF)**

With stakeholder input, the Division's Capital Facilities funds were utilized to purchase and renovate a facility for the People Empowering People (PEP) Adult Resource Center. The property is located at 3281 Solano Avenue in the City of Napa and began PEP began offering services at their new location in January 2013. With the recent Napa earthquake in August 2014, the PEP building did not sustain any damage, however, a retaining wall next to a drainage culvert requires minor repairs that will be completed in the coming months. Please see pages 13 and 14 for more details regarding PEP services.

### **Technological Needs (TN)**

- FY 13-14 individuals served: 100 organizational provider staff
- Cost per individual served:  $\$251,353/100 = \$2,514$  per person

The Mental Health Division’s Technological Needs (TN) were identified with input from local stakeholders who were involved in the TN planning process. Most of the items identified in the original plan to achieve a more integrated Electronic Health Record (EHR) have been completed including:

- E-prescribing/Doctor's Home Page
- Upgrade to Personal Health Records
- Server Migration (SQL 2000- SQL 2005)
- Wellness/Recovery Technology Project

The rollout of the Division’s EHR - Anasazi – to Family Services of Napa Valley and the Therapeutic Child Care Center has been completed. The Anasazi rollout to Buckalew and Progress Foundation (including the Supported Living Program, Transition Age Youth Full Service Partnership, Bella House, and Progress Place) is anticipated to be completed in FY 15-16. It is expected that these upgrades and Anasazi rollout to organizational providers will improve quality of service delivery and will facilitate data entry for Mental Health Division staff and providers. As funds permit, the Division may include other necessary upgrades to the Anasazi system.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Funding Summary**

County: Napa

Date: 3/1/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2014/15 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	757,302	10,244	1,055,640	349,294	345,881	
2. Estimated New FY2014/15 Funding	4,220,586	1,055,146	277,670			
3. Transfer in FY2014/15 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY2014/15		30,000				(30,000)
5. Estimated Available Funding for FY2014/15	4,977,888	1,095,390	1,333,310	349,294	345,881	
<b>B. Estimated FY2014/15 MHSA Expenditures</b>	4,081,837	1,089,113	339,383	115,826	172,941	
<b>C. Estimated FY2015/16 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	896,051	6,277	993,927	233,468	172,940	
2. Estimated New FY2015/16 Funding	3,756,321	939,080	247,126			
3. Transfer in FY2015/16 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY2015/16		70,000				(70,000)
5. Estimated Available Funding for FY2015/16	4,652,372	1,015,357	1,241,053	233,468	172,940	
<b>D. Estimated FY2015/16 Expenditures</b>	4,137,839	1,001,498	177,567	114,617	172,940	
<b>E. Estimated FY2016/17 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	514,533	13,859	1,063,486	118,851	0	
2. Estimated New FY2016/17 Funding	4,188,298	1,047,075	275,546			
3. Transfer in FY2016/17 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	4,702,831	1,060,934	1,339,032	118,851	0	
<b>F. Estimated FY2016/17 Expenditures</b>	4,199,540	1,005,323	15,750	118,851	0	
<b>G. Estimated FY2016/17 Unspent Fund Balance</b>	503,291	55,611	1,323,282	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	1,064,402
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	(30,000)
4. Estimated Local Prudent Reserve Balance on June 30, 2015	1,034,402
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	(70,000)
7. Estimated Local Prudent Reserve Balance on June 30, 2016	964,402
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	964,402

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

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2014/15</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children's FSP	687,463	391,414	252,067			43,982
2. TAY FSP	513,337	413,316	100,021			
3. Adult FSP	722,819	516,380	197,454			8,985
4. Adult Treatment Team FSP	591,610	591,610				
5. Older Adult FSP	429,363	287,198	142,165			
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. Mobile Outreach, Response and Engagemer	273,088	237,131	35,074			883
2. Project Access	554,810	548,607	6,203			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	<b>1,128,268</b>	<b>1,096,181</b>				<b>32,087</b>
<b>CSS MHA Housing Program Assigned Funds</b>	<b>0</b>					
<b>Total CSS Program Estimated Expenditures</b>	<b>4,900,758</b>	<b>4,081,837</b>	<b>732,984</b>	<b>0</b>	<b>0</b>	<b>85,937</b>
<b>FSP Programs as Percent of Total</b>	<b>72.1%</b>					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Napa

Date: 3/1/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children's FSP	705,489	409,440	252,067			43,982
2. TAY FSP	513,337	413,316	100,021			
3. Adult FSP	717,292	510,853	197,454			8,985
4. Adult Treatment Team FSP	518,278	518,278				
5. Older Adult FSP	439,184	297,019	142,165			
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. Mobile Outreach, Response and Engagemer	280,738	244,781	35,074			883
2. Project Access	612,086	605,883	6,203			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	1,170,356	1,138,269				32,087
<b>CSS MHA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	4,956,760	4,137,839	732,984	0	0	85,937
<b>FSP Programs as Percent of Total</b>	69.9%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children's FSP	724,028	427,979	252,067			43,982
2. TAY FSP	513,337	413,316	100,021			
3. Adult FSP	733,206	526,767	197,454			8,985
4. Adult Treatment Team FSP	525,136	525,136				
5. Older Adult FSP	449,286	307,121	142,165			
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. Mobile Outreach, Response and Engagemen	288,606	252,649	35,074			883
2. Project Access	619,570	613,367	6,203			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	1,165,292	1,133,205				32,087
<b>CSS MHA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	5,018,461	4,199,540	732,984	0	0	85,937
<b>FSP Programs as Percent of Total</b>	70.1%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2014/15</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program	104,400	104,400				
4. American Canyon SAP	159,807	159,807				
5. Court and Community Schools SAP	130,560	130,560				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Older Adult PEI Project	91,350	91,350				
12. Domestic Violence PEI Project	109,400	109,400				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	221,487	196,667				24,820
<b>PEI Assigned Funds</b>	10,551					
<b>Total PEI Program Estimated Expenditures</b>	1,113,933	1,089,113	0	0	0	24,820

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program	76,150	76,150				
4. American Canyon SAP	159,807	159,807				
5. Court and Community Schools SAP	81,600	81,600				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Older Adult PEI Project	91,350	91,350				
12. Domestic Violence PEI Project	109,400	109,400				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	212,242	187,422				24,820
<b>PEI Assigned Funds</b>	9,391					
<b>Total PEI Program Estimated Expenditures</b>	1,026,318	1,001,498	0	0	0	24,820

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program	76,150	76,150				
4. American Canyon SAP	159,807	159,807				
5. Court and Community Schools SAP	81,600	81,600				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Older Adult PEI Project	91,350	91,350				
12. Domestic Violence PEI Project	109,400	109,400				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	214,987	190,167				24,820
<b>PEI Assigned Funds</b>	10,471					
<b>Total PEI Program Estimated Expenditures</b>	1,030,143	1,005,323	0	0	0	24,820

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2014/15</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. The Collaborative Project	323,222	323,222				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	16,161	16,161				
<b>Total INN Program Estimated Expenditures</b>	339,383	339,383	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. The Collaborative Project	169,111	169,111				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	8,456	8,456				
<b>Total INN Program Estimated Expenditures</b>	177,567	177,567	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. The Collaborative Project	15,000					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	750	750				
<b>Total INN Program Estimated Expenditures</b>	15,750	15,750	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: \_\_\_\_\_

Date: 3/1/15

	<b>Fiscal Year 2014/15</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Staff Development	10,700	10,700				
2. E-Learning	4,620	4,620				
3. Internship Program	125,509	47,873	60,642			16,994
4. Stipends, Scholarships, and Grants	37,525	37,525				
5.						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	15,108	15,108				
<b>Total WET Program Estimated Expenditures</b>	193,462	115,826	60,642	0	0	16,994

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: \_\_\_\_\_

Date: 3/1/15

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Staff Development	10,700	10,700				
2. Internship Program	129,078	51,442	60,642			16,994
3. Stipends, Scholarships, and Grants	37,525	37,525				
4.						
5.						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	14,950	14,950				
<b>Total WET Program Estimated Expenditures</b>	192,253	114,617	60,642	0	0	16,994

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: \_\_\_\_\_

Date: 3/1/15

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Staff Development	10,711	10,711				
2. Internship Program	132,750	55,114	60,642			16,994
3. Stipends, Scholarships, and Grants	37,525	37,525				
4.						
5.						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	15,502	15,501				
<b>Total WET Program Estimated Expenditures</b>	196,488	118,851	60,642	0	0	16,994

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Napa

Date: 3/1/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. People Empowering People Facility	64,467	64,467				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Electronic Health Record Upgrade	98,804	98,804				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	9,670	9,670				
<b>Total CFTN Program Estimated Expenditures</b>	172,941	172,941	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Napa

Date: 3/1/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. People Empowering People Facility	64,466	64,466				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Electronic Health Record Upgrade	98,804	98,804				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	9,670	9,670				
<b>Total CFTN Program Estimated Expenditures</b>	172,940	172,940	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Napa

Date: 3/1/15

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Electronic Health Record Upgrade	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	0	0	0	0	0	0





County of Napa, Mental Health Division

# Full Service Partnership Program Outcomes Report

*FY 13-14*

# Full Service Partnership Program Outcomes

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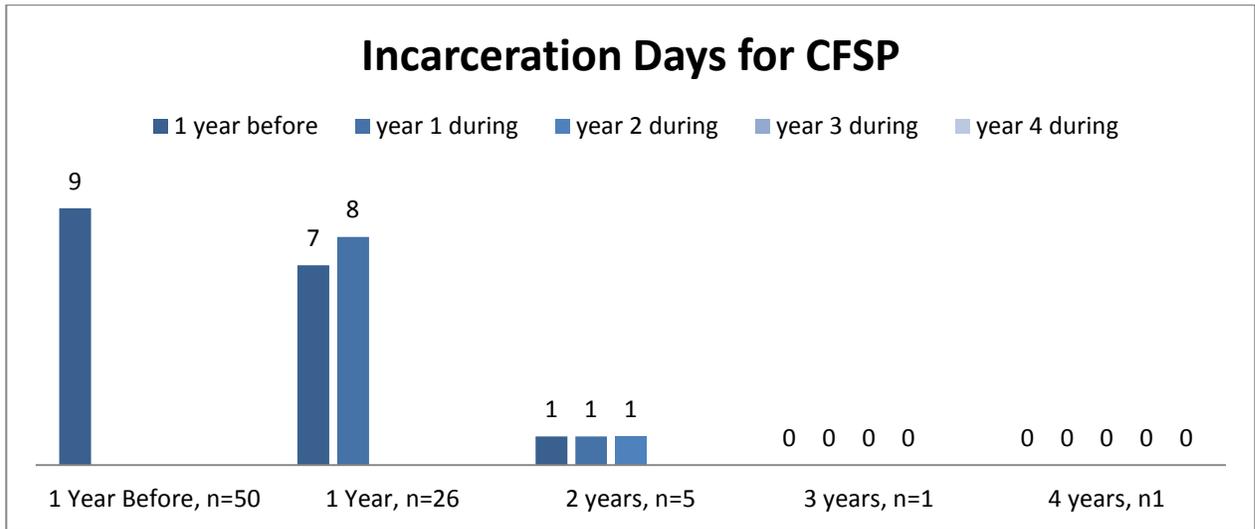
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# Full Service Partnership Program Outcomes

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Partners Who:	Total Partners Served n	Partners with Data (on PAF and 3M)				Attendance for Partners with Data						Grades for Partners with Data									
		Had Attendance Data		Had Grades		Partners with Attendance Always or Most of the Time				Always, Most or Improved		Declined		Partners with Good or Very Good Grades				Good, Very Good or Improved		Declined	
		n	%	n	%	on PAF n	on PAF %	on 3M n	on 3M %	on 3M n	on 3M %	on 3M n	on 3M %	on PAF n	on PAF %	on 3M n	on 3M %	on 3M n	on 3M %	on 3M n	on 3M %
Were Enrolled in FSP Program	36	36	100%	34	94%	29	81%		%		%		%	6	17%		%		%		%
Completed at Least 1 Q	33	32	97%	30	91%	25	78%	22	69%	22	69%	7	22%	5	16%	8	27%	13	43%	5	17%
Completed at Least 2 Qs	31	31	100%	28	90%	24	77%	25	81%	25	81%	4	13%	6	19%	5	18%	13	46%	7	25%
Completed at Least 3 Qs	26	25	96%	24	92%	19	76%	19	76%	19	76%	4	16%	5	20%	7	29%	14	58%	3	13%
Completed at Least 4 Qs	18	18	100%	16	89%	14	78%	16	89%	16	89%	5	28%	4	22%	6	38%	11	69%	3	19%
Completed at Least 5 Qs	11	11	100%	10	91%	9	82%	8	73%	8	73%	2	18%	2	18%	5	50%	7	70%	2	20%
Completed at Least 6 Qs	10	10	100%	9	90%	8	80%	9	90%	9	90%	1	10%	2	20%	5	56%	7	78%	2	22%
Completed at Least 7 Qs	5	5	100%	5	100%	3	60%	4	80%	4	80%	0	0%	1	20%	2	40%	5	100%	0	0%
Completed at Least 8 Qs	5	5	100%	5	100%	3	60%	5	100%	5	100%	0	0%	1	20%	0	0%	3	60%	1	20%
Completed at Least 9 Qs	3	2	67%	1	33%	1	50%	2	100%	2	100%	0	0%	1	50%	0	0%	1	100%	0	0%
Completed at Least 10 Qs	2	2	100%	2	100%	1	50%	2	100%	2	100%	0	0%	1	50%	0	0%	1	50%	1	50%
Completed at Least 11 Qs	1	1	100%	1	100%	0	0%	1	100%	1	100%	0	0%	0	0%	0	0%	1	100%	0	0%
Completed at Least 12 Qs	1	1	100%	1	100%	0	0%	1	100%	1	100%	0	0%	0	0%	0	0%	1	100%	0	0%

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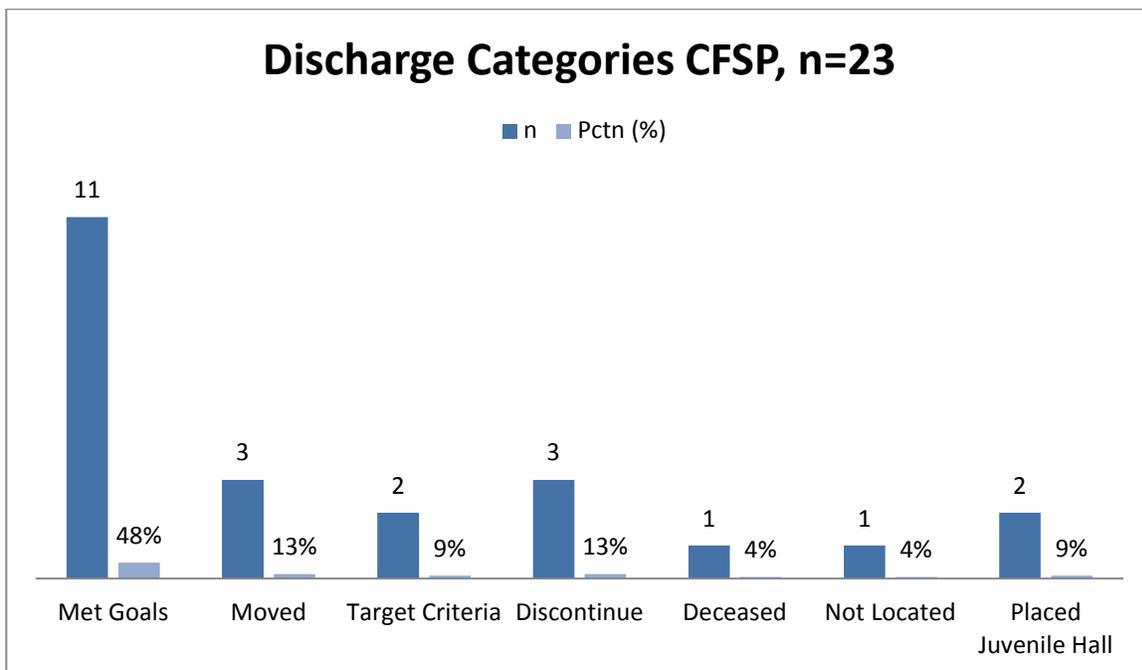
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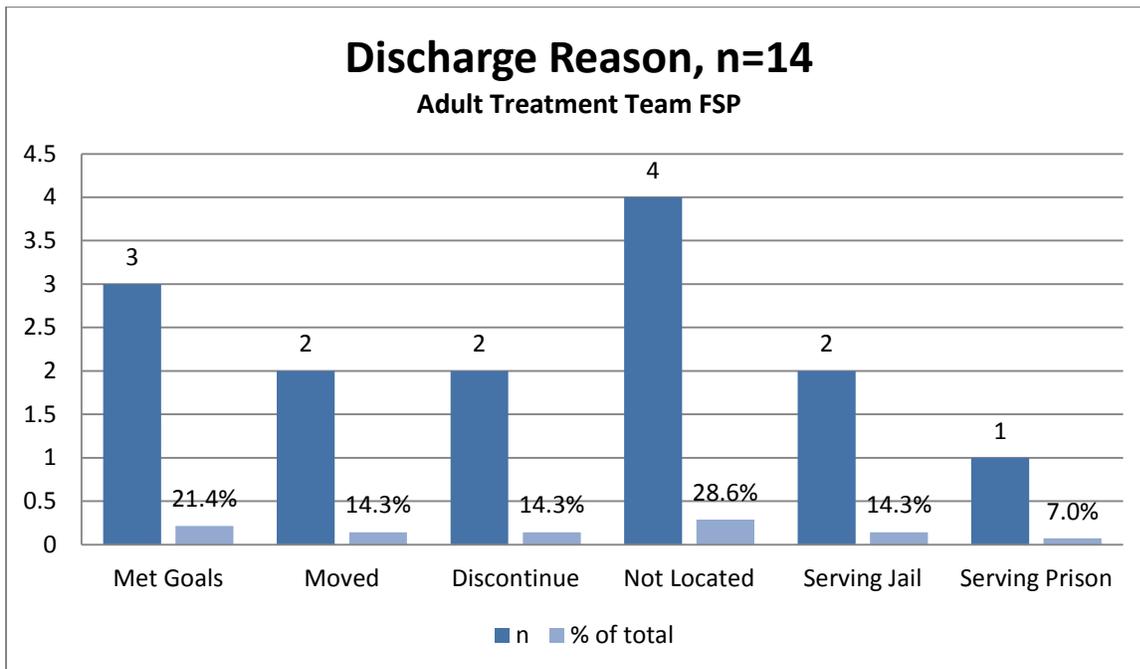
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# Full Service Partnership Program Outcomes

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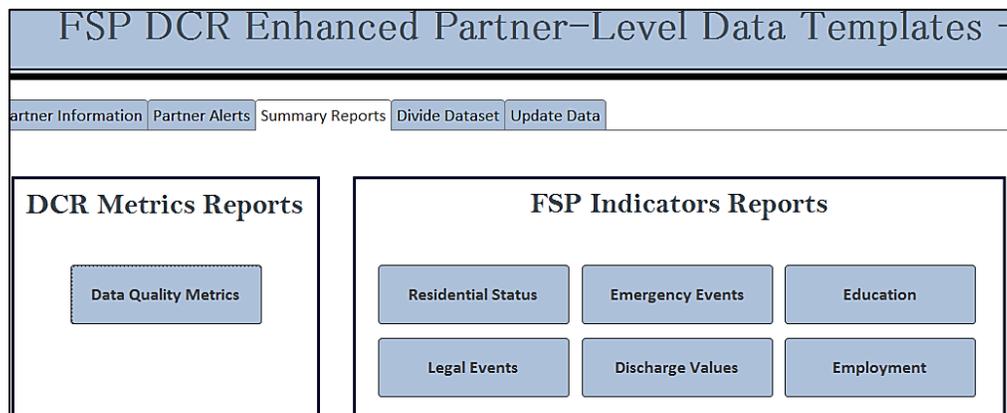
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# Full Service Partnership Program Outcomes

## FSP Overview

The Napa County Mental Health Division Full Service Partnership (FSP) Program staff enters data into a State of California database known as the Data Collection and Reporting (DCR) System. There are 3 forms that staff use to gather data which include the Partnership Assessment Form (PAF), which captures data on indicators listed below at time of service and 1 year before services); a Key Event Tracking Form (KET), which is completed anytime a key event takes place, including a change in living status, incarceration or emergency event; and a quarterly report known as the 3M (3 Month Report). The State Mental Health Services Oversight and Accountability Commission has contracted with Mental Health [Data Alliance, LLC](#) to create a Microsoft Access tool that allows Counties to easily pull data from the DCR, specifically data on the FSP indicators included below:



## Summary of FSP Indicator Reports

- **Residential Status** – Provides a summary and annual comparison for all eligible partners’ residential settings for the year prior and up to 2 years during FSP participation.
- **Emergency Events** – Provides reports for partners’ mental health emergency events and psychiatric hospitalization for the year prior and up to 5 years during FSP participation.
- **Legal Events** – Provides reports for partners’ arrests and incarceration days for the year prior and up to 5 years during FSP participation.
- **Discharge Values** – Provides a report summarizing average length of service, length of service categories by age group, discharge reason by age group, partners with physician and partners’ residential setting at start and end of service.
- **Education Indicator** – Provides information on grades and attendance for those individuals who report this data (currently only available for Children’s FSP).
- **Employment Indicator** – Provides employment data for the year prior and up to 2 years during FSP participation.

# Full Service Partnership Program Outcomes

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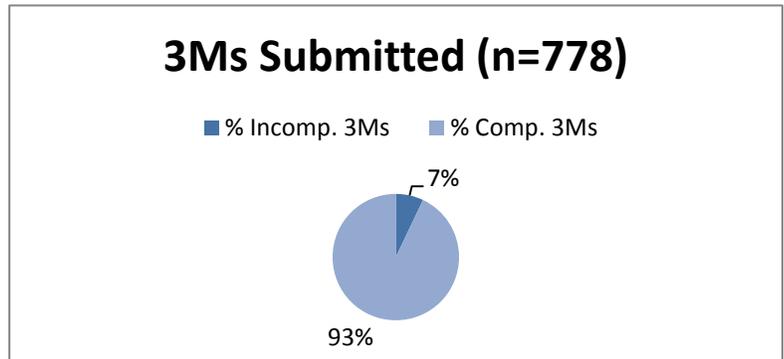
Please note, the number or “n” of individuals that data is available for by indicator may vary from the total number or “N” of individuals served by program as a result of length of participation in a specific FSP program and the parameters set forth for each indicator as described above.

# Full Service Partnership Program Outcomes

## Napa County Data Quality

Napa County Mental Health staff continues to work to create clear processes that support high data quality and while the data quality is not at 100%, the FSP Overview data is very reliable. The data included in this report is for FY 13-14 and figures from the DCR are consistently compared against Anasazi, the Mental Health Division’s Electronic Health Record System, to ensure the highest data quality possible.

<b>All Partners Served</b>	<b>210</b>
3Ms due (n)	864
3Ms Submitted (n)	778
% 3Ms Submit	90.0%
Incomplete 3Ms (n)	50
% Incomplete 3Ms	6.4%
% Comp. 3Ms Submit	93.5%



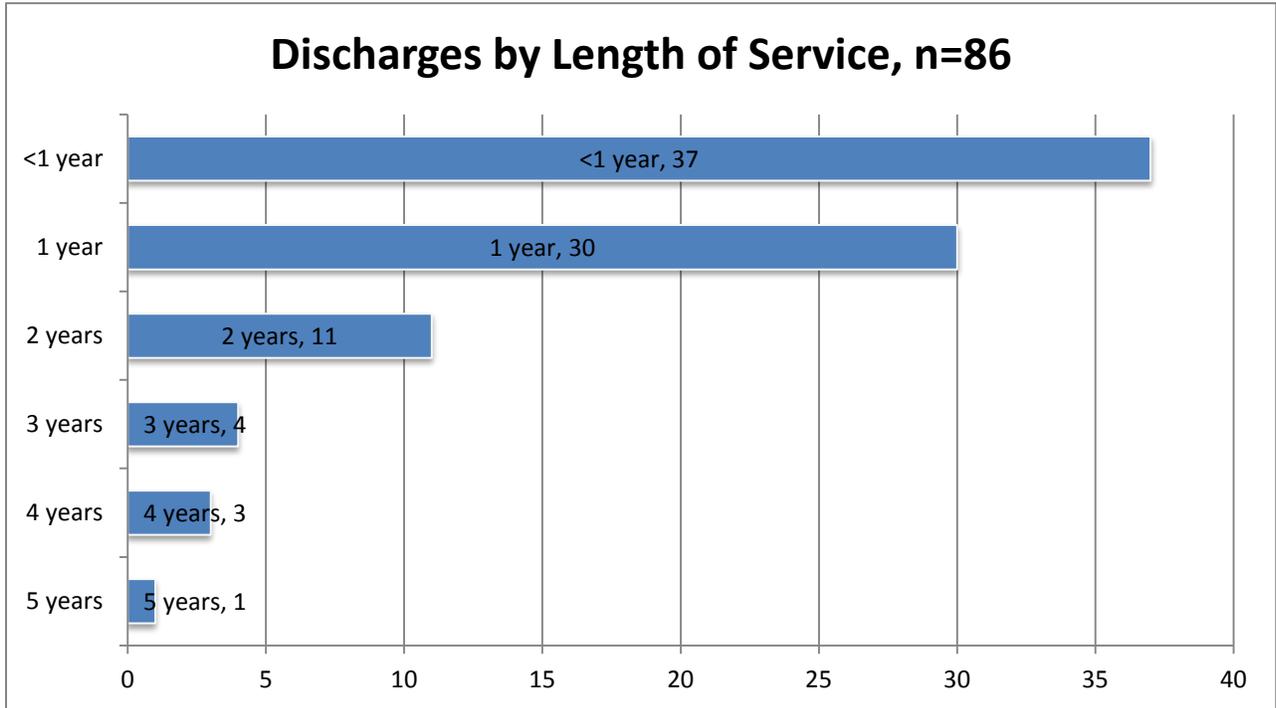
## FY 13-14 FSP Service Figures

A total of 210 individuals were served by the Napa County Mental Health Division Full Service Partnership (FSP) Programs in FY 13-14. A breakdown of individuals served by program is included in the table below. The following sections include program specific data broken down by indicator. For more details about each specific FSP program, please refer to the body of the report under the Community Services and Supports (CSS) section.

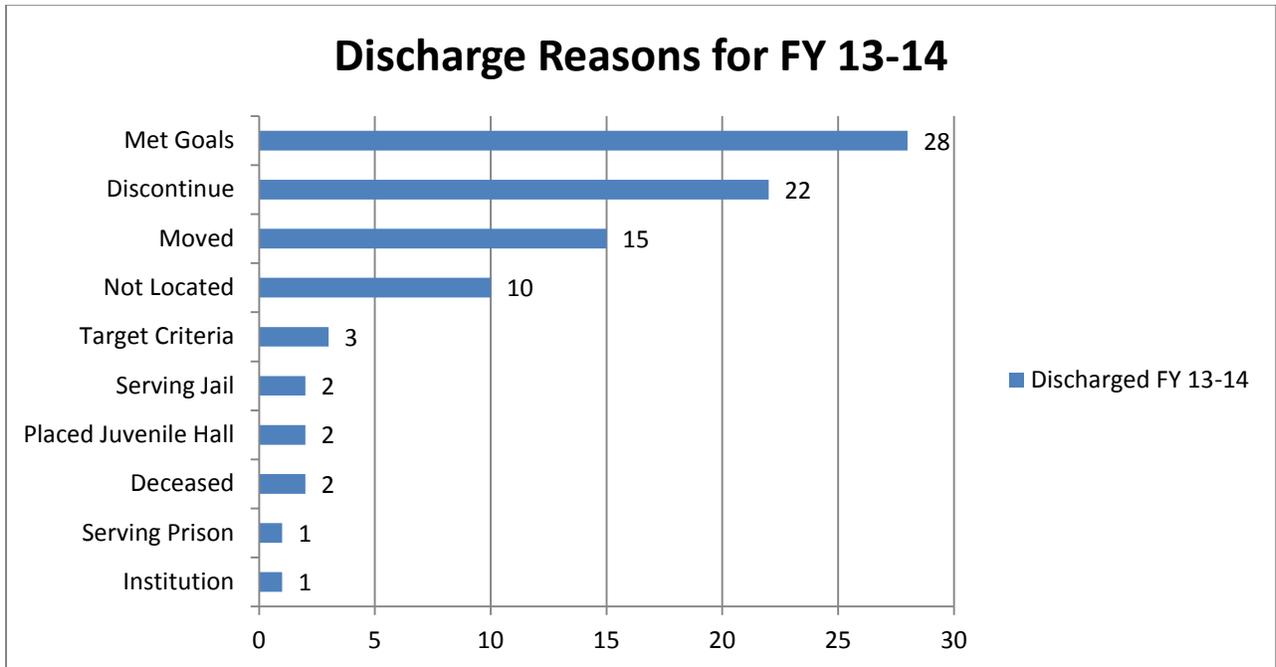
Current Program	Serving on First Day		Admitted		Discharged		Serving on Last Day		Total Served	
	n	%	n	%	n	%	n	%	n	%
Adult FSP	24	23.0%	27	25.5%	26	30.2%	25	20.2%	51	24.3%
Adult TT FSP	24	23.0%	26	24.5%	14	16.3%	36	29.0%	50	23.8%
Children’s FSP	20	19.2%	30	28.3%	23	26.7%	27	21.8%	50	23.8%
Older Adult FSP	15	14.4%	10	9.4%	8	9.3%	17	13.7%	25	11.9%
TAY FSP	21	20.2%	13	12.3%	15	17.4%	19	15.3%	34	16.2%
<b>All</b>	<b>104</b>	<b>100.0%</b>	<b>106</b>	<b>100.0%</b>	<b>86</b>	<b>100.0%</b>	<b>124</b>	<b>100.0%</b>	<b>210</b>	<b>100.0%</b>

# Full Service Partnership Program Outcomes

## FSP FY 13-14 Discharge Values by Length of Service



## FSP FY 13-14 Discharge Reasons



# Full Service Partnership Program Outcomes

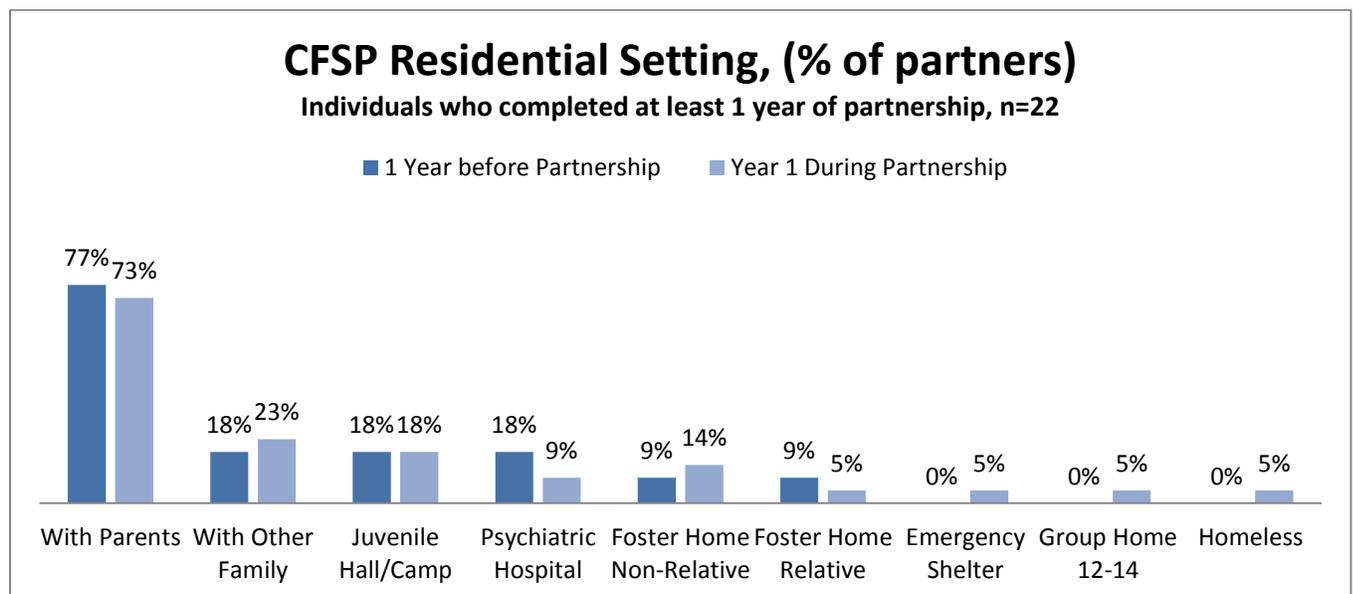
## Children’s Full Service Partnership Program (CFSP)

The Children’s FSP Program served a total of 50 kids between the ages of 0-15 in FY 13-14. Of the 50 kids served by the program, 56% of them were served less than 1 full year. As with any intensive program, there are a number of individuals (families) who may initially want the services, but with time realize that they are not ready to make the commitment and changes that are required in an intensive program, and some drop within the first 3 months. Below is a list of the number of individuals that were served by the CFSP in FY 13-14 and the length of time served by each by quarter and year.

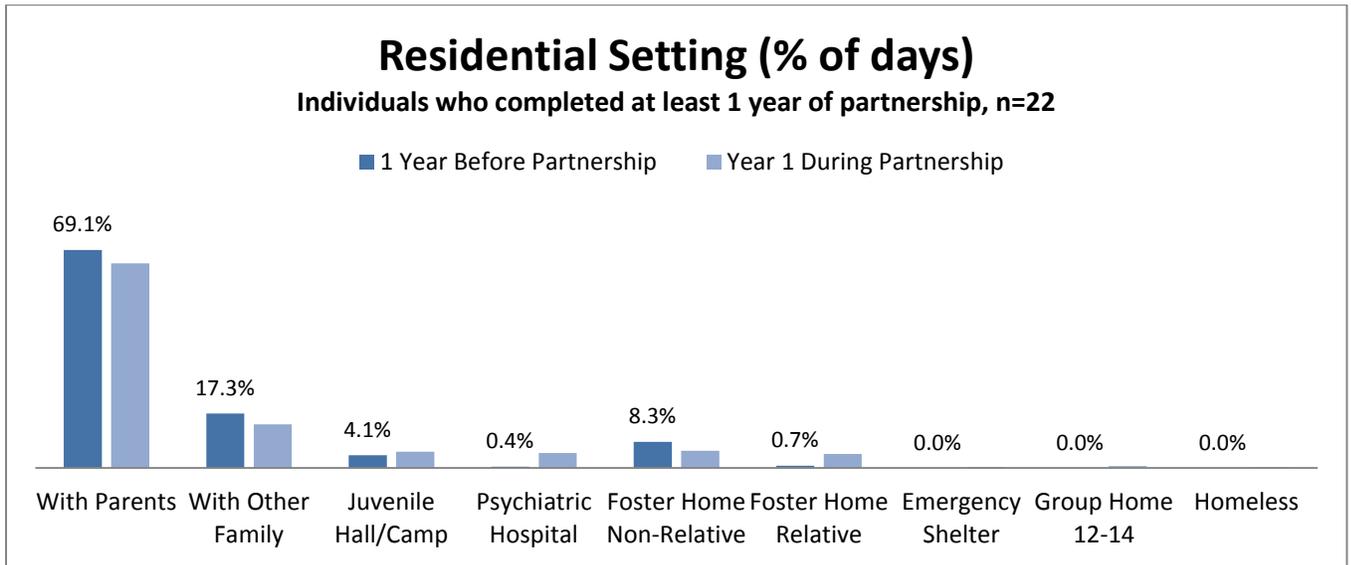
<b>All Partners Enrolled: 50</b>			
Completed at least 1 QTR of FSP:	45	Completed at least 1 Year of FSP:	22
Completed at least 2 QTRs of FSP:	43	Completed at least 2 Years of FSP:	5
Completed at least 3 QTRs of FSP:	34	Completed at least 3 Years of FSP:	1
Completed at least 4 QTRs of FSP:	22	Completed at least 4 Years of FSP:	1
Completed at least 5 QTRs of FSP:	14	Completed at least 5 Years of FSP:	0

## Residential Setting Indicator

The individuals served by the Children’s FSP primarily live with their parents. The table below describes the main locations individuals lived in the year before and year during services (n=22). The table titled “Residential Setting (% of days)” on the following page looks at the % of days by living category. When looking at both charts it is evident that most kids stay with their parents both in terms of the # of partners and the % of days. This is aligned with the program goals which are to keep children in their homes as much as possible and in the least restrictive setting.



# Full Service Partnership Program Outcomes



(Please note: the percentages do not add up to 100% because there could be multiple placements within a given service period and individuals may be represented in various residential settings.)

# Full Service Partnership Program Outcomes

## Mental Health Emergency Events

The Children's FSP Program had small numbers on the emergency events indicator report. Any events that did occur took place sporadically and were most likely outliers, i.e., did not demonstrate a significant trend, as can be seen in the report below.

Mental Health Emergency Events Report for Partners Served up to 5 Quarters Meeting Report Criteria							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (Qtrs Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
Average per Qtr Before	50		%	6	0.11	0.37	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Q</b>							
Average per Qtr Before	45		%	5	0.12	0.38	0 Events
Q 1 During	45	0	0 %	0	0.00	0.00	-5 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Qs</b>							
Average per Qtr Before	43		%	5	0.12	0.38	0 Events
Q 1 During	43	0	0 %	0	0.00	0.00	-5 Events
Q 2 During	43	0	0 %	0	0.00	0.00	-5 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Qs</b>							
Average per Qtr Before	34		%	4	0.12	0.33	0 Events
Q 1 During	34	0	0 %	0	0.00	0.00	-4 Events
Q 2 During	34	0	0 %	0	0.00	0.00	-4 Events
Q 3 During	34	2	5.9 %	2	0.06	1.00	-2 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Qs</b>							
Average per Qtr Before	22		%	3	0.12	0.39	0 Events
Q 1 During	22	0	0 %	0	0.00	0.00	-3 Events
Q 2 During	22	0	0 %	0	0.00	0.00	-3 Events
Q 3 During	22	1	4.5 %	1	0.05	1.00	-2 Events
Q 4 During	22	0	0 %	0	0.00	0.00	-3 Events
<b>FSP Data Reported for Partners Who: Completed at Least 5 Qs</b>							
Average per Qtr Before	14		%	2	0.12	0.44	0 Events
Q 1 During	14	0	0 %	0	0.00	0.00	-2 Events
Q 2 During	14	0	0 %	0	0.00	0.00	-2 Events
Q 3 During	14	1	7.1 %	1	0.07	1.00	-1 Events
Q 4 During	14	0	0 %	0	0.00	0.00	-2 Events
Q 5 During	14	0	0 %	0	0.00	0.00	-2 Events

# Full Service Partnership Program Outcomes

The same emergency event data is broken down below by number of years for individuals served up to 4 years. Of the 50 individuals served by the Children’s FSP, 15 reported emergency events in the year before services for a total of 22 events. For the 22 who were served for at least 1 year, the number of individuals that reported events went down to 7, for a total of 11 events in the year before services and 1 event in the year during services. The trend is similar for individuals served in years 2-4.

<b>Mental Health Emergency Events Report for Partners Served up to 5 Years Meeting Report Criteria</b>							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	50	15	30.0 %	22	0.44	1.47	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	22	7	31.8 %	11	0.50	1.57	0 Events
Year 1 During	22	1	4.5 %	1	0.05	1.00	-10 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	5	3	60.0 %	6	1.20	2.00	0 Events
Year 1 During	5	1	20.0 %	1	0.20	1.00	-5 Events
Year 2 During	5	0	0.0 %	0	0.00	0.00	-6 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Events
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Events
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 4 During	1	0	0.0 %	0	0.00	0.00	0 Events

# Full Service Partnership Program Outcomes

The table below reports the number of psychiatric hospitalizations for CFSP Partners. Of the 50 individuals served in FY 13-14, 6 had reported psychiatric hospitalizations in the year prior to services for a total of 75 hospitalization days. Of the 22 served for 1 year, 4 had reported hospitalizations in the year prior to services and 2 reported psychiatric hospitalizations in the first year of services. While there was an initial increase in psychiatric hospitalization days, it can be attributed to a small number of individuals who received the appropriate level of care and support that was needed at that time.

<b>Psychiatric Hospital Days Report for Partners Served up to 5 Years and Meeting Report Criteria</b>							
	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days / Total Partners	Days / Partners with Psych Hosp Days	Days
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	50	6	12.0 %	75	1.5	12.5	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	22	4	18.2 %	33	1.5	8.3	0 Days
Year 1 During	22	2	9.1 %	382	17.4	191.0	349 Days
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	5	1	20.0 %	2	0.4	2.0	0 Days
Year 1 During	5	1	20.0 %	17	3.4	17.0	15 Days
Year 2 During	5	2	40.0 %	8	1.6	4.0	6 Days
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	1	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	1	0	0.0 %	0	0.0	0.0	0 Days
Year 2 During	1	1	100.0 %	1	1.0	1.0	1 Days
Year 3 During	1	0	0.0 %	0	0.0	0.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	1	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	1	0	0.0 %	0	0.0	0.0	0 Days
Year 2 During	1	1	100.0 %	1	1.0	1.0	1 Days
Year 3 During	1	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	1	0	0.0 %	0	0.0	0.0	0 Days

# Full Service Partnership Program Outcomes

## Education Indicator

The Children’s FSP Education Indicator report includes data on the total individuals served by the program (far left column) as well as the total number of individuals who had attendance data and grades reported on the PAF and/or the 3M. In general, most individuals that reported data had good, very good or improved grades.

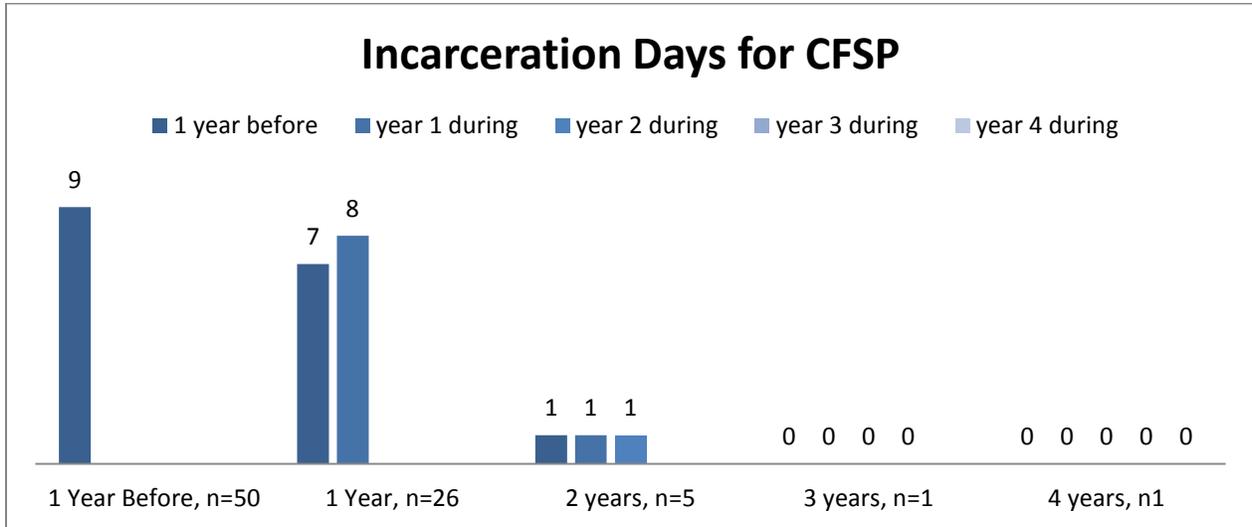
Attendance and Grades Report for Child Partners Served up to 12 Quarters Meeting Report Criteria																													
Partners Who:	Total Partners Served n	Partners with Data (on PAF and 3M)				Attendance for Partners with Data								Grades for Partners with Data															
		Had Attendance Data		Had Grades		Partners with Attendance Always or Most of the Time				Always, Most or Improved				Declined				Partners with Good or Very Good Grades				Good, Very Good or Improved				Declined			
		n	%	n	%	on PAF n	on PAF %	on 3M n	on 3M %	on 3M n	on 3M %	on 3M n	on 3M %	on 3M n	on 3M %	on PAF n	on PAF %	on 3M n	on 3M %	on 3M n	on 3M %	on 3M n	on 3M %	on 3M n	on 3M %				
Were Enrolled in FSP Program	36	36	100%	34	94%	29	81%								6	17%													
Completed at Least 1 Q	33	32	97%	30	91%	25	78%	22	69%	22	69%	7	22%	5	16%	8	27%	13	43%	5	17%								
Completed at Least 2 Qs	31	31	100%	28	90%	24	77%	25	81%	25	81%	4	13%	6	19%	5	18%	13	46%	7	25%								
Completed at Least 3 Qs	26	25	96%	24	92%	19	76%	19	76%	19	76%	4	16%	5	20%	7	29%	14	58%	3	13%								
Completed at Least 4 Qs	18	18	100%	16	89%	14	78%	16	89%	16	89%	5	28%	4	22%	6	38%	11	69%	3	19%								
Completed at Least 5 Qs	11	11	100%	10	91%	9	82%	8	73%	8	73%	2	18%	2	18%	5	50%	7	70%	2	20%								
Completed at Least 6 Qs	10	10	100%	9	90%	8	80%	9	90%	9	90%	1	10%	2	20%	5	56%	7	78%	2	22%								
Completed at Least 7 Qs	5	5	100%	5	100%	3	60%	4	80%	4	80%	0	0%	1	20%	2	40%	5	100%	0	0%								
Completed at Least 8 Qs	5	5	100%	5	100%	3	60%	5	100%	5	100%	0	0%	1	20%	0	0%	3	60%	1	20%								
Completed at Least 9 Qs	3	2	67%	1	33%	1	50%	2	100%	2	100%	0	0%	1	50%	0	0%	1	100%	0	0%								
Completed at Least 10 Qs	2	2	100%	2	100%	1	50%	2	100%	2	100%	0	0%	1	50%	0	0%	1	50%	1	50%								
Completed at Least 11 Qs	1	1	100%	1	100%	0	0%	1	100%	1	100%	0	0%	0	0%	0	0%	1	100%	0	0%								
Completed at Least 12 Qs	1	1	100%	1	100%	0	0%	1	100%	1	100%	0	0%	0	0%	0	0%	1	100%	0	0%								

Please note, figures on the far left hand column do not add up to the figures of total individuals served for FY 13-14 and by quarter (page 5) as not everyone may have educational goals or educational data may not have been available.

# Full Service Partnership Program Outcomes

## Legal Domain

The Incarceration Days for CFSP report includes incarceration data for the 50 individuals enrolled in the CFSP in FY 13-14. Only 9 of the 50 served reported incarceration days in the year prior to services. Of the 26 served for at least 1 year or discharged within year 1 for incarceration, 7 reported incarceration days in the year before services and 8 reported incarcerations in the year during services for an initial increase in incarceration rates.



## Employment Indicator Report

The CFSP Program served a total of 50 individuals in FY 13-14, but, of those individuals served, only 12 had employment goals. As a result, the table below only includes data for those individuals of working age who had employment goals.

Employment Setting n=12 for all 3 columns	Employment at Start of Partnership		Changes During Partnership Year: Any		Changes During Partnership Year: 1	
	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners
Any Employment	2	16.7%	1	8.3%	1	8.3%
Competitive	0	0%	1	8.3%	1	8.3%
Left Blank	0	%	0	%	0	%
Non-Paid	1	8.3%	0	0%	0	0%
Other Gainful	1	8.3%	0	0%	0	0%
Paid In-House	0	0%	0	0%	0	0%
Supported	0	0%	0	0%	0	0%
Transitional	0	0%	0	0%	0	0%
Unemployed	10	83.3%	0	0%	0	0%

# Full Service Partnership Program Outcomes

## Discharge Data

Most (69.5%) individuals served by the Children's FSP receive services between 6 months to <2 years. There is a small percentage of those served who drop out or are discharged prior to 3 months of services and a very small percentage that is served 2 years or longer. The discharge values align well with the program goals to work with children and their families to provide them with the services, coping skills and information they need to be better advocates for their family as future situations may arise.

## Length of Service

Length of Service	Partners	
	n	%
<3 months	5	21.7%
6 months to <1year	9	39.1%
1 to <2 years	7	30.4%
2 to <3 years	1	4.3%
3+ Years	1	4.3%

## Residential Setting Comparison at Start of FSP and at Discharge

Most youth start and remain in their homes with their parents as is shown in the Residential Setting comparison tables at start and end of service shown below. Other youth were put in alternative placements and two individuals were discharged due to incarceration.

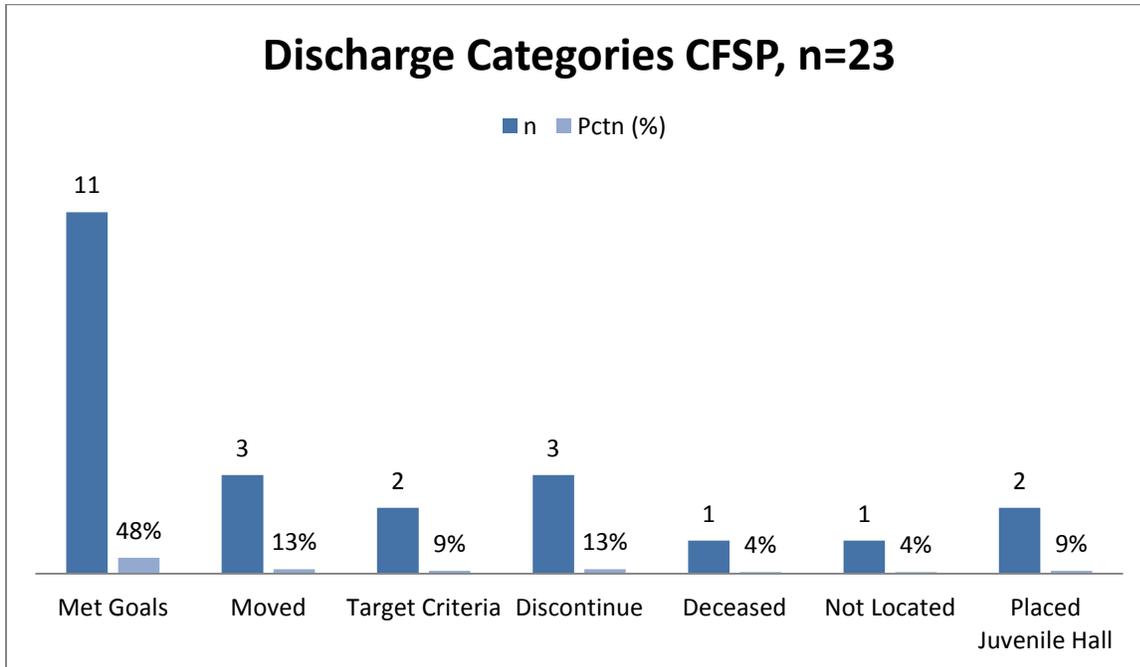
Residential Setting at Start of FSP	Residential Setting Category	Partners	
		n	%
Total Partners n=23			
	With Parents	17	73.9%
	With Other Family	3	13.0%
	Psychiatric Hospital	1	4.3%
	Foster Home Non-Relative	1	4.3%
	DJJ	1	4.3%

Residential Setting at Discharge	Residential Setting Category	Partners	
		n	%
Total Partners n=23			
	With Parents	16	69.6%
	With Other Family	2	8.7%
	DJJ	2	8.7%
	Psychiatric Hospital	1	4.3%
	Juvenile Hall/Camp	1	4.3%
	Foster Home Non-Relative	1	4.3%

# Full Service Partnership Program Outcomes

## Discontinue Reason by Category

Most youth in the Children’s FSP are discharged due to having achieved their goals and/or meeting target criteria for discharge. A small percentage is discontinued due to not being able to comply with services, not meeting appropriate criteria or because they dropped out of the program and staff were unable to locate them. Only 2 individuals were discharged as a result of being placed in Juvenile Hall/Youth Camp.



# Full Service Partnership Program Outcomes

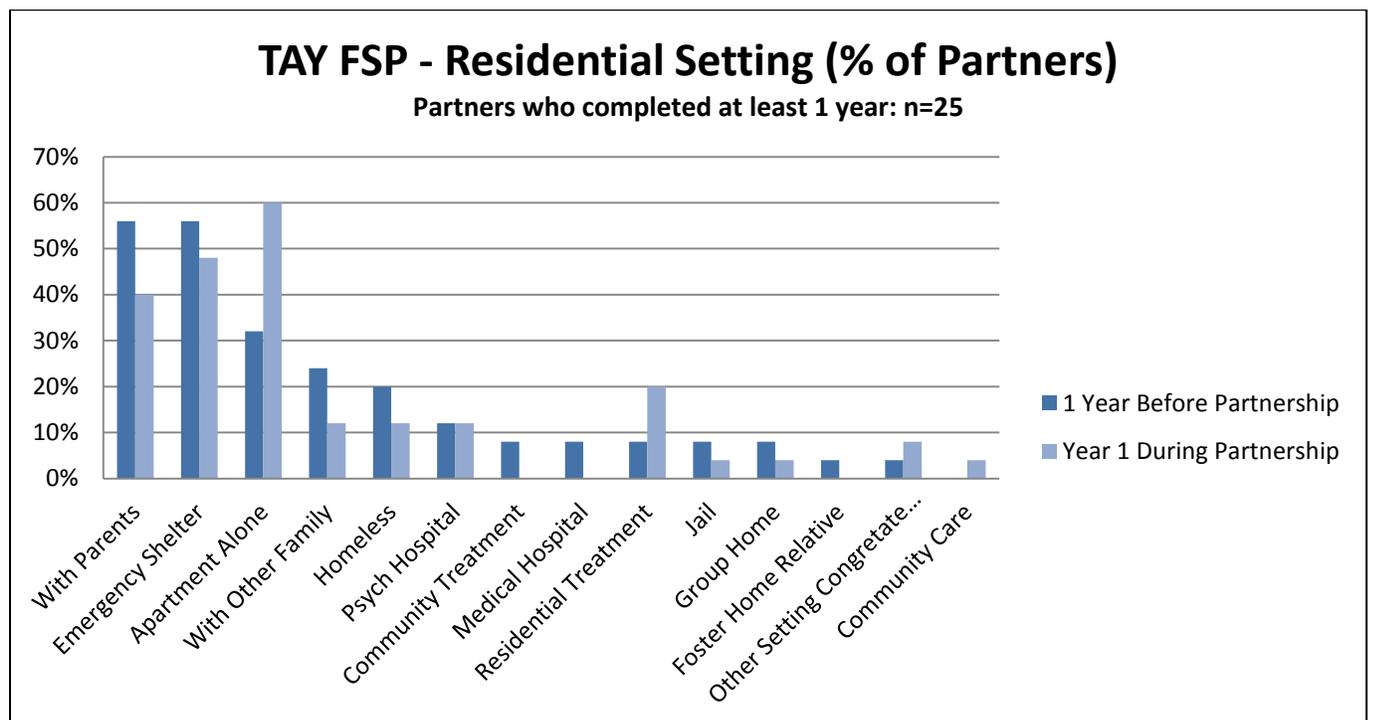
## Transitional Age Youth Full Service Partnership Program (TAY FSP)

Partners meeting report criteria and served by the TAY FSP program in FY 13-14 are broken down in the chart below by partners served for each quarter or year.

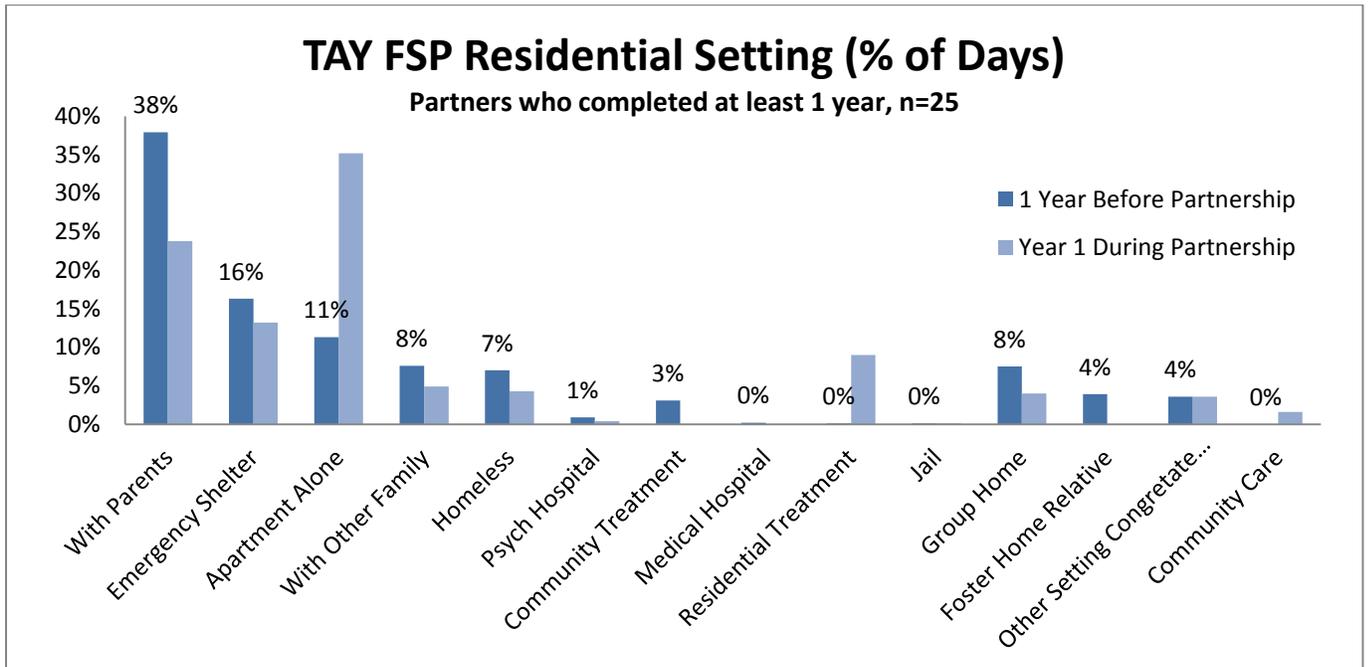
<b>All Partners Enrolled:</b>	<b>34</b>		
Completed at least 1 QTR of FSP:	32	Completed at least 1 Year of FSP:	25
Completed at least 2 QTRs of FSP:	29	Completed at least 2 Years of FSP:	11
Completed at least 3 QTRs of FSP:	26	Completed at least 3 Years of FSP:	7
Completed at least 4 QTRs of FSP:	25	Completed at least 4 Years of FSP:	4
Completed at least 5 QTRs of FSP:	22	Completed at least 5 Years of FSP:	2

## Residential Services Report for Individuals Completing at least 1 year of services

The TAY FSP Program, much like other FSP programs, works to ensure individuals have a place to live and can reside in the least restrictive setting that meets their needs. Most individuals were able to secure an apartment and overall there was a reduction in the percentage of individuals who were homeless and the percentage of days that individuals were homeless (see tables below). There was an increase in the percentage of partners and days that individuals spent in residential treatment. Rather than being a negative outcome, these individuals received the appropriate level of care they needed and were connected to services in a timely manner.



# Full Service Partnership Program Outcomes



It's important to note that 11 of the 25 individuals who completed at least one year of services completed at least a 2<sup>nd</sup> year as well. Of those, 72.7% were able to secure housing in their own apartment and others were also able to secure living arrangements in less restrictive settings. Two remained in residential treatment and 1 in community care which was the appropriate level of care and service necessary to support their recovery.

# Full Service Partnership Program Outcomes

## TAY FSP - Mental Health Emergency Events

There is a similar reduction in emergency events for individuals completing at least 1 year of services and an overall reduction in emergency events with each quarter of services.

<b>Mental Health Emergency Events Report for Partners Served up to 5 Quarters Meeting Report Criteria</b>							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (Qtrs Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
Average per Qtr Before	34		%	7	0.20	0.56	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Q</b>							
Average per Qtr Before	32		%	6	0.20	0.57	0 Events
Q 1 During	32	3	9.4 %	3	0.09	1.00	-3 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Qs</b>							
Average per Qtr Before	29		%	5	0.18	0.58	0 Events
Q 1 During	29	3	10.3 %	3	0.10	1.00	-2 Events
Q 2 During	29	2	6.9 %	2	0.07	1.00	-3 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Qs</b>							
Average per Qtr Before	26		%	5	0.20	0.58	0 Events
Q 1 During	26	3	11.5 %	3	0.12	1.00	-2 Events
Q 2 During	26	2	7.7 %	2	0.08	1.00	-3 Events
Q 3 During	26	1	3.8 %	1	0.04	1.00	-4 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Qs</b>							
Average per Qtr Before	25		%	5	0.21	0.58	0 Events
Q 1 During	25	3	12 %	3	0.12	1.00	-2 Events
Q 2 During	25	2	8 %	2	0.08	1.00	-3 Events
Q 3 During	25	1	4 %	1	0.04	1.00	-4 Events
Q 4 During	25	1	4 %	3	0.12	3.00	-2 Events
<b>FSP Data Reported for Partners Who: Completed at Least 5 Qs</b>							
Average per Qtr Before	22		%	5	0.24	0.58	0 Events
Q 1 During	22	3	13.6 %	3	0.14	1.00	-2 Events
Q 2 During	22	2	9.1 %	2	0.09	1.00	-3 Events
Q 3 During	22	1	4.5 %	1	0.05	1.00	-4 Events
Q 4 During	22	1	4.5 %	3	0.14	3.00	-2 Events
Q 5 During	22	3	13.6 %	5	0.23	1.67	0 Events

# Full Service Partnership Program Outcomes

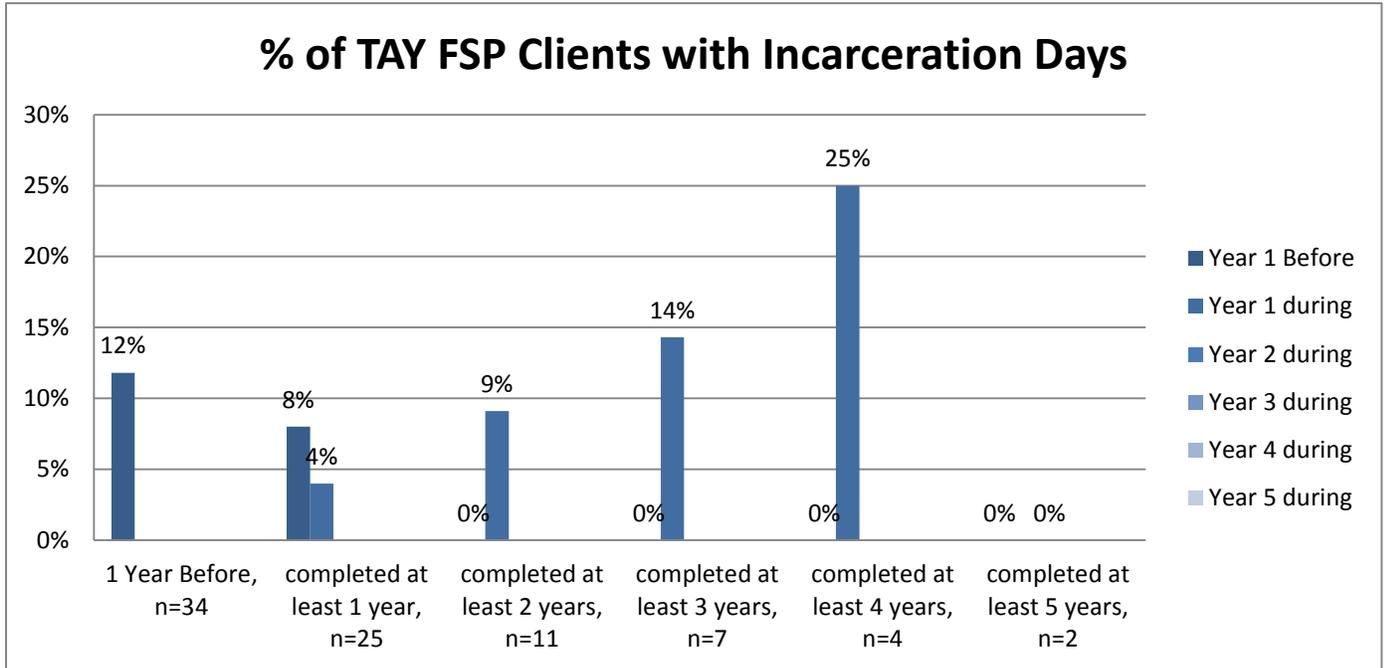
## TAY FSP – Psychiatric Hospitalizations

Three of the 34 individuals served in FY 13-14 reported a psychiatric hospitalization in the year before services. Since the service numbers are small, any increases in psychiatric hospitalizations can be attributed to outliers who may have needed to be hospitalized and received the care they needed at that point in time.

Psychiatric Hospital Days Report for Partners Served up to 5 Years and Meeting Report Criteria							
	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days/ Total Partners	Days/ Partner's with Psych Hosp Days	Days
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	34	3	8.8 %	81	2.4	27.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	25	3	12.0 %	81	3.2	27.0	0 Days
Year 1 During	25	3	12.0 %	33	1.3	11.0	-48 Days
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	11	1	9.1 %	30	2.7	30.0	0 Days
Year 1 During	11	3	27.3 %	33	3.0	11.0	3 Days
Year 2 During	11	0	0.0 %	0	0.0	0.0	-30 Days
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	7	1	14.3 %	30	4.3	30.0	0 Days
Year 1 During	7	2	28.6 %	27	3.9	13.5	-3 Days
Year 2 During	7	0	0.0 %	0	0.0	0.0	-30 Days
Year 3 During	7	0	0.0 %	0	0.0	0.0	-30 Days
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	4	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	4	1	25.0 %	19	4.8	19.0	19 Days
Year 2 During	4	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	4	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	4	0	0.0 %	0	0.0	0.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 5 Years</b>							
1 Year Before	2	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	2	1	50.0 %	19	9.5	19.0	19 Days
Year 2 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 5 During	2	0	0.0 %	0	0.0	0.0	0 Days

# Full Service Partnership Program Outcomes

## Incarceration Report for Partners Served up to 5 years



The % of TAY FSP Clients with Incarceration Days table shows that of the 34 individuals enrolled in TAY FSP in FY 13-14, 12% (4) had incarceration days in the year prior to accessing services. Of the 25 individuals who completed at least 1 full year of services, 8% (2) had incarceration days in the year before services and 4% (1) had incarceration days in year 1 of services. There is a reduction over time with 2 outliers in years 3 and 4. The trend, however, is that the rate of incarcerations days are reduced by year 1 of services.

# Full Service Partnership Program Outcomes

## TAY FSP - Employment Report

The TAY FSP program meets youth where they are in their recovery process and encouragement for individuals to meet their recovery goals, which may include going back to or staying in school or obtaining employment. Overall, there is a significant reduction in unemployment rates from the start of partnership to year 1 of services for the 25 individuals who met service criteria (partners served for at least one year or more). While there was a slight decrease from year 1 to year 2, the number of individuals who sustained competitive employment from year 1 to year 2 hardly changed. (Please note: some partners may be represented in more than one category.)

Employment Setting n=25	Employment at Start of Partnership (n=25)		Changes During Partnership Year: Any (n=25)		Changes During Partnership Year: 1 (n=25)		Changes During Partnership Year: 2 (n=11)	
	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners
Any Employment	10	40%	18	72%	13	52%	8	32%
Competitive	3	12%	16	64%	8	32%	7	28%
Left Blank	0	0%	0	%	0	%	0	%
Non-Paid	3	12%	1	4%	1	4%	0	0%
Other Gainful	1	4%	0	0%	0	0%	0	0%
Paid In-House	1	4%	3	12%	2	8%	0	0%
Supported	0	0%	2	8%	2	8%	0	0%
Transitional	1	4%	5	20%	2	8%	2	8%
Unemployed	16	64%	13	52%	7	28%	5	20%

## Discharge Data

### Length of Service

In FY 13-14, the TAY FSP Program discharged 15 individuals. Of the 15 individuals discharged, the average length of service is between 0-6 months and between 1 to <2 years for most individuals. The short service period could be related to individuals not being ready to receive services and make the type of changes they need to make to be in recovery. TAY FSP staff work with youth to ensure their basic needs are met and sometimes that is the main driver affecting an individual's mental health. Once their basic needs are met, the rest of the services fall into place and discharge or step down is possible.

Total Partners = 15	Partners	
Length of Service	n	%
<3 months	2	13.3%
3 months to <6 months	2	13.3%
6 months to <1year	1	6.7%
1 to <2 years	5	33.3%
2 to <3 years	2	13.3%
3+ Years	3	20.0%

# Full Service Partnership Program Outcomes

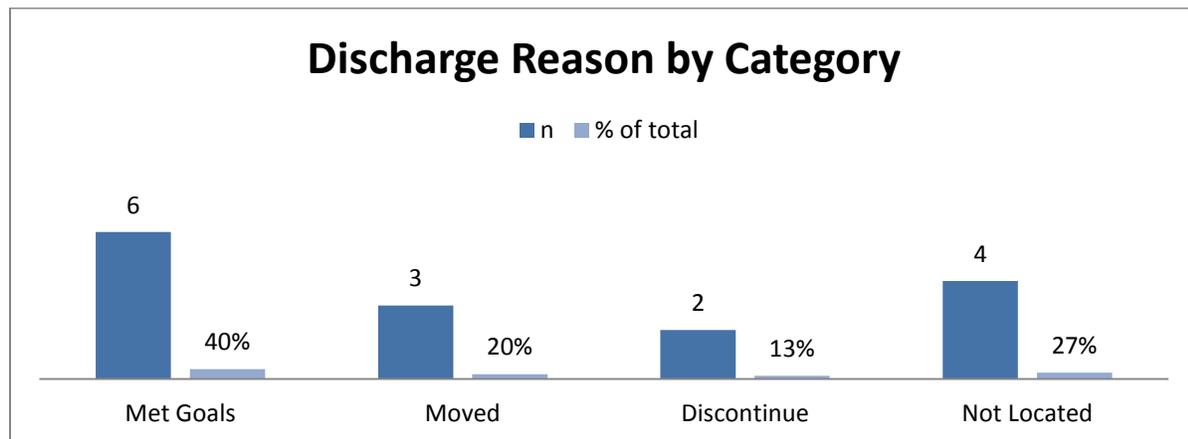
## Residential Setting Comparison at Start of FSP and Discharge

Residential Setting at Start of FSP	Residential Setting Category	Partners	
Total Partners n=15		n	%
	With Parents	7	46.7%
	Emergency Shelter	3	20.0%
	Homeless	2	13.3%
	Apartment Alone	2	13.3%
	Residential Treatment	1	6.7%

Residential Setting at Discharge	Residential Setting Category	Partners	
Total Partners n=15		n	%
	Apartment Alone	8	53.3%
	With Parents	4	26.7%
	Homeless	2	13.3%
	Emergency Shelter	1	6.7%

### Discontinue Reason by Category

Of the 15 individuals that were discharged by the TAY FSP, 40% were discharged after meeting their goals, 40% were discharged due to not being located or discontinued for various reasons and 20% moved out of the area.



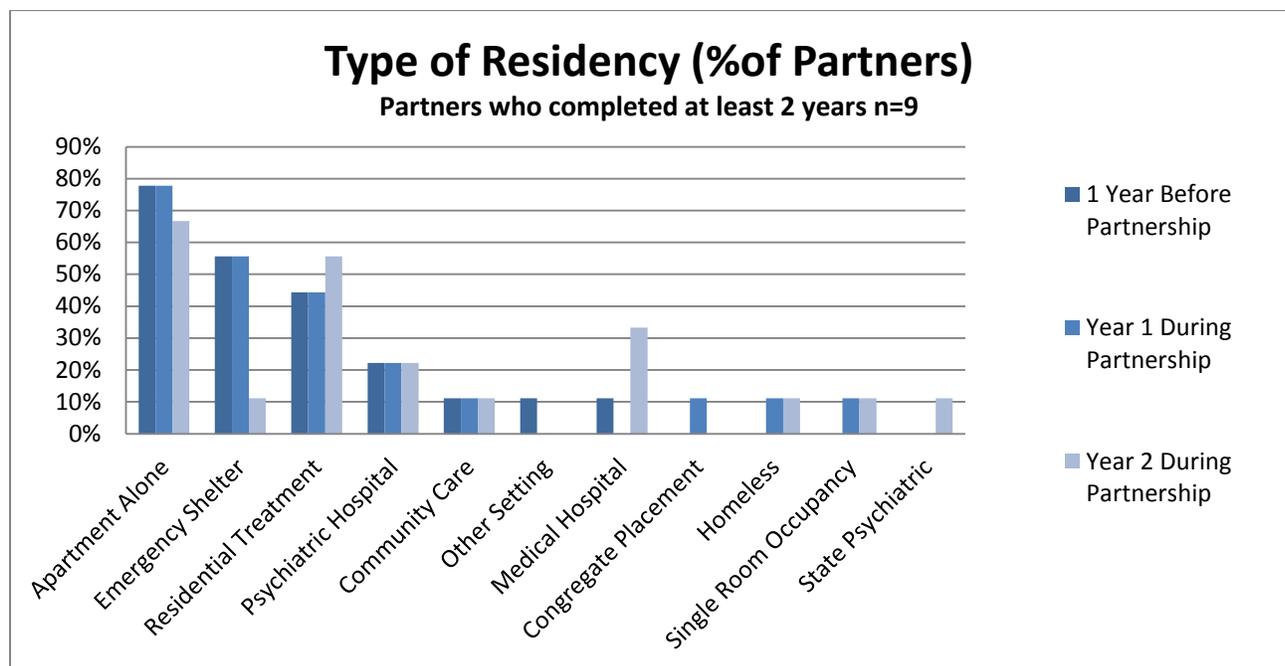
# Full Service Partnership Program Outcomes

## Adult Full Service Partnership Program (AFSP)

The Adult FSP program served 51 individuals in FY 13-14, and, of those, roughly 37% remained in services for at least 1 full year. The remaining 63% completed less than 1 year of FSP services. The length of service is aligned with the purpose of the program as individuals are not meant to remain in the program long-term.

<b>All Partners Enrolled:</b>	<b>51</b>		
Completed at least 1 QTR of FSP:	42	Completed at least 1 Year of FSP:	19
Completed at least 2 QTRs of FSP:	36	Completed at least 2 Years of FSP:	9
Completed at least 3 QTRs of FSP:	24	Completed at least 3 Years of FSP:	4
Completed at least 4 QTRs of FSP:	19	Completed at least 4 Years of FSP:	2
Completed at least 5 QTRs of FSP:	17	Completed at least 5 Years of FSP:	2

## Residential Indicator Report



The Residential Indicator reports include the percentage of partners by type of residence and the percentage of days that each partner resided at a particular type of residence. It's important to look at both % of partners and % of days to get a better picture of the change in the type of residence of partners over time. While there was an increase in the use of residential treatment and medical hospital placement, there was also a significant decrease in use of the emergency shelter and both in the number of individuals (% of partners) and percentage of days (following table). And while there is actually a slight decrease from year 1 to year 2 of partnership in terms of individuals living in an apartment alone, the % of days partners spent in an apartment actually increased, which means that

# Full Service Partnership Program Outcomes

while fewer partners were living in an apartment alone from year 1 to year 2, they were housed independently much longer.



## Mental Health Emergency Events

Of the 51 individuals served in FY 13-14, 29 had reported 160 emergency events in the year prior to receiving services. Of the 19 individuals served for a full year, 14 reported events in the year prior to services and there were 4 reported events in year 1 of services as reported in the PAF and KET.

# Full Service Partnership Program Outcomes

Mental Health Emergency Events Report for Partners Served up to 5 Years Meeting Report Criteria							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events/ Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	51	29	56.9 %	160	3.14	5.52	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	19	14	73.7 %	133	7.00	9.50	0 Events
Year 1 During	19	4	21.1 %	9	0.47	2.25	-124 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	9	7	77.8 %	18	2.00	2.57	0 Events
Year 1 During	9	2	22.2 %	4	0.44	2.00	-14 Events
Year 2 During	9	4	44.4 %	8	0.89	2.00	-10 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	3	75.0 %	8	2.00	2.67	0 Events
Year 1 During	4	0	0.0 %	0	0.00	0.00	-8 Events
Year 2 During	4	3	75.0 %	5	1.25	1.67	-3 Events
Year 3 During	4	1	25.0 %	7	1.75	7.00	-1 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	2	100.0 %	6	3.00	3.00	0 Events
Year 1 During	2	0	0.0 %	0	0.00	0.00	-6 Events
Year 2 During	2	1	50.0 %	2	1.00	2.00	-4 Events
Year 3 During	2	0	0.0 %	0	0.00	0.00	-6 Events
Year 4 During	2	0	0.0 %	0	0.00	0.00	-6 Events
<b>FSP Data Reported for Partners Who: Completed at Least 5 Years</b>							
1 Year Before	2	2	100.0 %	6	3.00	3.00	0 Events
Year 1 During	2	0	0.0 %	0	0.00	0.00	-6 Events
Year 2 During	2	1	50.0 %	2	1.00	2.00	-4 Events
Year 3 During	2	0	0.0 %	0	0.00	0.00	-6 Events
Year 4 During	2	0	0.0 %	0	0.00	0.00	-6 Events
Year 5 During	2	1	50.0 %	2	1.00	2.00	-4 Events

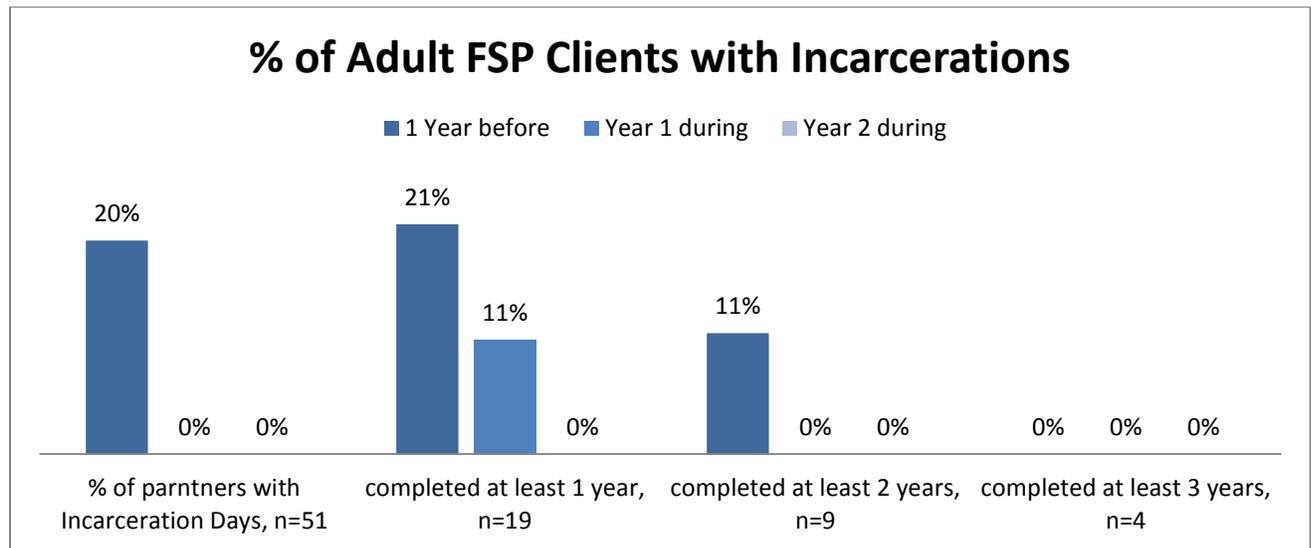
## Psychiatric Hospitalizations

The following table shows that 51 individuals were served in FY 13-14 and, of those, 6 had a psychiatric hospitalization in the year prior to services. There is an overall reduction in the number of days in nursing psychiatric or psychiatric hospital days with a slight increase as a result of 1-2 individuals needing to be hospitalized.

# Full Service Partnership Program Outcomes

Psychiatric Hospital Days Report for Partners Served up to 5 Years and Meeting Report Criteria							
	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days/Total Partners	Days/Partners with Psych Hosp Days	Days
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	51	6	11.8 %	80	1.6	13.3	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	19	3	15.8 %	28	1.5	9.3	0 Days
Year 1 During	19	2	10.5 %	101	5.3	50.5	73 Days
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	9	2	22.2 %	27	3.0	13.5	0 Days
Year 1 During	9	2	22.2 %	101	11.2	50.5	74 Days
Year 2 During	9	2	22.2 %	276	30.7	138.0	249 Days
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	1	25.0 %	12	3.0	12.0	0 Days
Year 1 During	4	0	0.0 %	0	0.0	0.0	-12 Days
Year 2 During	4	1	25.0 %	3	0.8	3.0	-9 Days
Year 3 During	4	1	25.0 %	84	21.0	84.0	72 Days
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	1	50.0 %	12	6.0	12.0	0 Days
Year 1 During	2	0	0.0 %	0	0.0	0.0	-12 Days
Year 2 During	2	1	50.0 %	3	1.5	3.0	-9 Days
Year 3 During	2	0	0.0 %	0	0.0	0.0	-12 Days
Year 4 During	2	0	0.0 %	0	0.0	0.0	-12 Days
<b>FSP Data Reported for Partners Who: Completed at Least 5 Years</b>							
1 Year Before	2	1	50.0 %	12	6.0	12.0	0 Days
Year 1 During	2	0	0.0 %	0	0.0	0.0	-12 Days
Year 2 During	2	1	50.0 %	3	1.5	3.0	-9 Days
Year 3 During	2	0	0.0 %	0	0.0	0.0	-12 Days
Year 4 During	2	0	0.0 %	0	0.0	0.0	-12 Days
Year 5 During	2	0	0.0 %	0	0.0	0.0	-12 Days

## Incarcerations for Partners Served up to 5 Years



Of the 51 individuals served in FY 13-14, roughly 20% (10) had incarceration days in the year prior to services. Of the 19 individuals that completed a full year of services 21% (4) had incarcerations days in the year prior to services and 2 had incarceration days in year 1 of services. For individuals that remained in FSP longer than 1 year, incarceration rates dropped to 0%.

# Full Service Partnership Program Outcomes

## AFSP Employment Indicator

It is important to note that while employment is a major goal for some individuals, some initially want to get housed and apply for Social Security benefits. Those are two areas of focus at the start of the program. The data below includes employment information for partners who were served for at least one year or more, n=19. It will be important to ensure that the employment setting indicator is being filled out by staff to ensure that accurate numbers are reflected in year 1 and year 2 of partnership going forward.

Employment Setting n=19	Employment at Start of Partnership (n=19)		Changes During Partnership Year: Any (n=19)		Changes During Partnership Year: 1 (n=19)		Changes During Partnership Year: 2 (n=9)	
	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners
Any Employment	0	0%	4	21.1%	3	15.8%	1	5.3%
Competitive	0	0%	1	5.3%	1	5.3%	0	0.0%
Left Blank		0%		%		%		%
Non-Paid	0	0%	2	10.5%	1	5.3%	1	5.3%
Other Gainful	0	0%	0	0.0%	0	0.0%	0	0.0%
Paid In-House	0	0%	0	0.0%	0	0.0%	0	0.0%
Supported	0	0%	1	5.3%	1	5.3%	0	0.0%
Transitional	0	0%	0	0.0%	0	0.0%	0	0.0%
Unemployed	19	100%	4	21.1%	3	15.8%	1	5.3%

## Discharge Data

### Length of Service

In FY 13-14, 26 individuals were discharged from the Adult FSP program. The goal of the Adult FSP program is to work with individuals by addressing their immediate needs which include housing, insurance and medical benefits, which in turn help stabilize their mental health needs. The services the Adult FSP program provides are meant to be intense, but shorter term so most individuals, who comply with services, are in the program anywhere from 3 months to less than a year.

Total Partners = 26	Partners	
Length of Service	n	%
<3 months	9	35%
3 months to <6 months	3	12%
6 months to <1year	7	27.0%
1 to <2 years	5	19.0%
2 to <3 years	2	8.0%

### Residential Setting Comparison at Start of FSP and at Discharge

One of the greatest needs in Napa County is affordable housing and the Adult FSP program works very hard to ensure that the individuals they serve have stable housing options. Of the 14 individuals who started in an emergency shelter, 6 remained in the shelter at discharge. This could be due to a number

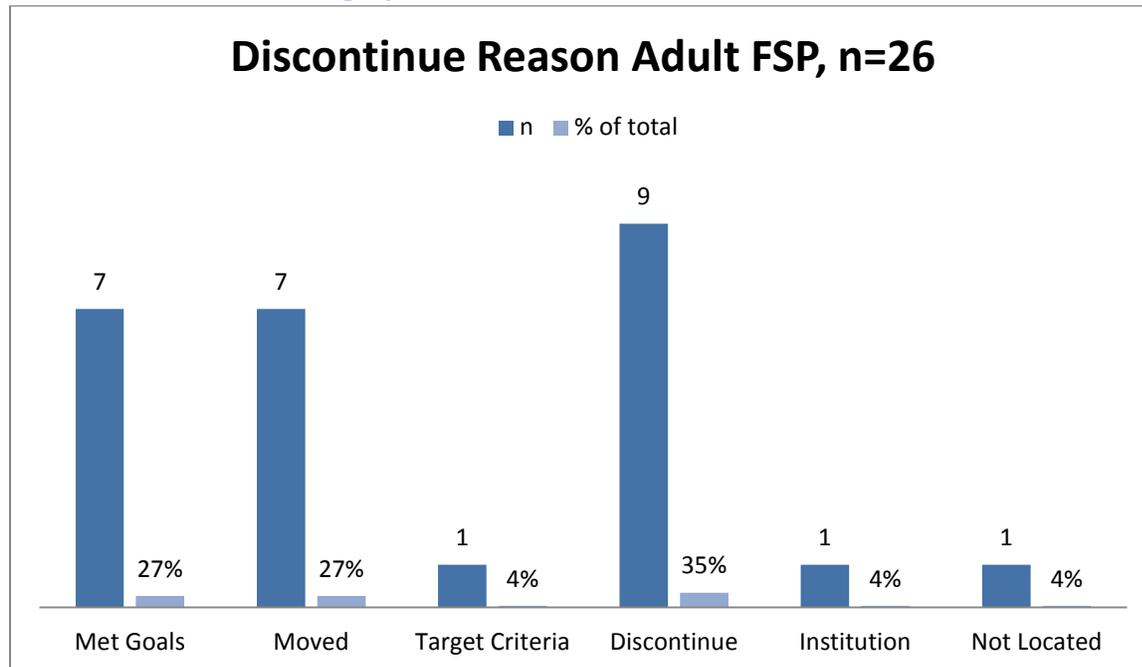
# Full Service Partnership Program Outcomes

of reasons, but program states that some individuals chose not to comply with services and were discharged early in the program, thus remaining in the same residential setting pre/post discharge.

Residential Setting at Start of FSP	Residential Setting Category	Partners	
		n	%
Total Partners n=26			
	Emergency Shelter	14	53.8%
	Apartment Alone	4	15.4%
	Homeless	3	11.5%
	Residential Treatment	3	11.5%
	Nursing Physical	1	3.8%
	With Other Family	1	3.8%

Residential Setting at Discharge	Residential Setting Category	Partners	
		n	%
Total Partners n=26			
	Emergency Shelter	6	23.1%
	Apartment Alone	5	19.2%
	Homeless	3	11.5%
	Residential Treatment	3	11.5%
	Community Care	3	11.5%
	With Other Family	2	7.7%
	With Parents	1	3.8%
	Nursing Physical	1	3.8%
	Single Room Occupancy	1	3.8%
	Unknown Setting	1	3.8%

## Discontinue Reason Category



# Full Service Partnership Program Outcomes

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Of the 26 individuals that were discharged, 9 were discontinued. Individuals were discontinued for a number of reasons including not complying with services, incarceration, no longer meeting program criteria, etc. One met target criteria, which meant that the individual was transferred to a lower level of care. The program is working to ensure consistency across discharge categories to ensure the reasons behind selections such as “target criteria” mean the same thing for every service provider.

# Full Service Partnership Program Outcomes

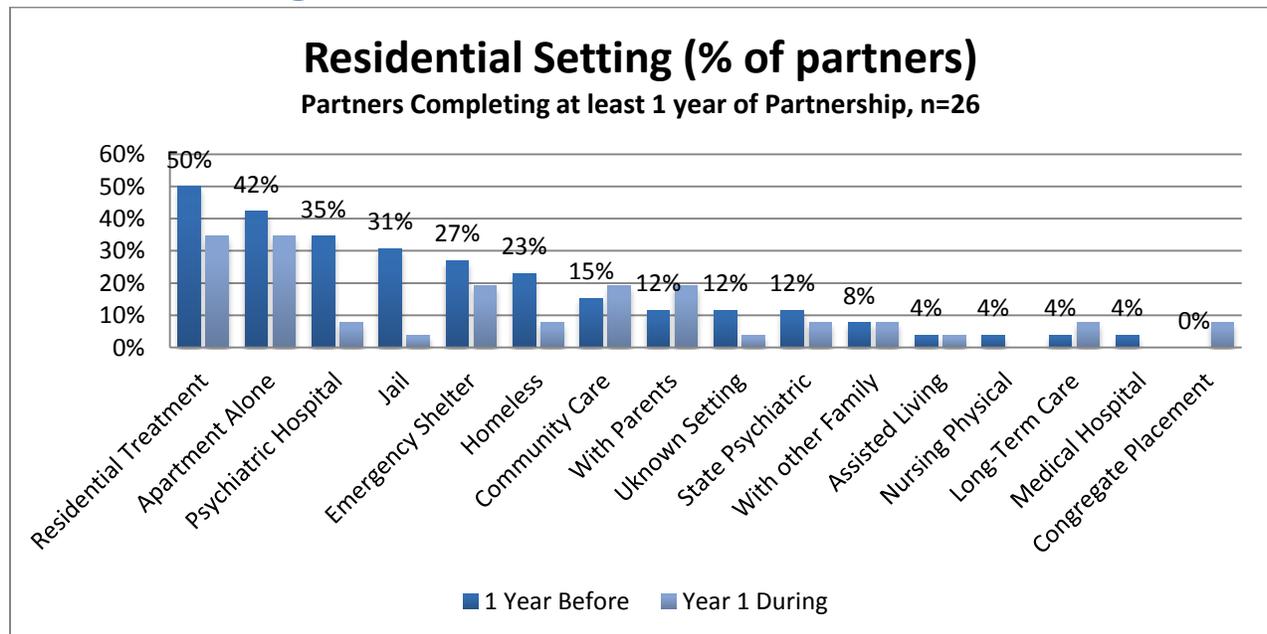
## Adult Treatment Team Full Service Partnership (ATT FSP) Program

The Adult Treatment Team FSP Program primarily serves individuals post-hospitalization and post-incarceration. Other individuals are referred through internal units or Mental Health Access. The Adult Treatment Team Program functions differently from the Adult FSP program in that it works with individuals on a less-intense basis and works to stabilize them and graduate them from services altogether or to a lower level of care. Individuals needing more intense services such as daily/weekly visits and other needs will eventually transfer to the Adult FSP unit.

The ATT FSP served 48% of individuals less than one year and 52% of individuals a full year. Numbers dramatically decrease past 2 years of services as the program is designed to help individuals with high needs to reduce their symptoms and move to lower levels of care and less restrictive settings.

<b>All Partners Enrolled: 50</b>			
Completed at least 1 QTR of FSP:	46	Completed at least 1 Year of FSP:	26
Completed at least 2 QTRs of FSP:	42	Completed at least 2 Years of FSP:	7
Completed at least 3 QTRs of FSP:	37	Completed at least 3 Years of FSP:	4
Completed at least 4 QTRs of FSP:	26	Completed at least 4 Years of FSP:	2
Completed at least 5 QTRs of FSP:	21	Completed at least 5 Years of FSP:	0

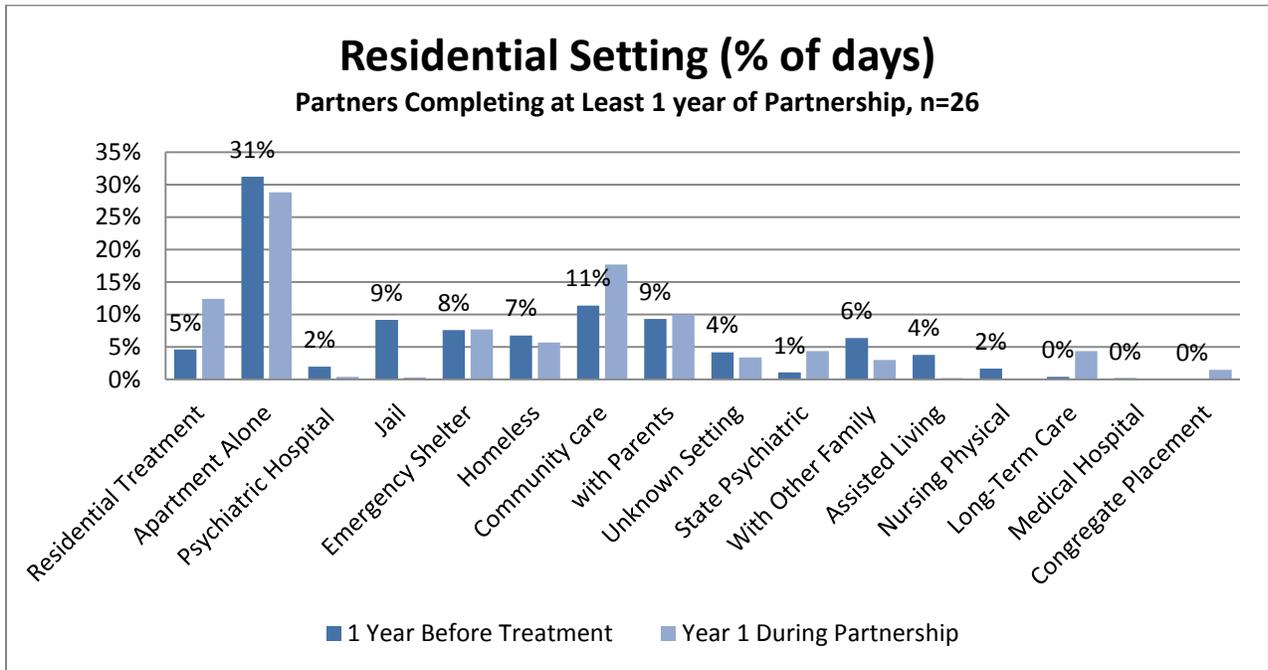
## Residential Setting Indicator



The individuals served by the ATT FSP resided in a number of more restricted settings prior to Year 1 of services including: residential treatment facilities, psychiatric hospital, jail, state psychiatric hospital, etc. While these are restrictive settings, when you look at the following table it is actually a short amount of

# Full Service Partnership Program Outcomes

time that individuals were in these settings, but they were most likely placed in these settings right before entering ATT FSP services. A significant number of individuals also lived independently for approximately 30% of days 1 year prior to services and during year 1 of services.



# Full Service Partnership Program Outcomes

## Mental Health Emergency Events Indicator

The following table describes the number of psychiatric hospitalizations (including days) per individual served in FY 13-14. Of the 50 individuals served in FY 13-14, 11 had reported psychiatric hospitalizations in the year before services for a total of 592 days. Of the individuals served for a full year (26), 9 reported psychiatric hospitalizations in the year before services and 2 had hospitalizations in year 1 of services. Any individual served over 2 years did not have a reported hospitalization. Overall, psychiatric hospitalizations were dramatically reduced after start of ATT FSP services.

Psychiatric Hospital Days Report for Partners Served up to 5 Years and Meeting Report Criteria							
	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days/ Total Partners	Days/ Partners with Psych Hosp Days	Days
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	50	11	22.0 %	592	11.8	53.8	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	26	9	34.6 %	187	7.2	20.8	0 Days
Year 1 During	26	2	7.7 %	42	1.6	21.0	-145 Days
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	7	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	7	0	0.0 %	0	0.0	0.0	0 Days
Year 2 During	7	0	0.0 %	0	0.0	0.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	4	0	0.0 %	0	0.0	0.0	0 Days
Year 2 During	4	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	4	0	0.0 %	0	0.0	0.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 2 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	2	0	0.0 %	0	0.0	0.0	0 Days

The following two tables describe reported mental health emergency events for partners served up to 5 years and 5 quarters respectively. Emergency events may not necessarily lead to hospitalizations, but it was important to include this information to note mental health emergency events may not always lead to a 5150 psychiatric hold or other type of hospitalization.

50 individuals were served in FY 13-14 and, of those individuals, 20 reported mental health emergency events in the year prior to services for a total of 53 events. Of the 26 individuals served in year 1, 16 reported 46 events in the year before services and 2 reported 5 events in year 1 of services. The same trend continues for partners served longer than 1 year.

# Full Service Partnership Program Outcomes

Mental Health Emergency Events Report for Partners Served up to 5 Quarters Meeting Report Criteria							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (Qtrs Before FSP)
	n	n	%	Events	Events/ Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
Average per Qtr Before	50		%	13	0.26	0.66	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Q</b>							
Average per Qtr Before	46		%	13	0.29	0.66	0 Events
Q 1 During	46	2	4.3 %	3	0.07	1.50	-10 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Qs</b>							
Average per Qtr Before	42		%	13	0.32	0.66	0 Events
Q 1 During	42	2	4.8 %	3	0.07	1.50	-10 Events
Q 2 During	42	1	2.4 %	2	0.05	2.00	-11 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Qs</b>							
Average per Qtr Before	37		%	13	0.34	0.71	0 Events
Q 1 During	37	2	5.4 %	3	0.08	1.50	-10 Events
Q 2 During	37	1	2.7 %	2	0.05	2.00	-11 Events
Q 3 During	37	0	0 %	0	0.00	0.00	-13 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Qs</b>							
Average per Qtr Before	26		%	12	0.44	0.72	0 Events
Q 1 During	26	2	7.7 %	3	0.12	1.50	-9 Events
Q 2 During	26	1	3.8 %	2	0.08	2.00	-10 Events
Q 3 During	26	0	0 %	0	0.00	0.00	-12 Events
Q 4 During	26	0	0 %	0	0.00	0.00	-12 Events
<b>FSP Data Reported for Partners Who: Completed at Least 5 Qs</b>							
Average per Qtr Before	21		%	8	0.39	0.75	0 Events
Q 1 During	21	1	4.8 %	1	0.05	1.00	-7 Events
Q 2 During	21	1	4.8 %	2	0.10	2.00	-6 Events
Q 3 During	21	0	0 %	0	0.00	0.00	-8 Events
Q 4 During	21	0	0 %	0	0.00	0.00	-8 Events
Q 5 During	21	0	0 %	0	0.00	0.00	-8 Events

Mental Health Emergency Events Report for Partners Served up to 5 Years Meeting Report Criteria							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events/ Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	50	20	40.0 %	53	1.06	2.65	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	26	16	61.5 %	46	1.77	2.88	0 Events
Year 1 During	26	2	7.7 %	5	0.19	2.50	-41 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	7	4	57.1 %	19	2.71	4.75	0 Events
Year 1 During	7	1	14.3 %	3	0.43	3.00	-16 Events
Year 2 During	7	0	0.0 %	0	0.00	0.00	-19 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	3	75.0 %	18	4.50	6.00	0 Events
Year 1 During	4	1	25.0 %	3	0.75	3.00	-15 Events
Year 2 During	4	0	0.0 %	0	0.00	0.00	-18 Events
Year 3 During	4	0	0.0 %	0	0.00	0.00	-18 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	2	100.0 %	17	8.50	8.50	0 Events
Year 1 During	2	1	50.0 %	3	1.50	3.00	-14 Events
Year 2 During	2	0	0.0 %	0	0.00	0.00	-17 Events
Year 3 During	2	0	0.0 %	0	0.00	0.00	-17 Events
Year 4 During	2	0	0.0 %	0	0.00	0.00	-17 Events

# Full Service Partnership Program Outcomes

## Incarceration Indicator

The Adult Treatment Team Program served 50 individuals in FY 13-14, of those 42% had reported arrests in the year before services for a total of 54 reported arrests. Of the 26 individuals who completed at least 1 year of services, 7 had 14 reported arrests in the year before services and 2 had 2 reported arrests in year 1 during services. A similar trend continued for individuals served beyond 1 year. It would make sense that a higher percentage of individuals served had arrests in the year before services because this is one of the target populations served by the ATT FSP.

Arrests Report for Partners Served up to 5 Years Meeting Report Criteria							
	Total Partners Served	Partner's with Arrests		Arrests			Change in Arrests from Baseline (1 Year Before FSP)
	n	n	%	Arrests	Arrests/ Total Partners	Arrests/Partners with Arrests	Arrests
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	50	21	42.0 %	54	1.08	2.57	0 Arrests
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	26	7	26.9 %	14	0.54	2.00	0 Arrests
Year 1 During	26	2	7.7 %	2	0.08	1.00	-12 Arrests
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	7	1	14.3 %	3	0.43	3.00	0 Arrests
Year 1 During	7	2	28.6 %	2	0.29	1.00	-1 Arrests
Year 2 During	7	0	0.0 %	0	0.00	0.00	-3 Arrests
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	1	25.0 %	3	0.75	3.00	0 Arrests
Year 1 During	4	1	25.0 %	1	0.25	1.00	-2 Arrests
Year 2 During	4	0	0.0 %	0	0.00	0.00	-3 Arrests
Year 3 During	4	0	0.0 %	0	0.00	0.00	-3 Arrests
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	1	50.0 %	3	1.50	3.00	0 Arrests
Year 1 During	2	1	50.0 %	1	0.50	1.00	-2 Arrests
Year 2 During	2	0	0.0 %	0	0.00	0.00	-3 Arrests
Year 3 During	2	0	0.0 %	0	0.00	0.00	-3 Arrests
Year 4 During	2	0	0.0 %	0	0.00	0.00	-3 Arrests

# Full Service Partnership Program Outcomes

## ATT FSP Employment Indicator

The Adult Treatment Team served a total of 26 individuals for a full year. Of those individuals served 96.2% were unemployed at the start of partnership. It will be important to review this indicator with program to ensure that providers are keeping track of this data or to determine how many individuals served by program actually have employment goals.

Employment Setting n=26	Employment at Start of Partnership (n=26)		Changes During Partnership Year: Any (n=26)		Changes During Partnership Year: 1 (n=26)		Changes During Partnership Year: 2 (n=7)	
	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners	Partners Experiencing changes to:	% of partners
Any Employment	1	3.8%	2	7.7%	1	3.8%	1	3.8%
Competitive	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Left Blank		0.0%		%		%		%
Non-Paid	0	0.0%	2	7.7%	1	3.8%	1	3.8%
Other Gainful	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Paid In-House	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Supported	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Transitional	1	3.8%	0	0.0%	0	0.0%	0	0.0%
Unemployed	25	96.2%	0	0.0%	0	0.0%	0	0.0%

## Discharge Data

The majority of individuals served by the Adult Treatment Team were discharged by the end of the first year of services.

## Length of Service

Total Partners = 14	Partners	
Length of Service	n	%
<3 months	3	21.4%
3 months to <6 months	2	14.3%
6 months to <1year	7	50%
1 to <2 years	1	7.1%
2 to <3 years	1	7.1%

# Full Service Partnership Program Outcomes

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## Residential Setting Comparison at Start of FSP and at Discharge

There weren't many changes in the residential setting for individuals who were discharged in FY 13-14; this could be attributed to the fact that about half of the individuals who were discharged only received services for less than 6 months. There could have been issues relating to non-compliance with services or not being found as you will see in the discharge reason table included in the following section. It will be important to look back to the residential indicator graphs (% of partners and % of days) to see that most individuals that continued with the program were actually living in less restrictive settings as a result of this program.

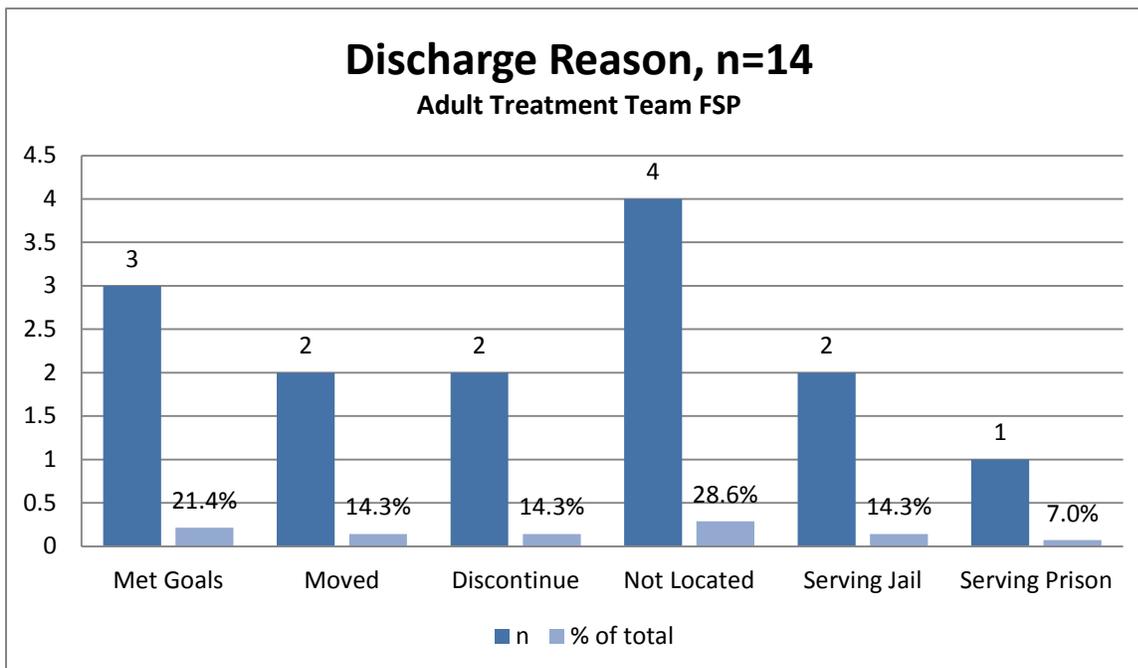
Residential Setting at Start of FSP	Residential Setting Category	Partners	
		n	%
Total Partners n=14			
	Emergency Shelter	3	21.4%
	Apartment Alone	3	21.4%
	Jail	2	14.3%
	Residential Treatment	2	14.3%
	With Parents	1	7.1%
	Community Treatment	1	7.1%
	None Listed	1	7.1%
	Unknown Setting	1	7.1%

Residential Setting at Discharge	Residential Setting Category	Partners	
		n	%
Total Partners n=14			
	With Parents	3	21.4%
	Emergency Shelter	3	21.4%
	Jail	2	14.3%
	Apartment Alone	2	14.3%
	Community Treatment	1	7.1%
	Other Setting	1	7.1%
	Residential Treatment	1	7.1%
	Unknown Setting	1	7.1%

# Full Service Partnership Program Outcomes

## Discharge Reason

Of the 14 individuals who were discharged in FY 13-14, 79% of them did not meet treatment goals and were discharged due to a number of external factors including serving jail sentences, not being located or perhaps not willing to comply with services. Going forward, it will be important to look at the nature of the cases that are taken on to ensure that these meet service criteria, but the nature of this program is that sometimes individuals do want services, but are not ready to comply with some of the changes they need to make to successfully meet their wellness and recovery goals.



# Full Service Partnership Program Outcomes

## Older Adult Full Service Partnership Program (OA FSP)

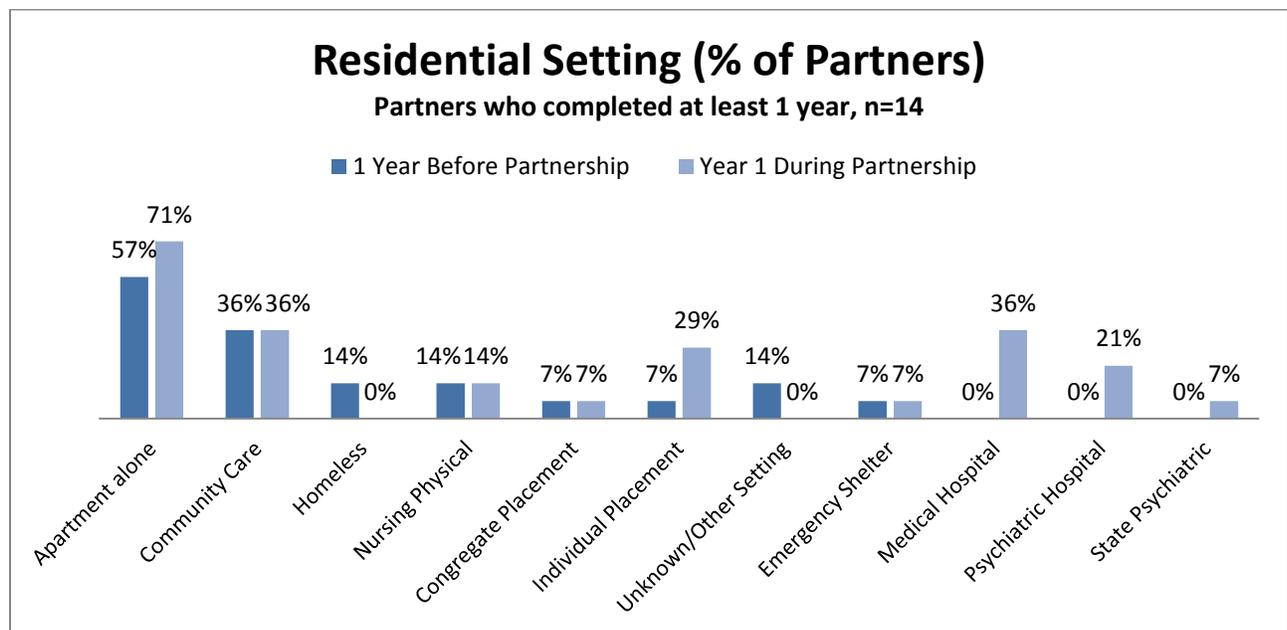
The Older Adult FSP Program is unique in that it works to maintain the quality of life of the older adult as much as possible as well as working with the individual to meet their wellness and recovery goals related to their mental health. Most individuals receive services from 1-2 years which is slightly longer than the other FSP programs.

All Partners Enrolled:	25 (total partners served in FY 13-14)		
Completed at least 1 QTR of FSP:	24	Completed at least 1 Year of FSP:	14
Completed at least 2 QTRs of FSP:	22	Completed at least 2 Years of FSP:	9
Completed at least 3 QTRs of FSP:	18	Completed at least 3 Years of FSP:	4
Completed at least 4 QTRs of FSP:	14	Completed at least 4 Years of FSP:	2
Completed at least 5 QTRs of FSP:	13	Completed at least 5 Years of FSP:	1

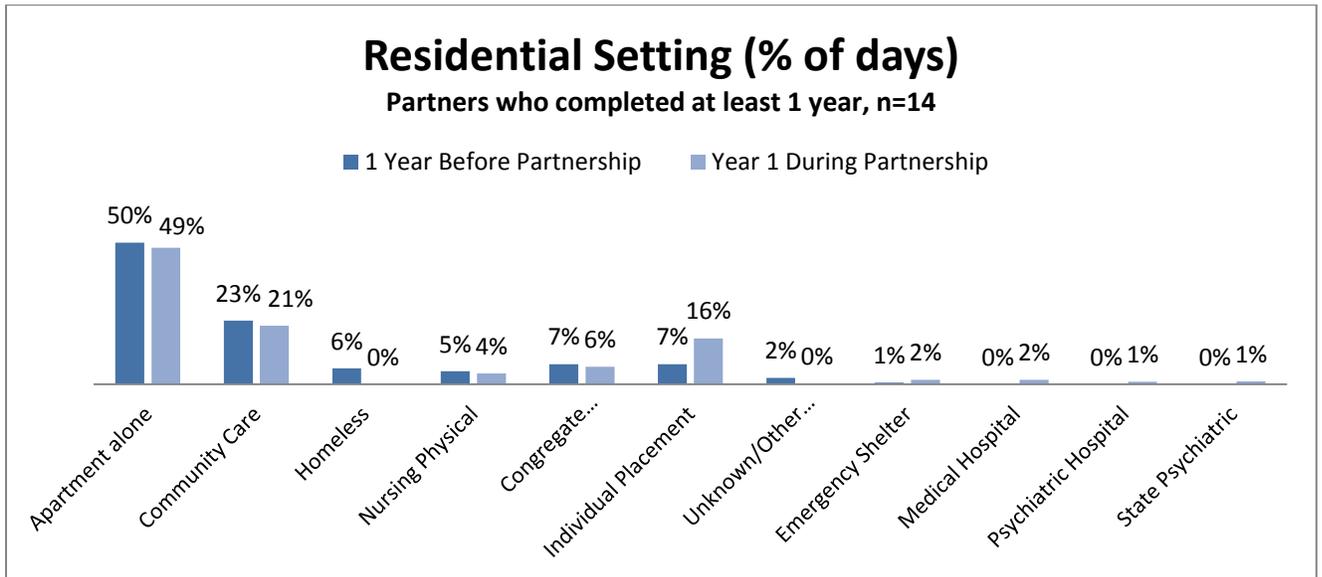
## Residential FSP Indicator Report

The Older Adult FSP Unit works to determine appropriate placement for the older adults they serve to ensure their physical and mental health needs are appropriately met. Of the 14 individuals who completed 1 year of service, over half were living independently in the year before services with a steady increase to 71% for year 1 of services. There was an increase in individual placement, medical hospital, psychiatric hospital and state psychiatric placements in year 1 of services which can be attributed to making sure the individual's needs were met.

While a significant % of partners were placed in more restrictive settings in year 1 of services, the Residential Setting (% of Partners) table shows that the majority of individuals actually spent the majority of the time in less restrictive settings.



# Full Service Partnership Program Outcomes



## Emergency Events Indicator

The Older Adult FSP served 25 individuals in FY 13-14, of the 25 only 1 reported being psychiatrically hospitalized in the year before services. Of the 14 individuals that were served 1 full year, 3 had psychiatric hospitalizations in year 1 of services for a total of 48 days. There is a similar trend for years 2-5 of services with 1-2 individuals needing psychiatric hospitalization in a given year.

Psychiatric Hospital Days Report for Partners Served up to 5 Years and Meeting Report Criteria							
	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days/ Total Partners	Days/ Partners with Psych Hosp Days	Days
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	25	1	4.0 %	7	0.3	7.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	14	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	14	3	21.4 %	48	3.4	16.0	48 Days
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	9	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	9	2	22.2 %	34	3.8	17.0	34 Days
Year 2 During	9	0	0.0 %	0	0.0	0.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	4	1	25.0 %	20	5.0	20.0	20 Days
Year 2 During	4	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	4	1	25.0 %	70	17.5	70.0	70 Days
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	2	1	50.0 %	20	10.0	20.0	20 Days
Year 2 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	2	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	2	0	0.0 %	0	0.0	0.0	0 Days
<b>FSP Data Reported for Partners Who: Completed at Least 5 Years</b>							
1 Year Before	1	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	1	1	100.0 %	20	20.0	20.0	20 Days
Year 2 During	1	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	1	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	1	0	0.0 %	0	0.0	0.0	0 Days
Year 5 During	1	1	100.0 %	43	43.0	43.0	43 Days

# Full Service Partnership Program Outcomes

The Mental Health Emergency Events report shows a different trend in that events tend to decrease over time. This could be attributed to program being responsive and meeting the needs of the older adults it serves in order to prevent emergency events from taking place.

Mental Health Emergency Events Report for Partners Served up to 5 Years Meeting Report Criteria							
	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events/ Total Partners	Events/Partners with Events	Events
<b>FSP Data Reported for Partners Who: Were Served Any Point During Service Period</b>							
1 Year Before	25	7	28.0 %	12	0.48	1.71	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 1 Year</b>							
1 Year Before	14	6	42.9 %	11	0.79	1.83	0 Events
Year 1 During	14	1	7.1 %	1	0.07	1.00	-10 Events
<b>FSP Data Reported for Partners Who: Completed at Least 2 Years</b>							
1 Year Before	9	6	66.7 %	11	1.22	1.83	0 Events
Year 1 During	9	0	0.0 %	0	0.00	0.00	-11 Events
Year 2 During	9	1	11.1 %	1	0.11	1.00	-10 Events
<b>FSP Data Reported for Partners Who: Completed at Least 3 Years</b>							
1 Year Before	4	1	25.0 %	1	0.25	1.00	0 Events
Year 1 During	4	0	0.0 %	0	0.00	0.00	-1 Events
Year 2 During	4	1	25.0 %	1	0.25	1.00	0 Events
Year 3 During	4	1	25.0 %	1	0.25	1.00	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 4 Years</b>							
1 Year Before	2	0	0.0 %	0	0.00	0.00	0 Events
Year 1 During	2	0	0.0 %	0	0.00	0.00	0 Events
Year 2 During	2	1	50.0 %	1	0.50	1.00	1 Events
Year 3 During	2	0	0.0 %	0	0.00	0.00	0 Events
Year 4 During	2	0	0.0 %	0	0.00	0.00	0 Events
<b>FSP Data Reported for Partners Who: Completed at Least 5 Years</b>							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Events
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 4 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 5 During	1	0	0.0 %	0	0.00	0.00	0 Events

## Discharge Criteria

### Length of Service

Total Partners = 8	Partners	
Length of Service	n	%
<3 months	1	12.5%
3 months to <6 months	1	12.5%
6 months to <1year	4	50%
1 to <2 years	1	12.5%
2 to <3 years	1	12.5%

# Full Service Partnership Program Outcomes

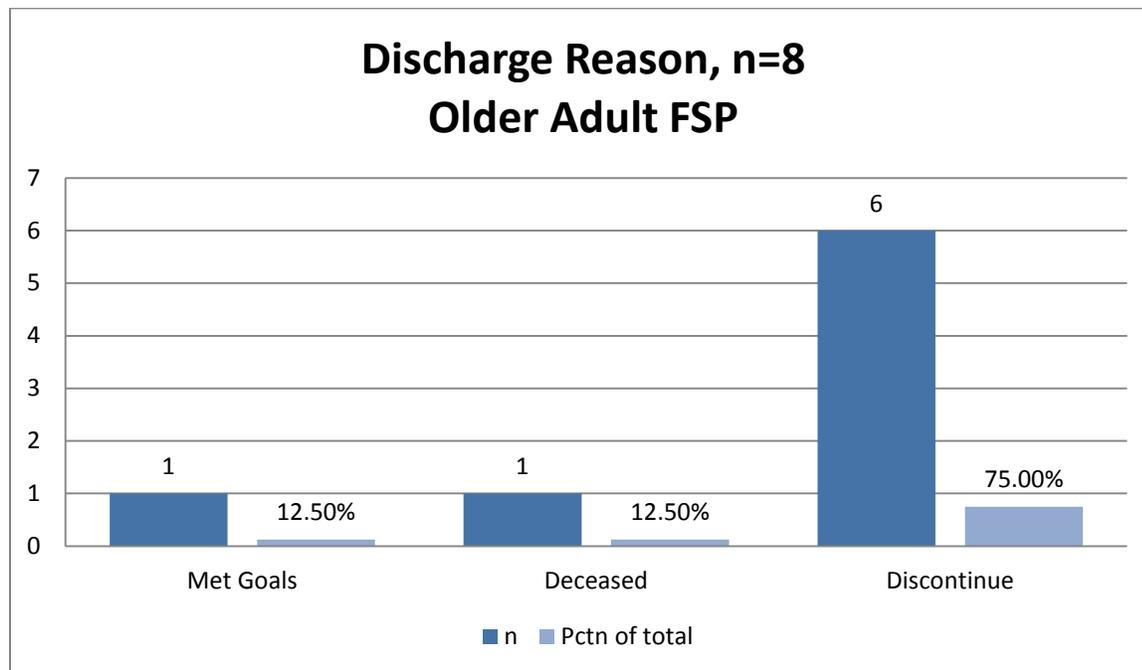
## Residential Setting Comparison at Start of FSP and Discharge

Residential Setting at Start of FSP	Residential Setting Category	Partners	
		n	%
Total Partners n=8			
	Apartment Alone	6	75%
	With other family	1	12.5%
	Community Care	1	12.5%

Residential Setting at Discharge	Residential Setting Category	Partners	
		n	%
Total Partners n=8			
	Apartment Alone	6	75%
	With other family	1	12.5%
	Community Care	1	12.5%

### Discharge Reason

There are a number of reasons why individuals were discontinued. One individual, for example, had mental health needs, but only wanted housing and as soon as he received housing he felt like all of his goals had been met and chose to discontinue services. Others have moved, decided they didn't want intensive case management or felt their main goals had been met, thus were voluntarily discontinued.



Please note, at this time the Older Adult FSP program does not have data to include on the other indicators including: education, legal and employment given the nature of the population that is served by this program.

# Full Service Partnership Program Outcomes

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## Final Thoughts

In general, the Full Service Partnership Programs have made great strides in the areas of housing; reductions in mental health emergency events and psychiatric hospitalizations and in supporting individuals to navigate services post-discharge and post-incarceration. While there is still much work to be done, program staff work very hard to ensure that the individual needs are met by reducing barriers to basic needs that may be negatively impacting an individual's mental health.

Administrative staff will continue to work with program staff to ensure that we continue to present high quality data in order to provide the most accurate representation of what is actually happening in the program and the impact on the lives of the individuals served.

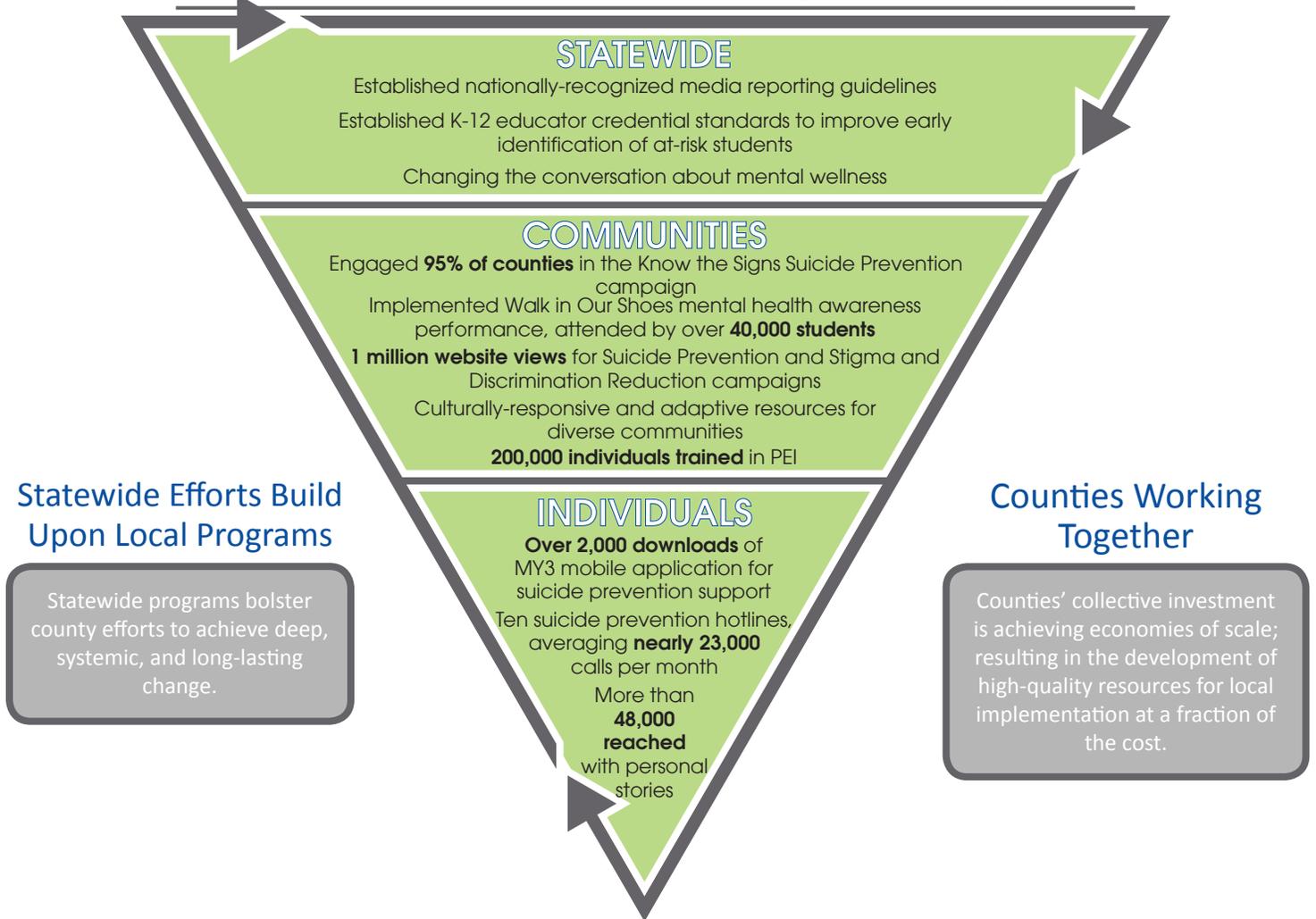
Questions regarding this FSP Program Outcomes Report should be directed to Rocio Canchola, Staff Services Analyst II, by email to [Rocio.Canchola@countyofnapa.org](mailto:Rocio.Canchola@countyofnapa.org) or by calling 707.299.2119. Questions regarding FSP programs should be directed to Felix Bedolla, Mental Health Division Project Manager, by email to [Felix.Bedolla@countyofnapa.org](mailto:Felix.Bedolla@countyofnapa.org) or by calling 707.299.1759.

# Napa County & The California Mental Health Services Authority: Supporting Mental Health Through Statewide Prevention and Early Intervention Programs

## Affirming that Each Mind Matters in California

Through the *California Mental Health Services Authority (CalMHSA)*, counties are leveraging their *Proposition 63 (Mental Health Services Act)* resources to support Prevention and Early Intervention (PEI) statewide programs that are preventing suicide, improving student mental health, and reducing stigma and discrimination.

### What Have CalMHSA's Statewide PEI Programs Accomplished?



## RESULTING IN WELLNESS & RECOVERY

Research demonstrates that PEI programs effectively reduce the risk of consequences related to untreated mental illness. PEI programs address multiple levels of prevention, focusing on improving the overall health and wellness of whole populations, changing knowledge, attitude and awareness of mental health conditions, and encouraging and facilitating help-seeking among those who are experiencing mental health challenges.

## A California Legacy

A unique spotlight is on California as one of the most innovative states implementing programs to promote mental health at an unprecedented scale. The Phase Two Plan continues this legacy. California's collective commitment to mental wellness thrives outside of California, as other states and counties adopt and benefit from these locally-developed programs.



# Prevention & Early Intervention Strategies working in Napa County

Napa County has benefited from statewide efforts: CalMHSA's multi-faceted PEI statewide projects are designed to complement local activities. Here are a few examples of the local impact of statewide PEI programs on Napa County residents.

Napa County's communities are becoming more aware and responsive to individuals with mental health challenges or thoughts of suicide



Relationships in Napa County are becoming more compassionate and supportive



Individuals in Napa County have improved access to crisis support services



The **Know the Signs** Suicide Prevention Campaign informs Californians of 3 things: The warning signs for suicide, how to talk to someone about suicide, and how to identify helpful resources. Napa County residents received Campaign information through TV, online and magazine ads, resulting in **2.3** million total estimated views within the county.

Napa County implemented Know the Signs materials through a media and outreach campaign, including print ads and various giveaways.

- **2** full color quarter-page ads to complement *May is Mental Health Awareness Day* efforts in the *Napa Valley Register*.
- **100** customized BBQ posters distributed to help outreach efforts to middle-aged men and veterans; and **2,500** customized tent cards.
- Giveaways for outreach events and activities include: **500** key chains, **1,000** magnets, and **2,500** coasters (materials were in both English and Spanish).
- **200** English brochures customized for the North Bay Suicide Prevention Project for Lake, Napa, and Mendocino counties.
- *Culture and Community: Suicide Prevention Resources for Native Americans in California* was provided to Suscol Inter-Tribal Council, a local community service provider.

**Directing Change** is a statewide contest that engages students in creating videos about suicide prevention and stigma and discrimination reduction. A total of **11** submissions were received in 2013 from Napa County schools. Participating schools received stigma and discrimination reduction and suicide prevention programs

**Each Mind Matters**, California's mental health movement is a community of individuals and organizations dedicated to a shared vision of mental wellness and equality. Napa County held **five** community dialogue events to promote the documentary, *A New State of Mind: Ending the Stigma of Mental Illness*, and organized community discussions on the impact of stigma and discrimination in rural communities. A total of more than **450** individuals attended the events, with the largest event held at the Napa town hall with more than **260** attendees, demonstrating the county's strong interest and support for this mental health movement.

**Regional K-12 Student Mental Health Initiative** builds the capacity of schools and communities to implement prevention and early identification strategies that promote student mental health. In Napa County, **950** individuals were trained in mental health topics, such as suicide prevention and bullying prevention.

**Disability Rights California** provides outreach, training, technical assistance and legal representation in select cases on parity issues. In addition, DRC identifies policy strategies for increasing mental health parity and participates in stakeholder groups to share and support achieving the objectives of mental health parity. Trainings were held for the Napa County Public Defenders and the Napa State Hospital with a total of **70** individuals trained in mental health parity and stigma discrimination reduction.

**Kognito Interactive** is an online interactive gatekeeper training that uses virtual students and role-playing simulations to prepare learners to recognize when a student is exhibiting signs of psychological distress, and manage a conversation with the student with the goal of connecting them with the appropriate support service. Through the California Community Colleges Student Mental Health Program, *Kognito Interactive* training is available to faculty, staff, and students at Napa Valley College.