

Napa County FY 21-22 Annual Update to the MHSA Three Year Plan for FY 20-21 to FY 22-23



A Tradition of Stewardship
A Commitment to Service

Napa County Health and Human Services Mental Health Division

The 30-day Public Review and Comment Period for the FY 21-22 Annual Update to the Mental Health Services Act (MHSA) Three Year Plan took place from Friday, June 11th to Monday, July 12th. A public hearing was held via Zoom at a publicly noticed meeting of the Napa County Mental Health Board on Monday, July 12th at 4pm.

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

- FY 21-22 Annual Update to the Three Year Plan for FY 20-21 to FY 22-23
 Three-Year Program and Expenditure Plan

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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county/city and that the County 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 Mental Health Services Act **FY 21-22 Annual Update to the Three Year Plan for FY 20-21 to FY 22-23 (hereafter FY 21-22 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 **FY 21-22 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 **FY 21-22 Annual Update**, attached hereto, was adopted by the Napa County Board of Supervisorson date will be inserted here.

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.

Sarah O'Malley, LMFT
 Local Mental Health Director (PRINT)

Final document will be signed and dated
 Signature Date

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Executive Summary

Introduction

The purpose of the FY 21-22 Annual Update to the MHSA Three Year Plan for FY 20-21 to FY 22-23 (hereafter FY 21-22 Annual Update) is to:

- 1) Inform the community and local stakeholders of the implementation of MHSA programs in the Napa County community
- 2) Provide local stakeholders an opportunity to offer feedback and commentary on MHSA programs and services
- 3) Provide an update on the implementation of MHSA programs and services and any changes to the Napa County Board of Supervisors
- 4) Submit an update of the implementation of Napa County MHSA programs and services and any changes to the California Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission (MHSOAC).

The FY 21-22 Annual Update includes a summary of MHSA programs, outcome data from FY 19-20, and year-to-date outcomes for FY 20-21. Program updates are organized by existing MHSA components of Prevention and Early Intervention (PEI), Community Services and Supports (CSS), CSS Housing, Innovations (INN), Workforce Education and Training (WET) and Capital Facilities/Technological Needs (CF/TN).

The components are further broken down by program and include the following information - program summary, program cost, total number served, projected service targets and outcomes as well as anticipated changes as a result of any identified challenges. Clearly, the most significant challenge experienced by all MHSA programs this year has been the COVID-19 Pandemic, which forced programs to adapt their service delivery models to meet the changing needs of the populations they serve.

MHSA Funding Projections

According to the State's funding projections, MHSA revenue is anticipated to increase by approximately 5% for FY 21-22 and then decrease by approximately 16% in FY 22-23. This represents a net decrease over two years of 11% of funding. The MH Division currently has an operating reserve equivalent to a full year of MHSA funding, so this decrease should not adversely impact programs and staffing. The MH Division will carefully monitor revenue and expenditures in the coming years to determine if current funding is sufficient to sustain programs in FY 21-22 or if funding adjustments will need to be made.

SB 1004-MHSA Prevention and Early Intervention (PEI)

Per the California Legislative Counsel, SB 1004 requires the MHSOAC to establish priorities for the use of Prevention and Early Intervention (PEI) funds and to develop a statewide strategy for monitoring implementation of PEI services; including enhancing public understanding of PEI and creating metrics for assessing the effectiveness of how PEI funds are used and outcomes that are achieved. Throughout FY 19-20 and FY 20-21, MHSA Staff met with each PEI program to update logic models and evaluation tools. Program activities were clarified, and outcomes were

realigned to the activities and PEI regulations. This was done to assure that all PEI remained in compliance and to reorient new staff working in the PEI programs.

Community Services and Support (CSS) Component – New programs

Mobile Crisis Response Team

In FY 21-22, the MH Division will utilize CSS System Development funding to implement a new program, Mobile Crisis Response Team (MCRT). The Mobile Crisis Response Team (MCRT) will provide professional, same-day intervention for adults and children who are experiencing mental health crises. Licensed mental health clinicians and mental health workers are trained to respond and deploy within Napa County to provide community support with care and utilization of de-escalation skills, risk assessment, and linkage to the County Crisis Stabilization Unit, County and community based mental health services, community-based organizations as well as other supportive services. MCRT visits community members, consumers, families and/or significant support persons to prevent acute psychiatric crises resulting in involuntary hospitalizations and connect our community members to resources that can provide applicable supportive services. The program is currently under design and the expected in the Fall of 2021 following staff recruitment and training.

Family Urgent Response System (FURS)

The MCRT will also cover responses for the Family Urgent Response System (FURS), which is a 24/7 mandated program. FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, for purposes of preserving the relationship of the caregiver and the child or youth. FURS builds upon the Continuum of Care Reform and the state's recent System of Care development, to provide current and former foster youth and their caregivers with immediate, trauma-informed support when they need it. FURS provides 24/7 immediate, in-person support during situations of instability, closing the gap for families experiencing conflict that previously had nowhere to turn and providing a trauma-informed alternative for families who previously resorted to calling 911 or law enforcement. Napa County's Health and Human Services Child Welfare Services Division and Mental Health Division collaborate with Juvenile Probation to ensure FURS implementation and service delivery goals are successfully met.

Assisted Outpatient Treatment (AOT)

Beginning July 1, 2021, the MH Division will utilize Adult FSP staff to provide Assisted Outpatient Treatment and meet the Laura's Law/AB 1976 state mandate. All counties within the state of California are required to implement AOT or opt out. Napa County Mental Health opted in to AOT to expand mental health services to individuals who have historically struggled with treatment engagement, to provide a more strengthened continuum of care with increased treatment options as well as to ensure access to multiple community supports for the individual. The Assisted Outpatient Treatment (AOT) Program provides court ordered treatment

for persons with severe mental illness who meet specific criteria. The program is designed to assist individuals who are resistant to obtaining or maintaining mental health treatment. Due to its approach of strength-based recovery, working with people “where they are at” philosophically and literally, and intensive case management multi-disciplinary team, the AOT program will be embedded in Adult Full Service Partnership Program. Funding sources for the Assisted Outpatient Treatment Program are Realignment, Medi-Cal, Mental Health Services Act Funds, Medicare, and private insurance.

Crisis Stabilization Unit

After an extensive RFP process, the contract for the Napa County Crisis Stabilization Unit (CSU) program was awarded to Crestwood Behavioral Health and this transition took place on June 1, 2021. The MHD worked closely with both Exodus and Crestwood to ensure a smooth transition that had minimal impact on CSU services.

Innovations (INN) Component

Innovation Round 2 Projects

The Native American Historical Trauma and Traditional Healing project was slated to end in FY 19-20 but was delayed due to COVID-19 Pandemic. In FY 20-21, the project completed implementation of the training cohorts and is currently evaluating completion of its learning goals and objectives. The Work for Wellness project is also in the evaluation phase.

The remaining Innovation Round Two Projects - Understanding the Mental Health Needs of the American Canyon Filipino Community and Adverse Childhood Experiences are in varying stages of completion due to the pandemic. The MH Division is currently in discussions with the Mental Health Oversight and Accountability Commission to discuss a potential extension of these projects into FY 21-22.

Innovation Round 3 Project - Early Psychosis Learning Health Care Network

The MH Division anticipates that it will participate in the statewide Early Psychosis Learning Health Care Network (EP LHCN) and anticipates that it will also partner with the University of California at Davis and Aldea’s early psychosis program Supportive Outreach & Access to Resources (SOAR) pending approval of contracts by the Napa County Board of Supervisors. The center point of this project is the development of a software application (app), which will support ongoing data-driven learning and program development across the state. The EP LHCN will collect and visualize real-time data at the individual, clinic, county, and state levels to inform consumer and program level decisions and develop learning opportunities for individuals, staff, programs, and administrators to improve consumer outcomes. The EP LHCN project will include training and technical assistance to Aldea’s Early Psychosis Supportive Outreach & Access to Resources (SOAR) Program to help them fully utilize the data in routine clinical care. The project evaluation will examine the impact of the EP LHCN on Early Psychosis treatment programs, and will quantify the cost of implementation and utilization, to support statewide efforts for early identification and treatment of psychosis. This project is an

innovative approach to state-level learning and real-time outcomes monitoring for consumers, their families, and Aldea's SOAR Program. Additionally, this project allows for collaboration and learning between the Napa County Mental Health Plan and other designated participating counties in California with their own EP programs. It is hoped that the EP LHCN will make a change to an existing practice in the field of mental health by introducing a collaborative Early Psychosis (EP) Learning Health Care Network (LHCN) to support quality improvements, consumer engagement and provider use of measurement-based care in EP programs.

Prevention and Early Intervention (PEI) Highlights

In FY 19-20, the Napa County Mental Health Division (MHD) worked closely with the nine PEI Programs and realigned their logic models with MHSA regulations. This has been a long, but very productive process. The process helped clarify programs activities and rethink measures and outcomes. PEI programs gained more clarity on what is expected from them, gained a better understanding of MHSA regulations, and strengthen relationships with the MHD

This process brought to light the need for a PEI standardized screener that measures similar outcomes and can be adapted to a variety of diverse populations. Although all PEI programs provide mental health prevention services, each organization is unique in their capacity, staff's skill level and organizational structures. Because of the organizational differences a wide array of screeners is being administered and the smaller organization are working on implementing a screener that works best for the populations they serve. The MHD plans to work in partnership with all PEI programs to develop a mental health screener that can be administered by all PEI programs and streamlines outcomes.

LGBTQ Connections

Previously LGBTQ Connections strived to provide organizational assessments to organizations that screened and supported LGBTQ individuals with mental health concerns. The program is no longer providing technical assistance and has shifted their focus to only providing technical assistance to organizations and increase organizations' capacity to provide culturally competent services to LGBTQ community members.

Strengthening Families

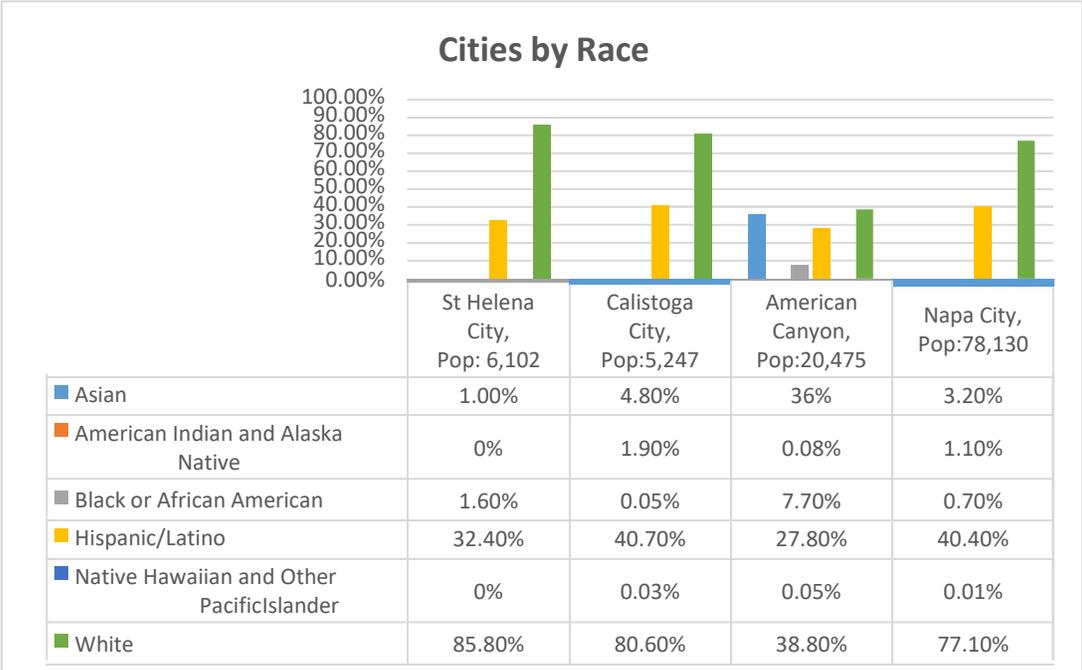
The COPE Strengthening Families program has updated their program structure. Currently, Mentis is subcontracted to provide higher need support groups for Spanish speaking families. In FY 21-22, COPE will provide all parent support groups in house and will use the recently translated Triple P Spanish curriculum.

Court and Community Schools Student Assistance Program (SAP)

Court and Community Schools SAP is now conducting a Student Success Team and Parent Support as part of their activities. This multidisciplinary team consists of school staff, administrators, social workers, and the intervention coordinator who collectively review school and assessment data to identify students in need of behavioral health interventions and support to ensure their academic success.

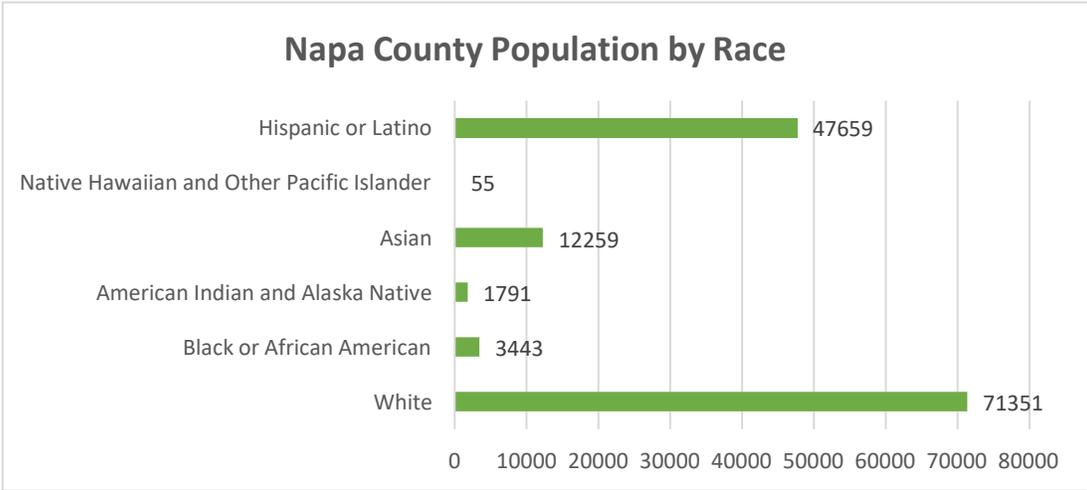
Overview of Napa County

Napa County, located at the heart of California’s preeminent wine country, is home to residents who share a strong sense of community and a legacy of preserving 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. According to 2019 Census estimates, Napa County’s estimated population was 137,744¹. The table below shows Napa County’s population by city and race/ethnicity. American Canyon is the most diverse city in Napa County. (Please note that White may include other ethnicities).

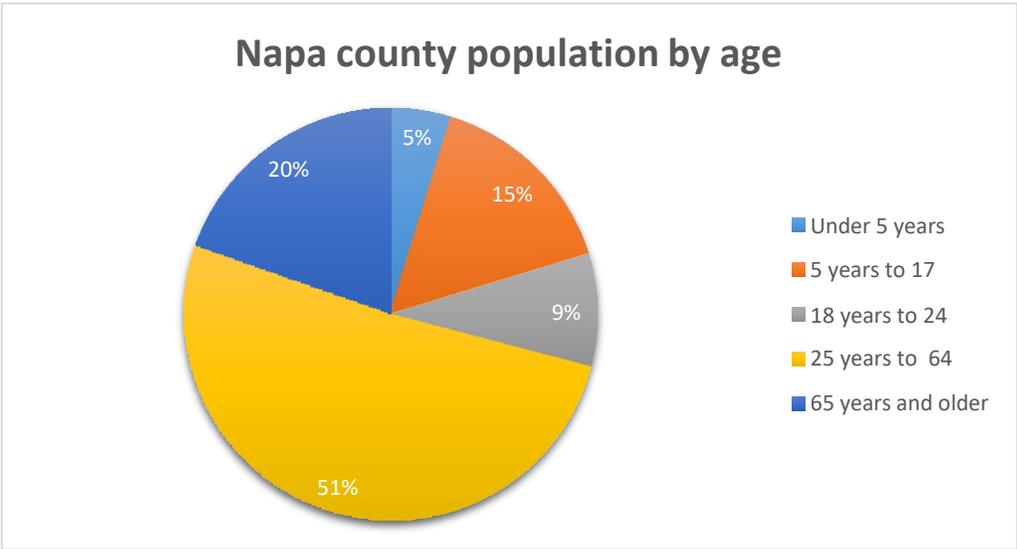


The largest racial group in Napa County is White, 51.8% of individuals identify as White. Latinos are the second largest racial group in Napa County with just under 35% of individuals identifying as Hispanic or Latino. Almost 9% of individuals identify as Asian, making this the third largest racial group in Napa County.²

¹ [U.S. Census Bureau QuickFacts: Napa County, California](#)
² <https://data.census.gov/cedsci/table?q=Napa County, California Populations and People&tid=ACSST1Y2019.S0101&hidePreview=false>



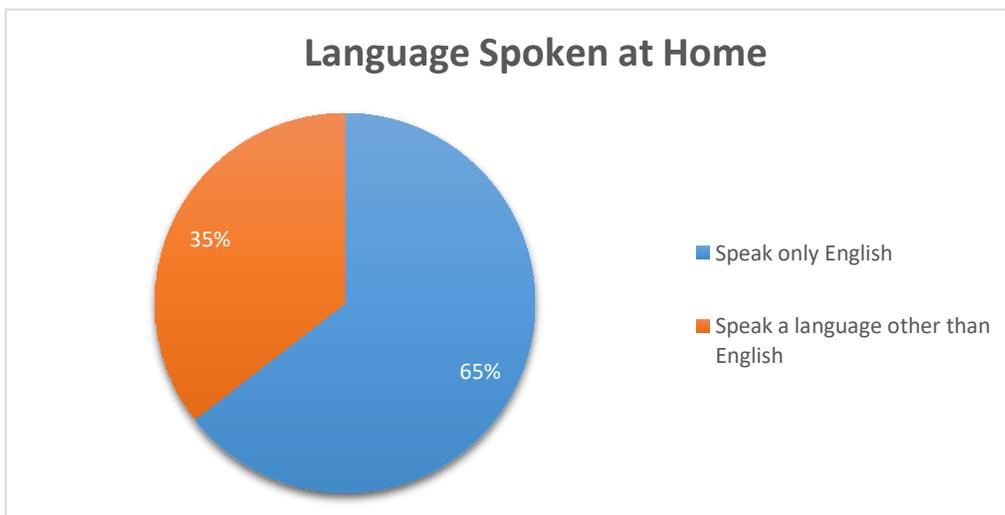
Fifty-one percent of all residents range from 25 years to 64 years old; this group makes up most of the county. The second largest group are individuals 65 years and older, making up 20% of the county’s population. The third largest group are youth ranging from 5 years to 17 years old. Children ranging from 0 to 5 years make up 5 percent of Napa’s population³.



In Napa County, 35% of individuals speak a second language. About 28% of individuals are Spanish speakers and Spanish is a county threshold language.⁴

³ <https://data.census.gov/cedsci/table?q=Napa County, California Populations and People&tid=ACST1Y2019.S0101&hidePreview=false>

⁴ <https://data.census.gov/cedsci/table?q=Napa County, California Populations and People&tid=ACST1Y2019.S0101&hidePreview=false>



Napa County Mental Health Stakeholder Participation

The Division's Mental Health Stakeholder Advisory Committee (SAC) is the primary stakeholder body that is involved in the Mental Health Division's MHSA Community Program Planning Process and is composed of:

- Consumers and Family Member Representatives
- Napa County Undersheriff representing Law Enforcement
- Representative from the Napa County Mental Health Board
- 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 Napa County Behavioral Health Committee
- Representative from Ole Health representing Health providers
- Representative from Community Family Centers
- Representative from Napa Valley College representing Student Mental Health
- 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
- 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
- Director, Clinical Director and Staff of the Mental Health Division.

The SAC participates in all stages of the planning process. They also work with the County to ensure that their constituencies receive the information necessary to be able to give input and participate in the planning process. SAC meetings take place every first Wednesday of the month and meetings are open to the public.

Public review and public hearing

The 30-day Public Review and Comment Period for the FY 21-22 Annual Update to the MHSA Three Year Plan took place from Friday, June 11th to Monday, July 12th. A public hearing was held via Zoom at a publicly noticed meeting of the Napa County Mental Health Board on Monday, July 12th at 4pm.

MHSA Funding

The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004, became effective January 1, 2005, and established the Mental Health Services Fund (MHSF). Revenue generated from a one percent tax on personal income more than \$1 million is deposited into the MHSF. According to the fiscal consultant for the California Behavioral Health Directors Association, MHSA revenue is anticipated to increase by approximately 5% for FY 21-22 and then decrease by approximately 16% in FY 22-23. This represents a net decrease over two years of 11% of funding. The MH Division currently has an operating reserve equivalent to a full year of MHSA funding, so this decrease should not adversely impact programs and staffing. The MHD will carefully monitor revenue and expenditures in the coming years to determine if funding and program adjustments will need to be made.

Component: Prevention and Early Intervention (PEI) Annual Program Evaluation Report

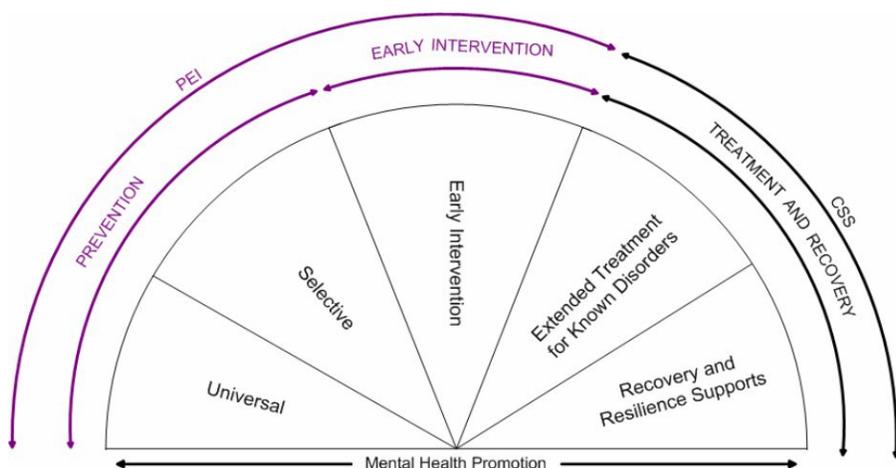
Introduction

Prevention and Early Intervention is one of five components that make up the Mental Health Services Act (MHSA). The Act, also known as Proposition 63, was passed by voters in 2004, and is intended to support mental health services in California. The funding is distributed by each county based on the local needs identified in community planning processes.⁵ The scope of prevention and early intervention services intended to be funded using PEI is described in the figure below. Note that PEI funds are separate from Community Services and Supports, which focus primarily on intervention and treatment for individuals who have been diagnosed with a Serious Mental Illness.

⁵ In addition to Prevention and Early Intervention, the five components also include Community Services and Supports, Innovation, Capital Facilities and Technology and Workforce Education and Training. More information about the five components of MHSA can be found here:

https://mhsoc.ca.gov/sites/default/files/documents/2016-02/FactSheet_FiveComponents_121912.pdf

Mental Health Intervention Spectrum Diagram⁶



The community planning for the current Prevention and Early Intervention (PEI) programs took place in 2007 and was updated in 2020. The regulations that describe the parameters of the funding and the reporting are updated periodically by the Mental Health Services Oversight and Accountability Commission (MHSOAC). In July 2018, the MHSOAC updated the PEI regulations to define services and describe the intended outcomes for PEI programs.

This program summary report reflects significant shifts in how the PEI programs reported demographics, program activities and outcomes. FY 19-20 is the first year that all nine programs were able to report in alignment with the updated regulations.⁷ The Prevention and Early Intervention programs provide services and supports within three categories: Stigma and Discrimination Reduction, Prevention and Early Intervention.

Report Organization

Section One: Summary of Activities and Outcomes across Programs

The report begins with a summary of the activities and outcomes across all the programs. Because programs use varied approaches to prevention and early intervention, this section is to aid in understanding the overall scale and impact of the funding. The sections include Partnerships, Outreach, Demographics, Screenings, Outcomes, Referrals as well as a summary of the Program Changes Due to COVID-19.

Section Two: Summary of Activities and Outcomes by Program

Next, each of the program’s activities and outcomes are summarized by funding area: Stigma and Discrimination Reduction, Prevention, or Early Intervention. Each program summary includes information about the community needs addressed by the program, the program’s activities and

⁶ Source: Adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000), From the MHSA Proposed Guidelines Prevention and Early Intervention Component of the Three-Year Expenditure Plan, September 2007., page 6.

⁷ The updated Prevention and Early Intervention Regulations as of July 1, 2018 can be found here: https://mhsaac.ca.gov/sites/default/files/documents/2018-08/PEI%20Regulations_As_Of_July%202018.pdf

outcomes in FY 19-20, the changes the program made due to COVID-19, and the planned activities and outcomes for FY 20-21.

Prevention and Early Intervention Programs by Funding Area in FY 19-20

PEI Funding Area	Agency and Program Name
Stigma and Discrimination Reduction	On The Move: LGBTQ Connection
Prevention	Suscol Council: Native American PEI Project
	UpValley Family Centers: UpValley Mentoring Program PEI Project (CLARO/CLARA)
	Napa Valley Education Foundation: American Canyon Student Assistance Program
	Cope Family Center: Home Visitation
	Cope Family Center: Strengthening Families
	NEWS: Kids Exposed to Domestic Violence (KEDS)
Early Intervention	Napa County Office of Education (NCOE): Court and Community Schools Student Assistance Program
	Mentis: Healthy Minds, Healthy Aging (HMHA)

Tables summarizing partnership and outreach activities by month are included on page 76 and 77.

Section One: Summary of Activities and Outcomes across Programs

Overview

This section aggregates the activities and outcomes for FY 19-20 to demonstrate how the nine PEI programs collectively address mental health prevention and early intervention in Napa County. Each of the nine programs are using different approaches to access community members, some of the programs focus on partnerships and outreach others focus on providing direct services. While each PEI program is distinct and not comparable to each other, this table is provided to illustrate program strategies and to clarify which programs are included in the aggregated summaries.

**Prevention and Early Intervention FY 19-20
Overview of Activities and Outcomes across Programs**

	Partnerships	Outreach	Demographics	Screenings	Outcomes	Referrals	COVID-19 Changes
Agency: Program							
Stigma and Discrimination Reduction							
On The Move: LGBTQ Connection	X	X	X				X
Prevention							
Suscol Intertribal Council: Native American PEI Project	X	X	X			X	X
UpValley Family Centers: UpValley Mentoring Program PEI Project (CLARO/CLARA)	X		X			X	X
Napa Valley Education Foundation: American Canyon Student Assistance Program	X		X	X		X	X
Cope Family Center: Home Visitation	X		X	X	X	X	X
Cope Family Center: Strengthening Families		X	X	X	X	X	X
NEWS: Kids Exposed to Domestic Violence (KEDS)	X	X	X			X	X
Early Intervention							
Napa County Office of Education (NCOE): Court and Community Schools Student Assistance Program			X	X		X	X
Mentis: Healthy Minds, Healthy Aging (HMHA)		X	X	X	X	X	X

Partnerships

The PEI programs are intended to extend the reach of the Mental Health Division into the community. In FY 19-20, six of the nine funded programs used MHSA funds to develop and maintain partnerships with agencies in Napa County. In some cases, these were partnerships that were initiated by the

program to strengthen the mental health supports they provide for individuals, in other cases, program staff went to agencies to bring a mental health perspective to discussions about how to care for people in Napa County.

The six agencies worked with 72 individuals and/or organizations in 202 meetings during the fiscal year. The partners included schools, faith communities, established public agencies, and campaigns for elected offices.

The individuals and organizations that partnered with PEI funded programs are listed below alphabetically:

- 2020 Census Napa County
- Abode
- Aldea
- American Canyon High School Staff
- American Canyon Middle School Staff
- Arts Council Napa Valley
- Burnett Therapeutic Services, Inc.
- Calistoga Joint Unified School District
- Child Start
- City of Napa
- City of Napa Housing Authority
- City of St. Helena
- Cope Family Center
- Courage Center
- Community Resources for Children
- Crosswalk Church
- Equality California Institute (EQCAI)
- Fair Housing Napa Valley
- Fellowship of Episcopal Churches of the Napa Valley: Napa, St. Helena, Calistoga
- First 5 Napa County
- GEO Reentry Services
- Immigration Institute of the Bay Area (IIBA)
- Innovations Community Center
- JGS Distributing
- LGBT Veterans of the North Bay
- MCE Community Choice Energy
- Mentis
- Multidisciplinary Team (14 agencies)
- Napa County Child Welfare Services
- Napa County District Attorney's Office
- Napa County Health & Human Services Agency (HHSA)
- Napa County Library
- Napa County Office of Education (NCOE)
- Napa County Office of Education (NCOE) - Camille Creek School
- Napa County Probation
- Napa County Suicide Prevention Council
- Napa Creek Manor
- Napa Junction Elementary School Staff
- Napa Police Department
- Napa State Hospital
- Napa Valley Community Organizations Active in Disaster (COAD)
- Napa Valley Unified School District (NVUSD)
- NEWS (Nurturing, Empowerment, Worth, Safety)
- Napa County Regional Park & Open Space District
- ParentsCAN
- Puertas Abiertas
- Queen of the Valley Care Network
- Queen of the Valley Hospital
- Queen Of the Valley-Community Outreach
- Rainbow Action Network (RAN)
- Resource Conservation District
- St Helena Unified School District
- Sunrise Montessori of Napa Valley
- Travis Credit Union
- Unitarian Universalists, Napa
- UpValley Family Centers in St. Helena and Calistoga
- Women's Intercultural Network
- Yountville Veteran's Home

Outreach

PEI funds are used to educate the community about the signs and symptoms of mental health concerns, as well as to share resources for mental health supports with Napa County residents. In FY 19-20, four of the nine agencies provided outreach in the community using MHSA funds. These efforts resulted in 128 events reaching 8,601 participants. One agency provided outreach exclusively through social media and reached an average of 1,691 users each month.

Location

About two-thirds of the events took place in the City of Napa (65%), 25% took place in UpValley communities and 9% took place online. One event was held in American Canyon.

**Prevention and Early Intervention Programs:
Outreach Event Location in FY 19-20**

Event Location	# of Events	Percent
American Canyon	1	1%
Calistoga	7	5%
Napa	83	65%
St. Helena	20	16%
Yountville	5	4%
Unincorporated Area of Napa County	1	1%
Online	11	8%
Total Outreach Events	128	100%

Setting

The four agencies who used PEI funds to provide outreach primarily held the events in cultural organizations, recreational settings, schools and universities, and senior centers. These settings accounted for 63% of the events.

**Prevention and Early Intervention Programs:
Outreach Events by Setting in FY 19-20**

Event Setting	Frequency	Percent
Cultural organizations	30	23%
Recreational settings	18	14%
Schools/Universities	17	13%
Senior centers	15	12%
Residences	7	5%
Support groups	5	4%
Family resource centers	4	3%
Churches or faith-based organizations	3	2%
Primary health care or health clinics	3	2%
Libraries	2	2%
Other (online, other social service agency, community settings)	24	18%
Total Events	128	100%

Participants

Most of the outreach was for the public (72%). When combined, students and educators participated in 15% of the events and made up about 10% of the total participants.

**Prevention and Early Intervention Programs:
Outreach Events and Attendance by Participant Description in FY 19-20**

Participant Description	Outreach Events		Attendance	
	Frequency	Percent	Participants	Percent
General Public	48	38%	6,227	72%
Students	13	10%	568	7%
Other Social Service Providers	7	5%	474	5%
Faith leaders	2	2%	251	3%
Other	5	4%	238	3%
K-12 educators	4	3%	210	2%
Seniors	20	16%	186	2%
Consumers and/or family members	15	12%	153	2%
Parents	3	2%	82	1%
Medical Providers	2	2%	75	1%
College and university educators	2	2%	51	1%
Behavioral Health Providers	3	2%	45	1%
Active Military or Veteran	2	2%	38	0%
Politicians	2	2%	3	0%
Total Outreach	128		8,601	

Demographics

The MHD funds PEI programs to reach communities, populations and individuals who are unserved or underserved and not as likely to seek out or use existing mental health supports. To understand how the programs can access these groups, demographics were collected for all individuals who participated in a service. Services included workshops, classes, support groups, individual visits with support providers as well as therapeutic services.

MHSOAC requests demographics in several areas that are more specific than the demographics generally collected by the programs. In particular, the data to describe Race and Ethnicity, Gender Identity, Sexual Orientation and Disability are often outside of the typical data collection that programs have in place for the individuals they serve. In FY 19-20, programs were encouraged to collect what they were able to and to reach out to MHSA staff for additional resources as indicated.

Overall

The overall demographics of the individuals served have been aggregated for this report to protect the identities of individuals in smaller PEI programs. Programs collected demographic forms for 85% of the individuals served. Programs were able to report some demographics based on their knowledge of the individuals without a full demographic form, particularly for the age, language, and primary residence categories. There were several areas where the demographic data collection was challenging.

- **Race:** In several programs, staff reported that individuals who identify as Hispanic or Latino did not want to indicate they were “White” when asked about race. In one program, individuals chose “American Indian” as they felt that most reflected their indigenous Mexican and Central American heritage. In other programs, the individuals chose “Other,” “Decline,” or did not respond to this question.
- **Ethnicity:** The ethnicity categories ask for individuals to choose a more detailed category within the broader Hispanic or Latino or Non-Hispanic groupings. Many programs collected information about whether participants identify as Hispanic/Latino but did not collect more specific information.
- **Gender Identity and Sexual Orientation:** Many of the programs reported difficulty collecting information about gender identity and sexual orientation. In some cases, the programs noted that they do not see individuals long enough to build the rapport and trust they felt was needed to request this information. In other cases, programs indicated they were unsure of how to bring these areas into the conversations with individuals including middle school students. A few programs described the need for staff training for these two areas. Programs that used a clinician to do the intake with individuals were more likely to collect this information consistently. Some programs reported that staff may be completing this section without directly asking individuals. In FY 19-20, gender identity information was collected for 85% of participants and sexual orientation information was collected for 73% of participants.
- **Disability:** The questions about disabilities were generally reported by school-based programs that screen for disabilities to assist students in learning. Other programs did not collect this information as consistently. At several agencies, there was confusion about the definition of disability, particularly when consumers completed the demographic form themselves. In FY 19-20, adult disability information was collected for 58% of participants.

Referrals

Demographics are also collected for individuals who were referred to mental health services. Programs collected demographics for 74% of the individuals referred.

Summary Table

The demographics are summarized in the following table to illustrate the reach of the PEI programs into the Napa County communities and describe who received referrals for mental health services and supports in FY 19-20.

**Prevention and Early Intervention Programs:
Summary of Participant Demographics for Services and Referrals in FY 19-20**

	Q1/Q2	Q3/Q4	FY 19-20 Program Services		FY 19-20 Referrals
			Contacts	Percent	
Total Number of participants (unduplicated)	752	358	1,110	--	298
<i>Demographic forms collected</i>	675	267	942	85%	74%
Race	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
American Indian or Alaska Native	94	46	140	13%	9%
Asian	49	33	82	7%	5%

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	Q1/Q2	Q3/Q4	FY 19-20 Program Services		FY 19-20 Referrals
			Contacts	Percent	
Black of African American	30	26	56	5%	1%
Native Hawaiian or Pacific Islander	2	3	5	0%	0%
White	335	194	529	48%	31%
Other	105	28	133	12%	16%
More than one race	33	21	54	5%	6%
Decline to answer	23	14	37	3%	17%
Ethnicity	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
<i>Hispanic or Latino as follows:</i>	238	65	303	27%	--
Caribbean	0	0	0	0%	0%
Central America	11	2	13	1%	1%
Mexican/Mexican-American	300	95	395	36%	25%
Puerto Rican	1	1	2	0%	0%
South American	3	0	3	0%	0%
Other	58	26	84	8%	3%
<i>Non-Hispanic as follows:</i>					0%
African	14	16	30	3%	0%
Asian Indian/South Asian	6	0	6	1%	0%
Cambodian	1	0	1	0%	0%
Chinese	1	4	5	0%	0%
Eastern European	2	4	6	1%	0%
European	53	60	113	10%	4%
Filipino	24	12	36	3%	3%

	Q1/Q2	Q3/Q4	FY 19-20 Program Services		FY 19-20 Referrals
			Contacts	Percent	
Ethnicity (cont'd)	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
Japanese	1	0	1	0%	0%
Korean	0	0	0	0%	0%
Middle Eastern	4	0	4	0%	0%
Vietnamese	0	0	0	0%	0%
Other	30	19	49	4%	2%
More than one ethnicity	20	16	36	3%	0%
Decline to answer	75	29	104	9%	20%
Age	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
0-15 Children/Youth	321	179	500	45%	49%
16-25 TAY	205	57	262	24%	19%
26-59 Adult	108	58	166	15%	28%

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			FY 19-20 Program Services		FY 19-20 Referrals
			Q1/Q2	Q3/Q4	
Ethnicity (cont'd)					
60+ Older Adult	73	50	123	11%	1%
Decline to answer	5	5	10	1%	3%
Veteran Status (age 18 and older only)	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
Yes	11	6	17	2%	0%
No	102	67	169	15%	21%
Decline to answer	52	21	73	7%	0%
Sex Assigned at Birth	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
Male	261	136	397	36%	12%
Female	391	206	597	54%	39%
Decline to answer	59	24	83	7%	
Current Gender Identity	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
Male	222	82	304	27%	14%
Female	346	160	506	46%	46%
Transgender	0	0	0	0%	0%
Genderqueer	1	0	1	0%	0%
Questioning or unsure of gender identity	10	7	17	2%	0%
Another gender identity	4	5	9	1%	0%
Decline to answer	48	56	104	9%	5%
Sexual Orientation	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
Gay or Lesbian	7	6	13	1%	0%
Heterosexual or Straight	301	171	472	43%	44%
Bisexual	96	10	106	10%	3%
Questioning or unsure of sexual orientation	12	0	12	1%	0%
Queer	2	1	3	0%	0%
Another sexual orientation	7	0	7	1%	0%
Decline to answer	101	93	194	17%	17%

Disability <i>Mental or physical impairment lasting more than 6 months and limiting major life activity that is not the result of a severe mental illness</i>			FY 19-20 Program Services		FY 19-20 Referrals
			Q1/Q2	Q3/Q4	
Mental (excluding: Mental Illness)	44	25	69	6%	0%
Physical/mobility	31	13	44	4%	0%
Chronic health condition (including chronic pain)	45	35	80	7%	0%
Difficulty seeing	18	7	25	2%	0%
Difficulty hearing	13	3	16	1%	0%
Other	11	7	18	2%	0%

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No disability	246	79	325	29%	48%
Decline to answer	60	11	71	6%	0%
Primary Language	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
English	370	192	562	51%	66%
Spanish	225	128	353	32%	28%
Other	33	9	42	4%	6%
Decline to answer	5	6	11	1%	0%
Primary Residence	Q1/Q2	Q3/Q4	Contacts	Percent	Percent
American Canyon	207	161	368	33%	21%
Napa	225	129	354	32%	48%
Yountville	7	5	12	1%	0%
St Helena	66	19	85	8%	1%
Angwin	2	0	2	0%	0%
Calistoga	108	5	113	10%	2%
Unincorporated Area of Napa County	3	2	5	0%	0%
Other	10	8	18	2%	1%
Decline to answer	4	5	9	1%	1%

Screenings

Five of the nine programs screened individuals for mental health concerns in FY 19-20. Some programs used a single screener, others used several. Overall, 35% of the screenings indicated some risk for a mental health concern.

**Prevention and Early Intervention Programs:
Summary of Screenings Completed Prior to Services, by Screener in FY 19-20**

Screener Used	Group Screened	Number of Individuals Screened	Percentage in Risk Category		
			No Risk	Mild to Moderate Risk	High Risk
Edinburgh Post-Natal Depression Scale	Parents of Children 0-5	102	72%	27%	1%
Ages and Stages (ASQ)	Children 0-5	216	87%	8%	5%
Ages and Stages Social Emotional (ASQ-SE)	Children 0-5	146	85%	8%	7%
Strengths and Difficulties Questionnaire (SDQ)	Students K-12	1,951	67%	19%	14%
	Parents of Children 0-18	28	7%	36%	57%

Depression Severity (DASS-21 Scores)		17	35%	18%	47%
Anxiety Severity (DASS-21 Scores)		17	24%	12%	65%
Stress Severity (DASS-21 Scores)		17	12%	18%	71%
PHQ-9	Students, Grade 9-12	143	31%	23%	7%
	Parents of Children 0-18	28	7%	36%	57%
	Older Adults	91	25%	29%	4%
Overall/All Screenings		2,548	70%	20%	15%

Outcomes

Three of the nine programs were able to rescreen individuals after they received mental health services and supports. Some individuals were screened with more than one screener. Overall, 222 individuals completed a Post-Screening, and 98% reported fewer symptoms and/or lower risks on at least one of the tools used. The collection of the Post-Screening information was hindered by COVID-19 Shelter in Place order for several programs.

**Prevention and Early Intervention Programs:
Summary of Screenings Completed After Services, by Screener in FY 19-20**

Screener Used	Group Screened	Number of Individuals Screened	Percentage of Individuals who Reported Fewer Symptoms/ Lower Risks after Services
Edinburgh Post-Natal Depression Scale	Parents of Children 0-5	90	65%
Depression Severity (DASS-21 Scores)	Parents of Children 0-18	14	71%
Anxiety Severity (DASS-21 Scores)		14	64%
Stress Severity (DASS-21 Scores)		14	64%

Emotional Rating Scale		27	100%
PHQ-9		26	100%
	Older Adults	91	87%
Overall/All Screenings		222	98%

Referrals

Eight of the nine programs provided referrals to mental health services and supports for individuals they served. Overall, 298 referrals were given representing 27% of participants.

Location

The most common referrals were to Mentis programs and Napa County Mental Health. These two referral agencies accounted for 75% of all referrals.

**Prevention and Early Intervention Programs:
Referrals by Location in FY 19-20**

Referral Location	# of referrals	Percent
Mentis	124	42%
Napa County Mental Health: ACCESS	99	33%
Aldea	18	6%
Exodus	11	4%
Burnett Therapeutic Services, Inc.	6	2%
Alternatives For A Better Living	5	2%
Innovations Community Center	5	2%
Stanford Youth Solutions	5	2%
Napa Infant Preschool Program	4	1%
Therapeutic Child Care Center	4	1%
Kaiser	3	1%
Private Therapist	3	1%
Napa Mom Squad	2	1%
Ole Health	2	1%
Cope	1	<1%
Napa County Alcohol and Drug Services & NA	1	<1%
National Suicide Prevention Hotline	1	<1%
ParentsCAN	1	<1%
Other	3	1%
Total Referrals	298	100%

Timeliness

One fifth of the referrals occurred within the first month that an individual experienced symptoms. An additional 29% occurred within the first year. Nine individuals (3%) reported untreated symptoms for over ten years with a range from “10+” to 36 years.

**Prevention and Early Intervention Programs:
Timeliness of Referrals for Mental Health Concerns in FY 19-20**

Length of Time from Mental Health Symptoms to Referral		
Months	# of occurrences	Percent
0 Months	60	20%
1 Month	8	3%
2 Months	17	6%
3 Months	10	3%
4 Months	8	3%
5 Months	4	1%
6 Months	26	9%
7 Months	7	2%
8 Months	6	2%
9 Months	1	<1%
10 Months	0	0%
11 Months	0	0%
Years		
1 Year	19	6%
2 Years	7	2%
3 Years	6	2%
4 Years	3	1%
5 Years	4	1%
6 Years	3	1%
7 Years	2	1%
8 Years	0	0%
9 Years	1	<1%
10 Years	1	<1%
More than 10 years	9	3%
Unknown	96	32%
Total Referrals	298	100%

COVID-19 Shelter-in-Place

As the COVID-19 Shelter-in-Place Order took effect in March 2020, Napa County MHSA staff reached out to the nine PEI programs to understand the program changes that were occurring in response to the restrictions. These conversations continued as the programs adapted and as they completed the program reports for FY 19-20. The program staff’s comments are summarized at the end of each

program summary report and are aggregated in this section to provide an overview of the various shifts made in services, outreach, and evaluation to continue to serve participants during the pandemic.

Changed Format of Services

All the programs reported moving their services to an online/virtual format and most reported using phone services as well to reach individuals they previously served in person. As they described this shift, most also noted that services were paused for a bit to pivot to the new formats and to address/accommodate participants’ technology needs. Two programs noted that the virtual format made parts of their services more accessible, and more people were able to participate after the changes were made.

**Prevention and Early Intervention Programs
 COVID-19 Shelter-in-Place Changes in FY 19-20
 Changed Format of Services (n=9)**

Changed Format of Services	PEI Funded Programs Reporting Changes	
	Frequency	Percent
Shifted Services to Virtual Format	9	100%
Shifted Services to Phone Format	8	89%
Addressed/Accommodated Technology Needs of Participants	5	56%
Program Paused Services to Pivot to Virtual Format	6	67%
Virtual Format Made Services More Accessible to Participants	2	22%

Changed Type of Services

Two thirds of the programs reported contacting consumers to check on their wellbeing and needs after the Shelter-in-Place Order took effect. These check-ins informed the programs’ understanding of the participants’ changing needs and resulted in programs reducing some services and in one case, adding new services. Generally, the programs reported an increase in the need for one-on-one supports and decreased interest in and feasibility of group supports. A few programs also noted that they reduced screening and referrals during this time due to lack of access to individuals and temporarily unclear protocols about how to access referral services.

**Prevention and Early Intervention Programs
 COVID-19 Shelter-in-Place Changes in FY 19-20
 Changed Type of Services (n=9)**

Changed Type of Services	PEI Funded Programs Reporting Changes	
	Frequency	Percent
Increased Contacts with Participants/Wellbeing Checks	7	78%
Participants Reported Increased/Changed Needs	6	67%
Reduced Some Services	7	78%
Added New Services	1	11%

Reduced Screening/Referrals	2	22%
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Changed Outreach

Programs that had events and/or meetings planned cancelled these activities with the Shelter-in-Place Order. In response to the shift, three of the programs put increased efforts into posting on social media platforms to continue to connect with individuals in the community and to provide information and support.

**Prevention and Early Intervention Programs
 COVID-19 Shelter-in-Place Changes in FY 19-20
 Changed Outreach (n=9)**

Changed Outreach	PEI Funded Programs Reporting Changes	
	Frequency	Percent
Increased Social Media	3	33%
Cancelled Outreach Events and/or Meetings	4	44%

Changed Evaluation

In a few cases, programs reported that they were unable to collect data as effectively after the Shelter-in-Place Order. This primarily impacted the collection of post assessments and surveys that would typically take place in the fourth quarter. In one instance, the program changed how they collected data in response to the changed services and access to participants.

**Prevention and Early Intervention Programs
 COVID-19 Shelter-in-Place Changes in FY 19-20
 Changed Evaluation (n=9)**

Changed Evaluation	PEI Funded Programs Reporting Changes	
	Frequency	Percent
Less Data Collected	3	33%
Changed Data Collection	1	11%

Section Two: Summary of Activities and Outcomes by Program

Stigma and Discrimination Reduction

Napa County funds one PEI Stigma and Discrimination Reduction Program. The LGBTQ Connection PEI program focuses on reducing stigma and promoting inclusive services that screen, support, and refer individuals who identify as LGBTQ for mental health concerns. The services of stigma and discrimination reduction programs fall into three categories: Outreach, Mental Health Screening and Referrals, and Trainings.

Overview

For the ease of quickly reviewing the population served and the program activities, an overview is provided in the following table. The program is nested within a larger organization and in FY 19-20 used other funding to screen and refer individuals with mental health concerns.

Stigma and Discrimination Reduction in FY 19-20
Overview of Stigma and Discrimination Reduction Program: Population Served and Activities

Agency: Program	Population Served	Outreach	Mental Health Screenings and Referrals	Trainings
On The Move: LGBTQ Connection	Individuals who identify as LGBTQ Providers who serve LGBTQ individuals in Napa County	Outreach to individuals who identify as LGBTQ to promote awareness about when to seek mental health support and how to access affirming services.	<i>(Not funded by MHSa: PEI in FY 19-20)</i>	Provide LGBTQ Best Practice Trainings to providers and offer technical assistance to individual organizations

Outcomes

The outcomes below are a summary to demonstrate how the Stigma and Discrimination Reduction program promotes awareness and inclusive mental health services for LGBTQ individuals.

- Improved understanding, compassion and confidence among the providers who attended the LGBTQ Best Practice Trainings.
- The providers who attended the trainings reported making changes in their workplace to make mental health services more affirming and to improve access for LGBTQ individuals.

On The Move: LGBTQ Connection

Community Needs Addressed by Program

- Lack of LGBTQ competent and/or specialized community resources and services (social-services, health/mental-health, government, education, faith-based, etc.) in Napa Valley
- Mental health needs of LGBTQ individuals are not being met
- LGBTQ people not accessing current services and/or are fearful of presenting their full selves

FY 19-20: Activities and Outcomes

Outreach: Outreach to the Napa County LGBTQ community about understanding when to seek mental health support, and how to access affirming mental health services.

- **Increased Social Media Presence during Shelter-in-Place:** On average, the program provided social media outreach six times/month on three platforms (Facebook, Instagram, and Twitter).

Once the COVID Shelter-In-Place order took effect, the program increased postings to an average of 19 times/month.

- **Focus on Mental Health Topics and Strategies:** The most frequent topics of the posts included: Self Care (35%), Mental Health Resources (26%), Coping Strategies (22%), COVID related concerns and/or Resources (20%), and LGBTQ Affirming Resources (19%).
- **Strong social media presence each month:** The program reached an average of 27,832 users each month and engaged with an average of 1,691 users across these social media platforms.

**Prevention and Early Intervention Programs:
LGBTQ Connection: Number of Followers, Estimated Reach and Engagement
Social Media Outreach in FY 19-20**

	Facebook	Instagram	Twitter
Number of Followers	4,268	1,638	923
Estimated Reach (Peak Month)	20,070	n/a	10,500
Estimated Reach (Average Month)	15,245	3,192	9,395
Engagement (Peak Month)	2,550	n/a	104
Engagement (Average Month)	1,183	412	96

Provider Trainings: The LGBTQ Connection program provided LGBTQ Best Practice trainings to service providers to show them how to improve their screening and referral practices and/or how best to support LGBTQ individuals with mental health concerns.

- **Improved Understanding, Compassion and Confidence:** In FY 19-20, 251 individuals attended the provider trainings. Of these, 134 responded to a survey about their learning because of the workshop. They reported the following changes:
 - 97% Improved understanding of LGBTQ identities.
 - 96% More compassion for LGBTQ people and their experiences.
 - 96% More awareness of issues that affect the mental health of LGBTQ individuals.
 - 99% More confidence in their ability to support LGBTQ people, and
 - 95% Gained understanding of affirming mental health resources for LGBTQ people, and
 - 86% Can identify specific mental health resources accessible for LGBTQ people.
- **Providers Made Changes in their Workplace:** Of the 251 individuals who attended the provider trainings, 67 responded to questions about the types of changes they intended to make when returning to their workplace to make mental health services more affirming and to improve access for LGBTQ individuals. An online survey was sent out twice to providers to ask what they have implemented.
 - Providers were most likely to indicate that they intended to and actually did shift language in their workplaces.

- Displaying support for LGBTQ consumers and sharing inclusive resources was also frequently noted.
- Making concrete changes to outreach, programs and or the organization was less frequently reported by respondents.

**Prevention and Early Intervention Programs:
LGBTQ Connection: Intended and Actual Changes made to Workplace,
Provider Workshop Survey and Three Month Survey in FY 19-20**

Workplace Changes	Intended Changes (n=67)	Actual Changes (n=19)
Using gender neutral language	15%	63%
Asking and respecting preferred names and pronouns	34%	58%
Sharing LGBTQ-inclusive resources	1%	42%
Showing visible displays of support for LGBTQ consumers (Rainbow stickers, flags, etc.)	16%	31%
Making forms more inclusive	1%	15%
Attending more trainings or looking for more resources	3%	5%
Doing LGBTQ-inclusive outreach	3%	5%
Made a change to organizational policy or practice guidelines	3%	5%
Created or updated a program offering to be LGBTQ specific or LGBTQ inclusive	0%	5%
Other	28%	37%

Technical Assistance for Organizations: LGBTQ Connection provided technical assistance to 30 organizations representing a variety of service sectors. Five of the agencies served also received MHSA PEI Funding.

- 13%: Behavioral Health Care Providers
- 11%: Law Enforcement
- 11%: Schools/Universities
- 8%: Primary health care or health clinics
- 5%: Libraries
- 5%: Residences
- 3%: Churches or faith-based organizations
- 3%: Cultural organizations
- 3%: Senior centers
- 3%: Support groups
- 37%: Other

LGBTQ Connection met with agencies an average of 1.9 times, and up to seven times, during the fiscal year to support their efforts to improve their outreach to be inclusive, provide training to the organization as the staff adjust services to support LGBTQ individuals, and offered technical assistance about inclusive language, celebrating PRIDE, best practices, strategic planning, and evaluation.

FY 19-20: Program Changes due to COVID

- **Outreach:** Once the COVID Shelter-In-Place order took effect, the program increased social media postings to an average of 19 times/month compared to an average of six times/month pre-COVID.
- **Outreach:** The program began monthly “COVID check-ins” with participants to ask about well-being and mental health and to offer supports, services, and referrals.
- **Provider Trainings:** In April, the Provider Trainings were moved to a virtual format using Zoom. To be sure it was dynamic, interactive, and engaging, they staff use the whiteboard features and the breakout rooms. They piloted the training with their own agency staff in May and began offering it to providers in June 2020.
- **Technical Assistance for Organizations:** The staff noted there was less interest from organizations for technical assistance in March and April as agencies adjusted their services to accommodate the new guidelines. Organizations began to reach out again in June as they considered how to incorporate PRIDE month celebrations into their services.

FY 20-21: Activities and Outcomes

Activities

Outreach: Outreach to the Napa County LGBTQ community about understanding when to seek mental health support, and how to access affirming mental health services.

Screening and Referrals: Individuals are screened for mental health needs and referred as indicated.

Provider Trainings: Provide LGBTQ Best Practice trainings to service providers to address how to screen, refer, and/or support LGBTQ individuals with mental health concerns.

Organizational Assessments: Provide technical assistance and organizational assessments to organizations in Napa County that screen for, refer to and/or support individuals with mental health concerns. This includes programs receiving MHSA-PEI funding.

Outcomes

Screening and Referrals: Individuals are referred as indicated and receive mental health services.

Provider Trainings:

Workshop attendees report improved:

- Understanding of LGBTQ identities.
- Compassion for LGBTQ people and their experiences.
- Awareness of issues that affect the mental health of LGBTQ individuals.
- Confidence in their ability to support LGBTQ people, and
- Understanding of affirming mental health resources for LGBTQ people.

Providers make changes to make services more affirming and to improve access for LGBTQ individuals.

Technical Assistance for Organizations: Organizations make changes to make outreach and services more affirming and to improve access for LGBTQ individuals.

Prevention

Napa County MHSA funded six Prevention programs serving individuals of all ages with a focus on children, youth, and their families. The work of these programs fell into four categories: Partnerships, Outreach, Screenings/Referrals and Services/Supports. The section that follows provides a summary of each Prevention program’s activities and outcomes in FY 19-20.

Overview

For the ease of quickly reviewing the programs, the population served, and the program activities, general information is summarized in the following table. Some of the programs operate within a larger organization or program and thus have other funding or support to address an area, others rely on partners to provide services in a specific category.

**Prevention and Early Intervention Programs
Overview of Prevention Programs: Population Served and Activities in FY 19-20**

Agency: Program	Population Served	FY 19-20 PEI Funded Program Activities			
		Partnerships	Outreach	Mental Health Screenings and Referrals	Mental Health Services and Supports
Suscol Intertribal Council: Native American PEI Project	Individuals in Napa County who identify as Native American and community members with an interest in Native American history, culture, and traditions.	Partnerships with a variety of community organizations to promote access to services for Native individuals	Community outreach to promote familiarity with Native history and experiences	Informal conversation with individual	Monthly workshops to share/teach norms of indigenous culture
UpValley Family Centers: UpValley Mentoring Project (CLARO/CLARA)	Latino and Latina middle school and high school students in St Helena and Calistoga	Partnerships with school administration in St Helena and Calistoga	<i>(Not provided with PEI funding)</i>	Planned to implement Strengths and Difficulties Questionnaire in FY 20-21	Individual and group support
Napa Valley Education Foundation: American Canyon Student Assistance Program	American Canyon students in kindergarten to 12 th Grade	Partnerships with school administration in American Canyon	<i>(Not provided with PEI funding)</i>	Strengths and Difficulties Questionnaire	Group and individual Supports

Agency: Program	Population Served	FY 19-20 PEI Funded Program Activities			
		Partnerships	Outreach	Mental Health Screenings and Referrals	Mental Health Services and Supports
Cope: Home Visitation	Children 0-5 and their families	Participate in a Multidisciplinary Team and partner with Community Organizations Active in Disaster (COAD)	Parent events to promote social connections	Edinburgh Scale for Post-Partum Depression, Ages and Stages Questionnaire (ASQ and ASQ-SE)	Home visitors support individuals to connect to referrals and supports
Cope: Strengthening Families	Parents of Children 0-18 Individuals in UpValley communities	<i>(Not pursued with PEI funding)</i>	General outreach to families in Napa County about mental health supports and other resources	Informal conversation with parent to refer to groups PHQ-9, Emotional Rating Scale, and/or the DASS-21 for parents in groups	Group support for parents in Napa, St Helena, and Calistoga
NEWS: Kids Exposed to Domestic Violence	Children 0-18 who have been exposed to domestic violence	KEDS Collaborative: Meet with agencies serving children to educate about trauma informed responses	Parent and community outreach to educate about impact of domestic violence on mental health	Informal conversation with parent	Weekly support groups for children to teach coping skills

Outcomes

The programs receiving funds to provide prevention services do the work in a variety of ways. The outcomes listed demonstrate how the programs promote prevention of mental health concerns in Napa County.

- Maintained and developed partnerships to increase access to mental health services and supports for individuals who identify as Native American.
- Improved familiarity with the norms of indigenous cultures.
- Improved familiarity with the signs and symptoms of mental health concerns and the resources available in Napa County.
- Improved understanding of cultural identity among Latino/a youth. These youth also reported more positive relationships.

- Supported parents of children aged 0-5 to improve depression symptoms and to improve their social connections.
- Reduced depression, anxiety, and stress for parents of children aged 0-18. Parents also reported fewer mental health symptoms.
- Children learned coping strategies to reduce stress and anxiety. Children reported using the strategies and sharing them with their family.

Suscol Intertribal Council: Native American PEI Project

Community Needs Addressed by Program

- Lack of protective factors such as enculturation⁸ for Native people in Napa County
- Need to improve access to mental health services for Native people in Napa County.
- Lack of education about Native history and experiences in Napa County

FY 19-20: Activities and Outcomes

Organizational Partnerships: In FY 19-20, Suscol Intertribal Council maintained organizational partnerships and began several new partnerships to increase access to mental health services for Native individuals.

Maintained Partnerships

- **Innovations Community Center (ICC):** The agencies partnered to bring Suscol's PEI workshops to participants. Once the Shelter-in-Place was put into effect, the agencies worked together to provide workshops over Zoom.
- **Yountville Veterans Home:** Suscol Council collaborated with the Yountville Veterans Home to begin teaching workshops to the Native American residents. The workshops were not held due to Shelter-in-Place.
- **Courage Center:** Suscol Council and Courage Center staff developed a Memorandum of Understanding for referrals between the programs. As a result of this partnership, Courage Center staff attended further training about Native American experience in Napa County.
- **Napa Valley Unitarian Universalists (NVUU):** The NVUU provided meetings space for Suscol Council and is a partner in promoting cultural outreach and education about the Native people in Napa Valley. NVUU's Native minister disseminates the correct history of the region. This partnership encouraged better mental health by making local Native people feel visible and understood.
- **Napa County Resource Conservation District:** Suscol Council partnered with the Napa County Resource Conservation District to promote outdoor activities that enhance the wellness of Native people and connect them with their traditional lands. This was particularly important during the Shelter-in-Place Order that kept many people indoors.

Developed New Partnerships

- **Fellowship of Episcopalian Churches of the Napa Valley:** Suscol Council partnered with the Episcopalian churches in Napa Valley (Napa, St. Helena, and Calistoga) to support the work of anti-

⁸ Enculturation: The process whereby individuals learn their group's culture, through experience, observation, and instruction.

racism to unpack the systemic racism present in the Napa Valley, including the experiences of Native individuals. The coalition's work promoted the understanding and inclusion of non-white perspective and experience within the predominantly white community of Napa County.

- **Napa County Regional Park and Open Space District:** Suscol Council partnered with the Open Space District to incorporate Native American perspective in local land management. Participating in this partnership promoted the relevancy and value of the Native and Indigenous people and ceremony and encouraged Native wellness.
- **2020 Census Napa County:** Suscol Council staff worked with the 2020 Census outreach efforts to teach those planning for and doing outreach for the Census about the unique issues facing unrecognized, urbanized Native Americans and their descendants. Suscol Council also contacted Native American people to complete the Census and promoted the outreach efforts. This partnership was established to increase the resources allocated to Native people in Napa County (including relevant mental health resources).

Outreach (Information): Outreach was provided to share information and increase the community's familiarity with Native history and experiences in Napa County. General outreach also included information about ongoing classes for Native American individuals and for community allies who are interested in attending or could refer others to the resources.

In FY 19-20 Suscol Intertribal staff reported 52 instances of outreach to individuals and organizations in Napa County, reaching 3,153 individuals. The outreach is intended to raise awareness about Native history and experiences in Napa County, and to encourage individuals to join the ongoing workshops available for Native individuals and allies in Napa County. Most of the outreach was done in the City of Napa (79%), followed by Yountville and St Helena (19%) and the Unincorporated Areas of Napa County (2%).⁹

Because Suscol is working to bring mental health prevention information to Native Americans in Napa County, much of the outreach work was intertwined with the work they do for the Native community. Most of the outreach was provided at Suscol's offices or at the Suskol House in rural Napa County (62%). At Suscol's offices, the outreach was generally done with individuals who dropped in for information. At the Suskol House the outreach was done as part of gatherings, drum blessings, ceremony, and work days. The remaining outreach took place in schools/universities (15%), recreational settings (12%), senior centers (6%), churches (4%) and libraries (2%). At these venues, the outreach included tabling at community events, presenting Native History in classrooms, and meeting with decision-makers to address policies.

The PEI Regulations ask about specific groups who are contacted through the outreach. Using the categories provided, Suscol reported reaching the following groups.

⁹ Some outreach occurs in Sonoma and Lake Counties to reach the Native individuals and their descendants who are from Napa County and have been displaced. In each instance, Napa residents attended the presentation. These presentations were not included in this report to adhere to MHSA guidelines about providing services within the boundaries of Napa County.

Prevention and Early Intervention Programs
Native American PEI Project: Outreach Contacts by PEI Population Group in FY 19-20

PEI Population Group	Frequency	Percent
General Public	2,593	82%
Faith leaders	251	8%
Students	209	7%
Other: <i>Native individuals and elders</i>	44	1%
Active Military or Veteran	38	1%
Other social service providers	8	<0%
Behavioral Health Providers	4	<0%
Politicians	3	<0%
K-12 educators	2	<0%
College and university educators	1	<0%
Total Outreach Contacts	3,153	100%

Ongoing Workshops (Information, Enculturation): Suscol provides longer workshops to share the norms of indigenous cultures, information about the signs and symptoms of mental health concerns and information about community resources for mental health concerns. In FY 19-20, they offered 105 workshop sessions on 11 different topics. Demographic forms were collected for 92 individuals. 20% of the individuals indicated they identified as American Indian or Alaska Native, compared to 14% of the total PEI participants for all programs. Workshops are provided in community venues, at the Suscol offices, and at the Innovations Community Center (ICC). After the Shelter-in-Place order in March 2020, workshops were moved to Zoom.

The workshops in brief:

- **Talking Circle:** Group support to discuss the ways of a healthy lifestyle, mental wellness, and cultural awareness. Located at the ICC and Suscol office
- **Craft Class:** A different traditional craft taught each class to share Native cultures and traditions while fostering a social and supportive setting. Located at the ICC and Suscol office.
- **Sewing Class:** Teaching the importance and fun of sewing traditional and non-traditional projects. Located at Suscol office.
- **Meditation:** A virtual class developed in March and launched in April 2020 after the Shelter-in-Place Order; this class allowed people to reconnect from the safety of their homes. Meditation allowed for better mental health and stamina during stressful times and gave participants the resources they needed to handle the crisis. Classes were once a week for the public and for the ICC participants. Classes ran 45 minutes to an hour and a half.
- **Drum Circle:** Way to learn about traditional drumming. Located at Suscol office. This workshop was moved to Zoom in April 2020.
- **Native American Family Summer Camp:** Weekend of fun for children and their parents at the Suscol property promoting traditional Native American crafts and games. Guests camped out for two nights.
- **Historical Trauma & Traditional Healing, Cohort 4:** Developed with MHSA Innovations funds in 2018 and provided through PEI funding once the Innovation project concluded. A five-workshop

series educating participants on the history of Napa Valley's first peoples, including the trauma that Native populations experience and the healing methods they use to address the mental health impacts. In FY 19-20, the workshop began in-person at Grace Episcopal Church in St. Helena and moved to Zoom during the Shelter-in-Place Order. Monthly workshops included a slideshow presentation and healing element. Each session ran two hours or more.

**Prevention and Early Intervention Programs
Native American PEI Project: Workshop Topics, Attendees and Number of Sessions in FY 19-20**

Topic	Number of Attendees (duplicated)	Number of Sessions				Total FY 19-20
		Q1	Q2	Q3	Q4	
Talking Circle @ ICC	133	6	5	5	0	16
Talking Circle @ Suscol	13	2	3	2	0	7
Craft Class @ ICC	68	2	3	2	0	7
Craft Class @ Suscol	19	3	2	3	0	8
Sewing Circle	14	3	3	2	0	8
Meditation (Zoom)	64	0	0	0	13	13
Meditation ICC (Zoom)	38	0	0	0	13	13
Drum Circle	30	5	4	5	0	14
Drum Circle (Zoom)	84	0	0	0	13	13
Native American Family Summer Camp	15	1	0	0	0	1
Historical Trauma and Healing, Cohort 4	115	0	0	2	3	5
Total Attendees	593					
Total Workshop Sessions		22	20	21	42	105

Workshop participants are asked to complete a pre- and post-workshop survey. Many participants attended more than one workshop. To avoid duplicated surveys, the pre-survey was given to all participants the first time they attended a workshop in the fiscal year, and the post-survey was planned for the fourth quarter to capture learning that had occurred. Due to the Shelter-in-Place Order, post-surveys were sent out online in May 2020.

- Eighty-eight pre surveys were collected in FY 19-20. 49 respondents (56%) indicated this was their first workshop with Suscol Council. Respondents were asked how many workshops they had attended, and responses ranged from one to 30.
- The pre-surveys were analyzed to see if there were differences in the responses based on the number of workshops previously attended. The findings show that those who have attended 10 or more workshops are most likely to indicate they were familiar with indigenous cultures, the signs and symptoms of mental health concerns, and the mental health resources available in Napa County.

Prevention and Early Intervention Programs

Native American PEI Project: Average Familiarity Rating, Workshop Participants Pre-Workshop Survey, FY 19-20

Survey Question	Familiarity Rating (Scale of 0: NOT Familiar to 10: VERY Familiar)							
	Overall		Respondents who have NOT attended a previous Suscol workshop		Respondents who have attended 1-9 previous workshops		Respondents who have attended 10 or more previous workshops	
	n	Average	n	Average	n	Average	n	Average
My understanding of the norms of indigenous cultures	86	4.7	49	3.7	20	5.6	9	7.2
My understanding of the signs and symptoms of mental health concerns	85	6.8	48	6.7	20	6.4	9	8.1
My understanding of the mental health resources in Napa County	84	5.4	48	5.0	20	5.5	9	7.6

The post-workshop surveys were moved online to accommodate the Shelter-in-Place Order. Suscol staff sent surveys to all workshop participants with a known email address. The need for an email address limited the staff's ability to contact previous workshop attendees and responses. The post-workshop surveys were completed by 28 participants. Over half (57%) indicated they had attended the Historical Trauma & Traditional Healing workshop. Three respondents indicated they had attended 10 or more workshops, and three indicated it was their first workshop. For the rest, the responses ranged from one to seven workshops. On average, respondents indicated they had more familiarity with the each of the three areas after participating in the workshop(s).

Prevention and Early Intervention Programs

Native American PEI Project: Average Familiarity Rating, Workshop Participants Post Workshop Survey (n=28) in FY 19-20

Survey Question	Familiarity Rating (Scale of 0: NOT Familiar to 5: VERY Familiar) ¹⁰		Percentage Increase from Average Pre to Post Familiarity Ratings
	PRIOR to taking the Suscol Workshop(s)	AFTER taking the Suscol Workshops	
My understanding of the norms of indigenous cultures	2.6	3.8	46%
My understanding of the signs and symptoms of mental health concerns	3.3	4.0	21%
My understanding of the mental health resources in Napa County	3.1	3.9	26%

¹⁰ Note the familiarity scale was altered to adjust to the format of the online survey. The pre workshop survey used a scale of 0 to 10, the post workshop survey was abbreviated to use a scale from 0 to 5.

Screening and Referrals: Native individuals were screened for mental health concerns and referred as indicated. Staff talked with attendees informally after workshops and events to assess signs and symptoms of mental health concerns and to offer referrals.

FY 19-20: Changes due to COVID

- Workshops were moved online in April 2020 to accommodate the Shelter-in-Place Order. Talking circles were moved first, and staff worked to adapt the craft classes for FY 20-21.
- Suscol Council doubled the number of workshops they provided and increased outreach on social media during the fourth quarter to respond to the need for social connection.
- The post-workshop survey was moved online (usually done on paper during in person workshops) and was limited by the availability of participant emails. Generally, emails were available for those participants who attended a virtual workshop, but not for those who attended in-person workshops in the previous three quarters.
- Workshops at the Veterans Home were postponed due to Shelter-in-Place.
- Screenings and referrals were done over Zoom after the workshops had ended. Participants stayed on the call with Suscol Council staff to discuss concerns. This was particularly true once the wildfires began. Many Native individuals live in the rural unincorporated areas of Napa County, the areas particularly impacted by the fires. Suscol Council staff used the agency's social media to share information about wildfire resources and to communicate during the community recommended and mandatory evacuations.

FY 20-21: Activities and Outcomes

Activities

Organizational Partnerships (Access): Staff work with mental health and community organizations to develop and maintain organizational partnerships to increase access to culturally competent services for Native people in Napa County.

Outreach (Information): Outreach is provided to community groups and at health fairs to share information and increase the community's familiarity with Native History and Experiences in Napa County. General outreach also includes information about ongoing classes for both Native American individuals and community allies who are interested and/or can refer others to the resources.

Ongoing Workshops (Information, Enculturation): Suscol Intertribal Council provides workshops for Native American Individuals and community allies to share/teach:

- Norms of indigenous cultures including ideas, concepts and values through traditional practices and crafts with individuals in Napa County.
- Information about signs and symptoms of mental health concerns and Information about community resources for mental health concerns.

Screening and Referrals: Individuals are screened for mental health concerns and referred as indicated.

Outcomes

Organizational Partnerships: Organizations make culturally competent changes that increase access to services for Native people in Napa County

Outreach: Community awareness about Native history and experiences in Napa County is improved. Community Awareness about ongoing workshops available for Native individuals and allies in Napa County is improved.

Ongoing Workshops: Individuals in workshops report knowledge and understanding of the norms of indigenous cultures including ideas, concepts, and values. Individuals in workshops report knowledge of:

- Signs and symptoms of mental health concerns, and
- Mental health resources.

Screening and Referrals: Individuals with mental health needs use mental health services.

UpValley Family Centers: UpValley Mentoring Program PEI Project (CLARO/CLARA)

Community Needs Addressed by Program

- Lack of Mental Health Supports for Youth in UpValley Communities
- Lack of Cultural Supports for Youth in UpValley Communities

FY 19-20 Activities and Outcomes

Support Youth

Group Meetings: The UVFC Mentoring program facilitators met with students weekly in both Calistoga and St Helena. They used curriculum¹¹ that has been adapted for local use, CLAR@, that focused on building cultural identity, addressed stress and anxiety, and encouraged students to address stigma and seek connections and support.

- In FY 19-20, the program served 132 youth in 12 groups in St Helena and Calistoga. Groups were provided for both middle and high school students. At three of the four school sites, groups were available in both Spanish and English (*see figure below*).

Prevention and Early Intervention Programs
UpValley Mentoring Program: CLAR@ Groups by Language, Gender and Students in FY 19-20

School District/School	Number of Groups by Language		Number of Groups by Gender		Total Groups	Number of Students by Gender		Total Students
	English	Spanish	Girls	Boys		Girls	Boys	
Calistoga Joint Unified School District								
High School	3	2	3	2	5	38	11	49
Middle School	2	0	1	1	2	17	14	31
Totals	5	2	4	3	7	55	25	80

¹¹ The CLARO/A curriculum was developed by Martin Flores in Los Angeles. It is based on the work of Dr. Manuel Ramirez III (Multicultural/Multiracial Psychology: Mestizo Perspectives in Personality and Mental Health: Ramirez III, Manuel: 9780765700735: Amazon.com: Books) and the work of Jerry Tello (<http://www.jerrytello.com/about.html>).

St Helena Unified School District								
High School	2	1	1	2	3	12	15	27
Middle School	1	1	1	1	2	15	10	25
Totals	3	2	2	3	5	27	25	52
Totals Both Districts	8	4	6	6	12	82	50	132

One-on-One Mentoring: One-on-one mentoring was provided for participating students who needed more frequent or more personalized support.

- Staff was able to support 14 students (11% of the total 132 students) in the first two quarters of the year and 21 students (16%) in the second half of the year.

Outcomes: At the end of the program, students completed a questionnaire asking about changes they have experienced in three areas. Brief findings are included below.

- Cultural Identity: The students¹² who completed a post-test indicated very positive changes in their understanding of their cultural identity.
- Stress and Anxiety: The respondents reported more moderately positive scores for the stress and anxiety questions. Though all the students *agreed* that they felt comfortable sharing thoughts in a group, just two of the sixteen *strongly* agreed.
- Connections: The students gave generally positive responses to the questions on connections. They were particularly in agreement with the statement that they had more positive relationships with other students.

FY 19-20: Changes due to COVID

- The facilitator who had been working with the girls' groups left just before the Shelter-in-Place Order took effect. The program was unable to replace her before the end of the school year. When the schools closed in March, another staff person reached out to the girls. As she was known in Calistoga, some girls there participated. None of the St Helena girls continued in the program after the staff change. In the second half of the year, four of the 55 girls in Calistoga participated in a group and none of the girls in St Helena participated.
- The facilitator working with the boys' groups continued meeting with the students throughout the shutdown. Thirty of the original 75 continued with the program after the Shelter-in-Place Order took effect.
- Student surveys were distributed to students as the schools closed in March. Very few were returned due to the Shelter-in-Place Order. (n=16, 12%)
- Staff used one on one mentoring with more students and more frequently due to the changes in the meeting format (moving from in-person to online).

¹² Sixteen students were able to complete and return a post- test in March 2020. (12% of all participants)

- Staff had planned to choose a tool to screen for mental health concerns and to train the facilitators to use the tool in Q4 of FY 19-20. This task was postponed until FY 20-21 as staff and facilitators moved services online and adjusted to the changes due to the Shelter-in-Place order.

FY 20-21: Activities and Outcomes

Activities

Develop and Maintain Partnerships

- Calistoga Joint Unified School District: Program staff attend the Core Team meetings to identify students at risk and to plan referrals and interventions.
- St Helena Unified School District: Program staff attend the Student Support Services meeting

Train Facilitators

- Train facilitators to use the Strengths and Difficulties Questionnaire (SDQ).

Support Youth

- Weekly meetings addressing mental health topics through the units of CLAR@ curriculum.
- One on one mentoring with facilitators

Screen and Refer Youth

- Participating youth are screened using the SDQ and referred to mental health supports as indicated
- Youth who are referred receive support

Outcomes

Support Youth

Cultural Identity

- Improved knowledge of personal culture
- Improved sense of belonging to culture

Stress and Anxiety

- Knowledge of how to identify stress and anxiety
- Understanding of self-care techniques to address stress and anxiety

Connections

- Understanding of stigma and how it prevents discussion, identification, and treatment of mental health concerns
- Positive connections to friends, family, school, and community
- Identifying warning signs for mental health concerns
- Knowledge of mental health resources to seek mental health support

Refer Youth

- Participating youth who are referred to mental health services receive supports

Napa Valley Education Foundation: American Canyon Student Assistance Program

Community Needs Addressed by Program

- Social emotional needs of youth are not addressed in traditional academic curriculum
- Student success relies on students feeling safe and having the social emotional skills to learn
- Schools are a common place where students’ social emotional needs are identified but often have few resources to serve these needs

FY 19-20: Activities and Outcomes

Wellness Team: In FY 19-20, the school and wellness center staff reviewed available attendance, grade, and behavior data as well as the students’ responses to the Strengths and Difficulties Questionnaire (SDQ), to identify students who may need mental health interventions. The frequency of the meetings and the meeting attendance varied by school location. The teams began meeting after the first month of school when student data was available to review.

Prevention and Early Intervention Programs
American Canyon Student Assistance Program: Wellness Team Meetings by School in FY 19-20

	Napa Junction Elementary School	American Canyon Middle School	American Canyon High School
Meeting Frequency	Bi-Weekly	Variable	Weekly
Total Meetings	20	15	27
Average Attendees	5	5	7

Screenings: The screenings at the elementary school were done with children when a concern was identified. FY 19-20 was the first year the Wellness Center staff worked with the middle school and high school sites to screen all eligible students using the Strengths and Difficulties Questionnaire (SDQ). In FY 19-20, 71% of the eligible students at all three sites completed an SDQ. The staff anticipate being able to increase the number of students screened in each fiscal year.

Prevention and Early Intervention Programs
American Canyon Student Assistance Program: Mental Health Screening Participation
Napa Junction Elementary, American Canyon Middle School and American Canyon High School in FY 19-20

School Site	Eligible for Screening	Completed a Strengths and Difficulties Questionnaire (SDQ)	
	Number of Students	Number of Students	Percent of Students
Napa Junction Elementary	39	14	36%
American Canyon Middle School	1,025 ¹³	930	91%
American Canyon High School	1,670 ¹⁴	1,007	60%
Total Students	2,734	1,951	71%

¹³ Enrollment data is from the Census Day Count for FY 19-20, www.eddata.org, accessed 01/20/21

¹⁴ Ibid.

The Strengths and Difficulties Questionnaire (SDQ) is a 25 item screening tool.¹⁵ For youth in 4th through 12th grade, NVUSD used the version that is self-administered and appropriate for youth aged 4-17. For students in kindergarten through third grade, the teacher completed the screening. Respondents used a three-point scale to indicate whether each item applied to them (Not True, Somewhat True and Certainly True). Scores range from 0 to 40 depending on the responses. To protect the confidentiality of the students at each site, the scores are aggregated below for review.

- Two-thirds of the students who completed an initial screening using the SDQ reported an average number of difficulties (67%)
- Students with a higher number than average number of difficulties were referred to the Wellness Teams for supports (33%).

**Prevention and Early Intervention Programs
American Canyon Student Assistance Program:**

Aggregated Strengths and Difficulties Questionnaire Scores (Initial Screening):

Napa Junction Elementary, American Canyon Middle School and American Canyon High School in FY 19-20

SDQ Score Category	Frequency	Percent
Close to Average Number of Difficulties (0-15)	1,199	67%
Slightly Raised to High Number of Difficulties (16-19)	306	19%
Very High Number of Difficulties (20-40)	278	14%
Total Students	1,951	100%

Mental Health Services and Supports:

Students with identified mental health risks and/or needs were offered services and supports. In FY 19-20, student data was reviewed by the Wellness Teams at each site. The review included academic indicators as well as the SDQ scores. Typically, the academic data and the mental health screening data both showed risks and areas of concern. In some cases, the student’s academic data was not a concern, and the student was only identified using the mental health screening scores. Students who were identified as in need of services were offered group support and/or individual support at the school site. Those with higher needs were also referred to additional mental health resources in the community.

Students used group and individual supports at the campus Wellness Centers. Group support at each school site was offered based on the mental health and developmental needs of the students. The elementary school offered social skills supports, the middle school groups addressed substance use, anxiety and self-esteem and the high school groups addressed substance use and grief. Groups are run by Wellness Center staff, interns supervised by the staff and community mental health providers.

¹⁵ More information about the SDQ can be found here: <https://www.sdqinfo.org/a0.html>

Prevention and Early Intervention Programs

**American Canyon Student Assistance Program: Group Support Description and Average Student Attendance
Napa Junction Elementary, American Canyon Middle School and American Canyon High School in FY 19-20**

School	Topic	Number of Groups	Number of Sessions ¹⁶	Average Attendance
Napa Junction Elementary	Social Skills	2	12	5
American Canyon Middle School	Substance Use	1	8	5
	Anxiety	1	6	5
	Self Esteem	1	4	5
American Canyon High School	Substance Use	3	3	4
	Grief Support	1	8	3

The Wellness Center social workers provided individual supports on campus to students who were identified. This included brief one on one interventions where the social workers checked in regularly with students, case management services to address more significant needs and crisis assessments when students needed immediate mental health supports. Staff also supported students who were on waiting lists for additional mental health services and worked with families to connect students to outside resources. This included working through the complexities of consents and insurance coverage.

Prevention and Early Intervention Programs

American Canyon Student Assistance Program: Wellness Center Services by Site¹⁷

Napa Junction Elementary, American Canyon Middle School and American Canyon High School in FY 19-20

School	Number of Students Offered Support	Number of Students who Received Brief One on One Interventions	Number of Students Who Received Case Management	Number of Students who Received a Crisis Assessment
Napa Junction Elementary School	41	12	27	7
American Canyon Middle School	n/a	23	31	7
American Canyon High School	199	85	68	33

Students were referred for additional mental health services as indicated. In FY 19-20, 52 students from across the school sites were referred for additional mental health services. Referrals included behavioral health and counseling services, as well as crisis mental health supports.

¹⁶ The number of sessions reflects the typical number of sessions for a full group. Groups that were in progress in March 2020 were halted due to COVID and individual support was offered by Wellness Center staff online.

¹⁷ Students may have received more than one type of service, therefore the counts in this table may be duplicated.

FY 19-20: Changes due to COVID

- Due to COVID, the schools moved to virtual instruction in March 2020. Students and staff were not allowed on campus to provide or receive Wellness Center services. There was significant uncertainty about when and how school would reopen. The first closure was for two weeks, it was then extended to six weeks, and ultimately schools did not reopen for the FY 19-20 school year.
- During the transition and amidst the uncertainty, Wellness Center staff created the “NVUSD Wellness Playbook for Distance Learning”. The plan outlined how to continue Wellness Team Meetings online and continue to screen and triage students at risk. It also included guidance on how to provide services by phone or online and information about additional training for staff and teachers to respond to students’ needs during the pandemic.
- Meetings with staff continued during COVID, and at two school sites, the average attendance at these meetings increased. The virtual format of the meeting allowed more of the part time staff to attend the weekly meetings and led to higher attendance.

**Prevention and Early Intervention Programs
American Canyon Student Assistance Program
Wellness Team Meeting Attendance by School in FY 19-20**

School Site	Average Attendance		
	All meetings	Meetings prior to COVID	Meetings during COVID
Napa Junction Elementary School	5	3	7
American Canyon Middle School	5	5	6
American Canyon High School	7	7	7

- Wellness teams were not able to track the typical academic data. Attendance, grading and classroom behavior indicators all shifted in the online environment.
- Wellness Center staff coordinated with school staff to check in with families and students that were not participating in online learning and students that had previously been served by the Wellness Center. In some cases, students needed technology (laptops, hot spots) or food, and in others they needed phone or online mental health supports.
- In person support (including individual support and support groups) ended in March 2020. Wellness Center staff continued to offer students supports by phone or online.
- Staff were not able to collect the SDQ at the end of the year due to the changes in how students were supported and how services were delivered.

FY 20-21: Activities and Outcomes

Activities

The Napa Valley Unified School District (NVUSD) operates a Wellness Program at Napa Junction Elementary, American Canyon Middle School and American Canyon High School. The Wellness Program

screens all students using the Strengths and Difficulties Questionnaire each fall. The Napa Valley Education Foundation (NVEF) is contracted to use Prevention and Early Intervention Funds to provide support and interventions for individuals who are identified as having mental health concerns.

Wellness Team: School administrators and Wellness Center staff review the students' responses to the Strengths and Difficulties Questionnaire (SDQ) to identify students in need of mental health supports and interventions.

Mental Health Services and Supports: Students with identified needs are offered group support and the student success teams work to address their needs. Those with higher risks and/or needs are offered individual support and more formal Support Plans.

Outcomes

- Students receive services and supports at Wellness Center: Support Groups, Brief Interventions, Case Management, Crisis Assessment)
- Students who receive services and supports show improvement in Strengths and Difficulties Questionnaire (SDQ) responses.
- Students are referred for mental health services as indicated.

Cope Family Center: Home Visitation

Community Needs Addressed by Program

- Parents of young children are at risk of perinatal depression.
- Young children may have mental health and developmental concerns that can lead to more serious mental health needs.
- Parents can use support to sustain family functioning while parenting young children

FY 19-20 Activities and Outcomes

Cope's Parents as Teachers Home Visiting Program supports families in Napa County with a myriad of services. The Prevention and Early Intervention funds support portions of the program related to mental health screenings and referrals and comprise 6% of the total program budget.

Advocacy Work (Coordinate with Mental Health Supports): Work directly with mental health providers to better understand how mental health services are delivered and to educate providers about needs of young families.

- Multidisciplinary Team Meetings: These weekly meetings took place at Cope's offices in FY 19-20 until the Shelter-in-Place order. The team began meeting virtually in April. On average, 14 providers attended to coordinate care for families. Representatives attended from Child Welfare Services, Family Preservation, Public Health, CalWORKs, NEWS, Employment Development, Therapeutic Child Care Center and ParentsCAN as well as mental health providers in private practice.
- Community Organizations Active in Disaster (COAD) Mental Health Subcommittee: The COAD subcommittee meets as indicated depending on the disaster that is being addressed. In FY 19-20,

this ranged from weekly to monthly. There are typically 15 providers that attend. The attendees coordinate disaster response to support families and adjust services as indicated to accommodate the mental health needs of families in disasters.

- **Community Organizations Active in Disaster (COAD) Housing Subcommittee:** Home Visiting staff attend this meeting to educate providers and decisions makers about the mental health impact of housing insecurity and how to address it with families. Staff encourage providers to assist families in the processes needed protect them in retaining their housing and help to reduce families’ stress.

Family Centered Assessment and Goal Setting (Screen/Identify Parents):

In FY 19-20, 102 parents of children 0-5 were screened for mental health needs using the Edinburgh Post Natal Depression Scale (EPDS).¹⁸ The EPDS has 10 questions that are scored from 0 to 3. Individuals with a score of 10 or greater are considered to have possible depression. The scale also includes a screening question for suicidal ideation.

**Prevention and Early Intervention Programs
Home Visitation Program: Parent Screening Scores: Edinburgh Post-Natal Depression Scale in FY 19-20**

Edinburgh Scale Score Range and Risk for Post-Partum Depression	Number of Parents	Percentage of Parents
0-9: Minimal Risk	73	72%
10-19: Moderate Risk	28	27%
20 or higher: Highest Risk	1	1%
Total Parent Screenings	102	100%

Child Screening (Screen/Identify Children): In FY 19-20, 216 children were screened using the Ages and Stages Questionnaire (ASQ) and 146 children were screened using the Ages & Stages Questionnaire: Social-Emotional (ASQ:SE)¹⁹. Of these, 5% were referred for health and developmental services and 7% were referred for mental health supports.

**Prevention and Early Intervention Programs
Home Visitation Program: Child Screening
Ages and Stages (ASQ) and Ages and Stages Social Emotional (ASQ-SE) Results in FY 19-20**

Result	ASQ		ASQ-SE	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children
Development On Schedule (Above Cutoff)	188	87%	124	85%
Monitor Development (Close to the Cutoff)	18	8%	12	8%
Refer for Further Assessment (Below Cutoff)	10	5%	10	7%
Total Child Screenings	216	100%	146	100%

¹⁸ More information about the Edinburgh Postnatal Depression Scale can be found here:

<https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

¹⁹ More information about the Ages and Stages Questionnaires can be found here: <https://agesandstages.com/>

Group Connections (Support Parents): In FY 19-20, the Home Visitation program offered 11 events for parents to connect with each other and with community resources. On average, 16 parents attended each event. The topics address Family Fun, Family Support, Cultural Traditions and Wellness. The events were paused with the Shelter-in-Place Order and resumed virtually in May 2020.

Prevention and Early Intervention Programs
Home Visitation Program: Group Connection Topics and Content in FY 19-20

Topics	Activities/Content
Family Fun	Summer Safety Literacy Pumpkin Patch Field Trip Holiday Celebration Graduation Celebrations
Family Support	Budgeting and Saving Building Resiliency through Self Care Virtual Parent Connections
Cultural Traditions	Traditional Family Recipes
Wellness	Yoga in the Park

These events bring parents together and are one part of supporting families’ mental health. The Home Visitation program uses the Healthy Families Parenting Inventory (HFPI)²⁰ to understand families’ needs and how they change over time. Of the nine domains that are assessed, the social support and depression areas are tracked for PEI purposes.

- **Depression Improved:** In FY 19-20, 65% of the 90 parents who completed the depression subscale improved their scores (n=59), and
- **Social Connections Improved:** Of the 91 parents who completed the social connections subscale, 66% improved their scores (n=60).

FY 19-20: Changes due to COVID

- All services were moved to phone and virtual formats. Assessments that would typically be done in person were done over Zoom. For some families this meant everything was done on their phones.
- The number of contacts that staff had with families after the Shelter-in-Place Order increased. Staff primarily provided emotional support and helped to reduce families’ isolation. The number of screenings and referrals for mental health services decreased from March to June 2020 when compared to the average for the first eight months of the fiscal year. Staff reflected on the changed needs of families during this time as families focused on their immediate needs (food, diapers, housing, childcare, school, employment, etc.).

²⁰ Brief information about the proprietary HFPI is available here: <https://www.lecroymilligan.com/product-page/hfpi-manual>.

**Prevention and Early Intervention Programs
Home Visitation Program: Mental Health Screenings and Referrals
Prior to COVID, During COVID and Overall, in FY 19-20**

	Pre COVID (July 19-Feb 20)	During COVID (Mar 20-Jun 20)	Overall FY 19-20
Average Number of Screenings/Month			
Adults	7	3	5
Children	21	14	19
Average Number of Referrals/Month			
Adult	4	2	3
Children	2	0	1

- The Shelter-in-Place Order and the restrictions on gatherings resulted in several parent events being cancelled. Two parent connection meetings were developed for Zoom and offered in May 2020. Offered in English and Spanish, the two meetings hosted an average of seven parents at each event.

**Prevention and Early Intervention Programs
Home Visitation Program: Number of Group Connection Events and Attendance
Prior to COVID, During COVID and Overall, in FY 19-20**

	Pre COVID (July 19-Feb 20)	During COVID (Mar 20-Jun 20)	Overall FY 19-20
Number of Group Connection Events	9	2	11
Average Parent Attendance	18	7	16

FY 20-21: Activities and Outcomes

Activities

Advocacy Work (Coordinate with Mental Health Supports): Work directly with mental health providers to better understand how mental health services are delivered and to educate providers about needs of young families.

Family Centered Assessment and Goal Setting (Screen/Identify Parents): Parents of children 0-5 are screened for mental health needs.

Child Screening (Screen/Identify Children): Mental health, health, and developmental screenings for children 0-5

Group Connections (Support Parents): Support parents’ mental health with monthly meetings to promote parent connections.

Outcomes

Family Centered Assessment and Goal Setting (Screen/Identify Parents): Parents are referred to mental health services as indicated.

Child Screening (Screen/Identify Children): Children are referred to mental health, health, and developmental services as indicated

Group Connections (Support Parents): Depression and Social Connections indicators from Healthy Families Parenting Inventory.

Cope Family Center: Strengthening Families

Community Needs Addressed by Program

- Need for mild to moderate mental health supports for parents
- Lack of mental health supports in UpValley communities (from MHSA community planning processes)

FY 19-20: Activities and Outcomes

Outreach: In FY 19-20, Cope provided 20 outreach activities ranging from tours of the Cope agency (10%), presenting to local providers (45%), and tabling at community events (45%). One event was held in American Canyon, the rest took place within the City of Napa (95%). The outreach events ceased in March 2020 after the Shelter in Place Order. In the first three quarters of the fiscal year, Cope reached more than 2,155 participants. In the fourth quarter, staff designed new outreach to be delivered virtually in FY 20-21.

**Prevention and Early Intervention Programs
Strengthening Families: Outreach Participants in FY 19-20**

Participants	Frequency	Percent
General Public	1,807	84%
Medical Providers	75	3%
Other Social Service Providers	50	2%
Faith Leaders	40	2%
Behavioral Health Providers	8	0%
Other	175	8%
Total Participants	2,155	100%

Screen Parents: The Resource Specialists at Cope screened families to determine needs. Families were referred to the Triple P Level 4 and Level 5 interventions and the Healthy Relationships groups and/or mental health services in the community based on identified mental health needs. In FY 19-20, 69 of the parents screened were referred for mental health supports and services including the Triple P Family Transitions Program Level 5 (44 parents) and the Healthy Relationships Group (37 parents). Overall, mental health referrals made up 16% of all the referrals given to parents during the fiscal year.

Support Parents: Cope and Mentis provided groups for parents to strengthen their parenting skills and to address mental health concerns. Cope offers Triple P Level 5 Group also known as Family Transitions group. Mentis offers Healthy Relationships groups. In FY 19-20, the Family Transitions groups were offered in English and the Healthy Relationships groups were offered in Spanish.

Triple P Family Transitions Group (Level 5)

Triple P Family Transitions support is designed “for parents whose family situation is complicated by problems such as partner conflict, stress or mental health issues.”²¹ In FY 19-20, two Family Transitions Groups were offered in Napa County using PEI funding, both were held at Cope Family Center and 18 parents participated. Each group is five sessions.

**Prevention and Early Intervention Programs
Strengthening Families: Triple P Level 5 Transitions Groups Attendance in FY 19-20**

Location	Number Enrolled	Average Attendance	Maximum Attendance	Duration
Cope Family Center	12	10	12	July to September 2019
Cope Family Center	6	6	6	September to November 2019

The **Depression, Anxiety and Stress Scale (DASS-21)**²² is used to assess the severity of an individual’s distress. It includes 21 questions that are scored from zero to three to indicate frequency of the symptoms (never, sometimes, often, almost always). A higher score indicates higher severity. In FY 19-20, Seventeen of the eighteen participants were able to complete the pre-assessment. One parent declined.

Reduction in Severity of Depression

- The average change on the depression severity subscale was a decrease of five (5) points.
- The changes ranged from an increase of twelve points to a decrease of 22 points.
- Of the fourteen parents who completed the post-assessment, ten individuals reported a decrease in depression severity (71%), two individuals reported increased severity and two indicated no change.

²¹ “Family Transitions Triple P is designed for parents who are experiencing personal distress from separation or divorce, which is impacting on or complicating their parenting...Family Transitions Triple P assists parents who need extra support to adjust and manage the transition of separation or divorce. It focuses on skills to resolve conflicts with former partners and how to cope positively with stress....Parents who benefit from this program are those who have been or are going through separation and divorce where there are unresolved conflicts and difficulties communicating effectively with former partners.” *Source: Course Summary provided by program staff.* More information about Triple P Level 5 can be found here: <https://www.triplep.net/glo-en/the-triple-p-system-at-work/the-system-explained/level-5/>

²² More information about the DASS-21 can be found here: <http://www2.psy.unsw.edu.au/dass/over.htm> and the tool can be found here: <https://www.workcover.wa.gov.au/wp-content/uploads/sites/2/2015/07/3.dass21withscoringinfo.pdf>

**Prevention and Early Intervention Programs
Strengthening Families: Transitions Groups (Triple P, Level 5)
Depression Severity (DASS-21 Scores) Pre- and Post-Participation in FY 19-20**

Depression Scale Score	Depression Severity	Number of Participants			
		Pre-Screening		Post-Screening	
		Frequency	Percent	Frequency	Percent
0-4	Normal	6	35%	8	57%
5 to 6	Mild	1	6%	0	0%
7 to 10	Moderate	2	12%	0	0%
11 to 13	Severe	0	0%	1	7%
14+	Extremely Severe	8	47%	5	36%
	Total Participants	17	100%	14	100%

Reduction in Severity of Anxiety

- The average change on the anxiety severity subscale was a decrease of four (4) points.
- The changes ranged from an increase of four points to a decrease of 18 points.
- Of the fourteen parents who completed the post-assessment, nine individuals reported a decrease in anxiety severity (64%), two individuals reported increased severity and three indicated no change.

**Prevention and Early Intervention Programs
Strengthening Families: Transitions Groups (Triple P, Level 5)
Anxiety Severity (DASS-21 Scores) Pre- and Post-Participation in FY 19-20**

Anxiety Scale Score	Anxiety Severity	Number of Participants			
		Pre-Screening		Post-Screening	
		Frequency	Percent	Frequency	Percent
0-3	Normal	4	24%	3	21%
4 to 5	Mild	1	6%	3	21%
6 to 7	Moderate	1	6%	0	0%
8 to 9	Severe	0	0%	2	14%
10+	Extremely Severe	11	65%	6	43%
	Total Participants	17		14	

Reduction in Stress Severity

- The average change for the stress severity scale was a decrease of five (5) points.
- The changes ranged from an increase of six points to a decrease of 14 points.
- Of the fourteen parents who completed the post-assessment, nine individuals reported a decrease in stress severity (64%), two individuals reported increased severity and three indicated no change.

**Prevention and Early Intervention Programs
Strengthening Families: Transitions Groups (Triple P, Level 5)
Stress Severity (DASS-21 Scores) Pre- and Post-Participation in FY 19-20**

Stress Scale Score	Anxiety Severity	Number of Participants			
		Pre-Screening		Post-Screening	
		Frequency	Percent	Frequency	Percent
0 to 7	Normal	2	12%	6	43%
8 to 9	Mild	0	0%	2	14%
10 to 12	Moderate	3	18%	1	7%
13 to 16	Severe	3	18%	2	14%
17+	Extremely Severe	9	53%	3	21%
	Total Participants	17	100%	14	100%

Healthy Relationships Groups

Healthy Relationship groups were offered in Spanish to parents in Napa County. In FY 19-20, 40 parents participated in three Healthy Relationships groups. Typically, the groups consisted of eight sessions each and take place in community locations.

**Prevention and Early Intervention Programs
Strengthening Families: Healthy Relationship Group Attendance in FY 19-20**

Location	Number Enrolled	Average Attendance	Maximum Attendance	Duration
Von Brandt Center, Napa	9	8	9	July to August 2019
Up Valley Family Centers: Calistoga	19	15	19	September to November 2019
Up Valley Family Centers: St Helena	5	4	5	September to October 2019
Online	7	n/a	n/a	April 2020 to June 2020

Decrease in Symptoms of Mental Health Distress

Mentis uses the **Emotional Rating Scale**²³ for individuals to self-report their mental health symptoms at the beginning and end of services. Individuals rated five areas on a scale of 0 to 4. Higher scores mean the individual was experiencing more symptoms, and a decrease in the score means a reduction in symptoms. The maximum score is 20. In FY 19-20, the ERS scores decreased after participation for all participants who completed a pre and post scale (n=27).

- The average change in ERS score was a decrease of 5 points.
- The minimum change was a decrease of 2 points.
- The maximum change was a decrease of 9 points.

The results are presented below by quartile to illustrate the changes that individuals reported. At the beginning of the group, over half reported scores that were in the two highest quartiles, by the end of the group only 7% remained in these two groups.

²³ The Emotional Rating Scale is a validated mental health symptom scale developed by Mentis. For more information, contact Rob Weiss, Executive Director, at Mentis: rweiss@mentis.org.

**Prevention and Early Intervention Programs
Strengthening Families: Healthy Relationship Groups
Mental Health Symptoms (ERS scores) Pre- and Post-Participation in FY 19-20**

Emotional Rating Scale (ERS) Score	Number of Participants			
	Pre-Screening		Post-Screening	
	Frequency	Percent	Frequency	Percent
0 to 5	2	7%	12	44%
6 to 10	9	32%	13	48%
11 to 15	11	39%	2	7%
16 to 20	6	21%	0	0%
Total Participants	28	100%	27	100%

Decrease in Depression Severity

The **PHQ-9**²⁴ is a screening tool used to diagnose depression and assess the severity of symptoms. It consists of nine questions that are scored from 0 to 3 to indicate the frequency of symptoms. In FY 19-20, the depression severity decreased after participation for all participants who completed a pre and post screener (n=26). At the pre-screening, 16 individuals (54%) indicated moderately severe to severe depression. At the post-screening, no participants scored in these categories.

- The average change in the PHQ-9 scores was a decrease of eight points.
- The minimum change in score was a decrease of two points.
- The maximum change in score was a decrease of twelve points.

**Prevention and Early Intervention Programs
Strengthening Families: Healthy Relationship Groups
Depression Severity (PHQ-9 Scores) Pre- and Post-Participation in FY 19-20**

PHQ-9 Score	Depression Severity	Number of Participants			
		Pre-Screening		Post-Screening	
		Frequency	Percent	Frequency	Percent
0-4	None-Minimal	2	7%	2	8%
5 to 9	Mild	2	7%	14	54%
10 to 14	Moderate	8	29%	10	38%
15 to 19	Moderately Severe	12	43%	0	0%
20-27	Severe	4	14%	0	0%
	Total Participants	28		26	100%

FY 19-20: Changes due to COVID

- The outreach efforts done by Cope were paused as events and gatherings were restricted. Staff used the remainder of FY 19-20 to prepare outreach formats for FY 20-21.
- The screening and referral processes done by Cope were all moved to phone conversations. These meetings had previously been done using a combination of phone and in person conversations.

²⁴ More information about the PHQ-9 can be found here: <https://www.phqscreeners.com/select-screener>

- Strengthening Families was able to engage families who were previously unable to attend in-person services, including families living in more remote locations and/or without transportation. Staff used this information to plan for future services and anticipate offering a hybrid of in-person and virtual services to continue make services accessible.
- The Healthy Relationship groups shifted to online individual sessions rather than group in person sessions.
- Two individuals received nine sessions of the Healthy Relationships interventions (the standard is eight sessions) due to the shift to individual sessions.

FY 20-21: Activities and Outcomes

Activities

Outreach (*Cope*): General outreach to families in Napa County that includes mental health resources in addition to other supports (e.g., CalFresh, employment, rent assistance, etc.)

Partnerships (*Mentis*): Partnerships with family resources centers in Napa County to identify parents in need of mild to moderate mental health supports.

Screen Parents (*Cope*): Parents are screened for mental health needs by a Resource Specialist.

Support Parents (*Cope and Mentis*):

- Provide Triple P Standard Level 4 (individual support), Triple P Group Level 4, and the Triple P Family Transitions Program Level 5 (Level 5 is available in English pending translated curriculum currently in progress, Level 4 is available in English and Spanish) (*Cope*)
- Referrals to mental health support: Mentis' Healthy Relationships Groups, Mental Health Plan Providers, HHSA and others (*Cope and Mentis*)
- Provide Healthy Relationships groups in Spanish (*Mentis*)

Outcomes

Support Parents (*Cope/Mentis*):

- Individuals attend the Triple P Standard Level 4 (individual support), Triple P Group Level 4, and the Triple P Family Transitions Program Level 5 (*Cope*).
- Individuals attend the Healthy Relationships group (*Mentis*).
- Individuals who are referred to HHSA/MHD partners receive mental health treatment.
- Parents who receive mental health support have improved mental health. Assessment scores pre and post participation:
 - DASS-21: Depression, Anxiety and Stress subscales for Triple P Level 4 and/or Level 5 participants.
 - Emotional Rating Scale and PHQ-9 for Healthy Relationship participants.

NEWS (Nurturing, Empowerment, Worth, Safety): Kids Exposed to Domestic Violence (KEDS)

Community Needs Addressed by Program

- Children exposed to domestic violence are at risk of developing PTSD and/or poor mental health outcomes.
- Need for Trauma Informed supports for children in response to domestic violence

FY 19-20: Activities and Outcomes

Community Engagement: The KEDS Collaborative generally meets every other month to promote system-wide understanding of how the trauma of domestic violence impacts children and the services available. Members learn about Trauma Informed responses and share information about resources for children exposed to domestic violence. Agencies are encouraged to refer children to KEDS for support.

- **KEDS Collaborative:** Fourteen organizations participated in the KEDS Collaborative to learn about how domestic violence impacts children and to share resources. In FY 19-20, they were able to meet three times. After moving the meetings to Zoom due to the Shelter-in-Place Order, the number of agencies attending, and overall attendance increased from the first quarter.

Presenters were invited each month to provide information about access to their agency's resources specifically for children who have experienced domestic violence. In FY 19-20, presenters included:

- **Abode Services** discussing housing options for families beyond the NEWS housing resources.
 - **PACT Adoption Alliance**, an agency specializing in "creating strong, loving adoptive families for children of color."²⁵
 - **Bay Area Crisis Nursery**, which provides emergency childcare for children age birth to 5 years old.
- **Referrals:** In FY 19-20, KEDS received referrals from other programs within NEWS (56%), and from four other agencies. All the agencies participate in the KEDS Collaborative. The Napa Police Department was the most frequent source of outside referrals in part due to a NEWS staff person working within the department to support families as they are identified.

²⁵ For more information: <https://www.pactadopt.org/app/servlet/HomePage>

Prevention and Early Intervention Programs
Kids Exposed to Domestic Violence (KEDS) Program

Comparison of Attendance at KEDS Collaborative and Referrals to KEDS Program by Agency in FY 19-20

Referring Agency	Attendance at KEDS Collaborative		Referrals to KEDS Program	
	# of mtgs attended	Percent	# of referrals	Percent
NEWS <i>(Housing, Legal, and Sexual Assault Programs)</i>	3	100%	54	56%
Napa Police Department	1	33%	21	22%
Napa County Child Welfare Services	3	100%	13	14%
Cope	3	100%	4	4%
Napa County Public Health (HHSA)	3	100%	4	4%
Totals	3 Mtgs		96	100%

Outreach: KEDS staff provided outreach to parents about the signs and symptoms of mental illness and the impact of domestic violence on children’s mental health at the NEWS office when parents began seeking services and at the family shelter when parents stayed at the shelter.

- **Intake for NEWS services:** Upon beginning services with NEWS, parents receive information about the mental health impact of domestic violence on children. In FY 19-20, this information was shared with 116 parents at the intake meeting.²⁶
- **Family Support at Shelter:** NEWS operated a shelter for families who were seeking safety from domestic violence. Staff at the shelter shared information about how domestic violence impacts children’s mental health with the families each day as they went about their routines. In FY 19-20, 18 families were able to use the shelter and stayed for an average of 21 days, resulting in a total of 376 outreach contacts. During the Shelter-in-Place Order this support took place by phone as families were housed in other settings.

KEDS staff also participated in community events and offered presentations to community groups about the signs and symptoms of mental illness and the impact of domestic violence on mental health.

- In FY 19-20, KEDS staff participated in several resource fairs and did specific outreach to educators, parents, families, and behavioral health providers. The largest event, Dia de la Familia, in July 2019 resulted in 79% of the program’s total outreach contacts in the community.

²⁶ A brochure is distributed to parents at the intake meeting. The KEDS program’s goals and services are also included on the NEWS website: <https://www.napanews.org/resources/kids>.

**Prevention and Early Intervention Programs
Kids Exposed to Domestic Violence (KEDS) Program Community Outreach Contacts in FY 19-20**

Outreach Contacts	Contacts	Percent
General Public	2,000	78%
K-12 educators	200	8%
College and university educators	50	2%
Behavioral Health Providers	40	2%
Parents	82	3%
Students	166	7%
Total Outreach Contacts	2,538	100%

Support for Children and Youth

Advocacy: KEDS staff advocated in the schools on behalf of the children served by NEWS in the community and at the shelter. Staff talked with school staff, counselors, and teachers to identify supports the children may need to be successful at school and to ensure children have wraparound support from school staff. In FY 19-20, 154 children and youth received this support.

Support Groups for Children and Youth: The KEDS program provided 37 weekly support groups for 42 children and youth in FY 19-20. The KEDS staff designed each group to emphasize self-regulation, self-worth/self-esteem, and healthy relationships. During the groups, children and youth completed craft and art projects and learned coping skills.

- Projects include dream catchers, self-portraits, collage, mini-gardens, and journals.
- Coping skills include self-soothing, positive self-talk, setting boundaries and exercise.

Children and youth who were staying at NEWS’ family shelter participated at the shelter location, those who were staying outside of the shelter were invited to participate at a community location. In FY 19-20, support groups were generally offered weekly until the third quarter when the Shelter-in-Place Order took effect. Given the capacity of the shelter, the groups held there had an average of three children/youth attending each session. The community groups were larger with an average of 13 children/youth at each session. The attendance was relatively equally distributed across the first three quarters, no groups were held in the fourth quarter.

**Prevention and Early Intervention Programs
Kids Exposed to Domestic Violence (KEDS) Program
Support Group Sessions and Attendance Overall and by Location in FY 19-20**

Location	Overall	Shelter		Community	
		Attendees	Percent	Attendees	Percent
Number of Sessions	37	13	35%	24	65%

Number of Children/Youth Attending ²⁷	345	33	10%	312	90%
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Staff centered the support groups around a variety of topics to teach coping skills and strategies. The most common topic was Positive Self-Talk. Most strategies were used in both the shelter and community groups.

**Prevention and Early Intervention Programs
Kids Exposed to Domestic Violence (KEDS) Program
Support Group Topics in FY 19-20**

Support Group Topic	Frequency of Topic			Percent of Topic
	Shelter	Community	Overall	Overall
Positive Self Talk	3	5	8	21%
Self-Affirmations	1	5	6	16%
Family Bonding/ Communication	1	4	5	13%
Healthy Communication Strategies	2	3	5	13%
Setting Boundaries	3	2	5	13%
Stress Ball-stress relief	1	3	4	11%
Exercise	1	2	3	8%
Distraction (games)	1	0	1	3%
Self-Soothing	1	0	1	3%
Total Support Group Sessions	14	24	38	100%

The KEDS staff shared a meal with the children/youth prior to each community session. During this meal, KEDS staff asked participants about the coping strategies they learned in the previous week. The conversations were used to evaluate how the strategies were received and integrated. In FY 19-20, 243 children/youth had attended the previous session and were able to respond. This data was not collected for the children/youth who participated at the shelter.

- 91% of children/youth in the community groups reported they **liked the coping strategy** they had learned in the previous session.
- 79% had **used the coping strategy**
- 73% had **shared the strategy** with their family

Mental Health Support: To screen for mental health concerns, the NEWS staff talked with the parent during the intake process. The behavioral, social, emotional & psychological, and cognitive impacts of domestic violence on children were reviewed and the parent was asked if they noticed any of the concerns in their children. Children were referred to mental health services as parents identify concerns.

²⁷ This is a duplicated count of participants. Some children/youth participate in several support groups. Attendance is reported for each group, but individual participants are not tracked. On average, each child attended eight groups during the fiscal year (345 total attendance/42 youth).

FY 19-20: Changes due to COVID

- KEDS collaborative meeting was moved to Zoom in May 2020.
- Fewer families chose to use the shelter due to COVID. Parent outreach moved to phone calls as families chose alternative housing options.
- The support groups for children were suspended. They began again on Zoom in July 2020.
- KEDS staff shifted outreach to social media when events were cancelled. Outreach information was posted to the agency’s four social media accounts to reach parents and the broader community.

**Prevention and Early Intervention Programs
Kids Exposed to Domestic Violence (KEDS) Program
Number of Followers, Estimated Reach and Engagement Social Media Outreach in FY 19-20**

	Facebook (English)	Facebook (Spanish)	Instagram	Twitter
Number of Followers	1,843	115	133	24
Estimated Reach (Average Month)	186,782	n/a	n/a	n/a
Engagement (Average Month)	8,126	n/a	n/a	n/a

FY 20-21: Activities and Outcomes

Activities

- **Community Engagement:** Meet every other month with the KEDS Collaborative members to promote system-wide understanding of how the trauma of domestic violence impacts children (education about trauma-informed responses) and the services available (education about resources).
- **Outreach:** Provide outreach to parents about the signs and symptoms of mental illness and the impact of domestic violence on mental health. Provide outreach to the community about the signs and symptoms of mental illness and the impact of domestic violence on mental health.
- **Support Children (Trauma Informed Care):** Offer advocacy and support groups to children/youth who have been exposed to domestic violence.

Outcomes

- **Community Engagement and Outreach:**
 - KEDS Collaborative members learn about Trauma Informed Responses and share information about resources for children exposed to domestic violence.
 - Those who participate in community engagement and/or outreach refer children/youth to KEDS.
- **Support Children:**
 - Staff advocate for children at the school site to be sure children have the supports they need to be successful and to understand if additional mental health supports are needed.
 - Children/youth receive information about coping strategies at the shelter (as feasible given COVID limitations) and in community support groups (on Zoom given COVID limitations).

- Children/youth build coping skills with a focus on self-regulation, self-worth/self-esteem, and healthy relationships.
- Children/youth receive mental health services and supports.

Early Intervention

Early Intervention programs are intended to serve populations who have higher risks for mental health concerns and to provide early treatment to address risks and symptoms. Two of the nine programs were funded to provide Early Intervention Services in FY 19-20.

Overview

The Early Intervention programs focus on identifying individuals with mental health concerns and providing them with immediate supports. One of the two programs offers outreach in the community to build awareness of mental health concerns among older adults and where to seek services.

**Prevention and Early Intervention Programs
Overview of Early Intervention Programs: Population Served and Activities in FY 19-20**

Agency: Program	Population Served	Outreach	Mental Health Screenings and Referrals	Mental Health Services and Supports
Napa County Office of Education: Court and Community Schools Student Assistance Program	Students in 9 th to 12 th grade	<i>(Not funded by PEI in FY 19-20)</i>	PHQ-9	Social Worker and Intervention Specialist support students with identified mental health concerns.
Mentis: Healthy Minds, Healthy Aging	Older Adults	Presentations to older adults, caregivers and agencies on topics related to Older Adults and Mental Health.	PHQ-9	Case Management and Therapy services offered to all participants.

Outcomes

The Early Intervention programs track mental health outcomes for participants. The programs reported the following outcomes:

- Improved mental health and reduced severity of depression
- Improved quality of life for older adults

Napa County Office of Education (NCOE): Court and Community Schools Student Assistance Program

Community Needs Addressed by Program

- Social emotional needs of youth are not addressed in traditional academic curriculum.
- Student success relies on students feeling safe and having the social emotional skills to learn.
- Schools are a common place where students’ social emotional needs are identified but often have few resources to serve these needs.

FY 19-20: Activities and Outcomes

Screening for Mental Health Concerns: In FY 19-20, 143 students were evaluated by the NCOE Social Worker. Of these, 30% reported mild to severe depression when assessed using the PHQ-9.

**Prevention and Early Intervention Programs
Court and Community Schools Student Assistance Program
PHQ-9 Depression Assessment at Intake in FY 19-20**

PHQ-9 Risk Category	Frequency	Percent
Minimal Depression	44	31%
Mild Depression	22	15%
Moderate Depression	11	8%
Moderately Severe Depression	7	5%
Severe Depression	3	2%
Not Screened	56	39%
Total Students Assessed	143	100%

Mental Health Supports and Services: The NCOE Social Worker and/or the Interventions Coordinator supported 85 students (60%) during FY 19-20, and 10 individuals (7%) were referred to outside mental health services.

- In FY 19-20, 85 students participated in 2,107 support visits.
 - 44% with the Social Worker (931 visits)
 - 56% with the Interventions Coordinator (1,176 visits)

- The staff more than doubled the number of support visits in the second half of the fiscal year.

**Prevention and Early Intervention Programs
Court and Community Schools Student Assistance Program
Number of Support Visits, by Quarter in FY 19-20**

Quarter	Frequency	Percent
Q1: Aug-Sept	240	11%
Q2: Oct-Dec	377	18%
Q3: Jan-Mar	844	40%
Q4: Apr-Jun	646	31%
Total Support Visits	2,107	100%

- The fifteen students who were able to complete services while still on campus received mental health services and supports for an average of four months (range: two to seven months).

Improved Behavior: The refocus room is a separate space on the school campus where students can take time to remember their goals, calm down and try again. It is furnished with comfortable furniture and staffed with a classroom aide who checks in with each student who comes in. It also has offices for the intervention staff, probation, and the school resource officer. Students can use those supports as

needed. The mental health supports, and services are intended to decrease the number of times individuals are referred to the refocus room by staff due to classroom behavior.

In FY 19-20, staff planned to track the number of times students who received mental health services and supports were referred to the refocus room one month prior to beginning services and again for the last month of services. Data on the use of the refocus room during the last month of services was not available for 70 of the 85 students receiving mental health supports. Due to the Shelter-in-Place Order in March 2020, students were not on campus and did not have access to the resource.

With the small sample of students who were able to complete the interventions prior to the Shelter-in-Place Order, the data suggests that the number of visits remained relatively stable.

Prevention and Early Intervention Programs

Court and Community Schools Student Assistance Program

Use of Refocus Room, Prior to Services and During Last Month of Services in FY 19-20

Number of Referrals to Refocus Room	One Month Prior to Mental Health Services and Supports		Last Month of Mental Health Services and Supports	
	Frequency	Percent	Frequency	Percent
0	59	69%	10	67%
1	11	13%	2	13%
2	7	8%	0	0%
3	5	6%	1	7%
4	2	2%	1	7%
5	1	1%	0	0%
6	0	0%	1	7%
Total Students	85	100%	15	100%

Improved Mental Health

Very few students were able to complete a second PHQ-9 assessment at the end of the school year due to COVID restrictions. Though post data was collected, the scores are not reported due to the small sample size (n<10).

FY 19-20: Changes due to COVID

- Staff reported an increase in their contacts with students and families due to the Shelter-in-Place Order. Staff suggested that the increased needs due to COVID made families more likely to accept services to find resources.
- The refocus room data will not be tracked in FY 20-21. The space is not available due to social distancing and COVID guidelines.

FY 20-21: Activities and Outcomes

Activities

Screening: All students are evaluated at intake for mental health concerns and if indicated are assessed using the Patient Health Questionnaire: Depression Module (PHQ-9).²⁸

Mental Health Supports and Services are offered to students by the NCOE Social Worker and/or the Intervention Coordinator. Students are also referred for mental health services with other community providers (Mentis, Aldea, ACCESS, Napa County Mental Health, Kaiser, etc.).

Outcomes

Receive Mental Health Supports and Services: Individuals are referred as indicated and receive mental health services.

Improved Mental Health: Students show improvement in the PHQ-9 scores that are assessed at the beginning and end of services.

Mentis: Healthy Minds, Healthy Aging (HMHA)

Community Needs Addressed by Program

- Elders face specific age-related challenges to access and to utilize behavioral health services.
- Older adults have high rates of depression (15%-30%), high anxiety rates (20%) as well as higher prevalence of suicide, abuse of alcohol and misuse of drugs.

FY 19-20: Activities and Outcomes

Outreach: In FY 19-20, the Healthy Minds, Healthy Aging program provided 44 outreach activities throughout Napa County on a variety of topics. About half of the events were held UpValley and 30% were held in the City of Napa. During the Shelter-in-Place Order, the outreach was moved online.

**Prevention and Early Intervention Programs
Healthy Minds, Healthy Aging
Location of Outreach Events in FY 19-20**

Location	Outreach Events	
	Frequency	Percent
Napa	13	30%
Yountville	1	2%
St. Helena	13	30%
Calistoga	6	14%
Online	11	25%
Total	44	100%

²⁸More information about the Patient Health Questionnaire (PHQ-9) can be found here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>

The outreach topics were about equally divided between Brain Functioning (30%), Healthy Habits (30%), and Support and Training (35%). A few outreach events focused on the program’s services overall (7%).

**Prevention and Early Intervention Programs
Healthy Minds, Healthy Aging Outreach Topics in FY 19-20**

Outreach Topic	Frequency	Percent
Brain Functioning <i>(Brain Health, Alzheimer’s, Dementia)</i>	13	30%
Healthy Habits <i>(Stress Management, Positive Thinking, Meditation/Grounding, Self-Love, Self-Care)</i>	13	30%
Caregiver Support and Training	6	14%
QPR Training	3	7%
Depression	4	9%
Grief Support	2	5%
HMHA services	3	7%
Total	44	100%

The Healthy Minds, Healthy Aging program specifically reaches out to seniors, their caregivers, and social service providers. These groups represent the primary participants in the outreach activities. About 10% of the activities were presented for the public and/or educators.

**Prevention and Early Intervention Programs
Healthy Minds, Healthy Aging Outreach Participants in FY 19-20**

Participants	Frequency	Percent
Seniors	186	33%
Other social service providers	166	30%
Consumers and/or family members	153	27%
General Public	45	8%
K-12 educators	8	1%
Other	4	1%
Total Participants	562	100%

Intake/Screenings/Assessment: The Healthy Minds, Healthy Aging (HMHA) program received 83 referrals in FY 19-20. The majority came from service providers (66%) and the remainder came from caregivers, including family members (18%), and individuals who self-referred (16%).

**Prevention and Early Intervention Programs
Healthy Minds, Healthy Aging Referrals Received by Source in FY 19-20**

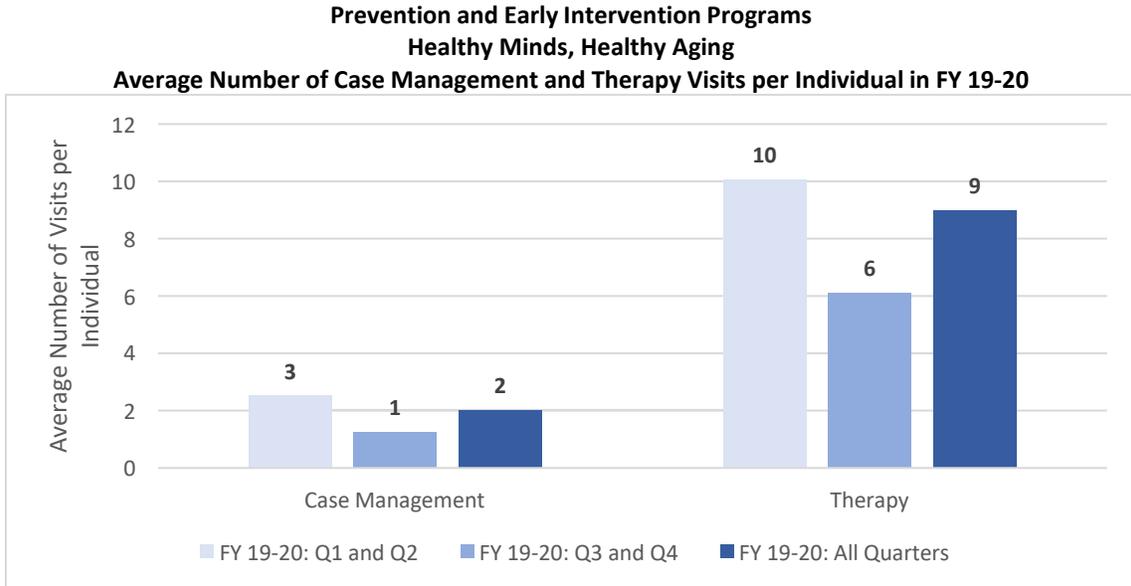
Referral Source	Referrals Received	
	Frequency	Percent
Service Providers	55	66%
<i>Queen of the Valley (Medical Offices, Community Outreach, CARE Network, etc.)</i>	19	

<i>Collabria (Intake and Assessment, Case Management, Palliative/Hospice, etc.)</i>	10	
<i>OLE Health</i>	7	
<i>Share the Care</i>	7	
<i>Adult Protective Services</i>	6	
<i>UpValley Family Centers</i>	2	
<i>Adventist Home Care</i>	2	
<i>Continuum of Care Hospice</i>	1	
<i>Mentis</i>	1	
Family Member/Caregiver/Gatekeeper	15	18%
Self-Referral	13	16%
Total	83	100%

In FY 19-20, individuals were screened for dementia using the Eight-Item Informant Interview to Differentiate Aging and Dementia (AD8). 85 individuals were screened for dementia and 56% were referred to Collabria Care for assessment due to identified risks.

Case Management and Therapy:

- **The case manager supported 90 of the 91 individuals** who received services from Healthy Minds Healthy Aging. They received an average of 2 visits per person, with a range from one to 22 visits.
- **The therapists supported 86 of the 91 individuals (95%)** with an average of nine visits per individual. Participants received from one to 31 visits.



Referrals: Of those referred for therapy services with Mentis, 67% were referred on the same day they were assessed. After being referred, 46% had their first appointment within a week. As needs were identified, individuals were referred to additional services. The most common referrals were to Collabria Care for further support.

**Prevention and Early Intervention Programs
Healthy Minds, Healthy Aging
Referrals for Additional Supports in FY 19-20**

Referral	Frequency	Percent
Collabria Care <i>(Intake and Assessment, Case Management, Palliative/Hospice, etc.)</i>	20	38%
Season of Sharing	6	11%
Adult Protective Services	5	9%
Food: Food Bank, Meals on Wheels	5	9%
Bay Area Legal Aid	4	8%
In Home Support Services	4	8%
Queen of the Valley Medical Center: Community Outreach	3	6%
Share the Care/Stop Falls	3	6%
NVTPA (Vine-Go, Taxi Scrip)	2	4%
Kaiser (Mental Health Services)	1	2%
Total	53	100%

Improved Quality of Life: Twenty-seven individuals completed a pre and post survey about their quality of life related to emotional and mental health using the SF-12v2™.

- 74% reported their quality of life was better than previously (n=20),
- One individual’s mental health remained the same, and
- Six individuals (22%) reported their mental health was worse than previously.

Improved mental health/Reduced severity of depression: Ninety individuals completed the PHQ-9 at intake. Of these, 62% reported symptoms of Moderate to Severe Depression. At the time of the Post-Screening, only 13% reported symptoms in this range.

Of those who had a pre and a post score for the depression assessment (n=53), 15% were assessed as not experiencing depression at the beginning of their participation. At the final screening, 51% were assessed as not having depression. When looking at just those who have a pre and Post-Screening score:

- Forty-six individuals (87%) reported fewer symptoms of depression,
- One remained the same, and
- Five individuals reported more symptoms (9%).

Prevention and Early Intervention Programs
 Healthy Minds, Healthy Aging PHQ-9 Depression Screening in FY 19-20

PHQ-9 Risk Category	Pre-Screening		Post-Screening	
	Frequency	Percent	Frequency	Percent
Minimal Depression (0-4)	12	13%	23	25%
Mild Depression (5-9)	22	24%	18	20%
Moderate Depression (10-14)	24	26%	8	9%
Moderately Severe Depression (15-19)	24	26%	4	4%
Severe Depression (20-27)	8	9%	0	0%
Not Screened	1	1%	38	42%
Total Individuals	91	100%	91	100%

FY 19-20: Changes due to COVID

- Outreach activities were moved online.
- The Healthy Minds Healthy Aging staff worked remotely, and still offered both case management and therapy via phone calls and/or video calls. Staff reported that most contacts were done by phone (very few video calls) because of the resistance of individuals to use the technology, and/or individuals' lack of technology or internet services.
- Staff opened a "Warm Line" offering telephone support in English and Spanish to all older adults between 9:00 a.m. and 5:00 p.m., as the anxiety level was high.
- As support services moved online, there was a lull in the referrals given to consumers. Staff report that there was a pause as the agencies reconfigured their services and made changes and accommodations to comply with the Shelter-in-Place guidelines. Services that had previously been in person were the most challenging to connect too immediately.
- At the start of the Shelter-in-Place Order, staff reached out to past consumers to check in with them.

FY 20-21: Activities and Outcomes

Activities

Outreach: Outreach to caregivers and providers and seniors

Intake/Screenings/Assessment: Receive referrals from service providers, caregivers, and individuals. Screen individuals using the Eight-item Informant Interview to Differentiate Aging and Dementia (AD8)²⁹

²⁹ More information can be found here: <https://www.alz.org/media/Documents/ad8-dementia-screening.pdf>

dementia screening. Assess mental health overall (SF-12v2™),³⁰ and symptoms of depression (PHQ-9)³¹.

Referrals (*Collabria, Mentis*): Refer individuals to services

Case Management (*Mentis: case manager*): Support access to services for individuals to address identified needs

Therapy (*Mentis: therapist*): Provide mild to moderate mental health treatment as indicated

Outcomes

Case Management (*Mentis*): Lowered impact of mental health on quality of life (SF-12v2™)

Therapy (*Mentis*): Reduced symptoms of depression (PHQ-9)

Annual PEI Activities and Services for All Programs

Prevention and Early Intervention Programs Partnerships by Month in FY 19-20

Month	Number of Partnership Meetings	Percentage of Meetings
July 2019	10	5%
August 2019	13	6%
September 2019	13	6%
October 2019	17	8%
November 2019	9	4%
December 2019	8	4%
January 2020	28	14%
February 2020	20	10%
March 2020	12	6%
April 2020	13	6%
May 2020	17	8%
June 2020	8	4%
Total Meetings	202	
Total Partners	73	

³⁰ This tool assesses the “impact of health on an individual’s everyday life.” Four of the eight domains in the assessment relate to emotional problems and/or mental health. A sample of the survey can be found here: <http://www.health.utah.gov/prescription/pdf/guidelines/SF-12v2Standard-Sample.pdf>. The scoring rubric is proprietary and not available online.

³¹ More information about the Patient Health Questionnaire (PHQ-9) can be found here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>

**Prevention and Early Intervention Programs
Outreach Events and Attendance by Month in FY 19-20**

Month	Outreach Events		Attendance	
	Frequency	Percent	Frequency	Percent
July 2019	9	7%	2,034	23%
August 2019	13	10%	100	1%
September 2019	10	8%	758	9%
October 2019	11	9%	1,383	16%
November 2019	20	16%	943	11%
December 2019	8	6%	57	1%
January 2020	18	14%	1,998	23%
February 2020	21	17%	972	11%
March 2020	6	5%	252	3%
April 2020	-	0%	-	0%
May 2020	6	5%	69	1%
June 2020	6	5%	35	0%
Total Outreach	128		8,601	

Component: Community Services and Supports (CSS)

Napa County’s CSS component consists of a variety of programs. These include Full Services Partnerships, Project Access Outreach and Engagement Programs, and System Development Crisis Stabilization Unit program.

Full Services Partnerships (FSPs)

Full Service Partnerships are most succinctly described as a “whatever it takes” approach for consumers. This implies a broad range of services and supports not typically associated the traditional mental health model. Such supports include assistance in meetings daily leaving needs, paying for health care, and providing respite services when needed (UCLA Center for Healthier Children, Youth and Families, pg26)³². FSP programs consist of the Children’s (CFSP),

³² UCLA Center for Healthier Children, Youth and Families. (2013). *Full Service Partnerships: California’s Investment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Severe Mental Illness Contextual Factors and the Relationship to Expenditures and Cost Offsets*.
http://archive.mhsoac.ca.gov/Evaluations/docs/MHSA_CostOffset%20Report_FSP_byCounty_201304.pdf

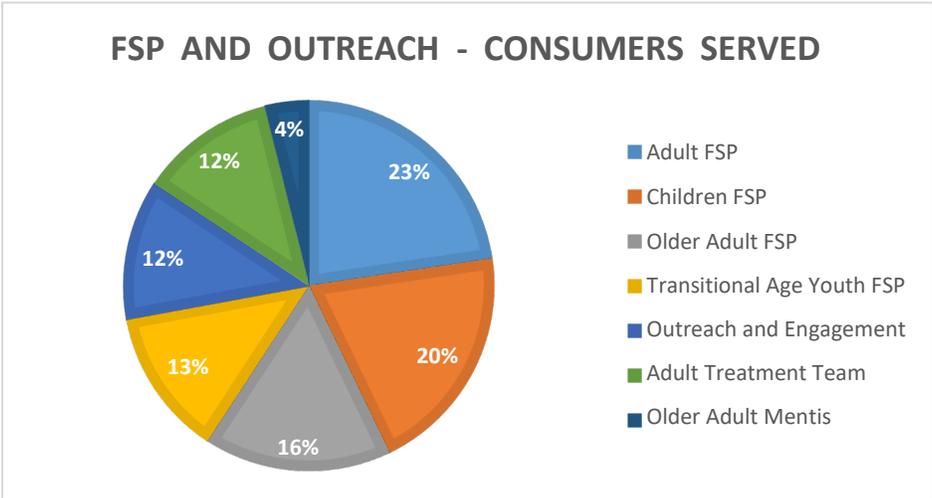
Transitional Age Youth FSP (TAY), Adult FSP (AFSP), Adult Treatment Team (ATT FSP), and the Older Adult FSP (OA FSP), which includes Older Adult Therapy services provided by Mentis.

FSP, Outreach and Engagement Outcomes and Demographics

Consumers served by unit

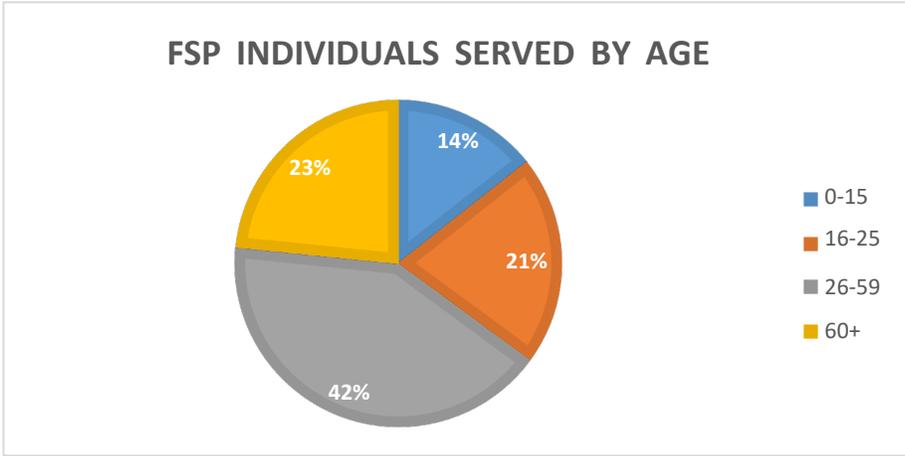
The following graphics summarize number and percentage of individuals served by unit, individuals served by age, individuals served by race and ethnicity and types of services.

- In FY 19-20, 287 unduplicated individuals were assigned to the different CSS programs.
- The following chart shows consumers served by units. AFSP served 23%, CFSP served 20%, OA FSP served 16%, TAY served 13%, Adult Treatment Team and Project Access Outreach and Engagement each served 12%. Mentis Older Adult Therapy served 4%.
- AFSP (23%) and CFSP (20%) served the highest percentage of consumers.



Consumers by age group

- The adult group is the largest group represented in CSS and older adult is second largest represented group.



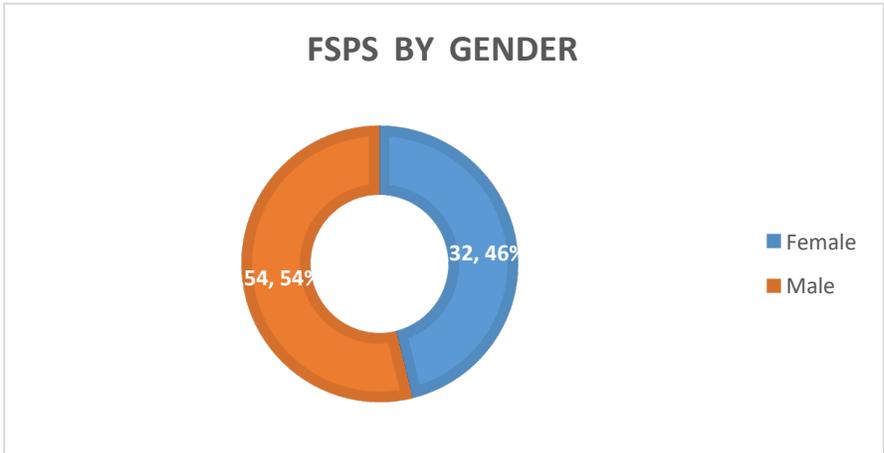
Consumers by race and ethnicity

- Individuals who identified as White, 49%, were the highest represented group.
- Hispanic/Latinos were the second largest group receiving services, 28% of individuals identified as Hispanic/Latino.
- At least one individual identified as Asian Indian, Other Asian or Vietnamese, making these the 3 lowest groups represented.
- Note: Individuals can self-identify and select multiple races and ethnicities.

Race/Ethnicity	Total	Percent
Asian Indian	1	0%
Black/African American	12	3%
Chinese	2	1%
Filipino	5	1%
Guamanian	2	1%
Hawaiian	2	1%
Hispanic/Latino	104	28%
Mixed Race	2	1%
Native American	7	2%
Other	44	12%
Other Asian	1	0%
Unknown	7	2%
Vietnamese	1	0%
White	182	49%

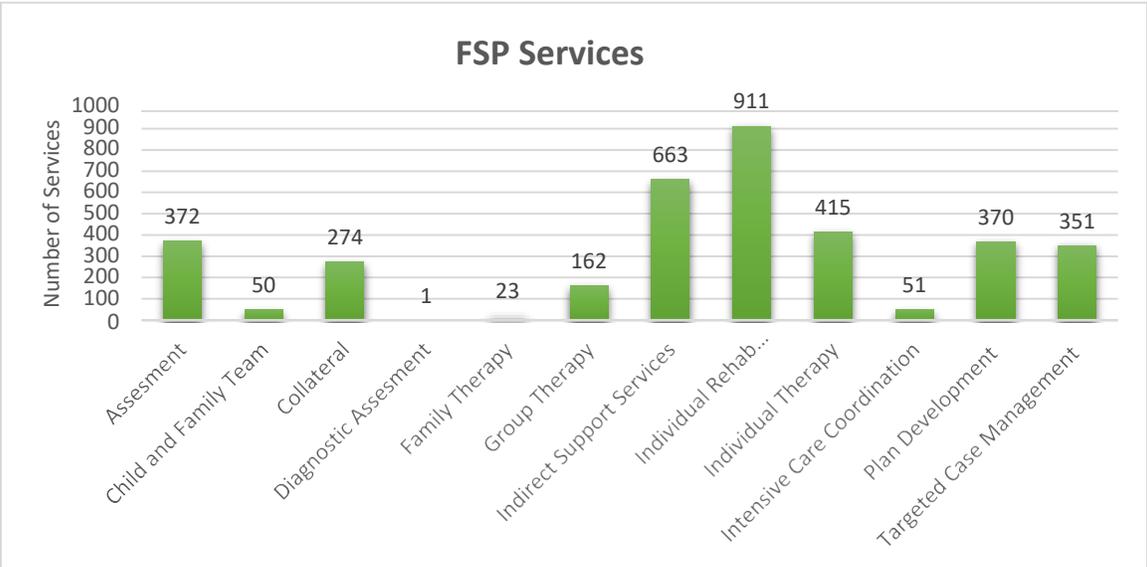
Consumers by gender.

- Over half, 54%, of consumers served identified as male.
- 46% of consumers identified as female.



FSP Services

- 3,643 services were provided by all FSPs.
- In FY 19-20, the service provided most frequently was individual rehab intervention and indirect support services.
- The services least provided was diagnostic assessments and family therapy.



Discharge reasons

When compiling outcomes for the FY 21-22 Annual Update, we determined that FSP programs each have their own understandings and reasons for selecting “Administrative and NA” as the reason for discharge. A significant number of cases were closed under these discharge reasons; however, it is difficult to identify or track a standard for this discharge. Staff will work with FSPs to create shared definitions for discharge reasons and identify cases and scenarios when these reasons are applicable and share best practices.

Children’s Full Services Partnership (CFSP)

Funding: \$396,316

Program Summary

The CFSP is designed to assist underserved, at-risk children with a serious emotional disturbance who demonstrate problems with functioning in at least two of the following areas:

- 1) School, home, community, or Peer relationships
- 2) Are either at risk for hospitalization, incarceration, suicide, homicide, removal from the home, OR the mental disorder impairments are likely to continue for more than a year without treatment.

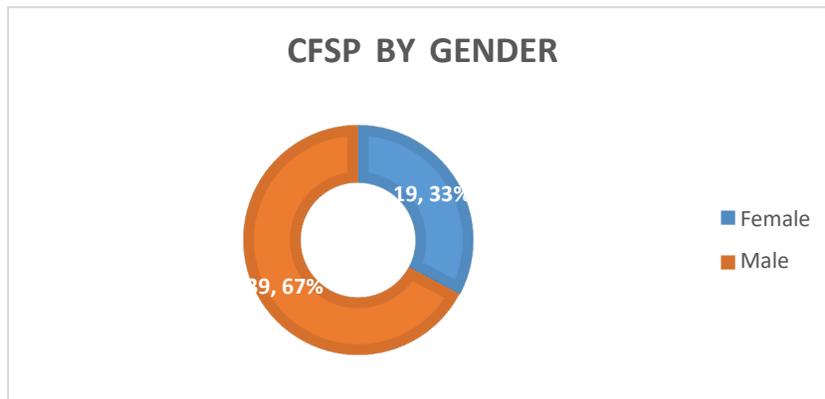
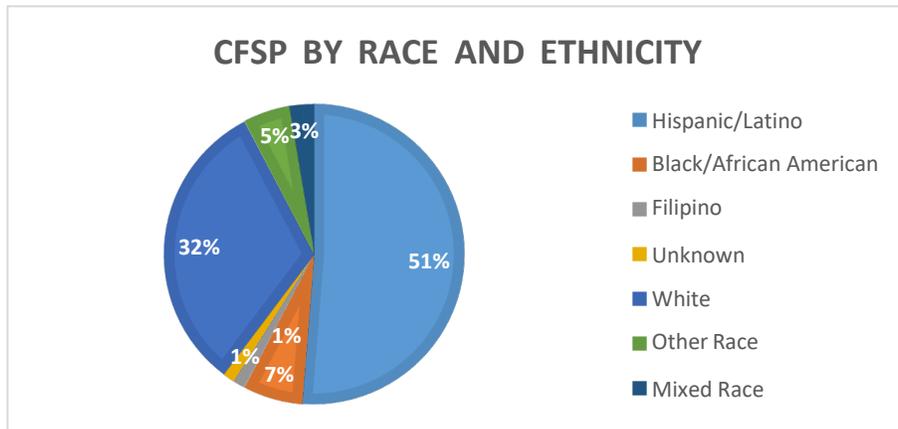
Key aspects of the CFSP program:

- Youth ages 0 to 15
- CFSP staff provides a holistic approach to address the mental health and emotional issues limiting the child and the family’s capacity for success.
- Wraparound efforts are based in the community and encourage the family’s use of their natural supports and resources
- CFSP collaborates with the family and their external support network or helps them create one.
- This process of working with the child, family and the CFSP team occurs through periodic and frequent contact at home, at school, or in the community to address the child’s emotional, social, academic, and familial needs.

Total Served FY 19-20	58
Cost Per Individual	\$6,833.03
Served July 2020 – April 2021	31
Projected Consumers FY 20-21	64
Projected Consumers FY 21-22	64

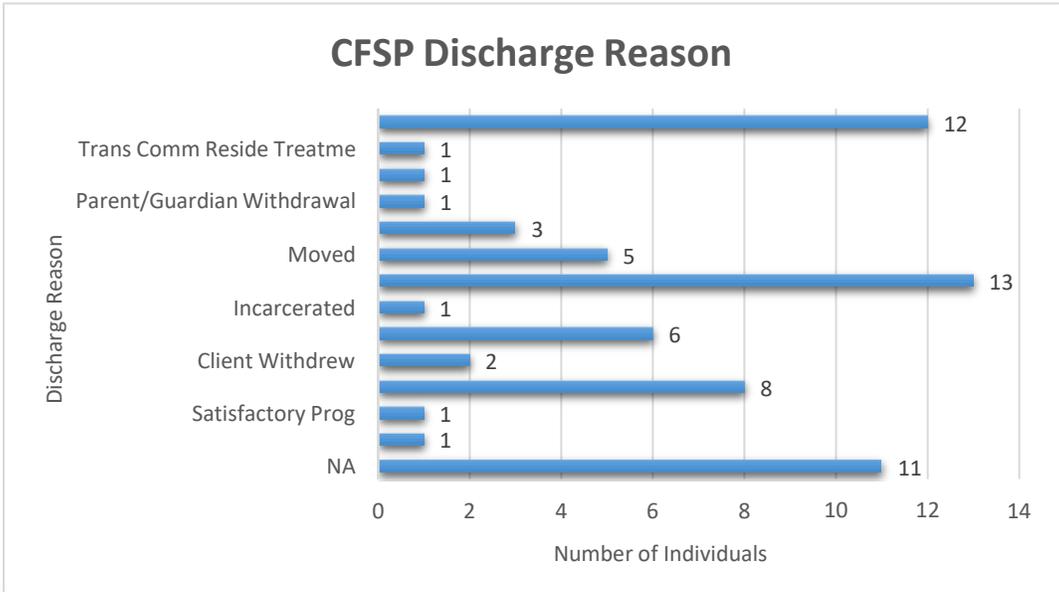
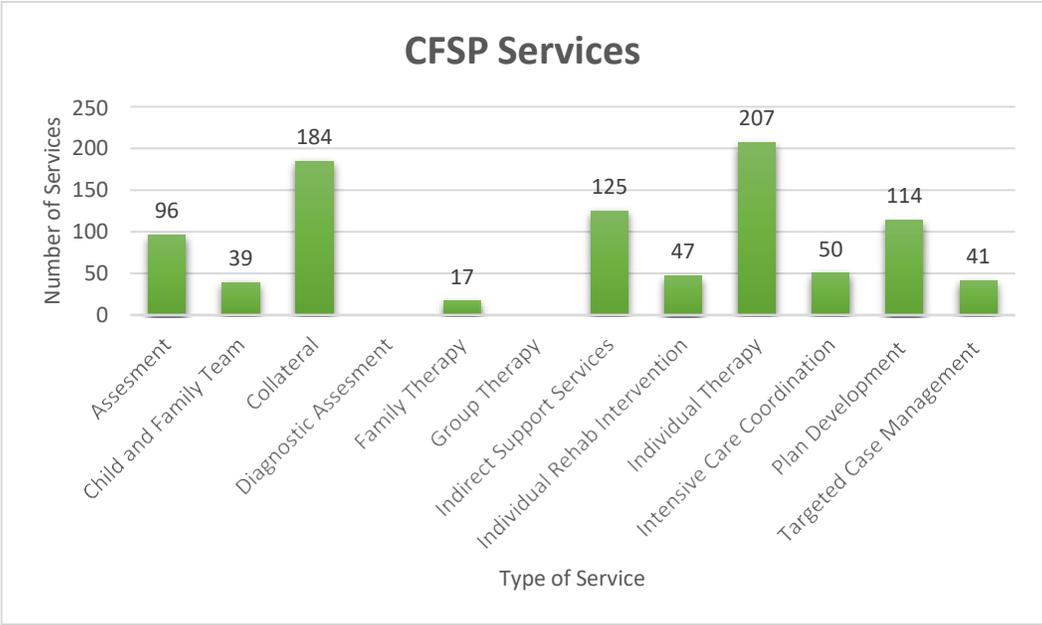
Demographics

- Fifty-one percent of all individuals who were served in CFSP identified as Hispanic/Latinos.
- Only one percent identified as Filipino, and one percent identified as unknown.
- CFSP, served 67% males and 33% females.



Services and Discharges

- CFSP provided 920 services in FY 19-20.
- The service most provided by CFSP was individual therapy and the least provided was family therapy.
- The most common discharge reason for CFSP was change of level of care.



Transitional Age Youth Full Services Partnership (TAY)

Funding: \$39,300³³

Program Summary

Services specifically address the unique issues of youth who must manage their mental health challenges while moving toward independence. TAY FSP staff will assist individuals in identifying the individual’s strengths, concerns needs and motivations to develop an individualized service plan. Youth and their families will have a multitude of services to choose

³³ Most of the TAY FSP expenses in FY 19-20 were covered by other revenue.

from to assist them in attaining the goals they have identified in their individualized services plan.

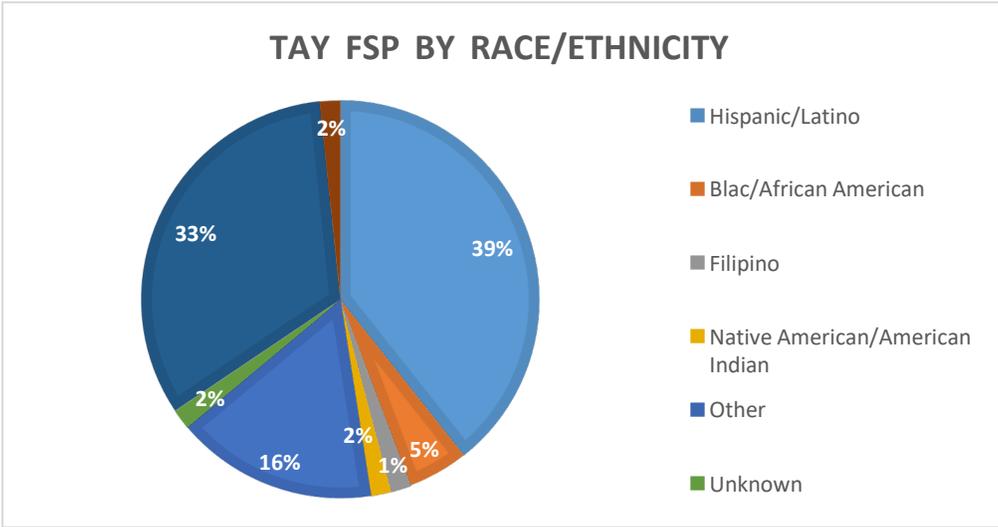
The goal is that when participants leave the program, they will have the skills and stability to make choices that twill maximize their chances of success, sense of normalcy, and self-efficacy.

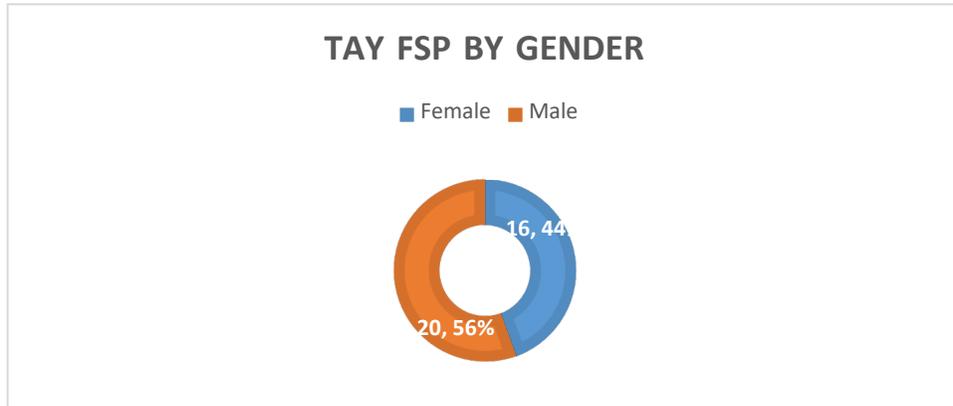
The Transitional Age Youth Full-Service Partnership (TAY FSP) Program provides a comprehensive range of support services for youth ages 16 to 25 years old who:

Total Served FY 19-20	37
Cost Per Individual	\$1,062
Served July 2020 – April 2021	16
Projected Consumers FY 20-21	32
Projected Consumers FY 21-22	32

Demographics

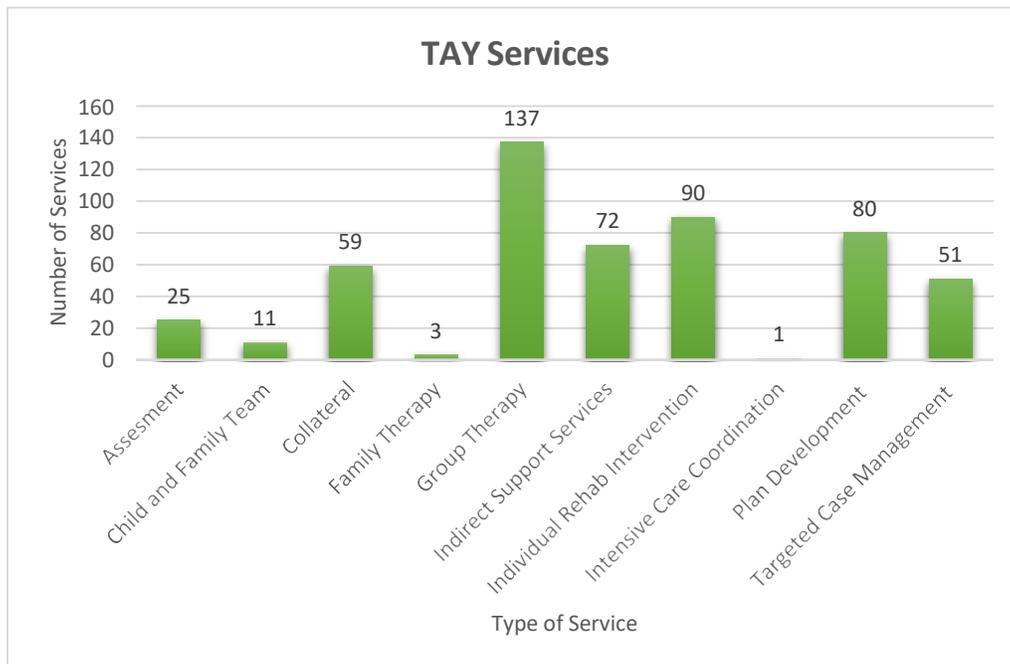
- The largest group represented in the TAY FSP is Hispanic/Latino at 39%. The group least represented is Filipino with 1%.
- Fifty-six percent of TAY consumers identified as male and 44% as female.

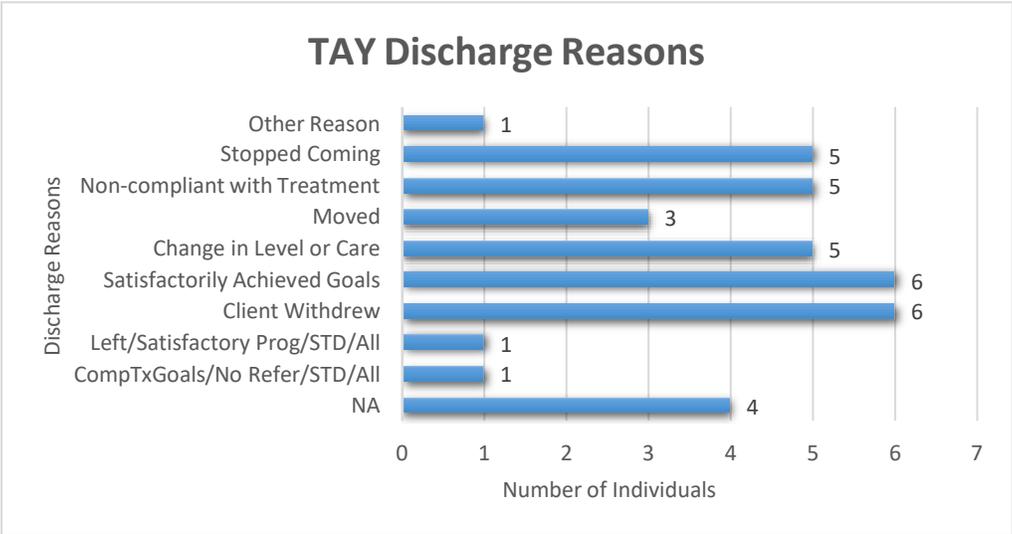




Services and Discharges

- TAY provided 529 services in FY 19-20.
- The most used service by TAY consumers was group therapy and individual rehab intervention.
- The two most common discharge reasons were change of level of care and satisfactorily achieved goals.





Program Name: Adult Full Services Partnership (AFSP)

Funding: \$773,931

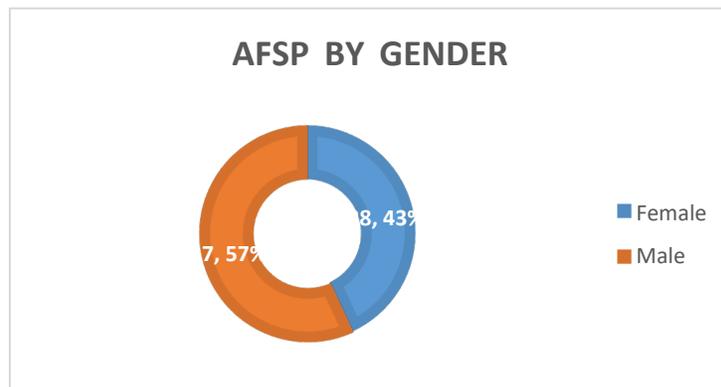
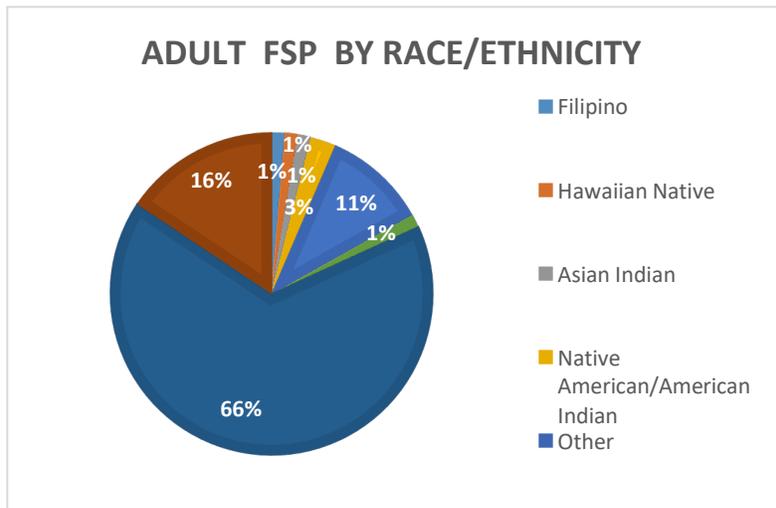
Program Summary

The Adult FSP program provides intensive wrap around services to adults between the ages of 26-59 who have been diagnosed with a serious and persistent mental illness and are homeless, at risk of homelessness, or at risk of placement outside of the County. The program incorporated a dynamic team of licensed and non-licensed case managers, peer staff who also provides complementary work as a Mental Health Worker Aide, and program supervisor. The program focuses on providing strengths based therapeutic case management services that are tailored to assist individuals in reaching their specific wellness and recovery goals while honoring and respecting all cultural backgrounds.

Total Served FY 19-20	65
Cost Per Individual	\$11,907
Served July 2020 – April 2021	42
Projected Consumers FY 20-21	63
Projected Consumers FY 21-22	63

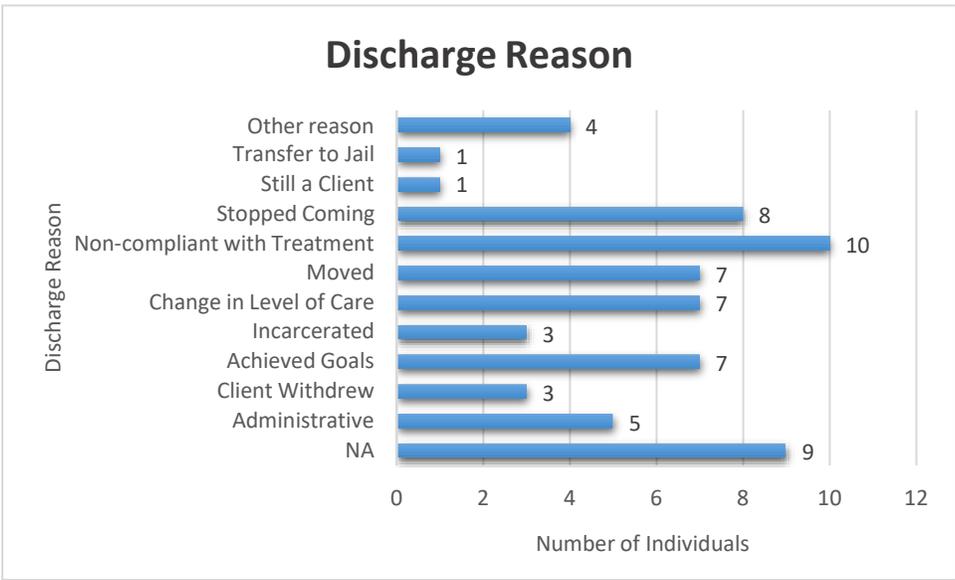
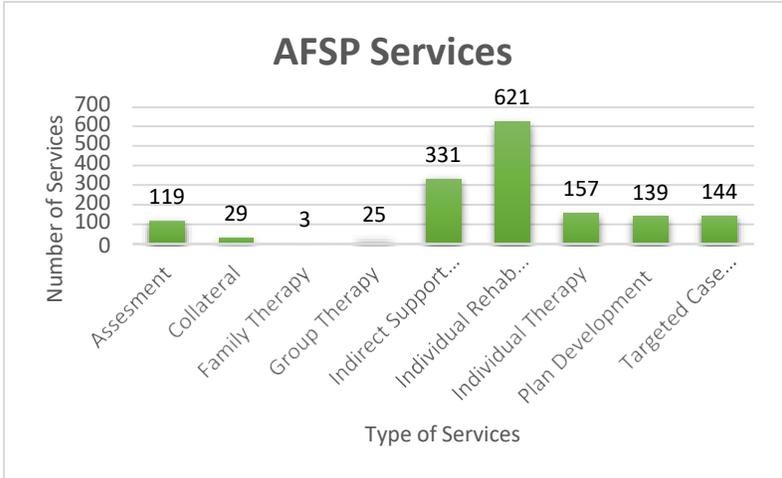
Demographics

- The group with highest representation in AFSP were individuals who identified as White.
- Hispanic/Latinos were the second highest represented group at 16%.
- Fifty-seven percent of the individuals served identified as male and 43% identified as female.



Services and Discharges

- Total services 1,568
- Individual rehab intervention and indirect support services were the two types of services that were provided the most.
- The most common discharge reason in AFSP was non-compliant with treatment.



Program Name: Adult Treatment Team FSP

Funding: \$221,083

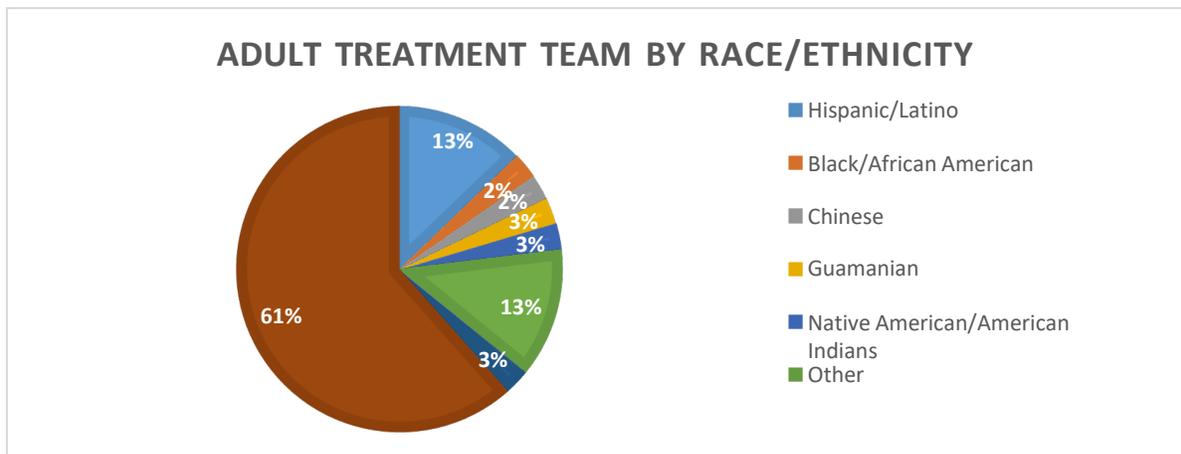
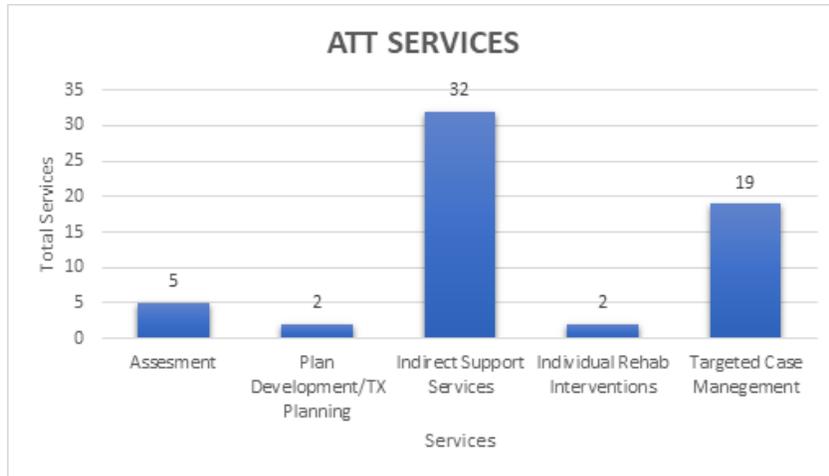
Program Summary

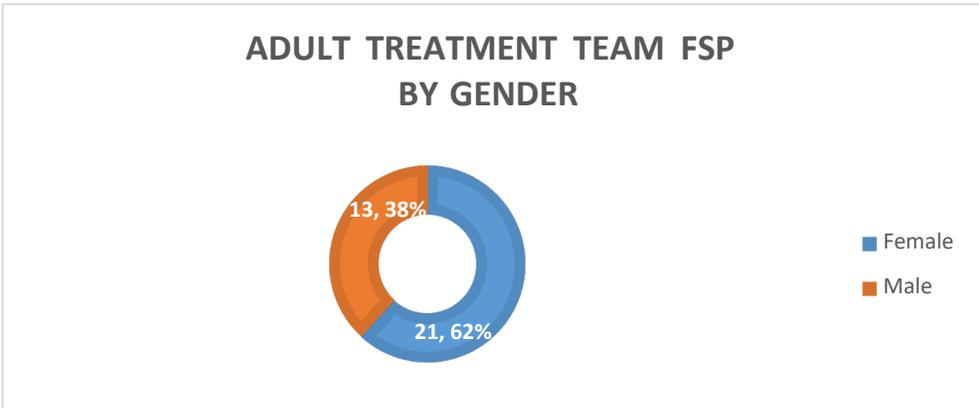
The Adult Treatment Team FSP serves adults with severe mental illness that have suffered recent hospitalization, recent incarceration and/or high utilization of services.

Total Served FY 19-20	34
Cost Per Individual	\$6,502
Served July 2020 – April 2021	18
Projected Consumers FY 20-21	35
Projected Consumers FY 21-22	35

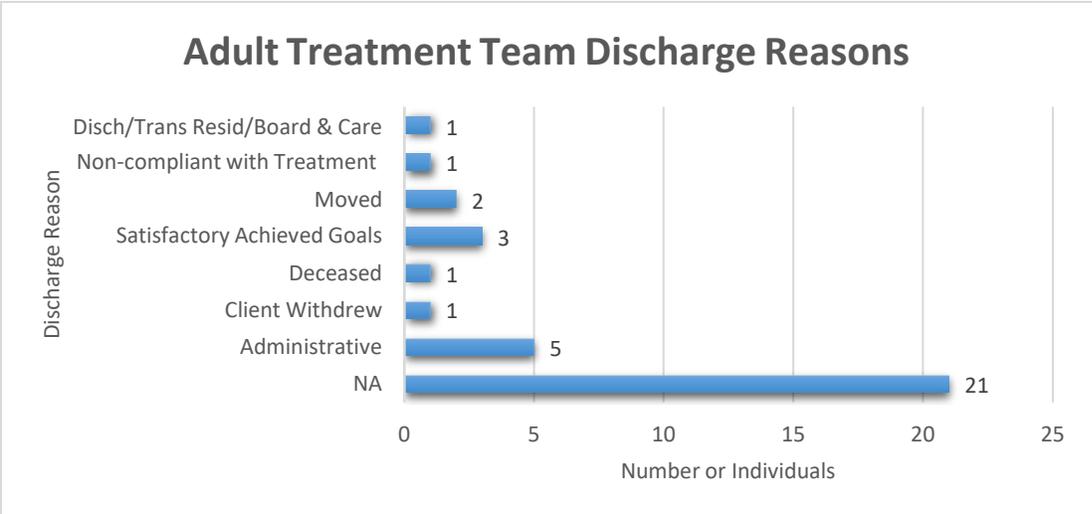
Demographics

- White identifying individuals are the highest represented group in the OA FSP.
- Sixty-two percent of individuals identified as female and 38% identified as male.





Services and Discharges



Older Adult Full Services Partnership (OA FSP)

Funding: \$357,211

Program Summary

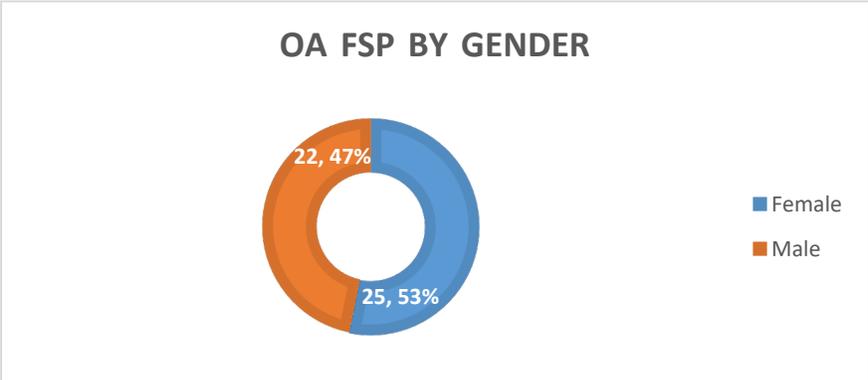
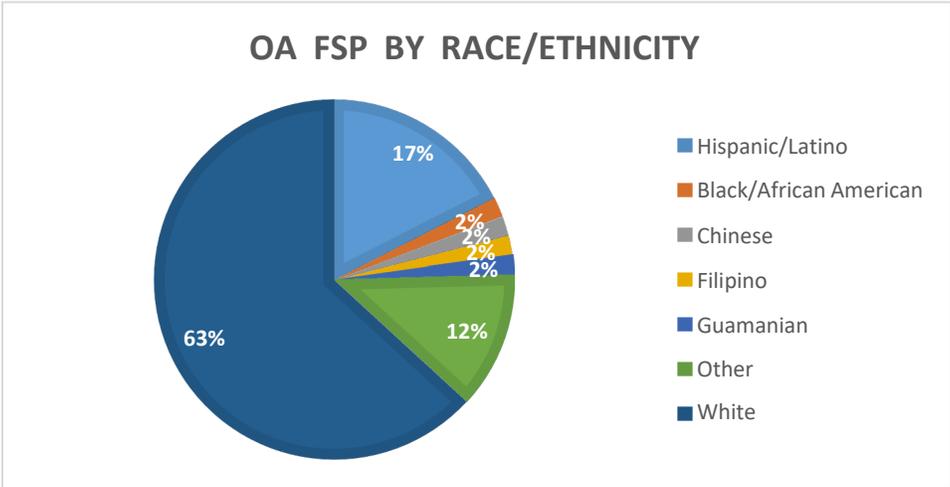
The Older Adult FSP was designed for underserved, at-risk adults of age 60 years and older. Staff in the Older Adult FSP program works with older adults who are often medically fragile. Because of this, many individuals are at-risk of placement in Skilled Nursing Facilities (SNF). Individuals often also have co-occurring medical or substance abuse disorders and are unable to participate in traditional mental health clinic programs. Many of the individuals served are living with personality disorders and staff works with them to support their unique

bio/psycho/social needs. OA FSP staff provides assistance to address older adults’ physical, emotional, and living situation needs.

Total Served FY 19-20	47
Cost Per Individual	\$7,600
Served July 2020 – April 2021	34
Projected Consumers FY 20-21	41
Projected Consumers FY 21-22	41

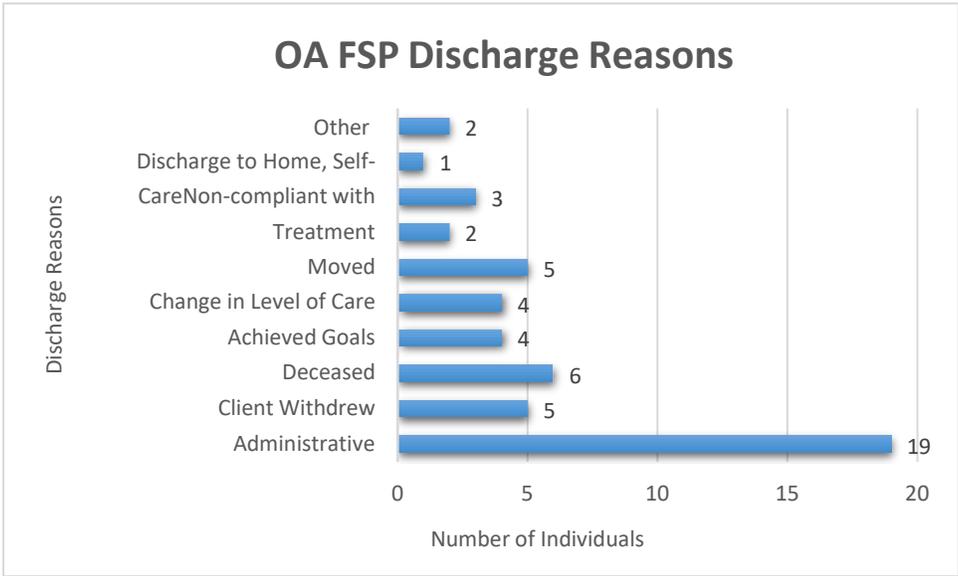
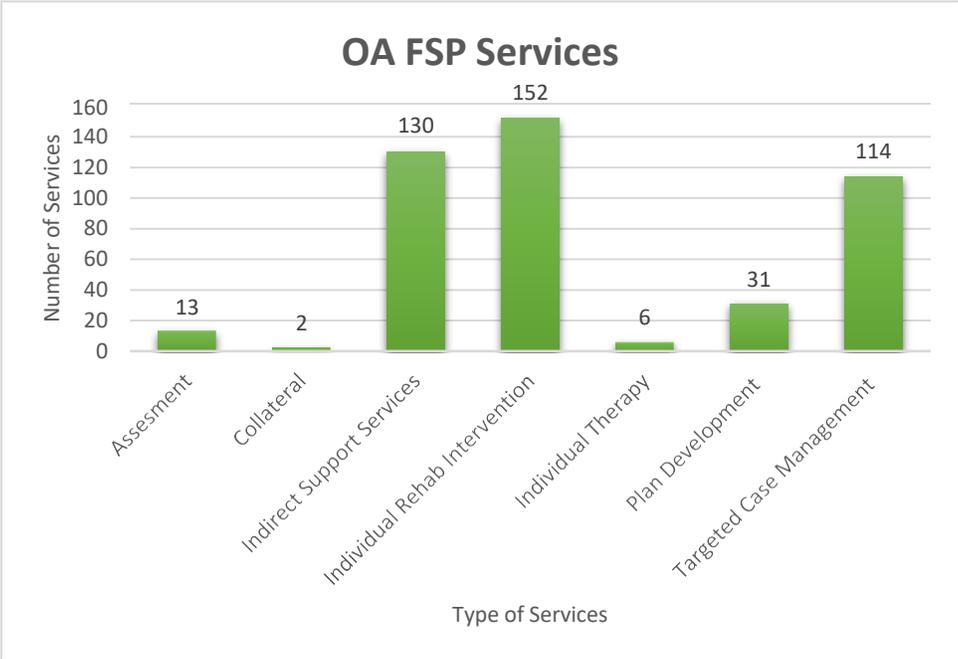
Demographics

- White identifying individuals are the highest represented group in the OA FSP.
- Hispanic/Latinos were the second highest represented group at 17%.
- Two percent of individuals identified as either, Black/African American, Chinese, Filipino or Guamanian.
- Fifty-three percent of older adults identified as female and 47% identified as male.



Services and Discharges

- 448 services were provided.
- Individual rehab intervention and indirect support services were the two types of services provided the most.



Older Adult Therapy, Mentis

Funding: \$91,350

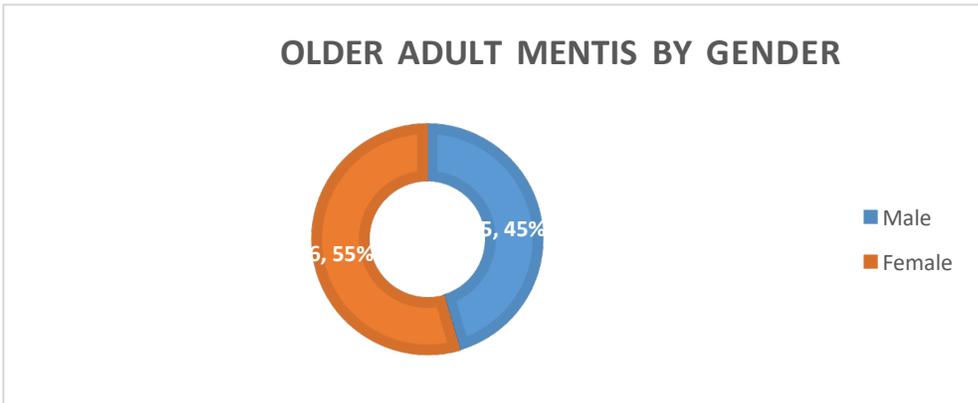
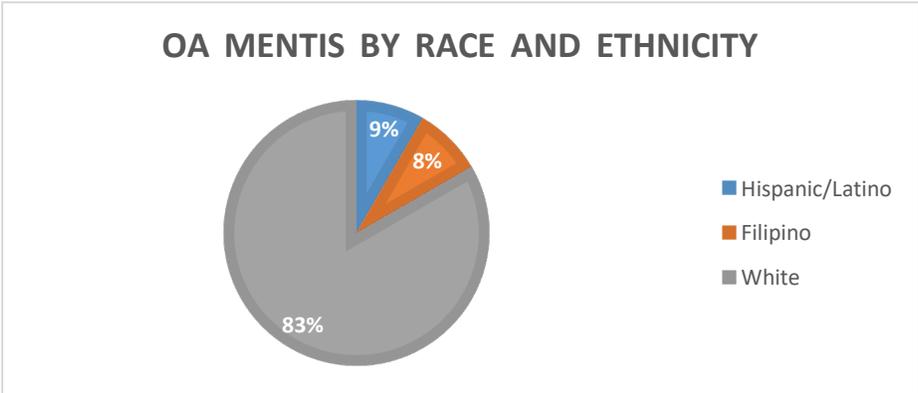
Program Summary

In partnership with Mentis, this program provides additional therapy services to Older Adults FSP partners diagnosed with serious and persistent mental illness at risk for decline regardless of ability to pay. The program primarily provides therapy and services are delivered to lower income seniors that have limited access to services needed to cope with psychosocial stressors that may disrupt individual functioning and cause significant emotional distress and impairment. The goal of this program is to improve Older Adult FSP partners daily functioning, reduce emotional distress, and decrease the impact of psychosocial stressors.

Total Served FY 19-20	11
Cost Per Individual	\$8,305
Served July 2020 – April 2021	6
Projected Consumers FY 20-21	11
Projected Consumers FY 21-22	11

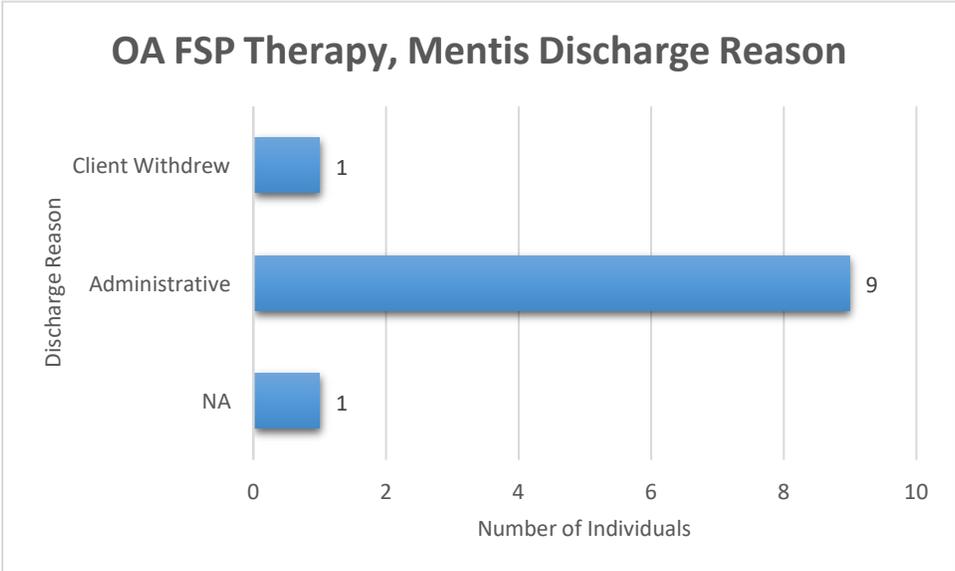
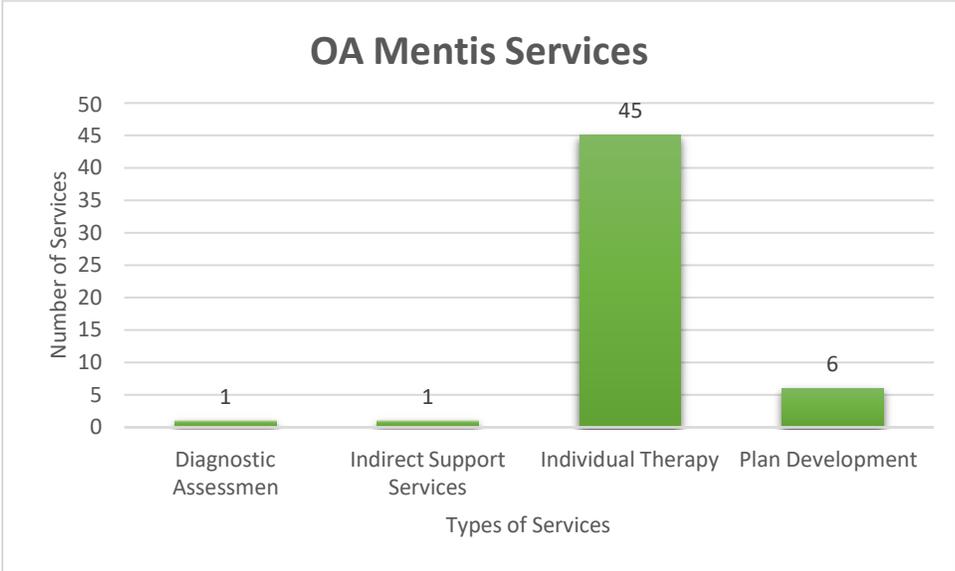
Demographics

- Eighty-three percent of the individuals served by OA Mentis identified as White.
- 9% identified as Filipino and 8% identified as Latino.
- Of the 11 individuals served, six identified as female and five as male.



Services and Discharges

- Individual therapy was the service most provided by OA Mentis.



CSS Project Access

Funding: \$667,452

Cost per individual served is difficult to determine because there are numerous duplicated consumers involved in a wide range of programs.

Program Summary

Project Access is program that includes the MH Division’s CSS Outreach and Engagement strategies, which are designed to increase access to mental health services and supports for

individuals and families with serious emotional disorders and severe mental illness throughout Napa County. Strategies are aligned with the following major guiding principles and goals of the Mental Health Services Act:

- Outreach to and expansion of services to consumer populations to more adequately reflect the prevalence estimates and the race and ethnic diversity within Napa County.
- Increases in consumer-operated services such as drop-in centers, peer support programs, warm lines, crisis services, case management programs, self-help groups, family partnerships, parent/family education, and consumer provided training and advocacy services.
- Elimination of service policies and practices that are not effective in helping consumers achieve their goals.
- Integrated treatment for persons with dual diagnoses, particularly serious mental illness, and serious substance use disorders, through a single individualized plan, and integrated screening and assessment at all points of entry into the service system.
- Implementation of specific strategies to achieve more meaningful collaboration with local resources to promote creative and innovative ways to provide integrated services with the goals of adequate health care, independent living, and self-sufficiency.
- Reductions in the negative effects of untreated mental illness including reductions in institutionalization, homelessness, incarceration, suicide, and unemployment.

[Innovations Community Center \(Adult Resource and Recovery Center\) Program Summary](#)

The Innovations Community Center (ICC), a program of On The Move, is a consumer-staffed mental health program that supports individuals who are working on their recovery from mental illness. Providers and participants work together to foster recovery and healing through storytelling, artistic expression, healthy living, spiritual practice, and social connections. The ICC program uses an interwoven approach to wellness that involves a collection of “strands” including:

[Art Expression](#)

Visual art, dance, music, theater and writing which allows for non-verbal articulation of feelings.

[Healthy Living](#)

Enhancing the mind and body experience with the natural benefits of gardening, exercise, healthy cooking and eating together.

[Spiritual Healing](#)

Quieting the mind, body and soul through meditation, yoga, Tai Chi, and other forms of spirituality.

[Social Connections](#)

Building relationships by participating in daily check-ins, support groups, and celebrations.

Community Engagement

Building confidence and agency through volunteerism and leadership opportunities.

Within these strands, ICC offers a broad range of ongoing and stand-alone activities that are led by a combination of professionals, peer staff and program participants. Additional support is provided by community partners, including a team of professional volunteers made up of a nurse, a social worker, a mental health therapist, wellness, and employment coaches, accredited Somatics, Reiki and Sound Healing practitioners, and WRAP and PSYCH-K certified facilitators. Members participate in support groups, one-on-one peer coaching, hands-on activities, social gatherings, and educational workshops. Peer leadership is developed through volunteerism, internships, paid employment and involvement in the Work for Wellness leadership cohort, and ongoing staff training and coaching.

In March 2020, ICC modified its programs to meet the unique health and safety needs of its participants, many of whom have reported increased mental health challenges and social isolation due to Covid-19. Key program changes included:

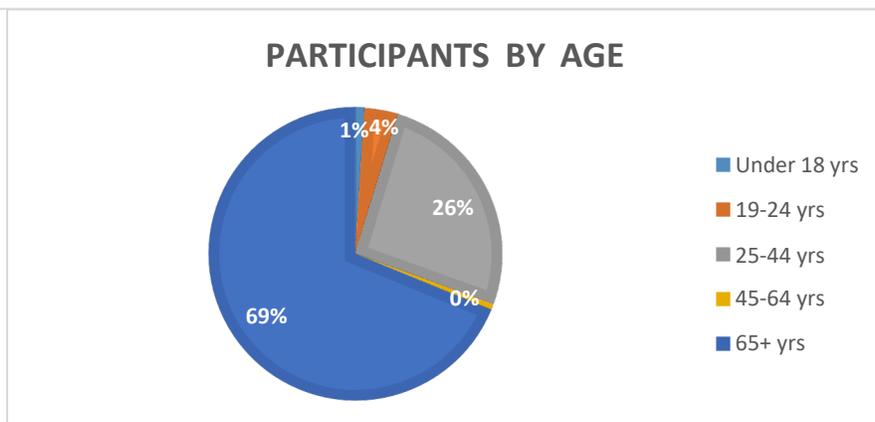
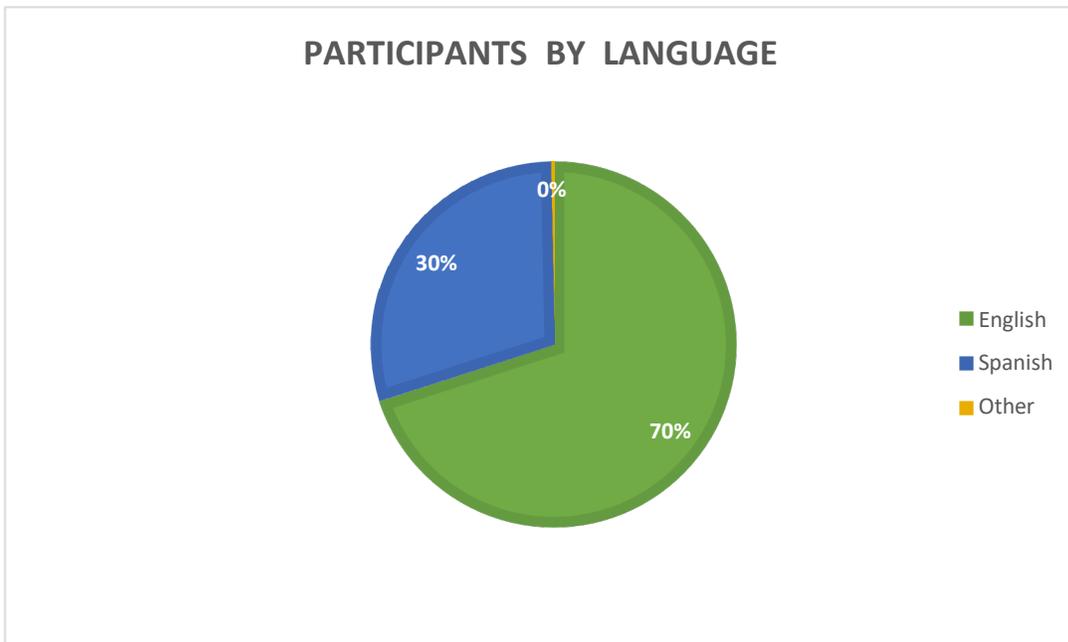
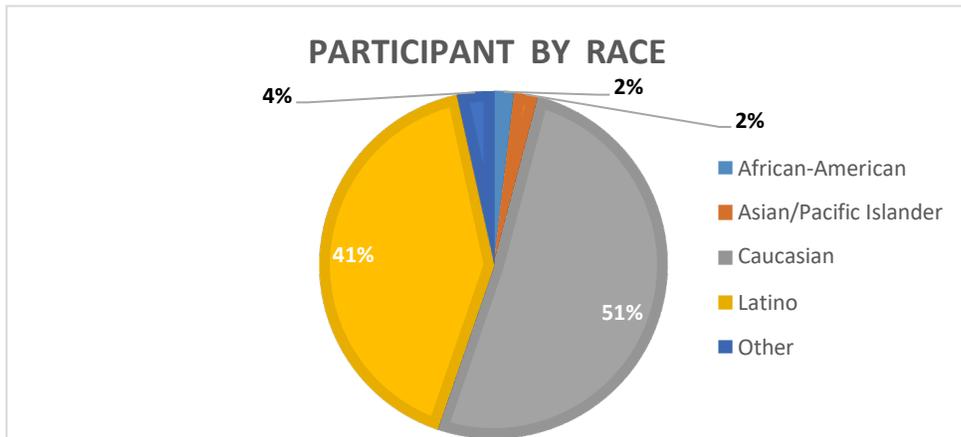
- **Morning Community Activities:** ICC has remained open in the morning to provide a familiar and resourceful space in a time of great uncertainty. While practicing physical-distancing, participants share a light breakfast, listen to relaxing music, check-in with staff and peers, practice meditation and gardening, receive public health and resource updates, and develop a daily wellness/safety plan.
- **Virtual Activities:** Each afternoon, ICC provides online opportunities using Facebook Live and Zoom to offer workshops, support groups, community gatherings and virtual arts and humanities field trips.
- **Daily Phone Calls:** ICC staff and interns provide peer-to-peer check-ins and wellness coaching by telephone to participants who are isolated and especially vulnerable to anxiety and depression.
- **Basic Needs:** ICC coordinates the receipt and distribution of essentials including meals, groceries, clothing and gas vouchers, hygiene materials and hand sanitizer to participants with identified needs.
- **May is Mental Health Month event:** ICC modified its annual *May is Mental Health* event to an online format, which highlighted local poetry by writers with lived mental health experience.
- **Technology and Communication:** ICC is helping participants access free and reduced-cost internet and providing one-on-one coaching to help participants to access remote platforms and resources as needed.

Demographics

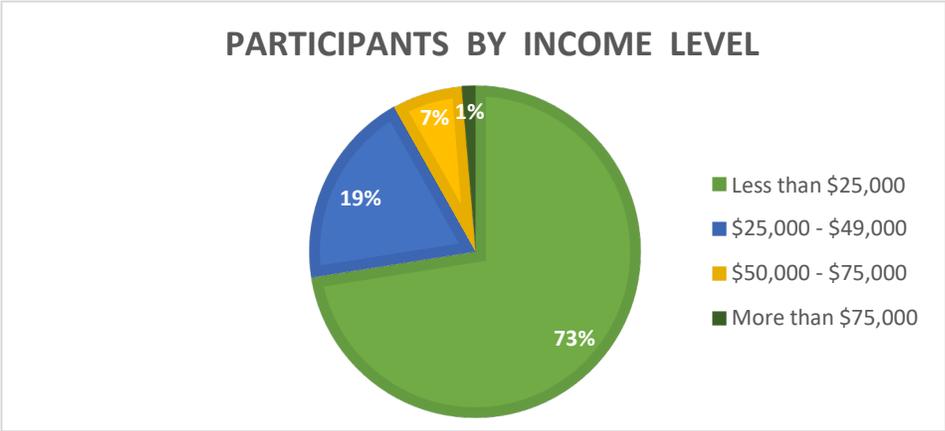
Figures 1-5 detail the general demographics of approximately 275 individuals who participated in ICC programs and activities between July 2019 and June 2020. A comparison of program records from 2018-19 with 2019-20 shows the following trends:

- The percentage of Latinos participants increased by 4%, up from 37% to 41%.

- The percentage of Spanish speakers increased by 9%, up from 21% to 30%.

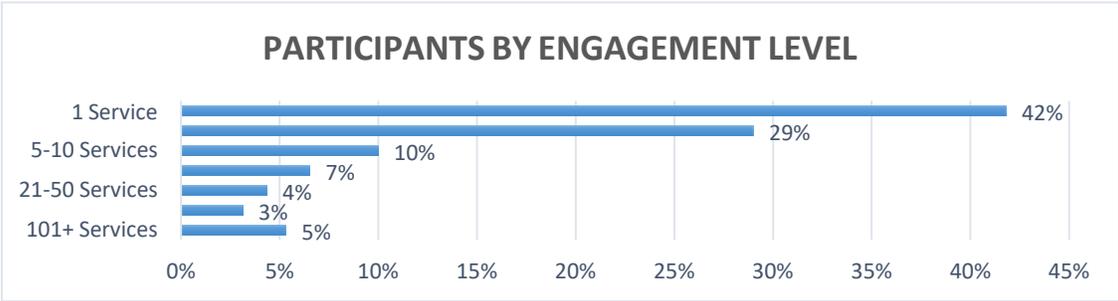


- In terms of participant age, ICC’s participant population shifted significantly, with:
 - Participants 25-44 years old decreasing from 45% to 26% of the total population,
 - Participants 45-64 years old decreasing from 33% to 0% of the total population, and
 - Participants 65 or more years old increasing from 7% to 69% of the total population.
- The percentage of very low-income participants grew from 61% to 73%.



Participation Data and Outcomes

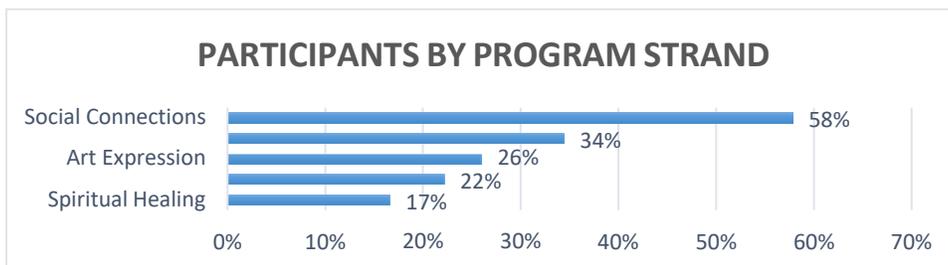
More than half (58%) of ICC’s 422 unduplicated participants engaged in at least two services or activities in 2019-20, a key measure of participants’ ability to maintain emotional and/or physical health on a short-term basis. One hundred twenty-one (121) or 29% of ICC’s members were very active at the Center, participating in at least five activities during the program year, which increases social connection and supports healthy, nurturing relationships.



When the Center moved to a different program delivery model in March 2020, the number of participants and participation rates increased over the previous quarter. From April to June 2020, 212 members attended in-person and virtual program offerings, and 83% of members participated in three or more services, in comparison with only 41% of members who participated in three or more services during the entire program year.

Participation by Wellness Strand

Over half (58%) of consumers participated in Social Connections programs and one-third (34%) participated in Healthy Living programs. Social Connections activities included morning community meetings, support groups, special events, talking circles and “TED Talks”.



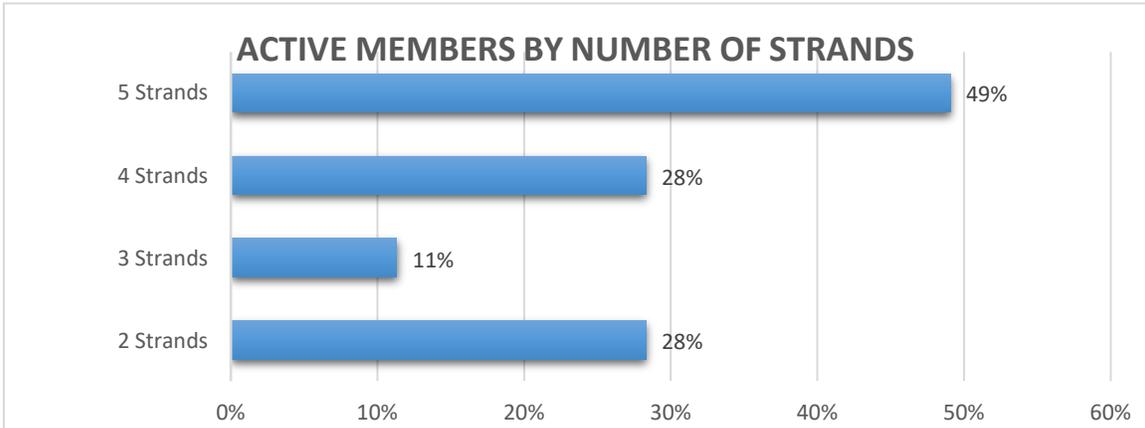
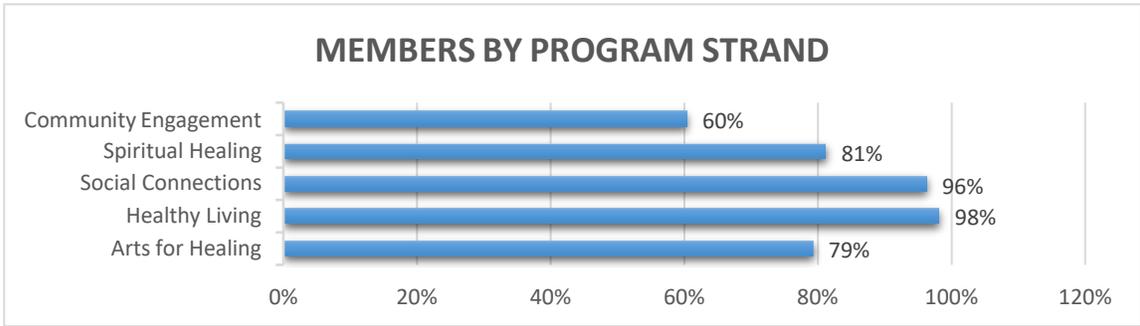
Leadership & Volunteerism

As a peer-led program, ICC actively works to engage its participants as peer staff, interns, and volunteers. In 2019-20, ICC set a goal of involving 75 individuals as volunteers. Over the course of the year, 71 participants, or 17% of all participants, served as volunteer class facilitators, offered support during classes and special events and supported operations of the Center with housekeeping and as peer mentors, program interns and/or peer leaders in the Work for Wellness program. Participants cumulatively volunteer an average of 15 hours per week, taking on active leadership roles around outreach, community education on disaster preparedness and creating new opportunities for supporting their peers’ physical wellness.

The five (5) ICC participants hired as peer staff received numerous opportunities to grow their leadership and work skills through regular training and coaching. Peer staff completed 32 different training modules including topics such as trauma, stress management, civic engagement, evaluation, and virtual service development. Staff also participated in an ongoing coaching circle, adult reflection, and clinical supervision. With support of their coaches, peer staff shared their learnings through trainings they hosted for 21 community members who included participants, family members and volunteers.

Active Members

Fifty-three (53) participants make up the core of ICC’s programming, having participated in at least 21 activities during the program year (see Figure 6 above). These active members engaged in services across the program’s wellness strands, received 1:1 coaching and peer support and supported ICC’s work as peer mentors, interns, and volunteers. Half (49%) of active members participated in all 5 strands; almost all participated in Healthy Living (98%) and Social Connections (96%) activities. 50 or 94% of these members also received 1:1 peer services.



Impact Summary

ICC’s Peer Council and peer staff led two feedback loops during the program year, the first in December 2019 and the second in June 2020. The first feedback loop involved 62 active members in providing input into the Center’s programming and reflecting on their own experiences and personal growth through a survey. The June 2020 feedback loop focused on engagement in and satisfaction with the Center’s modified program delivered after March 2020 and engaged 50 active members. Survey results from both feedback loops were summarized by the program evaluator and analyzed by the Peer Council and staff. The Peer Council and staff used the data to recommend program improvements. Findings from the survey, recommendations and program plans were communicated back to ICC participants through visuals posted in the Center lobby.

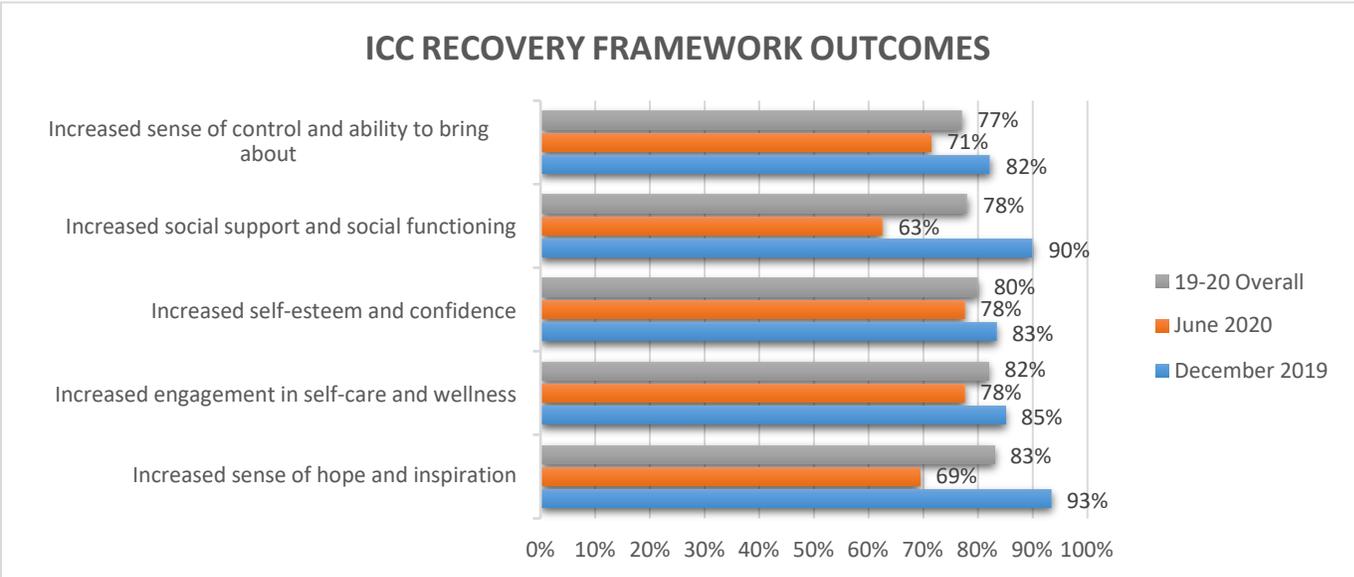
Key findings from the December 2019 feedback loop included:

- 85% say that ICC has made an extreme or large positive difference in their lives, up from 71% in January 2019)
- 80% say that ICCs has met their needs extremely or very well, up from 73% in January 2019
- Consumers who participated as interns and volunteers, in support groups, and in one-on-one coaching were most likely to report that ICC made a large or extreme difference in their lives.

Key findings from the June 2020 feedback loop included:

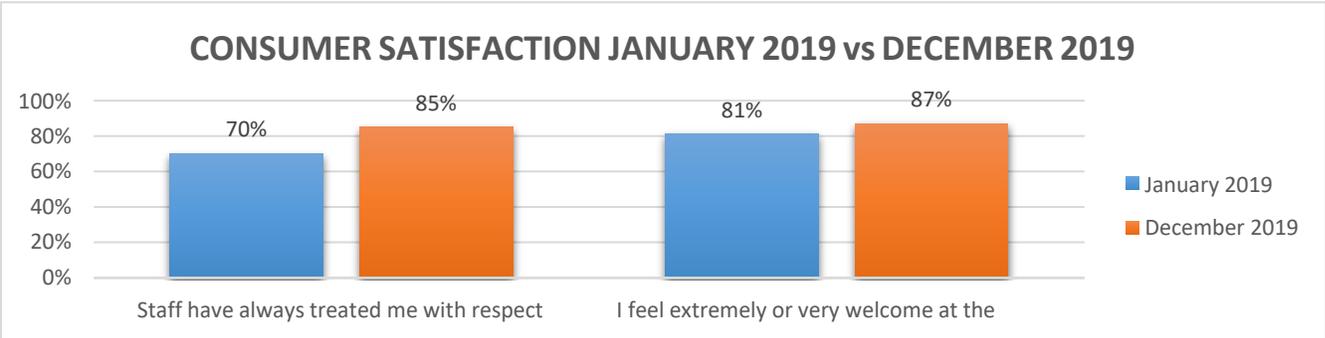
- 74% reported that ICC staff connected with them within 1 week after the Shelter In Place (SIP) order was announced.
- 72% feel that ICC is doing very or fairly well at creating ways for participants to connect during the SIP
- 91% feel very or fairly connected to others and to ICC after participating in virtual activities.

In both feedback loops, participants responded to questions related to ICC’s Recovery Framework, summarized in Figure 10 below. While the percentage of participants showing positive recovery, outcomes decreased in the June 2020 feedback loop, program outcomes remain strong, especially considering the community-wide trauma and toxic stress caused by the COVID-19 pandemic.



Consumer Satisfaction

The feedback loop surveys also addressed participants’ satisfaction with their experience at the Center. Compared to survey data from the January 2019 feedback loop, more participants reported high levels of satisfaction in December 2019.

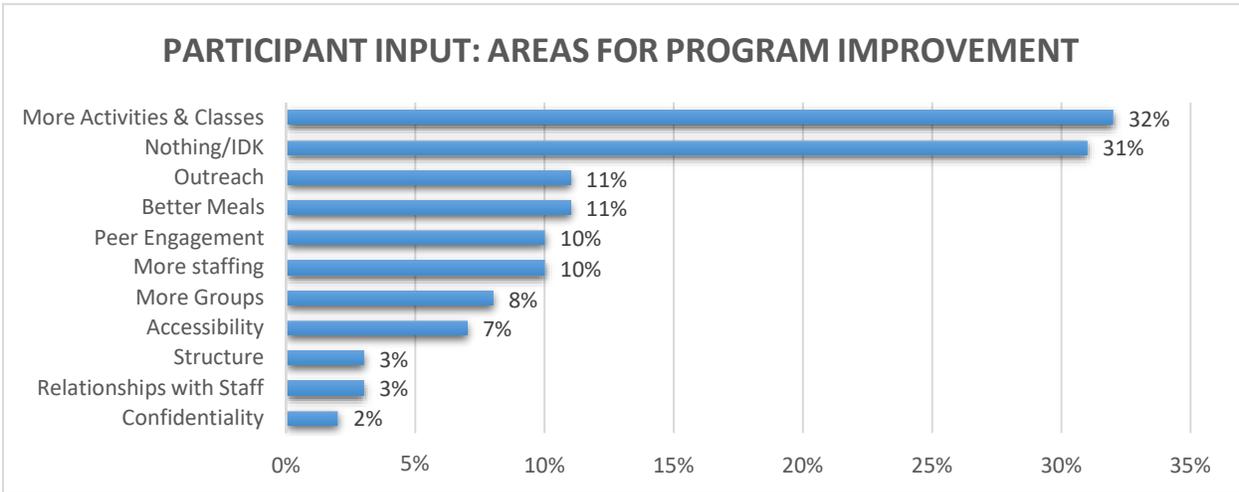
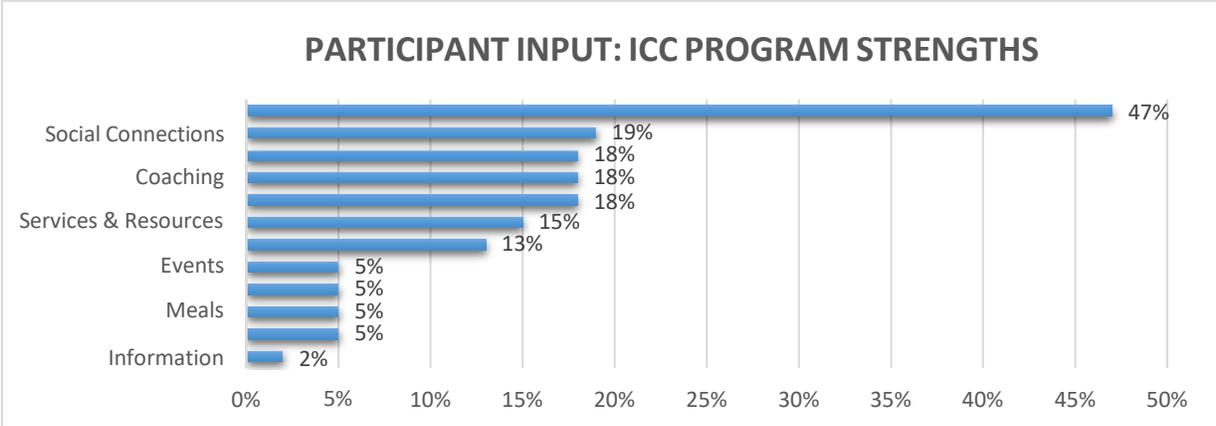


In June 2020, participants were asked about their satisfaction with online offerings. Almost two-thirds (61%) of those who had participated in virtual services said they liked all the activities they participated in, and 30% said they liked some of them. Eighty-seven percent (87%) said they were likely or very likely to recommend ICC as a resource during the SIP.

In addition, participants were asked in the December 2019 feedback loop whether ICC feels like it is peer-led, a key value in the program’s model. In December 2019, 83% of survey respondents said that ICC feels like it is led by people who have had mental health experiences, up from 71% in January 2019.

Furthermore, participants were asked what they felt ICC does well and what the Center could do better in both loops. Survey questions were open ended; data was coded and summarized into categories.

According to participants in the December 2019 feedback loop, ICC is strongest in individual support, facilitating social connections and providing a range of activities and classes. ICC could improve its work with more classes and activities and additional outreach.



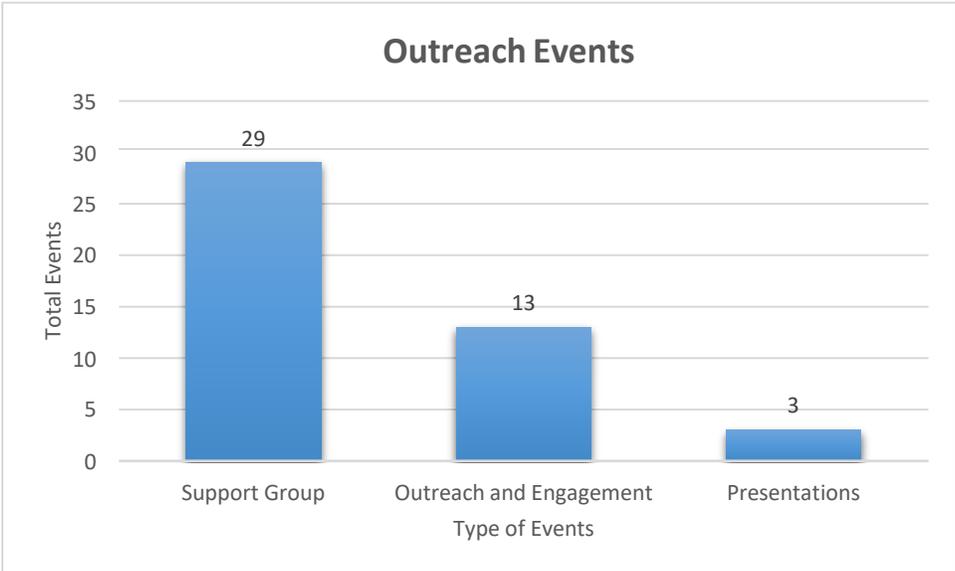
ICC’s Peer Council used participant input data to form program development recommendations that were quickly integrated into program planning and communicated back to participant using posters.

System Navigators - Outreach and Engagement

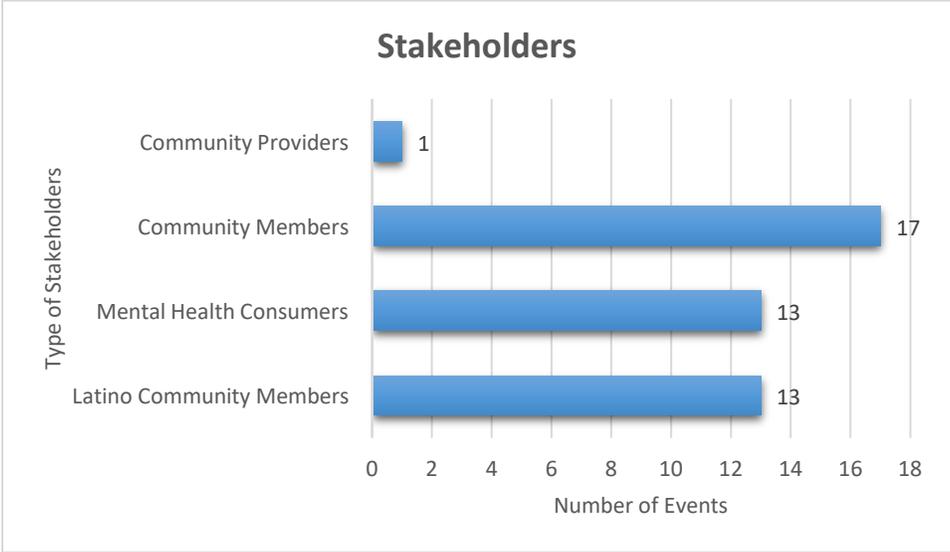
System Navigators provide mental health outreach, service connection, transportation, resources, and referrals to individuals and families throughout Napa County. System Navigators are bilingual and bicultural to support the needs of the Latino community. System Navigators educate the community and service providers about available mental health services throughout Napa County and provide support and guidance in connecting with mainstream resources such as healthcare, MediCal, Cal Fresh and housing services.

Outreach Events

- In FY 19-20 System Navigators participated in 44 events form July 2019- March 2020 and reached about 5,270 individuals.
- Events stopped in March 2020 due to COVID-19 as organizations adapted to new regulations and requirements.
- There are three types of events; support groups lead by the Navigators, outreach, and engagement, which consist of large community fairs and events, these include: resource fairs, National Night Out, back to school nights, Mexican market outreach, winery employee fairs, Bi-National Health events and lastly, presentations conducted to community members and organizations.



- System Navigators serve a diverse group of individuals. The four types of stakeholders served in FY 19-20 were, community providers, community members, mental health consumers and Latino community members.
- The graph below shows the number of events intended to reach each group.



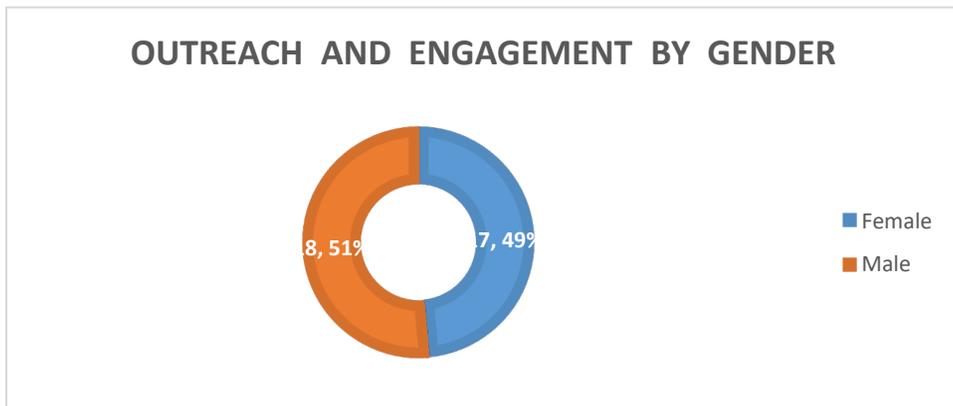
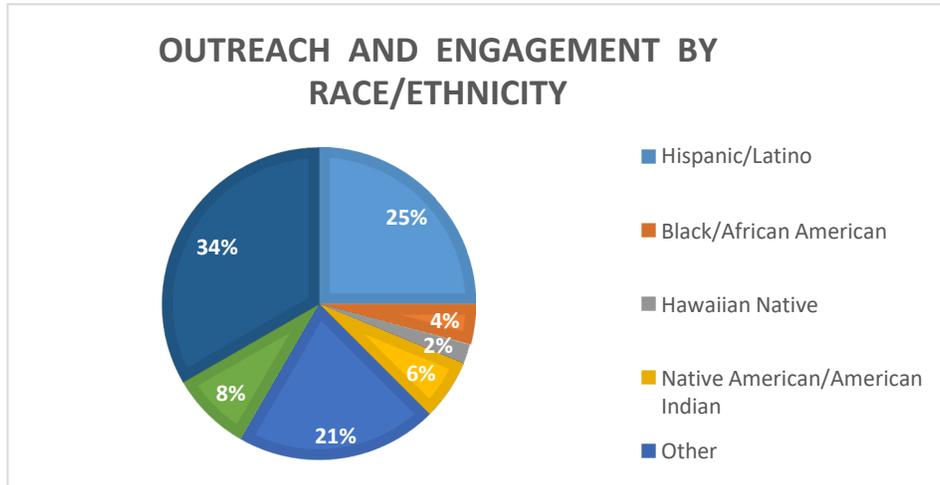
System Navigators Case Management

System Navigators provide limited case management to individuals who need support. Usually, these individuals connect with System Navigators at resource fairs and request assistance with some intractable issues. The System Navigators work closely with the individual and provide limited case management for up to 60 days with the goal to connect the individual to the appropriate resources and agencies.

Total Served FY 19-20	35
Served July 2020 – April 2021	25
Projected Consumers FY 20-21	44

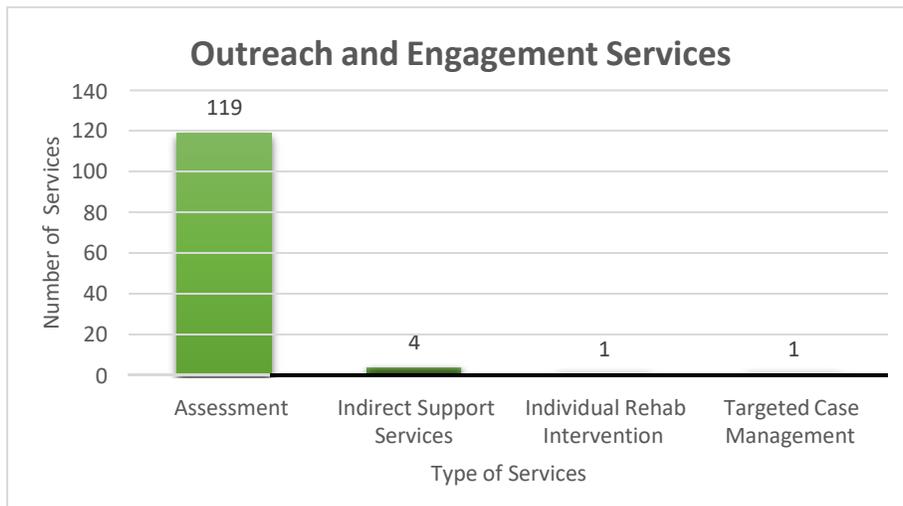
Demographics

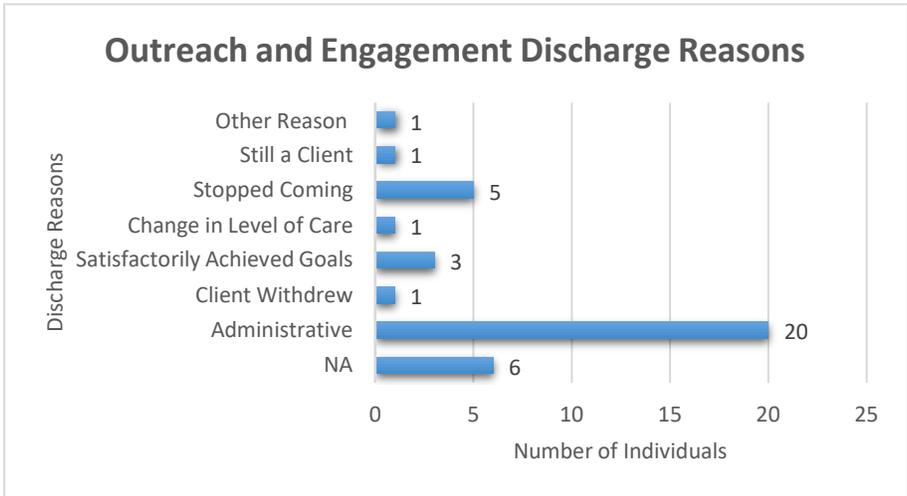
- White identifying individuals are the highest represented group in ATT.
- Hispanic/Latinos were the second highest represented group at 25%.
- Fifty-one percent identified as male and 49% as female.



Services and Discharges

- The outreach and engagement unit conducted 119 assessments. After assessments, individuals are then connected to the appropriate services.





ParentsCAN Latino Outreach

Outreach

Quarter	Number of events	Number of participants
1	11	3,600
2	2	95
3	8	770
4	0	0
Total	21	4,465

Covid-19 Outreach

Beginning March 16, 2020, PCAN shifted much of our energy into the current pandemic. In Q4, we have 1,959 contacts to 535 families. The calls are check-ins and follow-ups with families and include questions about:

- Census
- Childcare
- Education (Distance Learning and Special Education)
- Employment
- Financial Assistance
- Food
- Housing
- Internet/Computer
- Medi-Cal
- Mental Health
- Respite/Personal Care
- Triple P Parenting Classes

Depending on the identified needs, staff explained available resources, referring families to the resources for direct help, assisting with applications and offering 1:1 Triple P Parenting assistance. PCAN also offered support groups and trainings through Zoom.

Quarter	Number of families	Contacts Made
3	359	491
4	535	1959

Staff asked families about the following needs, family was typically asked about more than one topic.

Type of outreach	Number or households
Financial Assistance	193
Food	184
Mental Health	182
Census	181
Triple P	145
Internet/ Computer	93
Employment	92
Medi-Cal	91
Housing	89
Respite/ Personal Care	51
Childcare	48

Newsletter

Quarter	Number of Newsletters	Number of families receiving newsletter
1	4	1352
2	2	1340
3	2	1359
4	0	0
Total	21	4,465

Website Visitors

Quarter	Number of duplicated visitors
1	1,226
2	1,709
3	2,278
4	0 reported
Total	5,213

Challenging Behaviors Spanish Support Group	Number of groups	Number of participants
Q1	1	7
Q2	3	18
Q3	3	12
Q4	1	4- Zoom
Total	8	41

Respite Services	Number of requests	Dollar amount paid
Q1	2	\$400
Q2	0	0
Q3	5	\$1,000
Q4	0	0
Total	7	\$1,400

Co-Occurring Disorders Group: 35 unduplicated individuals with Co-Occurring Disorders were served by Alcohol and Drug Services Division staff.

System Development - Crisis Stabilization Unit (CSU)

Funding: \$250,000

Program Summary

With funding from the California Health Facilities Finance Authority’s (CHFFA) Investment in Mental Health Wellness Act Grant, the Napa County Mental Health Division developed the first Crisis Stabilization Unit (CSU) in Napa County. Exodus was contracted to provide CSU services. The CSU, which began offering services on May 3, 2017, has six Adult and two Adolescent beds and was designed to address gaps in the county’s continuum of care by providing access to emergency psychiatric services complementary to current resources.

The CSU

- Offers the first emergency psychiatric crisis services available in Napa County;
- Expands access to early intervention and treatment services to improve the consumer experience, and helps them to achieve recovery and wellness;
- Diverts mental health consumers from hospitalization and other institutional care to more appropriate, less restrictive levels of care;
- Reduces the negative impacts of extended hospital emergency room stays upon consumers and local hospital emergency departments; and

- Enables first responders to quickly transition consumers to crisis mental health services.

Changes for FY21-22

In FY 20-21, the Mental Health Division released a Request for Proposals to invite other providers to bid for the program. After the process was completed, the contract was awarded to Crestwood Behavioral Health, which initiated services as the new Napa County CSU provider effective June 1, 2021.

Services

In FY 19-20, the CSU served 1,252 consumers. Of the 1252 consumers, 218 identified as homeless and 221 had co-occurring disorders.

The table below shows, includes average length of stay, average daily admission, daily overstay and daily consumers served.

Consumers Served	1,252
Cost per consumer	\$200
Length of stay- under 24 hours (count)	765
Length of stay- over 24 hours (count)	485
Length of stay- under 24 hours (average hours)	11.78
Length of stay-over 24 hours (average hours)	54.28
Average Daily Admissions	3.4
Average Daily Overstays	6.6
Average Daily Consumers Served	10

Referrals

The table below shows the top six agencies that refer to the CSU.

Queen of the Valley Hospital	218	81.2%
Kaiser Foundation – Vallejo	177	6.9%
St Helena Hospital	15	2.3%
Sutter Solano Medical Center	5	1.8%
Sonoma West Medical Center	4	1.4%
North Bay Medical Center	3	1.4%

Component: CSS Housing

The Progress Foundation Hartle Court Housing Apartment Complex is comprised of 18 one-bedroom units of permanent supportive housing for homeless or at risk of homeless adults with mental illness and six two-bedroom units of transitional housing for homeless transition-aged youth (18-26 years) who are living with mental illness. A total of 18 individuals lived in the units. Two residents left, one moved to a licensed facility and the other died during hospitalization.

Demographics

- Of the 18 participants, 17 were previously homeless.
- Four were older adults and 14 were adults.

Supportive Services Offered to Residents

- Service coordination
- Case management/crisis intervention
- Mental health services
- Substance abuse services
- Peer facilitated groups/activities
- Medication education/support
- Life skills
- Employment/vocational services
- Tenant association/council
- AA/NA groups
- Primary care: health screening, assessment, education
- Domestic violence services

Component: Innovations (INN) Round 2 Projects Annual Report

After an extensive local stakeholder process, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved these projects in September of 2017.

Napa County Mental Health Division MHSA funded four Innovation Round 2 Projects:

- 1) Addressing the Mental Health Needs of the American Canyon Filipino Community;
- 2) Understanding Historical Trauma and Traditional Healing;
- 3) Napa Adverse Childhood Experiences (ACEs) and;
- 4) Work for Wellness.

The data available for FY 19-20 is limited as the projects will end on June 30th, 2021. The MH Division is in the process of negotiating a potential extension for the ACEs and Addressing the Mental Health Needs of the American Canyon Filipino Community Projects for an additional year. A final INN report will be submitted to the MHOAC. The tables below are a summary of preliminary demographics for all programs. Because Napa County is a small community, demographics were aggregated for all four projects to protect individuals' privacy. The cost per participant across these projects is \$12,602, which was spread over the 3 years.

Age		
Youth: 0-15	5	4%
Young Adult 16-25	12	9%
Adult: 26-59	89	66%
Older Adult: 60-75	15	11%
Older Adult: 76+	1	1%
No Response	12	9%
Total Participants	134	

FY 21-22 Annual Update to the MHSA Three Year Plan for FY 20-21 to FY 22-23

Gender		
Female	83	62%
Male	22	16%
Another Gender Identity	2	1%
No Response	27	20%
Total Participants	134	
City of Residence		
American Canyon	19	14%
Napa	26	19%
Yountville	0	0%
St Helena	0	0%
Calistoga	1	1%
Unincorporated Area	0	0%
Outside of Napa County	3	2%
No Response	85	63%
Total Participants	134	
Underserved Groups		
Individual who has used mental health services	38	28%
Family member of a person who has used mental health services	43	32%
Person who is or was in military/Veterans	2	1%
Individual who identifies as LGBTQ	4	3%
Latinos	51	38%
Native Americans	15	11%
Filipinos	18	13%
Total Participants	134	
Race/Ethnicity		
African American, Black	4	3%
Asian	2	1%
Filipino	16	12%
Hispanic/Latino/Chicano	37	28%
Indigenous American/Native American/Native Hawaiian	11	8%
Mexican, Mexicano/a, Mexican-American	13	10%
White/Caucasian, European	41	31%
More than One Race/Ethnicity	31	23%
Other	1	1%
No Response	7	5%
Total Participants	134	

Project: Addressing the Mental Health Needs of American Canyon Filipino Community

Contractor: Napa Valley Unified School District

Innovations Funds: \$461, 016

Summary

After review of Napa Valley Unified School District (NVUSD) and Napa Mental Health Division service usage data, NVUSD staff realized that Filipino youth in American Canyon schools were not using the existing mental health services and supports at the same rate as other populations. District staff held focus groups and distributed surveys to the Filipino community in American Canyon to get a better perspective about what might help. In the focus group and planning process, school staff discovered that there were intergenerational barriers to accessing services for Filipino students and their families. Some of the areas that Filipino youth and adults identified as topics that this project aims to address include generational barriers, stigma, pressure, isolation and need for a different solution as current systems are not working or are not effective in getting people the help they need, both for youth and adults.

This project is exploring the following learning goals and questions:

- Does an intergenerational approach (both in school and outside of school) to mental health support change of:
 - Intergenerational empathy and understanding about wellness needs of parents and students?
 - Willingness of Filipino youth and families to use supports to promote and maintain wellness?
- Do the ideas generated by the intergenerational approach (both in school and outside of school) change how the district and mental health providers support changes to:
 - Screening process to identify mental health risks of all students, not just those with external behaviors?
 - Supports available to promote and maintain wellness for all students?

Activities FY 19-20

Back to School Nights and Parent Nights

- Staff attended Back to School Nights at American Canyon High School and American Canyon Middle School. Staff advertised the Silent Sacrifices Screening to parents and students.
- Staff attended Parent Nights at American Canyon High School for the Seniors and Freshmen. Staff advertised the Silent Sacrifices screening during Freshmen Parent night and talked about the project and Kwentuhan group.

Middle School Orientations

- Staff attended middle school orientations to advertise the Silent Sacrifices Screening and talk to parents about the Filipino Innovations project.

Silent Sacrifices Screening for Community

- August 29, 2019, the Silent Sacrifices documentary was presented to the community at American Canyon High School Theater. There were over 60 attendees and half of them wanted to know more about Kwentuhan Focus Group. Many community members showed up the event as well as students and parents from American Canyon Middle School. There were high school students that showed up but did not have their parents with them.
- Staff started work at American Canyon Middle School to be there once a week on Mondays. Staff helped with the google classroom presentations (9/16 and 9/23) and helped to translate some questions/answers in Tagalog to parents that needed translation.
- Kwentuhan Group (Telling stories in Tagalog)
 - A focus group developed after screening of Silent Sacrifices that was meant to bring in individuals who were interested to talk and discuss mental health and have intergenerational conversations.

Pilipinx Youth Coalition

- Program staff along with representatives of the Filipino Mental Health Initiative of Solano County have come together to host a Pilipinx Youth Coalition for American Canyon and Solano County. Meetings are held every other Monday to talk about mental health and healthy coping ways when it comes to stress. Cultural pride is emphasized to help students mentally wellness. This work began in July 2019 and currently still working on this with youth from ACHS, ACMS and Vallejo and Fairfield youth. A majority of PYC members are from American Canyon because meetings are health at American Canyon High School.

Filipino American Educators Association of California Conference (FAEAC)

- Staff presented the Innovations Project work at the FAEC conference on September 28, 2019, at UC Davis. Staff met the producer of Silent Sacrifices documentary and is looking forward to work with them in the future about the project and how they can help with Silent Sacrifices remake in American Canyon.
- Staff connected with UC Davis Bulosan Center and student volunteers that are working on a project that might help with the Innovations grant for future funding.

Recruitment of new Filipino Community Liaison

- Occurred in February 2020.
- Clarence Maramil, American Canyon Community Member.

Development of FLAGG Curriculum

- Group discussions included personal, social, and cultural topics.

Student Outreach

- Outreach for FLAGG student leaders via social media and Zoom.
- Occurred March through May 2020.

Challenges

At the beginning of 2020, the original program community liaison left program due to a family situation. This interrupted the project since there was a process to search and bring a new community liaison on board. The involvement of the new Filipino Community Liaison, Clarence Mamaril brought to this project America Canyon community insight and networks that were supportive in building relationships with adults in the community.

Due to Covid-19 Shelter in Place order and shift to Distance Learning events were cancelled. Outreach and engagement were reorganized to engage students, parents/caregivers, grandparents, and community members given limitations with in-person communication. Events were shifted to online platforms such as the use of Zoom and social media. Given the sensitivity of this topic, it was difficult to engage participants using technology-based platforms.

Innovation Round 2 Project: Understanding Historical Trauma and Traditional Healing: A Training for Mental Health Providers

Contractor: Suscol Intertribal Council

Innovations Funds: \$479,518

Summary

By combining information about Native American culture, experiences, and historical trauma with the experience of a healing tradition, the contractor, Suscol Intertribal Council, aims to change providers' understanding of and compassion for the Native American experience and encourage each participant to use and share the traditions in their personal and professional lives. This Innovation Project focuses on combining education about varied Native American cultures, histories, and historical trauma with training on traditional wellness and healing practices. The project includes a series of workshops that take providers through the use and benefits of smudging, writing/art, drum circles, clapper sticks, drum making, and drum blessings and videos of the workshops will be used to share the learning for ongoing training purposes after the project concludes.

This project includes the following Learning Goals/Questions:

- Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

- Do providers integrate the learning into their own self-care? Why or why not?
- Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

Activities FY 19-20

Drum making and blessing ceremony

- Ceremony to culminate Cohort one.
 - Individuals gathered at the Suskol House and had the opportunity to make their drum to use as a healing element.

Cohort 3

- Five workshops presented to mental health providers.
- Workshops took place between the dates 9/11/2019 and 11/6/19.

Challenges

Due to Covid-19, the third Cohort transitioned to the online Zoom platform. Although this was helpful for individuals to join in the evenings after work, given the sensitivity and difficult topics presented during the workshops, it was difficult to get a sense of participants' emotions and response.

Innovation Round 2 Project: Work for Wellness

Contractor: On The Move

Innovations Funds: \$309,250

Summary

The Work for Wellness project is designed to learn what works to address the interpersonal, employer and system barriers in the current supported employment system and to learn how to create sustained, meaningful employment for Individuals with Serious Mental Illness (SMI) based on shared measures of success. The project will be implemented by On The Move (OTM) and will use OTM's community building and leadership development model, On The Verge, to bring together individuals with SMI, employers, and program administrators. The Work for Wellness project will test the hypotheses that the key to creating sustained and meaningful employment opportunities is to build meaningful relationships between workers with mental illness, employers, and supported employment providers. If these participants can build trust and truly know each other, they will be more open to meeting each other's needs, sharing responsibility for success, and building a more welcoming work environment across Napa County for people with Serious Mental Illness. The learning goals/questions for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.

This project includes the following Learning Goals/Questions:

- How to create shared measures of success among all participants in the system?
- How to increase commitment of all system participants to each other?
- How to implement common measures of success in the supported employment

Activities FY 19-20

Work with Advisory and Supported Employment Committees

- Joint meetings
- Developed ideas and plan for the testing phase of the Project Scheduled Advisory and Supported Employment Committees.
- Project Staff and Cohort co-developed meeting plan and agenda to present project and learning to Advisory and Supported Employment Committees.

Cohort Group Activities

- Developed scripts that Cohort used to role play workplace and supported employment scenarios
- Developed Cohort activities aimed at helping each of the individual Cohort groups demonstrate their understanding of other groups as well as what they would need to do individually to lean into the needs of others.
- Provided individual coaching to Cohort members outside of regular Cohort meetings.
- Began to develop idea and plan for the testing phase of the project.
- Drafted model of support that could be used across all groups to increase employee's ability to find and remain connected to sustainable and meaningful employment.
- Met with Cohort to discuss next phase and to create Employee and Employer Outreach subgroups for next phase.
- Connected and referred Employee Cohort Members to employment resources, local mental health supports and other local support services.
- Project Staff provided ongoing technology support to Cohort members.

Work and meetings with community employers

- Held initial meetings with community employers outside the Project to discuss their willingness to incorporate project learning into the workplace during the testing phase.
- Met with two local employers to discuss dissemination of project learning into local workplaces.
- Met with local employers to develop Employer interview/survey questions
- Held Employer Outreach Group meetings
- Developed Plan for Employer Outreach
- Held check-ins with individual Employee Group members various times.
- Conducted Employer Outreach to solicit participation in Employer surveys

Documentary Production

- Met with Media Consultant to discuss documentary production and timeline.

- Filmed Cohort Meetings and held individual interviews for Project documentary.
- Viewed initial rough-cut of the Project's documentary.
- Met with documentarian to discuss film and to provide input to further editing in preparation for preview and feedback session.
- Coordinated film preview event.

Evaluation

- Completed staff evaluation interviews with Evaluation Consultant.
- Developed Employer Survey.
- Met with evaluation consultant to review logic model, timeline, participant surveys and observational data.
- Held Project debrief with Cohort members

Challenges

Due to various reasons including, time commitment, employer's long-term commitment and representation was difficult to achieve. In effort to increase employer involvement an outreach plan was developed. However, cohort members began to express concerns around leaving their homes due to Covid-19. Project staff shifted their attention to emergency preparation and emotional support. March Employer Outreach activities were greatly impacted by concern over community preparations around Covid-19. Shelter in Place orders issued by Napa County Public Health on March 18, 2020, put a temporary halt to the Project's work because Project Staff, Community Employers and Cohort Members having to direct their concentrations on adjusting related to new public health guidelines.

Covid-19

Project Staff and Cohort members who had been working on Employer Outreach, were hesitant to request meetings with employers who were struggling to address the needs of their businesses. For the members of the Employer Outreach group, using technology platforms also continued to be a barrier. Project Staff who coordinate activities and bring project groups together became keenly aware that many Cohort members were overwhelmed by complex problem solving related to navigating new technology, the openings, and closings of their workplaces and/or services, fears around the spread of COVID-19, public health guidelines that urged limiting social contact, and limitations around meeting basic needs. Employee Cohort members began to struggle at their own places of employment due to changes in procedures and new guidelines that require new skill sets and additional workplace expectations. Some Employee Cohort members lost jobs and, in a single case, their home. Others fell into emotional despair because of Shelter in Place isolation, leading several Cohort members to seek treatment for mental health issues such as major depression and psychotic relapse. Other Cohort members, those in the Supported Employment industry and those who are Employers at local agencies, experienced being in holding patterns related to waiting out funding decisions, possible staffing cuts, implementation of new work plans and schedules, childcare, new and unexpected responsibilities, and training, etc. All around, Cohort members and community

partners experienced personal challenges related to childcare, finances, emotional health, and the impact of making new adjustments to their personal routines and maintenance of their daily at home lives.

Innovation Round 2 Project: Napa Adverse Childhood Experiences (ACEs)

Contractor: COPE Family Center

Innovations Funds: \$438, 869

Summary

The Napa ACEs Innovation Project explores whether identifying and discussing the role of ACEs and Resiliency in the lives of paraprofessionals improves how they understand ACEs and Resiliency in the lives of the individuals they serve and/or improves how paraprofessionals manage workplace stress. By assessing and addressing ACEs in paraprofessionals, consumers and family members and evaluating the impact, this project aims to help improve service delivery to individuals who receive mental health and other social services. Ultimately, learning more about how individual's own ACEs impact their work will add to the learning about how to promote the wide-scale screening of ACEs in our communities and how to reduce workplace stress for paraprofessionals.

This project is exploring the following Learning Goals/Questions:

- How does a paraprofessional's personal history with ACEs and Resiliency impact how they address ACEs with individuals?
- How does a paraprofessional's personal history with ACEs and Resiliency impact their workplace stress?
- Which supports do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?

Activities

Most of the work for the ACES Project was completed in 2020. Because of this, there is more comprehensive data and information on activities.

Proposed Activity

Recruit 45 paraprofessionals from diverse organizations (geographic, age groups served, and underserved populations served).

Actual Activities

Recruited paraprofessionals from multiple, countywide screenings of the film, *Resilience*, to serve as a comparison group throughout the project. Of the 382 paraprofessionals who completed the post-screening survey, 140 expressed an interest in further participation and comprised the baseline comparison cohort. Of the 140, contact information was provided by 52; and, at the mid-project survey, nine of the 52 responded.

Recruited 19 paraprofessionals from diverse organizations (geographic, age groups served, and underserved populations served) to participate in the intervention.

The organizations represented by the 19 RAISE participants range from Juvenile Justice to the Women Infant and Children (WIC) program, Napa Valley Unified School District (NVUSD), and non-profit providers. Project staff applied a broad definition of ‘paraprofessional’ as anyone who works directly with consumers and included training participants that might not traditionally be thought of as ‘paraprofessional’. For example, one RAISE trainee was a lawyer working with the Napa District Attorney’s Fraud Department. Her inclusion in the training program provided her the foundational knowledge of Neuroscience, Epigenetics, ACEs, and Resilience (NEAR) Science to apply to ongoing cases, making intervention solutions more applicable to the whole person of the alleged perpetrator.

Proposed Activity

Educate 45 participants about ACEs and Resiliency, and the connection between childhood trauma and personal and professional outcomes.

Actual Activities

Educated 382 paraprofessionals from across Napa County about ACEs and Resiliency, and the connection between childhood trauma and personal and professional outcomes. An additional 19 RAISE training program participants received this baseline education component at the start of the program.

Proposed Activity

Assess and Address ACEs and Resiliency for 15 participants. Provide further education, reflective facilitation, and self-care options.

Actual Activities

Assessed and Addressed ACEs and Resiliency for 19 paraprofessional participants. Twelve one-day RAISE training sessions were provided from September 2018 through August 2019, and each trainee and his/her respective organization was expected to commit to full participation for the entire year. Each session included educational content, reflective facilitation, and options for self-care.

Proposed Activity

Share learning about how ACEs and Resiliency impacts participants’ personal and professional lives and the effectiveness of the various self-care options.

Actual Activities

Shared learning about how ACEs and Resiliency impacts participants’ personal and professional lives and the effectiveness of the various self-care options.

Throughout the training program, participants were encouraged to share what they were learning in both formal and informal ways. At the mid-project focus group, RAISE participants were surveyed and asked to indicate what information they learned in RAISE that had been shared, and with whom. Responses are presented below in the table below and reflect broad sharing of various aspects of the learning across multiple groups.

Information Participants learned in RAISE Trainings that was shared with others:

	Knowledge of ACEs	Personal impact of ACEs	Professional impact of ACEs	Impact of ACEs on Napa Community	Self-care strategies to manage workplace stress
n=16					
Family	10 (63%)	12 (75%)	8 (50%)	6 (38%)	11 (69%)
Friend(s)	6 (38%)	9 (56%)	3 (19%)	5 (31%)	5 (31%)
Client(s)	11 (69%)	6 (38%)	4 (25%)	3 (19%)	9 (56%)
Co-worker(s)	11 (69%)	9 (56%)	11 (69%)	9 (56%)	9 (56%)
Manager/Supervisor(s)	9 (56%)	7 (44%)	8 (50%)	8 (50%)	6 (38%)
Community Member(s)	6 (38%)	6 (38%)	4 (25%)	4 (25%)	4 (25%)
Other (please specify): 4 (25%)*	3 (19%)	0 (0%)	3 (19%)	2 (13%)	1 (6%)
*2 left blank; 1 shared with cross-discipline colleague; 1 shared with volunteers					

Component: Workforce Education and Training (WET)

Funding: \$53,360.98

Cost per consumer served: \$820.94

Internship Program

Summary

The purpose of the Internship Program is to build a pipeline of qualified mental health professionals. The Internship Program offers a \$5,000 stipend incentive to offset expenses each year up to five MFT and MSW students who complete their clinical internships with the Mental Health Division of Napa County Health and Human Services Agency. Interns provide services to individuals who have Medi-Cal as well as others who do not qualify for Medi-Cal.

The Intern Coordinator is a Licensed Clinical Social Worker (LCSW) who oversees all aspects of the interns’ work to endure adequate consumer care and adherence to agency policies. She also provides clinical supervision, meeting with the interns for one hour per week for individual supervision and two hours per week for group supervision. She also reviews and gives feedback on interns’ case notes and documentation and is responsible for working directly with the universities where interns are enrolled to complete required student evaluations and other required paperwork. Unit supervisors also provide supervision to the interns on a daily basis.

Interns and Services

In FY 20-21, five MFT Trainees and MSW Interns were placed in different units based on their interests and openings including: Adult FSP Partnership Unit, Adult Case Management Unit, Adult Therapy Services Unit, Children and Family Behavioral Health Unit and Older Adult Mental Health Unit.

Age range of consumers served by interns	4 to 83
Individuals served in FY 20-21	65
Projected Individuals to be served in FY 21-22	65

Challenges

Interns often participate in community outreach events, provide services at homeless shelters, and work closely with MH Division staff providing care out in the community. However, because of Covid-19 interns were unable to participate in these types of events and provide face-to-face services. Unfortunately, the internship came to a sudden end in late March due to Covid-19 restrictions.

The Greater Bay Area Regional Behavioral Health Workforce

The Napa County Mental Health Division (MHD) has partnered with the Greater Bay Area Regional Behavioral Health Workforce Collaborative to implement a regional grant from the Office of Statewide Health Planning and Development (OSHPD). Administered by CalMHSA, these funds will require a local matching contribution. The MH Division will utilize these funds for stipends for mental health interns as well as for a loan repayment program for staff who have outstanding student loans and who commit to employment with the MHD for at least one year as a workforce retention strategy. Information about this collaborative funding opportunity will be included in the FY 22-23 Annual Update.

The MH Division has expended all the WET funding that has been allocated through FY 20-21 and, aside from the Bay Area Regional Collaborative funding, does not currently have plans to allocate any additional funds to this component. It is possible to receive reallocated WET funds from the State, but the amount is relatively small.

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Napa

- FY 21-22 Annual Update to the MHSA Three-Year Plan for FY 20-21 to FY 22-23
 Three Year Plan

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Sarah O'Malley, LMFT	Name: Tracy A. Schulze
Telephone Number: (707) 299-2102	Telephone Number: (707) 253-4551
E-mail: Sarah.Omalley@countyofnapa.org	E-mail: Tracy.Schulze@countyofnapa.org

Local Mental Health Mailing Address:

Napa County Mental Health Division
 2751 Napa Valley Corporate Drive, Bldg. A
 Napa, CA 94559

I hereby certify that this **FY 21-22 Annual Update to the MHSA Three-Year Plan for FY 20-21 to FY 22-23** 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 annual update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

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.

Sarah O'Malley
 Local Mental Health Director (PRINT)

 Signature Date

I hereby certify that for the fiscal year ended **June 30, 2020**, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated **December 28, 2020** for the fiscal year **ended June 30, 2020**. I further certify that for the fiscal year ended **June 30, 2020**, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County 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 (PRINT)

 Signature Date

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)

Fiscal Certification Page

**FY 2021/22 Mental Health Services Act Annual Update
Funding Summary**

County: Napa

Date: 5/19/21

	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 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,040,900	1,355,544	1,264,309	5,997	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2021/22 Funding*	4,980,384	1,268,029	335,564	587	0	
4. Transfer in FY 2020/21 ^{a/}	0			0	0	0
5. Access Local Prudent Reserve in FY 2021/22	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2021/22	12,021,284	2,623,573	1,599,873	6,584	0	
B. Estimated FY 2021/22 MHSA Expenditures	4,816,282	1,165,604	283,106	6,584	0	
G. Estimated FY 2021/22 Unspent Fund Balance	7,205,002	1,457,969	1,316,767	0	0	

**Includes the planned No Place Like Home Initiative reduction estimate of \$313,672 for CSS and \$137,847 for PEI*

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	764,402
2. Contributions to the Local Prudent Reserve in FY 2021/22	0
3. Distributions from the Local Prudent Reserve in FY 2021/22	0
4. Estimated Local Prudent Reserve Balance on June 30, 2022	764,402

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.

**Mental Health Services Act (MHSA) Three Year Plan
Community Services and Supports (CSS) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2021-22					
	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	729,695	257,732	461,403			10,560
2. TAY FSP	403,031	156,146	246,885			
3. Adult FSP	1,139,210	653,168	426,482			59,560
4. Adult Treatment Team FSP	319,873		314,173			5,700
5. Older Adult FSP	572,528	338,278	229,250			5,000
	0					
Non-FSP Programs						
1. Mobile Crisis Response Team	459,983	284,980	50,003			125,000
2. Project Access	672,136	662,976				9,160
3. Admin	468,212	431,872	0			36,340
4.						
5.						
CSS Administration	2,031,130	2,031,130				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,795,798	4,816,282	1,728,196	0	0	251,320
FSP Programs as Percent of Total	65.7%					

**Mental Health Services Act (MHSA) Three Year Plan
Prevention and Early Intervention (PEI) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2021-22					
	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. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
	0					
PEI Programs - Early Intervention						
9. Court and Community Schools SAP PEI Project	81,600	81,600				
10. Mentis Healthy Minds Healthy Aging	91,350	91,350				
	0					
PEI Administration	310,919	310,919				
PEI Assigned Funds - CalMHSA	50,000	50,000				
Total PEI Program Estimated Expenditures	1,165,604	1,165,604	0	0	0	0

**Mental Health Services Act (MHSa) Three Year Plan
Workforce, Education and Training (WET) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2021-22					
	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. Residency/ Internship	5,156	5,156				
2. Staff Development	0	0				
3.	0					
4.	0					
5.	0					
WET Administration	1,428	1,428				
Total WET Program Estimated Expenditures	6,584	6,584	0	0	0	0

**Mental Health Services Act (MHSA) Three Year Plan
Innovations (INN) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2021-2022					
	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. Allen & Shea Consulting Services	80,000	80,000				
2. Aldea	77,747	77,747				
3. UC Davis	21,876	21,876				
4. On The Move- Work for Wellness	48,173	48,173				
5. COPE - ACEs	9,708	9,708				
	0					
INN Administration	45,602	45,602				
Total INN Program Estimated Expenditures	283,106	283,106	0	0	0	0

**Mental Health Services Act (MHSA) Three Year Plan
Capital Facilities/Technological Needs (CFTN) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2021-22					
	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. Electronic Health Record	0	0				
2.	0					
3.	0					
4.	0					
	0					
CFTN Programs - Technological Needs Projects						
5.						
6.	0					
7.	0					
8.	0					
	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2022/23 Mental Health Services Act Annual Update
Funding Summary

County: Napa

Date: 5/19/21

	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 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,205,002	1,457,969	1,316,767	0	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2022/23 Funding*	4,975,615	1,268,028	335,563	0	0	
4. Transfer in FY 2021/22 ^{a/}	0			0	0	0
5. Access Local Prudent Reserve in FY 2022/23	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2022/23	12,180,617	2,725,997	1,652,330	0	0	
B. Estimated FY 2022/23 MHSA Expenditures	4,940,167	1,086,884	243,322	0	0	
G. Estimated FY 2022/23 Unspent Fund Balance	7,240,450	1,639,113	1,409,008	0	0	

*Includes the planned No Place Like Home Initiative reduction estimate of \$313,672 for CSS and \$137,847 for PEI

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	764,402
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	764,402

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.

**Mental Health Services Act (MHSA) Three Year Plan
Community Services and Supports (CSS) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2022-23					
	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	744,289	272,326	461,403			10,560
2. TAY FSP	411,092	164,207	246,885			
3. Adult FSP	1,161,994	682,349	420,085			59,560
4. Adult Treatment Team FSP	326,270		320,570			5,700
5. Older Adult FSP	583,979	349,729	229,250			5,000
6.	0					
7.	0					
8.	0					
Non-FSP Programs						
1. Mobile Crisis Response Team	469,183	294,180	50,003			125,000
2. Project Access	685,579	676,419				9,160
3. Admin	203,633	167,293				36,340
4.						
CSS Administration	2,333,664	2,333,664				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,919,683	4,940,167	1,728,196	0	0	251,320
FSP Programs as Percent of Total	65.3%					

**Mental Health Services Act (MHSA) Three Year Plan
Prevention and Early Intervention (PEI) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2022-23					
	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. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
	0					
PEI Programs - Early Intervention						
8. Court and Community Schools SAP PEI Project	81,600	81,600				
9. Mentis Healthy Minds Healthy Aging	91,350	91,350				
10.	0					
	0					
PEI Administration	232,199	232,199				
PEI Assigned Funds - CalMHSA	50,000	50,000				
Total PEI Program Estimated Expenditures	1,086,884	1,086,884	0	0	0	0

**Mental Health Services Act (MHSA) Three Year Plan
Innovations (INN) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2022-2023					
	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. Allen & Shea Consulting Services	100,000	100,000				
2. Aldea	78,124	78,124				
3. UC Davis	21,876	21,876				
4.	0					
	0					
INN Administration	43,322	43,322				
Total INN Program Estimated Expenditures	243,322	243,322	0	0	0	0

**Mental Health Services Act (MHSA) Three Year Plan
Workforce, Education and Training (WET) Funding**

County: Napa

Date: 5/19/21

	Fiscal Year 2022-23					
	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. Residency/ Internship	0		0			0
2. Staff Development	0	0				
3.	0					
4.	0					
	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

Mental Health Board and Public Hearing Zoom Meeting Minutes July 12, 2021, 4:00 to 6:00pm

Chair:	Kristyn Miles	Vice Chair:	Beth Nelsen
Minutes:	LuAnn Pufford, Sr. Office Assistant		

---- Agenda Topics ----

1. Call to Order

The Zoom meeting was called to order at approximately 4:05 p.m. by Chair Kristyn Miles.

2. Roll Call/Introductions

The Napa County Mental Health Board (MHB) met in regular session on Monday, June 14, 2021, with the following members present: Chair Kristyn Miles, Vice-Chair Beth Nelsen, Supervisor Ryan Gregory, Keri Akemi-Hernandez, Kathleen Chance, Frank Dolan, Neil D'Silva, Kristine Haataja, Tiffany Iverson, Rowena Korobkin, Edward Ortiz, Robert Palmer and Patricia Sullivan. Member Heidi Van De Ryt arrived late. Member Zachariah Geyer was absent.

Napa County Mental Health Division Staff present: LuAnn Pufford, Sr. Office Assistant, MHSA Staff Services Analyst Liset Esqueda, and Sarah O'Malley, Mental Health Director.
Guest presenters were Mental Health Director Sarah O'Malley and MHSA Staff Services Analyst Liset Esqueda.

3. Public Comment

None.

3. 4. Board Member Comment or Announcements

Beth Nelsen commented that she was not comfortable with in-person meetings and would prefer to continue the monthly MHB and Executive Committee meetings by teleconference. Supervisor Ryan Gregory mentioned that the Executive Order issued last March allowing public meetings via teleconference was expiring sometime in September and requested that Sr. Office Assistant LuAnn Pufford contact the Napa County, County Counsel representative to the MHB for details before committing to a teleconference schedule. LuAnn will request advice from County Counsel and report back to the MHB as soon as possible.

5. Approval of Minutes and Consent Items

A motion to approve the minutes from the June 14, 2021, meeting was made by member Robert Palmer. Member Rowena Korobkin seconded the motion. Each member was individually asked to vote on approval of the minutes. The motion passed with all Ayes (Yes); no members were opposed or abstained. **See list of members under item 2 Roll Call/Introductions.*

6. Old Business

None

7. New Business

A. The Mental Health Services Act (MHSA) Fiscal Year 2021-22 Annual Update to the MHSA Three Year Plan Public Hearing began at approximately 4:19 pm. Mental Health Director Sarah O'Malley began with an overview of the purpose of the Annual Update to the Three Year Plan, followed by an explanation of the Annual Update format. She spoke about the challenges to all MHSA programs presented by the COVID-19 Pandemic. There was an overview of the MHSA Funding Projections and New Prevention and Early Intervention (PEI) regulations, followed by a summary of each of the new programs being funded, Mobile Crisis Response Team, Family Urgent Response Systems, and Assisted Outpatient Treatment. Mental Health Board members were asked to submit their questions in writing to either Felix Bedolla, MHSA Project Manager by using the Public Comment form posted on the County website, or by email to Sr. Office Assistant LuAnn Pufford. Comments and questions posed included the following:

- When was the community planning process held, and who was engaged in that for feedback?
- When will there be a new planning process to identify unmet needs?
- Has the LGBTQ community been hesitant to self-identify, and if so, are there ideas on how to mitigate this issue? What is being done to ensure that we are gathering SOGI demographics?
- Which employers are participating in the Work For Wellness program? Have there been efforts to connect consumers with the Department of Rehabilitation (DOR)?

The Public Hearing was closed at approximately 4:52 pm.

B. The annual meeting schedule for the Mental Health Board (MHB) and Executive Committee meetings was reviewed. A recommendation was made to vote on approving the MHB meetings only at this time. A motion to approve the MHB annual meeting schedule was made by member Kristine Haataja and was seconded by member Rowena Korobkin. The motion passed with all Ayes; no *members were opposed. **See list of members under item 2 Roll Call/Introductions.*

C. Chair Kristyn Miles opened the floor with nominations for Mental Health Board Officers for Fiscal Year 2021-22 as Mr. Robert Palmer for Chair and Mr. Edward Ortiz for Vice-Chair. A motion was made by member Rowena Korobkin to approve the slate of Officers as presented. The motion was seconded by member Tiffany Iverson and passed with all Ayes. No *members were opposed. **See list of members under item 2 Roll Call/Introductions.*

D. Newly elected MHB Chair Rob Palmer made a request to discuss together Work Group ideas and MHB member areas of interest for meeting topics and guest speakers. Members were in favor of discussing both and the following ideas were generated:

1. Evaluate mental health services for persons with mental health concerns in the Jail
2. Presentation on what mental health services are available for the LGBTQ community members
3. Presentation on services for students in Napa schools
4. More information on the program that pairs older adults and youth, offered by Mentis
5. Joint meeting between MHB and ABAD
6. Presentation on Crisis Stabilization Services by Crestwood CSU

7. The Mind/Body Connection or Mental Health and Physical Health and How One Affects the Other
 8. An Update on Site Visits and When They Can Resume
- E. A discussion ensued regarding the three Executive Committee Members-At-Large for FY2021-22. After contacting members individually, the three members who were in agreement to serve in this role were Tiffany Iverson, Kristine Haataja and Beth Nelsen. A vote to elect this slate of Members-At-Large will commence at the August MHB meeting.
- F. Mental Health Director Sarah O'Malley shared the following information:
- a. Mobile Response Team – A Supervisor for the program has been hired, Chelsea Stoner. Recruitment efforts continue for Mental Health counselors for this new program.
 - b. CalAIM is projected to be implemented by the State as of January 2022.
- G. Committee and Work Group reports:
- Kathleen Chance, Veterans Commission: Veterans no longer have to go to San Francisco for their mental health services, as services are now provided in Yountville. This is a huge change and accomplishment. The Commission appreciated information shared by Sr. Office Assistant LuAnn Pufford about Valley View in American Canyon, which offers 70 units of affordable apartments and cottage-style homes for low-income seniors and veterans.
- Rob Palmer, Advisory Board on Alcohol & Drug Services (ABAD): There was an interesting presentation the impact on services to youth during the pandemic.
- Kristine Haataja, Quality Improvement Committee: Not all MH Division staff have completed the Diversity, Equity, and Inclusion training modules. These need to be completed by the end of September. MH Division Policies need to be reviewed and updated using the Race and Cultural Equity Policy, Procedures, and Practices Tool.
- Kristyn Miles, Suicide Prevention Council: There was a presentation from the National Alliance on Mental Illness (NAMI); strategic planning continues, and the Suicide Prevention Council is planning on offering additional trainings on Question, Persuade, Refer or QPR.
- H. CALBHB/C update: The California Mental Health Planning Council has announced the topic for this year's Data Notebook as Racial Disparities and Inequities.

8. Announcements & Informational Items

- A. Speaker Schedule Plan for FY2020-2021
1. PATH Grant Update and SAMHSA Grant Update (August)
 2. Contracts & Providers, Site Visit List, and Services Provided at Facilities (August)
 3. Cultural Competency Plan
 4. EQRO Report
 5. Mental Health Division Strategic Plan
 6. Suicide Prevention Council
 7. Crisis Response Services in Napa County
 8. CalAim
 9. Co-occurring Disorders
 10. Mental Health Court

- B. Napa County **Mental Health Board web page** includes Executive Committee and Board meeting agendas, minutes & supporting documents:
<http://www.countyofnapa.org/HHSA/MentalHealthBoard/>
- C. Next **MH Board Meeting**, August 9, 2021, 4:00 to 6:00pm, by Zoom teleconference
- D. Next **Executive Committee Meeting**, July 21, 2021, 3:30 to 4:30, by Zoom teleconference

9. Adjournment

A motion to adjourn the meeting was made by member Beth Nelsen and was seconded by member Rowena Korobkin. The motion passed with all Ayes. The meeting adjourned at approximately 5:41 pm.

**See list of members under item 2 Roll Call/Introductions.*

**Responses to Public Comments Received on Napa County
MHSA FY 21-22 Annual Update**

Several suggestions were made by MH Division staff to address formatting issues, updated budget corrections, etc. and those changes have been made to the final document. Below are responses to comments received during the 30-day public review and comment period, none of which resulted in significant changes to the MHSA FY 21-22 Annual Update.

Comment 1

When was the community planning process held, and who was engaged in that for feedback?

Response:

Napa County's MHSA stakeholder planning process for the FY 21-22 Annual Update included presentations to the Mental Health Stakeholder Advisory Committee, Behavioral Health Cultural Competence Committee, MH Board, and emails which are sent out to an MHSA Stakeholder Master Email list of stakeholders have previously attended MHSA events as well as Latino/a/x Providers, Latino/a/x Contacts, Behavioral Health Providers, MH Division staff, MH Division Contractors, Community Members, Non-profit Organizations, the MH Board, and other email lists. Department of Health Care Services staff commended the MH Division for our planning process in the recent MHSA Audit and DHCS staff recommended we add our MH Division Staff to our MHSA planning process, which was initiated following the audit in 2019.

Comment 2

When will there be a new planning process to identify unmet needs?

Response:

The MH Division recently completed an extensive Community Mental Health Needs Planning Process that began during the summer of 2017, was paused during the countywide focus on Napa Fire Complex in 2017 and the recovery efforts that extended into 2018, as well as during several sequential shifts in the administration of the Mental Health Division. The final report entitled, Napa County Mental Health Division Community Mental Health Needs Report and

Plan for 2020-2023, was completed in October of 2020, and is a rich snapshot of mental health in Napa County and how the Mental Health Division and their community partners will continue to collaborate to address current and emerging needs. This report will be presented by MH Division staff for stakeholder review, discussion, and input at a forthcoming Town Hall meeting via Zoom. Details have not yet been finalized. The MH Division has also solicited input from community stakeholders and Mental Health staff for potential Innovation Round 4 projects and will be presenting those ideas for feedback and prioritization at a future planning meeting via Zoom.

Comment 3

Has the LGBTQ community been hesitant to self-identify, and if so, are there ideas on how to mitigate this issue? What is being done to ensure that we are gathering SOGI demographics?

Response:

Gathering SOGI (Sexual Orientation, Gender Identity) data to document service delivery to the LGBTQ population has historically been challenging for the Mental Health Division. To begin to address this issue, the Division staff (and all Health and Human Service Agency staff) are mandated to attend LGBTQ Best Practices and Health and/or a Human Services Equity for LGBTQ trainings each year. The MH Division's Electronic Health Record (EHR), currently Anasazi, has a limited number of response options to collect SOGI data, which is documented in the consumer's demographic information. The MH Division is actively looking for an improved EHR that would enable us to gather and document this important and sensitive demographic information.

Comment 4

Which employers are participating in the Work For Wellness program? Have there been efforts to connect consumers with the Department of Rehabilitation (DOR)?

Response:

The Work For Wellness (W4W) Project did refer several consumers and to DOR on various occasions. Employer participation and DOR engagement were greatly impacted by the pandemic. During the past 18 months of the W4W project, the

community was under Shelter in Place and limited gathering orders, which reduced business hours and limited opportunities for meetings of consumers and employers in the W4W cohort.

The employers involved in the Work for Wellness Innovation Project included the following:

- Heritage Eats
- Napa Valley Petroleum
- Sweetie Pies
- Napa Valley Roasting Company
- Starbucks
- ParentsCan
- Ben and Jerry's
- VOICES
- Napa Valley Support Services
- Joellen Litwinko, Healthy Living Coach
- Walmart
- Basalt
- Local Auto Body (asked to not disclose name of business)
- Local Construction Business (asked to not disclose name of business)

Pages 102 to 103, Regarding Hartle Court

Comment 5

There are two buildings with nine apartments in each building, but one of the apartments is provided to an on-site manager. Your data should reflect 17 apartments for consumers, not 18. This would change your report and any associated calculations. Also, I have never heard of any of the services you mention being offered to consumers. They certainly never have been offered to me. There have been no meetings, in person or online. The “calendar” posted on the office door is from April and has nothing current is listed. The on-site manager is only there part-time.

Response from Steven Boyd, Progress Foundation Director:

It is accurate that the permanent units that comprise the Hartle Court complex are located in two buildings with 9 one-bedroom units in each building. These 18 units are partially funded by MHSA funds. There is a resident manager that lives on site full-time but only has office hours for 24 hours a week. Because s/he/they live on-site, they’re essentially available 24/7 for any “emergencies.” It is erroneous (to assume) ...that the resident manager is not a consumer. Just because the resident manager is a paid employee of Progress Foundation does not mean s/he/they aren’t a person with lived experience. Thus, we include this

occupant/tenant in our MHSA statistical analysis. Additionally, the resident manager, although not a social worker, is helpful to tenants when s/he/they recognize that a tenant could benefit from resources, s/he/they direct tenants to resources in the community, i.e., food, clothing, support services.

It is unfortunate that this (commenter) doesn't feel like/remember being offered services that we promote to strengthen each tenant's potential for success at living independently at Hartle Court Apartments. Each applicant completes a tenancy application. As part of the application on page 6, Part 6, item #24, (attached) s/he/they are asked about receiving/wanting "support services" and s/he/they respond by checking "yes" or "no." When an applicant goes through the interview process for tenancy, all sections of the tenancy application are reviewed with the applicant, including this section, which is reviewed with the applicant for support services to be sure the applicant is aware if they initially decline the offer of services and are given a chance to say "yes" to the offer of support services. Additionally, there is an interaction with a clinician from Progress Foundation to conduct a "clinical interview" to assess a prospective tenant's "housing readiness," which also includes the offer of/discussion of accessing support services to support the consumer's tenancy at Hartle Court. Of course, it is the tenant/consumer's right to refuse the offer of support services.

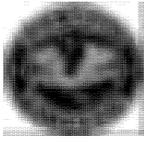
Additionally, every Hartle Court tenant comes from a condition of being homeless/shelter-less and is enrolled in the County Homeless Management Information System (HMIS). During the process of being interviewed during the HMIS enrollment process, the tenant signs a Release of Information (ROI), (and) again, the offer of services is extended, and specific services are listed on page 2 of the enrollment form on the back of the ROI page 1 (attached), which the tenant/consumer can request. This HMIS enrollment process affords the tenant a third opportunity to say "yes" to support services, which we encourage tenants to accept.

We believe we have a thorough process consisting of multiple steps to offer/secure support services for every tenant that takes up residency at Hartle Court apartments.

I'm not sure what "calendar" s/he/they are referring to, whether it be the Innovations program calendar, the resident manager's posted office hours or other documents offering resources that are posted on the property. We will

review the postings we have at Hartle Court and update them to make them more current as programming activities do change.

Lastly, we want every tenant to enjoy the richness of having secured independent housing/living and to be successful at Hartle Court Apartments. If s/he/they who've expressed his/her/their concerns remains a Hartle Court tenant and wants support services, we are very available to facilitate his/her/their request. Please call Jen Bougher at 255-3719.



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care Homeless Management Information System (HMIS)

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

_____ (enter your agency's name in the space) is a Partner Agency in the Homeless Management Information System. HMIS is a shared homeless and housing database system administered by the Napa County Continuum of Care. HMIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. HMIS operates over the Internet and uses many security protections to ensure confidentiality.

How do you benefit from providing your consent to release your personal information?

The personal information contained in the HMIS database helps us to identify and coordinate the most effective services and resources for you and members of your family. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- Your name and other identifying information **will not** be shared with any agency not participating in the system (unless we are required to do so by law).
- Your name, gender, race, social security number, and date of birth may be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.
- Your information will be shared with Partnership Health Plan to assist them in coordinating care.
- A list of Partner Agencies is available on the next page.
- Authorizing your information to be entered into HMIS is voluntary.
- Refusing to do so will not prevent you from receiving services. However, it may limit our ability to coordinate your care and services between HMIS partner agencies.

How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each HMIS User and member of the Participating Agencies has signed an agreement to maintain the security and confidentiality of this form.

Please initial ONE of the following levels of consent:

- _____ (1) I give authorization for my basic and relevant information to be entered into HMIS and shared between Partner Agencies. I understand I have the right to receive a copy of all information shared between Partner Agencies.
- _____ (2) I give authorization for my basic and relevant information to be entered into HMIS, but **not** shared between Partner Agencies.

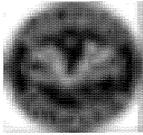
I understand that I may cancel this authorization at any time by written request, but that the cancellation will not be retroactive. I understand that this release is *valid for three years* from the date of my signature below.

Print Name of Client or Guardian

Signature of Client or Guardian

Date

Note: A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et se



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care Homeless Management Information System (HMIS)

I have requested services and I authorize the release of information to these agencies unless I have entered a check and my initials in the box next to the agency name.

HMIS Participating Agencies:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abode Services | <input type="checkbox"/> Community Action of Napa Valley | <input type="checkbox"/> Napa Valley Housing Authority |
| <input type="checkbox"/> Buckelew | <input type="checkbox"/> Health & Human Services Agency Programs | <input type="checkbox"/> NPD-Outreach |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Home to Stay Program | <input type="checkbox"/> Progress Foundation – Hartle Court |
| <input type="checkbox"/> CLARITY (HMIS Software) | <input type="checkbox"/> Mentis (Formerly: Family Service of Napa Valley) | <input type="checkbox"/> WVMC – Care Network |
| | <input type="checkbox"/> Napa County Housing & Homelessness | <input type="checkbox"/> Veterans Resource Centers of America |

Working Group to End Veteran Homelessness

Working Group to End Veteran Homelessness is a program for the purposes of helping Veterans obtain housing and necessary supportive services.

Program partners include:

- | | | |
|---|--|---|
| <input type="checkbox"/> Abode Services | <input type="checkbox"/> Napa County Housing & Homelessness | <input type="checkbox"/> United States Department of Veterans |
| <input type="checkbox"/> City of Napa Housing Authority | <input type="checkbox"/> Napa Police Department - Outreach Program | <input type="checkbox"/> Veterans Resource Centers of America |
| <input type="checkbox"/> Health & Human Services Agency | <input type="checkbox"/> Queen of the Valley Medical Center | |

Whole Person Care

Whole Person Care is a new program that provides services, including primary and mental health services, as well as housing resources. Your information may be exchanged on a by-name basis with program partners for purposes of monitoring the effectiveness of the program overall and individually for you as a participant in the program. Program partners include:

- | | | |
|--|--|--|
| <input type="checkbox"/> Abode Services | <input type="checkbox"/> Fair Housing of Napa Valley | <input type="checkbox"/> Napa County Probation |
| <input type="checkbox"/> CARE Network | <input type="checkbox"/> Health & Human Services Agency Programs | <input type="checkbox"/> Ole Health |
| <input type="checkbox"/> Collabria Care | <input type="checkbox"/> HMIS Participating Agencies (see above) | <input type="checkbox"/> Partnership Health Plan |
| <input type="checkbox"/> City of Napa Housing Authority | <input type="checkbox"/> Kaiser Permanente | <input type="checkbox"/> Queen of the Valley Medical Center |
| <input type="checkbox"/> Collective Medical Technologies | <input type="checkbox"/> McAlister Institute | <input type="checkbox"/> Resource Development Associates (RDA) |
| | | <input type="checkbox"/> St. Helena Hospital |

Other Agencies & Programs

- | | |
|--|---|
| <input type="checkbox"/> Contact (present/potential landlord)
Name: _
Phone: _ | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> COPE | |
| <input type="checkbox"/> Employer | |
| <input type="checkbox"/> Legal Aid | |
| <input type="checkbox"/> Center Point | |
| <input type="checkbox"/> NEWS (Napa Emergency Women's Services) | |
| <input type="checkbox"/> Partnership Health Plan | |
| <input type="checkbox"/> Physician: | |
| <input type="checkbox"/> Progress Foundation | |
| <input type="checkbox"/> V.O.I.C.E.S | |
| <input type="checkbox"/> Other: _____ | |

County Health & Human Services

- | |
|--|
| <input type="checkbox"/> CalWORKS |
| <input type="checkbox"/> Community Links/Enlaces |
| <input type="checkbox"/> CSOA |
| <input type="checkbox"/> CSOA Veteran Services |
| <input type="checkbox"/> Drug and Alcohol Services |
| <input type="checkbox"/> Family Preservation |
| <input type="checkbox"/> Job Connection |
| <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Season of Sharing |
| <input type="checkbox"/> Self Sufficiency Services |
| <input type="checkbox"/> MediCAL Beneficiaries |
| <input type="checkbox"/> Other: _____ |

22. **Criminal Convictions** Have you ever been convicted of a felony offense? If yes, please describe briefly.

23. **Substance Abuse** Do you currently use illegal substances? _____

If so, what? _____

Part 6. MISCELLANEOUS

24. **Support Services** Are you interested in support services? (How you answer this will not affect your application)

YES _____ NO

25. **Citizen Status** Please indicate your status:

US citizen _____ Other (please explain) _____

26. **Waiting List** If you are not selected for occupancy, would you like to be placed on the waiting list for Hartle Court Apartments? (This is NOT a Section 8 waiting list).

YES _____ NO

27. **Marketing** How did you hear about the Hartle Court Apartments housing?

28. **Ethnicity (OPTIONAL)** This housing development is partially funded by the US Department of Housing and Urban Development which requests us to report on the ethnicity of applicants and tenants. This information is strictly voluntary on your part. If you choose to respond, please check the one category which at best describes your race/ ethnicity.

_____ Alaskan Native/American Indian	_____ Hispanic
_____ African American	_____ Caucasian
_____ Asian/Pacific Islander	_____ Other