



A Tradition of Stewardship
A Commitment to Service

Board of Supervisors

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**CERTIFIED EXCERPTS FROM THE DRAFT SUMMARY OF PROCEEDINGS OF THE
NAPA COUNTY - BOARD OF SUPERVISORS SPECIAL MEETING
COUNTY OF NAPA
December 15, 2015**

Excerpt #1

1. CALL TO ORDER; ROLL CALL

The Board of Supervisors of the County of Napa met in special session on Tuesday, December 15, 2015, at 9:00 a.m. with the following supervisors present: Chair Diane Dillon, Supervisors Brad Wagenknecht, Mark Luce, Alfredo Pedroza and Keith Caldwell. The meeting was called to order by Chair Diane Dillon.

Excerpt #2

- 6H. Director of Health and Human Services requests adoption of a resolution approving the Mental Health Services Act (MHSA) Fiscal Year 2015-2016 Annual Update to the Three Year Plan.

R-2015-154

Motion moved by Brad Wagenknecht, seconded by Alfredo Pedroza, to approve consent items as amended. Motion passed 5 – 0.

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

Date: December 15, 2015

By: 
Greg Morgan
Deputy Clerk of the Board

BRAD WAGENKNECHT
DISTRICT 1

MARK LUCE
DISTRICT 2

DIANE DILLON
DISTRICT 3

ALFREDO PEDROZA
DISTRICT 4

KEITH CALDWELL
DISTRICT 5

RESOLUTION NO. 2015-154

RESOLUTION OF NAPA COUNTY, STATE OF CALIFORNIA, ADOPTING THE MENTAL HEALTH DIVISION'S MENTAL HEALTH SERVICE ACT (MHSA) FY 2015-2016 ANNUAL UPDATE TO THE THREE YEAR PLAN

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

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

WHEREAS, the State Department of Mental Health (DMH) implemented the MHSA by imposing an elaborate set of substantive and procedural requirements as a prerequisite to each county drawing down its share of the new tax revenues for six components including guidelines for the Technological Needs component; and

WHEREAS, the Mental Health Division developed the MHSA FY 2015-2016 Annual Update to the Three Year Plan with input from the community and staff into the final version of the plan; and

WHEREAS, AB 1467, the omnibus health trailer bill for the 2012-2013 State budget, included a specific amendment requiring county boards of supervisors adopt MHSA Three Year Plans and Annual Updates to MHSA Three Year Plans and that within thirty (30) days of the county board of supervisor's adoption the MHSA Three Year Plans and Annual Updates to the MHSA Three Year Plans be submitted to the Mental Health Services Oversight and Accountability Commission; and

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

NOW, THEREFORE, BE IT RESOLVED by the Napa County Board of Supervisors that the Napa County Board of Supervisors adopts the Mental Health Division's MHSA FY 2015-2016 Annual Update to the Three Year Plan.

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THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED
 by the Napa County Board of Supervisors, State of California, at a regular meeting of said Board
 held on the 15th day of December, 2015, by the following vote:

AYES: SUPERVISORS WAGENKNECHT, PEDROZA, LUCE,
 CALDWELL and DILLON

NOES: SUPERVISORS NONE

ABSTAIN: SUPERVISORS NONE

ABSENT: SUPERVISORS NONE

DIANE DILLON, Chair of the Board of
 Supervisors

<p>APPROVED AS TO FORM Office of County Counsel</p> <p>By: <u>Janice D. Killion (e-sign)</u> County Counsel</p> <p>Date: <u>November 30, 2015</u></p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: December 15, 2015 Processed By: Deputy Clerk of the Board</p>	<p>ATTEST: GLADYS I. COIL Clerk of the Board of Supervisors</p> <p>By: </p>
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Napa County Mental Health Division Mental Health Service Act (MHSA) Annual Plan Update for FY 15-16 (July 1, 2015 to June 30, 2016)

The 30-day Public Review and Comment Period took place from Friday, September 11th to Monday, October 12th, 2015.

A public hearing was held at a meeting of the Napa County Mental Health Board on Monday, October 12th, 2015 from 4-6pm.



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Introduction

The Mental Health Division's Mental Health Services Act (MHSA) Annual Plan Update for FY 15-16 includes a review of the status of all existing MHSA component projects and includes service updates for FY 13-14 with projected expenditures through June 30, 2017 for Community Services and Supports (CSS), CSS Housing, Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovations (INN) and Capital Facilities/Technological Needs (CF/TN). Stakeholders have also agreed with MH Division recommendations to utilize unencumbered MHSA CSS Housing funds to be returned by the California Housing Finance Agency (CalHFA) towards a future Housing project that will be developed in the coming year.

The Division's MHSA programs and services have been relatively stable since FY 14-15 with little change in stakeholder approved component plans and programs for FY 15-16. Some adjustments will be necessary in FY 15-16 and FY 16-17 due to reductions in projected PEI revenue and the expenditure of one-time WET funds. While no PEI Programs were eliminated in FY 14-15, it will be necessary to access \$70,000 in FY 15-16 in PEI Prudent Reserve funds to sustain PEI Programs.

The Division has already initiated or completed several WET Actions, which were reported in the previous MHSA Three Year Plan - some of those statistics are included below for reference. Staff has sought out partnerships with other regional and state agencies to offer some of these Actions using their own funding in order to extend limited local WET funds, which are projected to be completely expended by June 30, 2017, unless augmented by Community Services and Supports (CSS) funding. See WET Programs on page 22 for details.

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

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

Napa County Demographics

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

With its tradition of stewardship and responsible land use planning, Napa County has maintained a strong rural character. About 56% of residents live in the City of Napa; 44% live in smaller cities and unincorporated areas of the county with more limited access to mental health services as the majority of services are concentrated in the City of Napa. Napa County is home to many individuals who have incomes well over the median income of \$69,571. About 10% of Napa County residents, however, are living below the poverty line and many more are at or near the poverty line.

The majority (55%) of Napa County residents are White with 33.4% of residents who identify themselves as Hispanic/Latino, 7.7% as Asian, 2.3% as Black/African American, 1.3% as American Indian/Alaska Native, and .4% as Pacific Islander. See Table 1 for a comparison of these statistics. Most Hispanics/Latinos are of Mexican descent and many are long-time citizens and residents. The County also has a significant number of migrant and undocumented workers.

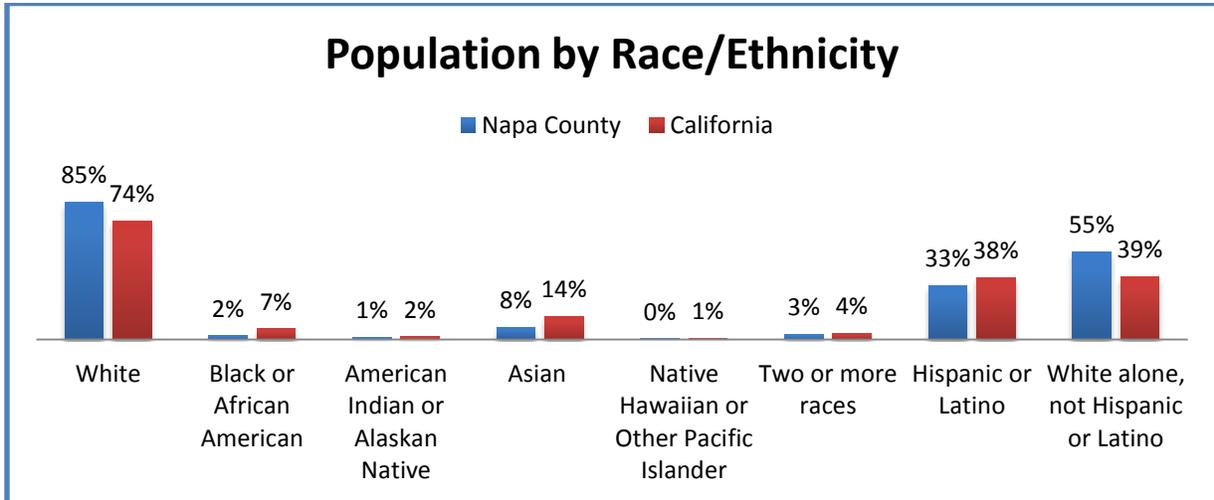


Table 1 – Population by Race/Ethnicity

The following population estimates were taken from the Department of Finance website as they most accurately reflect the age categories that are required for tracking in MHSa programs. While most age groups don't vary too much from the State average, the County has a higher than average older adult population compared to the rest of the State and has the eighth highest per-capita population of seniors over 85 years old in the state¹.

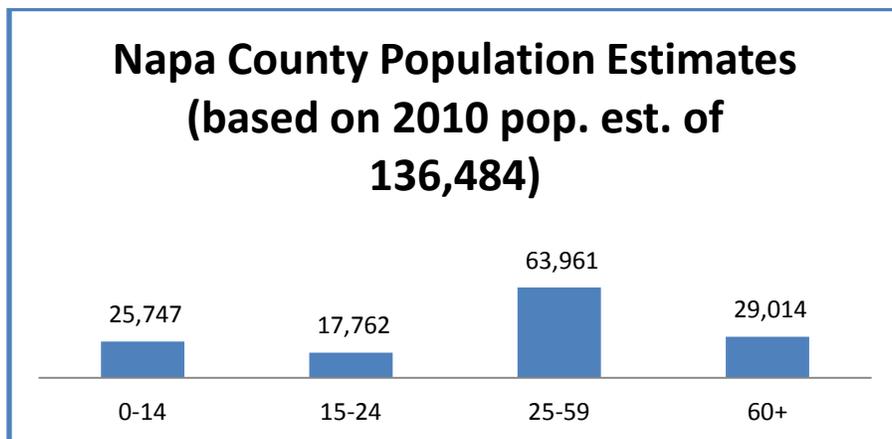
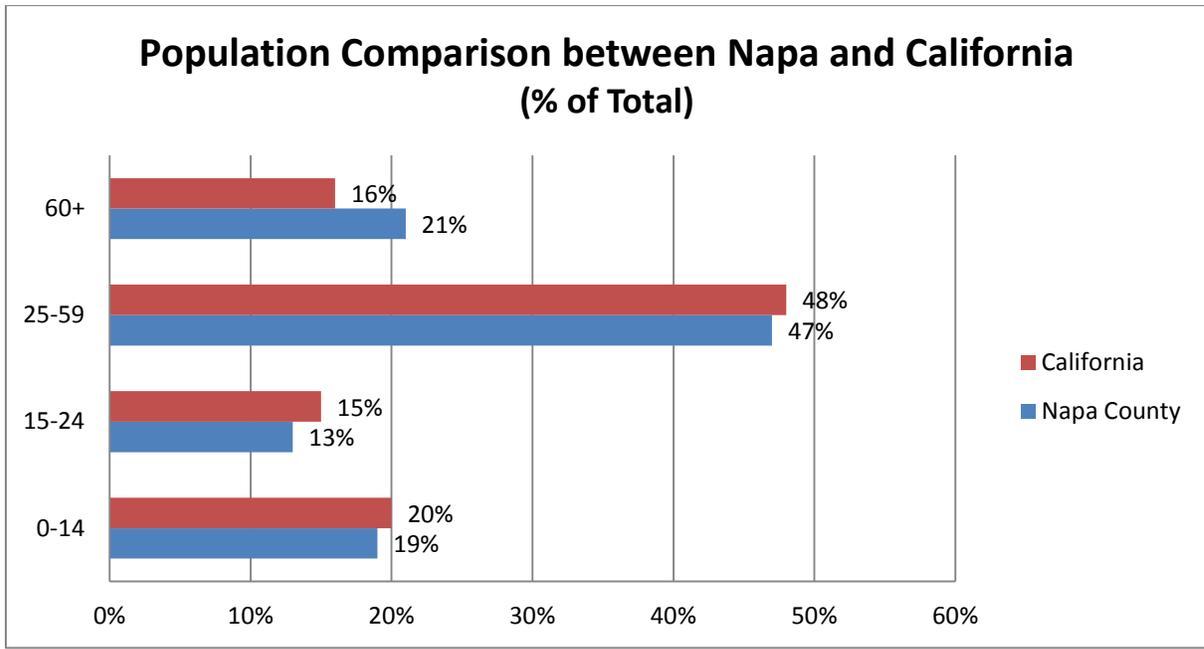


Table 2 – Napa County Population Estimates

http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/#DP

¹ Napa Valley Vintners. http://www.napavintners.com/press/press_release_detail.asp?ID_News=400508. December 12, 2014.



MHSA Stakeholder Planning Process

The Division’s MHSA stakeholder planning meetings for the creation of the MHSA FY 15-16 Update to the Three Year Plan took place from May 2015 to July 2015, but a more comprehensive process took place through FY 14-15 as part of the Three Year planning process. The CSS programs - Children’s FSP (CFSP), Transition Age Youth (TAY) FSP, Older Adult (OA) FSP, Mobile Outreach Response and Engagement (MORE) and Project Access programs were developed through the initial county-wide planning process in 2004-2005. Additional CSS Programs – Adult FSP, Children’s FSP Expansion, Adult Treatment Team FSP, and Older Adult FSP Expansion - were developed in ensuring years through stakeholder planning efforts. The Mental Health Division has been working collaboratively with the Stakeholder Advisory Committee (SAC) since 2005. SAC members meet on a monthly basis and continue to provide guidance and review program monitoring, evaluation, program planning and budget allocations.

MHSA Stakeholder Advisory Committee (SAC)

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

- Chief Probation Officer for Adult and Juvenile Probation representing Law Enforcement
- Representative from Napa Valley Unified School District representing K-12 Education
- Representative from Napa County Office of Education representing K-12 Education
- Members of the Behavioral Health Committee representing the Napa Valley Coalition of Non-Profit Agencies
- Representative from the Napa County Commission on Aging representing Older Adults
- Representative from the Healthy Aging Population Initiative (HAPI) representing Older Adults
- Representatives from the Mental Health Division’s Adult Self-Help Resource Center, People Empowering People (PEP), which is operated by Circle of Friends, Inc., representing individuals with mental illness
- Patient’s Rights Advocate representing individuals with mental illness
- Representative from Napa County Child Welfare Services representing Children/Youth

- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- A representative from Community Health Clinic Ole representing Health providers
- A representative from Napa County Public Health Division representing Health providers
- Representative from Napa County's Alcohol and Drug Services Division representing Substance Abuse Services, Co-Occurring, Prevention and Youth
- Director, Clinical Director and Staff of the Mental Health Division
- Representative for Napa County Veterans
- LGBTQ Program Coordinator from a local non-profit organization representing the LGBTQ community
- Director of a local inter-tribal organization representing the Native American community

In FY 15-16, the Stakeholder Advisory Committee and MH Division staff will focus on recruitment and engagement of the following community representatives:

- Asian/Pacific Islander Representative
- Representatives from geographically underserved communities
- Representative for Napa County Veterans
- Representative from Napa County Child Welfare Services representing Children/Youth
- TAY Consumer/Family member representative

Public Review and Comment Period/Public Hearing

The Public Review and Comment Period for the Mental Health Division's FY 15-16 Update to the MHSa Three Year Plan took place from Friday, September 11th to Monday, October 12th, 2015 with a public hearing at a meeting of the Napa County Mental Health Board on Monday, October 12th, 2015 from 4-6 pm in compliance with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the Annual Plan Update was posted to community bulletin boards, emailed to all MHSa stakeholders, posted to the MH Division's website, and available to all interested parties at the Mental Health Division office at 2261 Elm Street, Building N, in Napa upon request. All community stakeholders were invited to participate in the public review/comment process.

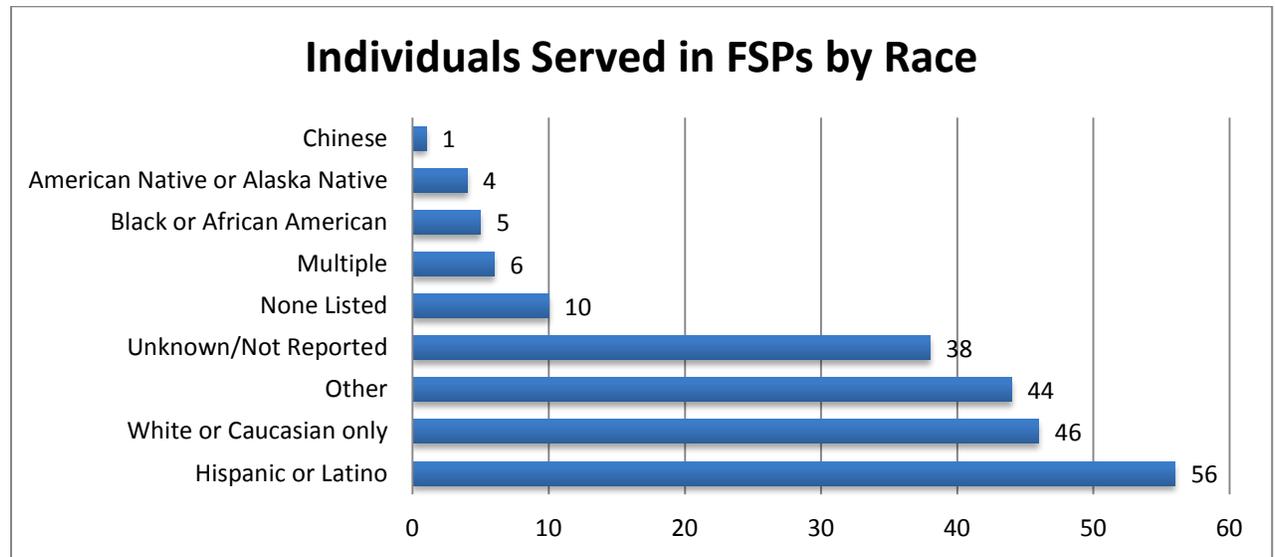
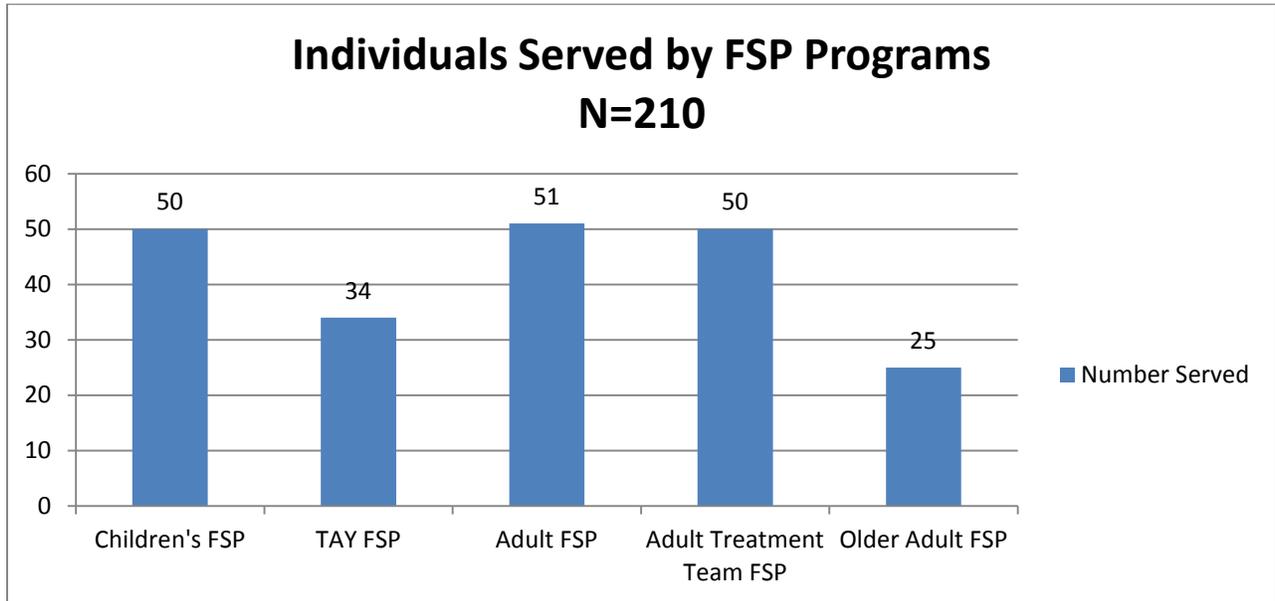
Community Services and Supports (CSS) Previously Approved Programs

The Community Services and Support component of the MHSa has three categories of programs which include Full Service Partnerships (FSP), System Development and Outreach and Engagement Programs. The Mental Health Division recommended, and the Stakeholder Advisory Committee members agreed, to sustain currently existing programs and not make changes under the CSS component in FY 15-16. Below is a summary of FY 13-14 outcomes for each of the programs.

Full Service Partnership Programs

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

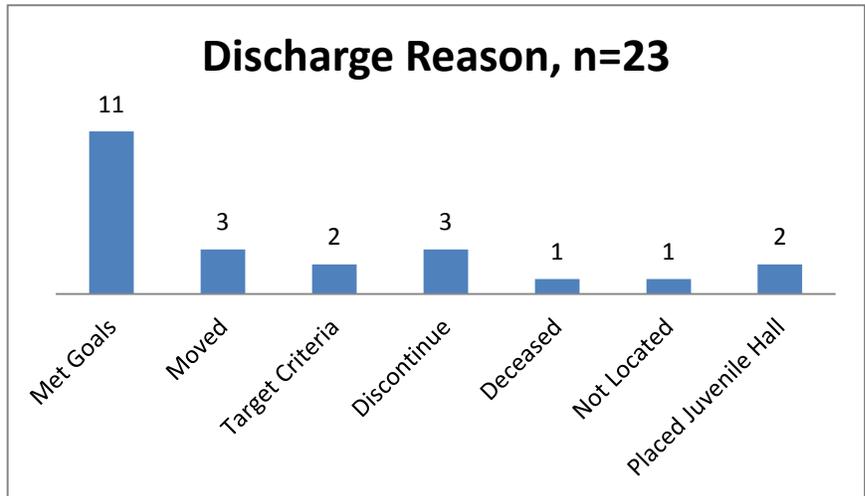
Eligibility varies by program, but priority is given to individuals meeting the following criteria: 1) individuals must have Severe Mental Illness (SMI) or Serious Emotional Disturbance (SED); 2) individual is a member of an unserved/underserved population, with an emphasis on serving Latinos; 3) individuals at-risk of out of home placement, institutionalization, incarceration or homelessness; 4) individuals who could live in less restrictive environments with additional services and supports. In FY 13-14, FSP staff served a total of 210 individuals.



Children's Full Service Partnership Program (CFSP)

- Children (0-15) served in FY 13-14: 50
- Total program budget: \$439,828
- Cost per individual served: \$8,796.56

The Children’s FSP program consists of a Supervisor who carries a small caseload, two Mental Health Counselors, two Mental Health Workers, and a Parent Advocate position. Families often enter the CFSP Program with preconceived ideas stemming from negative experiences with some service providers. CFSP staff has a holistic approach to service delivery inclusive of the all family members with bilingual/bicultural staff who offer culturally competent services.



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

Lessons Learned by CFSP Staff

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

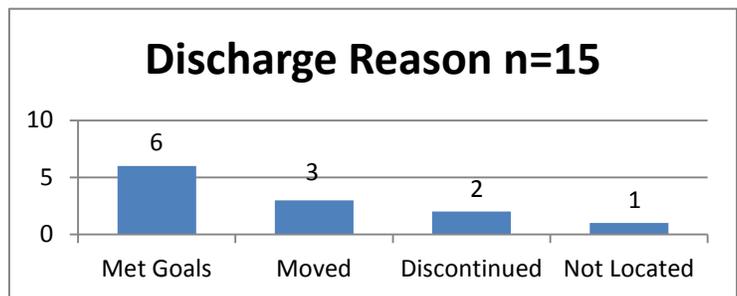
One of the major challenges/opportunities for CFSP staff is ensuring that all family members, youth and parents participate in services and activities. This can be extremely difficult, especially in situations where there is family conflict and members are not speaking to one another.

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

Transition Age Youth Full Service Partnership Program (TAY FSP)

- TAY (16-25) served in FY 13-14: 34
- Total program budget: \$338,021
- Cost per individual served: \$9,941.79

The TAY FSP program staff includes a TAY FSP Supervisor, two Case managers and a Mental Health Worker Aide. Staff works with TAY individuals to develop wellness and recovery



goals and address specific needs for mental health services, job training and employment, housing, education, and other services.

TAY FSP Program Highlights

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

We have seen some true successes such as:

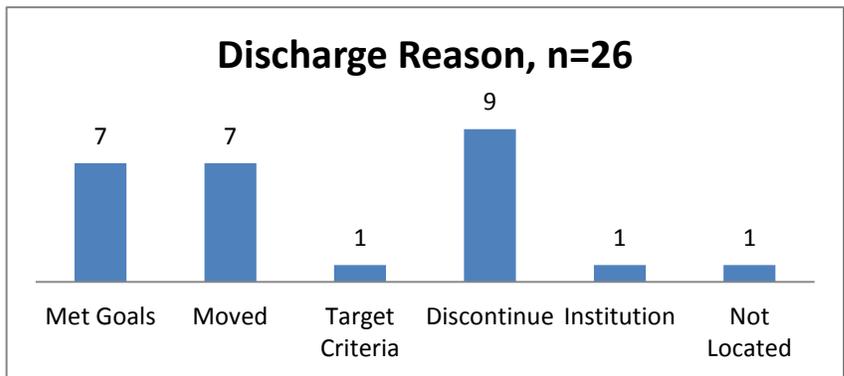
- A person getting full time employment
- A person receiving SSI on their third appeal
- Youth getting into Bella House after many months of homelessness
- Helped a youth receive custody of three children by acquiring suitable housing in the last month
- Two TAY in their second semester of Emergency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

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

Adult Full Service Partnership Program (AFSP)

- Adults (25-59) served in FY 13-14: 51
- Total program budget: \$517,289
- Cost per individual served: \$10,142.92

The Adult FSP program serves individuals that are severely mentally ill and are in jail or about to be released from jail; or at-risk for homelessness or placement in a more restrictive setting. Adult FSP staff work closely with FSP partners to provide intense wraparound services, using the principles of Assertive Community Treatment (ACT) and Wellness and



Recovery to support strengths, honor individual goals and promote recovery. The Mental Health Division’s Fresh Start Housing program, located at the former Avenues site on the Napa State Hospital campus, is an important housing resource for individuals in the Adult FSP program who meet all necessary eligibility criteria.

Adult FSP Program Highlights

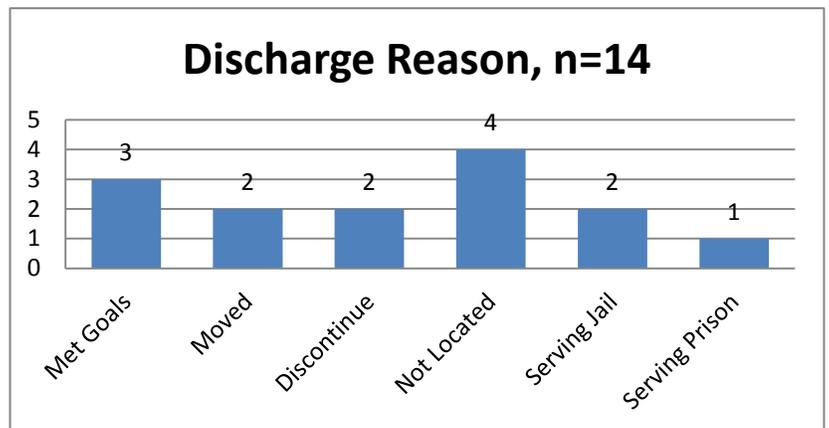
- 13 Adult FSP partners who once lived at the homeless shelter, on the street, a residential substance abuse recovery program, or Institution for Mental Disease (IMD) benefitted greatly from stable supportive housing provided by the new Fresh Start program

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

Adult Treatment Team Full Service Partnership Program (ATT FSP)

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

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



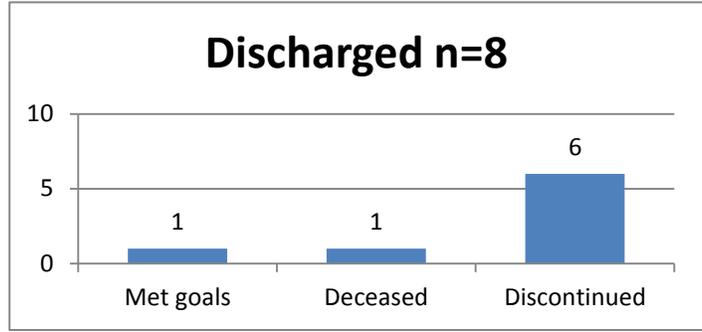
For more details, please see the FSP Outcome Report in Appendix A.

ATT FSP Program Highlights

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

Older Adult Full Service Partnership Program (OA FSP)

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



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

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

Older Adult (OA) FSP Program Highlights

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

System Development - Mobile, Outreach, Response and Engagement (MORE) Program

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

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

MORE Program Highlights

- MORE conducts consistent outreach to Clinic Ole, Hospitals, Napa County Jail and Juvenile Hall.
- MORE staff are embedded within the Mental Health Division's Crisis Unit, so any staff member can be activated to provide mobile outreach services.
- MORE/Crisis Unit staff are working closely with the SB 82 funded Crisis Triage Program, known as the Community Connections Network, which is implemented by Progress Foundation and Family Service of Napa Valley staff to ensure that services are streamlined and that cross referrals occur as needed.
- MORE/Crisis Unit staff has identified a need for evening and weekend psychiatric support services to help individuals obtain critically needed medication after regular business hours. The Division submitted a proposal and received notification of an Initial Allocation Award of \$1,998,183.38 in funding from the California Health Facilities Finance Agency (CHFFA) to develop a Crisis Stabilization Unit in Napa County which would address the need for emergency psychiatric and medication support services.

Outreach and Engagement - Project Access

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

System Navigators

- System Navigators serve individuals of all ages, but mostly work with the adult population
- System Navigator Case management – 77 unduplicated individuals served
- 35 individuals received a mental health assessment, short-term therapy and/or group therapy
- Outreach, trainings and meetings – 2,327 individuals served at 20 different events

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

People Empowering People (PEP) Adult Resource Center

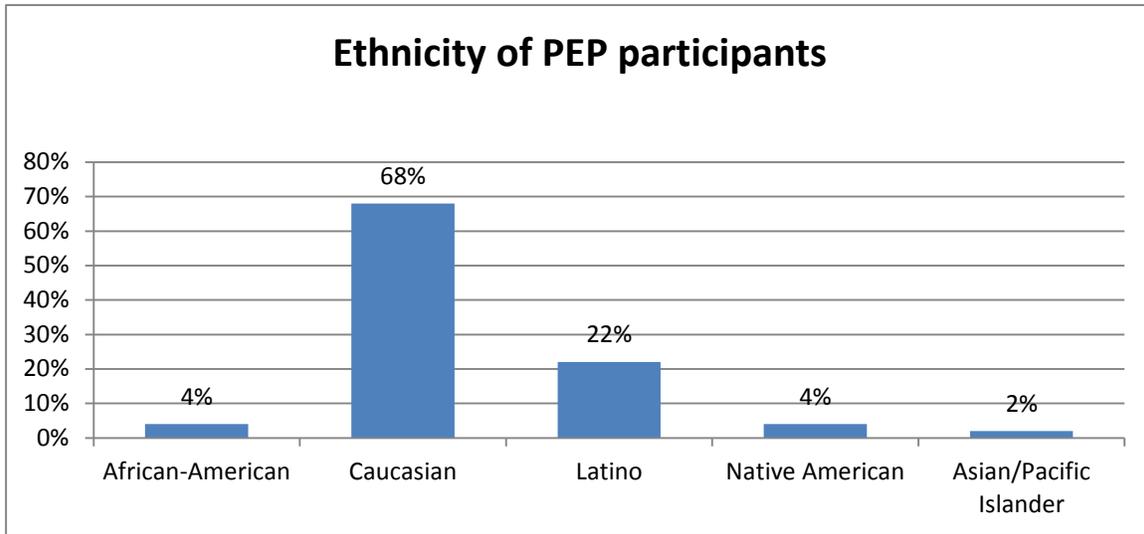
- Unduplicated individuals served in FY 13-14: 173
- Duplicated contacts in FY 13-14: 5,570
- New individuals who joined PEP in FY 13-14: 27
- Average daily attendance =22.9
- Average age of attendees = 42

PEP offers a wide range of classes including Java talk, Current Events, Life Skills, Dual Recovery Anonymous, Games and Socialization, Walking Exercise, Basic Employment, Consumer Choice, Computer Class, Rocking Body Exercise, Sit and Fit Exercise, Wellness and Recovery Action Plan (WRAP) Review, Symptoms Management through Arts and



Crafts, Leadership Team, Organization Meeting, Spanish Class, Guided Relaxation Group, Men’s Group, Wellness Goal Setting with Ed, and Bingo/Games.

PEP staff help individuals create a Wellness and Recovery Action Plans (WRAPs) and in FY 13-14 assisted in the development of 12 new WRAP plans. PEP had a variety of outings and activities over the course of the year including the annual PEP BBQ/Kick-Off for the Division’s May is Mental Health Month Campaign, attendance at the Each Mind Matters/Wellness Fair, an outing to San Francisco’s Pier 39, and a three-day Stigma and Discrimination Reduction (SDR) Training.



Other Project Access Stats

- Network of Care Website – 136,441 unique sessions (a session is a series of hits or requests to the web server by one visitor) with an average of 2.34 page views per visit.
- Co-Occurring Disorders Group – 37 individuals participated in the COD Group
- Respite Services – 49 requests totaling \$9,187.55 were paid out in respite care
- Parent/Family Member Support Group in Spanish – 99 parents attended this Spanish support group
- Outreach Events – 3,715 contacts were made at 13 outreach events
- Transportation – Transportation assistance in the form of bus passes was provided to 89 individuals

Individuals served by CSS Programs by Age Group FY 13-14

Age	CSS Program (programs serving all age groups)	Number Served
6-15	Mobile Outreach, Response and Engagement (MORE)	3
	System Navigators	1
	System Navigators Brief Therapy	3
	People Empowering People (PEP) Center	0
	*Full Service Partnership Programs	36
16-25	Mobile Outreach, Response and Engagement (MORE)	34
	System Navigators	4
	System Navigators Brief Therapy	4
	People Empowering People (PEP) Center	16
	*Full Service Partnership Programs	57
26-59	Mobile Outreach, Response and Engagement (MORE)	50

	System Navigators	68
	System Navigators Brief Therapy	22
	People Empowering People (PEP) Center	124
	*Full Service Partnership Programs	87
60+	Mobile Outreach, Response and Engagement (MORE)	18
	System Navigators	4
	System Navigators Brief Therapy	6
	People Empowering People (PEP) Center	12
	*Full Service Partnership Programs	30
Declined to state	People Empowering People (PEP) Center	21

(*Note: FSP Programs are allowed to serve individuals outside of their stated target age range at the request of clinicians who believe there is a clinical benefit. The table above shows the total number served by age range versus the total number served by the program which is included in the program summary sections.)

Prevention and Early Intervention (PEI)

There were a total of 9 programs that were funded through MHSA PEI funds in FY 14-15. Additionally, the California Mental Health Services Authority (CalMHSA) provided Statewide and local resources around three initiatives which included: Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health.. The Division is supporting CalMHSA Statewide PEI Projects through a voluntary contribution of 1% of Annual PEI funding which for FY 15-16 will be \$10,551.00. See Appendix B for details about changes and priorities for CalMHSA programs for FY 15-16 and beyond.

Prevention and Early Intervention Programs

- American Canyon Student Assistance Program (NVUSD)
- Kids Exposed to Domestic Violence Project (NEWS)
- Home Visitation Program (COPE)
- Native American Project (Suscol Intertribal Council)
- Upvalley Project (UpValley Family Centers)
- Older Adult Project (AAOA)
- Court and Community Student Assistance Program (NCOE)
- Strengthening Families at Risk (FSNV and COPE)
- LGBTQ PEI Project (OTM)

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

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

PEI Program Descriptions and Outcomes

Prevention - American Canyon Student Assistance Program (SAP)

- Contractor: Napa Valley Unified School District
- Total students served: an average of 500/yr (1400 duplicated counts)
- Student Success Team Meetings in FY 13-14: 54
- Mental Health referrals: 18
- MHSAs funding amount: \$159,807
- Cost per unduplicated student: \$319.61 (does not include number of trained staff)

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

FY 13-14 Highlights:

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

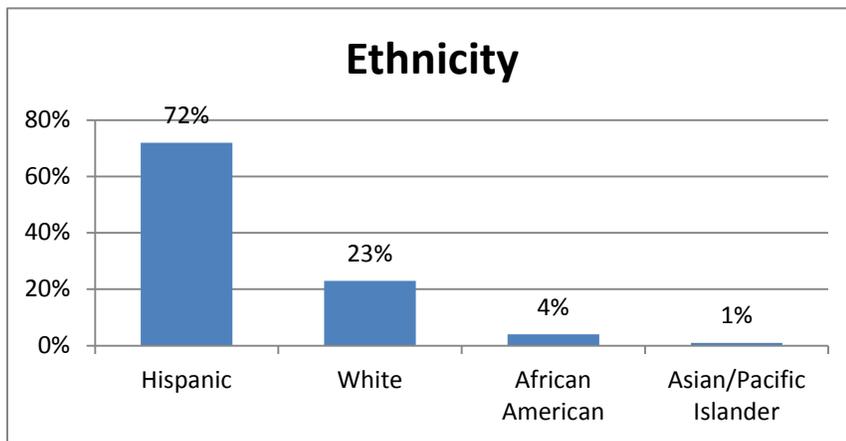
Case Study #1: Three 6th grade boys engaged in what they believed to be mild teasing of another 6th grader diagnosed with autism. The teasing provoked a physical response from the student with autism. Discussion with these students evoked a sense of responsibility for what happened and a desire to "fix" the problem. They spontaneously acknowledged that another student with autism was also being victimized. They created a plan to eat lunch with both students on a rotating basis and to be "upstanders" in any future events where they might be teased.

Case Study #2: J is a 10th grade student who wrote a letter to Napa Junction Elementary requesting assistance for his younger brother. During a meeting with J, he revealed symptoms consistent with PTSD. These symptoms increased during a period of family turbulence including reunification with his severely ill mother, threatened

eviction of the family from their residence, and other family stressors. J eagerly accepted counseling services first from the SAP, who transferred J to an MFT intern. When that intern terminated due to medical issues, the SAP resumed counseling until a second MFT intern was in place. The SAP also connected J with the school psychologist and alerted his school counselor to the presenting issues. J reports great appreciation of the support he has received, and maintained his grades, attendance, and social connections. ***J’s younger brother was also provided with additional emotional support as well.

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

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



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

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

Prevention - Home Visitation Program

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

Cope Family Center uses the Healthy Families America evidence-based curriculum in their home visitation program with the goal of reducing mistreatment of children. Cope matches MHSA PEI funds with multiple

funding sources to offer this program to families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. The intensive home visitation program can take place over months to years depending on the family's needs. Home Visitation staff work with families on a set of 11 domains to ensure that the family is stable and gaining self-sufficiency. Domains include: adult education/employment, child development, community relations, family relations, finances, food and nutrition, housing, immigration/acclimation, mental health/substance use, physical health/safety and transportation. MHSA funds were initially approved to serve families in American Canyon, but Cope Family Center requested and was approved to extend Home Visitation services throughout Napa County.

Early Intervention - Kids Exposed to Domestic Violence Project

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

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

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

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

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

Access Strategy - LGBTQ PEI Project

- Contractor: LGBTQ Connection, a program of On the Move, Inc.
- Adults served: 757 professionals trained (687 trainings, 70 received technical assistance)+
- Individuals reached through social media: 13,700+ and physical outreach: 1,330
- MHSa funding amount: \$43,500
- Cost per individual served: \$2.75 (includes social media connections and outreach)

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

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

Access Strategy - Native American PEI Project

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

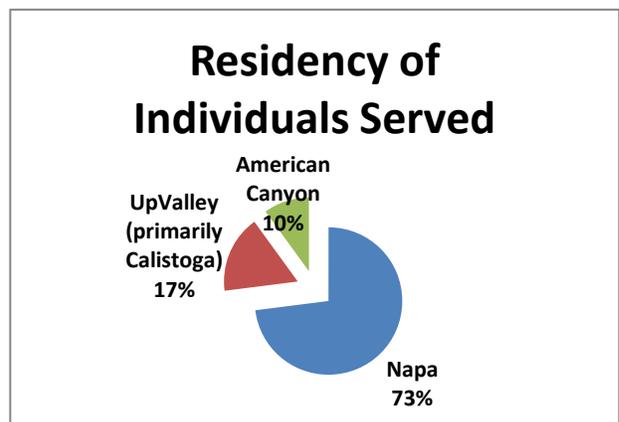
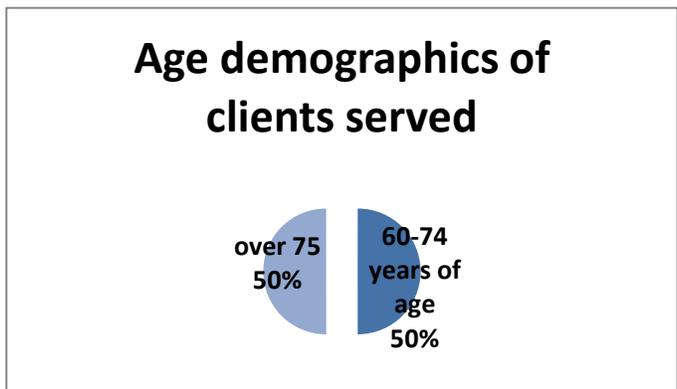
The Native American PEI Project staff offer a number of weekly classes at their local center as well as other monthly cultural events. Suscol staff and volunteers work to engage Native American individuals and support resiliency and recovery by offering a safe space for traditional practices where youth and adults can be taught about the culture and promote enculturation of these traditions. In survey responses, adults who attended these classes stated that they participated mainly to support sobriety and healthy living in a culturally relevant environment, get more in touch with Native American culture and to learn a craft or skill. Most youth stated that their reason for attending was to get more in touch with Native American culture. Staff is working to ensure that classes are offered at convenient times in order to maximize attendance. Program staff will be hosting at least two focus groups in FY 2014/2015 to ensure that services are aligned with the needs of the Native American individuals living in Napa County.

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

Prevention and Early Intervention - Older Adult PEI Project

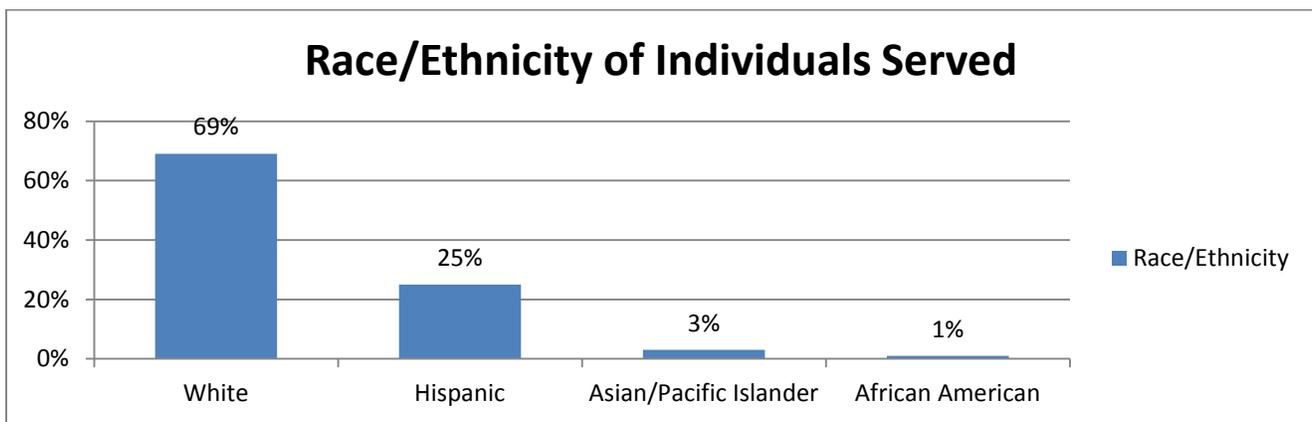
- Contractor: Area Agency on Aging (AAOA), subcontractors: Family Service of the Napa Valley, Hospice and Adult Day Services
- Older Adults served (case management services): 75
- Older Adults served (behavioral health interventions): 23 (services funded by another funding source)
- Individuals reached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

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



component, but figures are included in the statistics above to demonstrate the impact this program has beyond MHSA-funded services.

The Healthy Minds, Healthy Aging program continues to offer much needed services and fills a void in the community where other older adult programs can't reach. Program staff continues to seek sustainable funding sources to ensure the program is staffed at an adequate capacity to be able to meet the growing need for older adult services. Approximately 53% of the older adults receiving case management had improved Patient Health Questionnaire-9 (PHQ9) scores from screening to discharge. The rate may be attributed to a number of unmet needs or declining health which can include referrals to Adult Day Services (n=17), family consultations (n=10) or other type of longer term services. Of the 23 individuals who received behavioral health therapy, 19 or 84% had improved PHQ9 scores after receiving services. Individuals needing longer term mental health services were referred to County Mental Health, Family Service of the Napa Valley as well as other private providers.



Prevention - Strengthening Families at Risk

- Contractor: Cope Family Center, Subcontractor: Family Service of the Napa Valley
- Individuals served through Support Group: 75
 - 4 groups at the Up Valley Family Resource Centers in Calistoga and St. Helena
 - 4 groups at Cope Family Center in Napa
 - 1 group at American Canyon Family Center in American Canyon
- Mental Health referrals: 19
- Individuals served by emergency/drop-in aid services: 499
- Total MHSA funding amount: \$98,000; \$46,350 for support groups and \$51,620 for emergency/drop-in aid services and program oversight)
- Cost per individual served: \$653.33 (support group), \$98.20 (emergency/drop-in aid services)

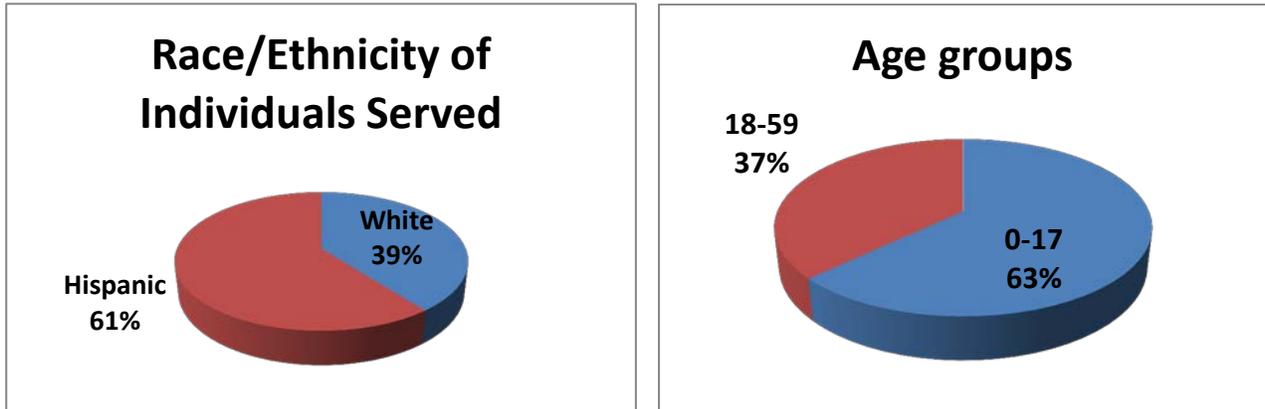
The Strengthening Families At-Risk Project was developed to support families at risk of developing more intense mental health needs as a result of external and internal stressors. This project works closely with other PEI programs as well as Family Resource Centers throughout the county to create a safety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

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

“These 8 weeks have been very important for my partner, my children and me. I have put into practice what I have learned and the results have been successful. It has encouraged me to continue to grow. I used to be a

very angry person. I was angry with myself and my family. It was until I began to take this classes that I felt like living again. Now, I am a different. I am more communicative and loving person...thank you!"

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



Prevention and Access - Up Valley PEI Project

- Contractor: Up Valley Family Resource Centers
- Youth served: 98 students participated in the CLARO/A mentoring support groups
- Adults served: 6 parents attended the 40-hr Parent Leadership Institute training
- Promotor/a mental health outreach activities to: 353 individuals
- Mental Health referrals: 8 individuals were referred to mental health services
- MHSA funding amount: \$104,400
- Cost per duplicated individual served: \$224.51

The Up Valley PEI Project has three components which include a group mentoring component, parent collaborative and a Promotora group. Promotoras have received training in Mental Health First Aid and a general training on what a Promotora is and his/her role. The Up Valley Family Resource Center's Promotoras are volunteers who help disseminate information about mental health and connect individuals to services. The mentors currently use the (Challenging Latino/as to Access Resources and Opportunities) or CLARO/A curriculum with High School and Middle School students. CLARO/A are youth mentoring programs specifically designed as prevention programs for Latino/as in the middle/high school age range. These mentoring programs strive to increase prevention and protective factors through supportive, culturally-based, gender-specific groups and activities (i.e., soccer teams, college field trips, etc.); the programs help young Latinos/as recognize their cultural heritage and identity. CLARO/A has been successfully running at Up Valley schools (St. Helena and Calistoga) for the last 4 years. Survey data indicates that CLARO/A programs continue to have a positive impact on students' perceptions of their ethnic identity, especially relating to belonging and acceptance of their cultural and ethnic heritage.

The Parent Leadership component of the Up Valley PEI Project was intended to complement the CLARO/A Mentoring Programs. After discussions with the contractor and stakeholders, the decision was made to eliminate the Parent Leadership and Promotoras components from the Up Valley PEI Project as of FY 15-16.

Workforce Education and Training (WET)

The WET component provides one-time, dedicated funding to address the education and training needs of the publicly-funded mental health workforce which includes community based organizations and individual providers who, together with the Mental Health Division staff, collectively comprise Napa County's publicly funded mental health system workforce. The Mental Health Division's WET Plan consists of seven distinct programs or Actions that were prioritized by a WET Workgroup composed of consumers, providers, and other stakeholders according to WET guidelines released by the Department of Mental Health. All WET programs and activities contribute to developing and maintaining a culturally competent workforce and include individuals with client and/or family member experience, who are capable of providing client-and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. Several WET Actions have already been initiated and reported in previous MHSA Annual Updates and some of those statistics are included below for reference.

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

- Because the E-Learning system (Action #3) has not performed to expectations and is not an effective training platform, the Division will discontinue funding in FY 15-16 and FY 16-17 or \$4,620 per year over 2 years for a total reduction of \$9,240.
- Through a partnership with the Greater Bay Area Regional Workforce Collaborative, the Division will be able to complete the Mental Health Interpreter Training (Action #4) for Providers and Interpreters in FY 14-15 for a savings of \$1,400 over three years for a savings of \$4,200.
- Reduce funding for Staff Development/Training (Action #2) from \$15,000 per year to \$10,700 for a savings of \$4,300 per year; a total savings of \$8,600. The Innovations Project has also set aside funds for Cultural Competence Trainings.
- The total savings will be \$22,040 which will offset expenses in the Internship program.

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

Consumer Trainer/Work Experience Program Coordinator -Action 1

Original Action 1 Activities:

Activity	Status
1. Increase opportunities for consumers of Napa County mental health services to consider employment as a viable option.	Partial completion
2. Offer Consumer Training/Work Experience opportunities at the Adult Resource Center.	In progress
3. Provide a supportive work environment to consumers.	In progress

There are currently two part-time filled Peer Positions in the Adult FSP unit and one parent advocate position filled with the Children's FSP unit. There is currently an effort to expand peer support in other FSP programs.

PEP, Adult Resource Center, also offers limited internships and volunteer opportunities for individuals interested in gaining employment experience.

The Mental Health Division has partnered with United Advocates for Children and Families (UACF) to participate in a collaborative project that involves numerous Bay Area counties who have formed the Bay Area Workforce Co-Learning Collaborative, which is intended to help employers to support their ability to employ and support consumers and family members in the publicly-funded mental health workforce. The Division has also entered into partnerships with WISE (Workforce Integration Support and Education), a program of NorCal MHA, and Recovery Innovations, both of which offer a variety of consumer employment/training programs. Additionally, the California Institute for Behavioral Health Solutions (CIBHS) received a grant from OSHPD to also offer peer support to promote peers in the workforce through a Peer Leadership Institute. Napa County is one of the counties that they have been funded to support and trainings will begin in FY 15-16.

Collectively, these partnerships will exceed the scope of **Action 1 – the Consumer Trainer/Work Experience Coordinator** by developing the Division’s internal capacity to support consumer/family member employment.

Staff Development/Training of Trainers – Action 2

Most activities took place in FY 12-13.

Original Action 2 Activities:

Activity	Status
1. Conduct needs assessment of training needs of the publicly-funded mental health system providers.	A training plan is currently being planned by the MH Division Clinical Director.
2. Identify trainers with appropriate credentials for specific training topics identified through the stakeholder process.	A training plan is currently being planned by the MH Division Clinical Director.
3. Develop Training of Trainers Academy to expand local training capacity and develop trainer competencies.	MH Division determined that this activity was not feasible/sustainable.
4. Provide trainings in Cultural Competency to better serve the diverse population of Napa County.	Several cultural competency trainings have been offered (Latinos, LGBTQ, etc.) and training is ongoing.
5. Explore opportunities to generate additional revenue by charging for Continuing Education (CE) credits for non-county staff.	Not feasible
6. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.	The MH Division is utilizing MHSA, Innovations, and other funds to provide Staff Development trainings.

E-Learning System – Action 3

The E-Learning project was developed and implemented through the Mental Health Division's e-Learning provider, Trilogy, Inc. Continuing Education Credits (CECs) and training opportunities were available on-line to Mental Health Division providers, organizational providers and consumers through over 135 Board of Behavioral

Sciences (BBS) approved courses at no charge to current staff of the Mental Health Plan. In FY 13-14, 15 individuals took and passed 53 courses. The MH Division has decided to cancel this contract as a result of it being underutilized. A new training/capacity building plan is currently being developed by the MH Division.

Original Action 3 Activities:

Activity	Status
1. Provide greater ease for staff, community providers, consumers and family members to access training and educational courses which meet license requirements and/or provide career path development, as well as rehabilitation and consumer employment courses.	Completed
2. Provide a community access portal for consumers and family members and key stakeholders to meet their training and information needs.	Completed
3. Increase quality and availability of diverse training offerings.	Completed
4. Provide compliance and quality control for legal requirements by linking to the County’s existing education and licensing tracking system.	Completed
5. Explore opportunities to generate additional revenue by charging for Continuing Education (CE) credits for non-county staff.	Not feasible
6. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.	The MH Division’s e-Learning program was discontinued due to lack of use by the majority of staff.

Spanish Language Training – Action 4

The MH Division in partnership with the MHSA-funded Greater Bay Area Mental Health Workforce Education Collaborative (Bay Area Collaborative) hosted training for providers who use mental health interpreters in April 2015. The Bay Area Collaborative also funded training for Mental Health Interpreters which was held in Marin County also in April 2015. These partnerships will address key components of **Action 4 – Spanish Language Training**. These trainings were so popular that there is an effort to offer them again in FY 15-16.

Original Action 4 Activities:

Activity	Status
1. Contract with a local provider that offers specialized workforce language development/training programs	Completed
2. Implement a specialized Spanish language skills needs assessment and develop a customized Spanish language training curriculum for the mental health workforce based on identified staff/consumer Spanish language needs.	Completed
3. Contract with Medical Interpreter Trainer for specialized medical interpreter training in Spanish for in-house staff that provides interpreting services to improve skills and services.	Completed (through BAC)
4. Explore opportunities to generate additional revenue by charging	Not feasible.

for Continuing Education (CE) for non-county staff.	
5. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.	The MH Division is utilizing MHSA, Innovations, and other funds to provide Staff Development trainings.

The Psychosocial Rehabilitation (PSR) Certification Program – Action 5

From October 27 – November 7, 2014, Recovery Innovations/Recovery Opportunity Center offered an intensive, 80-hour [Peer Employment Training](#) (PET) program for consumers and family members who were employed or considering employment in the mental health workforce which completed the peer certification training or **Action 5 – the Psychosocial Rehabilitation (PSR) Certification Program**. The PET training covered topics such as recovery and peer support principles, communication skills, cultural diversity, ethics and boundaries, appropriate and non-appropriate self-disclosure, substance abuse, trauma and resilience, conflict resolution, and much more. Nine of the 13 participants in the PET training were from Napa County. Participants who completed at least 75 hours and passed the competency test were eligible to receive college credits and were awarded a Peer Support Specialist Certification.

Original Action 5 Activities:

Activity	Status
1. Address the issues of stigma and discrimination faced by mental health consumers and by family members and ensure that staff and community are exposed to various client and family member viewpoints and to better understand the client and family experience.	On-going. Innovations Project focus is on this.
2. Enhance the skill level of consumers/family members and encourage them to explore entry-level work experiences in the mental health field.	In progress
3. Provide opportunities to enhance consumer/family member job skills and educational advancement.	In progress
4. Increase consumer voice within mental health organizations	Work needed in this area
5. Train consumers/family members in relevant course work and develop a cadre of trained consumers with PSR Certificates who would be eligible for entry-level Community Aide, Mental Health Worker Aide or Mental Health Worker positions in the MHD’s publicly-funded mental health system.	Working on developing career ladder for consumers/family members
6. Provide exam preparation and fees for consumers to attain certification as Psychosocial Rehabilitation provider.	Trained individuals in PET
7. Train at least five consumer/family/staff as Psychosocial Rehabilitation Trainers.	Trained individuals in PET
8. Develop program sustainability by incorporating these program expenses into the MHD’s Training Program by redirecting savings achieved through reductions in out of county travel time, mileage, and overall training costs after WET Funds have been expended.	A training plan is currently being planned by the MH Division Clinical Director.

Mental Health Division Internship Program – Action 6

• FY 13-14 Internship Program Cost (excludes Intern Stipends): \$47,873/77 individuals = \$621/individual served
 The Mental Health Internship Program has been very successful since and is now in its fourth year. A licensed Internship Coordinator was hired in September 2012 to coordinate the recruitment process, provide individual/group supervision to interns, and to develop a training plan. The Division has had 16 individuals complete the 9-month internship program. The Division currently (FY14-15) has 8 interns providing services throughout the various units of the Mental Health Division ranging from children’s to older adult services, including the integrated Community Health Clinic Ole on the County Campus. As of June 30, 2014, interns have served a total of 367 individuals since the inception of the program in 2012 with 77 were served in FY 13-14.

Original Action 6 Activities:

Activity	Status
1. Outreach to attract individuals into advanced level mental health service careers.	In progress
2. Increase the diversity and number of culturally competent licensed, pre-licensed, and entry-level mental health providers including those with lived experience as mental health consumers or their family members to meet local needs.	In progress
3. Increase the availability of culturally competent services to unserved/underserved populations, primarily Latinos in Napa County.	In progress
4. Provide cultural competent clinical supervision that meets the requirements for each intern.	Complete
5. Develop a speaker’s bureau that would assist with outreach and presentations to various community groups including middle schools, high schools, community colleges, and universities.	Not completed
6. Explore program sustainability by utilizing existing travel and training budget to align with ongoing goals of WET Plan.	A training plan is currently being planned by the MH Division Clinical Director.
7. Integrate wellness, recovery and resiliency concepts and practices into advanced educational curriculum	In progress

Stipends, Employment and Educational Incentives – Action 7

• FY 13-14 Cost per Intern: \$28,000/8 interns = \$3,500 stipend per intern.
 Currently, the stipends associated with this action are linked directly to MSW and MFT interns actively working through the Mental Health Division Internship Program. Interns receive a stipend award of \$3,500 per school year to cover the cost of transportation and costs associated with this internship. While there are other opportunities for staff to request support to purchase materials to become Licensed Clinical Social Workers (LCSW) or Marriage and Family Therapists (LMFT), the only stipends that were awarded in FY 13-14 were strictly for interns. Space is a major consideration for intern placement and it is clear that there are additional needs for office space and infrastructure to accommodate all interns.

Original Action 7 Activities:

Activities	Status
1. Outreach to high school and community college students that	Not completed

represent the diversity of the Napa County population to present educational incentives to pursue advanced education and employment in the mental health field.	
2. Decrease stigma and bias around consumer/family members and increase consumer voice in treatment services.	In progress
3. Decrease workforce shortages by creating incentives for hard to fill positions in difficult to recruit areas (e.g., bilingual Spanish-speaking staff)	In progress
4. Increase consumer and family member participation in trainings and classes.	In progress
5. Increase consumer and family member employment in publicly-funded mental health system.	In progress
6. Increase interns trained and receiving work experience in a mental health service system.	In progress
7. Develop strategies to retain interns.	In progress

CSS Housing - Hartle Court Apartments

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

Highlights

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

Challenges

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

Opportunities for FY 15-16:

There is a total of \$46,977.85 in unexpended CSS Housing funds that will be returned to Napa County by the California Housing Finance Agency (CalHFA). The Mental Health Division's Stakeholder Advisory Committee has approved a plan to explore potential housing projects through partnerships with local housing developers to leverage additional housing funds.

Capital Funding/Technology Needs (CF/TN)

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

Capital Facilities (CF)

There is currently \$135,881 in unexpended Capital Facilities funds. A new Capital Facilities Component plan will need to be developed to use these unexpended funds. There are strict CF guidelines that must be followed to use these funds. The MH Division and Stakeholder Committee are working closely together to ensure that whatever project is proposed is focused on meeting the highest needs. The MH Division hopes to have recommendations for potential projects by Winter 2015.

Technological Needs (TN)

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

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

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

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

Additionally, there is roughly \$67,940 in unexpended TN funds. These funds represent the anticipated balance left over after upgrades/improvements have been made to the Division's Anasazi Electronic Health Record System, which were previously approved by stakeholders. Stakeholder discussions are also taking place to determine how to use and prioritize available TN funding.

Innovations

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

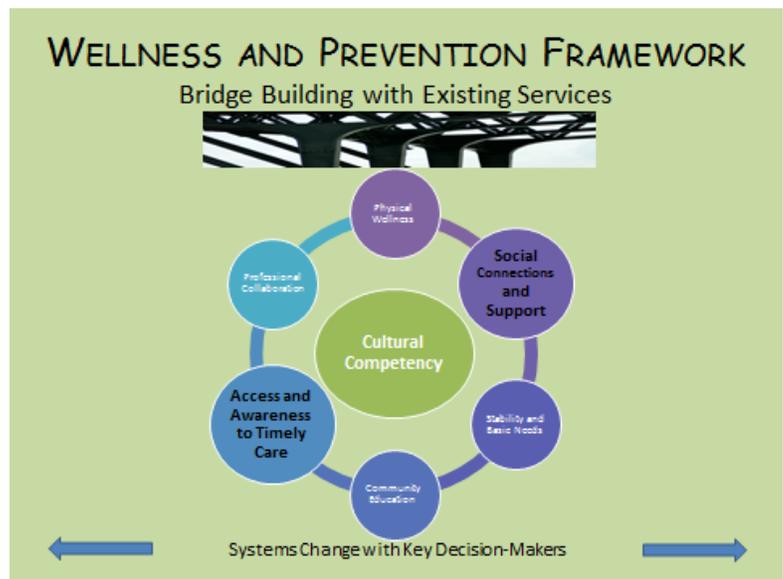
The Innovations project is in its third and final year of implementation and is intended to improve access to and the quality of services within the Mental Health Division and local Medi-Cal contractors through the development of a Mental Health Equity Partnership composed of a cohort of 27 consumers,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

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

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

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

- 1) Engage a multi-generational community of emerging and veteran leaders in order to learn together and remove the barriers that prevent our collective success.
- 2) Build a deep understanding of the historical barriers, challenges, and opportunities faced by mental health professionals and consumers.
- 3) Develop the leadership skills of emerging mental health professionals and consumers who are committed to making a difference in their community.
- 4) Partner with emerging and veteran mental health professionals, consumers, and county staff to



create the Mental Health Equity Partnership (MHEP) to:

- a) Design and initiate cultural competence trainings for county mental health staff and county-funded Medi-Cal funded mental health professionals in order to increase access and quality of services for underserved groups.
 - b) Design and initiate strategies such as the proposed Peer Connector program to address service disparities and access barriers.
- 5) Document the process and develop a best practice model for future work in the County and in the field.

As a result of The Collaborative Project, the Mental Health Division anticipates development of a replicable model demonstrated to improve the relationships among underserved communities and providers of mental health services. This model will rely on mutuality and long-term relationships to increase the perceived value placed on the collaborative process for improving the quality of services provided and for increasing access to services for underserved/unserved communities, including Latinos, LGBTQ, Native Americans and Veterans. By building the leadership of mental health professionals and underserved groups, as well as the connections between professionals and consumers, the intention is to create a sustainable collaborative structure and model that will have impact long into the future. The Systems Change Work Group also ensures projects are embedding culturally appropriate services into their projects. The current Innovations project is to be completed by June 2016.

Planning has been initiated for the next Innovations Project (Round 2), which will be submitted to the MHSOAC in a separate Innovations Component Plan.

**FY 2015/16 Mental Health Services Act Annual Update
Funding Summary**

County: Napa

Date: 8/26/15

	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	896,051	6,277	993,927	233,468	172,940	
2. Estimated New FY 2015/16 Funding	3,756,321	939,080	247,126			
3. Transfer in FY 2015/16 ^{a/}	0					
4. Access Local Prudent Reserve in FY 2015/16		70,000				(70,000)
5. Estimated Available Funding for FY 2015/16	4,652,372	1,015,357	1,241,053	233,468	172,940	
B. Estimated FY 2015/16 MHSa Expenditures	4,137,839	1,001,498	177,567	114,617	172,940	
G. Estimated FY 2015/16 Unspent Fund Balance	514,533	13,859	1,063,486	118,851	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	1,034,402
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	(70,000)
4. Estimated Local Prudent Reserve Balance on June 30, 2016	964,402

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

**FY 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Napa

Date: 8/26/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	705,489	409,440	252,067			43,982
2. TAY FSP	513,337	413,316	100,021			
3. Adult FSP	717,292	510,853	197,454			8,985
4. Adult Treatment Team FSP	518,278	518,278	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					
Non-FSP Programs						
1. Mobile Outreach, Response and Engagment	280,738	244,781	35,074			883
2. Project Access	612,086	605,883	6,203			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,170,356	1,138,269				32,087
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,956,760	4,137,839	882,984	0	0	85,937
FSP Programs as Percent of Total	69.9%					

**FY 2015/16 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Napa

Date: 8/26/15

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

**FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Napa

Date: 8/26/15

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

**FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Napa

Date: 8/26/15

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

**FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Napa

Date: 8/26/15

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

- Three-Year Program and Expenditure Plan
 FY 15-16 Annual Update to Three Year Plan

Local Mental Health Director	Program Lead
Name: William J. Carter, LCSW	Name: Felix A. Bedolla, Project Manager
Telephone Number: (707) 299-2102	Telephone Number: (707) 299-1759
E-mail: William.Carter@countyofnapa.org	E-mail: Felix.Bedolla@countyofnapa.org
Local Mental Health Mailing Address:	
Napa County Mental Health Division 2261 Elm Street, Building N Napa, CA 94559	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on Tuesday, December 15, 2015

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

William J. Carter, LCSW
 Local Mental Health Director (PRINT)


 Signature 12/29/15
 Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Napa

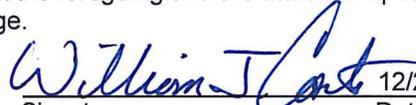
- Three-Year Program and Expenditure Plan
 FY 15-16 Annual Update to Three Year Plan
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: William J. Carter, LCSW	Name: Tracy A. Schulze
Telephone Number: (707) 299-2102	Telephone Number: (707) 253-4551
Email: William.Carter@countyofnapa.org	E-mail: Tracy.Schulze@countyofnapa.org
Local Mental Health Mailing Address: Napa County Mental Health Division 2261 Elm Street, Building N Napa, CA 94559	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. (Deleted last sentence starting with..."Other than funds placed in a reserve..." and replaced with the following statement.) Please note: Napa County does not agree with the State's interpretation of the statute regarding reversion and looks forward to the state's proper promulgation of regulations to implement, interpret, and make specific the sections of statute related to reversion in accordance with California's Administrative Procedure Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

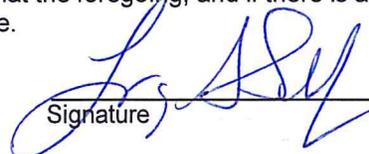
William J. Carter
 Local Mental Health Director (PRINT)


 Signature Date 12/29/15

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 13, 2014 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Tracy A. Schulze
 County Auditor Controller / City Financial Officer (PRINT)


 Signature Date 12/29/15

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

**Public Comments and Responses on Napa County
MHSA FY 15-16 Annual Update to the Three Year Plan**

1. Page 12/13 – Are there words missing “PEP offers a wide range of classes including Dual Recovery Anonymous.” – Should there be more classes listed?

Response - Yes, other classes were mistakenly deleted. We will include additional classes in the final version.

2. Page 12 – Fourth bullet under “MORE Program Highlights”: regarding getting critically needed medication after regular business hours. Are there plans in place to increase the hours? How is this issue currently handled?

Response - Currently, the Division does not offer urgent care medication appointments after hours. The local hospital emergency rooms can be a source for medication services outside of business hours in appropriate situations; however, the emergency department in the city of Napa does not have access to psychiatry and any prescribing for treatment of mental illness is very limited. The Division submitted a grant application for SB 82 Crisis Stabilization Unit (CSU) funding and has received an Initial Allocation Award of \$1,998,183.38 to address this issue through the development of a 23-hr CSU.

3. Page 17—“Children identified as needing more specialized mental health services are referred to other providers, but waiting lists for mental health services, especially bilingual services, are long.” How long & can the school district, mental health division or another entity provide more immediate services?

Response - This reference is to the Kids Exposed to Domestic Violence Services (KEDS) Prevention and Early Intervention (PEI) program operated by Napa Emergency Women’s Services (NEWS). KEDS staff continue to explore a variety of options to meet the needs of these children. In the past year, NEWS staff made 76 mental health referrals to Aldea, Mental Health Access, VOC, private insurances, and Family Services of the Napa Valley. KEDS program staff have also met with Division staff to explore options to improve access to services for children in the KEDS program. Additionally, KEDS has secured limited funding to pay for private therapy if it is necessary. KEDS staff are also working with school counselors to make them aware of the situation, when appropriate, so that they may offer supportive services and therapy.

4. Page 27—Could you include the approximate number of people on the waiting list for Hartle Court?

Response - Steven Boyd, Program Director for Progress Foundation’s Napa programs, reports that Hartle Court Apartments has a waiting list of about 70 applicants for the one-bedroom,

**Public Comments and Responses on Napa County
MHSA FY 15-16 Annual Update to the Three Year Plan**

permanent adult units and seven Transitional Age Youth (TAY) on that waiting list for a two-bedroom TAY unit.

5. Page 29/30 – Could you provide a break-down of the \$462,000 used for the Innovations “Collaborative Project” – this number seems large based on the descriptions provided.

Response - Below is a breakdown of the Innovations budget which includes funding for On the Move, the Division’s Medi-Cal Organizational Providers, who are collaborative partners in this project, and stipends for project participants.

<u>Innovations Budget Proposal</u>				
	Total	Phase I (6 M)	Phase II (1 Yr)	Phase III (1 Yr)
<i>Personnel Expenses</i>				
Project Director	65,000	15,000	25,000	25,000
Project Coordinator	120,000	10,000	55,000	55,000
On The Verge Facilitators	72,500	2,500	35,000	35,000
Benefits @25%	64,375	6,875	28,750	28,750
<i>Consultants</i>				
Prog. Development/Management	10,000	5,000	5,000	
Total Personnel Expenses	331,875	39,375	148,750	143,750
<i>Operating Expenses</i>				
<i>Participant Stipends - OTM Subcontracts (included in OTM Admin formula)</i>				
Agency Partners	121,063		60,531	60,531
Community Partners	121,063		60,531	60,531
Supplies	10,446	946	4,500	5,000
Room Rental	5,000		2,500	2,500
Training/Cultural Competency	100,000		25,000	75,000
Travel	3,000	1,000	1,000	1,000
Total Operating	360,571	1,946	154,063	204,563
<i>MHD Subcontract (not included in OTM Admin formula)</i>				
Evaluation (Allen and Shea)	45,000	15,000	15,000	15,000
Total MHD Subcontracts	45,000	15,000	15,000	15,000
<i>Administration</i>				
Mental Health Division @ 5%	34,622	3,099	22,711	26,123
On The Move @15%	103,867	6,198	45,422	52,247
Total Administration	138,489	9,297	68,133	78,370
TOTAL PROJECT COSTS	875,935	65,618	385,945	441,683
<i>% Total Direct Expense Budget</i>		<i>6.0%</i>	<i>43.7%</i>	<i>50.3%</i>

6. Page 30 – Could you provide more details regarding 4b: regarding the Peer Connector program?

Response - The Peer Connector program was a suggested strategy for improving access for unserved/underserved populations that was included in the initial Innovations planning

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process. It is still to be determined whether or not the Innovations Project will recommend Peer Connectors as a strategy to be implemented by the Division.

7. Page 30 – Could you provide information regarding the planning that has been initiated for Innovations Round 2?

Response- The Division has been working with a consultant to develop an inclusive planning process for Innovations Round 2 funding. The initial plan was reviewed with the Division’s Stakeholder Advisory Committee for review and input on August 5, 2015 and will be presented to the Mental Health Board at the December 14, 2015 meeting.

8. Page 28 & 32 – With the plans to put money toward housing (page 28: \$46,977 (CSS Housing) and \$135,881(CF)), why do the CSS Funding estimates on page 32 show \$0 for CSS MHSA Housing Program Assigned Funds?

Response - The Division is still working on plans to develop a Housing Project and is exploring a variety of potential strategies and options. Once those plans have been finalized the Division will develop an Update to the Three Year Plan which will include the appropriate information on the Funding Estimate forms.

9. Cover Sheet
a. Add M/D/Yr for period covered, i.e., FY 15-16 7/1/15 – 6/30/16

Response – Thank you for your suggestion. These dates will be added to the final version.

10. Pg 3, ¶ 2, 4th line
a. Delete PEI before each “Prudent Reserve”
b. The Prudent Reserve is for all MHSA services and does not have designated subdivisions in the Prudent Reserve fund

Response – The Division’s policy is to track and utilize Prudent Reserve funds according to the original Component from which they were allocated, i.e., Prudent Reserve funds from the PEI Component will be used to fund PEI Programs hence the title PEI Prudent Reserve.

11. Pg 6 last sentence - Community Services and Supports (CSS) Previously “approved programs”
a. Why don’t the outcomes for the program reflect the numbers for FY 14-15?
b. All the outcome data throughout the document for each program should be updated to reflect the data for FY 14-15

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Response – Finalized FY 14-15 outcome data was unavailable at the time the FY 15-16 Annual Update was prepared. In order to meet the MHSOAC’s deadline for submission of the FY 15-16 Annual Update, the Division and stakeholders agreed to extract FY 13-14 from the recently completed Three Year Plan for FY 14-15 through FY 16-17.

12. Pg 6 – MHSA Stakeholder Advisory Committee (SAC)

- a.** Isn’t there a commitment to add a community representative from the Mental Health Board?

Response – The development of the FY 15-16 Annual Update preceded the discussion regarding the creation of a Mental Health Board representative position on the Division’s Stakeholder Advisory Committee.

- b.** If so, add an additional bullet listing Mental Health Board Member

Response –Thank you for your suggestion. An additional bullet listing a Mental Health Board representative will be added to the FY 16-17 Annual Update to the Three Year Plan.

13. Pg 8, 9, 10, & 11 – Full Service Partnerships

- a.** Why isn’t the cost per individual based on quarters rather than the number of individuals starting the plan since most drop out within a year?

Response – The cost per individual is calculated by dividing the total annual costs by the annual number of individuals served by each program per MHSOAC FY 15-16 Annual Update guidelines.

- b.** Does the cost include housing, if not, what is the cost of housing for each individual in each program? (This would give a more accurate account of actual costs for services to each individual.)

Response – Where housing supports are a program cost (e.g., Full Service Partnerships, System Navigators), those costs are included in the calculation.

14. Pg 12 – Outreach and Engagement Project Access

- a.** Over 95% (529,000) is attributed to unidentified hits on the internet Network of Care website. It is more likely that the vast majority of these hits are made by the 100 plus H&HS department employees and the 100 plus contract workers, using the site as a tool to access information for their clients or required reports.

Response – The Division receives reports that provide general information on the number of “hits” for a particular webpage on the Network of Care website and those reports do not include this level of detail.

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- b. Why not get the IT Dept. to identify how many hits are from H&HS employees and contracted employees vs. independent client hits. If the IT Dept. can't get the info maybe the Ashley Madison site hackers could perform the task.

Response – The Division does not have sufficient financial resources to pay for this level of analysis by the Network of Care contractor, Trilogy, Inc.

15. Workforce Education and Training (WET)

- a. 1. Does the county have a current five year education and development plan as defined by CCR9 3200.320 and required by W&I 5820(d)?
2. How does this MHSA Annual Plan Update for FY 15-16 promote the five year plan requirements including the necessary funding?
3. How can a copy of the five year plan be obtained?

Response – The Division provided updates on WET Programs in the FY 15-16 Annual Update. Per Welfare and Institutions Code Section 5820(c) below, OSHPD, not counties, is required to develop a five year Workforce Education and Training Plan:

“WIC Code Section 5820(c) - The Office of Statewide Health Planning and Development (OSHPD), in coordination with the California Mental Health Planning Council, shall identify the total statewide needs for each professional and other occupational category utilizing county needs assessment information and develop a five-year education and training development plan.”

- b. (see MHSA Three Year Plan for FY 14-15 and comments 21 & 22 to 3 Year Plan)

1. Pg 23 of 3 Year Plan last ¶ - what document specified the 7 actions?

Response – The original seven WET Actions were included in the Division's initial WET Component Plan submitted to the Department of Mental Health (DMH) on June 14, 2011.

2. Pg 26 FY 15-16 Action 7

- a. How are high school and community college students and consumer and family member training and employment being pursued? How are these programs funded?

Response – The Division is not pursuing further initiatives in this area due to insufficient funding to complete these activities.

- b. Each of the high schools have courses that require work experience, generally through an unpaid intern program with duties related to their course, i.e., IT graphics or medical assistants. Why doesn't the Department bring in the high school or community college students?

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Response –The Division has determined that it was not practical to utilize high school or community college students as interns or volunteers for this purpose because they don't have sufficient training and education to work with individuals with Serious Mental Illness or Severe Emotional Disturbance.

16. Innovations (Collaborative Project)

- a. General Comments – I do not have enough information to comment on the Innovative Collaborative project which is to “improve the relationships among underserved communities and providers of mental health services.”
- b. This is similar to the first Innovations Collaborative Project to improve services to Latinos, LGBTQ, Native Americans and Veterans for FY 11-12, 12-13, and 13-14 with a budget of \$825,935. The goals were very similar to the current MHSA Innovative program goals.

Response – The Collaborative Project described is the Division's initial Innovations Project.

- c. The available MHSA funding for the current 3 year plan is \$1,333,310 with \$1,241,053 available for the FY 15-16 innovative program with estimated expenditures of \$177,567.

Response – Innovations funding is an ongoing allocation of 5% of CSS and PEI funding, so additional funds are deposited in the Division's Innovations account every year. The current Innovations Collaborative Project will be completed in December 2016, so a more accurate estimate of available funds Innovations funds for the Innovations Round 2 Project(s) would be \$1,323,282 through FY 16-17.

- d. The program is in the third year and at the end of the third year the remaining funds revert back to the state per W&I 5892(h).

Response – DMH Information Notice 11-15 provided clarification to counties regarding the calculation of reversion of MHSA INN component funds and stated the following:

“In calculating reversion of unexpended funds Counties should consider Innovation funds that have been expended as part of their CSS and PEI expenditures, with 20 percent of the Innovation expenditures associated with PEI and 80 percent associated with CSS. To determine the amounts of funds subject to reversion, Counties are instructed to total their expenditures and subtract these expenditures from the distribution for the year for which funds are reverting separately for PEI and CSS. If the total expenditures for CSS or PEI (including Innovation funds) are greater than the amount distributed for CSS or PEI (including Innovation funds), no funds will revert. If expenditures are less than the amount distributed, the difference is the amount of funds that will revert to the State Mental Health Services Fund.”

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The Division's fiscal analyst regularly monitors expenditures and Innovations funds are not subject to reversion at this time per the methodology described above.

e. What is the next Innovative project (Round 2) and how will it be funded?

Response – The planning process for the Innovations Round 2 Project(s) will be initiated in December 2015 and will be funded with \$1,323,282 in estimated Innovations funds projected through FY 16-17.

Note: The California Department of Public Health was allocated \$15 million in FY 12-13 developing a California Reducing Disparities Project and \$60 million to implement and evaluate. The state plan intent is almost identical to ours.

Response – We look forward to these efforts improving health care in Napa County.

17. Program Funding Tables

a. CSS funding

1. FSP Adult Treatment Team - Hasn't there been some recent legislation changes that allow some services to be billed to Medi-Cal?

Response – Thank you for pointing out the omission - the Adult Treatment Team is projected to generate \$150,000 in Medi-Cal revenue in FY 14-15, which will be added to the fiscal form as an estimate for Medi-Cal revenue in FY 15-16.

2. Non-FSP Programs – Item 2 Column 1 add "Project Access."

Response – Thank you for pointing out the omission - Project Access will be added under Item 2, Column 1.

b. WET funding

1. Staff development – the numbers are consistent with the FY 15-16 table for the 3 year plan but do not reflect the amount (\$6,581) identified on page 24 of 3 year plan but are consistent with the reduction (\$4,620) on page 22 of the FY 15-16 Update. Which numbers are correct?

Response – The \$6,581 figure was included in the draft version of the Division's Three Year Plan, but was revised in the Division's Final Three Year Plan. The correct figure is \$4,620.

2. Internship Program – Column B does not agree with the FY 15-16 of the 3 year plan. How is the number in column F calculated? The number does not correspond to the totals identified in the paragraph referenced above (b. i.)

Response – Thank you for pointing out the error. The correct figure of \$51,432 will be inserted in Column B.

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18. General Comments

- a. In addition to the programs identified in the posted MHSA Annual Plan Update FY 15-16 it is requested consideration be given to adding a limited program to fund the NAMI Family to Family Training of families and caregivers who provide care and support to clients. The first Napa training was funded by Solano County NAMI but they have opted out because of lack of resources and other priority needs for their county. Napa County Mental Health provided funding support for past Family to Family trainings a few years ago. The estimated cost estimate can best be obtained from Juanita Pena who has been the driving force in getting a NAMI chapter for Napa County and setting up the arrangements for the training programs.

Response – The Division will take your comment into consideration.

- b. On this update or future updates could a program (be funded) to evaluate IEP (Individual Education Plan) Children for trauma induced mental health issues?

Response – The Division will share this comment with our colleagues in local schools and school districts, which retain the responsibility to evaluate children with IEPs.