

**Please consider the following discussion items after examining the data above regarding access and engagement in mental health services.**

**QUESTION 1A:**

**Do you think the county is doing an effective job providing access and engagement for children and youth in all of your communities?**

**Yes X No \_\_\_\_.** **If yes, what strategies seem to work well?**

Napa County has seen a steady increase in access, capacity, and timeliness in accessing services. Most recent data from FY 15-16 also shows an increase: 975 unduplicated individuals served—a 14% increase (there were 848 unduplicated individuals in FY 14-15). (Note: Aldea served 280 of the 975.)

Currently it takes approximately one day to be served. (Several years ago, it took approx. 20+ days from referral to accessing programs/treatment.)

**If yes, what strategies seem to work well?**

1. Increase in staff allowed the county to serve more individuals, screen, conduct assessments, and enroll people in programs.
2. Added System Navigators.
3. Embedded staff at multiple locations and various programs, including schools, COPE, Mentis, Up Valley Family Center, and Aldea. Following two teen suicides last fiscal year, Napa County increased its visibility and presence in middle schools with co-located staff at various schools:
  - a. Aldea currently runs the A.D.A.P.T. program in partnership with Napa Valley Unified School District. A.D.A.P.T. provides a highly structured setting that couples classroom instruction with a variety of mental health therapy services. The goal of A.D.A.P.T. is to improve the emotional and academic functioning of special education-qualified high school students who have mental health challenges so they can graduate from high school or safely transition to a less restrictive academic environment. Aldea provides mental health services to the four Napa County Wellness centers, American Canyon Middle School, Harvest Middle School, Silverado Middle School, and Redwood Middle School. A mental health clinician works at each site one day a week and sees approximately 5-6 students per day. The clinicians work with case managers to coordinate screening, eligibility for MediCal/insurance, identify needs, and reach out to parents for consent to be served. There is greater need for Wellness Center counseling services than can be filled by the current staffing. Students may be referred to the Wellness Center by teachers, administrators or family. Clinician services are not paid by the schools and are reimbursed primarily through MediCal (95%) through the County)

- b. Mentis has been providing school based mental health services for 7-8 years. They have therapists co-located with the County Office of Education in middle and high schools. Mentis works in alternative high schools Liberty and Chamberlin. The alternative schools are for students who can't continue in their regular school due to substance abuse, bullying and other issues. There is a therapist at these schools every day and both individual and group therapy are available. Mentis provides therapy Monday-Friday in Calistoga Middle/High School and Alternative School. They serve students freely without regard to insurance coverage. Mentis also works with parents after school and with the family. Mentis provides a therapist one day a week at Howell Mountain Elementary. Mentis' work in the schools is provided by through a contract with the school district. Students over 12 years can seek help without parental consent, but consent is required for all younger students. Each therapist is assigned to 2 classrooms and they have a private space to work in that area. In a typical day, each therapist will serve about 5 individual students and a group of 7-12.
  - c. Up Valley Family Center (UVFC) provides services in Calistoga and St. Helena to provide a variety of services to families. Their programs for school aged children and youth include on-site therapy for mental health issues, mentoring programs for Latinos/Latinas drug and alcohol prevention programs, as well as parent education workshops, parent-child playgroups, and school readiness for kindergarteners. The programs grew out of collaboration with the schools. The on-site therapy services are largely funded by the school district. UVFC works with a Core Team to provide services at the Calistoga schools; the team is multidisciplinary and includes administrators, school psychologist, Aldea (drug & alcohol), Mentis (therapists), and the Teen Center (Calistoga). The Core Team meets two times a month to identify student referrals and a plan to meet the students' needs. Teacher referrals play a key role in identifying youth who need mental health or behavioral services. About 150-200 students per year are referred for mental health/behavioral services. Mental/emotional needs and drug/alcohol issues are handled on site. UVFC has a therapist at both the elementary school and middle/high school in Calistoga; these therapists are provided by Mentis and are on-site 4 days a week. In St. Helena, the program is staffed by private therapists who don't have a permanent office in the schools; these therapists are available as need rather than having standard office hours. Similarly, private therapists provide as-needed services at Howell Mountain Elementary and Pope Valley Elementary. There is one full time school psychologist serving these schools. Drug and alcohol issues are handled in partnership with Aldea.
4. Effectiveness of outreach & engagement contributed to the increase in individuals served—in particular Latino outreach & engagement.
  5. School-based Prevention and Early Intervention Services (PEI) serve hundreds of people.

6. SB 403, California Community Schools Act, increased coordination with Child Welfare and Probation Departments.

### **QUESTION 1B: Age 16-25**

**What strategies are directed specifically towards outreach and engagement of transition-aged youth (TAY) in your county? Please list or describe briefly.**

1. EDAPT: Early Detection and psychosis and treatment. The Early Diagnosis And Preventative Treatment of Psychotic Illness (EDAPT) is a collaboration between UC Davis Department of Psychiatry and Napa County Mental Health and Aldea's SOAR program to provide care to transition-age youth who are experiencing the earliest stages of psychosis. The SOAR program is funded by Medi-Cal and SAMSHA. U.C. Davis oversees medication management, cognitive behavioral therapy (CBT), education and vocational rehabilitation services. Although clients come to Napa EDAPT with moderately ill symptoms, it is important to note that clients may experience episodes of psychosis during treatment that would mark an increase in symptom severity and a negative degree of change. Based on the data collected, there has been some degree of improvement in the overall symptom severity clients are experiencing throughout their course of treatment. More importantly, it appears that clients are improving in their social and role functioning. Note: Two types of CGI ratings are used for EDAPT; severity of illness in the past week and degree of change (improvement/worsening) compared to status at baseline (prior to starting treatment program). In collaboration with UC Davis, Napa County is in the process of analyzing/collating the data from the CGI and further details regarding outcomes such as hospitalization/ER utilization, justice involvement, housing status/homelessness, family involvement, and treatment involvement.
2. On The Move's LGBTQ Connection and Voices Programs provide a lot of collaborative outreach and engagement.
3. Suscol Intertribal Council's Native American PEI Program served 137 individuals age 16-25 in FY 15-16. The program does outreach in the classrooms, and through production of public events and social media.
4. TAY Full Service Partnership (FSP)\* programs with Progress Place focused on housing and vocational support. (Enrollment is approx 20 people.) There are apartments designated for TAY at the Hartle Ct. Apartment Complex.
5. Napa County's Community Services and Supports (CSS) programs funded through MHSA CSS component budget funded the following programs:
  - Age 0-15:
    1. Mobile, Outreach, Response and Engagement-(MORE): Served 20 persons
    2. Full Service Partnership\* (FSP): served 42 persons
  - Age 16-25 TAY:
    1. MORE served 64 persons

2. FSP served 52 persons

\*Full Service Partnership Programs are intensive case management/wraparound programs designed to serve unserved/underserved populations as well as hard to reach/hard to serve individuals suffering from Severe Mental Illness (SMI) or Severe Emotional Disturbance (SED).

**QUESTION 1C:**

**Do you have any recommendations to improve outreach or services to specific ethnic or cultural groups of adolescents or transition-aged youth?**

Yes   X   No       . If yes, please list briefly.

Recommend improved outreach to the Asian/Pacific/Islander population, largely located in American Canyon.

**QUESTION 1D:**

**What are your main strategies for assisting parents/caregivers of children with mental health needs? Please list or describe briefly.**

1. Collateral contact: All programs that provide services to children include Functional Family Therapy services.
2. MHSA Prevention and Early Intervention (PEI) Up-Valley Center services are offered through Mentis, COPE, and School SAP programs.
3. NAMI now has established English and Spanish support groups and trainings in Napa County, including Up Valley.
4. New foster parent trainings—Resource Family Approval (RFA)—began during the last 6-8 months.
5. Advocacy assistance and outreach are also provided through ParentsCAN, Puertas Abiertas and COPE. Matrix and ParentsCAN volunteers help parents to set up IEP “Individualized Education Plan” for children.
6. Community outreach through Queen of the Valley Hospital.

**QUESTION 2A:**

**Do you think your county is doing an effective job providing timely follow-up services after a child or youth is discharged from a mental health hospitalization?**

Yes   X   No       .

Note: Napa County had a higher than usual re-hospitalization in FY15-16 – there were 4 instances of children being re-hospitalized.

**If no, please describe your concerns or recommendations briefly.**

## **QUESTION 2B:**

**After a hospitalization or MH crisis, what are the main strategies used to engage and ensure prompt follow-up for outpatient care in transition-aged youth? Please list briefly.**

Napa County has a dedicated hospital liaison who coordinates with hospital staff, clients and family throughout the discharge planning process. Weekly meetings occur while still in the hospital.

## **QUESTION 2C:**

**What are the main strategies used to help parents/caregivers of children access care promptly after a child's hospitalization or other mental health crisis? Please list briefly.**

1. Discharge planning begins the day the individual goes into hospital.
2. Parents and caregivers are engaged in the process.
3. Referrals to community programs.

## **QUESTION 2D:**

**The follow-up data shown above are based on services billed to Medi-Cal. As a result, those data do not capture follow-up services supported by other funding sources. Examples may include post-hospitalization transportation back to the county, contact with a Peer/Family Advocate, or MHSA-based services.**

**Please list some non-Medi-Cal funded strategies your county may use to support families/caregivers following a child's hospitalization or other MH crisis.**

1. Napa County provides no fee direct service for consumers who do not have Medi-Cal in order to connect them with services. Staff helps them get enrolled or directs them to their own insurance.
2. Cope Family Center Home Visitation Program does outreach to families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. 217 persons were served and 140 families, with 45 persons age 16-25 and 94 children aged 0-15, 78 age 26+ funded by PEI budget @ \$230.41 per person served.
3. Strengthening Families at Risk PEI Program contracted with Cope Family Center and sub-contractor Mentis funded \$98,000 PEI budget served 2,060 persons @\$47.57 per person served through outreach and support groups, counseling and emergency aid.
4. KEDS PEI Program through Contractor NEWS (Napa Emergency Women's Services) funded \$109,400 (PEI budget/151 persons served @ \$724.50 per person served).  
The goal of the Kids Exposed to Domestic Violence Services (KEDS) program is to improve mental health outcomes by empowering parents through education on the effects of domestic violence on children, building their support systems in times of need, increasing their knowledge of local resources, and building a strong relationship with

their local community. The program also aims to educate the community at large and build a strong relationship with partner agencies to better serve children and families exposed to domestic violence.

6. Napa County's Community Services and Supports (CSS) programs funded through MHSA CSS component budget funded the following programs:

Age 0-15:

3. Mobile, Outreach, Response and Engagement (MORE): Served 20 persons
4. Full Service Partnership (FSP): served 42 persons

Age 16-25 TAY:

3. MORE served 64 persons
4. FSP served 52 persons

7. Community Connection Network (CCN) Program offers services pre/post crisis at many of our family resource centers, schools and other sites as needed.
8. Napa County H&HS is currently in the process of increasing their crisis service delivery capacity by transitioning crisis services to a new Crisis Stabilization Unit (CSU) that is being developed. The CSU will be operated by a contracted organization by the name of Exodus and will be located on-site of the H&HS campus.

**QUESTION 3A:**

**What major strategies are used in your county to provide mental health services as a priority for foster youth?**

1. Every youth who is screened by the county, receives an MH assessment (using the Mental Health Screening Tool (MHST), appropriate training and resource referrals.
2. Resources include
  - a. Co-located staff are embedded MH Pathways program.
  - b. There is an interdisciplinary team in Napa County Probation Department.
  - c. There is an embedded Mental Health team w/Probation.
  - d. There is a contract with Sunny Hills for in-home services, including behavior therapy.
  - e. Internal County Staff trains Foster Parents.

**Please list or describe briefly.**

**QUESTION 3B:**

**Do you think that your county does a good job of coordinating with your county department of social services or child welfare to meet the MH needs of foster care children and youth?**

Yes  No . If no, please explain briefly.

**QUESTION 3C:**

**Do you have any comments or suggestions about strategies used to engage foster youth and provide mental health services?**

**Yes  No . If yes, please list or describe briefly.**

A key to success is collaboration between the Mental Health Division and Child Welfare Services.

**QUESTION 4A:**

**Does your county have programs which are designed and directed specifically to LGBTQ youth?  Yes  No.**

**If yes, please list and describe briefly.**

Napa County's LGBTQ Connections Prevention and Early Intervention (PEI) Program is designed to address a lack of understanding, knowledge gap, limited awareness of LGBTQ issues, resources and the mental health challenges facing LGBTQ individuals with the goal of making existing mental health and other services more accessible and safer for the LGBTQ community. All program activities are geared toward improving the accessibility and competency of services for LGBTQ individuals in an effort to eliminate the discrimination, stigma and trauma LGBTQ individuals report experiencing as they seek services and as they "come out" to themselves, their friends, families, and/or the community and to reduce the potential for mental health issues to develop as a result of potential trauma and negative consequences of "coming out" in a hostile or unaccepting environment. (LGBTQ Connections PEI Program through Contractor On The Move funded \$43,500 (Total PEI Budget)/629 (Number of individuals trained) = \$69.16\*/person.)

**QUESTION 4B**

**Does your county or community have programs or services designed to improve family acceptance of their LGBTQ youth and/or with the goal of helping to heal the relationship of the youth to his/her family? Yes  No .**

**If yes, please list or describe briefly.**

LGBTQ Connection, their focus is targeted outreach to organizations serving LGBTQ youth and families.

**QUESTION 4C:**

**Do you have any comments or suggestions about services or how to address unmet needs for LGBTQ youth in your community?**

**Yes  No . If yes, please list or describe briefly.**

The most recent California Healthy Kids Survey results for LGBTQ students in Napa schools (see attached) showed startling disparities:

- Napa County's LGBTQ students were twice as likely to have been depressed and three times as likely to have been suicidal compared to the general student population.
- In every other category--school connectedness, caring relationships, high expectations, meaningful participation, drug use, perceived safety on campus, harassment/bullying/assault on campus, cyber bullying and mental health--Napa County's LGBTQ students fared worse off compared to the general student population.

LGBT Connection's recommendations for youth-serving providers and schools (based on both research and community input):

- Provide ongoing training for staff & administrators on visibly supporting LGBTQ students and families
- Increase visibility, vibrancy and consistency of LGBTQ support and inclusion efforts on campus and in the community
- Support development of Gay Straight Alliance and similar school-based clubs
- Allocate attention and resources to fully implement LGBTQ-inclusive policy and laws at administration, teacher and staff levels
- Connect families to needed support and information related to their role in the healthy development of their LGBTQ child's identity

**QUESTION 5A:**

**Does your county provide for substance use disorder treatment services to children or youth? Y\_\_X\_\_ N\_\_\_\_\_**

**If yes, please list or describe briefly.**

1. Aldea Children and Family Services provides outpatient treatment services for Napa County youth ages 12-18. Services include intake & assessment, treatment planning, individual and group counseling, collateral and crisis services. Individual services are conveniently provided on campus during the school day for all clients. Group services take place on campus for probation youth attending one of the court and community schools (Chamberlain) and at the Aldea clinic (Wolfe Center) for non-custodial/diversion/general public youth. Youth living in Calistoga have the opportunity to attend both individual services and groups on campus.
2. Napa County Alcohol Drug Services has programming 4 times each week and operates a co-occurring disorders group with some funding from MHSA.
3. Cope Family Center Home Visitation program does outreach to families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues.
4. Mentis, see question 1a above.

**If no, what is the alternative in your county?**

**QUESTION 5B:**

**Do you think your county is effective in providing substance use disorder treatment to individuals under the age of 18? Yes  No .**

**Please explain briefly.**

Drug and alcohol abuse is a serious concern; over one third of Napa County adults have reported binge drinking within the past year and one quarter of ninth grade students report alcohol use in the past month.

Providing outpatient treatment services in Napa County for the last 2.5 years, Aldea Children and Family Services show a positive increase in successful treatment completion compared to previous years. In FY14-15, 86 youth were served, 38% completed treatment. In FY15-16, 77 were served and 25% successfully completed. The increase has been noticeable to Napa County Juvenile Probation with 27 successful treatment completions for probation youth in the first year and 16 in the second year. Regarding co-occurring disorder, this is an area that Napa County is working on.

Barrier cited is inability to share patient info/data due to strict confidentiality requirements.

**QUESTION 6A:**

**Does your county provide mental health or substance use disorder treatment services or programs to justice system-involved juveniles while they are still in custody? Yes  No .**

**If yes, please list briefly. Please indicate (if available) the main funding<sup>1</sup> sources for these programs.**

While youth are incarcerated at juvenile probation, youth do not receive “billable” (to Medical) individual services, although treatment counselors do visit with clients to remain informed of the youth’s juvenile hall status and return to services at the clinic or their school site. A client is not terminated from outpatient treatment when they enter juvenile hall. Although upon reaching 30 days out of treatment, the client may be terminated, and re-intake scheduled upon their exit of juvenile hall. While in Juvenile Hall, all youth will receive weekly Alcohol and Other Drug Abuse Prevention education provided by Aldea counselors, funded by their Probation contract. Other services include:

1. Interdisciplinary Placement Committee (Mental Health, Probation and Child Welfare Services.) – Funded with County dollars, MediCal, Realignment, MHSA

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<sup>1</sup> This question is asking for only the main funding sources to highlight some of these programs and their successful implementation. We recognize that counties often weave together funding from different resources. If this information is not readily available, please enter N/A.

2. Pathways Program – Embedded CWS/Probation: Two embedded staff in the juvenile hall 7 days a week, who provide safety cell checks and monitoring – Funded by MediCal, Katy A (AB403)- \$12,000, and SB163.
3. The County’s Emergency Response Team ERT will provide staff to assess when hospitalization is needed.

**QUESTION 6B:**

**Are the mental health and substance use services provided to non-custodial youth involved with probation or diversion programs different from those services provided to youth in the general community? Yes X No**

**If yes, please list briefly. Please indicate (if available) the main funding source for these programs/services.**

Yes, they are targeted toward those identified with mental illness or substance abuse disorders.

Programs & Funding:

1. The Court and Community Schools Student Assistance Program (SAP) includes staff who offer mental health services and counseling as needed along with a wide range of services including academic assistance in order to support students, reduce suspension rates, and increase school attendance. Students voluntarily enter the SAP and often have a long history of truancy issues, disciplinary records/suspensions and many are performing at a fifth or sixth grade level. Underlying issues which cause these behaviors may include abuse, neglect, trauma, substance abuse, and/or diagnosed or undiagnosed mental health conditions.
2. American Canyon Student Assistance Program (SAP) funds contractor Napa Valley Unified School District \$159,807 (PEI budget)/117 persons served @ \$1,365.87 per person (112 persons age 0-15 and 5 persons age 16-25)
3. Court and Community Schools Student Assistance Program (SAP):\$81,600 (PEI Budget @ \$642.52 per person) Napa County Office of Education
4. Up Valley PEI Program PEI funds contractor Up Valley Family Center \$76,150 (PEI budget/240 persons served @ \$317.29 per person (153 persons age 16-25 served and 87 persons 26+) The Up Valley PEI Program focuses on providing mentoring services to at-risk Latino/a middle and high school youth in St. Helena and Calistoga Schools through the Challenging Latinos to Access Resources and Opportunities (CLARO)/Challenging Latinas through Action, Resources and Awareness (CLARA) mentoring programs;

**QUESTION 6C:**

**Do any of these programs engage the parents/guardians of juveniles involved with the justice system?**

**Yes\_X\_\_ No\_\_\_. If yes, please list briefly**

Aldea engages parents/guardians for all Napa County youth (probation/general public) to increase treatment success and re-entry into the community.

**QUESTION 7A:**

**Does your county have programs that are specifically targeted at preventing suicides in children and youth under 16 (ages 6-16) in your community?**

**Yes\_X\_\_ No\_\_\_\_\_ If yes, please list and describe very briefly.**

1. It is preventative to provide good mental health, drug and alcohol, bullying, coping, mentoring programs, etc. Many of the programs listed previously in this questionnaire provide resources to prevent suicides.
2. Through Aldea, "Courage Village" and "Village Napa" have collaborated on various community programs for teens and adults to get address their needs difficult times including a speaker series, support groups, stress management tools, mental health first aid training, a social media campaign and a peer counseling group.

**QUESTION 7B:**

**Does your county have programs that are specifically targeted at preventing suicides in transition aged youth (ages 16-25) in your community?**

**Yes\_X\_\_ No\_\_\_\_\_ If yes, please list and describe very briefly.**

Same as Answer to Question 7A.

**QUESTION 7C:**

**Do you have any further comments or suggestions regarding local suicide reduction/prevention programs?**

**Yes\_X\_\_ No\_\_\_. If yes, please list briefly**

Mental health is an important concern among Napa County residents according to the Live Healthy Napa County Community Health Assessment (CHA) with the suicide death rate in Napa County is above the Healthy People 2020 national objective and nearly one in five 9th and 11th graders have indicated that they've seriously considered attempting suicide within the past 12 months.

**QUESTION 8A:**

**Does your county have services or programs targeted for first break psychosis in children and youth, and transition aged youth (TAY)?**

Yes  No

SOAR EDAPT (described in #1B) funded \$290,000, served 20 persons @\$2,200 per person through contractor Aldea. SOAR serves 8-30, but mainly age range 18-25.

**QUESTION 8B:**

**If yes, please list by age range(s) targeted and describe the program or services briefly. Also, please include the major funding source, (i.e., MHSA, SAMHSA Block Grant, Realignment I/II, Medi-Cal, etc), if the information is readily available.**

**QUESTION 8C: Do you have any further comments or suggestions about local programs targeted for first break psychosis in children and youth?**

Yes  No . **If yes, please describe briefly.**

According to staff, there exists a small group of individuals who did not get the proactive clinical services they needed while in locked facilities. They are now chronically and persistently psychotic and re-hospitalized.

Napa County lacks residential facilities and needs regional collaboration to build needed facilities for adults, including Transitional Age Youth.

**QUESTION 9A:**

**What are the most urgent child or youth problems in your county? (For example, homelessness, problems with school or work, arrests, incarcerations, use of emergency MH services or psychiatric hospitalizations, out-of-home placements for children, substance abuse, teen pregnancy/parenting, etc.).**

Lower income non Medi-Cal population is under/unserved and identified as a gap.

**QUESTION 9B:**

**Do the FSP data suggest how (or where) improvements to certain services or programs could affect outcomes, and thereby help address the most urgent problems for children or youth in your community?**

This Data Notebook does not provide this data for our county.

**Question 9C:**

**Do you have any other comments or recommendations regarding your local FSP programs or other types of “wrap-around” services?**

In FY 15-16, 57% of the 23 individuals who were discharged from the Children’s FSP met their goals. The children and youth that were served in the CFSP program were mostly able to stay with their families in the least restrictive environment. A small percentage spent time in Juvenile Hall or in foster placement (with relatives and non-relatives).

**Yes  No . If yes, please describe briefly.**

1. All FSP programs, in addition to most of the social service providers in the County, struggle to help individuals find affordable and adequate housing. The local housing situation has become a barrier to mental health recovery and stability and requires a county-wide effort in order to ensure that appropriate policies are set in place, funding and resources become available to support the most underserved and unserved individuals in finding and maintaining adequate housing.
2. Need more targeted efforts to provide seamless managed care plans and timeliness in services (for those who need help from Beacon.)