



Napa County Health and Human Services  
Agency - Mental Health Division

**FY 16-17 Mental Health Services Act  
(July 1, 2016 to June 30, 2017)  
Annual Update to the Three Year Plan**

The 30-day Public Review and Comment Period will take place from  
Friday, January 13 to Wednesday, February 15, 2017.  
A public hearing will be held at a meeting of the Napa County Mental Health  
Board on Wednesday, February 15, 2017 from 4-6pm.



A Tradition of Stewardship  
A Commitment to Service

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## Local Stakeholder Participation and Engagement

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 program monitoring through review of program evaluation, program design and budget allocations. 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 ensuing years through stakeholder planning efforts.

## 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
- Representative from Napa Valley College representing Higher 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
- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- 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
- 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

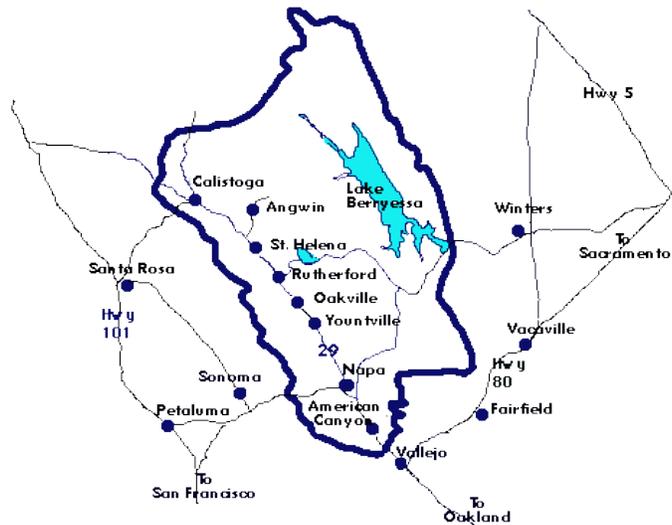
## Public Review and Comment Period/Public Hearing

The Public Review and Comment Period for the Division's FY 16-17 Annual Plan Update will take place from Friday, January 13 to Wednesday, February 15, 2017 with a public hearing at a meeting of the Napa County Mental Health Board on Wednesday, February 15 at 4pm at 2751 Napa Valley Corporate Drive, Building A - Madrone Conference Room in Napa, CA in compliance with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the Annual Plan Update 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 2751 Napa Valley Corporate Drive, Building A - Mental Health Division Administration in Napa, CA and upon request. All community stakeholders will be invited to participate in the public review/comment process.

## Napa County Profile

The Napa Valley, located in the heart of California’s wine region is home to some 141,667 residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. Napa County is also part of the San Francisco Bay Metropolitan Area. The County’s strategic location, sunny Mediterranean climate and abundant natural and cultural resources, provides the ideal mix of small town living and big city amenities. With its tradition of stewardship and responsible land use planning, Napa County has maintained a strong rural character. Presently about 56.6% of the Napa County population resides in the City of Napa, 14.4% in the City of American Canyon, 8% Up Valley and 21% in smaller rural town and unincorporated areas of the County.

While Napa County maintains a strong sense of community and commitment to social services, residents are also facing hardships with a lack of affordable housing that impact the community in general. The City of Napa was ranked the 12<sup>th</sup> highest city in the country for percentage of income spent on rent (38.5% in 2014).<sup>1</sup> It also has a higher income than the California Average for median income (American Canyon has the highest median income in the County), but according to the California Poverty Measure<sup>2</sup> over 18.1% of our population is living in poverty (compared to 10.1% as reported in the US Census Federal guidelines). This percentage would be higher if it weren’t for the social safety net programs available in our community. Affordable housing continues to be the highest need for individuals in our community, particularly those with living with mental illness.



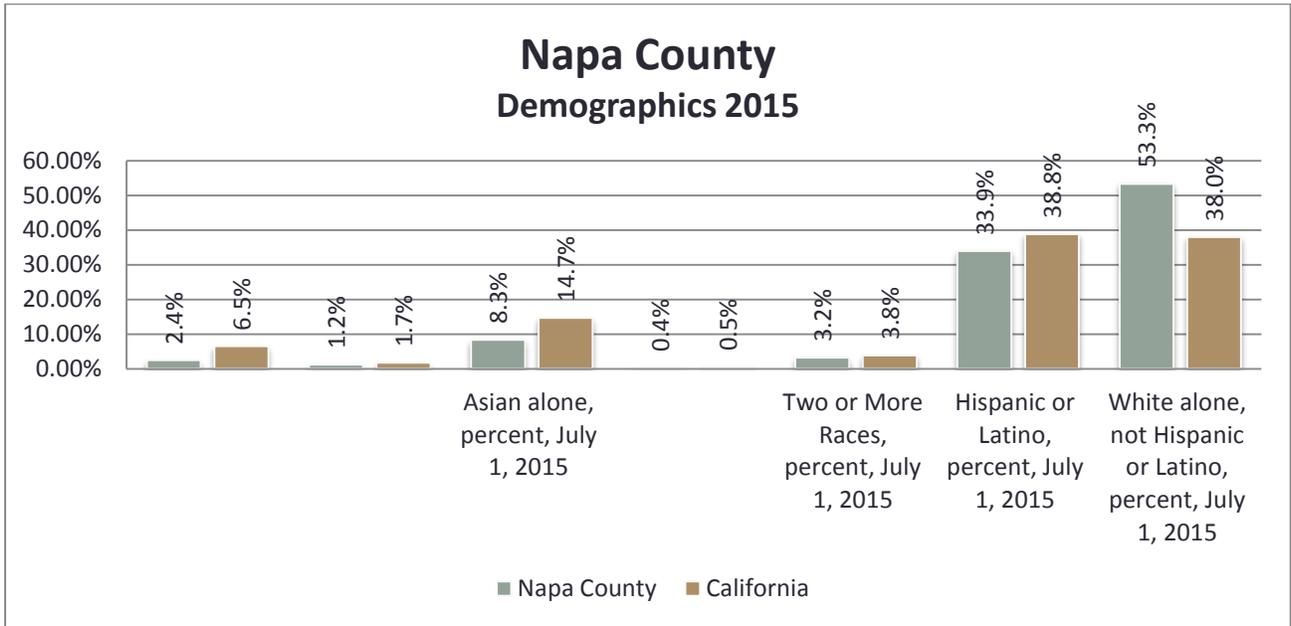
**Napa County Map**

The demographics of Napa County continue to change. According to the Immigration Report that was commissioned by the Napa Valley Community Foundation in 2012, two-thirds of Napa County’s immigrants are from Mexico or Latin America, but the fastest-growing immigrant population is Filipinos in American Canyon as you can see in the table titled “demographics by city” on the following page.

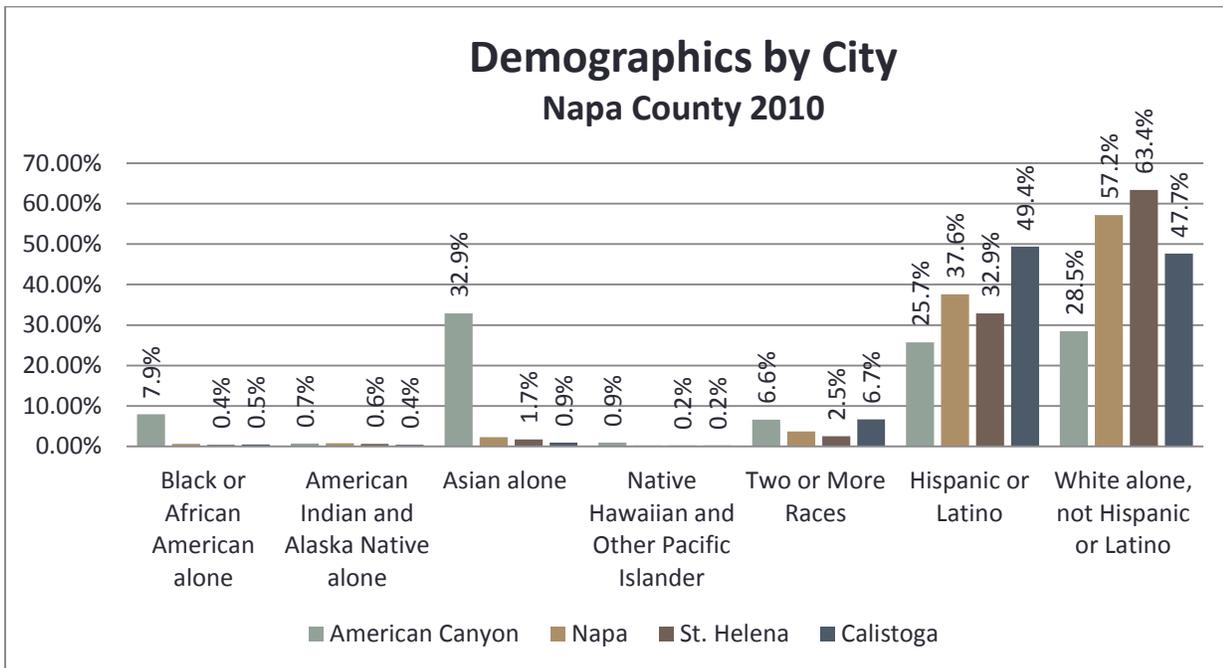
<sup>1</sup> Priced Out of Napa, May 17, 2014. [http://napavalleyregister.com/news/local/priced-out-of-napa/article\\_9096c9f4-b9e7-579f-9d33-4c02666345d4.html](http://napavalleyregister.com/news/local/priced-out-of-napa/article_9096c9f4-b9e7-579f-9d33-4c02666345d4.html). February 12, 2016.

<sup>2</sup> California Poverty Measure. [http://www.ppic.org/main/publication\\_show.asp?i=261](http://www.ppic.org/main/publication_show.asp?i=261). February 12, 2016.

Spanish continues to be the only threshold language in Napa County, but recent results from a Health and Human Services Agency staff survey show that Tagalog is also an emerging language.



Additionally, the demographics in Calistoga differ from the demographics of the County as a whole, with almost 50% of the population (2010) identifying as Hispanic or Latino.



Napa County is also home to a rapidly aging population and social service providers as well as safety net systems have to be prepared to meet the need that will only continue to increase. The California Department of Finance published population projections by age for the next 5 decades. Below are projected figures through 2030. While the overall percentage of preschool age to working age adults

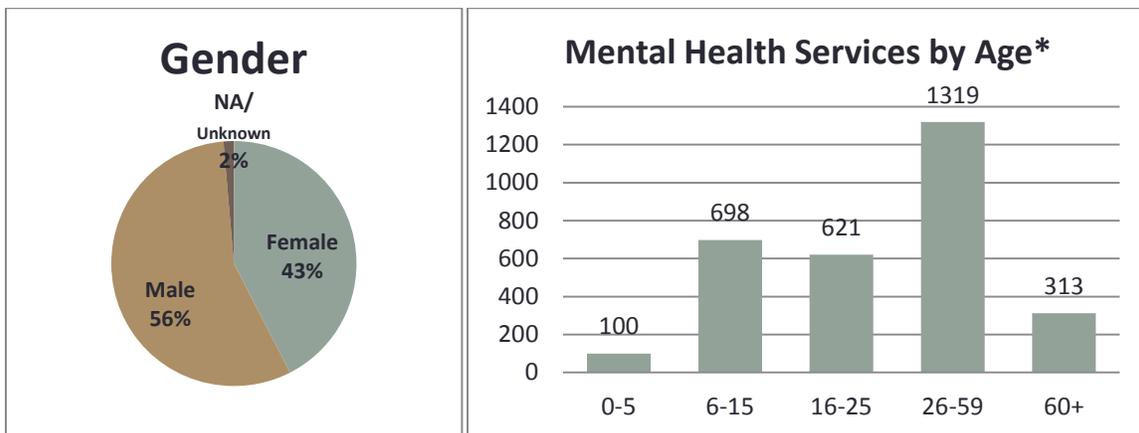
remains relatively stable, the percentage of older adults (65 and over) is expected to increase from 15.1% (2010) to 29.4% by 2030. Service providers will have to work together to ensure that the complex, and often specialized needs of the older adult population and other groups can be met.

Napa County Demographics by Age Group <sup>3</sup>								
Year	Total (All ages)	Preschool Age (0-4 years)	School Age (5-17 years)	College Age (18-24 years)	Working Age (25-64 years)	Young Retirees (65-74 years)	Mature Retirees (75-84 years)	Seniors (85 or more years)
2010	137,579	8,098	23,337	12,444	72,930	10,643	6,589	3,538
2020	146,869	7,915	21,407	13,928	75,117	16,479	8,353	3,670
2030	156,358	8,943	21,701	12,981	77,162	17,863	12,875	4,833

Napa County Health and Human Services Agency is working on a number of collaborative efforts to improve the health of the community such as Live Healthy Napa County (LHNC) and Place-Based Services, and Healthcare Integration between primary and behavioral health. The Mental Health Division has also been focusing on building capacity by training clinical and other staff in Evidence-Based Practices (EBPs) to better support recovery from mental illness of the individuals they serve. An effort to map the service delivery system is underway to ensure individuals have service options from Prevention/Early intervention to clinical interventions and case management to crisis stabilization, crisis residential treatment and finally appropriate step down programs as they transition from higher levels of service.

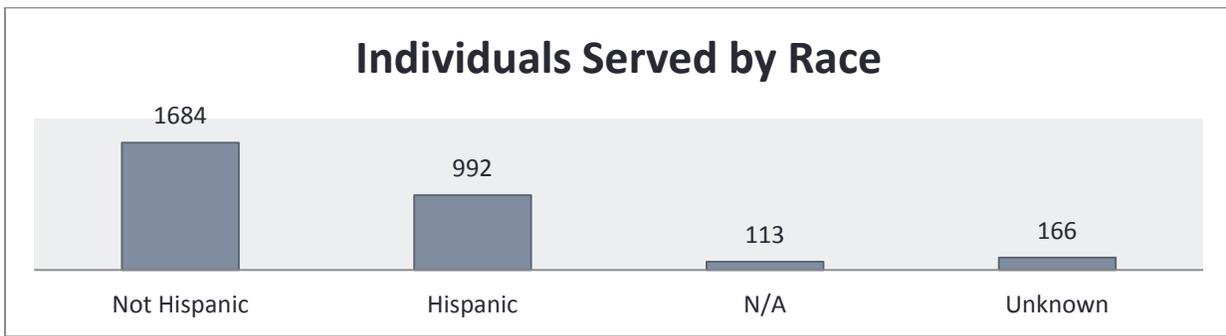
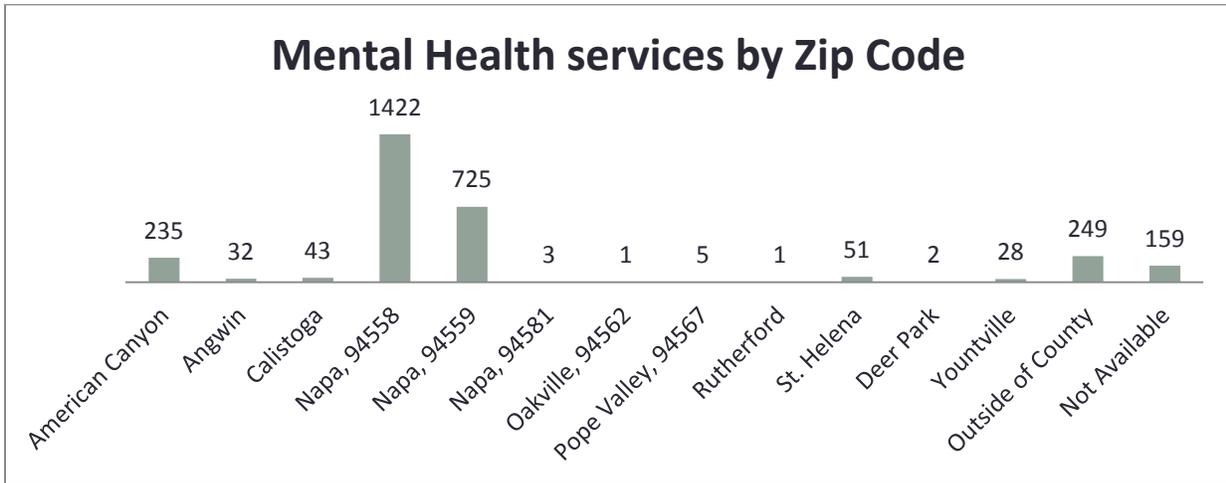
### Napa County Mental Health - Overview

The Mental Health Division and organizational providers comprise the publicly-funded Mental Health Plan (MHP) which served 2,955 individuals in FY 15-16 (excluding PEI Services). Below is a snapshot of the composition of the individuals served in FY 15-16.



<sup>3</sup> California County Population Estimates. <http://www.dof.ca.gov/research/demographic/dru/index.php>. February 12, 2016.

\*Age is counted twice when an individual moves to another age bracket within the specified time period. 96 individuals are duplicated on this table as a result of that. The majority are unduplicated individuals.



## Mental Health Services Act (MHSA) – Overview

The Mental Health Services Act/Prop 63 provided dedicated funding for mental health systems to transform from a “fail-first” system to a “help-first” system. This allowed for dedicated funding for MHSA components which include Prevention/Early intervention (PEI), Community Services and Supports (CSS), Innovations, CSS Housing, Capital Facilities and Technological Needs (CF/TN), Workforce Education and Training (WET) with a focus on service delivery models that support an individual’s recovery from mental illness. The FY 16-17 Annual Update to the Three Year Plan includes service data from FY 15-16 and current year updates as available.

## Prevention and Early Intervention (PEI) Overview

The Mental Health Division’s PEI programs bring mental health awareness into the lives of all members of the community through public education initiatives, dialogue, and services. PEI builds capacity for providing mental health prevention and early intervention services to unserved/underserved populations throughout Napa County which includes Latinos, LGBTQ, Native Americans, Veterans and Older Adult populations as well as families at-risk, and the geographically-underserved communities of American Canyon, St. Helena, and Calistoga.

The Division is actively involved in planning efforts by the Mental Health Oversight and Accountability Commission’s to implement the recently adopted PEI Regulations. The County will be reviewing the

regulations with contractors and stakeholders in 2016-2017 and will begin to gather the required demographics and service data.

Below is a list of the PEI programs that are currently being funded the PEI component, details about each program will be included in the individual summary reports also included below.



**Native American PEI Program**

Contractor	<b>Suscol Intertribal Council</b>	
Age	<b>Number of Individuals Served in FY 15-16</b>	
<b>0-15</b>	483	
<b>16-25</b>	137	
<b>26-59</b>	369	
<b>60+</b>	126	
Cost Per Person FY 15-16	<b>Prevention</b>	\$94,878 (PEI budget)/1,115 served = <b><u>\$143.97 per person served</u></b> Total number of individuals served: 1,115 4,763 duplicated individuals reached through outreach strategies, which include a quarterly newsletter.
Community Impact	<p>The Suscol Intertribal Council’s PEI program is working to address postcolonial trauma in the local Native American Community. This is understood to be a core cause of mental health issues, high substance abuse, high suicide rate and low life expectancy. Native Americans also experience low self-esteem and shame due to the “invisibility” of their population. Many Native Americans also don’t self-identify as Native Americans because of the suffering and violence that was committed against their ancestors and elders, some of whom can still recall the history of oppression.</p> <p>The Native American PEI program has two main goals:</p> <ul style="list-style-type: none"> <li>▶ <i>Create a safe environment for Native Americans to learn about and practice their heritage. A large centrally located office in Napa is used for classes and business. A 23-acre land base is used for traditional practices that take place in rural Napa County.</i></li> <li>▶ <i>The second goal is to educate the general public about cultural sensitivity to avoid stereotypes and systemic racism. This is done through K-16 classroom outreach, production of public events and a strong social media presence.</i></li> </ul> <p>Staff offers a number of weekly classes at their local center as well as other monthly cultural events. Staff and volunteers also plan and organize an Annual Pow-Wow that is celebrated locally at the Yountville Veterans Home of California. In FY 15-16, more</p>	

	<p>than 2,000 unduplicated individuals attended the two day 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.</p> <p><i>“I loved making drums with the kids and the adults. It seemed like everyone enjoyed making them. I think drum-making was valuable, especially for *Mark and *John. I shared with them the power of the drum if they experience challenges...that it will balance them...to go to their drum if they are unsure or ever feeling lost. I think it is powerful.”</i></p> <p>– quote from a participant at a traditional drum-making workshop sponsored by the Suscol Council.</p>
<p>Challenges/ Barriers and strategies to Reduce Barriers</p>	<p>The Suscol Council’s Native American PEI Program continues to advocate and work to promote an accurate curriculum of Native American History by working with the Napa Valley Unified School District including the Indian Education program. NA PEI staff offers workshops for classes at teachers’ request and continues to work with the school district to promote a more accurate historical account of Native Americans, particularly in the Napa Valley.</p>

**Court and Community Schools Student Assistance Program (SAP)**

<p>Contractor</p>	<p><b>Napa County Office of Education</b></p>	
<p>Age</p>	<p><b>Number of Individuals Served in FY 15-16</b></p>	
<p>0-15</p>	<p>43</p>	
<p>16-25</p>	<p>84</p>	
<p>Cost Per Person FY 15-16</p>	<p><b>Prevention</b></p>	<p>\$81,600 (PEI budget)/127 (served) = <b><u>\$642.52 per person served</u></b> Total number of individuals served: 127</p>
	<p><b>Early Intervention</b></p>	<p>Total number of individuals served: 75 (59% of the individuals served by the SAP are receiving individual or group mental health services)</p>
<p>Community Impact</p>	<p>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.</p> <p>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.</p> <p>All staff has been trained in behavioral modification techniques including Positive Behavioral Intervention and Support (PBIS), Building Effective Schools Together (BEST), and Restorative Justice. In addition, staff is trained to offer mindfulness activities, yoga/meditation and gardening. Staff also knows when to refer to the refocus room to avoid suspensions. During the last school year, out of 75 students who were receiving counseling long enough to have pre- and post-testing, 65% showed improvement in</p>	

	the Emotional rating scale.
Challenges/ Barriers and strategies to Reduce Barriers	Staff is moving to a new model and in order to offer mental health services to all students. They are currently seeking Masters of Social Work (MSW) interns for the 16-17 school-year to continue to meet the needs of the students at Court and Community Schools as well as their families.

**American Canyon Student Assistance Program (SAP)**

Contractor	<b>Napa Valley Unified School District</b> Services are offered at three American Canyon Schools: - <b>Napa Junction Elementary School, American Canyon Middle School and American Canyon High School</b>	
Age	<b>Number of Individuals Served in FY 15-16</b>	
0-15	112	
16-25	5	
Cost Per Person	<b>Prevention</b>	\$159,807 (PEI budget)/117 (served) = <b><u>\$1,365.87 per person served</u></b> Total number of individuals served: 117 <ul style="list-style-type: none"> <li>79% of Students received Tier I and Tier II services (Universal prevention, general counseling and mild support through the teacher and classroom)</li> <li>21% of Students received Tier III services (SAP team meeting focused on student and case management, referral services as well as other specialized services offered)</li> </ul>
Community Impact	<p>The American Canyon (AC) SAP has made a tremendous impact on each of the schools involved in the program. The AC SAP uses universal prevention strategies such as Positive Behavioral Intervention and Support (PBIS) and Building Effective Schools Together (BEST) and many teachers and school administrators are trained in these behavioral management techniques. Universal messages about behavior and conduct are often communicated to the whole student body. Individuals are identified by teachers, high office referrals or through poor attendance and often start receiving some form of Tier II interventions. For those individuals who are identified as needing a more specialized form of support, Tier III services are initiated.</p> <p>The SAP Coordinator reported that 45% of Tier III students showed improved behavior as evidenced by reduction in office referrals, suspensions, etc. Additionally, Second Step, a Social Emotional Learning Curriculum which was purchased by funds from this grant, was taught with fidelity to every student at American Canyon Middle School. This school saw a 35% decrease in office referrals and suspension rates which they attribute to the implementation of Second Step.</p>	
Challenges/ Barriers and strategies to Reduce Barriers	There is a great need for services in American Canyon Schools as this community has historically been underserved by many county and community service providers. Schools also often struggle to balance academic demands and mandates while at the same time ensuring that students are healthy and emotionally and physically able to learn. In order to address some of these needs, the Napa Unified School District has developed Student Wellness Centers (SWC) at various schools, including one at American Canyon Middle School. The AC Middle School SWC will house mental health	

	staff to offer immediate services to students as needed. The SAP Coordinator will not be housed at the SWC but will be working closely with the team to streamline referrals and services.
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**Up Valley PEI Program**

Contractor		<b>Up Valley Family Centers</b>	
Age	Number of Individuals Served in FY 15-16		
0-15	0		
16-25	153		
26-59	87		
60+	0		

Cost Per Person FY 15-16	Prevention	\$76,150 (PEI budget)/240= <b><u>\$317.29 per person served</u></b>
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Community Impact	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;
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*During one weekly session, our topic was about substance abuse, and one of our students shared his story. He crossed the border in order to [escape] the violence in his country and a drug addiction. He was detained at a Texas facility where he was rehabilitated. He was able to apply for asylum, and his family was able to make Napa Valley their new home. When he was enrolled in High School, he joined CLARO. He has now been drug free for three years, and attributes his success to the support that CLARO has provided over this time. He graduated high school (2014-15 School Year) and will attend Napa Valley College. – story submitted by a CLARO staff member.*

**CLARO/CLARA 2015-16 Evaluation Highlights:**  
 Per pre/post surveys, staff report that 100% of the CLARO/A participants showed improvement relating to their original program goals and over 90% reported having a positive role model/someone who they have a connection with in the school setting.

- 95% reported having a better understanding of their cultural identity
- 92% reported they have more skills to help them solve problems
- 92% reported having plans for the future
- 87% reported they engage in fewer risky behaviors
- 82% reported they engage in more healthy behaviors
- 84% reported having more positive relationships with their family
- 79% reported volunteering their time for their community

Comments that are representative of what students learned include:  
*"I learned to have more pride in my culture and I learned how beautiful we all are!" and;*  
*"(I learned) that there are people out there (that are) going through the same thing as you."*

Staff continues to work with the Calistoga and St. Helena School Districts to allow students to participate in CLARO/A. Mentors also continue to modify the CLARO/A curriculum as needed in order to introduce current and topical information that is more relevant to Latino youth. The St. Helena and Calistoga School Districts each face their own unique challenges. Although these cities are only a few miles from each other, students in each community face similar and different challenges, so staff has to be conscious of the environment and understand the unique challenges students face in each respective community.

**Napa County Home Visitation Program**

Contractor	<b>Cope Family Center</b>	
Age	<b>Number of Individuals Served in FY 15-16</b>	
0-15	94	
16-25	45	
26-59	77	
60+	1	
Unknown	0	
Cost Per Person	<b>Prevention</b>	<p>\$50,000 (PEI Budget)/217 (served)=<b><u>\$230.41 per person served</u></b>                      Total number of individuals served: 217</p> <ul style="list-style-type: none"> <li>• 140 Total Families served by Cope’s Home Visitation Program</li> <li>• 5 families from American Canyon, 98 from Napa and 37 from Up Valley.</li> </ul>
Community Impact	<p>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. This service-delivery model 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/acclturation, mental health/substance use, physical health/safety and transportation. In FY 15-16, 13% of the families served reported a 45% improvement in the social support domain as well as the parent efficacy domain. 11% of the families served also showed a 38% improvement in the problem-solving coping domain.</p> <p><b>Client story:</b>  <i>*Amanda is in her early twenties and mother of a two month old daughter. She lives with the baby’s father in a small subsidized apartment. Amanda’s parents were heroin addicts and alcoholics and were frequently homeless. There was also domestic violence between her parents and Amanda was exposed to drugs from as early as she can remember. She began drinking as a teen and became an alcoholic. She attended a treatment program for 8 months and no longer drinks alcohol.</i></p> <p><i>Amanda and her Home Visitor work together weekly to enhance her relationship with her daughter through engagement in developmentally appropriate activities as well as learning what to expect from her daughter as she grows and learns.</i></p> <p><i>In the initial stages of the program, Amanda was assessed for maternal depression using the Edinburgh Postnatal Depression Scale. In an effort to address traumatic issues she experienced as a child, Amanda was referred to a local mental health provider for counseling. Her daughter has been assessed using the Ages and Stages Questionnaire 3, to assure she is developing normally. The Home Visitor also works with Amanda to encourage problem-solving and critical thinking skills through the goal-setting process. Amanda is an active, involved mother and is learning how to provide the best possible</i></p>	

	<i>environment for her daughter's optimal physical and emotional health.</i>
Challenges/ Barriers and strategies to Reduce Barriers	Staff continues to struggle to meet the needs of the community and to ensure that the most underserved/unserved individuals receive the help they need. Affordable housing is also a major ongoing issue that challenges many service providers and the families and individuals they serve. Cope continues to work collaboratively with community partners to streamline referrals and improve access to HV services.

**Strengthening Families at Risk PEI Program**

Contractor	<b>Cope Family Center (sub-contractor: Mentis)</b>	
Age	<b>Number of Individuals Served in FY 15-16</b>	
0-15	1341	
16-25	-	
26-59	648	
60+	71	
Unknown	-	
Cost Per Person FY 15-16	<b>Prevention</b>	\$98,000 (PEI Budget)/2,060 (served) = <b><u>\$47.57 per person served</u></b> Total individuals served: 2,060 <ul style="list-style-type: none"> <li>• 45 Individuals served through support groups</li> <li>• 2015 Individuals served by Cope's Emergency Aid Program</li> </ul>
	<b>Early Intervention</b>	5 individuals screened and referred to individual therapy (of 45 served through family strengthening support groups)
Community Impact	<p>This program offers Family Strengthening Support Groups and Emergency Aid as needed. Additionally, referrals are made to individual mental health services as needed. Mentis completed 3 groups in Napa and 1 in Calistoga in FY15-16.</p> <p>100% of the participants indicated high level of satisfaction in the services they received based on their written notes, verbal expression, and formal evaluations such as the Patient Health Questionnaire (PHQ-9), Emotional Rating Scale (ERS), and Global Assessment of Functioning (GAF). The staff of the Family Resource Centers (FRCs) involved also reported high level of satisfaction with the program and expressed their desire to have these groups available to their clients in the upcoming fiscal year.</p>	
Challenges/ Barriers and strategies to Reduce Barriers	<p>Support group staff has conducted outreach in American Canyon and in Napa. There is interest, but not sufficient to offer a group in American Canyon at this time. Support groups have been very popular in Spanish, particularly for Up Valley communities. Staff will continue to do outreach to ensure the program continues to serve individuals across the County.</p> <p>FY 16-17 - 2 groups schedule at Cope (one of them starting on the 9/27), 2 groups at Puertas Abiertas, 1 group in St. Helena, and 1 group in Calistoga. In addition, staff is working with the elementary, middle and high schools in American Canyon to get a group started there.</p>	

**KEDS PEI Program**

Contractor	<b>NEWS (Napa Emergency Women’s Services)</b>	
Age	<b>Number of Individuals Served in FY 15-16</b>	
0-15	98	
16-25	11	
26-59	42	
60+	0	
Cost Per person FY 15-16	<b>Prevention</b>	\$109,400 (PEI Budget)/151 (served) = <b><u>\$724.50 per person served</u></b>
Community Impact	<p>The goal of the Kids Exposed to Domestic Violence Services (KEDS) program is 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.</p> <p>The KEDS program focuses on the Five Protective Factors, based on the evidence based Strengthening Families Framework developed by the Center for the Study of Social Policy. These include:</p> <ul style="list-style-type: none"> <li>• Social Connections</li> <li>• Knowledge of Parenting and Child Development</li> <li>• Social and Emotional Competence of Children</li> <li>• Concrete Support in Times of Need</li> <li>• Parent Resilience</li> </ul> <p>The Five Protective Factors are continuously focused on during support groups with the kids in an age-appropriate manner. The KEDS Program Coordinator is also trained in “Windows Between Worlds” Art Therapy and provides another outlet for children to express their emotions. The KEDS program serves Napa County women and children who have been victims of domestic violence. In the past year, KEDS has provided 34 mental health referrals to Aldea Counseling Services and Access Mental Health. Each client that gets referred will receive a call within 48 hours of the referral being sent.</p> <p>Additionally, the majority of parents reported increased knowledge of their child’s development, social connections, felt they had concrete support and care, and reported an increase in their awareness of their child’s social and emotional needs.</p> <p>Children staying at the NEWS Domestic Violence Shelter reported that they feel happy and secure because they know that they will be coming home from school to a calm and safe place.</p> <p>A child in the KEDS Program staying at the NEWS Domestic Violence Shelter said to her mother <i>“Mom, I never want to leave this house. I’m tired of moving all the time because of mean people. I like it here. Here, everybody likes me, respects me and I have someone to talk to that listens to me.”</i></p>	

Challenges/ Barriers and strategies to Reduce Barriers	Staff continues to report a need for affordable child care. Reliable and affordable child care is very important in relieving the financial and emotional stress that triggers many domestic violence situations. Affordable housing also continues to be a challenge for low-income families with children. The KEDS Program Coordinator Position was also vacant a few months during FY 15-16, but was staffed in the later part of the fiscal year.
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**Healthy Minds, Healthy Aging Program**

Contractor	<b>Area Agency on Aging (sub-contractors: Collabria Care and Mentis)</b>	
Age	<b>Number of Individuals Served in FY 15-16</b>	
0-15	0	
16-25	7	
26-59	246	
60+	595	
Unknown	82	
Cost Per Person FY 15-16	<b>Prevention</b>	\$91,350 (PEI budget)/930 (Number of contacts via various service capacities: trainings, assessments, services, case management, etc.)= <b>\$98.23 per person served</b> 97 individuals received short-term case management/navigation services or short-term therapy sessions. 930 Duplicated Contacts via Outreach and Engagement Strategies
	<b>Early Intervention</b>	61 Individuals were assessed and qualified to receive short-term therapy. A total of 853 sessions were provided to these individuals.
	<b>Other</b>	252 Trained Professionals in various geriatric topics 28 Gatekeepers trained in recognizing signs of mental illness/dementia 356 Seniors trained (in various geriatric topics)
Community Impact	<p>The Healthy Minds, Healthy Aging (HMHA) Program received 88 referrals in FY 15-16. Sixty-one (61) individuals qualified to complete full assessments; 78% of those who were discharged showed decreased signs of depression as demonstrated using the Patient Health Questionnaire (PHQ-9).</p> <p><b>Case Study:</b> A seventy-one year old female was referred to HMHA by Kaiser as she had multiple health issues and was fearful of losing her housing as she had failed two inspections – one by the Housing Authority and the second by the residential managers. The reason she had failed the inspections was that her home was cluttered with unpacked boxes. The suspicion was that she was a hoarder.</p> <p>In working with her, it transpired that she had experienced a series of medical setbacks over the past two years. With this, and the threat of possible eviction, she was clearly depressed and felt as though the world was against her.</p> <p>HMHA staff started simply by working with her to sort through and minimize her packing boxes, which gave her the impetus to continue working, bit by bit, as she found the strength. We were also able to speak, with her permission to her landlords, about her situation. They were empathic and extended the time to her next inspection, which</p>	

	<p>she was able to pass. Her home is now relatively free of clutter, and with the threat of eviction no longer present, she has been able to engage in weekly therapy to process the many setbacks she has experienced in a relatively short period of time. Although her health is still not up to par, she is now enjoying gardening and engaging with friends and neighbors.</p>
<p>Challenges/ Barriers and strategies to Reduce Barriers</p>	<p>The HMHA program continues to partner with community providers to streamline services as much as possible and works with multiple funders to increase capacity. Yet, HMHA staff reports that there continues to be a gap in services for older adults who need on-going behavioral support and services. Because many clients need ongoing attention, discharge from the program may take longer and this situation is particularly challenging with Spanish-speaking older adults. Increasingly, many referrals that are received by HMHA staff are more and more medically compromised, which requires more attention to working with medical providers. Affordable housing for low-income seniors and placements for older adults with significant cognitive decline are very limited and in short supply.</p> <p>Other challenges include hiring and maintaining qualified bilingual staff. Staff turnover has been a challenge for the therapist and navigator positions.</p>

**LGBTQ Connections PEI Program**

Contractor	<b>On the Move, Inc.</b>
Number of Individuals Served FY 15-16	629 Professionals were trained from 96 different organizations 16,200+ duplicated individuals reached through general outreach (including social media)
<b>Cost Per Person FY 15-16</b>	<p><b>Other</b>    \$43,500 (Total PEI Budget)/629 (Number of individuals trained) = <b><u>\$69.16*/person.</u></b></p> <p>*does not include cost for the number of agencies who received cultural competency training and technical assistance.</p>
Community Impact	<p>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 were 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.</p> <ul style="list-style-type: none"> <li>• Social media outreach efforts, including email, Facebook, Twitter, and a web presence, topped a reach of 16,200+ individuals in FY 15-16, and averaged 3,500 individuals each month.</li> <li>• To increase awareness about LGBTQ issues, general presentations were given to staff from 96 organizations, and LGBTQ Connection staff</li> </ul>

	<p>participated in outreach and visibility efforts at community 11 events such as Fourth of July Parade, Bi-National Health Fair, Napa/Solano Medical Society as well as events Up Valley.</p> <ul style="list-style-type: none"><li>• LGBTQ Connection hosted 12 large community events focused on awareness and prevention reaching 840 community members. These events targeted disproportionately disconnected populations: LGBTQ youth, young adults, people of color, Spanish-speakers, and residents outside the City of Napa.</li></ul> <p>Evaluation Results - Based on anonymous post-training evaluations:</p> <ul style="list-style-type: none"><li>• 98.5% of participants are more aware of specific issues affecting LGBTQ youth or seniors.</li><li>• 97.5% of participants are more confident of their ability to support LGBTQ clients.</li><li>• 98.6% of participants gained knowledge of resource and referral information for LGBTQ clients and their families.</li><li>• 100% of participants reported that presenters responded to questions in an informative, appropriate and satisfactory manner.</li><li>• 100% of participants reported the training was worth their time.</li></ul> <p>As identified by participants, the most helpful components of the trainings were:</p> <ul style="list-style-type: none"><li>• Local panelists sharing their experiences and responding to questions gave participants a better understanding of the issues and practices.</li><li>• Small group work, partner discussion, and interactive activities.</li><li>• Glossary and practicing recommended terminology for sexual orientation, gender identity, and expression.</li></ul> <p>As identified by participants, the most requested changes to the trainings were:</p> <ul style="list-style-type: none"><li>• Longer time for training, more time to practice/make it directly applicable.</li><li>• Practice scenarios.</li></ul> <p>As identified by participants, the most committed to changes by trainees post-training were:</p> <ul style="list-style-type: none"><li>• Making fewer assumptions, asking more (respectful) questions.</li><li>• Providing more visible LGBTQ resources, brochures.</li><li>• LGBTQ visibility (rainbow stickers on doors and windows, LGBTQ-friendly materials).</li><li>• Extra work to ensure LGBTQ participant safety.</li></ul>
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<p>Challenges/Barriers and strategies to Reduce Barriers</p>	<ul style="list-style-type: none"> <li data-bbox="456 155 1417 724"> <p>• <b>Supporting organizational/practice change implementation desired by participating organizations in competency trainings</b></p> <p>After participation in LGBTQ PEI cultural competency trainings, organizations and individual professionals enthusiastically commit to practice changes that will increase access, reduce stigma and more competently support LGBTQ clients. However, for some organizations, there are not sufficient resources (funding, staff time) to sustain the momentum to implement broader-scale change. LGBTQ Connection has created a strategy to focus longer-term work in practice change with a few key organizations identified by LGBTQ community members as high need, planning to identify funding streams and additional resources (both internal to the organization wishing to implement and for the PEI provider) and take advantage of timely circumstances to sustain changes. For example, the LGBTQ PEI provider will be focusing on schools and family serving organizations in the next fiscal year.</p> </li> <li data-bbox="456 766 1417 1686"> <p>• <b>Decreasing obstacles to accessing mental health services, especially for more vulnerable LGBTQ populations at the intersections of multiple marginalized identities</b></p> <p>As the program continues to increase in visibility and reach, the number of mental health referrals and referrals to related services has also increased. LGBTQ people who have struggled in isolation to meet their own needs are seeking further support from the network of providers and community organizations. However, more vulnerable LGBTQ people at the intersections of multiple, marginalized identities (e.g., a transgender Latino youth from a low-income family) find the barriers to access too great to access the support they need (i.e., they are considering counseling or therapy but calling the access line or dealing with the paperwork seems overly burdensome so they disappear before they get through the process or even connect with a therapist) and so they do not get connected to the support or "drop out" of the system before they make a meaningful connection. Even worse, some have reported that once they did get connected they found themselves having to explain more of their identity and teach the mental health worker at a level greater than the support they were receiving. To ease access, the LGBTQ Connections program and a few mental health providers (including the Napa County Mental Health Division) are exploring ways to provide services with as few barriers as possible (e.g., an LGBTQ-identified and experienced provider, low or no paperwork, low or no eligibility, services offered locations where the more vulnerable potential clients are located--such as the LGBTQ Connection's Community Center, schools, etc.).</p> </li> </ul>
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## Community Services and Supports (CSS) Overview

The Community Services and Supports (CSS) component includes an array of services and supports to fill gaps in services as originally identified by the stakeholder process. Staff works through an integrated system of care towards eliminating disparities in access and improving mental health outcomes for unserved/underserved populations. As part of the Mental Health Division’s ongoing system transformation efforts, consumer positions have been created in the Adult Full Service Partnership program and there is a current effort to open consumer positions in other MHSA programs as well.

Below is a table which includes the total number served by age for specific Community Services and Supports Component Programs. Specific CSS program information can be found in the following section.

Age	Community Services and Supports (CSS)	Number Served FY 15-16
0-15	Mobile, Outreach, Response and Engagement-MORE	20
	System Navigators	0
	System Navigators – Brief Therapy	2
	Full Service Partnership Programs	42
	PEP, Adult Resource Center	0
16-25	Mobile, Outreach, Response and Engagement-MORE	64
	System Navigators	6
	System Navigators – Brief Therapy	2
	Full Service Partnership Programs	52
	PEP, Adult Resource Center	NA
26-59	Mobile, Outreach, Response and Engagement-MORE	65
	System Navigators	85
	System Navigators – Brief Therapy	33
	Full Service Partnership Programs	68
	PEP, Adult Resource Center (Through 12/31/15)	96
60+	Mobile, Outreach, Response and Engagement-MORE	31
	System Navigators	5
	System Navigators – Brief Therapy	7
	Full Service Partnership Programs	43
	PEP, Adult Resource Center	NA

### Full Service Partnership Programs (FSP)

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). These services meet people where they are in their road to recovery from mental illness. Program staff works hard to engage individuals to support them in their recovery with the individual’s hopes and wishes at the center of the care they receive. FSP programs share commonalities in terms of the intent of the services, mandates as well as common barriers and challenges. All programs intentionally carry a maximum caseload ratio of 1:12 in order to be able to fully engage and work with individuals and their families or support networks as the individuals that are served traditionally have a higher level of need requiring more time from their provider. All FSPs focus on offering person-centered care and will engage individuals in unconventional

ways as needed to ensure that trust is built and that the individual understands and receives the services they need to meet their individual treatment and recovery goals.

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.

All FSP programs enter data into the state Data Collection and Recording System (DCR) as well as the Division’s electronic health record system, Anasazi, to ensure high quality of the data. The benefit to being a small county is that staff can review data with program supervisors to ensure the quality is high and to correct errors as issues arise. This is an on-going process.

**Children’s Full Service Partnership Program**

Number of Individuals Served	Serves ages: 0-15	<b>FY 15-16: 56</b>	
FY 15-16 demographics	<b>50% Male, 50% Female</b>	Hispanic: 53.6% Unknown: 28.6% White or Caucasian: 10.7%	American Native: 1.8% Black or African American: 1.8% Multiple: 1.8% Other Asian: 1.8%
FTE	1FT Supervisor, 2 FT Mental Health Counselors, 2FT Mental Health Workers and 1 FT Parent Advocate.		
Cost Per Person	Total Program Budget: \$409,440/56=\$7,311.43 per individual served		
Community Impact	<p>In FY 15-16, 57% of the 23 individuals who were discharged 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).</p> <p>A great trait of the CFSP program is that staff works with the whole family, not just the individual in need of services. This not only improves outcomes for the individual, but improves the overall capacity of the family to deal with needs as issues arise and not become dependent on the service provider. Staff also work to meet youth where they are and have gone above and beyond their duties to provide unique therapeutic activities as is the case with Andi (name changed to protect her confidentiality), a young woman who struggled with her identity as a Latina, standards of beauty, and her own mental health issues. Andi’s service provider made her a magazine (see inset) when she had met her treatment goals and was ready for discharge. The magazine outlines all of the areas Andi was proud to identify with and was something that she could have to remember how far she’s come in her own personal development and mental health recovery.</p> <p>CFSP staff has also worked hard to reduce mental health emergencies as can be seen in the following chart.</p>		



	<div style="text-align: center;"> <h3>MH Emergency Events</h3> <p>Partners who completed at least 1 full year of Services, n=34</p> <p>■ Year 1 Before Services   ■ Year 1 During Services</p> <table border="1" style="margin: 10px auto;"> <thead> <tr> <th>Category</th> <th>Year 1 Before Services</th> <th>Year 1 During Services</th> </tr> </thead> <tbody> <tr> <td>No. of Partners with Events</td> <td>17</td> <td>5</td> </tr> <tr> <td>No. of Events</td> <td>38</td> <td>10</td> </tr> </tbody> </table> </div> <p>Staff has been recently trained in evidence-based practices such as Functional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy and Cognitive Behavioral Therapy for Psychosis to continue to effectively meet the needs of the individuals who walk through our door.</p>	Category	Year 1 Before Services	Year 1 During Services	No. of Partners with Events	17	5	No. of Events	38	10
Category	Year 1 Before Services	Year 1 During Services								
No. of Partners with Events	17	5								
No. of Events	38	10								
<p>Challenges/ Barriers and strategies to Reduce Barriers</p>	<p><b>Challenges/Barriers:</b> <b>More resources are needed to provide:</b></p> <ul style="list-style-type: none"> <li>• A support group for youth participating in services</li> <li>• A support group for family members and caregivers of youth/children suffering from a mental illness</li> <li>• Streamlined referral processes to appropriate levels of care.</li> <li>• Job development skills training and employment opportunities for youth</li> <li>• housing for low-income families</li> </ul> <p>The CFSP team is in the process of developing a support group for youth participating in services as well as a support group for family members and caregivers of youth/children suffering from a mental illness. Staff continues efforts to develop relationships with local schools, school districts, community-based organizations, and county programs in order to streamline referral processes to appropriate levels of care. The need to develop job development skills and employment opportunities for youth and adults has been an on-going issue and staff is reaching out to local CBOs that are focused on trying to improve opportunities for youth in various capacities in employment and workforce development.</p>									

*Transition-Age Youth (TAY) Full Service Partnership Program*

Number of Individuals Served	Serves ages: 16-25	<b>FY 15-16: 36</b>	
FY 15-16 demographics	<b>41.7% Male,</b> <b>52.8% Female,</b>	White or Caucasian: 47.2% Hispanic: 30.6%	None Listed: 5.5% Black or African American: 2.77%

	<b>5.6% None listed</b> Multiple: 8.33%      Other Asian: 2.77% Unknown: 2.77%																		
FTE	1 FT Program Director, 2 FT Personal Service Coordinators (MFTis), 1 FT MH Worker, 1 PT Program Consultant (MFT).																		
Cost Per Person	Total Program Budget: \$413,316/36=\$11,481 per individual served																		
Community Impact	<p>The Transition Age Youth (TAY) FSP Program served a total of 36 individuals in FY 15-16 and discharged 22 individuals in that same year. Of the 22 individuals who were discharged, 36.4% met goals and others discontinued services, moved or were not located. The individuals that were discontinued were either not ready to make changes in their lives to continue to support their recovery or were in transitional times in their lives and could not follow through with services.</p> <p>While the total number of emergency events or hospitalizations was not dramatically reduced, TAY FSP staff was successful in maintain low levels of emergency events and hospitalizations.</p> <p>TAY FSP staff has also worked diligently to help individuals they serve find housing. In FY 15-16, 16 individuals completed at least 1 full year of service. Of the 16, a great majority spent time living independently, which is a goal of the program.</p> <div data-bbox="402 871 1443 1612" data-label="Figure"> <p style="text-align: center;"><b>Residential Setting</b> (% of Days, N=36)</p> <table border="1"> <caption>Residential Setting Data</caption> <thead> <tr> <th>Residential Setting</th> <th>1 Year Before Partnership (%)</th> <th>Year 1 During Partnership (%)</th> </tr> </thead> <tbody> <tr> <td>With Parents/with other family</td> <td>50%</td> <td>31.80%</td> </tr> <tr> <td>Emergency Shelter/Homeless</td> <td>25.30%</td> <td>15.70%</td> </tr> <tr> <td>Apartment Alone</td> <td>4.20%</td> <td>27%</td> </tr> <tr> <td>Jail/Juvenile Hall</td> <td>2%</td> <td>1.20%</td> </tr> <tr> <td>Psychiatric Hospital/Residential...</td> <td>6.70%</td> <td>4.50%</td> </tr> </tbody> </table> </div> <p>In addition to the therapeutic services offered, TAY FSP Staff continue to offer the following to the individuals they serve:</p> <ul style="list-style-type: none"> <li>• Support with navigating educational system: General Education Diploma (GED), Adult school, Napa Valley College, Disabled Students Programs &amp; Services (DSPS), etc.</li> <li>• Support with employment needs: Workforce Napa, Dept. of Rehabilitation,</li> </ul>	Residential Setting	1 Year Before Partnership (%)	Year 1 During Partnership (%)	With Parents/with other family	50%	31.80%	Emergency Shelter/Homeless	25.30%	15.70%	Apartment Alone	4.20%	27%	Jail/Juvenile Hall	2%	1.20%	Psychiatric Hospital/Residential...	6.70%	4.50%
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	<p>VOICES (Voice Our Independent Choices for Emancipation Support), THRIVE Transforming Health, Realigning Independence &amp; Valuing Experience) Enterprises, and Napa Personnel Services</p> <ul style="list-style-type: none"> <li>• Housing searches and assistance with applications</li> <li>• SSI (Supplemental Security Income) – linkage and assistance</li> <li>• Access to childcare, food stamps, etc.</li> <li>• Appointments and advocate for youth, as needed</li> <li>• Recently trained in Evidence-Based Practice: Cognitive Behavioral Therapy for Psychosis</li> </ul>
Challenges/Barriers and strategies to Reduce Barriers	<p><b>Challenges/Barriers:</b></p> <ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Individual therapy</li> <li>• Specialized medical services</li> <li>• Step-down services specifically for TAY</li> <li>• Affordable and safe social activities</li> </ul> <p>While TAY FSP Staff offer mental health services and supports to the individuals they serve, there are few other TAY services available. TAY FSP staff supports individuals who need it by subsidizing their service needs through clinically-appropriate use of MHSA Flexible Funds or by referring to other CBOs as needed. Capacity continues to be an issue.</p> <p>Specialized medical services are also hard to access because Napa County doesn't have a wide-net of specialty service providers so many individuals have to travel out of the county for specialized care. Affordable and appropriate housing is a chronic issue in the community and something that is being reviewed on county-wide. The Mental Health Division is currently mapping out services to determine how to streamline referral processes and what appropriate services (including step-down) are available for TAY and other individuals in need.</p>

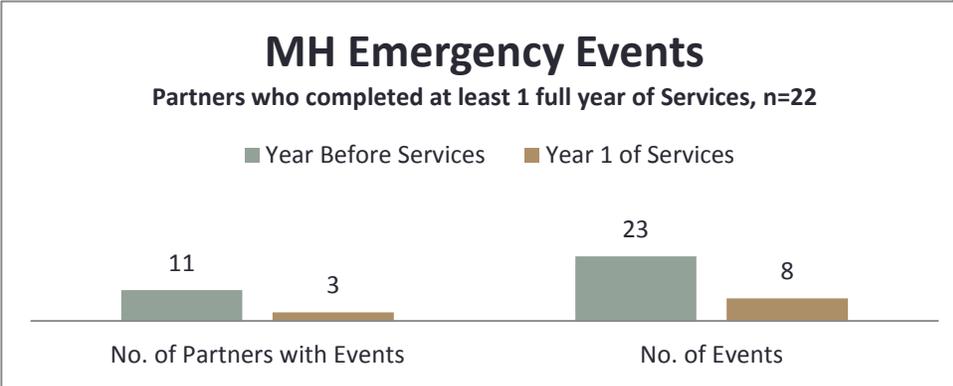
*Adult Full Service Partnership Program*

Number of Individuals Served	Serves ages: 26-59	<b>FY 15-16: 48</b>
FY 15-16 demographics	<b>56.3% Male, 39.6% Female, 4.2% None listed</b>	White or Caucasian: 54.16% Unknown/None Listed: 16.6% Hispanic: 12.5% Multiple: 8.3% Other: 6.3% American Native: 2%
FTE	1 FT Supervisor, 1 Mental Health Counselor, 1 FT Social Worker, 1 FT Mental Health Worker and 1FTE Peer Counselor position (currently staffed by 2 staff members, 1 bilingual in English/Spanish, at 0.5 FTE each).	
Cost Per Person	Total Program Budget: \$510,853/48=\$10,642.77 per individual served	
Community	Sixty-nine (69.6%) or 16 of the 23 individuals that were discharged in FY 15-16	

**Impact**

met their goals. Others were discontinued and one passed away. Of the 22 individuals that were served for at least one full year in FY 15-16, AFSP services helped in reducing the overall number of days individuals remained homeless or in emergency shelters by 1,984 days. There was also an increase in the amount of days in residential treatment which means individuals were referred to the appropriate services necessary for their recovery. It should be noted that many individuals have also been housed at Fresh Start Transitional Homes, a program funded with MHSA FSP Flexible Funding. The Fresh Start program has been successful in helping individuals develop and maintain stable supportive housing and eventually transition to more permanent housing and other housing support services. Fresh Start has maximum capacity for 11 individuals; a case manager from the AFSP program oversees the program. Individuals from the Adult Treatment Team (ATT) FSP and Older Adult (OA) FSP are also served by the Fresh Start program.

AFSP staff have also been successful in reducing mental health emergency events for FY 15-16:



Staff has been recently trained in the following Evidence-Based Practices: Cognitive Behavioral Therapy for Psychosis and MORS.

**Challenges/Barriers and strategies to Reduce Barriers**

**Challenges/Barriers:**

- Comprehensive services to be provided within the team – nursing, employment, housing, and psychiatry
- Increased support for peer staff
- Supportive housing and affordable housing
- Access to psychiatry within County Med Clinic

The AFSP Supervisor is a member of the Housing Continuum Committee of the Napa Valley Coalition of Non-Profit Agencies and continues to advocate for the availability of affordable and adequate housing for all, but particularly for the most underserved individuals which include individuals living with SMI. The AFSP Supervisor was also recently certified to offer Peer/Consumer Employment training to individuals who are supervising peers. AFSP staff continues to attend trainings to further develop their clinical and case management skills to better address the needs of the individuals they serve.

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

Number of Individuals Served	Serves ages: 26-59	<b>FY 15-16: 28</b>									
FY 15-16 demographics	<b>35.7% Male, 64.3% Female</b>	White or Caucasian: 53.6% Hispanic: 28.6% Black or African American: 7% Guamanian: 3.6% American Native: 3.6% Unknown: 3.6%									
FTE	1 FT Supervisor, 5 FT Mental Health Counselors and 1 FTE Hospital Liaison										
Cost Per Person	Total Program Budget: \$518,278/28=\$18,509.93 per individual served										
Community Impact	<p>The Adult Treatment Team (ATT) FSP program served 28 individuals in FY 15-16. Of the 28 individuals served, 8 were discharged and 62.5% met their goals. Others moved, were discontinued and one individual was placed in an institution.</p> <p>The goal of the ATT FSP program is to work with individuals post hospitalization and incarcerations to reduce recidivism and to ensure individuals receive the appropriate care to reduce use of hospital or other costly services. The ATT FSP program has been successful in reducing emergency events. In FY 15-16 they had 22 individuals who completed at least one full year of services, of the 22, 13 reported emergency events in the year prior to services and zero events in year 1 of services.</p> <p>Staff uses a variety of Evidence-Based Practices (EBPs) in the treatment and care of the individuals they serve. Most recently, staff was trained in Cognitive Behavioral Therapy for Psychosis and Milestone of Recovery Scale (MORS).</p> <p>Please see below for a difference in emergency events:</p> <div data-bbox="396 1222 1393 1612" data-label="Figure"> <p><b>MH Emergency Events</b> Partners who completed at least 1 full year of Services, n=22</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Year Before Services</th> <th>During Year 1 of Services</th> </tr> </thead> <tbody> <tr> <td>No. of Individuals with Events</td> <td>13</td> <td>0</td> </tr> <tr> <td>No. of Events</td> <td>33</td> <td>0</td> </tr> </tbody> </table> </div>		Category	Year Before Services	During Year 1 of Services	No. of Individuals with Events	13	0	No. of Events	33	0
Category	Year Before Services	During Year 1 of Services									
No. of Individuals with Events	13	0									
No. of Events	33	0									
Challenges/Barriers and strategies to Reduce Barriers	<ul style="list-style-type: none"> <li>• Housing resources needed on multiple levels</li> <li>• Limited financial resources for consumers</li> <li>• Work opportunities</li> </ul> <p>Adult Treatment Team Staff hope that the new contractor stepping in to take over the Adult and Resource and Recovery Center will expand the internship component</p>										

	<p>of the program and increase the number of opportunities available for individuals who want to work.</p> <p>Additionally, staff is working well with the Fresh Start Housing program to ensure that permanent housing is found for individuals ready to move out to ensure adequate flow through the program to allow new people to come in.</p>
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***Older Adult (OA) Full Service Partnership Program***

Number of Individuals Served	Served ages: 60+	<b>FY 15-16: 37</b>
FTE	1 FT Supervisor, 2 FT Mental Health Counselors, 1 Mental Health Worker and 1 PT Intern.	
Cost Per Person	Total Program Budget: \$297,019/37=\$8,027.54 per individual served	
Community Impact	<p>The OA FSP program served 37 individuals in FY 15-16, of the 37 individuals served, all 13 individuals who were discharged had met their goals.</p> <p>The OA FSP offers an open hoarding support group for their clients as well as other older adults and staff actively participate in the hoarding task force.</p> <p>In FY 15-16, 19 individuals completed at least one full year of services. Of these, 63% remained living in the least restrictive environment. Other individuals needed longer term care or psychiatric hospitalization. Program staff understand that older adults have varying needs and work hard to ensure individuals not only receive the mental health services needed, but that they are also in a living arrangement that meets their psychosocial, medical and physical needs.</p> <p>OA FSP staff has also been successful in reducing mental health emergency events for FY 15-16. Of the 19 individuals who completed one full year of services 9 reported events in the year prior to services and only 1 reported 1 event in year 1 of services.</p> <p>The OA FSP Supervisor also oversees a sub-contract with Mentis for their staff to offer mental health therapy services to older adults who need the support, but don't need case management services. The Older Adult Therapy program has continued to expand with services being offered at offices in Napa and Calistoga, and home visitations in Napa, St. Helena and Calistoga. Mentis served 17 Medicaid-MediCal eligible individuals in FY 15-16.</p>	

	<h3 style="text-align: center;">MH Emergency Events</h3> <p style="text-align: center;">Partners who completed at least 1 full year of Services, n=19</p> <div style="text-align: center;"> <span style="color: #668080;">■</span> Year Before Services    <span style="color: #A52A2A;">■</span> Year 1 of Services         </div> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Category</th> <th>Year Before Services</th> <th>Year 1 of Services</th> </tr> </thead> <tbody> <tr> <td>No. of Partners with Events</td> <td>9</td> <td>1</td> </tr> <tr> <td>No. of Events</td> <td>16</td> <td>1</td> </tr> </tbody> </table> <p>Like other FSP programs, OA FSP staff has been trained in Cognitive Behavioral Therapy for Psychosis and MORS.</p>	Category	Year Before Services	Year 1 of Services	No. of Partners with Events	9	1	No. of Events	16	1
Category	Year Before Services	Year 1 of Services								
No. of Partners with Events	9	1								
No. of Events	16	1								
<p>Challenges/ Barriers and strategies to Reduce Barriers</p>	<ul style="list-style-type: none"> <li>▪ As has been said before, affordable housing is a huge issue in Napa County, but it is particularly hard on older adults living on fixed incomes.</li> <li>▪ OA FSP works hard at helping older adults age in place.</li> <li>▪ Aging in place gets compromised when there is a lack of affordable placements in the area, i.e. mental health care, dementia care, affordable long-term assisted living.</li> <li>▪ Transportation is a major challenge for older adults and lacking in Napa County. Molly’s Angels and the Vine do a great job but the need is greater than available transportation services.</li> </ul> <p>Program Staff continues to advocate for older adult needs through participation in the Healthy Aging Population Initiative, Hoarding Task Force and through relationships with other service providers.</p>									

**Mobile, Outreach, Resource and Engagement (MORE) Program**

<p>Number of Individuals Served</p>	<p>Total Served:</p>	<p>FY 15-16: 122 Unduplicated Individuals were served with 180 duplicated services</p>
	<p><b>0-15</b></p>	<p>20</p>
	<p><b>16-25</b></p>	<p>64</p>
	<p><b>26-59</b></p>	<p>65</p>
	<p><b>60+</b></p>	<p>31</p>
<p>FTE</p>	<p>0.5 FTE Licensed Emergency Response Counselor and 2 FT Emergency Response Workers</p>	
<p>Cost Per Person</p>	<p>Total Program Budget: \$244,781/180=\$1,359.89 per individual served</p>	
<p>Community Impact  And Challenges/Barriers</p>	<p>The MORE Program served 122 unduplicated individuals in FY 15-16 with mobile/in the field crisis intervention services. Most of the individuals seen by MORE staff were seen at the hospital or jail. The MORE Program is currently in a state of redesign as the current program design limits staff ability to be as mobile as they would hope for. This has been an on-going challenge and one that is currently being worked on with Administration.</p>	

**Project Access**

**Adult Resource Center, System Navigators, Parents CAN Outreach, Co-Occurring Disorders Group**

<p>Number of Individuals Served/ Cost Per Person</p>	<p>Total Served:</p>	<p><b>Individuals Served in FY 15-16</b> <b>Total Program Budget: \$605,883</b> (includes \$6,203 in projected Medi-Cal revenue)</p> <p><b>Note:</b> Some numbers represent duplicate counts due to individuals receiving multiple services.</p>
	<p><b>System Navigators</b></p>	<p>141 Individuals Served \$285,191/141=\$2,022.63 per person served *cost per person includes \$16,898 in flexible funds budgeted for clients</p>
	<p><b>ParentsCAN</b></p>	<ul style="list-style-type: none"> <li>• 1,656+ Duplicated individuals reached through outreach and engagement activities</li> <li>• Newsletter goes out to about 10,000 individuals</li> <li>• Challenging Behaviors Support Group (Spanish) Average attendance: 10 (125 duplicated individuals participated in FY 15-16)</li> </ul> <p>\$37,334/1,781=\$20.96 per person served</p>
	<p><b>Co-Occurring Disorders Group</b></p>	<p>28 Individuals Served \$30,000 Program Budget/28=\$1,071.43 per person served</p>
	<p><b>Network of Care</b></p>	<p>95,846 Total Visits \$12,960/95,846= 13.52¢ per person served</p>
	<p><b>Adult Resource and Recovery Center</b></p>	<p>96 Individuals Served \$185,351/96=\$1,930.73 per person served</p>
	<p><b>Mental Health Month Events</b></p>	<p>518+ duplicated individuals reached through Mental Health Month Outreach Efforts \$5,000/518=\$9.65 per person</p>
<p>Community Impact</p>	<p>System Navigators provide outreach, engagement and short-term therapeutic services for individuals at the Old Sonoma Road campus and at various sites throughout the County. The System Navigators have been very successful in engaging members of the community and collaborating with community partners to engage typically hard to reach individuals. System Navigators participated in various community outreach events during the year reaching 200+ individuals.</p> <p>ParentsCAN continues to offer outreach and engagement services, publishes a newsletter, provides respite services, and a challenging behaviors support group that has been running successfully for many years.</p> <p>Co-Occurring Disorders Group – The MH Division contracts with the Alcohol and Drug Services (ADS) Division to provide a Co-Occurring Disorders (COD) Group, which has had success in providing services to individuals with COD. In one instance, a 32-year old man who met criteria for Polysubstance Dependence and Psychotic Disorder reported wanting to abstain from alcohol. He acknowledged the behavior was chronic as he continued to drink despite violating his probation terms and getting arrested five times within the year for public intoxication.</p>	

	<p>When he came to Alcohol and Drug Services (ADS) he was unable to speak more than a few consecutive words in a coherent fashion due to his untreated mental health disorder and paranoia. However, he was able to commit himself to the ADS recovery program and after four months of hard work he was managing his drug and alcohol treatment, was stable on his medications, and able to cope with his anxiety. He was also able to maintain housing and has found regular employment. This client has become adept at utilizing the local recovery community for social support and maintaining sobriety. Another remarkable story of recovery from the COD group involved a young man who had been court-ordered to treatment and relied on many illegal behaviors to fund his methamphetamine addiction. He had a severe depressive disorder and did not attend consistently at the outset of treatment; and after multiple relapses he had become completely unaccountable to his peers, family and treatment team. After this client had a multidisciplinary team meeting with ADS treatment staff, mental health staff, probation and his family, he decided to change his behavior. From that time forward this client missed no groups, participated fully in treatment, had no “dirty” urine tests, got a sponsor and worked his 12-step recovery, found employment, completed his community service and took several service commitments in recovery meetings. As a testament to his 180 degree turn-around this client saw his Post-ASI score (scores level of risk across multiple life domains) went from 27 to 3. He graduated with a lot of support from the local recovery community and he still returns on occasion to share his milestones with ADS staff such as purchasing his first car or to introduce a significant other.</p> <p>Circle of Friends (COF) operated the People Empowering People (PEP) Center and offered a wide range of classes ranging from cooking, walking, dual recovery anonymous groups as well as art groups. They had an average daily attendance of 20+ individuals per day.</p>
<p>Challenges/Barriers and strategies to Reduce Barriers</p>	<p>After numerous discussions with COF regarding the desire for a new direction for the Adult Resource Center, it was mutually agreed by COF and the MHD to terminate the existing contract and issue an Request for Proposals (RFP) for the newly envisioned Adult Recovery and Resource Center (ARRC). On the Move, Inc. was awarded the ARRC contract and took over operations of the ARRC in May 2016, which was renamed as the Innovations Community Center (ICC). More details regarding operations and outcomes will be provided in the next MHSA Three Year Plan.</p>

**Innovations**

- Total number of cohort members = 29
- FY 15-16 - number of individuals who participated in the INN project: 150+
- FY 15-16 cost per individual: \$ 177,567/179 = \$992 per individual participant

Innovations Round 1 funding was utilized to develop the Collaborative Project, which 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.

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 Collaborative project is to be completed by June 2017. Planning has been initiated for Innovations Round 2 funding and proposed projects will be submitted to the MHSOAC in a separate Innovations Component Plan in Fall of 2017 after completion of the local planning, review and approval process.

The Collaborative project is in its 4th 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. 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 Collaborative project finished the first phase in January 2016 with 29 individuals and a final storytelling event in which 150+ community stories were collected. The event had over 260 attendees. It was an event planned by the Innovations group as a way to let the community know the stories of the underserved/unserved groups as well as an effort to show that we have more in common as a community than we think. The group has continued a second phase (contract extension with no added funding) with new and emerging leaders from the community and consumers/family members to continue to share the learning. A closing event for this project is planned for February 1, 2017 with a Final Evaluation Report to be completed by Summer 2017.

## **CSS Housing**

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

## Highlights

- The 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 and is now accepting TAY applications on an ongoing basis.

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## Challenges

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

### Opportunities for FY 16-17:

There is a total of \$46,977.85 in unexpended CSS Housing funds that has been returned to Napa County by the California Housing Finance Agency (CalHFA). The Mental Health Division's Stakeholder Advisory Committee has approved use of these funds to provide Housing Assistance to homeless, mentally ill persons or mentally ill persons who are at risk of being homeless. Housing Assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless.

## 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. Most of the Division's WET Actions have already been completed and reported in previous MHSA Annual Updates and all previously allocated WET funds will be expended by June 2017. The remaining Actions in the Mental Health Division's WET Plan consist of the Internship Program (Action 6) and the Stipends, Employment and Educational Incentives (Action 7).

### Collaborative Partnerships

Division staff has sought out partnerships with regional and state agencies to develop peer employment training opportunities for staff and peers within the Division and community mental health providers. These partnerships include:

1. United Advocates for Children and Families (UACF) has partnered with the Mental Health Division and other Bay Area counties through 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.

2. WISE, which stands for Workforce Integration Support and Education, is a new program of NorCal MHA funded by the Office of Statewide Health Planning and Development (OSHPD). The goal of WISE is to help employers in California’s public mental health system recruit and retain consumer and family member staff through genuine workforce integration.

3. Recovery Innovations has offered the Division an intensive, 80-hour Beginning and an Advanced Peer Employment Training (PET) program for consumers and family members who are employed or considering employment in the mental health workforce. Participants who complete at least 75 hours and pass the competency test are eligible to receive college credits and will be awarded a Peer Support Specialist Certification. The PET training covers 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. Recovery Innovations previously provided a PET program in 2014 in Napa.

**Mental Health Division Internship Program – Action 6**

- FY 15-16 Internship Program Cost: \$51,442/34 individuals = \$1,513/individual served

The Mental Health Internship Program continues to recruit and train interns to provide mental health services in Napa County. A licensed Internship Coordinator coordinates the recruitment process, provides individual and group supervision to interns, and develops a training plan. The Division currently (FY 16-17) has four 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, 2016, interns have served a total of 458 individuals since the inception of the program in 2012.

Services Provided by Age by Mental Health Division Interns	
Age	FY 15-16
0-15	7
16-25	4
26-59	15
60+	8
<b>Total served</b>	<b>34</b>
<b>Co-located services offered by interns not included above</b>	Ole Health
*One particular intern stayed longer and took over a full caseload.	

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

- FY 15-16 Intern stipends: \$5,000 x 4 = \$20,000

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 \$5,000 per school year to cover the cost of transportation and costs associated with this internship. There are other funds set aside for Division staff to request support to purchase materials and pay for exam preparation costs to become Licensed Clinical Social Workers (LCSW) or Marriage and Family Therapists (LMFT).

### **Capital Facilities/Technological Needs**

Local stakeholders previously approved utilization of Capital Facilities Funds for the purchase and renovation of property at 3281 Solano Avenue in the City of Napa for the Adult Resource Center. Stakeholders also previously approved Technological Needs for necessary upgrades to the Division's Anasazi Electronic Health Record. A balance of \$439,814 in unspent previously approved Capital Facilities/Technological Needs funds remains.

#### **Capital Facilities**

The Division proposes to utilize \$260,746 as Capital Facilities funding towards the construction of the new Crisis Stabilization Services (CSS; aka Crisis Stabilization Unit or CSU) facility, which is primarily funded through a grant from the California Health Facilities Finance Authority (CHFFA).

This project will establish the first CSS in Napa County, which will provide immediate short term emergency psychiatric services to individuals experiencing a psychiatric/mental health crisis. This LPS designated facility will build upon the Division's continuum of crisis services which includes Crisis Residential Services, and a Crisis Triage Program.

The target population for the new four-bed CSS will be all individuals who are in psychiatric crisis, including consumers and family members of consumers who seek services (i.e., self-referrals), as well as referrals from first responders such as police, sheriffs, paramedics, ambulance and hospital emergency departments. The CSS will serve individuals experiencing a first psychiatric crisis as well as those who have a history of the need for such services. In addition to serving individuals who are suicidal, self-harming or a potential threat to others as the result of a mental health condition, the CSS will serve consumers whose mental health conditions result in involvement with law enforcement and/or emergency medical service providers.

The goals of the CSS are to:

- Provide the first emergency psychiatric crisis service in Napa County;
- Expand access to early intervention and treatment services to improve the consumer experience, and help them to achieve recovery and wellness;
- Divert mental health consumers from hospitalization and other institutional care to more appropriate, less restrictive levels of care;
- Reduce the negative impacts of extended hospital emergency room stays upon consumers and local hospital emergency departments; and
- Enable first responders to quickly transition consumers to crisis mental health services.

**Technological Needs (TN)**

The remaining balance of \$179,068 will be utilized as Technological Needs funding to enable the Division to develop systems to extract information from the Anasazi Electronic Health Record to participate in Health and Human Services Big Data Project.

The Big Data project seeks to create a central repository for data from disparate systems and tools to be used for analyzing service delivery, program effectiveness, and client demographic composition. The Mental Health Division will benefit by having easy access to data from EHR as well as other agency systems that currently cannot share information to use in analysis, reports, and grant development.

Mental Health's analysts will have access to comprehensive client data in a variety of formats both to perform person specific analysis (if they are deemed to have proper access) as well as access to population level, de-identified data. The project includes performing data matching at the repository level to improve quality as well as the creation of a universal ID for ongoing updates.

The development of an in-house solution will allow greater flexibility to engineer a custom program that can have wider application within the agency, including building a consistent mechanism for exchanging data in a secure environment, which is a mandated goal of the Affordable Care Act. The long-term implications of developing in house is that it could eventually be used to generate a variety reports (required and otherwise) from a central location and which would include data from a collection of systems, a task which is challenging at this time as there is no easy way to extract, manipulate and match data to create a comprehensive, agency-wide client database.

**FY 2016/17 Mental Health Services Act Annual Update  
Funding Summary**

County: Napa

Date: 11/21/16

	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 2016/17 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	776,975	289,066	1,216,900	138,380	439,814	
2. Estimated New FY 2016/17 Funding	4,436,838	1,109,209	291,897			
3. Transfer in FY 2016/17 <sup>a/</sup>	0			0	0	0
4. Access Local Prudent Reserve in FY 2016/17	0	0				0
5. Estimated Available Funding for FY 2016/17	5,213,813	1,398,275	1,508,797	138,380	439,814	
<b>B. Estimated FY 2016/17 MHSA Expenditures</b>	4,010,983	935,859	138,779	138,380	439,814	
<b>G. Estimated FY 2016/17 Unspent Fund Balance</b>	1,202,830	462,416	1,370,019	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	898,402
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	898,402

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 2016/17 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Napa

Date: 11/1/16

	Fiscal Year 2016/17					
	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	871,525	551,078	283,969			36,478
2. TAY FSP	513,337	425,854	87,483			
3. Adult FSP	740,358	528,747	198,941			12,670
4. Adult Treatment Team FSP	668,278	518,278	150,000			
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 Engagemen	259,535	197,957	61,578			0
2. Crisis Stabilization Services	86,512	65,986	20,526			
3. Project Access	634,031	623,867	0			10,164
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					
<b>CSS Administration</b>	1,170,356	802,197				32,087
<b>CSS MHSa Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	5,383,116	4,010,983	944,662	0	0	91,399
<b>FSP Programs as Percent of Total</b>	80.6%					

**FY 2016/17 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: Napa

Date: 11/1/16

	<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 PEI Project	76,150	76,150				
4. American Canyon SAP PEI Project	159,807	159,807				
5. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Older Adult PEI Project	91,350	91,350				
12. Court and Community Schools SAP PEI Project	81,600	81,600				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	145,259	120,703				24,556
<b>PEI Assigned Funds</b>	10,471	10,471				
<b>Total PEI Program Estimated Expenditures</b>	960,415	935,859	0	0	0	24,556

**FY 2016/17 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Napa

Date: 11/21/16

	<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	94,982	94,982				
2. Allen, Shea and Associates	37,188	37,188				
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>	6,609	6,609				
<b>Total INN Program Estimated Expenditures</b>	138,779	138,779	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: Napa

Date: 11/21/16

	<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. Internship Program	139,703	98,824	18,080			22,799
2. Stipends, Scholarships and Grants	21,500	21,500				
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>WET Administration</b>	18,056	18,056				
<b>Total WET Program Estimated Expenditures</b>	179,259	138,380	18,080	0	0	22,799

**FY 2016/17 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Napa

Date: 11/21/16

	<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. Crisis Stabilization Services	206,944	206,944				
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. Big Data System Integration	0	0				
12. Electric Provider Controlled Substa	1,400	1,400				
13. E-Labs	23,500	23,500				
14. Remote Support Software	2,900	2,900				
15. ITS Developer	75,000	75,000				
16. AST Service Manager	22,431	22,431				
17. Sr. AST Analyst	15,509	15,509				
18. Consulting Contractor	30,000	30,000				
19.	0					
20.	0					
<b>CFTN Administration</b>	62,130	62,130				
<b>Total CFTN Program Estimated Expenditures</b>	439,814	439,814	0	0	0	0

