

Napa County Mental Health Services Act FY 24-25 Annual Update to Three Year Plan for FY 23-24 to FY 25-26

Napa County Health and Human Services Agency Behavioral Health Division



The 30-day Public Review and Comment Period for the Napa County's Mental Health Services Act (MHSA) FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26 took place from Friday, July 12, to Monday, August 12th, 2024. A public hearing of the Napa County Behavioral Health Board was held on Monday, August 12th at 4pm at Health and Human Services Agency, 2751 Napa Valley Corporate Drive, Building A, 1st Floor, Oak Conference Room, Napa, CA 94559. Public comment could be submitted by email at MHSA@countyofnapa.org, at the HHSA Behavioral Health Division Administration Office on the 2nd Floor of Building A, 2751 Napa Valley Corporate Drive in Napa, or at the August 12th Behavioral Health Board Meeting.



A Tradition of Stewardship
A Commitment to Service

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

- Three-Year Plan for FY 23-24 to FY 25-26
 FY 24-25 Annual Update to Three-Year Plan for FY 23-24 to FY 25-26

Local Behavioral Health Director	Program Lead
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Local Behavioral Health Mailing Address: <div style="text-align: right; padding-right: 50px;"> Napa County Behavioral Health Division 2751 Napa Valley Corporate Drive, Bldg. A Napa, CA 94559 </div>	

I hereby certify that I am the official responsible for the administration of county behavioral 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 (MHSA) in preparing and submitting this MHSA FY 24-25 Annual Update to the Three-Year Program and Expenditure Plan for FY 23-24 to FY 25-26 (hereafter MHSA FY 24-25 Annual Update) including stakeholder participation and non-supplantation requirements.

This MHSA FY 24-25 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 MHSA FY 24-25 Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days from July 12-August 12, 2024, for review and comment and a public hearing was held by the local Behavioral Health Board on August 12, 2024, at 4pm. All input has been considered with adjustments made, as appropriate.

The MHSA FY 24-25 Annual Update, attached hereto, was adopted by the Napa County Board of Supervisors on Date TBD.

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 MHSA FY 24-25 Annual Update are true and correct.

Cassandra Eslami, LMFT
 Local Behavioral Health Director (PRINT)

final will be signed
 Signature _____ Date _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Napa

- Three-Year Plan for FY 23-24 to FY 25-26
 FY 24-25 Annual Update to Three-Year Plan for FY 23-24 to FY 25-26

<p style="text-align: center;">Local Behavioral Health Director</p> <p>Name: Cassandra Eslami, LMFT Telephone: (707) 299-2102 Number E-mail: Cassandra.Eslami@countyofnapa.org</p>	<p style="text-align: center;">County Auditor-Controller/City Financial Officer</p> <p>Name: Tracy A. Schulze Telephone: (707) 253-4551 Number E-mail: Tracy.Schulze@countyofnapa.org</p>
<p>Local Behavioral Health Mailing Address: <div style="text-align: center; margin-top: 10px;"> Napa County Behavioral Health Division 2751 Napa Valley Corporate Drive, Bldg. A Napa, CA 94559 </div> </p>	

I hereby certify that this Mental Health Service Act (MHSA) FY 24-25 Annual Update to the Three-Year Plan for FY 23-24 to FY 25-26 (hereafter MHSA FY 24-25 Annual Up) 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 MHSA FY 24-25 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.

<u>Cassandra Eslami</u>	final will be signed	TBD
Local Behavioral Health Director (PRINT)	Signature	Date

I hereby certify that for the fiscal year ended **June 30, 2023**, 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 **January 10, 2024**, for the fiscal year ended **June 30, 2023**. I further certify that for the fiscal year ended **June 30, 2023**, 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.

<u>Tracy A. Schulze</u>	final will be signed	TBD
County Auditor Controller (PRINT)	Signature	Date

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

Executive Summary

The Napa County Health and Human Services Agency's Behavioral Health Division (hereafter BH Division) is committed to provide culturally competent mental health services that promote individual strengths, inspire hope, and improve the quality of life for people within Napa County. The Mental Health Services Act (MHSA) is essential to providing preventative, effective mental health service and promotes access to care throughout Napa County.

The purpose of the MHSA FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26 (hereafter MHSA FY 24-25 Annual Update) is to:

1. Inform the community and local stakeholders of the implementation of MHSA programs in the Napa County.
2. Provide local stakeholders an opportunity to offer input, 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 Behavioral Health Services Oversight and Accountability Commission (BHSOAC).

The MHSA FY 24-25 Annual Update includes updates to MHSA programs, demographics, services, and outcome data from FY 22-23. Updates, demographics, services, and outcome data for FY 23-24 programs will be included in the MHSA FY 25-26 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26.

Program updates are organized by the MHSA components of Community Services and Supports (CSS), CSS Housing, Prevention and Early Intervention (PEI), Innovations (INN), Workforce Education and Training (WET) and Capital Facilities/Technological Needs (CF/TN). 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. The COVID-19 Pandemic, which officially ended in May 2023 continued to be the most significant challenge experienced by all MHSA programs in FY 22-23 as programs adapted their service delivery models to meet the changing needs of the populations they serve.

MHSA REVENUE

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 in excess of \$1 million is deposited into the MHSF and then distributed by the State Controller to all Counties.

Counties are required to rely on the revenue forecast provided by the Dept of Finance (DOF) and the MHSA fund is highly volatile. Over the years, the MHSA revenue source has fluctuated substantially, from swings as low as 40% less during the great recession to a 63% increase in 2020-21 as funds were carried over from 2020 into 2021 due to the pandemic-related tax payment deferral and the healthier than anticipated economy.

MHSA revenue was anticipated to decrease by 16% in FY 22-23 due to the Covid-19 Pandemic, but instead decreased by only 2.5%. MHSA revenues continued to increase in FY 23-24 by 20% in part due to deferred tax payments mentioned previously. Revenues in FY 24-25 are projected to decrease by 16% and by 25% in FY 25-26. The BH Division will carefully track revenue and expenditures to determine if funding and program adjustments will need to be made.

Highlights, Changes, and Opportunities for FY 24-25

Passage of Proposition 1 – Behavioral Health Services Act/ Senate Bill 326

The passage of Proposition 1 – the Behavioral Health Services Act and Senate Bill 326 in the March 2024 Primary Election portends significant changes to current MHSA programming and fund distribution. BH Division staff will continue to participate in planning meetings to stay informed of policy developments and new regulations as they are drafted.

Children’s FSP Expansion: High Fidelity Wraparound for Child Welfare and Juvenile Probation Youth

The BH Division expanded the current Mental Health Services Act (MHSA) Children’s Full Service Partnership (CFSP) to include contracted FSP services for Child Welfare Services and Juvenile Probation-involved youth with Serious Emotional Disturbance (SED) or Severe Mental Illness (SMI). The County has contracted with Seneca Family of Agencies to implement the High Fidelity Wraparound for Child Welfare and Juvenile Probation Youth Full Service Partnership. The contract was approved in March of 2024 and Seneca has begun to offer services.

Community Services and Supports (CSS) Housing

The Progress Foundation Hartle Court Housing Apartment Complex is comprised of 18 units of MHSA permanent supportive housing for adults with mental illness who are homeless or at risk of homelessness. The Hartle Court Apartments need repairs to the Heating System as well as other facility repairs and augmentation of the Capitalized Operating Subsidy Reserve (COSR). The BH Division had allocated an additional \$1,264,000 to CSS Housing for this housing project in FY 23-24 to send to the California Housing Finance Authority (CalHFA) to augment the COSR, which is managed by CalHFA. CalHFA has only recently developed a protocol to receive additional funds, so we anticipate that those funds will be sent to CalHFA in FY 24-25.

3rd Round Prevention and Early Intervention Request for Proposals (RFP)

The Behavioral Health Division issued a 3rd Round PEI RFP in March 2023 focused on addressing the needs/gaps identified in the MHSA FY 22-23 Community Program Planning Process. Contracts were approved in July of 2023. Program reports are still being received and will be included in the MHSA FY 25-26 Annual Update to the Three Year Plan.

PEI Round 3

On The Move LGBTQ Connection Rise for Napa PEI Program: The LGBTQ Connection Rise for Napa PEI Program will provide additional funding to launch the LGBTQ Connection’s Rise for Napa program, a Universal Prevention program supporting the families, educators and providers who interact daily with LGBTQ children and youth, addressing the multitude of unmet needs and lack of accepting, inclusive support throughout their lives. The RISE Model is recognized as an Evidence-Based Practice by the California Child Welfare Clearinghouse. The LGBTQ Connection’s Rise for Napa PEI Program shall focus on geographically underserved areas in Napa County including UpValley and American Canyon. The target populations will be families of LGBTQ children and youth, with an emphasis on Latine families and low-income, predominantly Spanish-speaking families. Trainings will also be provided to educators, school staff, mental health providers, practitioners, churches, social workers, and family resource center staff supporting LGBTQ youth and families.

Mentis Bridges Community Mental Health Treatment: As the Napa County moves towards recovery from the pandemic, many of the most vulnerable members of the community continue to experience significant personal challenges, including increases in anxiety, depression, post-traumatic stress disorder, self-harm risk, addiction, domestic violence and other forms of abuse, and other chronic illnesses that have gone un- or undertreated during the pandemic. Many live in challenging situations and deal with circumstances that cause stress and/or worsen existing stressors, ultimately creating greater demand for more intensive mental health services.

Mentis’ Bridges Community Mental Health Program will:

- Identify consumers at risk for self-harm and intervene early
- Screen for suicidal ideation throughout treatment
- Provide crisis support to maintain safety
- Provide mental health prevention and early intervention/brief treatment services in accessible, familiar locations or via telehealth

- Improve consumers' mental health by reducing level of emotional distress; reducing symptoms of depression and anxiety; and preventing worsening symptoms and improving daily functioning

NEWS (Nurture, Empowerment, Worth, Safety) Kids Exposed to Domestic Violence: For Domestic Violence (DV) survivors, the effects of violence on their physical and mental health are severe. Physical injuries are apparent and have their own timeline for recovery and healing. Toxic stress resulting from living in an abusive environment has been documented to cause both long-term physical ailments and serious mental health conditions. Studies continue to show that children exposed to DV are at higher risk of negative health outcomes as they experience increased emotional stress, harming the development of their brains and impairing cognitive and sensory growth. Children exposed to DV are also more likely to exhibit depression, anxiety, and aggressive social behaviors. DV survivors and their children require confidential, trauma-informed, and consumer-oriented supports to improve protective factors. Mental health supports are also needed for both parents and children that increase coping skills and use of protective factors are required to reduce the risk of children developing poor mental health outcomes. To address these identified needs, NEWS Kids Exposed to Domestic Violence (KEDs) PEI Program will reduce barriers and build protective factors for children exposed to DV; improve access to mental health resources for families experiencing DV; and facilitate collaboration, referrals, and linkages with Napa service agencies to support families experiencing DV.

Molly's Angels Older Adults PEI Program: Older Adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss. Social isolation and loneliness lead to detrimental health outcomes including increased risk of developing dementia, and an increased risk of mortality from all causes, rivaling smoking, obesity, and physical activity. Loneliness is linked with higher rates of clinically significant depression, anxiety, and suicidal ideation. Molly's Angels Older Adult PEI Program will conduct outreach, engagement, and screening to improve the quality of life for Older Adults 60+ who are living in low-income communities Up Valley and throughout Napa County by reducing risks associated with social isolation and geriatric depression through the connection to consistent, caring adults and access to transportation and wrap-around supportive services.

On The Move Guaranteed Income for Foster Youth: Transitioning foster youth experience a high incidence of homelessness, incarceration, unemployment, substance abuse and addiction, teen pregnancy, and mental illness. Without sufficient, dependable income, young people are unable to overcome their circumstances. On The Move's Guaranteed Income for Foster Youth Program will focus on Napa County's most vulnerable transition age youth, who all face the same challenges to achieving self-sufficiency including community-wide housing instability; limited, inaccessible services; trauma; disconnection from school; gaps in basic employment support and high rates of poverty. Guaranteed Income for Foster Youth Program will serve youth participating in Extended Foster Care, meet the income threshold and whose County of Origin is Napa.

Aldea Supportive Outreach and Access to Resources (SOAR) PEI Program: Aldea’s SOAR Program utilizes the UC Davis Early Psychosis Program’s evidence-based Coordinated Specialty Care Model, which has demonstrated efficacy with individuals within the first two years of the onset of psychosis and those at risk of developing psychosis. Early detection and intervention can help reduce the negative impact of psychosis and mood disorders on the life of the individual and family by more quickly reducing the severity of symptoms over time.

Napa Valley Education Foundation (NVEF) Wellness Centers as Hubs for Access and Intervention PEI Program: Napa Valley has suffered several natural disasters over the past several years which has had a detrimental effect on the lives of local residents. Add to that the social isolation, trauma, and stress exacerbated by the Covid pandemic and it not surprising that children and youth are struggling in school and suffering from a variety of symptoms ranging from mild depression and aggressive behavior to memory impairment. NVEF’s Wellness Centers as Hubs PEI Program will:

- Offer a behavioral health screening for all students to identify who needs mental health services.
- Triage students, using assessment data and teacher/parent/student input to determine type of support (group therapy, mentoring, individual, etc.)
- Organize monthly Wellness Cafés to middle and high school students identified by NVUSD staff, including ELD (English Language Development) classes, incorporating evidence-based curriculum The Positivity Project.
- Offer evidence-based Question, Persuade, and Refer (QPR) Suicide Prevention Trainings to high school students.
- Train Teen Peer Counselors in LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) Best Practices and Suicide Prevention
- Conduct outreach presentations to students and parents

One-Time MHSA Capacity-Building Grants

The Behavioral Health Division offered current MHSA Contractors implementing CSS and PEI Programs the opportunity to apply for One-Time Capacity-Building Grants – see below for details. Contracts were approved In June of 2023. Program reports are still being received and will be included in the MHSA FY 25-26 Annual Update to the Three Year Plan.

One-Time MHSA Capacity Building Grants	
Agency – Program Expansion	Description
PEI: Mentis – Expansion of HMHA, Suicide Prevention, Bridges Safety Net for Youth Mental Wellness Program, Older Adult Therapy, Students Connect Napa Valley College	Implementation and Consultation costs for new Electronic Health Record (HER) system
PEI: Napa Valley Education Foundation – Expansion of American Canyon MH Access PEI Program to American Canyon and other NVUSD Schools	1. Support for NV Wellness Conference – a two day wellness conference of trainings for 125 social workers, counselors, school leaders, community nonprofits, March 2024

	<ol style="list-style-type: none"> 2. Cognitive Behavioral Intervention to Trauma in Schools (CBITS), Racial Trauma, Support for Students Exposed to Trauma (SSET), and Bounce Back school-based provider trainings 3. Trauma Informed Schools Training for NVUSD administrators and Multi-Tiered System of Supports (MTSS) teams to improve crisis response systems. 4. Wellness Center and other campus signage at NVUSD Schools to improve visibility and increase utilization of Wellness Centers and Behavioral Health Resources and to reduce stigma and discrimination. 5. Computers and printers for Wellness Center staff.
<p>On The Move – Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Connection</p>	Computers, portable screen, and projector for trainings
<p>– Innovations Community Center (ICC)</p>	<ol style="list-style-type: none"> 1. Registration and housing for staff to attend Creating Change Conference. 2. Laptops, washer/dryer, furniture, facility improvements, garden, and art supplies; participant field trips and staff trainings.
<p>PEI: UpValley Family Resource Centers (FRCs) – Challenging Latinos to Access Resources and Opportunities (CLARO)/Challenging Latinos through Awareness, Resources, and Action (CLARA)</p>	Office/program furniture, equipment, and supplies; wellness event for students, and registration fees for staff to attend conference.
<p>PEI: Cope FRC – Parents As Teachers, Triple P; Ready, Set, Go! Napa Programs</p>	Laptops for staff, Triple P curriculum materials and Training, program supplies, signage, Infant Parent MH Program Tuition for 2 staff, ASQ Training and Database, and Data Collection/Evaluation Consultant
<p>CSS: ParentsCAN</p>	Cost for creation and integration of evaluation tools in consumer database to assess individual and group services and staff time to work with developer, implement and test solution and set up automated reports.

Prevention and Early Intervention 4th Round RFP

In March 2024, the BH Division issued a 4th Round of Request for Proposals for Prevention and Early Intervention Programs. The release of the 4th Round PEI RFP was in conjunction with the

robust Community Health Needs Assessment (CHNA) conducted by Health and Human Services Agency’s Public Health Division in collaboration with Providence Queen of the Valley Medical Center. The CHNA findings on community behavioral health needs listed on page 34 are consistent with Division’s MHSA Community Program Planning (CPP) input. Programs were funded in the following specific categories to address the CHNA identified needs of unserved/underserved populations. These programs will begin in July 2024.

PEI Round 4 Funded Programs
Prevention
<p>Napa Valley Child Advocacy Network, Inc. dba ParentsCAN - ParentsCan’s Parent Stress Intervention (PSI) Program shall use an evidence-based prevention curriculum to teach parents to manage and mitigate chronic stress and build coping skills and protective factors.</p>
<p>UpValley Family Centers of Napa County (UVFC) - Senior Wellness Program UpValley Family Centers’ Senior Wellness Program delivers culturally competent, and linguistically appropriate services for low-income and Latino/a/e seniors to promote wellness, foster mental health, reduce social isolation, and build a sense of community.</p>
<p>On The Move (OTM) - VOICES Napa's Guaranteed Income for Foster Youth Program Transition Age Youth are affected by their circumstances in numerous ways, including a high incidence of homelessness, incarceration, unemployment, substance abuse and addiction, teen pregnancy, and mental illness. Without sufficient, dependable income, young people are unable to overcome their circumstances. OTM VOICES Napa’s Guaranteed Income For Foster Youth (GIFFY) Program will focus on Napa County’s most vulnerable transition age youth, who all face the same challenges to achieving self-sufficiency including community-wide housing instability; limited, inaccessible services; trauma; disconnection from school; gaps in basic employment support and high rates of poverty.</p>
<p>Napa County Triple P Collaborative (NCTPC)</p> <ol style="list-style-type: none"> Cope Family Center shall lead the countywide Triple P Collaborative to implement a system of mental and behavioral healthcare interventions for families at risk of child abuse. Using the evidence-based Triple P program, Cope Family Center and collaborative partners will offer parent education services to parents who are struggling with the pressures of parenting. County-wide families will have access to these prevention services, which will improve family functioning and child well-being. UVFRC shall participate in the countywide Triple P Collaborative, led by Cope Family Center, which will implement a system of mental and behavioral healthcare interventions for families at risk of child abuse.

3. **ParentsCAN** shall participate in the Countywide Triple P Collaborative, led by Cope Family Center, which will implement a system of mental and behavioral healthcare interventions for families at risk of child abuse.

Cope Family Center

- Pathways to Family Mental Health and Wellbeing (Pathways) will bolster mental health wellbeing and improve access to mental health services, particularly for under-resourced families. Together, the Cope Family Resource Center and their Parents As Teachers program utilize a community pathways model to coordinate and expand service navigation services, encompassing assessment, prevention plans, service coordination, research- and evidence-based service delivery, and oversight.

Early Intervention

Napa Valley Education Foundation (NVEF)

- Middle School Access to Mental Health Program

After several years of natural disasters including earthquakes, wildfires, and the COVID-19 Pandemic, middle school student reports show that 33% of 7th graders feel chronically sad or hopeless; 12% have considered suicide; and 38% do not have caring adult relationships at school. Of the 167 suicide risk assessments conducted since September 2023, 59% are from middle school. NVEF’s American Canyon Middle School Access to Mental Health Program addresses the prevention and early intervention needs of youth in American Canyon middle schools, which have been historically underserved.

Stigma and Discrimination Reduction

Mentis

- Middle School Foundations of Wellness Initiative

In 2022, 36% of Napa Valley Unified School District (NVUSD) 7th grade students reported feeling chronically sad or hopeless with 15% saying that they had considered suicide in the past year. Mental health struggles have increased significantly in the past three years due to the COVID-19 pandemic and wildfire disasters in Napa County. Mentis’ Middle School Wellness Program will address these needs by providing the Positivity Project (P2) curriculum to middle school students ages 11-13 in Napa Valley Unified School District schools.

Suicide Prevention

Mentis

- Implementing Napa County's Strategic Plan for Suicide Prevention

Suicide rates are on the rise across the state, especially among adolescents, men, and seniors. Stigma, social isolation, uncertainty, and disconnection from needed services contribute to the likelihood that someone may consider ending their lives. CONTRACTOR’s Suicide Prevention Program shall reduce stigma around mental illness and suicide and prepare individuals,

communities, and organizations to recognize warning signs for suicide and to intervene when someone is at risk.

Access and Linkage to Treatment

Molly's Angels

- Molly's Angels' Comprehensive Assistance and Resources for the Elderly (CARE) Program will improve the health outcomes for Older Adults 60+ and reduce the risk of social isolation and geriatric depression through connections to consistent, caring adults and access to transportation and wrap-around supportive services.

Outreach for Increasing Recognition of Mental Illness

Planned Parenthood Northern California (PPNC) - Napa

- Expanding Access to Equitable Mental and Behavioral Health Care in Napa Valley PPNC Napa shall offer accessible, affordable behavioral health care and wraparound services at the Napa Planned Parenthood Health Center through their Expanding Access to Equitable Behavioral Health Care Program which will enhance the mental well-being and quality of life of marginalized residents (including LGBTQIA+, BIPOC, undocumented, low-income, underinsured, uninsured, rural/remote populations) who use Planned Parenthood services.

After careful consideration of new projections for PEI funding and future reductions in PEI funding as a result of the passage of the Behavioral Health Services Act (BHSA), the BH Division determined that it was prudent to shift the following 4th Round PEI Awards to CSS System Development as a more appropriate funding source. The fiscal pages have been modified accordingly.

4th Round PEI Awards shifted to CSS System Development Funding

Aldea, Inc.

- Supportive Outreach and Access to Resources (SOAR)
Aldea's Supportive Outreach and Access to Resources (SOAR) Program employs the UC Davis Early Psychosis Program's evidence-based Coordinated Specialty Care Model, which has demonstrated efficacy with individuals within the first two years of the onset of psychosis and those at risk of developing psychosis. Early detection and intervention can help reduce the negative impact of psychosis and mood disorder on the life of the individual and family. Approximately 40% of people with psychosis will be diagnosed with substance use/abuse at some point in their lifetime, at least double the rate seen in the general population.

Queen of the Valley Medical Center (QVMC)

- Bilingual Behavioral Health Screening and Referrals in the Emergency Department
QVMC's Bilingual Behavioral Health Screenings and Referrals in the Emergency Department Program will offer access and linkage to treatment by screening patients using validated tools,

assessing behavioral health needs, and making referrals and connections to mental health and substance use disorder services in the community. This program aims to increase access to behavioral health care and prevent the development of serious mental illness among patients coming to the Emergency Department. Many mental health conditions, if left untreated, can lead to avoidable emergency department visits. By helping patients access needed behavioral health services sooner, the goal is to prevent the progression of symptoms and address patient needs in a timelier manner.

Mentis

- Bridges Community Mental Health Treatment Program

Mentis' Bridges Community Mental Health Program will address persistent barriers to mental health services including lack of insurance, inability to pay for services, and lack of providers by providing mental health supports to Napa County residents thereby reducing increased anxiety and depression in the community.

Workforce Education and Training (WET) - Greater Bay Area Regional Partnership

BH Division has partnered with the Greater Bay Area Regional Partnership for Workforce, Education, and Training with the California Mental Health Services Authority (CalMHSa) and the California Department of Health Care Access and Information (HCAI) to implement strategies for staff retention and recruitment. The Division will allocate \$200,000 in FY 24-25 using the 20% rule (regulations allow counties to transfer 20% of the average of the past five years of MHSa funding) to Workforce Education and Training. These funds will be utilized to participate in Greater Bay Area Regional Partnership Workforce Development initiatives managed by CalMHSa. Funding will also be utilized to support BH Division Staff Development, Training, Recruitment, and Retention Strategies.

Overview of Napa County

Napa County, internationally known for its fine wines, world-class restaurants, and elegant resorts, is home to 134,300 residents, who share a strong sense of community and a legacy of preserving and protecting the rich agricultural heritage. Located in the heart of California's preeminent wine region, the Napa Valley is also part of the San Francisco Bay Metropolitan Area. With its sunny Mediterranean climate and proximity to the mountains and ocean, the Valley offers visitors and residents access to a variety of shopping, wine-tasting, dining, cultural and recreational opportunities. The Napa Valley's strategic location, natural and cultural resources, history of responsible land use planning and quality of life provide a blend of cosmopolitan and rural living.



And yet, there is a side of Napa County that isn't readily apparent to visitors coming for the wine country experience. The Queen of the Valley Medical Center's 2020-2022 Community Health Improvement Plan states that "Of the 134,300 residents of Napa County, roughly 48% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the County.

For reference, 200% FPL is equivalent to an annual household income of \$51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses."

"Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies. In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%. Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races."

"The median income in high need service areas is about \$11,000 lower than Napa County. There is about a \$24,000 difference in median income between the broader service area and the high need service area. Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 23% of households in Napa County are severely housing cost burdened. In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% of households are experiencing severe housing cost burden." (Source: Queen of the Valley Medical Center Community Health Improvement Plan —2020-2022)

Napa County's housing situation mirrors the housing crisis throughout California and the County has its share of homeless/unhoused individuals who increasingly have moved away from high traffic areas into tent camps along the creeks and rivers. On any given night, individuals and families living campers and recreational vehicles are parked in commercial parking lots or on neighborhood streets as they search for safe places to ark for the night.

But there is a light at the end of the tunnel as the County's most recent Homeless Point In Time (PIT) Count shows that there has been a shift in the homeless population. From the Napa County NewsFlash webpage ([News Flash • 2024 PIT Count Reveals Encouraging Trends in Napa City & County's Efforts to Combat Homelessness, https://www.countyofnapa.org/CivicAlerts.aspx?AID=542](https://www.countyofnapa.org/CivicAlerts.aspx?AID=542)) comes this report:

2024 PIT Count Reveals Encouraging Trends in Napa City & County's Efforts to Combat Homelessness

NAPA, CA – The recently conducted 2024 Point-in-Time (PIT) Count, an annual census of individuals experiencing sheltered and unsheltered homelessness, shows significant progress in addressing homelessness in Napa County. The findings highlight a decline in the overall count

of individuals experiencing homelessness, stemming from increased housing-focused services and strategic investments by the City and County of Napa.

According to the preliminary data obtained from the PIT Count, there has been an 18 percent decrease in the overall count of individuals experiencing homelessness in Napa County between January 2023 and January 2024. This decline is particularly noteworthy, as it marks a concerted effort to address the structural factors contributing to homelessness in the region. This decrease also returns the Napa County community to numbers below what existed before the COVID-19 pandemic.

The PIT Count is an annual census conducted to measure the prevalence of homelessness in each community and collect information on individuals and families in emergency shelters and transitional housing, as well as people sleeping on the streets, in cars, abandoned properties, or other places not meant for human habitation. The data is shared with the U.S. Department of Housing and Urban Development (HUD) and provides valuable data for policymakers, service providers, and advocates to assess the scope of homelessness and allocate resources effectively.

The breakdown of the PIT Count reveals several key insights:

Sheltered Count Increase: The number of individuals sleeping in emergency shelters has increased by 34 percent compared to the previous year, as a result of significant expansion in emergency shelter capacity.

Unsheltered Count Decline: Conversely, the count of individuals sleeping in places not meant for human habitation has seen a notable 42 percent decline. This reflects significant progress in providing adequate emergency shelter capacity and permanent housing solutions for individuals experiencing homelessness.

First Time Homeless: While the overall trends are positive, there has been a concerning increase in the number of individuals experiencing homelessness for the first time. This underscores the ongoing challenges posed by economic and housing market conditions in Napa County.

The City and County of Napa, in collaboration with many community partner agencies, have implemented a range of strategies to address homelessness, focusing on long-term solutions that tackle the root causes of the issue. These efforts include:

Expanded Shelter Capacity: Through the opening of the North Napa Center Encampment Resolution Program and the renovation of the South Napa Shelter, over 100 new shelter beds have been added in the last year, providing safe and secure accommodations for those experiencing homelessness.

Permanent Supportive Housing: Investments in permanent supportive housing, such as the Valley Lodge Apartments and Heritage House, have resulted in over 134 formerly chronically homeless individuals moving into permanent housing. These developments include vital social support services to help residents stabilize and rebuild their lives.

Collaborative Approach: The City and County have fostered partnerships with various agencies, including nonprofit service partners, healthcare agencies, law enforcement and public safety

agencies, and Health & Human Services, to ensure coordinated efforts in connecting individuals to emergency shelter, permanent housing and social support services.

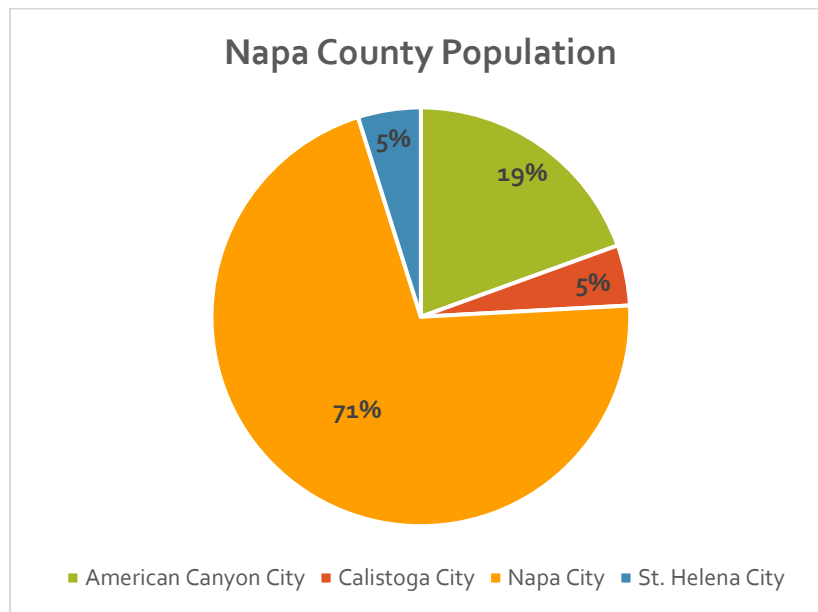
Pursuing State and Federal Resources: The City and County have actively sought State of California and Federal Government funding opportunities. This data demonstrates the effectiveness of investing in programs that provide that offer comprehensive service.

The success of these initiatives reflects a coordinated and comprehensive approach to addressing homelessness in Napa County. While challenges persist, the data from the 2024 Homeless PIT Count demonstrate tangible progress and offer hope for continued improvement in the years to come.

The findings of the 2024 Homeless PIT Count underscore the progress made in addressing homelessness in Napa County, while also highlighting the ongoing challenges that remain. By continuing to prioritize the development of permanent housing solutions and collaborative service delivery, the City and County are committed to creating a more equitable and inclusive community for all residents.”

Napa County Demographics

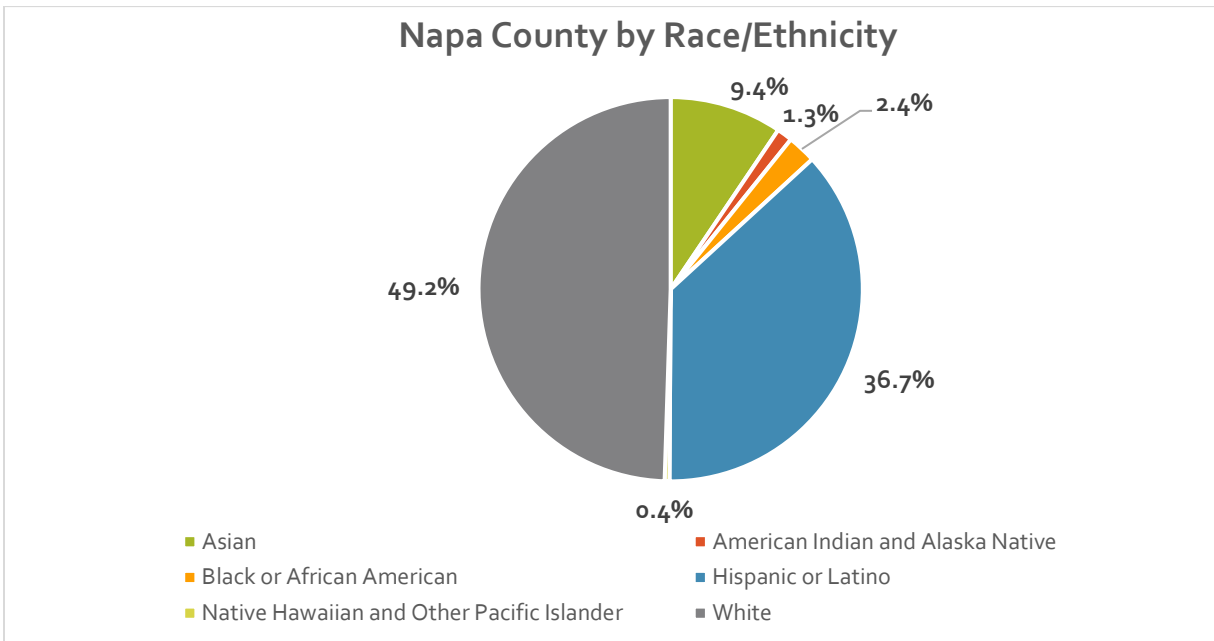
The graph below shows Napa County’s population by city. Over 70% of Napa County residents live in Napa City, which makes it the largest city. The second most populated city is American Canyon, 19% of residents living here. About 5% reside in both Calistoga and St. Helena. ¹



The two largest race/ethnic groups are White and Hispanic/Latino. 49% of Napa County’s residents identify as White and about 36% identify as Hispanic or Latino. Asian, is the third largest group, about 9% of residents identify as Asian. Just over 2% identify as Black or African American, 1% identify as American Indian and Alaska Native and only less than 1% identify as

¹ [U.S. Census Bureau QuickFacts: Napa County, California](#)

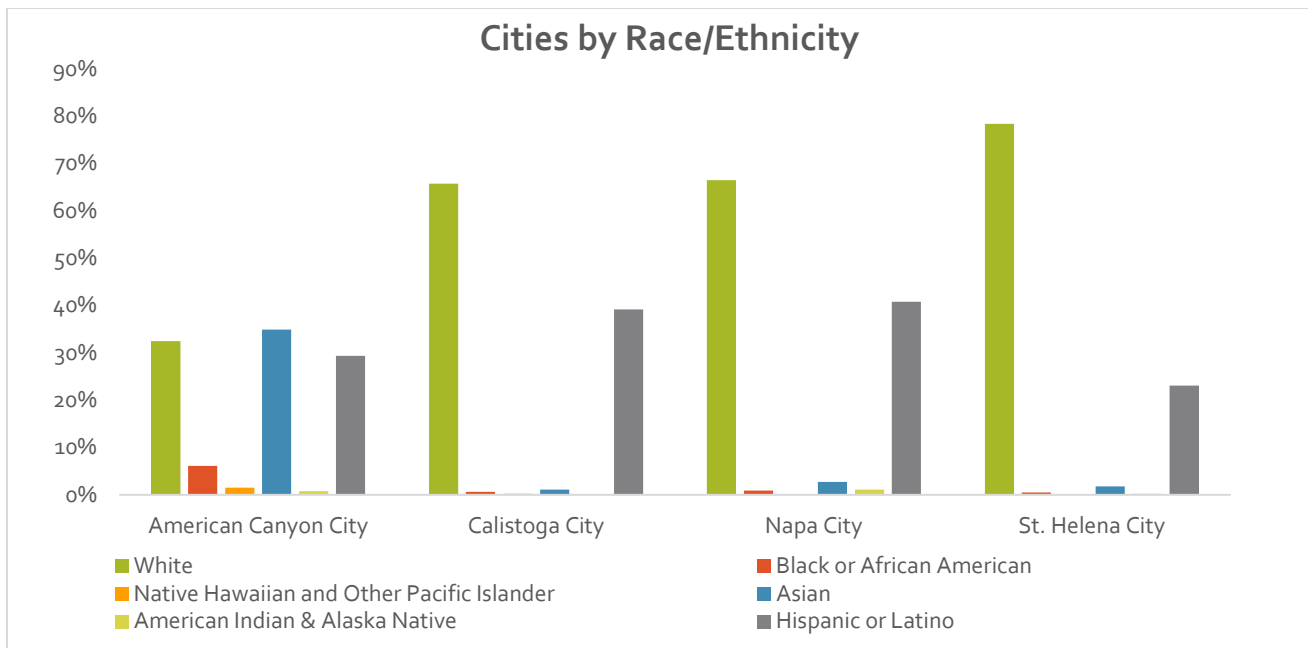
Native Hawaiians and other Pacific Islander. Spanish is the only threshold language, however, over 33% of individuals speak a language other than English. ²



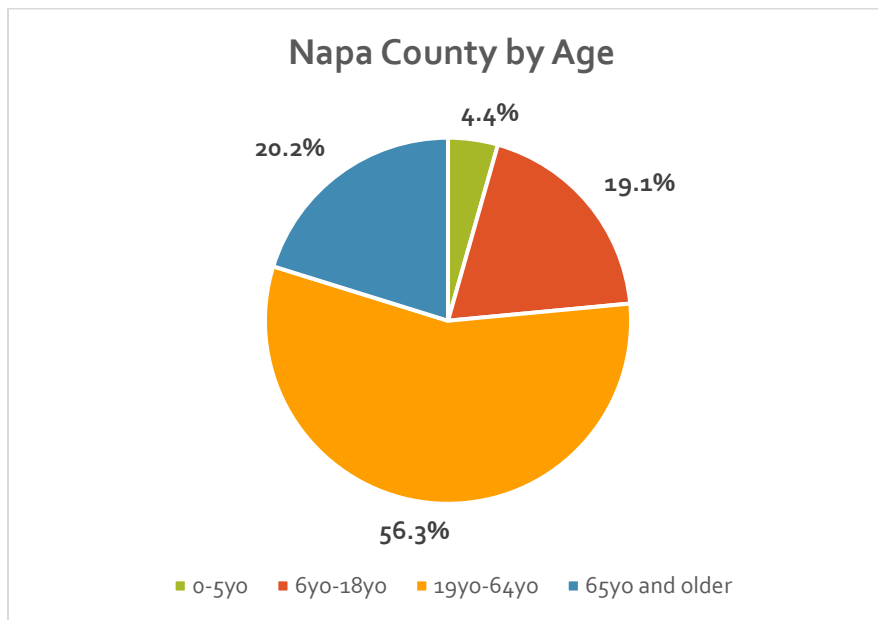
The following graph shows Napa County's population by city and race/ethnicity. The City of American Canyon remains the most diverse City in the County, almost 35% of residents identify as Asian and 29% identify as Hispanic/Latino. St. Helena remains the least diverse, over 78% of individuals identify as White, just over 1% identify as Asian, and 23% identify as Hispanic/Latino.³

² [U.S. Census Bureau QuickFacts: Napa County, California](#)

³ [U.S. Census Bureau QuickFacts: Napa County, California](#)



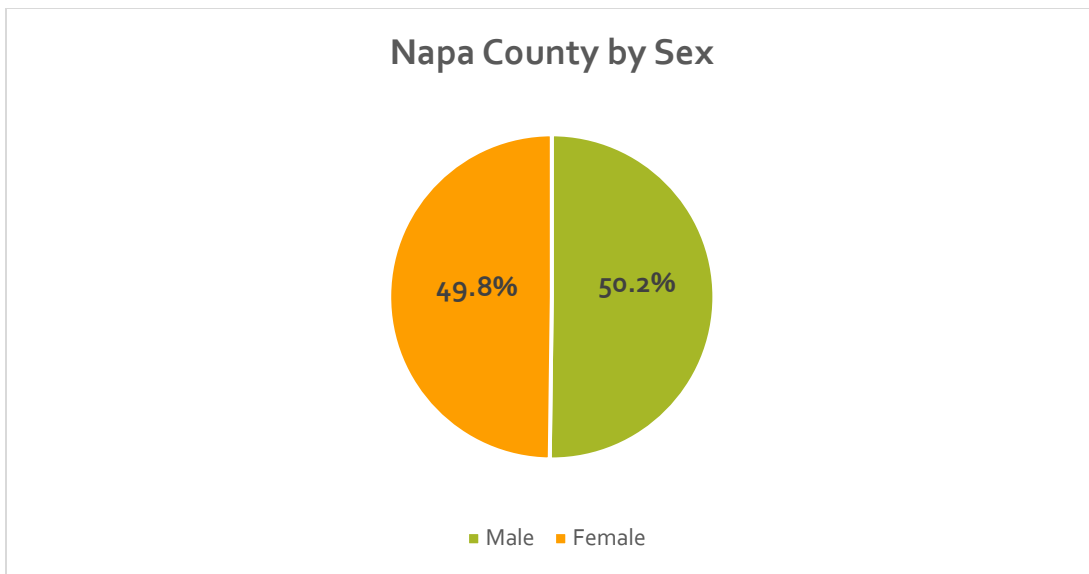
The largest age group in Napa County is 19 years old to 64 years old, this makes over 56% of population. The second largest age group is 65 years and older, and the smallest group is the group 0 to 5 years old.⁴



Just over 50% of residents identified as male and under 50% of residents identified as female.⁵

⁴ [U.S. Census Bureau QuickFacts: Napa County, California](#)

⁵ [U.S. Census Bureau QuickFacts: Napa County, California](#)



Mental Health Needs of Unserved/Underserved Residents

A significant number of residents of Napa County are facing unmet mental health needs, with many underserved or unserved. Untreated mental health has been linked to physical illnesses, decreased educational and occupational performance, broken families, and increased chances of hospitalization. 1 in 5 (21.1%) adults of Napa County had experienced a mental health issue in the past year. Of those, 15.8% reported depression, 9.9% anxiety, and 6.2% reported serious psychological distress. Other mental health conditions reported in the county include bipolar disorder (1.5%) and schizophrenia (0.2%). (California Health Interview Survey (CHIS), 2020)

Multiple natural disasters experienced by Napa County residents over the last nine years have also caused long-term economic, social, and academic impacts on families and children. Providers report that signs of traumatic stress are common among local children, youth, and adults, and with cognitive, behavioral, and emotional symptoms from mild depression and aggressive behavior to memory impairment. Many families have been able to recover from the economic downturn caused by the 2014 earthquake, recent wildfires, and the pandemic, but the economic impacts on jobs, housing, schools, and Napa's hospitality and wine industries will continue for years to come.

Recent (2022) California Healthy Kids Data for NVUSD 11th graders shows that 44% feel chronically sad or depressed, and 19% report that in the past year they have considered suicide. 23% had used alcohol or drugs in the past 30 days and 11% had tried cocaine, meth, opioid pain medications and other illicit drugs or pills at some point in their life to get high.

Exacerbated by the pandemic, social isolation, natural disasters, and challenges accessing services, too many individuals and families remain underserved or unserved. Rural and isolated populations in Napa County continue to face more challenges accessing services than their urban counterparts and as a result may suffer from unaddressed or untreated mental illnesses. People experiencing homelessness, especially those with substance abuse, also often have unaddressed mental health needs.

Assessment of the County's Capacity to Implement Mental Health Programs and Services

MHSA Capacity Assessment Survey

Additionally, the BH Division developed a survey to assess the capacity of MHSA Contractors to implement their MHSA programs (Appendix 1). The survey has been distributed to these Community-Based Organizations and includes the following:

- A. The strengths and limitations of contracted service providers that impact their ability to meet the needs of racially and ethnically diverse populations.
- B. Service Providers' bilingual proficiency in identified threshold language – Spanish.
- C. Percentages of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population currently being served.
- D. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

Napa County Mental Health Services Act (MHSA) Capacity Assessment Survey Report

Background

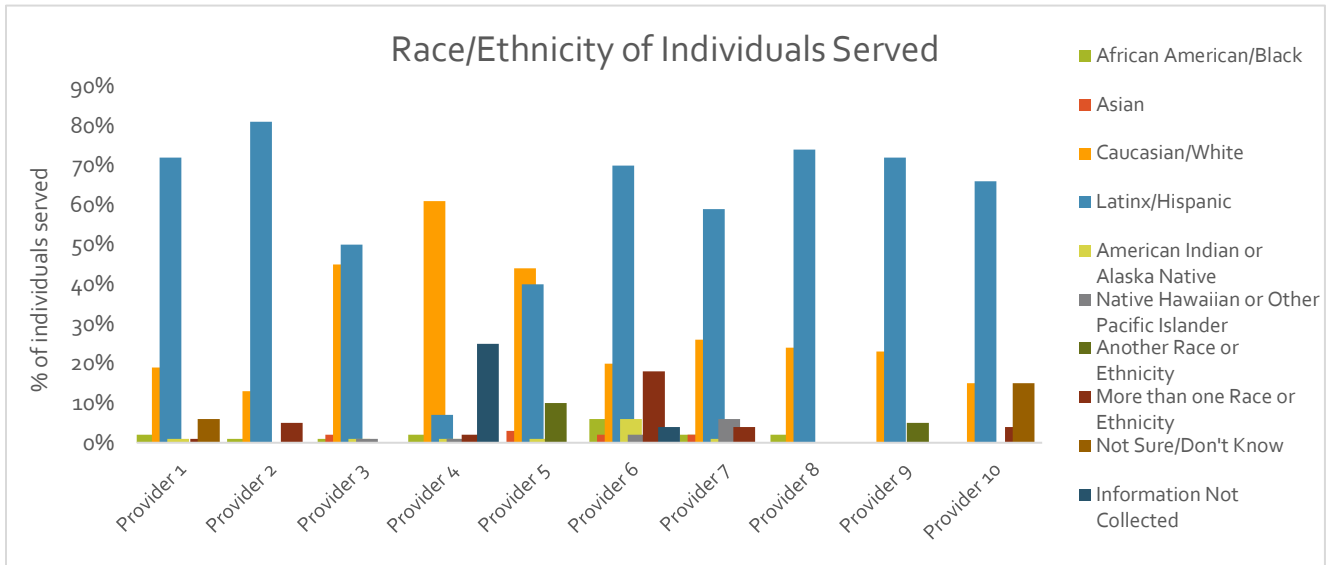
In the months of June through October 2023, Napa County MHSA administered a Capacity Assessment Survey across service providers. The survey included questions related to the recruitment and retention of Behavioral Health staff, hard to fill positions, the impact of vacancies on the provision of services, statistics of the different racial/ethnic, linguistic, gender identity, and sexual orientation groups represented among service providers as compared to the populations being served in Napa County. The survey also included questions about the possible barriers to implementing programs/services and the methods of addressing these barriers.

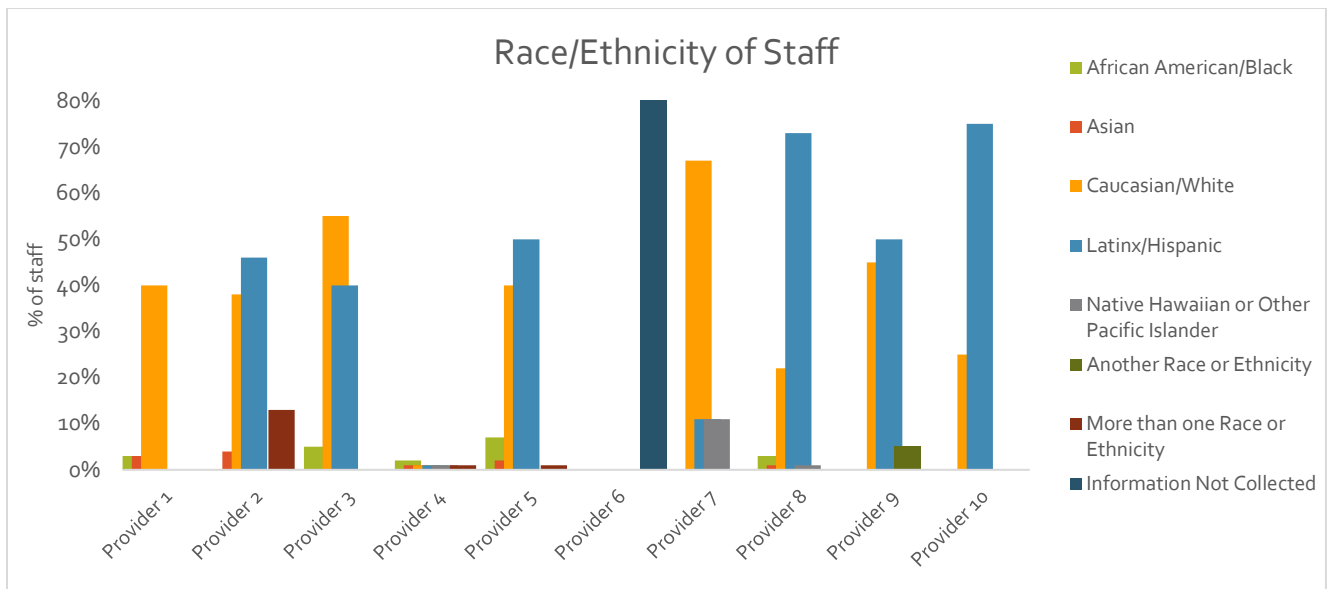
Results

A total of 12 surveys were received. Out of the surveys that were collected, 10 were completed and 2 were incomplete. The response to the question of the number of Behavioral Health staff currently in the provider organization ranged from 1 to 6 staff members or higher numbers of 30 to 128 staff members. Service providers indicated that the positions that are hard to fill include Licensed Mental Health Counselor, Bilingual Mental Health Therapist, Clinical Supervisor, LCSW Supervisor, and CLAR@ coordinator. 36% of the service providers indicated they have experienced difficulties in recruiting and retaining Behavioral Health staff positions, 45% felt they have not experienced difficulties, and 18% were not sure. Providers that responded to the percentage of Behavioral Health staff positions currently vacant within their organization ranged from 7% to 16%. 50% of the

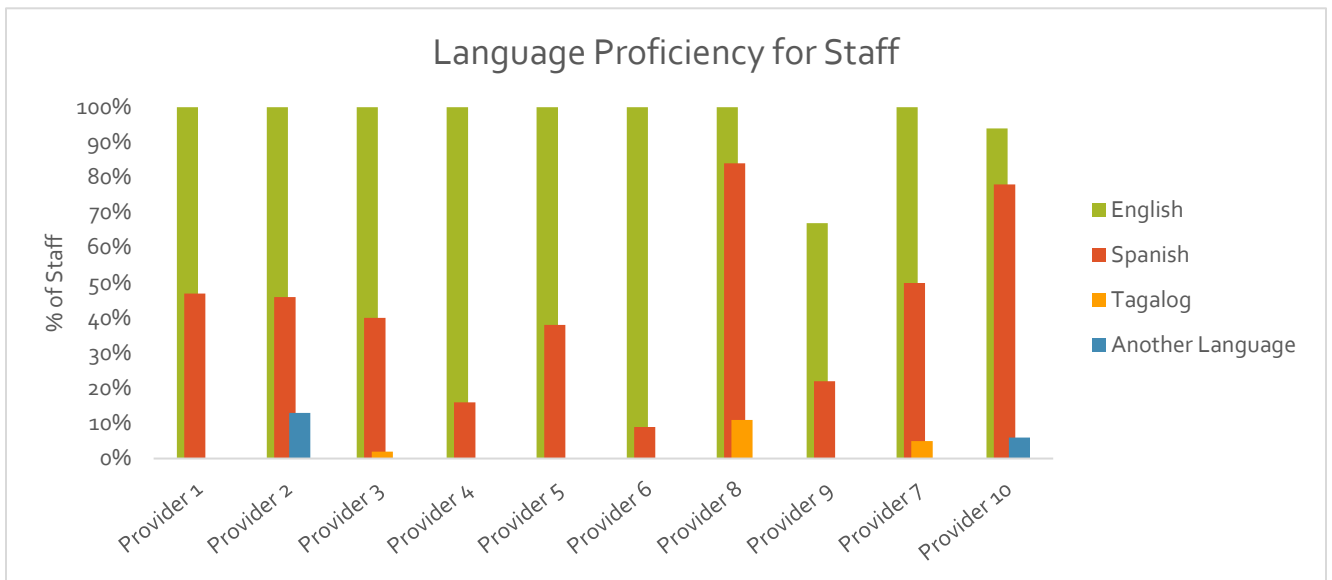
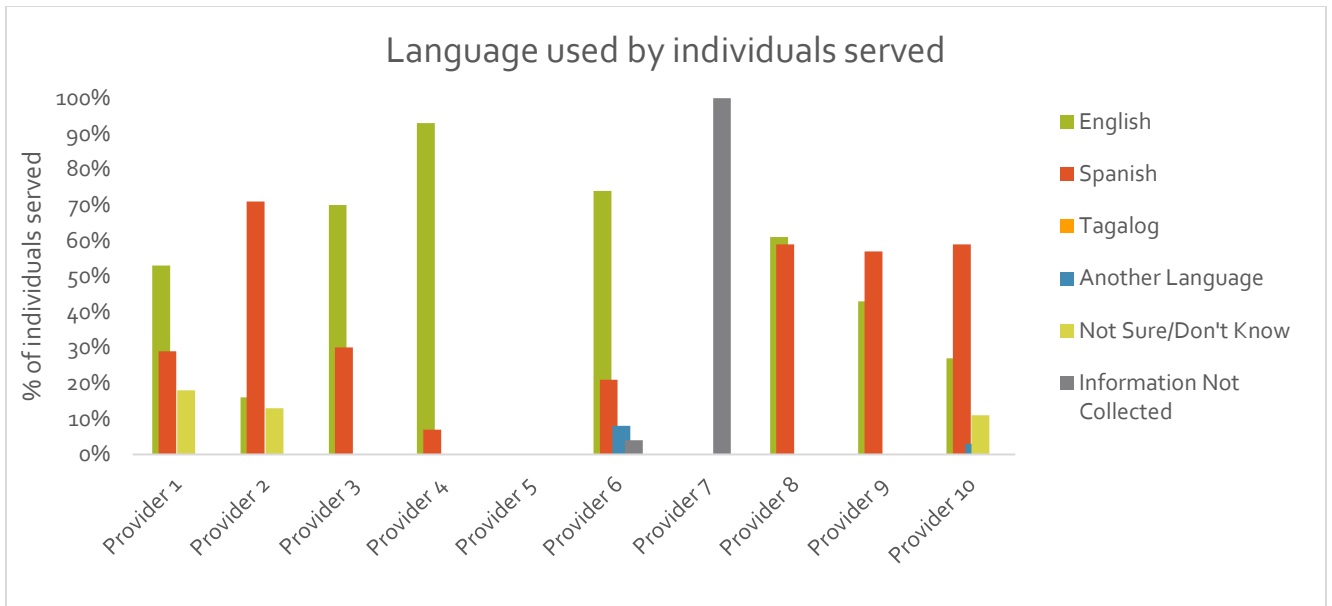
providers indicated that the vacancies in their organization were creating barriers to implementing services. Only 1 provider responded to the question of how staff vacancies have impacted their services by indicating that they have had to modify the number of mentoring groups because of staff vacancies.

The responses to the percentage of individuals served and their racial/ethnic identity showed that 50% to 81% of individuals served identify as Latinx/Hispanic. The second largest population served was Caucasian/White with a range of 44% to 61%. The percentage of other ethnicities such as African American/Black, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Another race/ethnicity, more than one race/ethnicity ranged from 1% to 18%. Some providers reported that they were not sure, or information was not collected for the individuals they serve. In comparison to the percentage of staff members and their racial/ethnic identity, 40% to 75% identified as Latinx/Hispanic, and 40% to 67% identified as Caucasian/White. The percentage of staff members that identified as African American/Black, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Another race/ethnicity, more than one race/ethnicity ranged from 1% to 13%. There was 1 provider that indicated racial/ethnicity information was not collected for their staff.





Providers were asked to provide a percentage breakdown of the different languages used by the individuals they serve and language proficiency for staff. Results showed that 53% to 93% of individuals served used English. Some providers indicated that 16% to 43% used English. The percentage of individuals served that used Spanish ranged from 57% to 71%. Some providers reported lower counts of 7% to 30% for Spanish. There were 2 providers that indicated 3% to 8% of the individuals they served used “another language,” and 11% to 18% of the language used by individuals served was unknown. Lastly, 1 provider indicated that language information was not collected at all. The results for the language proficiency of staff showed less variance in percentages for English as compared to that of individuals served. Providers indicated that 100% of their staff was proficient in English. Only 2 providers indicated a percentage less than 100. They reported 67% and 94% of their staff was proficient in English. The percentage of staff that was proficient in Spanish ranged from 50% to 84%, and others reported a lower range of 9% to 38%. Providers reported 2% to 55% were proficient in Tagalog. Providers also reported that 6% to 13% of their staff were proficient in another language.



In addition to the quantitative questions, providers were asked to share what is going well in their ability to meet the needs of diverse racial/ethnic and linguistic populations.

The responses were the following:

“47% of our staff are bilingual Spanish and we are able to provide our Spanish speaking consumers services in their preferred language the majority of the time without using an outside interpreter.”

“We have had success recruiting bilingual staff from the communities we serve, provide them with gold standard orientation and training and supporting their participation in certification or master’s programs.”

“Our team is committed to meeting our consumers’ needs and stepping in to support one another.”

“We have proportional amount of diverse, bicultural and bilingual staff to meet the needs.”

“Our communication and outreach to the Hispanic communities has greatly increased after hiring a Spanish Program Coordinator. She is now able to be the point of contact for any of their needs, instead of having to work through a caseworker, family member, etc. which some Spanish-speaking seniors did not have.”

“Connection with our Family Service team to our families. In our fall survey, 100% of families stated they knew who to contact at school, felt school staff as allies, and felt welcomed on campus.”

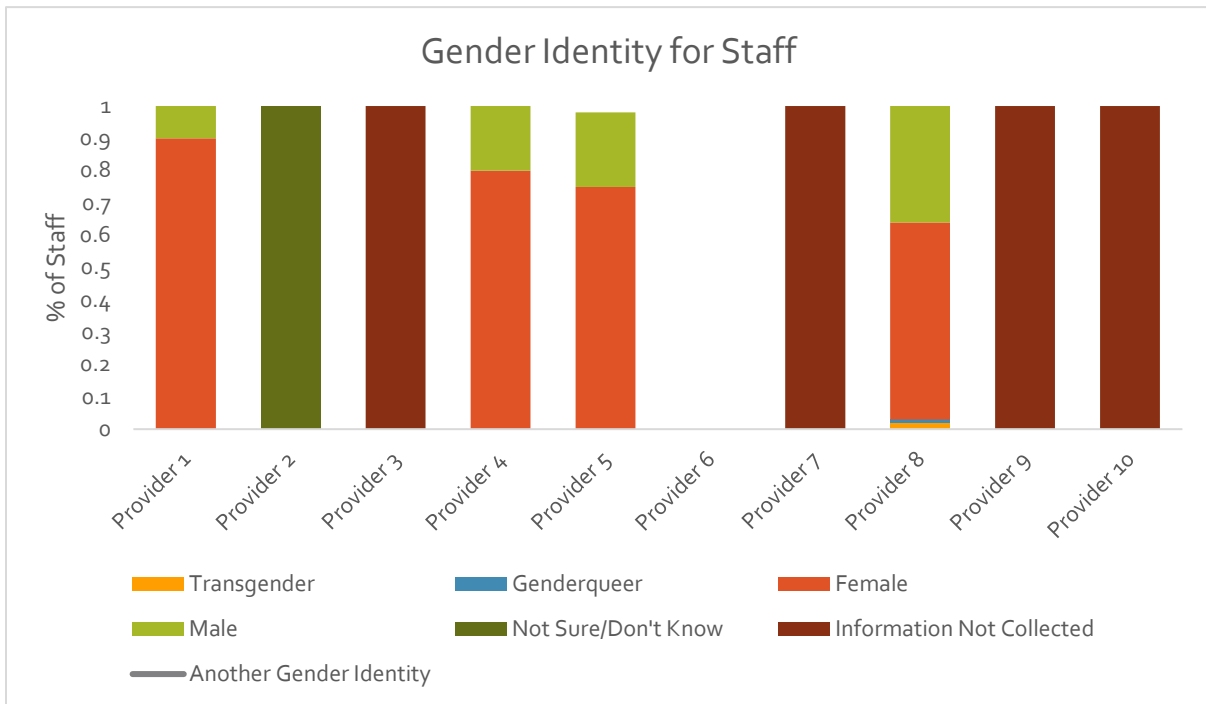
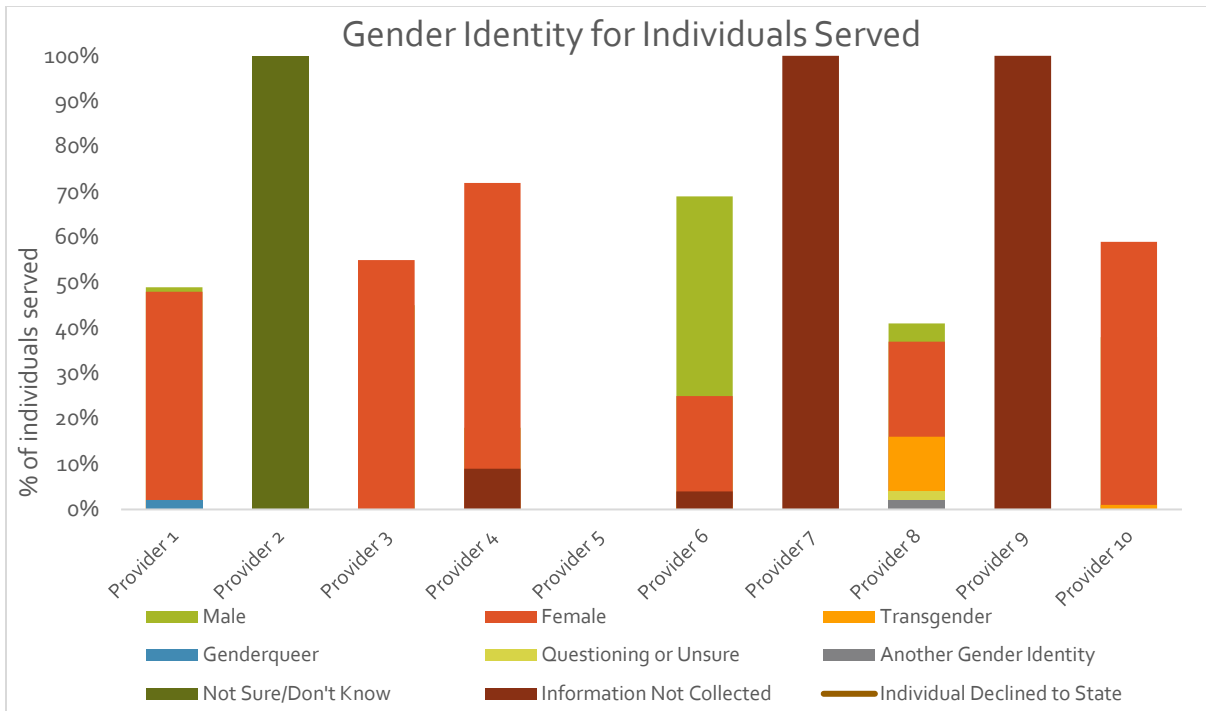
“DEI trainings, a focus on bringing in curriculum and support that is culturally competent, and a community willing to support continued learning and engagement. There continues to be less effort made in supporting the mental health needs of our Filipino community (translation, bicultural mental health staffing, outreach) than our Latino community.”

“We are deeply connected to the community and has established leadership pipelines that feed our employment needs.”

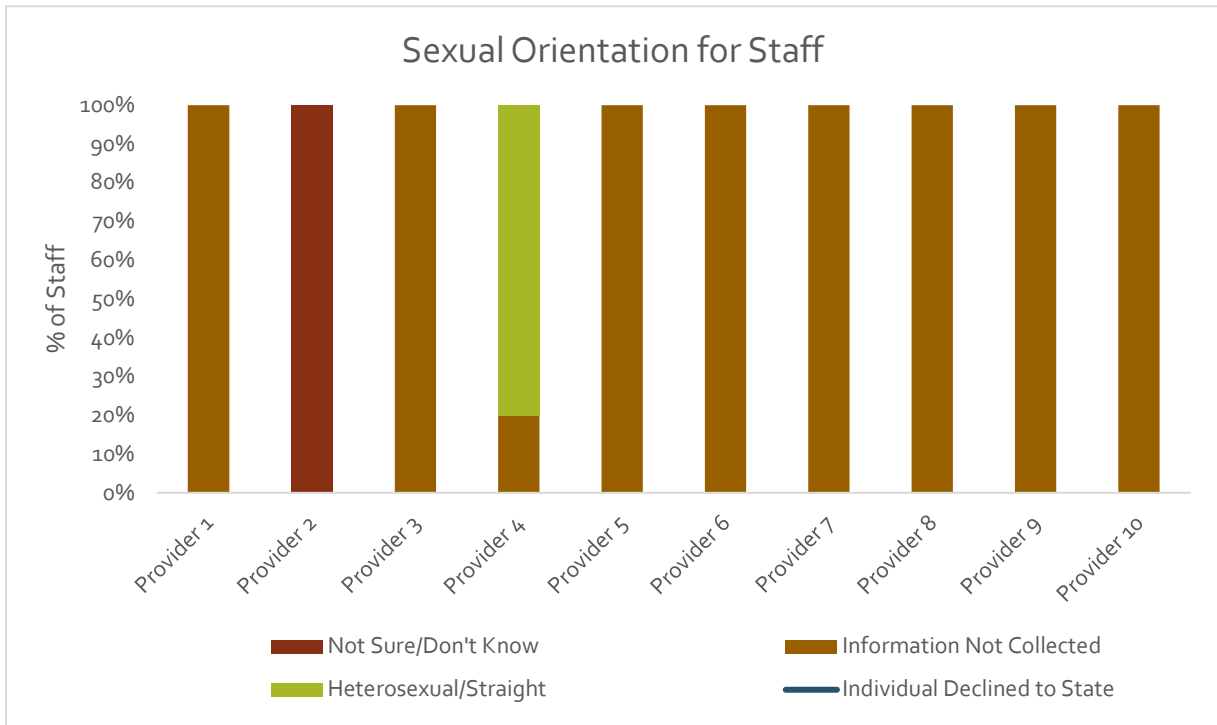
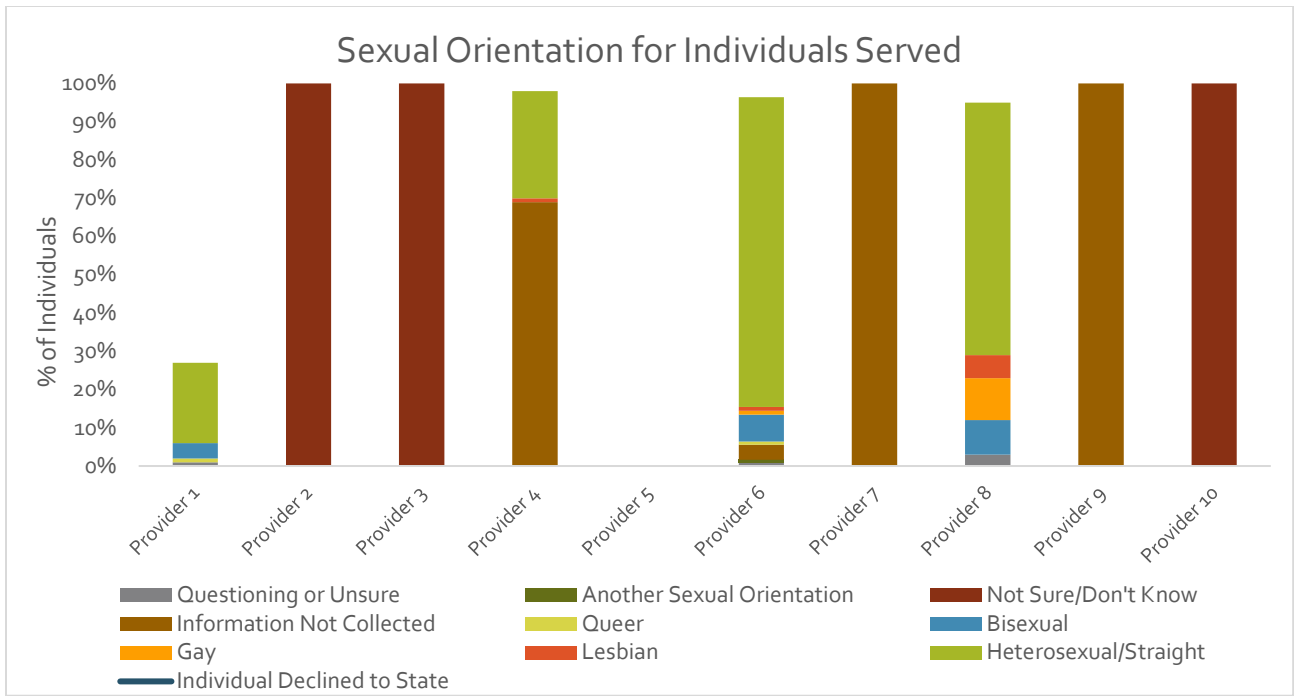
“The majority of our staff are bilingual (English/Spanish), highly experienced, have trusting relationships with consumers, and have strong working relationships with schools and CBOs.”

The challenges providers face in their ability to meet the needs of diverse racial/ethnic and linguistic populations included limited candidate pools, low Medi-Cal rates that don't cover the cost of paying staff a competitive salary, lack of language ability beyond English and Spanish, and other racial/ethnic groups such as African American and Asian populations not being well represented in staffing.

The survey also addressed questions about the gender identity and sexual orientation of individuals served and staff members. Results showed that 18% to 49% of individuals served identify as male, and 25% to 72% identify as female. Some providers indicated that 1% to 16% identify as transgender, 2% identify as genderqueer and 1% to 2% declined to state. There were 3 providers that indicated gender identity information is not collected for individuals served. In comparison to staff members, results showed that 10% to 36% of staff identify as male, 61% to 90% identify as female, 2% identify as transgender, and 1% identify as genderqueer. There were 5 providers that indicated gender identity is not collected for staff members.



The results for sexual orientation were very limited. More than half of the providers that answered questions regarding the percentage of individuals served indicated that sexual orientation information is not collected, or information was unknown. In contrast to the information for staff, 9 out of 10 providers indicated that sexual orientation information is not collected, or information is unknown. Only 1 provider indicated that 80% of their staff identified as heterosexual and 20% information was not collected.



Providers were asked to share what they felt is going well in their ability to meet the needs of diverse gender identity/sexual orientation populations.

The responses were the following:

“We practice trauma informed and DEI principles and we are intentional about creating inclusive environments and fostering psychological safety at work, and creating safe spaces that are physically welcoming. We provide LGBTQ training

and ongoing cultural humility awareness for our staff.”

“We feel we are working well with diverse gender identities and sexual orientations, and we do not have concerns in being able to effectively service these special populations.”

“Educating students as a whole during the school year and celebrating Pride. We offer gender neutral bathrooms. We use student's preferred names and pronouns.”

“As with DEI, our local resources, trainings, inclusion of accepting language in new curriculum and supports, all help our organization work closely with and in support of these communities.”

“Our LGBTQ Connection is well known, and well respected, throughout the Bay Area. Many partners refer potential staff because of their relationship with LGBTQ Connection.”

“Our agency serves all orientations it is not a factor in our service delivery. If this becomes relevant, we connect with community partners.”

“Our entire staff received training from LGBTQ Connection this year.”

The challenge providers shared they face in their ability to meet the needs of diverse gender identity/sexual orientation populations is their lack of collecting this information. Providers shared that there is a need to implement data tracking processes for gender and sexual orientation information for the individuals served as well as their staff members. Often people are not comfortable listing their gender/sexual orientation when filling out forms or employment applications. Providers acknowledge the importance of collecting gender identity/sexual orientation data so that they can align their policies and procedures to best serve all populations.

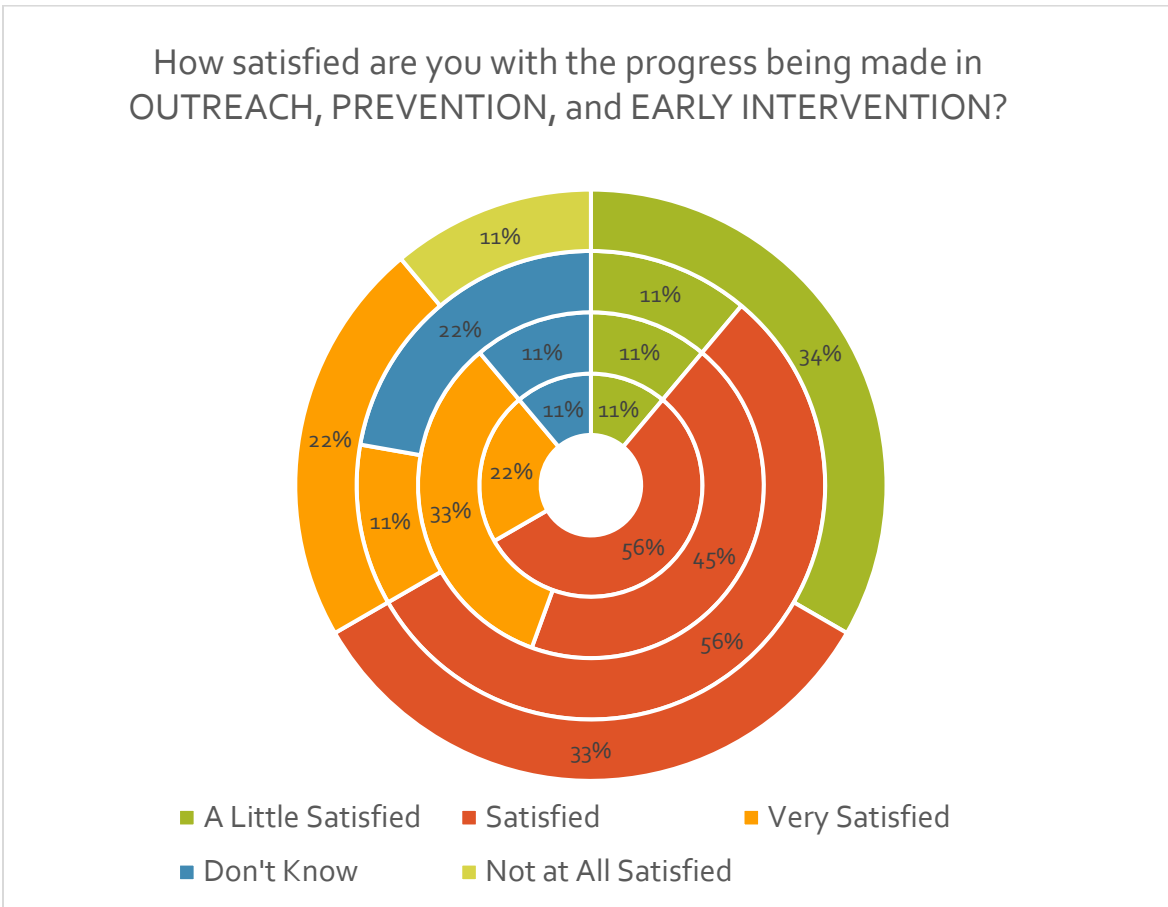
The survey gave providers an opportunity to share other barriers that they are currently experiencing to implementing Behavioral Health program/Services. The responses included challenges with funding, low rates, implementation of program/services is extremely costly, timely reimbursement, limited availability of providers, provider capacity, administrative burden, waitlists, and lack of solid referral network, consumer transportation, and data sharing.

Providers shared that they are addressing these barriers by partnering with Napa County leadership. They are seeking out a variety of funding opportunities such as grants, contracts, insurance billing and private fundraising. Providers indicated that they have identified community organizations specializing in behavioral health programs where they can refer consumers, they have expanded in-house programs that offer Mental Health services, additional direct service provider has been assigned to school campus, focusing work with schools, warm handoff referrals, building systems to streamline duties of existing staff to

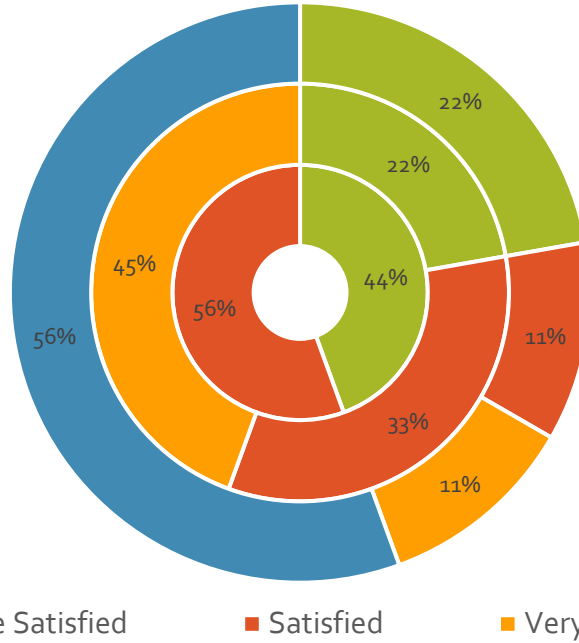
allow for more consumer support and services. Providers are collaborating and with one another to increase behavioral health services in schools. Providers indicate they are working hard to work through the barriers they are experiencing but emphasized that “grant administration is becoming harder and more cumbersome as County and State requirements increase, which takes time and resources away from service delivery.”

Behavioral Health Priority Areas

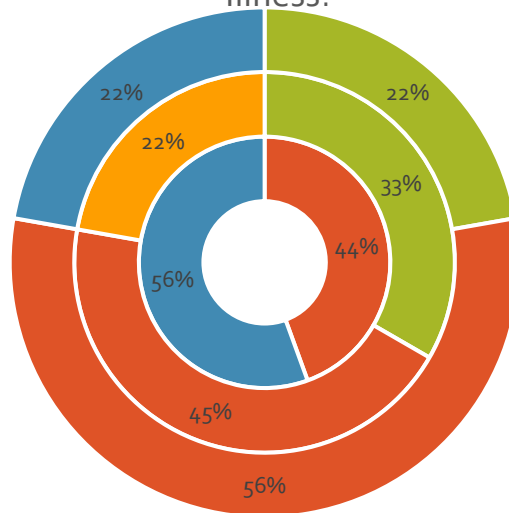
OUTREACH, PREVENTION and EARLY INTERVENTION: How satisfied are you with the progress being made in these areas?



How satisfied are you with the progress being made in ACCESS, EQUITY, and LOCATION?



How satisfied are you with the progress being made in SERVICES and SUPPORT for Individuals with Severe Mental Illness?



■ A Little Satisfied ■ Satisfied ■ Very Satisfied ■ Don't Know ■ Not at All Satisfied

Efforts to Increase Access and Capacity to Implement Mental Health Programs and Services

Currently, the BH Division has a vacancy rate of approximately 19%, which is an improvement over the previous 24% vacancy rate in FY 22-23. Internal MHSA programs have the following vacancies:

- **Mobile Response Team:** Two vacancies for Mental Health Counselors (registered to licensed)
- **Children’s Full Service Partnership (FSP):** 0 vacancies
- **Transition Age Youth FSP:** 0 vacancies
- **Adult Treatment Team FSP:** 0 vacancies
- **Adult FSP:** One vacancy for a Senior Mental Health Worker and one vacancy for a Mental Health Counselor (registered to licensed)
- **Older Adult FSP:** One vacancy for a Mental Health Counselor (registered to licensed)

These vacancies clearly have an impact on each program’s ability to serve the needs of program participants. The BH Division is actively working with County Human Resources to conduct ongoing recruitments for the above vacancies as well as other positions including community aides, mental health workers, case managers, counselors, psychiatric nurses, and psychiatrists.

The BH Division has partnered with the Greater Bay Area Regional Partnership for Workforce, Education, and Training with the California Mental Health Services Authority (CalMHSA) and the California Department of Health Care Access and Information (HCAI) to implement strategies for staff retention and recruitment. The BH Division received Loan Repayment Award Applications and one Stipend Application from 20 staff who are eligible to receive a \$10,000 award in exchange for a one-year commitment to continue to work in the publicly funded mental health system, which includes Community-Based Organizations that are contracted to provide mental health services.

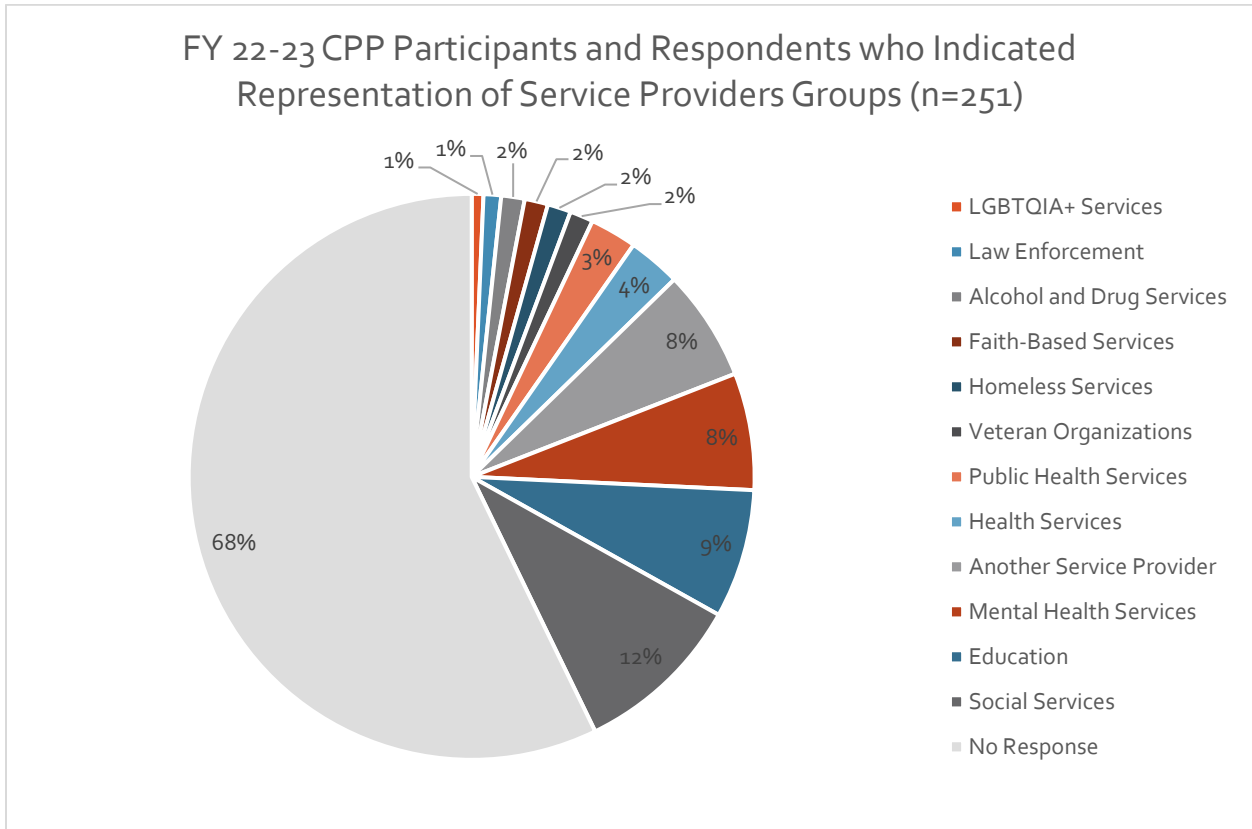
The BH Division continues to provide \$10,000 for graduate students in Social Work or Marriage and Family Therapy (MFT) programs who are recruited for one-year internships across the BH Division’s various units. Many former interns have returned to Napa County and have been hired for permanent positions over the years.

Outreach and engagement strategies have been expanded and the BH Division has established satellite offices in the historically geographically underserved communities of Calistoga at the north end of the county and in American Canyon at the south end of the county. System Navigators attend a wide variety of events throughout the year and are available to help guide individuals and families to needed mental health and other services.

The BH Division will continue to explore other short-, medium-, and longer-term Mental Health Workforce Development Strategies to recruit and hire qualified staff and “grow our own” staff in Napa County.

FY 22-23 and FY 23-24 Community Program Planning (CPP)

The BH Division’s Project Manager/MHSA Coordinator took the lead in scheduling and facilitating CPP Focus Groups in FY 22-23. Additional support has been provided in the past by the MHSA Staff Services Analyst. The job descriptions for the Project Manager and Staff Services Analyst can be found in Appendix 2 – CPP Staff Job Descriptions.



FY 22-23 CPP Themes, Gaps, and Needs

These following themes were developed from a review of all focus group notes and survey responses. Gaps and needs are those identified by ninety-three individuals across eight focus groups and one-hundred and ten survey respondents. To offer some context for the review of gaps and needs, the following represent the major themes of respondents regarding differences between Pre-COVID and FY 22-23 (see Appendix 3 - Table 1. Pre COVID vs Now) concerning mental health needs and supports. These findings continue to be relevant for FY 23-24:

- Increase in Anxiety/Depression for all ages; decrease in coping behaviors/coping resources (e.g., increase in alcohol and drug use)
- Increase in incidents of racism and bullying
- Greater isolation for all ages; decline in physical activity; and continued challenges to reintegrate into "normal" patterns of everyday life (especially for children and older adults)

- Increased demand for mental health services and supports
- Economic impact of pandemic affects affordability of therapy

The FY 22-23 CPP identified three major issue areas: access and location; prevention and early intervention; and services and supports for individuals with several mental illness. A more complete description (e.g., percentages of respondent sources; agreement between focus groups and survey respondents) can be found in Appendix 4 - Table 2. Gaps, Needs, and Themes FY22-23.

Access and Location:

- More Services in Spanish (e.g., bilingual therapists); More Asian Therapists/MH Staff; All services in the primary language of individual; also, temporary translation services for individuals who use Farsi, Mandarin, and other languages; more therapists overall
- Wellness centers in all schools with culturally diverse staff, additional therapists, early intervention; peer mentors; after-school programs focusing on mental health prevention
- More services and supports for individuals who do not qualify for County mental health services
- More services UpValley; expanded satellite office hours; evening hours
- Short-term and in-the-moment (face to face) support: outreach, bilingual, trauma, depression, suicidal ideation; face-to-face services as online services aren't for everyone (e.g., especially seniors)

Prevention and Early Intervention:

- Fight stigma of mental health services; especially among immigrants; focus on suicide prevention for older adults
- Understanding Generational Trauma and trauma of crossing US-Mexico border and detention centers as youth

Services and Supports for Individuals with Severe Mental Illness:

- Easier to Access MH services; reduce waitlist time for all mental health services
- Improved Crisis intervention services and post hospitalization care (when calls are placed, how these are handled, through on-site treatment and post care)
- Transportation to services and supports
- Systems of coordinated care - wraparound/case management (especially for individuals using drug and alcohol services)
- Reduce turnover in medication clinic; more down-to-earth psychiatrist who works with families in addition to the individual consumer
- Temporary housing and transitional for mental health consumers who are homeless; especially pregnant women who are dual diagnosis
- Need for more inpatient services

FY 23-24 CPP Informed by Community Needs Assessments

The BH Division's MHSA FY 23-24 CPP was informed by the 2023 Napa County Older Adults Needs Assessment, supported by CPP funding, and the Napa County Community Health Assessment, the latter of which was a collaboration between Providence Queen of the Valley Medical Center and Napa County Health and Human Services Agency (HHSA) to create a shared Community Health Needs Assessment (CHNA) – see Appendix 5. The CHNA collects qualitative and quantitative health data from across the county to create a point-in-time report of community health and determine health priorities for the next 3-5 years. More than 230 community members were convened for listening sessions, key informant interviews and prioritization meetings.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, was collected from multiple sources, including American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Health Napa County Language Inclusion Survey. To actively engage the community, 15 community listening sessions were conducted with people from diverse communities as well as 12 key informant interviews and 7 "Bubble Up" sessions with representatives from organizations that serve the Napa County Community, specifically seeking to gain deeper understanding of community strengths and opportunities. Listening session feedback resulted in ten health-related themes, but for the purposes of this FY 24-25 Annual Update, the focus will be on findings related to Behavioral Health.

Behavioral Health

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

The CHNA's findings on community behavioral health needs are listed in the table below and are consistent with findings from the BH Division's FY 22-23 Community Planning Process (CPP) and were used to solicit Prevention and Early Intervention (PEI) Proposals from the BH Division's recent PEI Fourth Round Request for Proposals.

CHNA Goals	CHNA Objectives
1. Maintain and strengthen Suicide Prevention and Early Intervention Services.	<ul style="list-style-type: none"> - Collect, review, and share data to better understand and address the problem and impact of suicide in our county. - Increase early identification of suicide risk and connection to services for youth, adults, and older adults.
2. Support the mental health and wellbeing of Napa County residents.	<ul style="list-style-type: none"> - Increase mental wellbeing among Latine, BIPOC, underserved/unserved, and low-income youth, adults, and older adults with an approach that encompasses culturally competent strategies to support mental, physical, financial, and social wellbeing. - Increase mental wellbeing and enhance access to mental health services, particularly bilingual and bicultural services, for children and their families, youth, adults, and older adults in Napa County. - Identify and amplify non-traditional methods of mental

Local Stakeholder Involvement in CPP

The Mental Health Stakeholder Advisory Committee (SAC) is the primary stakeholder body that is involved in the BH Division’s MHSA Community Program Planning Process. The committee participates in all stages of the planning process. Updated State information and MHSA changes and significant program changes are related to the SAC participants during monthly meetings. Participants work with the BH Division 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 are open to the public.

The SAC is composed of:

- Health Representative - Director of Behavioral Health/Ole Health
- LGBTQ Representative - LGBTQ Connection Staff, On the Move, Inc.
- Public Health Services - Nursing Supervisor, Health & Human Services
- Family Member of an Adult Consumer Representative - ParentsCAN
- Sheriff’s Department - Law Enforcement Representative
- Education Representative - NCOE Associate Superintendent
- Parent Partner Representative - Family and Youth Partnership, Nexus Program, Stanford Sierra Youth & Families
- Family Center Representative - Program Director, Cope Family Center
- Student Mental Health Representative - Director of Napa Valley College Student Health Center
- Consumer/Family Member Representative - Innovations Community Center, On The Move

- Consumer Representative - Mental Health Board
- Consumer/Family Member Representative- Innovations Community Center, On The Move
- Behavioral Health Representative - Executive Director, Mentis

Although the SAC participants are the most involved in the MHSA planning process, other groups also receive MHSA information and have the opportunity to provide input and participate in the MHSA CPP. MHSA information is distributed to Mental Health Division staff, the Mental Health Board, MHSA Contractors, Community Mental Health providers and the Behavioral Health Cultural Competence Committee.

Stakeholders share their input and feedback on mental health policy, program planning and implementation, monitoring, quality improvement, and evaluation, and budget allocations through a variety of ways including participation in the CPP Focus Groups, through completion of CPP Surveys; participation in the monthly Mental Health Stakeholder Advisory Committee the bimonthly Behavioral Health Cultural Competency Committee, the monthly Quality Improvement Committee, monthly Utilization Review Committee, and monthly County Mental Health Board meetings. Stakeholders also provide feedback through public comments on Three Year Plans and Annual Updates to Three Year Plans.

Methods Used to Elicit Stakeholder Input and Feedback and the Local Review Process on the MHSA FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26

The MHSA FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26 (hereafter MHSA FY 24-25 Annual Update) will be circulated by email to the BH Division's MHSA Stakeholder Advisory Committee, the BH Cultural Competency Committee, the Quality Improvement Committee, the Mental Health Board, BH Division Staff, MHSA Contractors, Community-Based Organizations, and the BH Division's MHSA Mailing List, which contains emails from all stakeholder participants who have attended MHSA meetings since the beginning of local MHSA planning efforts in 2005.

The MHSA FY 24-25 Annual Update was posted to public bulletin boards on the Napa County Health and Human Services Campus, in front of the Napa County Administration Office as well as the BH Division's webpage from Friday, July 12th to Monday, August 12th, 2024. Copies of the MHSA Three Year Plan were available upon request. A public hearing was held at a publicly noticed meeting of the Napa County Behavioral Health Board on Monday, August 12th at 4pm in the Building A Conference Rooms. Public comment could also be submitted by email at MHSA@countyofnapa.org, at the HHS BH Division Administration Office on the 2nd Floor of Building A, 2751 Napa Valley Corporate Drive in Napa, or at the Monday, August 12th, 2024, Behavioral Health Board Meeting. Substantive comments received during the 30-day public review and comment period are included in the MHSA FY 24-25 Annual Update along with staff

responses to those comments and any substantive changes that were made to the MHSA FY 24-25 Annual Update because of comments received.

Report on FY 22-23 Activities – Community Services and Supports (CSS)

The BH Division’s Community Services and Supports (CSS) Component consists of a variety of programs that provide FSP wraparound services, mobile response services, a peer-operated adult self-help center, system navigators, and a variety of outreach and engagement services to the community. These programs include Full Service Partnerships (FSP), System Development - Mobile Response Team (MRT), and Outreach and Engagement - Project Access Programs.

Full Service Partnerships (FSPs)

FSP programs are in-house programs and are most succinctly described as a “whatever it takes” wraparound program approach for consumers. This includes a broad range of services and supports not typically associated the traditional mental health model. Such supports include assistance in meetings, daily living needs, paying for health care, and providing respite services when needed. The FSP programs consists of five units including Children’s FSP (CFSP), Transitional Age Youth FSP (TAY), Adult FSP (AFSP), Adult Treatment Team (ATT) and Older Adult FSP (OA FSP). In FY 23-24, the BH Division will expand the Children’s FSP to include a High Fidelity Wraparound FSP to serve Child Welfare and Juvenile Probation Youth. Negotiations are currently in process with a prospective contractor.

Full Service Partnership Services

Non-FSP Services

PROGRAM NAME: Children’s FSP

The population(s) of focus for this program is/are:

FY 22-23 Children’s FSP Demographics Count

Homeless	1
Forensic	1
Involved in Social Services System	4
Unserved/underserved	49
Veterans	0
Other (specify below)	0

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During the fiscal year 2022-2023, the CFSP program continued to provide in-person services in school, home, office and community settings. Telehealth services continued to be available to help increase access, but most families continuously opted to have in-person sessions.

The CFSP program provides a holistic approach that includes assessment, plan development, individual and family therapy, behavioral interventions, crisis stabilization, case management and ongoing referrals. The target population of CFSP are those who are underserved and low income and whose mental health symptoms severely impact important domains in their life. Domains include family and peer relationships, academic performance, at risk of not meeting developmental milestones, psychiatric hospitalization, incarceration, and/or removal from the home. The frequency and intensity of services is 1-3 contacts per week.

As indicated in the FY 21-22 report, the major challenge for the CFSP program continued to be staffing. Ongoing and creative efforts were made to ensure that consumers received timely services by utilizing staff from other units to provide care. CFSP continues to ensure that the staff delivering these crucial services are both bilingual and bi-cultural. Toward the end of the fiscal period, CFSP staff were all bilingual and bicultural. CFSP staff is comprised of a parent partner, a senior mental health worker and two clinicians. It is important to note that one of the new clinicians in the CFSP program has an extensive

<p>background in working with the LGBTQ community and immigrant families.</p>
<p>2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.</p> <p>Post pandemic, referrals to the CFSP program indicated an increase in severity and intensity of presenting symptoms. CFSP also noticed an increase in referrals for younger children struggling with complex challenges such as substance use, involvement with the juvenile justice system, psychiatric hospitalizations, and academic problems. The CFSP program utilizes Child Family Team (CFT) meetings and intensive care services to ensure active family participation, inclusion of the family's natural support system and a shared vision with all providers working with the family. In addition to the challenges that the youth are facing, parents and caregivers are often struggling with financial stressors and home instability. The CFSP program worked extensively to become familiar with resources available in the community, built strong working relationships with partner agencies to support the entire family unit, and utilized Flex Funds to help families meet their basic needs.</p>
<p>3. Include examples of notable community impact.</p> <p>The CFSP program continues to be a key resource for the community when it comes to supporting children and youth remaining in their home environment. CFSP works collaboratively with other child severing systems such as school districts, HHSA-Child Welfare Services Division, Juvenile Justice System, family/community centers, and early childhood programs. CFSP continues to use treatment modalities that are trauma informed, strength-based, and culturally sensitive. Ongoing outreach efforts continue to be a part of CFSP programming to ensure that members of the community are aware of this important resource.</p>
<p>4. Include the following demographic data, as available, for all individuals served during FY 22-23:</p> <ul style="list-style-type: none">- Please see next page.

Children’s FSP

Table 1. Age Group

TOTAL NUMBER SERVED BY AGE GROUP	FISCAL YEAR JULY 2022 - JUNE 2023
Children/Youth (0-15)	36
Transition Age Youth (16-25)	13
Adult (26-59)	0
Older Adult (60+)	0
TOTAL	49

Table 2. Race

TOTAL NUMBERS SERVED BY RACE	FISCAL YEAR JULY 2022 - JUNE 2023
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	23
Other	21
More Than One Race	3
Declined to State	2
TOTAL	49

Table 3. Ethnicity

TOTAL NUMBERS SERVED BY ETHNICITY	FISCAL YEAR JULY 2022 - JUNE 2023
Hispanic	35
Non-Hispanic	11
More Than One Ethnicity/Unknown	3
TOTAL	49

Table 4. Language

TOTAL NUMBERS SERVED BY LANGUAGE SPOKEN	FISCAL YEAR JULY 2022 - JUNE 2023
English	33
Spanish	16
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
TOTAL	49

Table 5. Sexual Orientation

SEXUAL ORIENTATION	FISCAL YEAR JULY 2022 - JUNE 2023
Lesbian or Gay	0
Heterosexual	2
Bisexual	0
Queer, pansexual, and/or questioning	0
Other/Unknown	47
Declined to Answer	0
TOTAL	49

Table 6. Gender

GENDER IDENTIFICATION	FISCAL YEAR JULY 2022- JUNE 2023
Female	26
Male	22
Transgender	0
Genderqueer	0
Other	1
Declined to Answer	0
TOTAL	49

Table 7. Disability

TOTAL NUMBERS SERVED BY DISABILITY	FISCAL YEAR JULY 2022 - JUNE 2023
Communication	0
Seeing	0
Hearing or Having Speech Understood	0
Mental (not SMI)	2
Physical/Mobility	0
Chronic Health Condition	0
Other (specify)	0
Other *Consumer Unable to Answer	2
None	45
Declined to Answer	0
TOTAL	49

Table 8. Veteran

TOTAL NUMBERS SERVED BY VETERAN STATUS	FISCAL YEAR JULY 2022 - JUNE 2023
Yes	0
No	49
Declined to Answer	0
TOTAL	49

Program Outcomes for FY 22-23:

The Children’s Full Service Partnership (CFSP) assists underserved, at-risk children with a serious emotional disturbance who demonstrate problems with functioning in at least two of the following areas: school, home, community, or peer relationships, or 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.

- Team-based approach increased social connections for children and families through including the family's natural support system in service delivery.
- Increased socioemotional competencies, resiliency, and overall wellbeing because of providing trauma-informed and strength-based therapeutic services.
- Provision of psychiatric referrals, appointment accompaniment, support with language access, and care coordination.
- In-person mental health services in the office, school, and community settings with telehealth availability to ensure access.
- Increased use of concrete support during times of need by ensuring linkage/referrals to community resources such as family resource centers, housing, transportation, employment, health care access, and other crucial services.

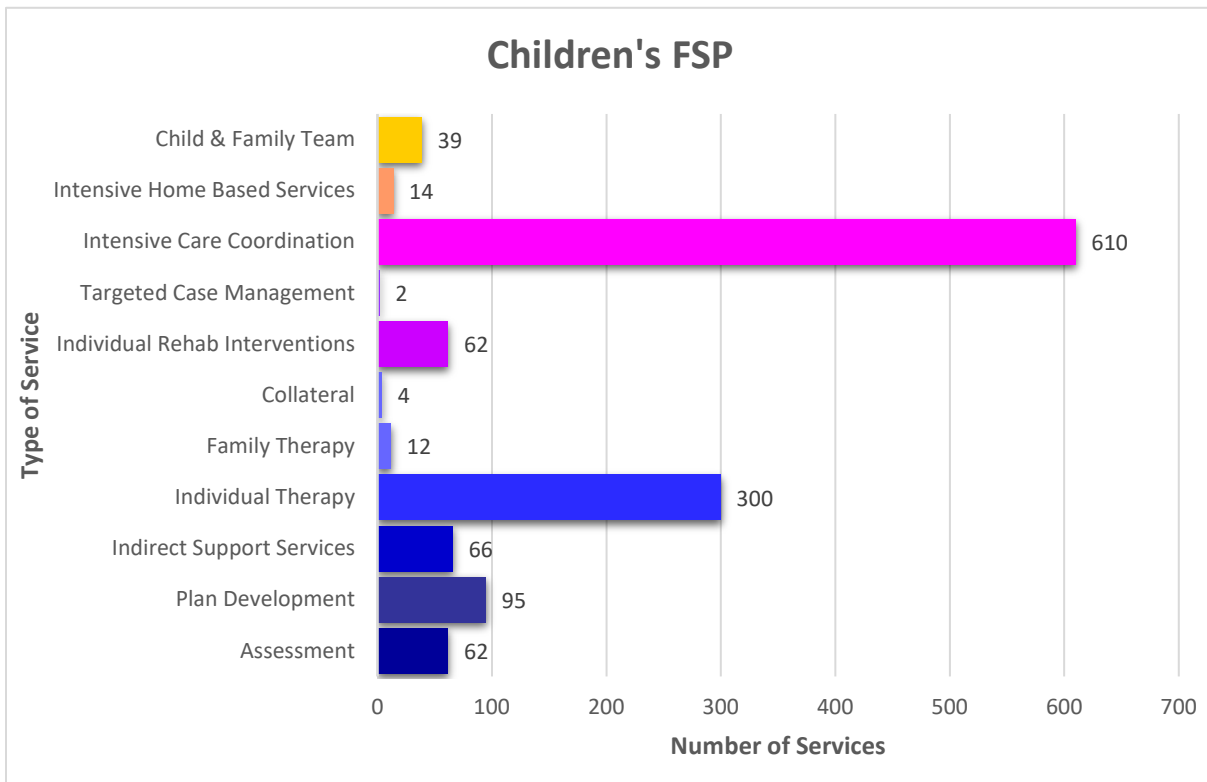
Covid-19 Adaptations

- CFSP staff provided face-to-face services for individuals as needed and where individuals felt most comfortable.
- CFSP staff also provided telehealth services as needed

Children’s FSP

Total Individuals Served FY 22-23	49
Funding	\$858,931
Cost Per Individual	\$17,529.20
Consumers served in FY 23-24	28
Projected Consumers FY 24-25	50
Projected Consumers FY 25-26	50

Children's FSP Services Provided in FY 22-23:



Full Service Partnership (FSP) Services Non-FSP Services

PROGRAM NAME: Transition Age Youth (TAY) FSP

The population(s) of focus for this program is/are:

FY 22-23 TAY FSP Demographics Count

Homeless	0
Forensic	0
Involved in Social Services System	0
Unservd/underserved	47
Veterans	0
Other (specify below)	0

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The Napa County TAY program has maintained a steady flow of service provision in a post pandemic environment. This program has maintained a balanced ratio of bilingual and bicultural Spanish clinicians to meet the cultural needs of the largest minority in the County of Napa which is our Latino population. The major challenge has been the shortage of clinicians available and frequent vacancies compounded with an influx of new cases. Although the TAY program has been fortunate to hire new staff, staffing has continued to be an issue as there have been unexpected leaves of absence that needed to be managed by having other therapists in the BH Division help with the growing caseloads. The TAY program has also hired a bilingual TAY Peer staff member. The new Peer staff member, as a teenager, spent time in the child welfare system and has helped family members navigate the system as they are seeking mental health services. The new peer is full of energy and has amazing advocacy skills that place her at the perfect place to welcome new youth into the BH Division’s specialty mental health services. To reduce ethnic and cultural disparities, the CFSP program will have two bilingual/bicultural staff, a license therapist, and two rehab specialists with extensive expertise in psychosis, eating disorders, and dual diagnosis.

2. Describe how this program is addressing the community issues identified during the County’s Community Program Planning Process, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The issues that have been most impactful to the TAY population have been eating disorders and a noticeable increase in transgender youth seeking mental health services. The LGBTQ+ community has been underserved and our transgender youth find themselves in situations where they are not well informed about how to manage their situations both medically and emotionally.

Drug addiction continues to be a major factor that has affected our young adults and impacts the ability to provide treatment. Homelessness and lack of adequate housing for TAY youth is also identified as one of the main hurdles to try to overcome. There are simply not enough programs and the few that exist are impacted by the number of applicants that qualify for the service. Most young adults in the TAY FSP program are not equipped to obtain a job and cover their living expenses which becomes a secondary barrier to independent living.

3. Include examples of notable community impact.

In the last couple of years, The TAY program has supported young adults with maintaining long-term housing and successfully made the transition for these individuals to become independent in their communities. CFSP staff take pride in seeing youth who have struggled with mental illness for several years move into transitional housing and develop the ability to manage their mental illness and live independent lives in their own communities. There continues to exist a tight collaboration between the Juvenile Hall and County Jail mental health programs that allow young adults in these settings to receive support and formulate an after-care plan to continue to receive outpatient services.

The TAY FSP program has increased its capacity and for the first time will have three full-time clinicians and two full-time peers, a parent partner and a peer partner that will provide intensive support to the young adults and their families. This has allowed for this program to increase its capacity to serve more young adults throughout the Napa County.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

- Please see charts on following pages

TAY FSP

Table 1. Age Group

TOTAL NUMBER SERVED BY AGE GROUP	FISCAL YEAR JULY 2022 - JUNE 2023
Children/Youth (0-15)	0
Transition Age Youth (16-25)	47
Adult (26-59)	0
Older Adult (60+)	0
TOTAL	47

Table 2. Race

TOTAL NUMBERS SERVED BY RACE	FISCAL YEAR JULY 2022 - JUNE 2023
American Indian or Alaska Native	
Asian	1
Black or African American	2
Native Hawaiian or Other Pacific Islander	
White	15
Other	4
More Than One Race	3
Declined to State/Unknown	22
TOTAL	47

Table 3. Ethnicity

TOTAL NUMBERS SERVED BY ETHNICITY	FISCAL YEAR JULY 2022 - JUNE 2023
Hispanic	31
Non-Hispanic	16
More Than One Ethnicity/Unknown	0
TOTAL	47

Table 4. Language

TOTAL NUMBERS SERVED BY LANGUAGE SPOKEN	FISCAL YEAR JULY 2022 - JUNE 2023
English	33
Spanish	14
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
TOTAL	47

Table 5. Sexual Orientation

SEXUAL ORIENTATION	FISCAL YEAR JULY 2022 - JUNE 2023
Lesbian or Gay	0
Heterosexual	6
Bisexual	1
Queer, pansexual, and/or questioning	0
Other/Unknown	40
Declined to Answer	0
TOTAL	47

Table 6. Gender

GENDER IDENTIFICATION	FISCAL YEAR JULY 2022 - JUNE 2023
Female	23
Male	23
Transgender	0
Genderqueer	0
Other	0
Declined to Answer	1
TOTAL	47

Table 7. Disability

TOTAL NUMBERS SERVED BY DISABILITY	FISCAL YEAR JULY 2022 - JUNE 2023
Communication	0
Seeing	0
Hearing or Having Speech Understood	0
Mental (not SMI)	6
Physical/Mobility	0
Chronic Health Condition	0
Other (specify) not AOD	1
Other *Consumer Unable to Answer	2
None	38
Declined to Answer	0
TOTAL	47

Table 8. Veteran

TOTAL NUMBERS SERVED BY VETERAN STATUS	FISCAL YEAR JULY 2022 - JUNE 2023
Yes	0
No	47
Declined to Answer	0
TOTAL	47

Program outcomes for FY 22-23:

- Youth ages 16 to 25.
- Setting and pursuing goals, identifying barriers, and implementing wellness strategies.
- Housing assistance and learning independent living skills.
- Engaging or re-engaging in continuing their education.
- Mental health and substance abuse treatment.
- Accessing needed health and dental care, as well as family planning services.
- Social linkages to natural supports and community resources.

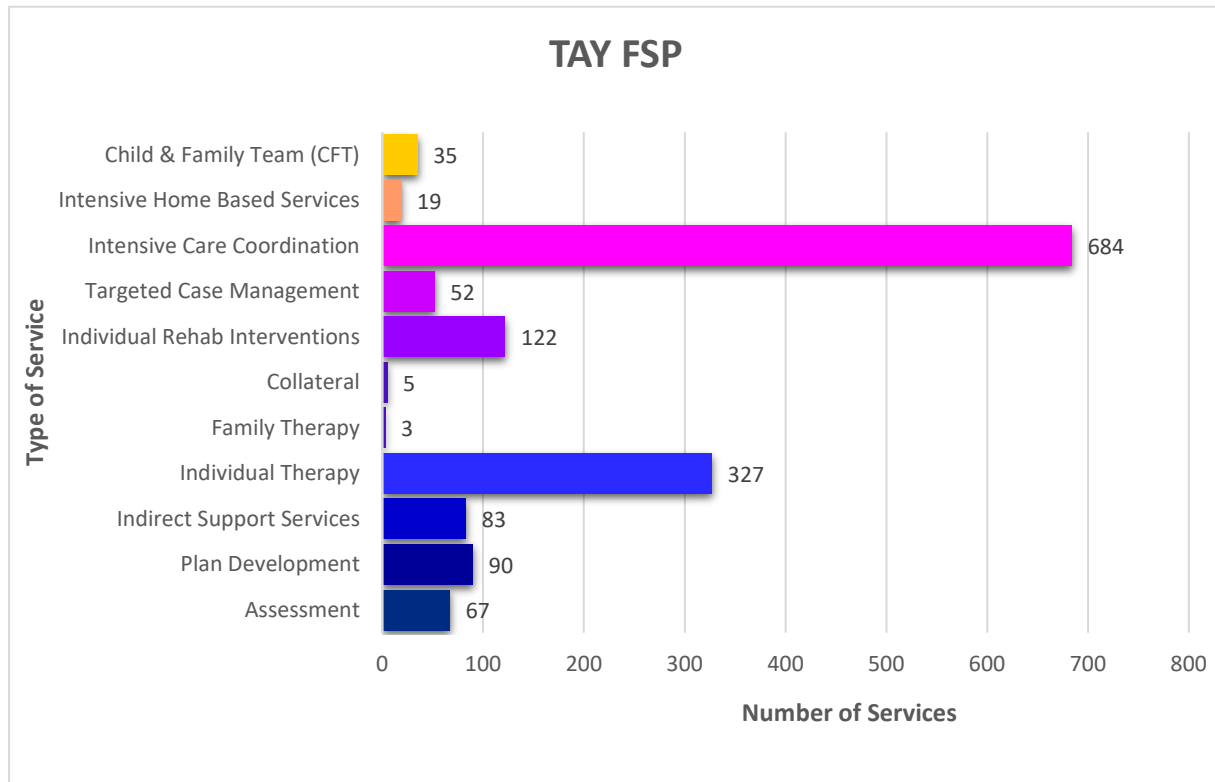
Covid-19 Adaptations:

- TAY FSP staff offered face-to-face services for individuals where they felt most comfortable.
- TAY FSP staff provided telehealth services as needed

TAY FSP

Total Individuals Served FY 22-23	47
Funding	\$ 614,139
Cost Per Individual	\$13,066.78
Consumers served in FY 23-24	43
Projected Consumers FY 24-25	50
Projected Consumers FY 25-26	50

TAY FSP Services Provided in FY 22-23:



Full Service Partnership Services Non-FSP Services

PROGRAM NAME: Adult Full Service Partnership (AFSP)

The population(s) of focus for this program is/are:

FY 22-23 AFSP Demographics Count

Homeless	24
Forensic	0
Involved in Social Services System	1
Unserved/underserved	61
Veterans	13
Other (specify below)	0

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During Fiscal Year 2022-23, the Adult Full Service Partnership (AFSP) unit continued to work collaboratively as a multidisciplinary team and with County-contracted community-based organizations (CBOs) to serve adults diagnosed with severe mental illness who were unhoused or at-risk of losing their housing. AFSP clinicians and case managers provided consumers with a range of services, including intensive case management, individual rehabilitation, and individual therapy, as needed. The unit is staffed with bilingual (English and Spanish-speaking) male and female team members to meet the language and gender preferences of our consumers.

2. Describe how this program is addressing the community issues identified during the County’s Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The Adult Full Service Partnership (AFSP) program continued to work closely and collaboratively with Napa County’s Housing and Homeless Services (HHS) Division as well as Abode, to ensure that our unhoused consumers receive a VI-SPDAT screening (Vulnerability Index – Service Prioritization Decision Assistance Tool). This VI-SPDAT score informs the Napa County Continuum of Care (CoC) and its Coordinated Entry System (CES). AFSP clinicians and case managers worked closely and in collaboration with consumer’s Housing Navigators to support in meeting consumer’s goals, which often included linkage and connection to housing resources.

During Fiscal Year 2022-23, the AFSP unit hosted two Breakfast at the Park events, which targeted outreach and engagement of individuals who were unhoused and residing at Kennedy Park. A pop-up resource fair at Kennedy Park was hosted, which included representation from several County and non-profits agencies, including Public Health, Self Sufficiency, St. Helena Hospital Foundation, Innovations Community Center, Jameson Humane, as well as an on-site barber and bike repair. Several other outreach and engagement events were attended by AFSP staff, including the Community Health Fair, Earth Day, and National Night Out to name a few.

AFSP staff members continued to collaborate with Napa County Department of Corrections (NCDC) Mental Health staff to support consumers that became justice-involved during their treatment in our program. AFSP clinicians and case managers visited their consumers while in custody and worked closely with NCDC in the creation of supportive release plans to best serve consumers' needs upon re-entry into the community for best success.

3. Include examples of notable community impact.

During FY 22-23, the AFSP unit has been able to maintain and sustain outreach and engagement efforts as well as services provided to the individuals served in the program. The team has worked diligently to walk alongside AFSP consumers and partner agencies in efforts to improve each consumer's mental health and whole person wellbeing.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:
- Please see charts on the following pages.

A FSP

Table 1. Age Group

TOTAL NUMBER SERVED BY AGE GROUP	FISCAL YEAR JULY 2022 - JUNE 2023
Children/Youth (0-15)	0
Transition Age Youth (16-25)	10
Adult (26-59)	51
Older Adult (60+)	0
TOTAL	61

Table 2. Race

TOTAL NUMBERS SERVED BY RACE	FISCAL YEAR JULY 2022 - JUNE 2023
American Indian or Alaska Native	1
Asian	1
Black or African American	3
Native Hawaiian or Other Pacific Islander	0
White	34
Other	21
More Than One Race	0
Declined to State/Unknown	1
TOTAL	61

Table 3. Ethnicity

TOTAL NUMBERS SERVED BY ETHNICITY	FISCAL YEAR JULY 2022 - JUNE 2023
Hispanic	22
Non-Hispanic	36
More Than One Ethnicity/Unknown	3
TOTAL	61

Table 4. Language

TOTAL NUMBERS SERVED BY LANGUAGE SPOKEN	FISCAL YEAR JULY 2022 - JUNE 2023
English	56
Spanish	4
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
TOTAL	61

Table 5. Sexual Orientation

SEXUAL ORIENTATION	FISCAL YEAR JULY 2022 - JUNE 2023
Lesbian or Gay	0
Heterosexual	1
Bisexual	0
Queer, pansexual, and/or questioning	0
Other/Unknown	60
Declined to Answer	0
TOTAL	61

Table 6. Gender

GENDER IDENTIFICATION	FISCAL YEAR JULY 2022 - JUNE 2023
Female	23
Male	37
Transgender	0
Genderqueer	0
Other	0
Declined to Answer	1
TOTAL	61

Table 7. Disability

TOTAL NUMBERS SERVED BY DISABILITY	FISCAL YEAR JULY 2022 - JUNE 2023
Communication	0
Seeing	0
Hearing or Having Speech Understood	1
Mental (not SMI)	15
Physical/Mobility	3
Chronic Health Condition	0
Other (specify) not AOD	0
Other *Client Unable to Answer	4
None	36
Declined to Answer	2
TOTAL	61

Table 8. Veteran

TOTAL NUMBERS SERVED BY VETERAN STATUS	FISCAL YEAR JULY 2022 - JUNE 2023
Yes	3
No	58
Declined to Answer	0
TOTAL	61

Program Outcomes in FY 22-23:

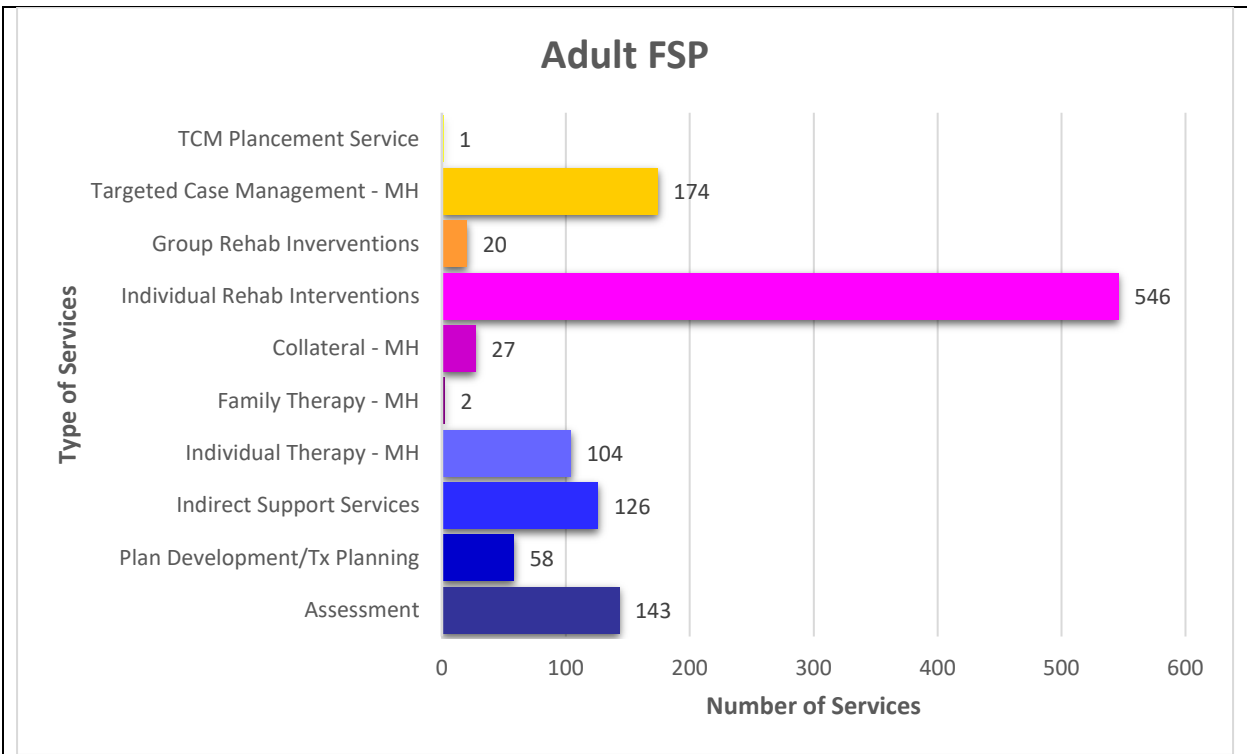
- Strength-based program focusing on the individual’s goals for recovery in their lives.
- Services are centered on individual needs.
- Staff focused on engaging individuals in their own care and meeting individuals “where they are.”
- Staff strive to foster hope and building on each individual’s resilience.
- Amidst the pandemic, the AFSP team continued to provide face-to-face services for individuals meeting them where they are at – shelters, encampments, parks, library, and anywhere in the community that consumer identified to be a preferred meeting space.
- Team members pivoted to telehealth services where this could be done successfully given the oftentimes limited access to technology that participants have.
- Staff collaborated with partner agencies to meet our consumers’ needs and support in meeting goals and creating a life that they want to live and enjoy.

Adult FSP

Total Individuals Served FY 22-23	61
Funding	\$ 1,310,675
Cost Per Individual	\$21,486.48
Individuals Served FY 23-24	36
Projected Individuals To Be Served in FY 24-25	60
Projected Individuals To Be Served in FY 25-26	60

Adult FSP Services Provided in FY 22-23:

- Please see chart on the following page



Full Service Partnership Services

Non-FSP Services

PROGRAM NAME: Adult Treatment Team (ATT) FSP

The population(s) of focus for this program is/are:

FY 22-23 ATT FSP Demographics Count

Homeless	2
Forensic	1
Involved in Social Services System	0
Unserved/underserved	37
Veterans	0
Other (specify below)	0

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

During FY 22-23, the ATT FSP served 24 consumers, which is an increase over FY 21-22 that can be attributed to a growing number of consumers moving from locked facilities to enhanced board and care homes. There is a critical need for these consumers to utilize ATT Team support to avoid returning to a locked facility or psychiatric hospital. ATT staff are seeing more undocumented, unserved consumers on psychiatric holds, and ATT Tx Team has been essential in getting these individuals placed as well as reducing utilization of hospital services.

2. Describe how this program is addressing the community issues identified during the County’s Community Program Planning Process, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The ATT FSP program specifically addresses system gaps that occur for those Medi-Cal recipients who are currently or have recently been psychiatrically hospitalized. With additional funding and wrap around support, ATT FSP staff can connect with consumers while in the hospital and coordinate care upon discharge to reduce recidivism. Once a consumer is discharged into the community, they are given the option to have ongoing case management from an ATT Clinician, who assists with linkages to housing, probation, and utilizes flex funds to help consumers set up for success. We continue to see an increase in cases with forensic involvement, which is affecting the entire system currently. Around half of our consumers have ongoing criminal cases or a history of incarceration, and staff has helped them reduce legal issues by assisting with hearings arraignments, collaborating with forensic MH programs, and advocating for consumers.

3. Include examples of notable community impact.

In FY 22-23, the ATT FSP was so impactful that an individual was able to move from Bella House, a year-long residential treatment program, to Fresh Start, one of the BH Division's satellite housing programs, where she continues to fully engage in groups and treatment with her PSC. Her plan is to move into an apartment in the next 6 months, at which time she will be prepared. She now has SSI benefits, and graduated from ATT FSP this past year because she can manage every area of her life with minimal assistance.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

- Please see chart on the following page

ATT FSP

Table 1. Age Group

TOTAL NUMBER SERVED BY AGE GROUP	FISCAL YEAR JULY 2022 - JUNE 2023
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	37
Older Adult (60+)	0
TOTAL	37

Table 2. Race

TOTAL NUMBERS SERVED BY RACE	FISCAL YEAR JULY 2022 - JUNE 2023
American Indian or Alaska Native	1
Asian	2
Black or African American	2
Native Hawaiian or Other Pacific Islander	0
White	14
Other	7
More Than One Race	0
Declined to State/Unknown	11
TOTAL	37

Table 3. Ethnicity

TOTAL NUMBERS SERVED BY ETHNICITY	FISCAL YEAR JULY 2022 - JUNE 2023
Hispanic	11
Non-Hispanic	25
More Than One Ethnicity/Unknown	1
TOTAL	37

Table 4. Language

TOTAL NUMBERS SERVED BY LANGUAGE SPOKEN	FISCAL YEAR JULY 2022 - JUNE 2023
English	33
Spanish	3
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	1
TOTAL	37

Table 5. Sexual Orientation

SEXUAL ORIENTATION	FISCAL YEAR JULY 2022 - JUNE 2023
Lesbian or Gay	0
Heterosexual	0
Bisexual	0
Queer, pansexual, and/or questioning	0
Other/Unknown	37
Declined to Answer	0
TOTAL	37

Table 6. Gender

GENDER IDENTIFICATION	FISCAL YEAR JULY 2022- JUNE 2023
Female	18
Male	18
Transgender	0
Genderqueer	0
Other	0
Declined to Answer	1
TOTAL	37

Table 7. Disability

TOTAL NUMBERS SERVED BY DISABILITY	FISCAL YEAR JULY 2022 - JUNE 2023
Communication	0
Seeing	0
Hearing or Having Speech Understood	0
Mental (not SMI)	1
Physical/Mobility	0
Chronic Health Condition	0
Other (specify) not AOD	0
Other *Client Unable to Answer	0
None/Unknown	36
Declined to Answer	0
TOTAL	37

Table 8. Veteran

TOTAL NUMBERS SERVED BY VETERAN STATUS	FISCAL YEAR JULY 2022 - JUNE 2023
Yes	0
No	37
Declined to Answer	0
TOTAL	37

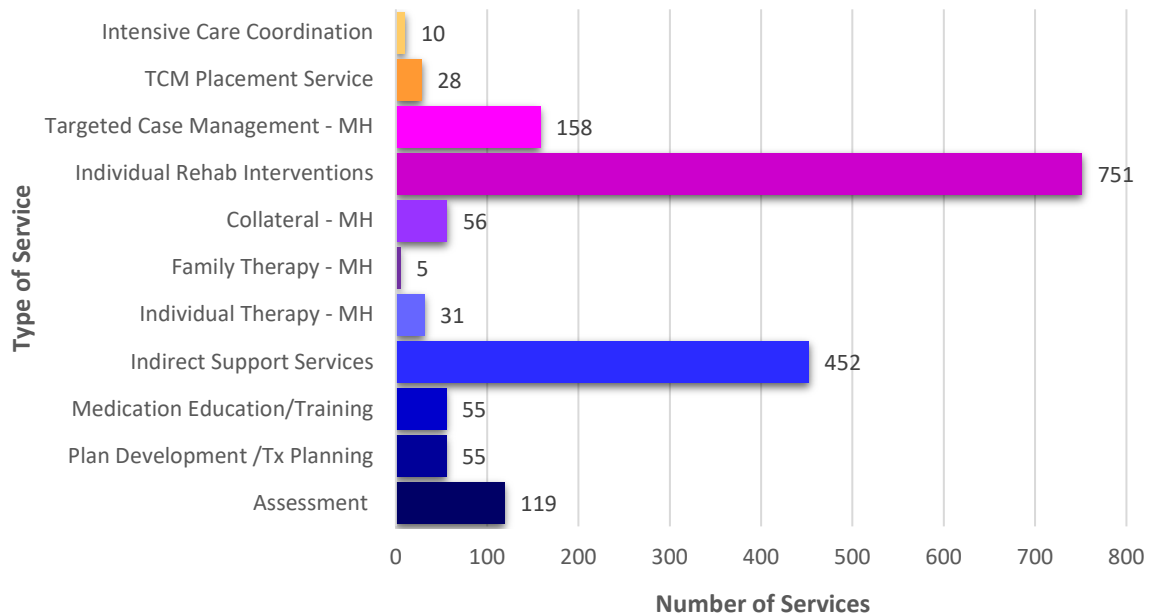
Program Outcomes for FY 22-23:

- Services enhance social well-being and behavioral and physical health.
- Staff assist individuals in the enhancement of recovery skills.
- Staff provided face-to-face services for individuals meeting them where in their preferred meeting spaces.
- Staff also provided telehealth services as needed

ATT FSP

Total Individuals Served FY 22-23	37
Funding	\$772,481
Cost Per Individual	\$32,186.71
Individuals Served FY 23-24	34
Projected Individuals To Be Served in FY 24-25	25
Projected Individuals To Be Served in FY 25-26	25

ATT FSP Services Provided in FY 22-23



Full Service Partnership Services Non-FSP Services

PROGRAM NAME: Older Adult Full Service Partnership

The population(s) of focus for this program is/are:

FY 22-23 Older Adult FSP Demographics Count

Homeless	11
Forensic	0
Involved in Social Services System	4
Unserved/underserved	45
Veterans	3
Other (specify below)	0

1. Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

In FY 22-23, 46 consumers were provided with assessments and consumers were involved in the process to determine their specific needs and issues to be addressed as well as to identify goals and strategies to attain those goals.

The Older Adult Full Service Partnership (OA FSP) was designed for underserved, at-risk adults of age 60 years and older. Staff in the OA 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 provide assistance to address older adults’ physical emotional, and living situation needs.

Key aspects of program

- Counseling to address physical, emotional needs
- Individualized goals
- Referral and Linkage services for appointments
- Assistance arranging transportation to and from appointments
- Medication support and assistance
- Housing assistance
- Financial/health benefit assistance

Adaptations to address needs during Covid-19 Pandemic

- OA FSP found non-traditional ways to reach the older adult population. Some of these ways include, talking through windows, dropped off self-care packets and spent extra time reading mail for seniors.
- OA FSP connected seniors to other providers and services.
- Connected seniors to support pets.
- For seniors in facilities the OA FSP team, sat outside facilities and accompanied seniors, called to check-in, set up zoom for seniors and with seniors.

2. Describe how this program is addressing the community issues identified during the County's Community Program Planning Process, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Often, the Older Adult FSP has difficulty finding placements for Older Adults who have mobility challenges, issues with substance use, issues with continence or other challenges to living independently or in social living programs even when mental health symptoms are stabilized. This year several placements failed due to consumers' inability to act within the mandated requirements of given programs, whether that means managing medication independently, staying sober, behavioral outbursts or becoming a fall risk. Older Adult FSP staff work with several community agencies and collaborate with Inter-Disciplinary Teams with other programs to identify and try possible solutions and resources. Through collaborative efforts multiple consumers have been placed in appropriate levels of care and stayed over a month with given support.

3. Include examples of notable community impact.

Due to the efforts of our Older Adult FSP staff, community consumers who would have otherwise been homeless and living on the streets, have untreated or undertreated medical and mental health symptoms, and experiencing social and familial isolation, have been linked to HHS Mental Health and Substance Abuse programs, social programs, medical oversight and case management by local providers, housing at local board and care homes, and independent housing. Consumers have also achieved a level of stabilization with their mental illness and have been referred to lower levels of care.

4. Include the following demographic data, as available, for all individuals served during the prior fiscal year:

- Please see charts on following pages

Older Adult FSP

Table 1. Age Group

TOTAL NUMBER SERVED BY AGE GROUP	FISCAL YEAR JULY 2022 - JUNE 2023
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	45
TOTAL	45

Table 2. Race

TOTAL NUMBERS SERVED BY RACE	FISCAL YEAR JULY 2022 - JUNE 2023
American Indian or Alaska Native	2
Asian	1
Black or African American	1
Native Hawaiian or Other Pacific Islander	0
White	34
Other	6
More Than One Race	0
Declined to State/Unknown	1
TOTAL	45

Table 3. Ethnicity

TOTAL NUMBERS SERVED BY ETHNICITY	FISCAL YEAR JULY 2022 - JUNE 2023
Hispanic	11
Non-Hispanic	32
More Than One Ethnicity/Unknown	2
TOTAL	45

Table 4. Language

TOTAL NUMBERS SERVED BY LANGUAGE SPOKEN	FISCAL YEAR JULY 2022 - JUNE 2023
English	40
Spanish	5
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
TOTAL	45

Table 5. Sexual Orientation

SEXUAL ORIENTATION	FISCAL YEAR JULY 2022 - JUNE 2023
Lesbian or Gay	0
Heterosexual	6
Bisexual	0
Queer, pansexual, and/or questioning	0
Other/Unknown	39
Declined to Answer	0
TOTAL	45

Table 6. Gender

GENDER IDENTIFICATION	FISCAL YEAR JULY 2022- JUNE 2023
Female	24
Male	21
Transgender	0
Genderqueer	0
Other	0
Declined to Answer	0
TOTAL	45

Table 7. Disability

TOTAL NUMBERS SERVED BY DISABILITY	FISCAL YEAR JULY 2022 - JUNE 2023
Communication	0
Seeing	1
Hearing or Having Speech Understood	1
Mental (not SMI)	21
Physical/Mobility	4
Chronic Health Condition	3
Other (specify) not AOD	0
Other *Client Unable to Answer	3
None	12
Declined to Answer	0
TOTAL	45

Table 8. Veteran

TOTAL NUMBERS SERVED BY VETERAN STATUS	FISCAL YEAR JULY 2022 - JUNE 2023
Yes	3
No	42
Declined to Answer	0
TOTAL	45

FY 22-23 Program outcomes:

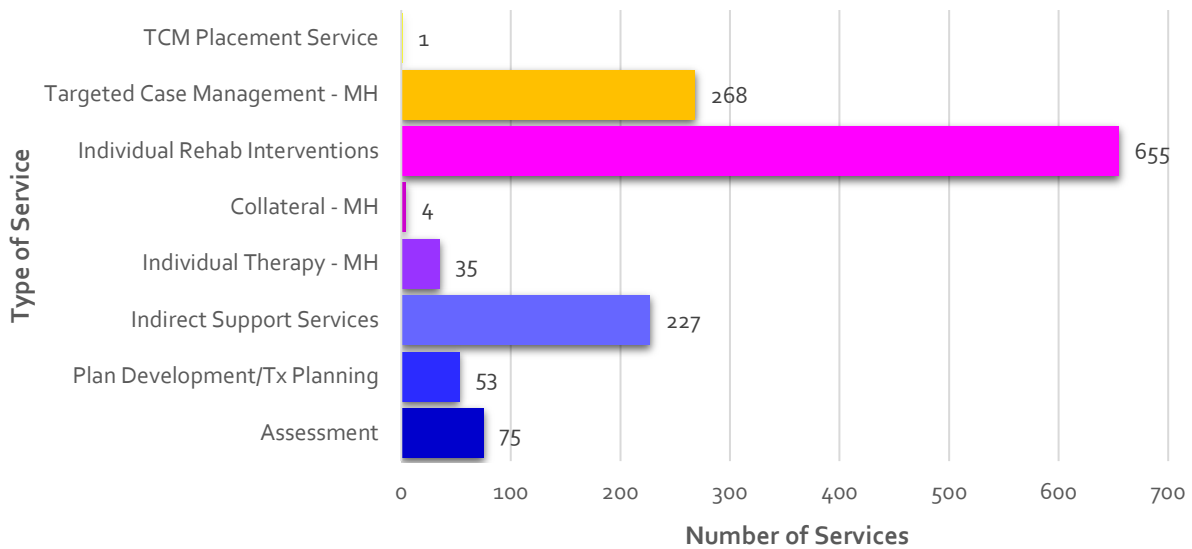
Older Adult Full Service Partnership services are provided to consumers over 60 years, who experience severe mental illness, homelessness, medical issues, challenges with mobility and lack of family and social support.

Older Adult FSP

Total Individuals Served FY 22-23	45
Funding	\$662,309
Cost Per Individual	\$14,398.02
Individuals Served FY 23-24	35
Projected Individuals to be served in FY 24-25	50
Projected Individuals to be served in FY 25-26	50

FY 22-23 Older Adult FSP Services

Older Adult FSP



Community Services and Supports: Project Access Outreach and Engagement Programs

Total Duplicated Individuals Served by Project Access in FY 22-23	21,827
Project Access Funding	\$634,267
Cost Per Duplicated Individual	\$29.05
Estimated Number of Individuals Served by Project Access Programs in FY 23-24	20,000
Projected Duplicated Number of Individuals Served to be served by Project Access Programs in FY 24-25	20,000
Projected Duplicated Number of Individuals Served to be served by Project Access Programs in FY 25-26	20,000

Project Access is a program that includes CSS Outreach and Engagement strategies designed to increase access to mental health services and supports individuals and families in need of mental health services throughout Napa County. Project Access programs include System Navigator Outreach and Engagement, Innovations Community Center (ICC), ParentsCAN (PCAN), and a Co-Occurring Support Group. Many of the services provided are duplicated and demographic data would be unreliable.

Strategies align with the following major guiding principles and goals of MHSA:

- Outreach to and expansion of services to consumer population 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.

Outreach and Engagement - System Navigators

System Navigators provide mental health outreach, service connection, transportation, resources, support groups and referrals to individuals and families throughout Napa County. System Navigators are bilingual and bicultural and can provide culturally competent support to address the needs of Latino/a/x and other community members. System Navigators also educate the community and service providers about available mental health services and provide support and guidance in connecting with mainstream resources such as healthcare, MediCal, CalFresh and housing services.

System Navigators provide limited case management to individuals who need extra support. Usually, these individuals connect with System Navigators at resource fairs or outreach events and request assistance with some intractable issues or need for behavioral health services. 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.

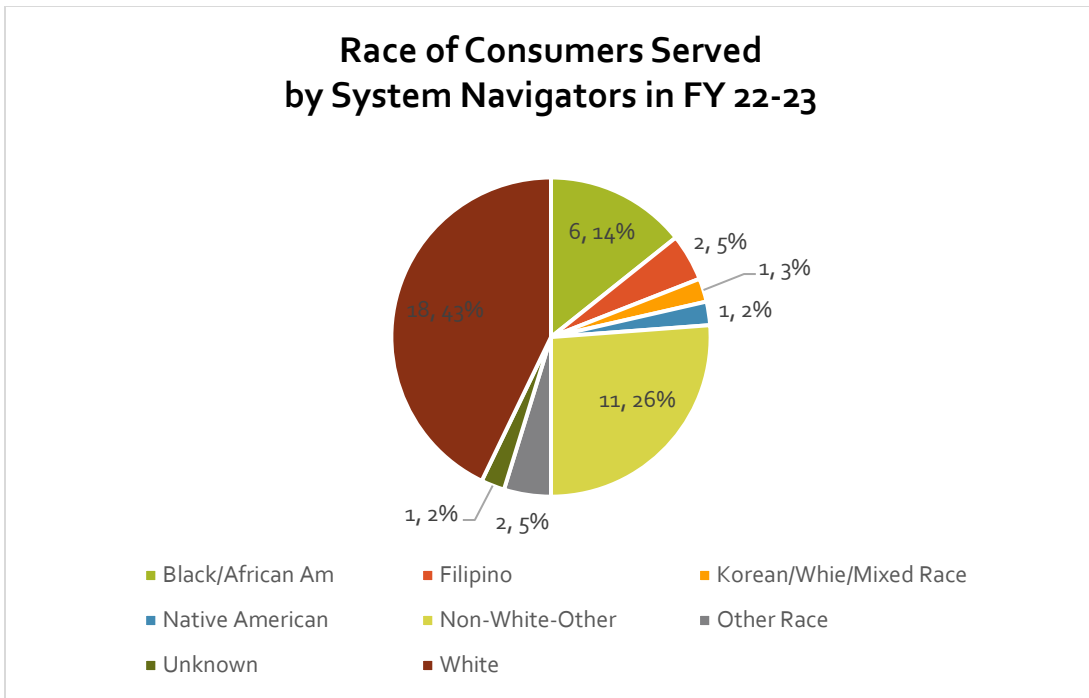
Case Management Services

Outreach and Engagement solely provides indirect support services to individuals. They connect people to the appropriate resources and other services, and help the individuals navigate the process.

Total Individuals Served FY 22-23	42
Total Individuals Served FY 23-24	61
Projected Individuals to be served in FY 24-25	60
Projected Individuals to be served in FY 25-26	60

Demographics

In FY 22-23, System Navigators provided 42 individuals with case management services. Of the 42 individuals, 28 identified as male, 14 as female. About 36% of individuals served identified their ethnicity as Latino/Hispanic/Mexican/Chicano.



FY 22-23 System Navigator – Other Demographics

Homeless	10
Forensic	0
Involved in Social Services System	12
Unserved/underserved	42
Veterans	0
Other (specify below)	1

System Navigator Community Outreach

The tables below list the various community outreach events attended by System Navigators in FY 22-23. The number of individuals reached through these events are estimates. The Navigators also had one-time contact with **94 individuals** who did not respond to follow-up outreach and were not interested in case management.

System Navigator Outreach Events – FY 22-23	Event Date	Attendees
Meet me in the street outreach event	7/13/2022	100
Mental Health Presentation	7/14/2022	5
Dia de la Familia	7/24/2022	150+

National Night Out	8/2/2022	100+
Meet me in the street outreach event	8/10/2022	150+
Breakfast at the Park	9/16/2022	70
ADS Recovery Resource Fair	9/29/2022	50
Angwin Wellness Fair	9/30/2022	47
Pow Wow	10/1/2022	37+
Bi-wellness Fair	10/2/2022	200+
Presentation	3/23/2023	12
Community Health Fair	4/16/2023	100
Presentation	4/17/2023	5
Earth Day Event	4/23/2023	100+
May Library Tabling	5/2/2023	5
American Legion Vets Hall	5/3/2023	26
May Library Tabling	5/11/2023	3
May Library Tabling	5/16/2023	2
Crimson Wine Group Resource Fair	5/18/2023	40
Napa County Emergency Preparedness - St Helena	5/19/2023	40
Angwin Resource Fair	5/21/2023	35
Mental Health Resource Fair	5/22/2023	75
May Library Tabling	5/25/2023	5
May Library Tabling	5/30/2023	2
Total estimated outreach contacts		622

Innovations Community Center

In its seventh year, Innovations Community Center (ICC), a program of On The Move Bay Area, demonstrated strong growth and impact on its community. During the 2022-23 program year, a total of 351 individuals participated in a range of one-time and ongoing art, wellness, social and spiritual healing activities that have resulted in strong mental health recovery outcomes for many members. The number of community members participating in services grew significantly in 2022-23, increasing 29% over the prior year. An additional 391 community members visited the Center and/or connected through outreach events bringing the annual total of people engaged to 742 individuals, a 60% increase over the prior year. Of those members who participated in evaluation activities, 100% reported making progress on at least one Recovery indicator and 98% could identify one positive change they made in their habits and lifestyles because of what they learned at ICC.

Mission & Vision

The Innovations Community Center builds a safe and caring environment to improve the emotional health and well-being of our community. By inspiring people to take action, fostering hope and mutual support, the Center empowers participants to take control of our lives, become self-reliant and embrace the journey towards health and healing.

Program Description

The Innovations Community Center (ICC) is a consumer-staffed mental health program that supports individuals from underserved communities. Providers and participants work together to foster healing through storytelling, artistic expression, healthy living, spiritual practice, and social connections. There is not only one path to wellness, so ICC has created an interwoven approach that involves a collection of “strands,” allowing participants to engage in activities in a safe environment that promote empowerment, growth, and a stronger sense of self.

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 wellness education and the natural benefits of gardening, exercise, healthy cooking and eating together.

Spiritual Healing: Finding healing through support groups while quieting the mind, body and soul through meditation, yoga, Tai Chi, and other forms of spiritual practice.

Social Connections: Building relationships by participating in daily check-ins, community gatherings, field trips, special events, 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, with the support of community partners, including a team of professionals and volunteers. 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 ongoing training and coaching.

Program Evaluation & Development Activities

To assess its progress towards its stated goals and objectives, ICC staff gather multiple data points with the support of On The Move’s evaluation consultant, including:

- Demographics, including name, age, gender, income, race, language
- Participation, including attendance, volunteer/leadership hours
- Satisfaction, including measures of participants’ perceptions of program delivery and impact
- Attitudinal and Behavior Change, including participants’ perceptions of personal change and growth in wellness and/or leadership skills.

Data is gathered by peer staff through registration forms, sign-in sheets, service logs, surveys, a class “closing ritual” and community meetings. The program’s evaluator works alongside staff to analyze data quarterly and to plan program improvement activities.

ICC’s evaluation of its peer support program is based on the mental health recovery framework developed by the US Substance Abuse and Mental Health Services Administration. Specifically, ICC has selected 5 participant-level indicators to measure the impact of its model:

- Increased sense of control and ability to bring about change in their lives
- Increased self-esteem and confidence
- Increased sense of hope and inspiration
- Increased social support and social functioning
- Increased engagement in self-care and wellness

Through the Center’s annual feedback loop process, participants are asked to reflect on a series of questions related to these five indicators of mental health recovery. Survey data is summarized and analyzed by the program’s evaluator annually and applied by the staff team to program development.

2022-23 Data Summary

A. Participant Demographics

Figures 1-5 detail the general demographics of the individuals who participated in ICC programs and activities between July 2022 and June 2023. Demographic information was collected for about half of ICC’s participants during the program year. A comparison of program records from 2021-22 with 2022-23 shows the following trends:

- The geographic makeup of participants stayed about the same in 2022-23, with City of Napa residents accounting for 95% of participants, compared to 96% in 2021-22 and 94% in 2019-20 (pre-pandemic).
- The racial/ethnic makeup of participants shifted in 2022-23, with Latina/o/e participants accounting for 48% of participants, compared to 41% in the previous year.
- In terms of participant age, ICC’s participant population stayed mostly the same, with Middle-aged participants (45-64 years old) accounting for half (50%) of all clients, compared to 49% the previous year. The percentage of seniors (65+ years old) increased from 10% in 2021-22 to 15% in 2022-23.
- The percentage of very low-income participants increased from 69% in 2021-22 to 74% in 2022-23.

Figure 1. Participants by Region

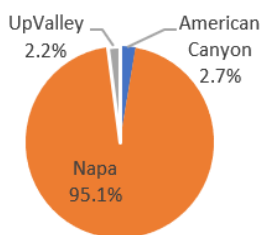


Figure 2. Participants by Race

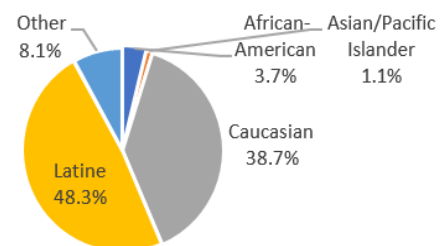


Figure 3. Participants by Primary Language

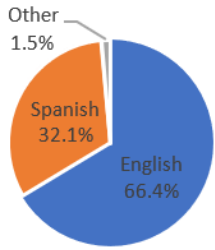


Figure 4. Participants by Age

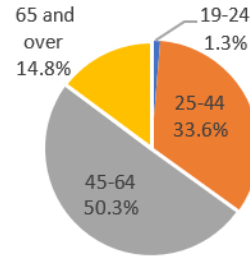


Figure 5. Participants by Income Level

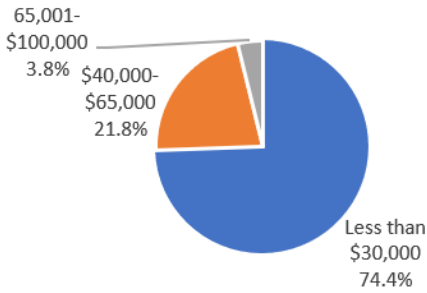
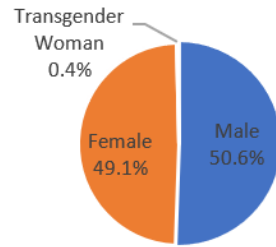


Figure 6. Participants by Gender

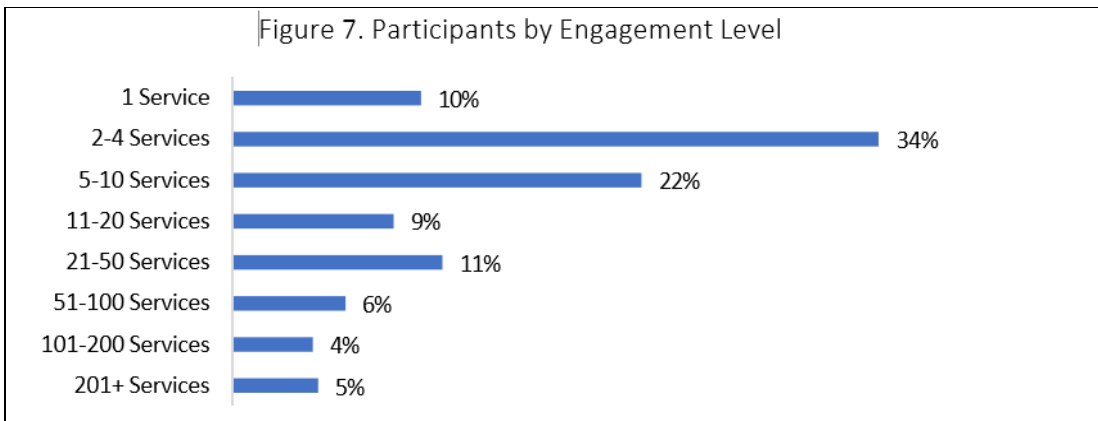


B. Participation Data

Participation Rate: Ninety percent (90%) of ICC’s 351 unduplicated participants engaged in at least two services or activities in 2022-23, a key measure of participants’ ability to maintain emotional and/or physical health on a short-term basis. An additional 391 community members visited the Center and/or connected through outreach events, bringing the total engaged to 742 individuals over the program year.

One hundred ninety-six (196) or 55% of ICC’s members were very active at the Center, participating in at least 5 activities during the program year, which increases social connection and supports healthy, nurturing relationships.

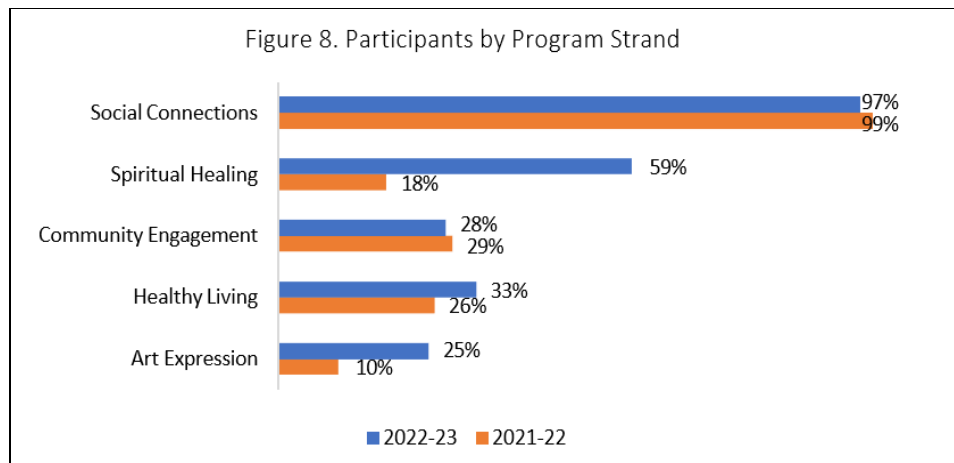
Figure 7. Participants by Engagement Level



Thirty-one (31) (up from 19 in 21-22) participated in 100+ services over the course of the year. Program staff report that these community members have come to see ICC as their home base and contact point with a network of other service providers. While interacting with ICC, these participants received peer support around their recovery work, including help to do “homework” for other programs, groups and appointments, and to connect with others. According to program staff, all of these people give and receive love at the Center which is a foundational experience that helps them be successful in their own way in other areas of their lives.

1:1 Peer Coaching: Seventy (70), or 20% of all program participants, engaged in one-on-one peer coaching to set recovery goals, connect to services and information, and receive the encouragement and support they needed to meet their goals.

Participation by Wellness Strand: Almost all (97%) of clients participated in Social Connections activities, including morning check-ins, community gatherings, special events, and coffee hours. The proportion of clients participating in Spiritual Healing, Healthy Living and Art Expression Activities increased this year compared to 2021-22. Some of the increase can be attributed to reclassification of activities within the program strand categories



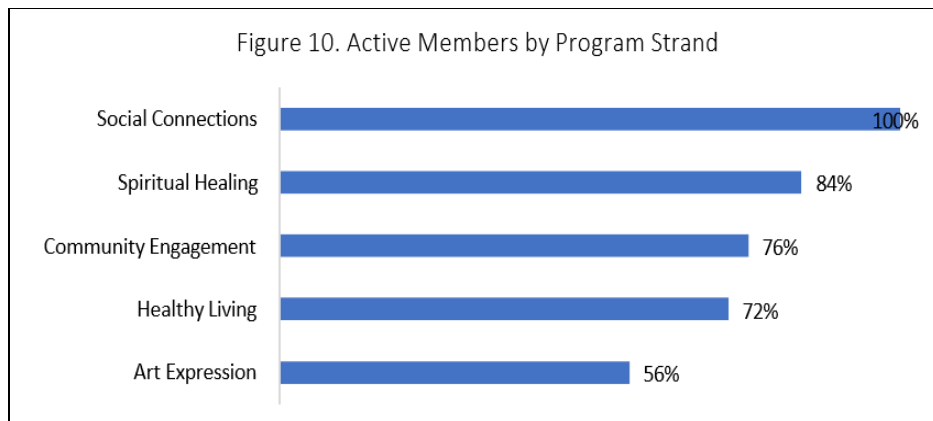
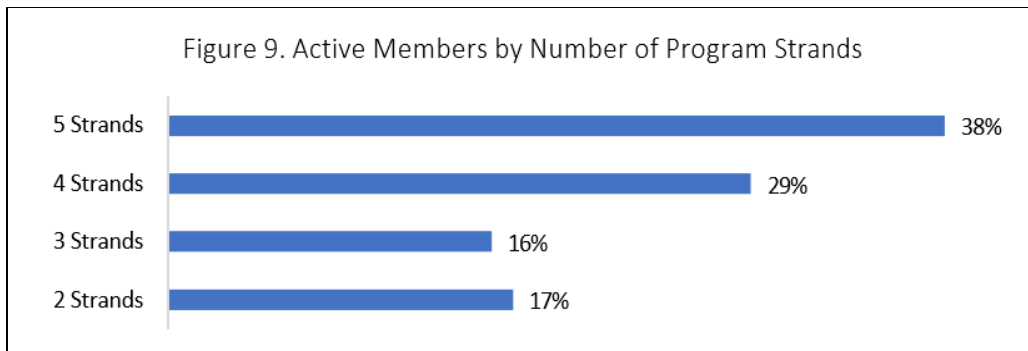
Leadership & Volunteerism: As a peer-led program, ICC actively works to engage its participants as peer staff, interns and volunteers. In 2022-23, ICC set a goal of involving 75 individuals as volunteers. Over the course of the year, 116 participants, or 28% of all participants, served as volunteer class facilitators, assisted with classes and special events, participated in monthly program development meetings, supported operations of the Center with housekeeping and acted as peer mentors, program interns and/or peer leaders. Participants take on active leadership roles around outreach, program evaluation and creating new opportunities for supporting their peers’ physical and mental wellness.

The five (5) ICC participants employed as Peer Staff received numerous opportunities to grow their leadership and work skills through regular training and coaching. Peer Staff received numerous opportunities to grow their leadership and work skills through regular training and coaching. The team completed 14 training and professional development activities, including

Predictive Index and, food handlers training and adult reflection, clinical supervision and wellness-focused team events. As a result, 100% of Peer Staff demonstrated growth in key leadership skills.

Core Members: Ninety-four (94) participants made up the core of ICC’s programming, having participated in at least 20 activities during the program year. The number of core participants grew by 59%, up from 59 in 2021-22 and represents significant growth compared to 2018-19, the last full pre-pandemic year of completely in-person services, when the Center engaged 71 core members.

These active members engaged in services across the program’s wellness strands, received one-on-one coaching and peer support and supported ICC’s work as peer mentors, interns and volunteers. Almost two-fifths (38%) of active members participated in all 5 strands; all (100%) participated in Social Connections activities and most (76%) participated as leaders and volunteers in Community Engagement activities. Thirty-nine (39) or 41% of these members also received one-on-one peer services (down from 71% in 2021-22).

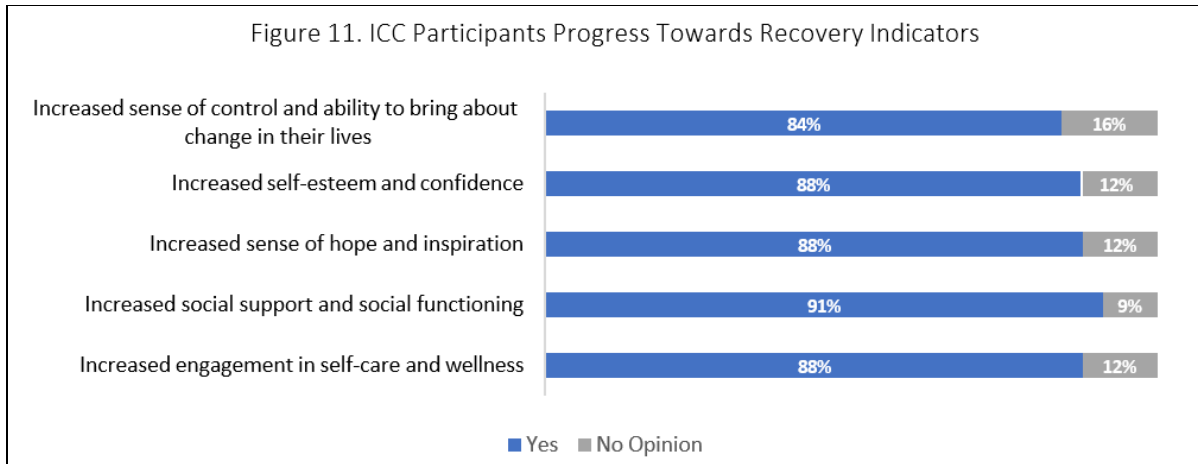


C. Impact Summary

ICC’s Peer Staff led a feedback loop in Spring 2023 to gather information about participants’ experiences during the 2022-23 program year. Thirty-two (32) ICC participants completed the feedback survey, the majority (63%) of whom interacted with the Center every week. Survey results were summarized by the program evaluator and analyzed by Peer Staff. Staff used the

data to recommend program improvements. Findings from the survey, recommendations and program plans were communicated back to ICC participants through a Community Meeting.

As discussed above, ICC’s evaluation of its peer support program is based on the mental health recovery framework developed by the US Substance Abuse and Mental Health Services Administration and focuses on 5 participant-level indicators to measure the impact of its model. In 2023, 100% of respondents reported progress in at least one Recovery outcome.



ICC participants credit program participation as a strong contributing factor to their recovery:

- 84% of survey respondents say that ICC has met their needs extremely or very well.
- 91% of survey respondents say that ICC has made an extreme or large positive difference in their lives.

In addition to the feedback loop, participants were asked two questions as part of a “Closing Ritual” conducted at the end of most classes, support groups and group activities:

1. What is one thing you learned today that you will take with you?
2. What will you do differently because of what you learned?

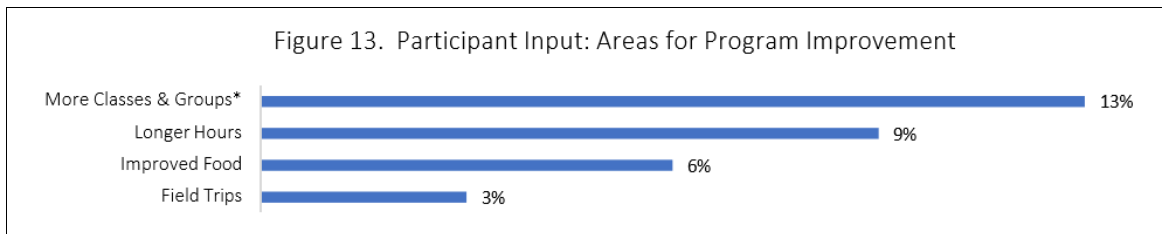
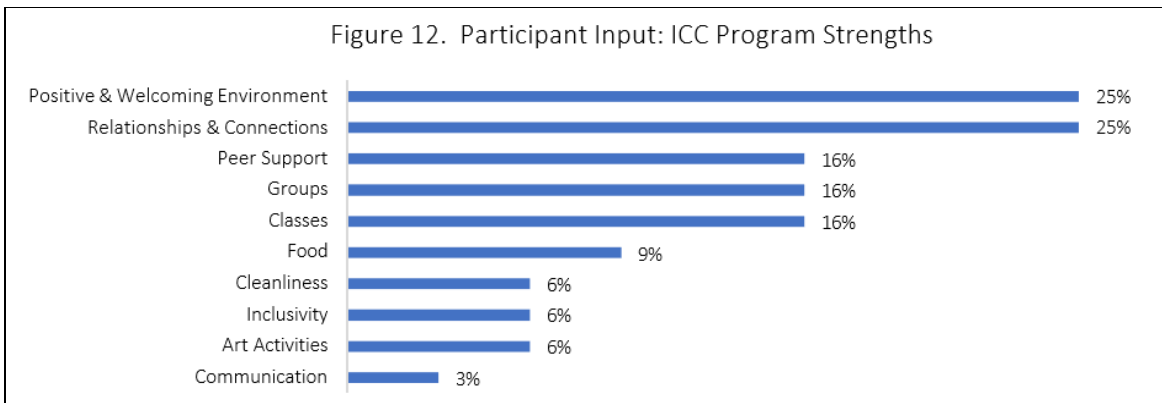
In response, 98% of participants could identify something they learned and 98% of participants could identify something they planned to do differently.

D. Client Satisfaction

The feedback loop surveys also addressed participants’ satisfaction with their experience at the Center. Survey respondents reported high satisfaction with their experience at ICC in three different domains.

- Net Promoter Score: 78% of survey respondents are likely to recommend ICC to a peer.
- Feelings of Respect: 94% of survey respondents said that ICC staff always or often treat them with respect.
- Feeling of Welcome: 100% of survey respondents said they feel extremely or very welcome at ICC. 97% of survey respondents say that they always feel seen and heard at the Center.

Participants were asked what they felt ICC does well and what the Center could do better. Survey questions were open ended; data was coded and summarized into categories. According to participants in the Spring 2023 feedback loop, ICC is doing well in the areas of creating a welcoming staff team and environment, building connection and community, and providing peer support, groups and classes. Survey respondents suggest that ICC could improve by developing more opportunities for Spanish-speakers and offering more classes and groups on an extended schedule (i.e. in the evening).



In response to participant feedback, ICC staff implemented the following program improvements:

- Connected with Spanish speakers to better understand how ICC can meet their needs during group activities and check-ins. In addition, ICC formulated an outreach plan to connect with Latino community members who live outside of the City of Napa to learn how they might like to engage in programming.
- Hired an additional Spanish-speaking Peer Mentor and adjusted the scheduling of activities and classes offered in Spanish to make them more accessible. The addition of a new Peer Mentor to the team has allowed ICC to expand its outreach efforts with a focus on reaching seniors and community members who live outside of Napa.
- Added mindfulness, stretching and adaptive movement classes; a walking group; an enhanced, curriculum-based peer support group; wellness tools members can access anytime, including a happy drum, happy lights, Tibetan singing bowl, meditation cushions, and yoga mats; and improved outdoor space for gatherings. ICC plans to solicit more feedback from participants regarding the return of some virtual programs to its current

menu of in-person services to reduce barriers for homebound community members and those not able to travel to the center in Napa.

- Applied for funding to provide fieldtrips that will build on the success of past group outings that were developed with client input, including a trip to the Napa Fair in August 2022, as well as free fair entrance tickets for participants who wanted to attend in small groups at other times.

E. Conclusion

ICC demonstrated strong growth and impact on its community in 2022-23, reaching its target audience, maintaining a high client count and raising participation rates. Participants report high satisfaction with the program and are actively engaged in providing input to continue to grow and improve program offerings. Almost all community members who participate at ICC experienced increased knowledge and positive behavioral changes that support recovery from mental illness.

ParentsCAN (PCAN) Latino/a/x Outreach

PCAN provides one on one and group outreach by contacting families and individuals to assess current needs and refer them to appropriate programs. PCAN outreached through community events, calls, newsletters and via Zoom. In FY 22-23, PCAN conducted outreach to a **duplicated count of 20,367 individuals**. Demographics as it is difficult to capture with outreach services.

Outreach:

Quarter 1 (July -September 2022) – Staff participated in 17 outreach events including back-to-school nights, vaccine events, community fairs and health fairs. There were **4,440 duplicated attendees**.

Quarter 2 (October – December 2022) – Staff participated in seven outreach events including back-to-school nights, vaccine events, community fairs and health fairs with **2,460 duplicated attendees**.

Quarter 3 (January – March 2023) – PCAN participated in three outreach events: Two COVID-19 Vaccine Events and a Down Syndrome family event. There were **720 duplicated attendees**.

Quarter 4 (April – June 2023) – PCAN participated in five outreach events: Cope Kid's Day, Napa Valley College Job Fair, Meet Me in the Streets (American Canyon Street Fair), and 2 school events at Redwood Middle School and McPherson Elementary School. There were **3,090 duplicated attendees**.

Newsletter:

Quarter 1 (July-September 2022) - PCAN sent two E-Newsletters in the 1st Quarter.

- The July E-Newsletter discussed inclusive classrooms and the relaunch of PCAN's Autism Support Group in English. The July E-Newsletter was sent to **1,811 recipients**.
- The August E-Newsletter included information on preparing for successfully returning to school and new videos that we developed to help parents understand the different

options in Special Education. The August E-Newsletter was sent to **1,793 recipients**.

Quarter 2 (October-December 2022) – PCAN sent two E-Newsletters in this quarter.

- The October E-Newsletter included Halloween preparation for children with special needs and PCAN’s Diversity Job Fair at the Napa Valley College. The October E-Newsletter was sent to **1,792 recipients**.
- The November E-Newsletter was sent with a message of gratitude to all the recipients of PCAN’s E-Newsletters. The November E-Newsletter was sent to **1,827 recipients**.

Quarter 3 (January- March 2023) - PCAN sent one E-Newsletters in the 3rd Quarter.

- The February E-Newsletter included Project Leadership, an 11 session advocacy training, and Down Syndrome awareness. The February E-Newsletter was sent to **1,796 recipients**.

Quarter 4 (April-June 2023) PCAN published a printed newsletter in Q4 and sent one E-Newsletter in the 4th Quarter.

- The printed newsletter included articles highlighting PCAN’s new YouthCAN project for youth 18-25 with disabilities to improve their self-advocacy and knowledge of programs services and options available to them and an article about the importance of self-advocacy. **502 printed newsletters** were mailed to PCAN families on the mailing list and **498 printed newsletters** were reserved to share at outreach events and in welcome packets to new families.
- The June E-Newsletter included save-the-date information about PCAN’s parent conference on Saturday, August 26, 2023, at Napa Valley College. The June E-Newsletter was sent to **1,783 recipients**.

Support Group:

The Challenging Behaviors Support Group in Spanish is offered virtually through Zoom. The support group facilitator left ParentsCAN at the end of August and we have been working to replace her. Starting in January, we have a new facilitator for the group.

Month	Attendance
September 15, 2022	6
November 18, 2022	3
January 15, 2023	12
March 21, 2023	5
April 18, 2023	11
May 16, 2023	18
June 20, 2023	13
Total Duplicated Attendance	68

Parents of Children with Challenging Behaviors Support Group Meeting Themes

- Parents shared what they would like to learn and discuss in the coming year Suicide, bullying, monitoring social media, and peer support for teens with mental health issues.
- Introduction to Triple P (Positive Parenting Program) Sessions, Parent Leadership Training and Positive Adult Stress Reduction Classes.

Respite Services:

- Q1 - There was 1 request (\$200) and 1 payout (\$200) for respite.
- Q2 - There were 0 request (\$00) and 0 payouts (\$00) for respite.
- Q3 - There were 0 request (\$00) and 0 payouts (\$00) for respite.
- Q4 - There were 0 request (\$00) and 0 payouts (\$00) for respite.

PCAN received 1 respite fund requests for \$200 and paid \$200 in respite funds in FY22-23.

Co-Occurring Disorders Group

Through a collaboration with Alcohol and Drug Services (ADS) Division staff, MHSA funds are used to provide support group services to individuals who have been diagnosed with a mental illness and a co-occurring substance abuse addiction. In FY 22-23, ADS staff served a total of 32 unduplicated individuals.

CSS System Development: Mobile Response Team (MRT)

Program Summary

The Behavioral Health Mobile Response Team (MRT) provides professional, same-day intervention for adults and children who are experiencing mental health crises. MRT launched on February 14, 2022, with operating hours of Monday-Friday 8am-5pm. On December 31, 2023, as part of the CalAIM Mobile Crisis Services Initiative, MRT expanded operating hours to 24 hours, 7 days per week.

MRT can provide in-person crisis response for individuals regardless of insurance status, age, or location in Napa County. MRT is staffed with 4 licensed or registered mental health clinicians, a senior mental health worker and a program supervisor. All are trained in de-escalation, conducting risk assessments, safety planning and are authorized to initiate 5150 holds when appropriate. Also embedded within MRT is an Alcohol and Drug Services Counselor who can provide joint response when a mental health crisis has a substance use disorder component.

MRT receives calls that come in through a community phone line. Staff screen calls for situation and safety and make a response determination based on the information presented. Approximately 54% of calls are resolved over the phone through referral provision, psycho-education or counseling/support. In situations where an in-person response is determined appropriate, MRT deploys to the location of the individual in crisis to conduct an in-person assessment with the goal of intervening at the lowest level possible. By using de-escalation and crisis intervention techniques, most in-person responses have resulted stabilizing individuals in the community. In these situations, MRT will create safety plans with the individual in crisis and their support network and follow up within 72 hours to ensure linkages to longer term services. In situations where it is determined that an individual needs further stabilization and support, MRT can initiate 5150 involuntary hold and transport to the Crisis Stabilization Services Center.

Program Outcomes:

In FY 22-23, MRT received 486 calls to the mobile response phone line. Of those 486 calls, 223 were determined to need an in-person response.

See below for outcomes of responses:

Disposition of Response	
Transport to Crisis Services	5
Law Enforcement Intervention	5
Other	11
Unresolved	13
5150/5585 Holds	34
De-Escalated On-Site/Stabilized in the Community	155

Location of Responses:

Location	
Home	66
Community Partner Office	27
Schools	43
Shelter	22
HHS A	26
Street Intervention	21
Other	18

MRT PROGRAM

Table 1. Age Group

TOTAL NUMBER SERVED BY AGE GROUP	FISCAL YEAR 23-24
Children/Youth (0-15)	20
Transition Age Youth (16-25)	26
Adult (26-59)	67
Older Adult (60+)	25
TOTAL	138

Table 2. Race

TOTAL NUMBER SERVED BY RACE	FISCAL YEAR 23-24
American Indian or Alaska Native	0
Asian	6
Black or African American	8
Native Hawaiian or Other Pacific Islander	0
White	58
Other	18
More Than One Race	7
Declined to State/Unknown	41
TOTAL	138

Table 3. Ethnicity

TOTAL NUMBER SERVED BY ETHNICITY	FISCAL YEAR 23-24
Hispanic	27
Non-Hispanic	62
More Than One Ethnicity	0
Not Reported/Unknown	49
TOTAL	138

Table 4. Language

TOTAL NUMBER SERVED BY LANGUAGE SPOKEN	FISCAL YEAR 23-24
English	104
Spanish	13
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	2
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Not Reported/Unknown	19
TOTAL	138

Table 5. Sexual Orientation

SEXUAL ORIENTATION	FISCAL YEAR 23-24
Lesbian or Gay	4
Heterosexual	39
Bisexual	0
Queer, pansexual, and/or questioning	11
Other/Unknown	0
Declined to Answer	84
TOTAL	138

Table 6. Gender

GENDER IDENTITY	FISCAL YEAR 23-24
Female	47
Male	42
Transgender	0
Gender-queer	0
Other	2
Declined to Answer	47
TOTAL	138

Table 7. Disability

TOTAL NUMBERS SERVED BY DISABILITY	FISCAL YEAR 23-24
Communication	0
Seeing	0
Hearing or Having Speech Understood	0
Mental (not SMI)	14
Physical/Mobility	5
Chronic Health Condition	2
Other	0
Declined to answer	7
TOTAL	138

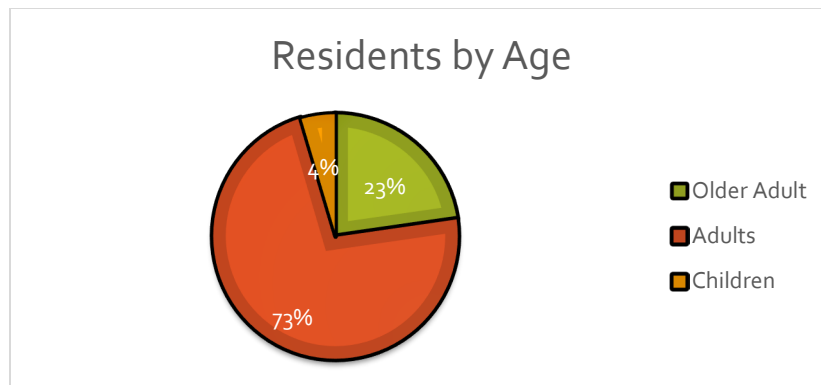
Table 7. Veteran

TOTAL NUMBER SERVED BY VETERAN STATUS	FISCAL YEAR 23-24
Yes	53
No	79
Declined to Answer	6
TOTAL	138

Community Services and Supports (CSS) Housing

The Progress Foundation Hartle Court Housing Apartment Complex is comprised of 18 units of MHSA permanent supportive housing for adults with mental illness who are homeless or at risk of homelessness. There are an additional six non-MHSA units at Hartle Court.

In FY 22-23, four older adults and 14 adults were living in the units. Housing status for all individuals at initial rent up was homeless.



Supportive Services and Resources

Services and resources are available to eligible residents. The services are both on-site and off-site, these services include:

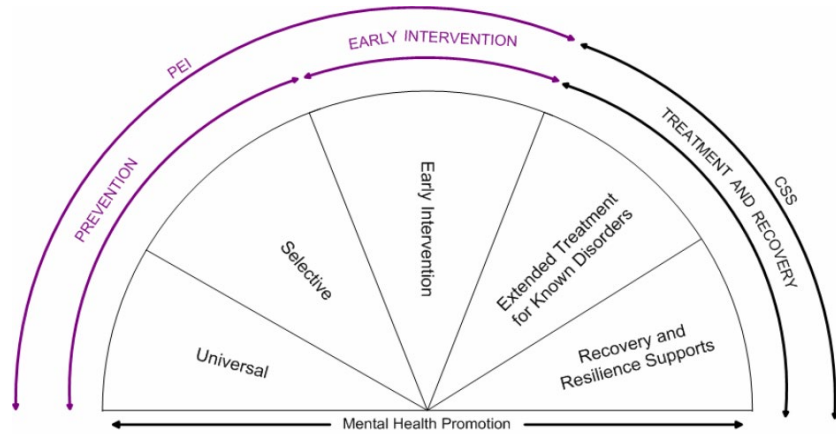
- Service coordination
- Case management/crisis intervention
- Substance abuse services
- Innovations
- Medication education/support
- Life skills
- Employment/vocational services
- Tenant association/council
- Benefits counseling
- Social/recreational activities
- AA/NA groups
- Primary care: health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

The Hartle Court Apartments need repairs to the Heating System as well as other facility repairs. The BH Division has allocated \$1,264,000 to CSS Housing to augment the Capitalized Operating Subsidy Reserve (COSR) for the Hartle Court Apartments and is working with the California Housing Finance Authority (CalHFA) to transfer funds to the Hartle Court COSR, which CalHFA manages.

Prevention and Early Intervention

Prevention and Early Intervention (PEI) is one of five components that make up the Mental Health Services Act (MHSA). The scope of prevention and early intervention services intended to be funded using PEI is described in the figure below.

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.

1st Round Prevention and Early Intervention (PEI) Request for Proposals

Beginning in FY 22-23, the BH Division issued the 1st Round PEI Request for Proposals for Prevention and Early Intervention Programs. Programs were funded in the following specific categories to address the needs of previously identified unserved/underserved populations.

Children (0-15)/Transition Age Youth (15-24) Prevention/Early Intervention

Napa County Office of Education (NCOE) Court & Community Schools Student Assistance Program: The Court and Community Schools (CCS) Student Assistance Program (SAP) Prevention and Early Intervention (PEI) implements services for students in settings where prevalence is known to be high and utilization low, specifically students in non-traditional schools and those involved in the justice system. The Court and Community Schools serve students who are expelled by the county’s school districts or referred by the courts or school districts for reasons of truancy and/or negative behavior.

In FY 22-23, 188 students were enrolled in the CCS SAP and all students were screened using the PHQ-9 Assessment Test. Students received a total of 1,695 duplicated services from school social workers and Intervention Coordinators. A total of 48 students referred to community mental health providers including Mentis, Stanford Sierra Youth and Families, Access Alternative School, Student Behavioral Health Incentive (SBHIP) Program, and Aldea Counseling.

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.

CCS SAP Demographics

Number Served by Age	FY 22-23
0-15 Children/Youth	48
16-25 TAY	65
Decline to answer	0

Number Served by Race	FY 22-23
American Indian or Alaska Native	7
Asian	2
Black or African American	7
Native Hawaiian or other Pacific Islander	2
White	24
Other	71
More than one race	22
Decline to answer	1

Number Served by Ethnicity	FY 22-23
Hispanic or Latino as follows:	0
Caribbean	0
Central America	3
Mexican/Mexican-American	83
Puerto Rican	3
South American	1
Other	2
Non-Hispanic as follows:	0
African	10
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	2
European	10
Filipino	3
Japanese	0
Korean	0
Middle Eastern	1
Vietnamese	0
Other	4
More than one ethnicity	14
Decline to answer	3

CCS SAP Demographics

Primary Language	FY 22-23
English	87
Spanish	25
Other	1
Decline to state	0

Gender Identity Assigned at Birth	FY 22-23
Male	81
Female	32
Decline to answer	0

Current gender identity	FY 22-23
Male	82
Female	30
Transgender	1
Genderqueer	0
Questioning or unsure of gender identity	0
Another gender identity	0
Decline to answer	0

Sexual Orientation	FY 22-23
Gay or Lesbian	2
Heterosexual or <u>Straight</u>	96
Bisexual	8
Questioning or unsure of sexual orientation	1
Queer	1
Another sexual orientation	1
Decline to answer	4

Disability (def. mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness)	
Yes (report the number that apply by each of the following):	FY 22-23
Mental (excluding: Mental illness)	44
Physical/mobility	0
Chronic health condition (including chronic pain)	0
Difficulty seeing	8
Difficulty hearing	1
Other	0
No disability	61
Decline to answer	1

Mentis Safety Net for Youth Mental Wellness Program: Building a Safety Net for Youth Prevention Program shall provide peer-based and professional mental health prevention services for Napa County middle school, high school, and college students, ages 11-24, to combat social isolation, trauma, and stress exacerbated by the COVID-19 pandemic. The objectives of the program are to reduce isolation and increase youth's knowledge of mental health issues, coping skills and resources for assistance; promote and encourage access to early intervention mental health services; and increase connections between youth and adults by building caregivers' capacity to support young people's wellness and healing from trauma.

With PEI funding, Mentis' Safety Net for Youth Mental Wellness Program was able to expand community-based youth prevention programs to include peer-based and professional mental health prevention services for Napa County middle school, high school and college students, ages 11-24, to combat social isolation, trauma and stress exacerbated by the COVID-19 pandemic.

In March 2023, Mentis onboarded a bilingual Prevention Specialist who focused on providing Wellness Cafés in the schools. The Prevention team delivered ongoing Wellness Cafés to the ELD classes at Napa High school and the Crusher Bridge classes at Vintage High School. This increased staffing has enabled Mentis to meet the growing demand for these programs in classrooms throughout secondary school sites.

The new Prevention Specialist spent the last few months of school building relationships with students, school staff, and partner agencies. Since the end of the school year, she has been researching and building our new evince-based curriculum, P2, which is based on the 24-character strengths model originally developed by Dr. Martin Seligman and Dr. Chris Peterson, the founders of the field of Positive Psychology. The 24 strengths are categorized into 6 Virtue subgroups (wisdom and knowledge; humanity; justice; courage; temperance; and transcendence). Next year, we will begin offering an 8-week program for middle and high schoolers, beginning with each student taking the VIA character strengths assessment.

More than 201 youth were trained in Question, Persuade, Refer (QPR) Suicide Prevention in FY 22-23, including training high school students involved with empowerment groups, better equipping students to identify and assist individuals experiencing suicidal ideation or crisis.

An additional 740 adults were trained in QPR Suicide Prevention, which included trainings for parents, NVUSD secondary staff and faculty, regional staff from area Boys and Girls Clubs, the staff of partner agencies including 10,000 Degrees and VOICES/LGBTQ Connection.

Mentis' Prevention team designed and delivered the first annual Youth Mental Health Festival in May, for 2023 Mental Health Awareness Month. As a mental health thought leader in our community, Mentis feels a responsibility to expose youth to wellness tools and coping skills. Over 100 young people attended the event, and 18 community partners hosted wellness activities to teach youth how to build their mental health toolkits and create sustainable means of caring for themselves.

In response to youth feedback, we spent much the third and fourth quarters redesigning the structure of our Teens Connect program and the Teens Connect Council. The new structure allows Teens Connect to grow and become more inclusive, with the goal of having multiple ways to engage youth and never having to turn anyone away from participating. Our leadership team is smaller, which allows for closer bonds and more productive working sessions. And any young person between the ages of 13 and 19 can join Teens Connect through one of our committees, which include Volunteer and Civic Engagement, Art and Wellness, Youth Voice and Outreach, and Events.

Latinx Youth Prevention

UpValley Family Resource Centers (UVFRC) CLARO/CLARA Youth Mentoring Program: The CLARO (Challenging Latinos to Access Resources and Opportunities) and CLARA (Challenging Latinas through Awareness, Resources, and Action) Youth Mentoring Programs provide mentoring support groups and individual mentoring for Latinx youth attending the public middle and high schools in St. Helena and Calistoga. The program offers adult mentors and peer support to youth to discuss the signs and symptoms of mental health needs and to learn about the resources available to support individuals with mental health concerns. Using a comprehensive curriculum, the program teaches culture and tradition to promote individuals' strengths and to celebrate Latinx culture with the youth. These programs seek to address the lack of mental health supports and cultural supports for Latinx youth in UpValley communities.

The CLAR@ mentors conducted outreach 130 middle and high school students in St. Helena and Calistoga School Districts. They facilitate education and referrals around mental health and discussed prevention strategies. Although group-mentoring sessions are popular, individual 1-1 mentoring sessions gained much more traction and popularity this year because of the depth of challenges youth are facing.

Youth Specialists managed youth cases ranging from conduct problems with aggressive acts or threats of violence, to supporting students to get help because of depressive episodes, anxiety, and suicidal thoughts and attempts, to addressing mental health stigma and bringing awareness to mental health resources. The CLAR@ Youth Specialists' main objective is to reduce or prevent harm and connect students with professional help when needed. As a result of the depth of challenges students are facing, Youth Specialists are partaking in monthly clinical supervision sessions and have access to an experienced clinical therapist for cases they need additional support with. As part of the Education Team at UpValley Family Centers, additional training on de-escalation and crisis management took place in October. One of the Youth Specialists trained in Suicide Prevention Question, Persuade, and Refer (QPR) Trainings and began attending Napa County's Suicide Prevention Council Meetings. Nearing the end of this quarter, staff received suicide prevention tools and materials from County MHSA Staff to bring awareness to the topic. The distribution of materials is being coordinated and released through the course of next quarter.

CLAR@ Mentors played an important role in gathering youth to volunteer at the annual UpValley Family Centers' Family Celebration. More than 35 youth volunteers not only served popcorn, cotton candy, and snow cones at the snack station but also led the first-ever CLAR@

Youth Mentoring Outreach Table. This gave CLAR@ mentees an opportunity to share their experience with community members like the Chief of Calistoga Police Department as well as recruit new members for this school year.

With a significant increase of students with behavioral issues, youth seeking mental health resources, and a strong participation in the CLAR@ Program, staff found it essential to support Youth Specialists with continuous resources and information to provide insight and perspective on the issues that youth are facing. One of these forms of exposure includes participation in UpValley Youth Partnership for Youth Coalition Meeting, where community partners and community members come together to address and approach youth substance abuse prevention in Northern Napa County. Youth Specialists participated with and supported School Resource Office Arlen in Calistoga with a Parent Night on Social Media, where they learned about the dangers and threats that youth face on social media apps. Youth Specialists and the rest of the Education Team trained with a licensed clinical therapist on key strategies and techniques to de-escalate situations, including suicide/mental health crises.

Youth Specialists continued moving forward with regular programming and curriculum topics of community and identity. As a result, our Youth Specialists saw an opportunity to have youth learn and celebrate Dia De Los Muertos, and mobilized youth to support the occasion through preparations and decorating traditional items found on Ofrendas (altars). Due to the nature of these celebrations, Youth Specialists encouraged students to bring friends outside of CLAR@ to attend group or after-school preparation sessions. This presented unique opportunities in both St. Helena and Calistoga for youth to be involved and learn more about their culture.

As early November celebrations were ending, Youth Specialists started shifting gears and prepared for CLAR@'s participation in a new countywide collaborative, the SHINE (Student Health Improvement through Nonprofit Excellence) Initiative. Some of these preparations included organizing the students who could participate as CLAR@ Representatives in the in-person Kick-Off SHINE Meeting – to engage youth voice in a countywide youth wellness campaign. Although there were unforeseeable burdens and struggles to have students represent the CLAR@ program, especially with transportation, Youth Specialists were able to overcome this challenge by connecting students via zoom. In November, the Calistoga Community Schools Initiative hosted its annual Town Hall with Napa County Public Health, in which the School-Based Education Team was trained to facilitate Asset Mapping small group conversations. This was another important opportunity for CLAR@ Youth Specialists to connect with parents and students, as well as with community members and partners.

With the semester coming to a close, our School-Based Education Team and UpValley youth designed, decorated, and performed at the Annual Calistoga Holiday Lighted Tractor Parade. Youth from both St. Helena and Calistoga communities (and outside of CLAR@ Program) helped bring UpValley Family Center's "Posadas Navideñas" Float vision into reality with a real tree (CLAR@ students asked a Calistoga Business to donate) at the parade. This event marked the first time CLAR@ youth went live on UVFRC's social media account and reached roughly 250 views. Coming from this natural excitement and celebration, students and Youth Specialists teamed up to lead back to back outreach events (the Gingerbread House Family Events) and their very own Posada Parent-Student Nights for Calistoga and St. Helena, where they were able

to connect with parents, explain the CLAR@ Program, and lastly have both student and parent bond with building ornaments.

At this time, Youth Specialists were also busy closing out their groups and individual sessions for winter break by not only providing students a space to talk about their winter break plans but also resources that they could access if they needed them. Even though the Youth Specialists were busy, they managed to continue their efforts empowering youth to lead and voice their ideas with the SHINE Campaign in the second brainstorming meeting that was held over zoom, as well as exploring a new partnership with the City of St. Helena' Parks and Rec Department. Both CLAR@ Mentors were invited to join the Equitable Recreation Subcommittee to discuss ways to create an inclusive community among all St. Helena residents. With their additional training through the Flourish Agenda in Healing Centered Engagement, Youth Specialists will be more than ready to address difficult conversations surrounding identity- race, ethnicity, and culture not just in subcommittees like these but also in their work with youth.

As January began, the School-Based Team was provided with several opportunities for growth, including the following trainings: Child Welfare Services Advice from Child Molesters, Sex Offenders 101, and LGBTQ Connections' Best Practices Training. Staff also had access to clinical supervision with therapist Jessica Hulin, who provided space for reflection and guidance on specific cases. The CLARA Mentor also participated in One Love Foundation: Educator's Certification (for topics on relationships and One Love's expanding curriculum) in preparation for collaborative efforts to bring awareness to Teen Dating Violence with community partners like NEWS. Staff took on a youth-oriented approach to bring Orange4Love Campaign to our UpValley Youth.

Through late January and February, Youth Specialists took time across groups to address healthy, unhealthy, and abusive relationships with youth and arranged time for NEWS representatives to come speak on the topic of relationships to arm them with the knowledge to have youth become the youth advocates and educated their peers on the warning signs of unhealthy/abusive relationships. Due to NEWS staff capacity, only Calistoga JuniorSenior High School and RLS Middle School could participate in NEWS YouthOriented/Structured efforts built by NEWS Staff. Youth Specialists were guided and able to lead a session for St. Helena High School youth to learn and understand healthy, unhealthy, and abusive relationships.

In March, UVFC participated in a youth-led panel at the Napa Valley Wellness Conference. CLAR@ Mentors and Program Manager found it imperative to have UpValley Youth participate and experience critical characteristics of a wellness center/wellness space. Two CLAR@ youth participated in a panel discussion after the screening of the film, Race to Be Human, where they highlighted their racial/ethnic experiences as students in their respective communities and shared their own mental health journeys. By having youth attend this conference, not only did our school-based team gain perspective specifically from UpValley Youth's mental health needs, but CLAR@ youth were also asked to give feedback/participate in efforts to de-stigmatize mental health in their respective school communities. Group activities continued as behind the scenes Youth Specialists coordinated efforts toward a Spring Break field trip. With activities focused on future planning/post-high school plans, CLAR@ Mentors could see the unique struggles and fears our youth were facing - from not knowing higher education resources to just

plain fear of what to do to make ideas of higher education possible. With this knowledge, CLAR@ mentors made changes to highlight resources during campus visits and expanded efforts to be more inclusive to students that recently arrived in the United States (Migrant Ed Program/ ESL Group). By opening the program up at this point with a niche group that also had struggles even seeing themselves at schools like Sacramento State or UC Davis, positive interactions and experiences eventually allowed for students in this subgroup to reach out to the CLARA Mentor and express a desire to form a CLARA group specific for Spanish-speaking students. The group was formed late in late May, and hopefully will continue in the upcoming school year.

May has become a foundational piece of the CLAR@ program to address and bring youth action in mental health awareness across upvalley communities. CLAR@ Mentors expanded their efforts not just to bring awareness to mental health, but to celebrate mental health. As early as April, CLAR@ mentors were leading activities and conversations with youth on how to do this. Youth brainstormed, planned, coordinated, and even budgeted for activities they felt would bring the most impact to their school peers, including social media as an amplifier to their efforts. This was St. Helena High School's second round participating in SHHS hosted Wellness Fair and they built upon last year's success. Meanwhile, for Calistoga Junior-Senior High School this was the first time a resource fair was led by youth for youth and supported by our school-based team. Lastly, RLS Middle School efforts were focused inwards and towards group participation as CLAR@ Mentors noticed significant challenges and struggles to understand key terminology on the topic of mental health. Groups were extremely open during this time for all youth to come and learn about mental health and practices to maintain a balanced mental health and wellness lifestyle. The school year concluded with major celebrations including the 2023 Annual CLAR@ Senior Highlight, a Social Media Campaign to celebrate the graduating class, CLAR@ Scholar Sashes Presentations in their respective communities, and a Summer Tie-Dye and Ice Cream Party to celebrate the end of the school year.

Through the course of April, May, and June, Youth Specialists started to transition into their new roles as Youth Program Coordinators carrying additional responsibilities and task-related projects in substance use prevention and intervention. During these quarters, staff were invited to support school functions and family educational nights, which ultimately served as great opportunities to highlight the CLAR@ Program and services offered. Staff also hosted a Parent Night on Substance Use and Having Conversations with Youth about Substances and Substance Use. Key partners included Aldea and the Calistoga Police Department Chief, who helped amplify the key message of empowering parents to take action and be engaged in their children's lives.

In June, the CLARO Mentor resigned from his position to pursue a new career path, and recruitment was initiated to seek candidates for the CLARO Youth Program Coordinator position.

Families at Risk Prevention/Early Intervention

Cope Family Resource Center Strengthening Families At-Risk Program: Strengthening Families At-Risk (SFAR) Prevention and Early Intervention Program is designed to provide

mental health services to parents to help them resolve their own emotional trauma and issues, so they are more likely to parent effectively and meet the needs of their families. The program teaches parenting skills and builds protective factors that can reduce the behaviors that can lead to chronic mental illness. Research has shown that working with, and treating, the whole family is critical as children thrive when their parents are better able to provide emotional and economic stability at home. The SFAR PEI Program supports families at-risk of developing mental health issues such as depression, suicide risk, anxiety, early onset of mental illness, post-traumatic stress disorder (PTSD), and other risk factors that may contribute to development of mental illness. Individuals with an emerging or diagnosed mental illness shall be referred to the appropriate early intervention or treatment services.

Screen Parents:

- 103 parents were screened using the Strengths and Difficulties Questionnaire (SDQ) for Triple P Level 4
- 30 parents were screened using the Edinburgh Perinatal Depression Screen for Parents as Teacher, Home Visitation Programs
- 55 parents of children ages 0-5 were screened using the ASQ-3 (Ages and Stages Questionnaire) for Parents as Teacher, Home Visitation Programs
- 58 parents of children ages 0-5 were screened using the ASQ-SE2 (Ages and Stages Questionnaire – Social/Emotional) for Parents as Teachers, Home Visitation Programs

Assessment:

- 12 parents were assessed using the HFPI (Healthy Families Parenting Inventory) Social Supports Domain for parents in Parents as Teacher, Home Visitation Programs
- 154 parents were assessed using Depression, Anxiety and Stress subscales (DASS-21) for Triple P Level 4 and/or Level 5

Total screenings:

- 412 parents (duplicated) received Mental Health Screenings or Assessments
- 71 parents (unduplicated) were screened/assessed for Mental Health issues
- 32 parents were referred to Parents As Teachers (PAT) Home Visiting Program from community partners
- 66 parents were referred to Triple P L4 or L5 interventions from community partners
- 21 parents were referred to MH supports/services from Parents As Teachers and Triple P

Support offered to Parents:

- 131 parents participated in Parents As Teachers (PAT) home visits
- 107 parents attended Triple P L4 or L5 interventions (attended at least one session, parents unduplicated)

SFAR Demographics

Number Served by Age	FY 22-23
0-15 Children/Youth	12
16-25 TAY	4
26-59 Adult	15
60+ Older Adult	0
Decline to answer	0

Number Served by Race	FY 22-23
American Indian or Alaska Native	0
Asian	0
Black or African American	2
Native Hawaiian or <u>other</u> Pacific Islander	0
White	15
Other	0
More than one race	1
Decline to answer	13

Number Served by Ethnicity	FY 22-23
Hispanic or Latino as follows:	
Caribbean	0
Central America	0
Mexican/Mexican-American	19
Puerto Rican	0
South American	0
Other	0
Non-Hispanic as follows:	
African	2
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	0
European	4
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
More than one ethnicity	0
Decline to answer	0

SFAR Demographics

Primary Language	FY 22-23
English	13
Spanish	17
Other	1
Decline to answer	0

Gender Identity Assigned at Birth	FY 22-23
Male	0
Female	12
Decline to answer	7

Current gender identity	FY 22-23
Male	6
Female	25
Transgender	0
Genderqueer	0
Questioning or unsure of gender identity	0
Another gender identity	0
Decline to answer	0

Sexual Orientation	FY 22-23
Gay or Lesbian	0
Heterosexual or Straight	12
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Decline to answer	19

Primary Residence (including surrounding areas)	FY 22-23
American Canyon	2
Napa	27
Yountville	0
St Helena	0
Angwin	0
Calistoga	2
Unincorporated Areas of Napa County	0
Other	0
Decline to answer	0

SFAR Demographics

Disability (def. mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness)	
	FY 22-23
Yes (report the number that apply by each of the following):	
Mental (excluding: Mental Illness)	0
Physical/mobility	0
Chronic health condition (including chronic pain)	2
Difficulty seeing	0
Difficulty hearing	0
Other	1
No disability	25
Decline to answer	4

Older Adults Prevention/Early Intervention

Mentis Healthy Minds, Healthy Aging Program for Older Adults: Loneliness and isolation can lead to serious consequences for older adults, including cognitive decline and risk of dementia, long-term illness, depression, high blood pressure, and most significantly, premature mortality. The pandemic has exacerbated social isolation, loneliness and emotional distress and made it even harder for seniors to access essential mental health services. The Healthy Minds Healthy Aging PEI Program offers no-cost, bilingual/bicultural Intakes, Screenings, Assessments, Case Management, Brief Therapy, and Referral services to adults over the age of 60 who are residents of Napa County, and who show signs of early depression and/or cognitive impairment, particularly those who have had difficulty accessing mental health services.

July 1 through September 30, 2022

Healthy Minds Healthy Aging (HMHA) is a collaborative community-based program in that it offers free, in-home, in-person, and telehealth bilingual services throughout Napa County, to residents over the age of 60, particularly those who have had difficulty accessing mental health services for a variety of reasons, including lack of transportation, illness, disabilities, and low income. HMHA uses a prevention and early intervention approach in offering a continuum of services to older adults in both English and Spanish. Collaborative partners include Mentis (lead agency), Collabria Care (dementia assessment/care) and Napa County Comprehensive Services for Older Adults (referral/coordination or care).

During the 1st Quarter, HMHA provided bilingual case management and therapy services via telehealth, face to face in the office and at the client's residence. Staff returned to offering Amistad Y Apoyo, a weekly Spanish Speakers Support Group at Rianda House. Staff expanded the Bridging the Years Program, which was developed by Mentis' Prevention Department. The case manager screens current and past HMHA clients for the program.

Bridging the Years is an 8-week program that pairs a teen from the Teen Counsel (Mentis) with a Senior for shared interests and conversation. Bridging the Years has proved successful in diminishing feelings of isolation and several of the senior-teen friendships have continued. Bridging the Years has expanded to “game nights” and fun social events with the seniors and teens at Senior Centers. HMHA staff offered Wellness Cafes at the Napa Senior Center and Rianda House and they are well received. The HMHA Program Manager, Case Manager and Prevention Specialist imbedded in HMHA have spoken at several Community events, Senior Centers, and Residents in Napa County to educate the public about HMHA services, with 30 participants.

Statistics for 1st Quarter: HMHA offered 7 Wellness Cafés in English and Spanish, with 46 participants and two Community Outreach Education events with 35 participants. HMHA served 48 individuals with case management and therapy, 59% English speakers, 41% Spanish speakers, 11% residing Up Valley, 56% in Napa and 7% in American Canyon. 7% identified as Asian, 56% as Hispanic and 37% as White. 22% male and 78% female. 80% reported improvement in depressive symptoms after participation in the program.

Statistics for 2nd Quarter: HMHA offered 11 Wellness Cafés in English and Spanish, with 52 participants and two Bridging the Years events with 28 participants. HMHA served 48 individuals with case management and therapy, 80% English speakers, 20% Spanish speakers, 3% lived Up Valley, 90% in Napa and 7% in American Canyon. 27% identified as Hispanic and 73% as White. 13% male and 87% female. 83% reported improvement in depressive symptoms after participation in the program.

Statistics for 3rd Quarter: HMHA offered 12 social support groups or Wellness Cafés in English and Spanish with 54 participants. HMHA served 40 individuals with case management and therapy, 78% English speakers, 22% Spanish speakers, 3% lived Up Valley, 95% in Napa and 2% in American Canyon. 27% identified as Hispanic and 73% as White. 12% male and 86% female. 85% reported improvement in depressive symptoms after participation in the program.

Statistics for 4th Quarter: HMHA offered 8 social support groups or Wellness Cafés in English and Spanish with 28 participants. HMHA participated in an UpValley Health Fair at Pioneer Park and provided information and education about HMHA services to 43 participants. The HMHA staff partnered with the County of Napa to help 25 senior residents complete the NOAA, Napa Older Adult Assessment, in English and Spanish. HMHA served 22 individuals with case management and therapy, 41% English speakers, 59% Spanish speakers, 16% lived Up Valley, 83% in Napa and 1% in American Canyon. 27% identified as Hispanic and 73% as White. 27% male and 73% female. 50% reported improvement in depressive symptoms after participation in the program.

LGBTQ Stigma and Discrimination Reduction

On the Move LGBTQ Connection Program: The LGBTQ Connection is a PEI Program designed to address the Stigma and Discrimination that affects how LGBTQ individuals are screened, assessed, and referred for mental health concerns and how they experience mental health services and supports. To address the myriad of mental health challenges faced by Napa’s LGBTQ youth and older adults, LGBTQ Connection will implement the Oasis Program – an

evidence-based, community-led model in which LGBTQ community members reduce isolation, strengthen their own well-being, find support and acceptance with their peers and service providers, and discover their own personal agency to make one's community safer and more inclusive for all.

During the twelve-month grant term, the LGBTQ Connection successfully implemented programming and activities that are designed to address the stigma and discrimination that affects how LGBTQ individuals are screened, assessed, and referred for mental health services. The program implemented the following specific activities and partnerships:

Outreach Data:

LGBTQ Connection made over 32,356 contacts with community members through a variety of outreach strategies including social media, e-mails, website development and word of mouth. Staff hosted information tables, one-on-one information and class presentations to 469 young people at RAD Napa, American Canyon High School, Silverado Middle School, Vintage High School and Access Alternative School. Over 1,167 community members learned more about the program through COPE Kids' Day, Boys & Girls Club's Volunteer Appreciation Day and Pride events in Napa, Yountville, St. Helena, and American Canyon. In addition, 117 service providers participated in 1-2 hour trainings and presentations at Silverado Middle School, VOICES Napa, Access Alternative School, Mentis, Napa Valley Unitarian Universalists and the NVUSD Wellness Conference.

Organizational Partnerships:

Core partners included Napa County Mental Health, Napa Valley Unified School District, Napa County Library, Napa Valley College, Mentis, UpValley Family Center and VOICES Napa's Wellness Centers located at American Canyon, Napa and Vintage High Schools, as well as agencies who participated in provider trainings and technical assistance as described below. LGBTQ Connection now holds regular office hours at the American Canyon High School Wellness Center where staff provide one-on-one support and are piloting leadership and community-building program strategies. LGBTQ Connection is now co-located at Napa Senior Center and Rianda House Senior Activity Center in St. Helena. In addition, LGBTQ Connection and Napa County Library staff collaborated to create "Book Club Socials" that provided free LGBTQ-themed books and discussion groups for youth. Program staff also created a new partnership with the Yountville Chamber of Commerce to host local Pride events and have begun work with Live Healthy Napa County to bring youth voice to the LGBTQ committee work.

Provider Trainings / Workshop Topics / Attendance:

LGBTQ Connection engaged 376 Napa County service providers through 10 different Best Practices and Health Equity fourhour trainings with the following agencies: Napa County HHSA, Napa County Library, VOICES Napa, UpValley Family Centers, and Boys & Girls Clubs Napa Valley. Ninetyone percent (91%) of training participants who responded to program surveys reported increased competence and willingness to change practices to be more inclusive of LGBTQ youth and older adults.

Screenings and Referrals:

LGBTQ Connection local evaluator Stephanie Parry, MPA, worked alongside the staff team to select an evidence-based mental health screening tool and protocol that was implemented in the second half of the grant year. LGBTQ Connection utilized the validated Kessler 6+ to screen youth and senior participants for mental health concerns. The Kessler Psychological Distress Scale (K6) is a validated measure of psychological distress which involves six questions about a person's emotional state. Each question is scored from 0 (None of the time) to 4 (All of the time). Scores of the six questions are then summed, yielding a minimum score of 0 and a maximum score of 24. Low scores indicate low levels of psychological distress, and high scores indicate high levels of psychological distress.

Youth were screened during support groups and/or Youth leadership team meetings by program staff during their first month of participation. Sixteen (16) Napa County youth were screened using the Kessler 6+, seven (7) young people were identified as having high levels of distress (Kessler scores of 13+). Any youth with mental health concerns was contacted individually and confidentially by staff to gather further information, assess the youth's immediate safety, and make connections for additional mental health services with NCHHS clinician Gwendolyn Dean. Seniors were screened during support groups by program staff during their first month of participation. Any senior with mental health concerns was contacted individually and confidentially by staff to gather further information, assess the senior's immediate safety, and make connections to needed services and supports.

Output and Outcome Data: (Annual Goals)

Outreach and Engagement:

1. Goal: Monthly posts on social media that make 40,000 contacts.
 - Year-end Actual: Over the program year, LGBTQ Connection conducted regular posts on social media that made 32,356 contacts with community members.

2. Goal: 65 LGBTQ youth and 30 LGBTQ older adults will be engaged in social activities that decrease isolation and increase peer connectedness.
 - Year-end Actual: Over the program year, 274 LGBTQ youth and 15 LGBTQ older adults have engaged in social activities, including discussion groups and Pride events, that decrease isolation and increase peer connectedness.

Screenings and Referrals:

3. Goal: 20 youth and older adults will be screened for mental health concerns and referred to services
 - Year-end Actual: Over the program year, 16 youth were screened for mental health concerns and referred to services.

Provider Trainings:

4. Goal: Provide LGBTQ Best Practices trainings for 140 providers who will deepen their capacity to provide inclusive services to LGBTQ communities.
 - Year-end Actual: During the grant-term, LGBTQ Connection conducted trainings for 376 providers who deepened their capacity to provide inclusive services to LGBTQ communities.

- Outcome: Workshop attendees shall report: Increased understanding of LGBTQ identities; Increased compassion for LGBTQ people and their experiences; Increased awareness of issues that affect the mental health of LGBTQ individuals; Increased confidence in their ability to support LGBTQ people; and Increased understanding of affirming mental health resources for LGBTQ people.
- Year-end Actual: Training survey data from the grant period demonstrates that:
 - 93% increased understanding of LGBTQ identities.
 - 94% increased compassion for LGBTQ people and their experiences.
 - 96% increased awareness of issues that affect the mental health of LGBTQ individuals.
 - 94% increased confidence in their ability to support LGBTQ people.
 - 83% increased understanding of affirming mental health resources for LGBTQ people.

LGBTQ Connection Demographics

Age	FY 22-23
0-15 Children/Youth	0
16-25 TAY	6
26-59 Adult	213
60+ Older Adult	7
Decline to answer	0

Number Served by Race	FY 22-23
American Indian or Alaska Native	5
Asian	15
Black or African American	15
Native Hawaiian or <u>other</u> Pacific Islander	2
White	87
Other	78
More than one race	0
Decline to answer	24

LGBTQ Connection Demographics

Number Served by Ethnicity	FY 22-23
Hispanic or Latino as follows:	0
Caribbean	1
Central America	11
Mexican/Mexican-American	85
Puerto Rican	0
South American	2
Other	0
Non-Hispanic as follows:	0
African	7
Asian Indian/South Asian	0
Cambodian	0
Chinese	2
Eastern European	10
European	39
Filipino	8
Japanese	1
Korean	0
Middle Eastern	4
Vietnamese	0
Other	5
More than one ethnicity	0
Decline to answer	51

Primary Language	FY 22-23
English	30
Spanish	0
Other	1
Decline to state	0

Gender Identity Assigned at Birth	FY 22-23
Male	36
Female	173
Decline to answer	17
Current gender identity	FY 22-23
Male	37
Female	173
Transgender	0
Genderqueer	0
Questioning or unsure of gender identity	0
Another gender identity	0
Decline to answer	16

LGBTQ Connection Demographics

Sexual Orientation	FY 22-23
Gay or Lesbian	5
Heterosexual or <u>Straight</u>	159
Bisexual	12
Questioning or unsure of sexual orientation	2
Queer	1
Another sexual orientation	6
Decline to answer	41

Disability (def. mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness)	FY 22-23
Yes (report the number that apply by each of the following):	
Mental (excluding: Mental Illness)	2
Physical/mobility	7
Chronic health condition (including chronic pain)	7
Difficulty seeing	1
Difficulty hearing	13
Other	178
No disability	18
Decline to answer	0

Veteran Status	FY 22-23
Yes	5
No	221
Decline to answer	0

**Geographically Isolated Communities Access and Linkage to Treatment
Napa Valley Education Foundation (NVEF) American Canyon Mental Health Access Program:**

The American Canyon Mental Health Access (ACMHA) PEI Program addresses the prevention and early intervention needs of youth in American Canyon, which has historically been a geographically underserved area. The ACMHA Program shall serve students attending Napa Valley Unified School District (NVUSD) schools in the City of American Canyon. The program implements the evidence-based Multi-Tiered System of Support (MTSS) at three elementary school Wellness Programs and at Wellness Centers at a middle school and high school. Three tiers of MTSS services are offered: Tier 1 provides universal prevention for all students; Tier 2 offers selective prevention through support groups and group interventions; and Tier 3 consists of indicated prevention and early intervention services to students with more significant needs.

The ACMHA PEI Program addresses the social emotional needs of youth that are not addressed in traditional academic curriculum and helps students feel safe to maximize student wellness and readiness for academic success.

In the FY 22-23 academic year, 1,177 American Canyon High School Students completed the SDQ Screening. 181 duplicated staff attended Multi-Tiered System of Supports Program meetings and 401 duplicated students attended groups for Tier Two and Tier Three Students. Lastly, 14 students were referred for mental health treatment services.

ACMHA Demographics

Number Served by Age	FY 22-23
0-15 Children/Youth	34
16-25 TAY	116
Decline to answer	0

Number Served by Race	FY 22-23
American Indian or Alaska Native	5
Asian	1
Black of African American	20
Native Hawaiian or other Pacific Islander	7
White	70
Other	15
More than one race	13
Decline to answer	2

Ethnicity	FY 22-23
Hispanic or Latino as follows:	14
Caribbean	0
Central America	0
Mexican/Mexican-American	0
Puerto Rican	0
South American	0
Other	0
Non-Hispanic as follows:	0
African	0
Asian Indian/South Asian	0
Cambodian	1
Chinese	0
Eastern European	0
European	0
Filipino	30
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	2
Other	0
More than one ethnicity	2
Decline to answer	0

ACMHA Demographics

Gender Assigned at Birth	Year to Date
Male	62
Female	88
Decline to answer	0
Current gender identity**ACHS and ACMS only (not NJES)	
Male	0
Female	0
Transgender	0
Genderqueer	1
Questioning or unsure of gender identity	1
Another gender identity	0
Decline to answer	0

Primary Language	FY 22-23
English	123
Spanish	22
Other	1
Decline to state	3
Primary Residence (including surrounding areas)	FY 22-23
American Canyon	150
City of Napa	0
Yountville	0
St Helena	0
Angwin	0
Calistoga	0
Unincorporated Areas of Napa County	0
Other	0

Disability (defined as a mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness)	FY 22-23
Yes (report the number that apply by each of the following):	
Mental (excluding: Mental Illness)	2
Physical/mobility	0
Chronic health condition (including chronic pain)	0
Difficulty seeing	0
Difficulty hearing	0
Other	7
No disability	45
Decline to answer	0

Suicide Prevention

Mentis Suicide Prevention Program: Suicide rates are on the rise across the state, especially among adolescents, men, and seniors. Stigma, social isolation, uncertainty, and disconnection from needed services contribute to the likelihood that someone may consider ending their lives. The Mentis Suicide Prevention Program strives to reduce stigma around mental illness and suicide and prepare individuals, communities, and organizations to recognize warning signs for suicide and to intervene when someone is at risk. The Suicide Prevention Program also seeks to reduce stigma and encourage access to mental health services through outreach, education and community building and increase the number of individuals, communities and organizations trained to recognize and refer someone at risk of suicide.

Mentis' Suicide Prevention Program has increased the number of Question, Persuade, and Refer (QPR) suicide prevention trainings offered to members of our community - including youth, educators, parents, paraprofessionals, and sectors who have a high contact with vulnerable populations - including faith leaders and congregations, coaches, hospitality staff, first responders and law enforcement.

Initial efforts were heavily focused on training all staff and faculty of the Napa Valley Unified School District, so that they are prepared to support students who may be in a suicidal crisis. Staff modified the QPR training and offered specific trainings to elementary school staff and secondary school staff. Trainings were offered during Napa Valley Unified School District's (NVUSD) Professional Development days as well as trainings at middle and high schools during school all-staff meetings. Trainings have been both in person and provided on Zoom. Staff offered a community QPR training on Zoom in September, open to youth (16 years and older) and adults, which had a turnout of over 40 people. Staff will focus efforts on training more young people, sectors of the community who have a high contact with vulnerable populations, as well as offering trainings in Spanish.

In addition to increasing our QPR reach, this grant has enabled Mentis staff to step into a leadership role on the Napa County Suicide Prevention Council. Jeni Olsen, Mentis Prevention Director, is leading monthly meetings and has updated the Suicide Prevention Council (SPC) email list, added new members from the county and community-based partners, and has represented the Council at a Napa County Board of Supervisors' meetings and in the community (on the radio and on speaking panels).

Mentis' Suicide Prevention Program relaunched the SPC marketing campaign, modifying prior artwork to include the new 988 Suicide and Crisis Lifeline. Bus ads, flyers and social media content was designed and shared with the Council for Suicide Awareness Month. Plans are underway to increase outreach through a marketing campaign with a new workgroup comprised of SPC members.

Program staff are also facilitating a new QPR workgroup and have updated PowerPoint slide decks in English and Spanish, a growing list of trainers and therapists who can assist with trainings, resource cards and lists, and have organized all files on the new Napa County SharePoint site.

Another big effort led by the Prevention Director was building SPC capacity and engaging councilmembers in workgroups to raise community awareness, break stigma, offer trainings and support, and understand local and national statistics around suicide. We are happy to report council engagement is up considerably. Once the council was restored to a “working council”, our Prevention Director/Council Chair began working with Striving for Zero Learning Collaborative Coach and Napa County’s Behavioral Health Director to finalize the draft of a 3-year Strategic Plan for Suicide Prevention. The final version of the plan will be posted in both English and Spanish. Implementation will begin shortly thereafter.

OUTPUTS:

GOAL	ACTUAL
10,000 community members will receive targeted information about suicide prevention, suicide risks, and resources through printed materials, social media outreach, community presentations and Wellness Café discussion groups	Community members have received some general information about suicide prevention, suicide risks, and resources including the new 988 crisis and suicide hotline, through social media outreach and our email newsletter, as well as Wellness Café discussion groups. We have not started tracking data on this yet. <i>See below for more details.</i>
250 Gatekeepers will complete evidence based QPR Suicide Prevention Training targeted at responding to youth/young adults, men, and older adults in crisis	261 Gatekeepers have completed evidence-based QPR Suicide Prevention Training: 133 adults, parents and caregivers, 118 educators, 10 youth under age 18.

OUTCOMES:

GOAL	ACTUAL
85% of participating community members will report greater knowledge of suicide risks and resources available.	88% of participating community members reported greater knowledge of suicide risks and resources available.
85% of participating community members will report increased understanding that suicide is preventable	88% of participating community members reported increased understanding that suicide is preventable.
70% of participating community members will report increased willingness to ask for and receive help	79% of participating community members reported increased willingness to ask for and receive help.
85% of Gatekeepers will report increased skills and confidence to Question, Persuade and Refer someone in crisis to appropriate resources	88% of surveyed Gatekeepers reported increased skills and confidence to Question, Persuade and Refer someone in crisis to appropriate resources.
At least 40% of Gatekeepers trained in QPR will be from sectors with high contact with	5% of Gatekeepers trained in QPR have been from sectors with high contact with vulnerable

<p>vulnerable populations, including faith leaders, coaches, hospitality staff, first responders and law enforcement</p>	<p>populations, including faith leaders, coaches, hospitality staff, first responders and law enforcement. Most of our trainings during the first reporting period have been for parents and educators. <i>See notes below.</i></p>
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2nd Round of PEI Requests for Proposals

The Behavioral Health Division's 2nd Round PEI RFP focused on mental health needs and unserved/underserved populations that had been identified through the BH Division's Community Mental Health Needs Report and Plan for 2020-2023. Contracts were approved in April 2023. Three partial program reports for April – June 2023 are included below; however, the Mentis Students Connect Program did not begin implementation until July-August of 2023.

Children/Prevention - Infant-Parent/Maternal Mental Health Support

Cope Ready, Set, Grow! Napa Program: The Ready, Set, Grow! Napa (RSG!) builds upon work by the First 5 Napa Family Support and Home Visiting (FSHV) Collaborative's Infant-Parent Mental Health Support Project and enhances and expands prevention and early intervention mental health services across Napa County for families with children 0-5 by addressing gaps in screening capacity, navigating barriers to resource access, and increasing the range of mental health supports for parents with young children. With PEI funding to complement investments by First 5 Napa and CA, the Collaborative, the RSG! Napa Program will ensure that all Napa County families with young children have access to the screening, information, services, and specialized mental health support they need to overcome the impacts of trauma and thrive.

Planned Program Deliverables:

- Data sharing agreements and protocols will be in place and be utilized by RSG! eight partner agencies.

A subcommittee of the Family Support and Home Visiting (FSHV) Collaborative met to explore possible data sharing platforms, including the Unite Us closed-loop referral system.

MOUs were finalized with four (4) partners in the last quarter of FY 22-23:

- Up Valley Family Centers – FSHV Collaborative Partnership
- ParentsCAN – FSHV Collaborative Partnership and Screening Committee Lead, coordination of parent-child developmental playgroups
- Stephanie Paravacini, Psy.D., IPMH Fellowship Faculty – FSHV Collaborative Partnership, IPMH Fellowship sponsorship coordination support, IPMH Committee Co-Lead
- The Parent Circle/Crystal McAuley – FSHV Collaborative Partnership, IPMH Committee Co-Lead, coordination of parent-peer support groups

Two screening tools will be adopted and piloted throughout Napa County:

The RSG! Planning Committee met in May 2023 to plan the full Screening Committee launch and reviewed data from existing FSHV partners re: screening tools currently in use with families

in Napa County. A decision was made to forego introducing new screening tools and to focus on expanding training and utilization of the ASQ-3 and ASQ-SE2 developmental screens to track and coordinate support services for children ages 0-5 identified with social-emotional concerns and/or delays.

One mental health professional will receive financial support to participate in the IPMH Fellowship Program:

- Two (2) mental health professionals were sponsored to participate in the IPMH Fellowship Program Cohort which began in April 2023.

Four staff from four collaborative partner agencies will engage in training focused on evidence-based home visiting and peer support:

- Napa County Public Health began planning for implementation of the Nurse-Family Partnership, an Evidence-Based HV model, with training planned for 2023-24 pending approval of Napa County's application to the developer.

Systems Navigator will have established relationships with eight partner agencies to maintain an inventory of mental health services available to families with children 0-5:

- Development of the Systems Navigator position job description, recruitment, interviewing, and hiring began in April of 2023. Titled the Early Childhood Coordinator at Cope Family Center, the position was filled on 7/31/2023. Anahi DeHaro began onboarding for this new role at that time and began to meet with partner organizations.
- Systems Navigator will:
 - Attend four outreach events throughout the county.
 - Data not available
 - Attend bi-monthly meetings with partners to refine the screening, assessment, and referrals processes.
 - 4/11/2023: IPMH Committee
 - 5/23/2023: Planning meeting with Screening Committee Lead.
 - Full committee and FSHV collaborative partner meetings were scheduled to begin in 2023-24
 - Screen and assess 100 Children and Families screened and/or assessed.
 - Referral and intake protocols were established during Q4 and refined for full implementation in 2023-24.
 - Refer 100 Children and Families for appropriate and accessible mental health services and supports.

Planned Outcomes:

- 80% of professionals who participate in training will achieve certification or improve their skills to administer mental health or child development screening tools.
- 25% more young children and their caregivers will be screened for mental health and

developmental concerns.

- 25% of families referred to the RSG! Navigator will participate in mental health services.
- 25% more families with young children will engage in appropriate, accessible mental health supports.

Progress Summary:

- Screening and IPMH Committees of the FSHV Collaborative began to meet and organize to implement and recruit participants for committees.
- Training plans, training resources, and scheduling opportunities were explored and developed for FY 23-24.
- Eligibility, intake, and referral protocols were developed for implementation in FY 23-24.
- Baseline data collection began and reporting formats were developed to align with the Y2 Logic Model.

Older Adults/Prevention - Social Connectedness and Wellness

Healthy Minds, Healthy Aging Social Connectedness: Mentis Healthy Minds Healthy Aging PEI Program offers bilingual/bicultural services to older adults, who are 60+, residents of Napa County, and show signs of early depression and/or cognitive impairment, particularly those who have had difficulty accessing mental health services. PEI funding will be used to enhance the Social Connectedness and Wellness of isolated seniors by recruiting Senior Peer Ambassadors; developing connection-building outreach activities in trusted locations, including mobile home parks, churches, senior centers; and navigating older adults to appropriate mental health, nutrition, exercise, medical and other needed resources.

From April to June 2023, the HMHA Program offered 8 social support groups or Wellness Cafés in English and Spanish with 28 participants. HMHA participated in an UpValley Health Fair at Pioneer Park and provided information and education about HMHA services to 43 participants. The HMHA staff partnered with the County of Napa to help 25 senior residents complete the NOAA, Napa Older Adult Assessment, in English and Spanish. HMHA served 22 individuals with case management and therapy, 41% English speakers, 59% Spanish speakers, 16% lived Up Valley, 83% in Napa and 1% in American Canyon. 27% identified as Hispanic and 73% as White. 27% male and 73% female. 50% reported improvement in depressive symptoms after participation in the program.

UpValley Family Centers Senior Wellness Program: The UpValley Family Center's (UVFC) Senior Wellness PEI Program will conduct outreach to Older Adults and develop Conversaciones con Los Abuelos (Conversations with the Grandfathers), a cross-generational pilot project to connect older Latino men with Latino youth through creative activities, and nutrition and line dancing classes for low-income older adults who live in Calistoga's age-restricted mobile home communities. Funding will also sustain critical outreach to older adults throughout the UpValley region, many of whom are socially and geographically isolated, and conduct guided referrals to wellness resources. The Senior Wellness Program will recruit older Latino men and Latino youth volunteers to participate; design and conduct group sessions twice per month beginning in July 2023. Line dancing and nutrition education classes will also be offered twice per month onsite at

mobile home parks. Individuals needing additional support will be referred to wellness resources and mental health services as needed.

Summary of Program Activities from April – June 2023:

Element 1- Outreach:

- Eight presentations and tabling were conducted at four events
- Total outreach connections to at least 200 older adults (measured via number of flyers distributed)
- Case managed clients were encouraged to expand social/educational opportunities.
- During this reporting period, UpValley Family Centers participated in two tabling events.
- Tabling took place at a senior living facility and at the Senior Services Health Fair in Calistoga, here 150 guests attended. During these events, UVFC, ensured that seniors who visited our table knew about our Senior Services program and were aware of health resources including Medi-Cal.
- To promote the expansion of the senior services program, UVFC case manager conducted three presentations to the local fire department. Because of these presentations UVFC has received seven new referrals for services.

Element 2- Cross-generational pilot project for Latino men and youth:

- 15 unduplicated older Latino men participants
- 8-10 male Latino youth stipend volunteers (2-3 participating per meeting)
- Group meetings twice per month beginning in July 2023.

UVFC created an outreach plan during this reporting period and developed a flier to assist with outreach. Additionally, clients who participated in current UVFC services were provided the information about the pilot program. As a result, an interest list was developed to ensure that once the program started, interested seniors were called to be reminded. UVFC and Senior Services staff coordinated two internal meetings with the Education team to create an outreach plan for youth recruitment. A parent permission form was also created to ensure that legal guardians provide consent for their children to participate. During this time, Directors and Program staff meet to discuss the curriculum topics and activities that would be carried out throughout the grant period. An assessment tool was also developed to ensure that the proper mental health screening tool is utilized with the participants.

Element 3- Line dancing and nutrition:

- up to 2 volunteer trainings per year
- 40 unduplicated older adult participants
- line dance and nutrition education classes twice per month onsite at mobile home parks, beginning in July 2023.
- Planning meetings were coordinated with Innovative Health Solutions and Blue Zones during this reporting period. During these meetings, we identified the role of each organization in relation to the activities of the grant. As a result, UVFC developed an outreach plan to ensure that local seniors were aware of the upcoming service available to them.
- The fliers were distributed among the residents at the mobile home parks. Innovative Health Solutions provided training to two UVFC staff on the data collection tools.

- Staff also attended a line dancing class in Benicia to shadow and learn from instructors with experience.

Statewide MHSA Prevention and Early Intervention Strategies – CalMHSA

Through a partnership with the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority established to implement statewide MHSA Prevention and Early Intervention strategies and other mental health programs and services, the BH Division allocates funding to participate in the Statewide Prevention and Early Intervention Strategies



Fiscal Year 2022-2023 Napa County Impact Statement

The PEI Project: Achieving More Together to Support Californians

California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project at a Statewide level. The PEI Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. These campaigns are: Know the Signs, Directing Change, and Each Mind Matters (EMM). The EMM campaign was the original stigma reduction campaign and primarily focused on reducing stigma around mental health. The EMM campaign was an early trailblazing effort in stigma reduction. Following the direction of the CalMHSA Board of Directors, CalMHSA staff sought to reimagine the next iteration of the PEI Project towards one that is building off the work done by EMM to move California into a new phase of Taking Action. The *Take Action for Mental Health* campaign helps individuals learn how to Take Action for the mental health of themselves and those around them through three pillars: Check In, Learn More, and Get Support.

Strategies of the PEI Project in FY 22/23

Funding to the PEI Project supported programs such as:

- Continued production, promotion, and dissemination of the *Take Action for Mental Health* campaign's materials and messages
- Providing technical assistance and outreach to Members contributing to the PEI Program
- Providing mental health and suicide prevention trainings to diverse audiences
- Engaging youth through the Directing Change program
- Strategizing on evaluation and best practices with RAND Corporation

Statewide achievements in FY 22/23

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of *Take Action for Mental Health* is critical for creating a culture of mental wellness and wellbeing regardless of where individuals live, work or play. Key statewide achievements of the Statewide PEI Project in FY 2022-2023 include:

- Take Action 4 Mental Health disseminated physical and digital materials for May is Mental Health Month, Suicide Prevention Week and Month in September, National Rural Health Day, Winter Wellness, and Student Athlete Suicide Prevention
 - See more on pages 3-9
- Directing Change Hope & Justice Held Seven Topics for Monthly Submissions
 - See more on page 10
- The Suicide Prevention Technical Assistance Team conducted two statewide webinars
 - See more on page 10

CHECK IN

LEARN MORE

GET SUPPORT





- The Suicide Prevention Technical Assistance team conducted regular meetings with PEI contributing counties throughout the year to provide technical assistance and resource navigation.

People under the age of 25 that were served through this Program and Disclaimer

CalMHSA is unable to provide an exact number, however, based on the funded programs it is estimated that around 65% of services of this program are provided to individuals under 25 (as defined by Title 9 Regulations). For context, the program estimates are below:

- Directing Change: estimated at 95% under 25 years old
- Social Marketing: estimated at 55% under 25 years old
- Training and Technical Assistance: estimated at 55% under 25 years old
- Evaluation: 51%

CHECK IN

LEARN MORE

GET SUPPORT



2





May is Mental Health Matters Month Toolkit + Reporting Data

- [Link to Items](#)

Physical Toolkit

Included: Resource booklets distributed in English and Spanish, recipes cards for wellness and self-care, green ribbons, pop-It keychains, wristbands, and toiletry kits!



Keychain + Wristband



Toiletry Kit



Green Ribbons



Your Mental Wellness Plan / Tu plan de bienestar mental



Wellness + self-care recipe cards

CHECK IN

LEARN MORE

GET SUPPORT



3





May is Mental Health Matters Month Toolkit + Reporting Data

- [Link to Items](#)

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Keychain + Wristband



Toiletry Kit



Green Ribbons



Your Mental Wellness Plan / Tu plan de bienestar mental



Wellness + self-care recipe cards

[CHECK IN](#) [LEARN MORE](#) [GET SUPPORT](#)



3





Digital Toolkit

Included: 2023 Proclamation, web banners, eblasts, social media kit, Spotify playlist, digital versions of the resource books and recipe cards, billboard, and radio script.



Web banners



Digital billboard



Spotify playlist



2023 Proclamation

Digital Toolkit



CHECK IN

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GET SUPPORT





Influencers

Partnered with mental health advocates to share their mental health stories and *Take Action* resources, and to encourage Californians to do the same.



Amber Dee
@blackfemaletherapists



Juan Acosta
@juanacosta_



Anysa & Amaya Gray
@graytwins



Owin Pierson
@owinpierson

Media

Promoted *Take Action* campaign through paid media to extend reach across the state and target specific audiences.

Ads included: Facebook, Instagram, Twitter, Google Search, display, Eblasts, podcasts, and Spotify.



CHECK IN

LEARN MORE

GET SUPPORT





[CHECK IN](#) [LEARN MORE](#) [GET SUPPORT](#)





How Californians took action



CHECK IN

LEARN MORE

GET SUPPORT





Suicide Prevention Activation Kit – September 2022: Take Action for Suicide Prevention: Thriving at all Ages

- Talking Points and Data Briefing 2022, SPW Overview and Activity Guide, Activity Challenge Tip Sheet, Video Conferencing Backgrounds, Poster, Banner, Proclamation, Daily Emails, PSA Scripts, Social Media Written Post Guides & Posts, Drop-in Articles, Older Adult Suicide Prevention 101 PowerPoint Presentation Template, Older Adult Billboard and Brochure



National Rural Health Day “#PowerOfRural”

- Social Media Files and Drop-in Article
- [Link to Items](#)



Winter Wellness Digital Toolkit

- Eblasts, Resource Cards, and Social Media Files for December 2022 and January 2023
- [Link to Items](#)

CHECK IN **LEARN MORE** **GET SUPPORT**





Whatever you're feeling this season, it's important to check in on your mental health and the mental health of people around you.

Learn how to practice holiday self-care, and find support and resources for yourself and others, at TakeAction4MH.com.



If you or someone you know are depressed or thinking about suicide, **call or text the 988 Suicide & Crisis Lifeline or chat with CalHOPE Connect at CalHOPEconnect.org.**

Student Athlete Suicide Prevention Digital Toolkit


- Tip Sheet for Parents, Social Media Files, Roadmap for Student Athletes, Roadmap for Coaches, Roadmap for School Administrators, Pocket Card, Poster, Flyer
- [Link to Items](#)

How to Take Action for Suicide Prevention

If you, or someone you know, are experiencing or talking about:

- Wanting to stop living
- Not seeing reasons to live
- Feelings of guilt, shame, or being a burden to others
- Having a sense of emptiness, hopelessness, or being trapped
- Periods of extreme sadness, anxiety, agitation, or rage
- Unbearable emotional or physical pain

Call or text **988**, or chat at 988Lifeline.org to connect to help 24/7



CHECK IN

LEARN MORE

GET SUPPORT





Directing Change Hope & Justice

- Directing Change Hope & Justice Held Seven Monthly Topics range over the following throughout the year:
 - September 2022: “Find Your Anchor”
 - Total entries: 148 (Hope: 33, Justice: 11, Monthly Prompt: 104)
 - October 2022: “What is Your Word?”
 - Total entries: 90 (Hope: 20, Justice: 5, Monthly Prompt: 60)
 - November 2022: “Mental Health Heroes”
 - Total Entries: 73 (Hope: 16, Justice: 2, Monthly Prompt: 55)
 - December 2022 and January 2023: “What are your hopes for 2023?”
 - Total entries: 41 (Hope: 12, Justice: 3, Monthly Prompt: 26)
 - February 2023: “More Than One”
 - Total entries: 89 (Hope: 15, Justice: 3, Monthly Prompt: 58, RUHS Substance Use: 13)
 - April 2023: “Celebrate Earth Day”
 - Total entries: 45 (Hope: 8, Justice: 1, Monthly Prompt: 36)
 - May 2023: “Take Action for Mental Health”
 - Total entries: 63 (Hope: 2, Justice: 1, Monthly Prompt: 60)

Suicide Prevention Technical Assistance Team

The Suicide Prevention TA Team held two statewide webinars:

- “Reclaiming 2SQ+ (Two-spirit, Queer and Trans) Youth Thriving: An Intersectional, Anti-racist and Radical Love Approach to Suicide Prevention”
 - o Total number of participants: 292
 - o Total counties represented: 35
- “Understanding the Complexity of Prolonged Stress and Addressing the Impacts on Parental and Child Wellbeing”
 - o Total number of participants: 131
 - o Total counties represented: 21

CHECK IN

LEARN MORE

GET SUPPORT



10



Innovation (INN) - Innovation Round 3 Project

Learning Health Care Network for Early Psychosis

The Napa County BH Division and other California counties, in collaboration with the UC Davis Behavioral Health Center of Excellence, received approval to use MHSA Innovation to develop infrastructure for a sustainable Learning Health Care Network (LHCN) for Early Psychosis (EP) programs. Of those counties with approved funding, the following counties have processed and executed contracts between their behavioral health services departments and UC Davis: San Diego, Solano, Sonoma, Los Angeles, Orange, Stanislaus, and Napa. The One Mind Foundation, based in Rutherford, CA, has also contributed \$1.5 million in funding to support the project.

This Innovation project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to assess the impact of the network and these programs on the consumers and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary, and multiple California counties, will bring consumer-level data to the providers' fingertips for real-time sharing with consumers, and allow programs to learn from each other through a training and technical assistance collaborative. This Statewide EP Evaluation and LHCN propose to 1) increase the quality of mental health services, including measurable outcomes, and 2) introduce a mental health practice or approach that is new to the overall mental health system. The project must comply with the regulatory and funding guidelines for evaluation as stipulated by the applicable Mental Health Services Act (MHSA) funding regulations, contract deliverables, and best practices. There are three components to the data collected for the LHCN: County Level, Program Level, and Qualitative data (Figure 1). The protocol for collecting each component has been reviewed by an Institutional Review Board (IRB) and approved before commencement of data collection. Further, aspects of the data design will be shaped by the input of community partners, including mental health consumers, family members, and providers. Please see Appendix 6 for the FY 22-23 LHCN Annual Report.

Innovation Round 4 Project - Mental Health Oversight and Accountability

Commission's Multi-County FSP Collaborative – Wave 2

The total cost for Napa County to participate in the FSP Collaborative is \$844,750. The key priorities outlined in the Innovation Plan will allow Napa County Behavioral Health Services to address current challenges and center FSP programs and services around meaningful outcomes for participants.

FSP Challenges: Local stakeholders have identified several challenges that could be addressed through the Multi-County FSP Innovation Project.

- **Telling the Story of Napa's FSP's Impact:** Local stakeholders have asked the MH Division to provide evaluation data to demonstrate the effectiveness of FSP services. They point out that the MH Division requires contractors to evaluate their own programs and they have expressed strong interest in reviewing FSP evaluation data, however, the following issues have made it difficult to paint an accurate picture of the impact of the FSP services provided by Napa County staff.

- **Data collection, reporting, and training challenges:** Napa County has reported outcomes for the individuals served by the previously mentioned FSPs in the California Department of Health Care Services Data Collection and Reporting (DCR) System. In the early years of MHSA implementation, staff were able to extract meaningful data from the system and generate accurate FSP outcome reports, however, as time went on unresolved DCR issues made it difficult to impossible to extract useful and meaningful data from the DCR System. Additionally, limited training opportunities for FSP staff have contributed to lack of understanding around how to make best use of the DCR system. FSP staff are committed to providing high quality care for their FSP partners and focus on completing progress notes for our Electronic Health Record (EHR). Unfortunately, staff are not as consistent entering data into the DCR and neglect to complete Key Event Tracking or 3M Quarterly Forms because it is separate data entry process and their priorities are focused on documentation of the services, they provide to ensure they are maintaining productivity standards. Through participation in the FSP Collaborative, FSP staff will work to create shared definitions for discharge reasons and identify cases and scenarios when these reasons are applicable and share best practices.
- **Staff Turnover and Outliers:** The MH Division has experienced significant staff turnover throughout the years and some staff have left abruptly without reassigning partners to other staff or closing partners who are no longer receiving services. As a result of this situation, there are outliers in the DCR that skew the outcome results and don't present an accurate picture of the true outcomes of the FSP programs. Efforts to resolve these outliers with DCR Technical Assistance have been unsuccessful and so these outliers continue to skew outcomes and invalidate outcome reports.

FY 22-23 Activities

Conduct Landscape and Visioning Meetings for All Counties

Third Sector has met with Napa County bi-weekly starting November 1 to kick off the landscape assessment and project visioning. Topics covered included 1.) Overall project timeline and vision, 2.) Involvement with the ongoing Cohort work with the other 6 Multi-County FSP Innovation Project counties, 3.) Landscape assessment worksheets, and 4.) Stakeholder engagement planning.

Overall project timeline and vision: Third Sector has discussed the overall project timeline and vision with Napa County Mental Health Division leadership and the necessary activities to achieve the project vision.

Involvement with ongoing Cohort work: Napa County joined the Wave 2 Cohort Kick-Off meeting on December 5, 2022, and participated in cohort meetings going forward. Third Sector also discussed with Napa County how they would integrate their work into the existing cohort and will discuss the plan for adoption the cohort outcome and process measures during the December 5 kickoff.

Landscape assessment worksheets: Third Sector has prepared a series of Landscape Assessment worksheets that Napa County has begun to complete and which Third Sector and county teams have discussed during the Landscape Assessment and Project Visioning meetings. Worksheet topics included: program overview, data collection, services, eligibility and graduation criteria, and population characteristics.

Stakeholder engagement planning: Client and provider engagement is a key component of the project vision and Third Sector worked with Napa County staff in November to lay the groundwork for a robust client and provider engagement process that will allow for both groups to contribute to the Landscape Assessment through a series of interviews, focus groups, and surveys.

After the December 2022 Kick-Off Meeting, Napa County made significant progress toward completing its landscape assessment and to prioritize build phase activities. A brief summary of these activities is provided below.

- **Establishing a County Working Group:** Third Sector convened a regular county working group which is comprised Napa County FSP supervisors, mental health managers, and the MHSA coordinator, as well as additional line staff. These working group members are responsible for driving Napa County's involvement in this project forward. They serve as key informants for the landscape assessment, advise on key strategies for stakeholder engagement, coordinate the involvement of other county stakeholders, and will prioritize build phase activities.
- **Landscape assessment worksheets:** County Working Group members completed Landscape assessment worksheets over four working group meetings that took place between November 2022 and January 2023. These worksheets collected key institutional knowledge held by FSP supervisors and staff about how the county's FSPs are operated.
- **Provider focus groups:** County working group members recruited 12 FSP staff members to participate in two FSP provider focus groups. As Napa County FSPs are currently all internally operated, all participants were county staff, as opposed to providers under contract to the county. Focus groups focused on identifying key goals providers had for their clients and the challenges they faced when supporting their clients.
- **Consumer interviews:** County working group members are working with their care teams to recruit consumers to complete interviews with Third Sector. These interviews are being conducted in English and Spanish and focus on identifying client care goals and the kinds of resources that clients would like to see the county provide to better support them. Third Sector anticipates finalizing interview findings by the beginning of April 2023

Third Sector continued to convene the County Working Group to drive the work forward. In May 2023, Third Sector met with Napa Mental Health Division leadership to finalize a list of build phase activities. Napa County will focus on the following activities during the build phase:

- **Eligibility, Step Down, and Graduation Guidelines:** Third Sector facilitated a process to identify county FSP guidelines in need of creation or revision and work with Napa to create new guidelines based on best practices and recommendations from other Multicounty FSP counties.
- **Trainings:** Third Sector facilitated a process to codify best practices that can be used in frontline staff trainings, including best practices for mentoring new mental health providers and completing required DCR outcome forms and reports.
- **Team-Based Staffing Model:** Supported the development of a team-based FSP model that expands the use of non-clinical workforce such as mental health peers.

In June 2023, Third Sector kicked off build phase activities by planning out the upcoming year of build phase activities in partnership with the County Working Group. Going forward, Third Sector will conduct additional frontline staff engagements to ensure that build phase activities are closely aligned to the realities of FSP service delivery while also beginning work in earnest for the guidelines build workstream.

Workforce Education and Training (WET)

BH Division has expended all one-time WET funds allocated from the State, however, the Division will be allocating an additional \$200,000 in FY 24-25 using the 20% rule (regulations allow counties to transfer 20% of the average of the past five years of MHSA funding or a total of \$847,484 in FY 23-24). These funds will be utilized to participate in Greater Bay Area Regional Partnership Workforce Development initiatives managed by CalMHSA. Funding will also be utilized to support BH Division Staff Development, Training, Recruitment, and Retention Strategies.

Bay Area Regional Partnership Workforce Education and Training

Program Summary

The Department of Healthcare Access and Information (HCAI), formerly known as the Office of Statewide Health Planning and Development (OSHPD), is statutorily required to coordinate with California Behavioral Health Planning Council (CBHPC) for the planning and oversight of the 2020-2025 Workforce Education and Training (WET) Five-Year Plan. The 2020-2025 WET Plan includes funding for five Regional Partnerships (RP) to administer programs that oversee training and support to the PMHS workforce in their region.

The Regional Partnerships, created by the MHSA, administer the series of programs supporting individuals to promote the leveraging of resources to best serve local jurisdictions. HCAI contracts with each of the Regional Partnerships for activities supporting individuals. HCAI assists with the administrative execution of educational scholarships, clinical graduate student stipends, and educational loan repayments.

The strategy is two-fold. First, identify individuals in the early stages of considering and deciding on their career trajectory. Once an individual decides on a Public Mental Health System (PMHS) career in the mental health field, the WET Plan envisions that the full range of programs would support them over the course of their education in exchange for working in the PMHS. Selecting

candidates from underserved communities and local jurisdictions also support “grow-your-own” workforce development strategies.

The BH Division transferred \$45,486 in CSS Component funding to the WET Component to provide funding for the WET Regional Partnership. In return, Napa County MHSA received a total of \$137,834, with a 3-1 match from the State. If eligible, anyone employed by the Napa County Mental Health Plan can apply to the program. The Greater Bay Area Region (“GBA”) - consists of Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, San Benito, Santa Clara, Solano, Santa Cruz Counties, and the City of Berkeley.

In FY 24-25, the BH Division will be using the 20% Rule to shift \$200,000 from the CSS Component to the WET Component to fund these important workforce development and retention strategies as well as other BH Division Staff Development, Training, Recruitment, and Retention Strategies. The following are included in Napa County’s WET Regional Partnership Scope of Work.

1. Loan Repayment Program - Eligible individuals include mental health professionals who provide services in the Napa County publicly funded Behavioral Health Plan (BHP) that the Napa County Mental Health Division identifies as high priority, considering applicants who previously received scholarships. Considerations may be made in the following factors when determining award amounts: applicants who previously received scholarships, educational attainment, the level of unmet need in the community served, and years of service in the Napa County MHP. GBA shall determine the amount they award and length of volunteer or paid work commitment.
2. Undergraduate/Graduate College and University Scholarships and Stipends – Applicant eligibility criteria and terms of the agreement are in development. Napa County will implement a scholarship program to provide scholarships to undergraduate and graduate students interested in pursuing an education in the mental health field. The scholarship level would depend on the student’s academic aspirations including certificate, associate degree, bachelor’s degree, or master’s degree.
3. Retention Activities - The aim of retention activities is for counties to promote developing and implementing systemic changes and opportunities that increase the likelihood of staff retention in the PMHS workforce. Napa County will utilize funds to provide clinical, cultural competency, and other trainings for County and community providers who comprise the Napa County BH Plan.

**FY 2023-24 Mental Health Services Act Three-Year Plan
Funding Summary**

County: Napa

Date: 7/18/24

	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 2023-24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,671,831	2,488,888	1,646,556	3,332	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2023/24 Funding*	8,764,092	2,191,023	576,585	0	0	
4. Transfer in FY 2023/24	(512,632)			134,668	377,964	0
5. Access Local Prudent Reserve in FY 2023/24	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2023/24	21,923,291	4,679,911	2,223,141	138,000	377,964	
B. Estimated FY 2023/24 MHSA Expenditures	4,557,037	2,863,148	489,184	138,000	377,964	
G. Estimated FY 2023/24 Unspent Fund Balance	17,366,254	1,816,763	1,733,957	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, 2023	764,402
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	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**

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2023-24					
	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	675,201	41,411	631,790			2,000
2. TAY FSP	1,044,073	562,118	478,405			3,550
3. Adult FSP	1,839,576	1,245,299	477,106			117,171
4. Adult Treatment Team FSP	574,024	182,050	391,974			
5. Older Adult FSP	571,122	132,517	433,105			5,500
6.	0					
Non-FSP Programs						
1. Admin	707,615	451,183	173,000			83,433
2. Housing	0					
3. Mobile Crisis Response Team	1,595,586	1,362,237	50,000			183,349
5. Project Access	490,939	393,085	78,000			19,854
6.						
CSS Administration (Indirect)	187,136	187,136				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	7,685,272	4,557,037	2,713,379	0	0	414,856
FSP Programs as Percent of Total	103.2%					

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2023-24					
	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
Access & Linkage to Treatment Program						
1. NVEF American Canyon Mental Health Access Program	160,000	160,000				
Prevention Programs						
2. Aldea Supportive Outreach & Access to Resources	234,238	234,238				
3. COPE Strengthening Families At Risk PEI Program	90,000	90,000				
4. COPE Ready Set Grow	120,000	120,000				
5. Mentis Suicide Prevention	75,000	75,000				
6. Mentis Safety Net for Youth Mental Wellness Program	80,000	80,000				
7. Mentis Student Connect	97,540	97,540				
8. Mentis Bridges Community Mental Health Treatment	150,000	150,000				
9. Molly's Angels Program for Older Adults	103,680	103,680				
10. NEWS Kids Exposed to Domestic Violence	130,054	130,054				
11. NVEF Wellness Centers as Hubs for Access & Intervention	310,359	310,359				
12. On The Move Guaranteed Income for Foster Youth	146,098	146,098				
13. Up Valley Mentoring Program (CLARO/A)	80,000	80,000				
14. Up Valley Senior Wellness	129,000	129,000				
Early Intervention Programs						
15. NCOE Court and Community Schools SAP Program	80,000	80,000				
16. Mentis Healthy Minds Healthy Aging Program	200,000	200,000				
Stigma and Discrimination Reduction						
17. On The Move LGBTQ Connection	71,014	71,014				
PEI Capacity Building						
18. COPE Family Center	104,867	104,867				
19. Mentis	141,048	141,048				
20. Napa Valley Education Foundation	138,300	138,300				
21. On The Move	6,978	6,978				
22. Up Valley Family Resource Centers	19,500	19,500				
PEI Administration (Indirect)	147,165	147,165				
PEI Assigned Funds - CalMHSA	48,307	48,307				
Total PEI Program Estimated Expenditures	2,863,148	2,863,148	0	0	0	0

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

Initial Date: 7/18/24

Revision Date: _____

County: Napa

	Fiscal Year 2023-24					
	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						
2. LHCN - Aldea	50,000	50,000				
3. LHCN - UC Davis	10,451	10,451				
4. MHSOAC FSP Collaborative Project	428,733	428,733				
5.	0					
INN Administration (Indirect)	0	0				
Total INN Program Estimated Expenditures	489,184	489,184	0	0	0	0

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2023-24					
	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. CalMHSA Greater Bay Regional Partnership	138,000					
2.	0					
3.	0					
4.	0					
5.	0					
WET Administration (Indirect)	0	0				
Total WET Program Estimated Expenditures	138,000	0	0	0	0	0

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

County: Napa

Initial Date: 7/18/24
Revision Date: _____

	Fiscal Year 2023-24					
	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. Children CSS Expansion	277,964					
2.	0					
3.	0					
CFTN Programs - Technological Needs Projects						
4. Electronic Health Record Implementation	100,000					
5.	0					
6.	0					
CFTN Administration (Indirect)	0	0				
Total CFTN Program Estimated Expenditures	377,964	0	0	0	0	0

**FY 2024-25 Mental Health Services Act Three-Year Plan
Funding Summary**

County: Napa

Date: 7/18/24

	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 2024-25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	17,366,254	1,816,763	1,733,957	0	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2024/25 Funding*	7,361,837	1,840,459	484,331	0	0	
4. Transfer in FY 2024/25	(200,000)			200,000	0	0
5. Access Local Prudent Reserve in FY 2024/25	0	0				0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2024/25	24,528,091	3,657,222	2,218,288	200,000	0	
B. Estimated FY 2024/25 MHSA Expenditures	9,863,344	2,762,137	94,018	200,000	0	
G. Estimated FY 2024/25 Unspent Fund Balance	14,664,747	895,085	2,124,270	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, 2024	764,402
2. Contributions to the Local Prudent Reserve in FY 2024/25	0
3. Distributions from the Local Prudent Reserve in FY 2024/25	0
4. Estimated Local Prudent Reserve Balance on June 30, 2025	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**

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2024-25					
	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	3,878,324	3,225,520	650,744			2,060
2. TAY FSP	1,093,122	596,709	492,757			3,657
3. Adult FSP	1,567,181	932,306	491,419			143,455
4. Adult Treatment Team FSP	408,631	928	403,733			3,970
5. Older Adult FSP	728,308	276,545	446,098			5,665
6.	0	0				
Non-FSP Programs						
1. Admin	2,045,982	1,781,856	264,126			
2. Aldea Supportive Outreach & Access to Resources	150,000	150,000				
3. Mentis Bridges Community Mental Health Treatment	155,800	155,800				
4. Mobile Crisis Response Team	959,354	719,005	51,500			188,849
5. Project Access Queen of the Valley Medical Center Bilingual Behavioral Health Screening and Referrals in the Emergency	488,261	387,472	100,789			
6. Department	180,453	180,453				
CSS Administration (Indirect)	192,750	192,750		0	0	
CSS MHSA Housing Program Assigned Funds	1,264,000	1,264,000	0	0	0	0
Total CSS Program Estimated Expenditures	13,112,166	9,863,344	2,901,165	0	0	347,657
FSP Programs as Percent of Total	77.8%					

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2024-25					
	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
Access & Linkage to Treatment Program						
1. Molly's Angels CARE Program	144,000	144,000				
2. NVEF American Canyon Mental Health Access Program	160,000	160,000				
Prevention Programs						
3. COPE Pathways to Family Mental thealth and Wellbeing	120,000	120,000				
4. COPE Strengthening Families At Risk Program	90,000	90,000				
5. COPE Ready Set Grow	120,000	120,000				
6. COPE Napa County Triple P	221,297	221,297				
7. Mentis Safety Net for Youth Mental Wellness Program	80,000	80,000				
8. Mentis Student Connect	97,540	97,540				
9. ParentsCAN Stress Reduction Program	66,733	66,733				
10. ParentsCAN Napa County Tripple P	77,982	77,982				
11. NVEF Middle School Access Program	90,000	90,000				
12. On The Move Guaranteed Income for Foster Youth	86,956	86,956				
13. Up Valley Mentoring Program (CLARO/A)	80,000	80,000				
14. Up Valley Senior Wellness	136,840	136,840				
15. Up ValleyNapa County Triple P	91,478	91,478				
Early Intervention Programs						
16. Mentis Healthy Minds Healthy Aging Program	200,000	200,000				
17. NCOE Court and Community Schools SAP Program	80,000	80,000				
Stigma and Discrimination Reduction						
18. Mentis Middle School Foundations of Wellness Initiative	154,804	154,804				
19. On The Move LGBTQ Connection	86,501	86,501				
Suicide Prevention						
20. Mentis Napa County's Strategic Plan for Suicide Prevention	225,158	225,158				
Outreach for Inceasing Recognition of Mental Illness						
Planned Parenthood Northern California Expanding Access to						
21. Equitable Mental and Behavioral Health Care in Napa Valley	152,768	152,768				
PEI Administration (Indirect)	151,580	151,580				
PEI Assigned Funds - CalMHSA	48,500	48,500				
Total PEI Program Estimated Expenditures	2,762,137	2,762,137	0	0	0	0

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

County: Napa

Initial Date: 7/18/24

Revision Date: _____

	Fiscal Year 2024-25					
	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. LHCN - UC Davis	10,451	10,451				
2. MHSOAC FSP Collaborative Project	83,567	83,567				
3.	0					
4.	0					
5.	0					
INN Administration (Indirect)	0	0				
Total INN Program Estimated Expenditures	94,018	94,018	0	0	0	0

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

Initial Date: 7/18/24
Revision Date: 9/13/2024*

County: Napa

	Fiscal Year 2024-25					
	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. CalMHSA Greater Bay Regional Partnership	130,476	130,476				
2. Napa County BH Workforce Development Strategies	69,524	69,524				
3.	0					
4.	0					
5.	0					
WET Administration (Indirect)	0	0				
Total WET Program Estimated Expenditures	200,000	200,000	0	0	0	0

*Note – the FY 24-25 WET Fiscal Sheet was revised to clarify that WET Funding would be used for participation in Greater Bay Area Regional Partnership Workforce Development initiatives managed by CalMHSA. Funding will also be utilized to support BH Division Staff Development, Training, Recruitment, and Retention Strategies.

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2024-25					
	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.	0					
2.	0					
3.	0					
CFTN Programs - Technological Needs Projects						
4.	0					
5.	0					
6.	0					
CFTN Administration (Indirect)	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2025-26 Mental Health Services Act Three-Year Plan
Funding Summary**

County: Napa

Date: 7/18/24

	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 2025-26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	14,664,747	895,085	2,124,270	0	0	
2. Estimated Prior Year Reversion				0		
3. Estimated New FY 2025/26 Funding*	5,521,378	1,380,344	363,248	0	0	
4. Transfer in FY 2025/26				0	0	0
5. Access Local Prudent Reserve in FY 2025/26	0					0
6. Re-distributed Reversion Funds						
7. Estimated Available Funding for FY 2025/26	20,186,125	2,275,429	2,487,518	0	0	
B. Estimated FY 2025/26 MHSA Expenditures	12,449,976	2,042,119	0	0	0	
G. Estimated FY 2025/26 Unspent Fund Balance	7,736,148	233,310	2,487,518	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, 2025	764,402
2. Contributions to the Local Prudent Reserve in FY 2025/26	0
3. Distributions from the Local Prudent Reserve in FY 2025/26	0
4. Estimated Local Prudent Reserve Balance on June 30, 2026	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**

Initial Date: 7/18/24

Revision Date: _____

County: Napa

	Fiscal Year 2025-26					
	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	3,994,675	3,322,287	670,266			2,122
2. TAY FSP	1,125,916	614,609	507,540			3,767
3. Adult FSP	1,614,196	960,276	506,162			147,759
4. Adult Treatment Team FSP	420,890	956	415,845			4,089
5. Older Adult FSP	750,157	284,841	459,481			5,835
6.	0					
Non-FSP Programs						
1. Admin	2,107,361	1,835,312	272,050			
2. Aldea Supportive Outreach & Access to Resources	350,800	350,800				
3. Mentis Bridges Community Mental Health Treatment	155,800	155,800				
4. Mobile Crisis Response Team	988,135	740,575	53,045			194,514
5. Project Access Queen of the Valley Medical Center Bilingual Behavioral Health Screening and Referrals in the Emergency	502,909	399,096	103,813			
6. Department	240,605	240,605				
CSS Administration (Indirect)	198,533	198,533		0	0	
CSS MHSA Housing Program Assigned Funds		0	0	0	0	0
Total CSS Program Estimated Expenditures	12,449,976	9,103,690	2,988,201	0	0	358,086
FSP Programs as Percent of Total	86.8%					

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2025-26					
	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
Access & Linkage to Treatment Program						
1. Molly's Angels CARE Program	144,000	144,000				
2. NVEF American Canyon Mental Health Access Program	160,000	160,000				
Prevention Programs						
3. COPE Pathways to Family Mental health and Wellbeing	120,000	120,000				
4. COPE Strengthening Families At Risk Program	90,000	90,000				
5. COPE Napa County Triple P	228,832	228,832				
6. ParentsCAN Stress Reduction Program	66,733	66,733				
7. ParentsCAN Napa County Tripple P	89,027	89,027				
8. NVEF Middle School Access Program	90,000	90,000				
9. Up Valley Mentoring Program (CLARO/A)	80,000	80,000				
10. Up Valley Senior Wellness Program	137,200	137,200				
11. Up Valley Napa County Triple P	74,972	74,972				
Early Intervention Programs						
12. NCOE Court and Community Schools SAP Program	80,000	80,000				
Stigma and Discrimination Reduction						
13. Mentis Middle School Foundations of Wellness Initiative	162,544	162,544				
Suicide Prevention						
14. Mentis Napa County's Strategic Plan for Suicide Prevention	161,416	161,416				
Outreach for Increasing Recognition of Mental Illness						
Planned Parenthood Northern California Expanding Access to Equitable						
15. Mental and Behavioral Health Care in Napa Valley	152,768	152,768				
PEI Administration (Indirect)	156,127	156,127				
PEI Assigned Funds - CalMHSA	48,500	48,500				
Total PEI Program Estimated Expenditures	2,042,119	2,042,119	0	0	0	0

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

Initial Date: 7/18/24

Revision Date: _____

County: Napa

	Fiscal Year 2025-26					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
INN Administration (Indirect)	0	0				
Total INN Program Estimated Expenditures	0	0	0	0	0	0

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2025-26					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
WET Administration (Indirect)	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

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

Initial Date: 7/18/24
Revision Date: _____

County: Napa

	Fiscal Year 2025-26					
	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.	0					
2.	0					
3.	0					
CFTN Programs - Technological Needs Projects						
4.	0					
5.	0					
6.	0					
CFTN Administration (Indirect)	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

CPP Staff Job Descriptions

PROJECT MANAGER

Job Description

Under direction, plans, coordinates, implements, and directs the activities and operations of an assigned special and major project or projects. Directs, coordinates, and monitors the work of assigned staff, consultants, and contractors; and performs a variety of professional, administrative, and programmatic work in support of assigned projects including serving as a liaison to, coordinating with, and providing administrative support and staff assistance to County staff, Board of Supervisors, boards and committees, and outside agencies, including but not limited to public and private sector stakeholders and partners, local, regional, and community stakeholders, government funders, service providers, and selected consultant and contractors, and the public.

DISTINGUISHING CHARACTERISTICS

A Project Manager is responsible for the management of a specific special and major project or projects within the assigned department. Positions in this class lead the administration and implementation of project-related tasks and activities to ensure that the project successfully meets identified objectives. This class interacts with all levels of government and works collaboratively with other departments and County managers and supervisors in project planning and the delivery of project services. Positions in this class serve as the primary contact of the project(s) and have broad responsibility and authority to plan, implement, and monitor strategies related to a specific project. Positions in this class exercise considerable independent judgment in coordinating and setting priorities to accomplish the timelines for project success. An incumbent must have the technical expertise, managerial skills, and overall grasp of the department's goals, missions, and service needs. The position works directly with the management staff at the department to provide leadership to assist in the implementation of an assigned significant project and requires the ability to establish and maintain effective and cooperative working relationships with all project members, management staff, vendors, other County departments, agencies, and stakeholders.

SUPERVISION RECEIVED AND EXERCISED

Supervision is provided by assigned management staff.

Employees in this class may supervise professional, technical/paraprofessional, and clerical classes.

Example of Duties

The following duties are typical for this classification. Incumbents may not perform all of the listed duties and/or may be required to perform additional or different duties from those set forth below to address business needs and changing business practices.

Plan, organize, and direct the services and activities of an assigned special and major project or projects within the assigned department.

Manage and participate in the development and implementation of project goals, objectives, policies, and priorities; recommend and administer policies and procedures; consult with management staff and other agencies in the formation of administrative policies and procedures.

Advise and consult with the management staff and stakeholders on progress, goals, and timelines of assigned projects.

May plan, direct, coordinate, and review the work plan for assigned staff; assign work activities, projects, and programs; review and evaluate work products, methods, and procedures; meet with staff to identify and resolve problems.

May participate in the selection, hiring, training, motivation, and evaluation of assigned personnel; provide or coordinate staff training; work with employees to correct deficiencies.

Manage and monitor the work of contractors and vendors providing services to the assigned department.

Communicate with management staff, state and local agencies, stakeholders, and the public on project needs, problems, regulations, and requirements, coordinate services and operations with other departments, divisions, governmental agencies, businesses, and community groups.

Consult with managers, employees, and other related staff on the project activities; provide leadership and direction to project teams, ensuring coordination and communication with all project members, department management staff, vendors, other County offices, and stakeholders.

Participate in the development of external provider agreements, contracts, and Memoranda of Understanding; provide technical assistance and serve as liaison to external provider agencies and other entities.

Oversee and participate in the development and administration of the project budget; participate in the forecast of funds needed for staffing, equipment, materials, and supplies; ensure that program expenditures and cost estimates are adequately documented and monitored throughout the program area; review and approve program expenditures; implement adjustments.

Coordinate, identify, and pursue available government funding opportunities, and private foundation and equity financing to support project development initiatives.

Represent the County at assigned project area meetings and proceedings; give presentations on project services, activities, and operations; serve as staff to advisory boards; provide information to advisory boards; advocate for project-related legislation and programs; coordinate community engagement and stakeholder meetings.

Participate in the development of a network of community resources to assist in meeting project goals.

Attend and participate in professional group meetings; maintain awareness of new trends and developments in fields related to area of assignment; keep informed on current legislative trends and federal and state plans that may affect projects; make recommendations in anticipation of potential changes; incorporate new developments as appropriate.

Provide management analysis and administrative assistance to management in the department; conduct studies, prepare records, reports, and correspondence related to assigned project.

Perform related duties as required.

Typical Qualifications

KNOWLEDGE OF:

Operational characteristics, services, and activities of assigned project area.

Principles and practices of project planning, monitoring, and evaluation.

Project management fundamentals, techniques, principles, and tools.

Principles of effective customer service, team building, and project management.

Standard organizational and management practices as applied to the analysis and evaluation of programs, policies, and operational needs.

Current developments in the assigned field.

Public and private community resources available in the field.

Principles and practices of working in multi-cultural, multi-ethnic, and socio-economic environments.

Recent developments, research methods, current literature, and sources of information related to assigned programs and service areas.

Terminology used in area of assignment.

Methods and techniques of effective technical, administrative, and financial record keeping, report preparation, and presentation.

Principles of formal communication (e.g., business correspondence, Board reports, and presentations, etc.).

Basic principles and practices of budget preparation and administration.

Basic principles of supervision, training, and performance evaluation.

Office procedures, methods, and equipment including computers and applicable software applications such as word processing, spreadsheets, and databases.

Pertinent federal, state, and local laws, codes, programs, and legislative processes and regulations.

SKILL TO:

Participate in planning, organizing, directing, coordinating, and evaluating assigned projects, events, or technical area.

Perform responsible and difficult programmatic and administrative duties involving the use of independent judgment and personal initiative.

Realign priorities on an ongoing basis to meet changing needs.

Effectively manage the day-to-day operations, services, and activities of assigned projects and initiatives within assigned department.

Participate in the development and administration of program goals, objectives, and procedures.

Analyze policies and procedures; develop and implement revisions.

Provide effective leadership, build relationships, and utilize team building skills.

Understand the organization and operation of the County, assigned project, and of outside agencies as necessary to assume assigned responsibilities.

Understand, interpret, and apply administrative and departmental policies and procedures as well as pertinent federal, state, and local laws, codes, and regulations.

Identify and respond to community and organizational issues, concerns, and needs.

Organize and prioritize timelines and project schedules in an effective and timely manner.

Analyze problems, identify alternative solutions, project consequences of proposed actions and implement recommendations in support of goals.

Establish and maintain various data collection, record keeping, tracking, filing, and reporting systems.

Prepare clear and concise technical, administrative, and financial reports.

Plan, schedule, and review the work and performance of subordinates in a manner conducive to proficient performance and high morale may be required for some positions.

Research, analyze, and formulate recommendations, work plans, and activities regarding planning, technical, and administrative issues.

Coordinate services with other programs and services within the County and with outside organizations, agencies, and facilities.

Participate in the preparation and administration of budgets.

Interpret and apply federal, state, and local policies, laws, and regulations.

Work effectively under pressure, meet deadlines, and adjust to changing priorities.

Operate a variety of office equipment including personal computers and related peripheral equipment and software applications.

Communicate clearly and concisely, both orally and in writing.

ABILITY TO:

Work independently to diagnose problems and research solutions.

Use a personal computer and various computer software programs.

Work primarily in a standard office setting with some travel to different sites and locations.

Work extended hours including evenings and weekends.

Stand or sit for prolonged periods of time.

Stoop, bend, kneel, crouch, reach, and twist.

Lift, carry, push, and/or pull light to moderate amounts of weight.

Use repetitive hand movement and fine coordination including using a computer keyboard.

Verbally communicate to exchange information.

Quickly learn the necessary skills to perform required job duties proficiently.

Establish and maintain effective working relationships with those contacted in the course of work.

EXPERIENCE AND EDUCATION

Any combination of education and experience that would likely provide the required knowledge, skills, and abilities is qualifying. A typical way to obtain the knowledge, skills, and abilities would be:

Experience:

Four years of increasingly responsible professional level program experience in a program area related to assigned project.

Education:

A Bachelor's degree from an accredited college or university with major course work in public administration, business administration, social work, or related field.

License or Certificate:*

Possession of a valid California driver's license.

*Any license, certification, or registration required for this position shall be maintained (i.e., active and in good standing) at all times during employment with Napa County. For continued employment with Napa County, you must maintain such license, certification, or registration to meet the minimum qualifications of this position.

*Class specifications are intended to present a descriptive list of the range of duties performed by employees in the class. Specifications are **not** intended to reflect all duties performed within the job.*

STAFF SERVICES ANALYST I

Job Description

To perform a variety of responsible and specialized technical staff support services in a County department in such areas as general administration, fiscal, legislative, personnel, program and data processing, and systems analysis; conduct a variety of special projects involving research, data collection, and analysis; and prepare and maintain reports on assigned projects.

DISTINGUISHING CHARACTERISTICS

The Staff Services Analyst I/II series performs a full range of analytical and technical staff support services within a County department. The difference in levels depends on the amount and type of education and experience. The Staff Services Analyst I is the entry level of the series. Incumbents perform analysis tasks of increasing difficulty in one or more areas of administrative services and perform analytical duties of a more routine, repetitive nature. As experience, knowledge, skills, and abilities are acquired and utilized, the degree and complexity of assignments may correspondingly increase to the Staff Services Analyst II. However, positions limited to analytical duties of a more routine, repetitive nature will permanently remain at the Staff Services Analyst I level. The Staff Services Analyst II is the journey level of the series and works under general supervision. The Staff Services Analyst II position will be performing the more difficult, responsible, varied, and complex analyst functions in a variety of assignments and/or program areas. Incumbents may be responsible for administratively overseeing programs, projects, assignments and/or highly specialized activities of lower level staff and may serve as a resource to other staff, departments, committees, boards, or commissions.

SUPERVISION RECEIVED AND EXERCISED

Supervision is provided by higher level management or professional staff.

No supervision is exercised over others; however, assignments may include functional or lead responsibilities over assigned staff.

Example of Duties

The following duties are typical for this classification. Incumbents may not perform all of the listed duties and/or may be required to perform additional or different duties from those set forth below to address business needs and changing business practices.

Perform a variety of responsible and specialized technical staff support services in a County department in such areas as general administration, fiscal, legislative, personnel, program and data processing, and systems analysis.

Conduct a variety of special projects and/or surveys involving research, data collection, and analysis; make appropriate recommendations; prepare and maintain reports on assigned projects.

In the County Administrator's Office perform the less difficult technical work involved in the review and analysis of routine administrative and budgetary requests; assist in performing county-wide budget coordination; provide routine workers' compensation

program coordination and administration.

Review, analyze and make recommendations regarding budget and additional position requests submitted by assigned departments; monitor and analyze program plans, expenditures and revenues, and make recommendations regarding requested Board of Supervisors' actions for assigned departments; write routine resolutions and proclamations for presentation.

Analyze reports, studies, grants, contracts and proposals; make recommendations for implementation or development of studies, grants, contracts and proposals.

Consult with departmental staff and representatives of other County and/or State offices on programs, projects, or specialized assigned activities.

Record, track, monitor and report on Federal and State grant funding monies.

Assist in the review and formulation of departmental policies and procedures; prepare reports and make recommendations on policies, procedures, and programs.

Review and analyze proposed legislation and advise management on potential impact.

Prepare data and compile supporting documentation for budget development; may monitor budget expenditures.

Assist in personnel management tasks and/or staff development activities.

Analyze and compile costs of buildings including maintenance and utilities; analyze water consumption and recommend conservation measures; assist in negotiating lease amendments.

Operate a computer terminal to input, access, and print data, reports and projects; operate various office equipment.

Study and analyze data processing programs and systems; assist in developing and implementing data processing systems and make recommendations for modification.

Develop computerized spreadsheets and custom design spreadsheets.

Participate in and attend meetings of various committees and organizations as required; make presentations before governing bodies.

Prepare and maintain clear, concise, and comprehensive records, reports, and correspondence.

May provide lead supervision over assigned staff, which may include assigning, scheduling, coordinating and prioritizing work, and providing training.

Perform related duties as assigned.

Typical Qualifications

KNOWLEDGE OF:

Principles and practices of public administration.

Principles and practices relating to budget programs and general systems management.

Operations and functions of County government.

Departmental organization, programs, policies and procedures.

Program evaluation and management.

Computer equipment, data processing programs such as word processing and spreadsheet applications, and sophisticated office machines.

Methods and techniques used in public sector budget administration including budget preparation and analysis.

Systems analysis.

Research and report preparation and basic statistics.

Basic report writing and correspondence preparation techniques.

ABILITY TO:

Compile and analyze technical and statistical information and data.

Understand, interpret and apply ordinances and federal, state, and local legislation.

Understand, research, and interpret complex policies, procedures and regulations; make recommendations for modification or change.

Collect, analyze, interpret and apply data to assigned projects.

Develop procedures and operational guidelines.

Oversee programs, projects, or assignments.

Prepare reports, surveys, and other required material.

Make presentations before boards, commissions, and groups.

Make accurate statistical and/or mathematical computations.

Identify problems and issues.

Analyze situations accurately and take effective action.

Prepare and maintain clear, concise, and complete records and reports.

Schedule and organize workload; adjust to changes and meet specific deadlines.

Communicate effectively both verbally and in writing.

Accept increasing responsibility.

Establish and maintain cooperative working relationships with persons contacted during the course of work.

EXPERIENCE AND EDUCATION

Any combination of education and experience that would likely provide the required knowledge, skills, and abilities is qualifying. A typical way to obtain the knowledge, skills, and abilities would be:

Staff Services Analyst I

Experience:

No related experience is required.

Education:

Equivalent to graduation from college with major course work in business administration, public administration, systems analysis, accounting, or related field. (Responsible supervisory or higher level experience performing a variety of difficult analytical work, which includes the independent research, analysis, and preparation of reports, in any of the following areas: administrative, management, personnel, fiscal, budgetary, or data processing may be substituted for the required education on a year-for-year basis.)

Staff Services Analyst II

Experience:

One year of experience performing administrative management, personnel, fiscal, budgetary, staff development, or data processing analysis work, including the preparation of recommendations and reports, or one year of experience as a Staff Services Analyst I.

Education:

Equivalent to graduation from college with major course work in business administration, public administration, systems analysis, accounting, or related field. (Responsible supervisory or higher level experience performing a variety of difficult analytical work, which includes the independent research, analysis, and preparation of reports, in any of the following areas: administrative, management, personnel, fiscal, budgetary, or data processing may be substituted for the required education

on a year-for-year basis.)

License or Certificate:*

Possession of a valid California Driver's License.

*Any license, certification, or registration required for this position shall be maintained (i.e. active and in good standing) at all times during employment with Napa County. For continued employment with Napa County, you must maintain such license, certification, or registration to meet the minimum qualifications of this position.

*Class specifications are intended to present a descriptive list of the range of duties performed by employees in the class. Specifications are **not** intended to reflect all duties performed within the job.*

Table 1. Pre COVID vs Now						
Source	# Participants	Increase in Anxiety/ Depression for all ages; Decrease in Coping Behaviors/ Coping resources (increase in alcohol and drug use)	Greater isolation for all ages; decline in physical activity; and continued challenges to reintegrate into "normal" patterns of everyday life (especially for children and older adults)	Increased demand for mental health services and supports	Economic impact of pandemic affects affordability of therapy	Increase in incidents of racism and bullying
FLAGG Youth	15	x	x			x
FLAGG Adults	4	x	x			
Mental Health Consumers	18	x		x		
Spanish Speaking Parents	16	x	x	x	x	
UpValley FRC Promotoras	10	x	x	x	x	
Puertas Abiertas Abuelitas Group	8	x	x	x	x	
NCOE Local Ed Agencies Group	10			x		
ParentsCAN Spanish Speaking Parents	12	x	x	x	x	
<i>Total Groups where Topic Discussed (n=8)</i>	0	7	6	6	4	1
<i>Percentage of Groups where Topic Discussed (n=8)</i>	0	88%	75%	75%	50%	13%
Total Community Focus Group Participants to Date	93					
	0					
Community Survey	110	x	x	x	x	

Concern in Both Groups and Survey



Key

50% or more of the focus groups included this area of discussion



Focus Group Participants AND Survey Respondents noted this area



Table 2. CPP Gaps, Needs, and Themes for FY 22-23

Source	# Participants	Access and Location					Prevention and Early @		Services and Supports for Individuals with Severe Mental Illness						
		More Services in Spanish (e.g., bilingual therapists); More Asian Therapists/MH Staff; All services in the primary language of individual; also temporary translation services for individuals who use Farsi, Mandarin, and other languages; more therapists overall	Wellness centers in all schools with culturally diverse staff, additional therapists, early intervention; peer mentors; after-school programs focusing on mental health prevention	More services and supports for individuals who do not qualify for County mental health services	More services UpValley; expanded satellite office hours; evening hours	Short-term and in-the-moment (face to face) supports: outreach, bilingual, trauma, depression, suicidal ideation; face-to-face services as online services aren't for everyone (e.g., especially seniors)	Fight stigma of mental health services; especially among immigrants; focus on suicide prevention for older adults	Understanding Generational Trauma and trauma of crossing US-Mexico border and detention centers as youth	Easier to Access ACCESS (Co MH services); reduce waitlist time for all mental health services	Improved Crisis intervention services and post hospitalization care (when calls are placed, how these are handled, through on-site treatment and post care)	Transportation to services and supports	Systems of coordinated care - wraparound/ case management (especially for individuals using drug and alcohol services)	Reduce turnover in medication clinic; more down-to-earth psychiatrist who works with families in addition to the individual client	Temporary housing and transitional for mental health clients who are homeless; especially pregnant women who are dual diagnosis	Need for more inpatient services
FLAGG Youth	15	x	x				x	x							
FLAGG Adults	4	x	x				x	x							
Mental Health Consumers	18	x			x	x	x		x	x	x	x			
Spanish Speaking Parents	16	x	x	x	x	x	x	x	x	x					
UpValley FRC Promotoras	10	x	x	x	x	x	x	x	x						
Puertas Abiertas Abuelitas Group	8			x			x			x					
NCOE Local Ed Agencies Group	10	x			x	x					x				
ParentsCAN Spanish Speaking Parents	12			x					x			x			
<i>Total Groups where Topic Discussed (n=8)</i>		6	4	4	4	4	6	4	4	3	3	2	2	0	0
<i>Percentage of Groups where Topic Discussed (n=8)</i>		75%	50%	50%	50%	50%	75%	50%	50%	38%	38%	25%	25%	0%	0%
Total Community Focus Group Participants to Date	93														
Community Survey	110	x	x	x			x		x		x	x	x	x	
Concern in Both Groups and Survey															

Key
50% or more of the focus groups included this area of discussion
Focus Group Participants AND Survey Respondents noted this area

2023 Community Health Assessment Summary



UNDERSTANDING AND RESPONDING TO COMMUNITY NEEDS

The Community Health Assessment (CHA), also referred to as a Community Health Needs Assessment (CHNA), is an opportunity for Napa County Health and Human Services Agency (HHS) to engage community members with the goal of better understanding the unique strengths and opportunities to support and improve health in Napa County. Engaging our community, and centering their input in our day-to-day services, is fundamental to our commitment to improve the health of our community. This year, HHS partnered with Providence Queen of the Valley Medical Center to create a shared Community Health Needs Assessment. This document contains a summary of the data collection process and prioritized health themes. A full version of the Community Health Assessment, including quantitative and qualitative data, can be found [here](#).

GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from multiple sources, including American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Health Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 community listening sessions with people from diverse communities. We also conducted 12 key informant interviews and 7 “Bubble Up” sessions with representatives from organizations that serve the Napa County Community, specifically seeking to gain deeper understanding of community strengths and opportunities. Listening session feedback resulted in ten health themes, listed below. While the forthcoming Community Health Improvement Plan will ultimately focus on only five of these categories, community collaborative partners will still work to address all health themes; we view them as interconnected and integral to community health.

- Racial Equity and LGBTQ Inclusion
- Housing
- Behavioral Health
- Economic Stability
- Food Access
- Access to Health Services
- Childcare
- Language Access
- Digital Inclusion/Education
- Transportation

IDENTIFYING COLLABORATIVE HEALTH PRIORITIES

Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center convened community partners to review the collected qualitative and quantitative data and select 3-5 health themes to prioritize. Participants identified the following priority areas: Racial Equity and LGBTQ Inclusion, Behavioral Health, Housing, Access to Health Services, and Economic Stability. For each health theme, participants recorded information about current programs, projects or organizations working in that area. Additionally, participants used “How Might We” statements to reframe their insights into opportunities. This feedback, organized by health theme, will be used to design the Community Health Improvement Plan.

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in rank order:

Housing
Behavioral Health
Access to Health Services
Racial Equity & LGBTQ Inclusion
Economic Stability



HOUSING

Key informants, community members, and caregivers emphasized the high cost of housing is a challenge for many in Napa County. Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for those with low income. There is a strong need for more affordable housing and low-income housing. Cost of living is very high and earning a livable wage is a struggle. Community participants noted that housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Demand for low-cost options may lead to unfair housing practices from landlords.

- *"I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." - Latina, Public Sector staff member*
- *"Housing is a big concern for me; it feels unattainable especially for older adults. I often ask my husband "What are we going to do?" – Low Income housing resident, Napa*
- In 2021, about one in four (24.6%) of renter households spent 50% or more of their income on housing costs in Napa County. Source: American Community Survey
- In 2012, the median home price was over just over 5 times the median income. By 2021, the median home price was almost 10 times the median income. Source: American Community Survey



BEHAVIORAL HEALTH

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

- *"The challenge is unrecognized mental health issues and unaddressed physical needs. People are self-medicating." - Healthcare staff, Napa*

- *“Spanish-speaking mental health [support] is hard to get in Napa and you have to wait six months if you do. [People tell me] I’ll be fine in 4 months: I need it now.” - Healthcare staff, Napa*
- 43% of 11th graders reported chronic sadness or hopelessness in the previous 12 months, with the number rising to 70% for 11th graders who identified as gay, lesbian or bisexual. Source: California Healthy Kids Survey, 2019-2020
- The 3-year age adjusted death rate due to drug overdose increased from 7.6 deaths/100,000 in 2002-2004 to 18.9/100,000 in 2020-2022, an increase of almost 150%. Source: California Community Burden of Disease Engine



ACCESS TO HEALTH SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

- *“People get frustrated because they can't keep the same provider and they understand that Medi-Cal Emergency covers ER visits. That's why they go to ER instead of a PCP [primary care provider]”. - Healthcare staff, Napa*
- *“I used to have to get to Oakland to get to a trans-specific group, but [I'm getting older and] I can't make that drive anymore.” - Transgender adult, Napa*
- *“When we go to the clinic, the first thing they ask for is insurance so people are afraid. Then they ask you for so much paperwork or proof and it makes us fear going.” - Farmworker, Calistoga*
- Napa County residents who identified as Hispanic/Latine or as “Other” reported being uninsured at rates 2.5 to 3.5 times higher than non-Hispanic white and black residents. Source: American Community Survey, 2016-2020.
- Although black residents of Napa County were more likely to have health insurance than other race/ethnic groups, they had higher rates of preventable hospitalizations (1,166 per 100,000) compared to other groups. Source: Department of Health Care Access and Information, 2017-2019.



RACIAL EQUITY & LGBTQ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them feel isolated and fearful. Many consider cultural community events to be inauthentic and created for tourists. Community members seeking to be allies are concerned about “doing it wrong”.

- *“Police encounters at school haven't been good. I feel like I'm on the radar with the teachers and principal watching me, how I dress, what I look like, my beanie and hoodie.” - Latine youth, Napa*

- *“None. There is no representation at all for the black community [in Napa County].” – Public Sector staff member, Napa*
- Among 11th graders, school connectedness (the belief that peers and adults in the school support, value, and care about your individual wellbeing as well as your academic progress) was lowest among African American (42%) and Hispanic/Latine (54%) youth. Source: California Healthy Kids Survey, Napa County, 2021
- Youth in 11th grade who identified as gay, lesbian, or bisexual or who reported being unsure of their sexual orientation reported lower levels of school connectedness compared to youth who identified as straight or heterosexual. Source: California Healthy Kids Survey, Napa County, 2021

ECONOMIC STABILITY

Participants overwhelmingly spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

- *“Stuff is expensive. I live day by day. Sometimes I don't eat.” - Parent of young child, Napa*
- *“[I feel anxious] when I think about my future, about money.” - Youth, Calistoga*
- *“The cost of living goes up but salaries stay the same.” – Low Income housing resident, Napa*
- While 83.9% of white residents reported a living wage, only 58.5% of Pacific Islander residents and 60.8% of Hispanic/Latine residents had living wages. Source: Racecounts.org
- Napa County residents with less than a high school education had the lowest median earnings on average (\$35,657 annually) and the highest proportion experiencing poverty (12.5%). Source: American Community Survey, 2017-2021

Next Steps

Community partners will take the identified health priority areas and formulate goals, strategies and an action plan related to those issues. The result is a Community Health Improvement Plan, and subsequent Community Health Action Plan. This process requires, and centers, the continued expertise of community members. If you are interested in collaborating, please contact LHNC@countyofnapa.org.

Mental Health Services Act

Collaborative Statewide Early Psychosis Program Evaluation

Deliverable 4:

Summary Report of the Activities of the LHCN

Final version submitted June 30, 2023

Prepared by:

University of California, Davis, San Francisco and San Diego

This report was supported by:



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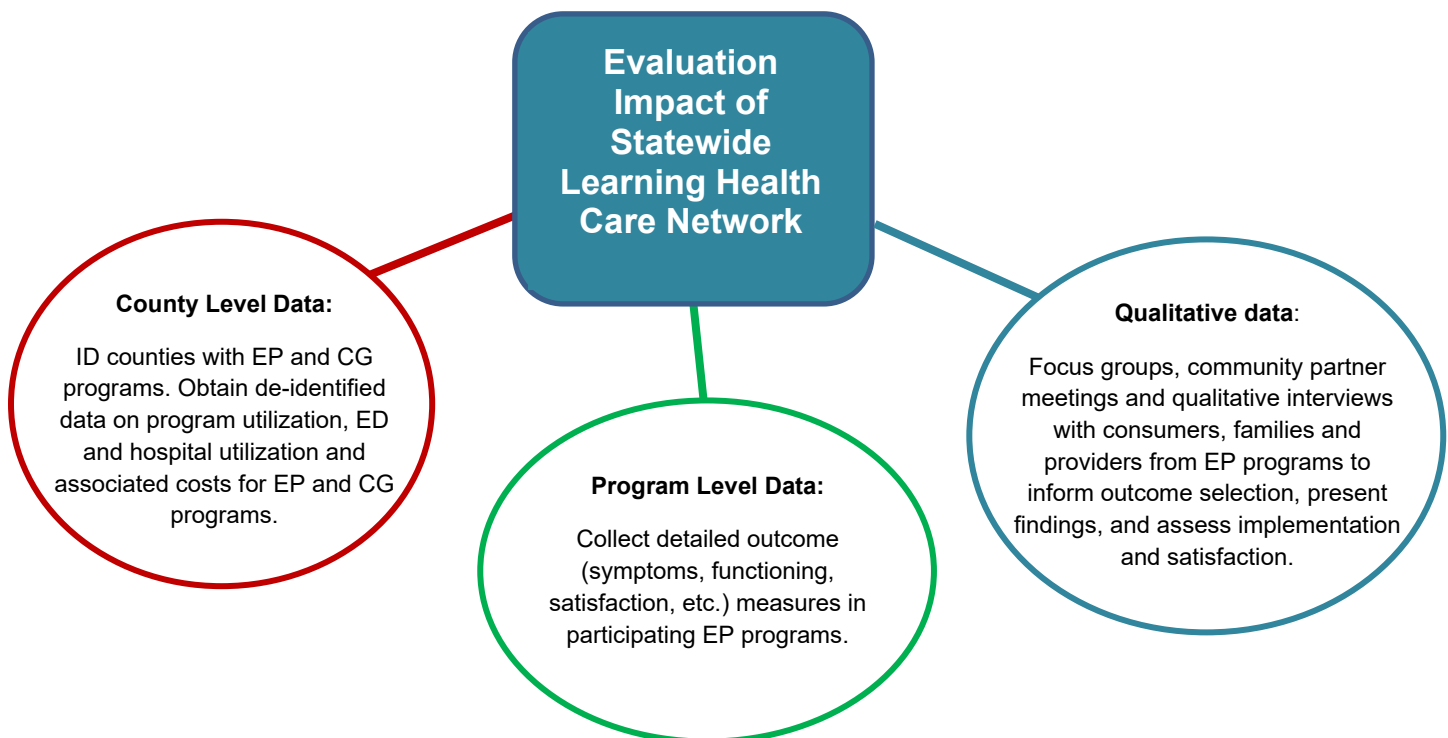
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Background

Multiple California counties in collaboration with the UC Davis Behavioral Health Center of Excellence received approval to use Innovation or other Prop 63 funds to develop infrastructure for a sustainable learning health care network (LHCN) for early psychosis (EP) programs. Of those counties with approved funding, the following counties have processed and executed contracts between their behavioral health services departments and UC Davis: San Diego, Solano, Sonoma, Los Angeles, Orange, Stanislaus, Napa, Lake, and the Multi-County Collaborative (MCC) which includes Nevada, Mono, and Colusa Counties. One Mind has also contributed \$1.5 million in funding to support the project. This Innovation project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to assess the impact of the network and these programs on the consumers and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties, will bring consumer-level data to the providers' fingertips for real-time sharing with consumers, and allow programs to learn from each other through a training and technical assistance collaborative. This Statewide EP Evaluation and LHCN propose to 1) increase the quality of mental health services, including measurable outcomes, and 2) introduce a mental health practice or approach that is new to the overall mental health system. The project must comply with the regulatory and funding guidelines for evaluation as stipulated by the applicable Mental Health Services Act (MHSA) funding regulations, contract deliverables, and best practices.

There are three components to the data collected for the LHCN: County Level, Program Level, and Qualitative data (Figure 1). The protocol for collecting each component has been reviewed by an Institutional Review Board (IRB) and approved before commencement of data collection. Further, aspects of the data design have been and continue to be shaped by the input of community partners, including mental health consumers, family members, and providers.

Figure 1. Three Components of the Evaluation Associated with the Statewide LHCN.



This project was approved for funding using Innovation Funds by the MHSAOAC in December of 2018 and

included Los Angeles, Solano, Orange, and San Diego counties. The California Early Psychosis Learning Health Care Network (LHCN) represents a unique partnership between the University of California, multiple California counties, and One Mind to build a network of California early psychosis (EP) programs. We were able to leverage this initial investment to obtain additional funding from the National Institutes of Health (NIH) in 2019, which enabled six university and two county early psychosis programs to join and also linked the California network to a national network of EP programs, including UCSF PATH, UCSD CARE, UCLA Aftercare & CAPPs, Stanford Inspire, San Mateo Felton BEAM UP/(re) MIND, UC Davis EDAPT and SacEDAPT programs. Since then, we have also had additional counties join EPI-CAL, including Napa, Stanislaus, Sonoma, Lake, Nevada, Mono, and Colusa. The overarching name of the project, which encompasses the LHCN and the NIH-funded components, is now “EPI-CAL.” In this deliverable, we will refer to the LHCN only when describing components of the project that are specific to the LHCN evaluation (e.g., county data analysis).

The purpose of the current Deliverable is to provide updates on progress since our last Deliverable report was submitted. The EPI-CAL team has made significant progress since our last Deliverable report. See below for more detail.

Current Project Goals

The current document summarizes project activities for the LHCN for the current deliverable period of the project. This includes the following project activities:

- 1. Provide quarterly phone/videoconference meetings with all participating county leadership and available EP program staff*
- 2. Establish a stakeholder (community partner) advisory committee that will meet at least every 6 months*
- 3.9 Provide technical assistance to EP Program*

1. Provide quarterly phone/videoconference meetings with all participating county leadership and available EP program staff.

We have maintained a detailed meeting and call log over the course of the LHCN project, which includes dates, attendees, and the purpose of each call or meeting. These calls and meetings include county data analysis planning, focus group planning, training meetings, discussing data and preliminary results, and reviewing project timelines. In each Deliverable, we prepare a report with all meetings and calls for the current fiscal year. Please see Appendix I for details summarizing calls for all quarters of Fiscal Year 2022/23. Past fiscal years’ meetings can be viewed in prior Deliverables and are available upon request.

2. Establish a community partner advisory committee that will meet at least every 6 months

The Advisory Committee for the LHCN is comprised of a county representative from each participating county, a representative of each participating EP program, and up to five consumers and five family members who have been, or are being served, by EP programs. This committee is co-led by Bonnie Hotz, family advocate from Sacramento County. Recruitment for the Advisory Committee is ongoing, and we have confirmed membership with multiple community partners. These include past consumers, family members, clinic staff and providers. Even though we have already held several Advisory Committee meetings, we continue to distribute

flyers to all participating clinics, as their contracts are coming through, to make sure the Advisory Committee is open to all LHCN member clinics.

We held the most recent Advisory Committee meeting on June 6th, 2023. The meeting was held remotely. See Appendix II for a detailed agenda and Appendix III for a full list of attendees. During the meeting, we discussed recruitment and enrollment progress and challenges. Kathleen Nye gave a general overview of enrollment across the LHCN, including comparing enrollment today to the last progress report at the last Advisory Committee Meeting in November 2022. While there was a promising trajectory of enrollments in the second half of last year after having several meetings with individual programs, multiple programs' enrollment has now plateaued and several still have not integrated Beehive into their program to the degree necessary to achieve project aims. The EPI-CAL team encouraged sites increase the pace of enrollment and make sure that surveys are also being completed. Misha Carlson then gave a brief presentation on the DUP portion of the study, which is also contending with enrollment challenges. We discussed in the meeting that FEP enrollments seem to be particularly affected and asked programs to share their thoughts and experiences.

The next section of the meeting consisted of data presentations. Valerie Tryon presented preliminary data from Beehive, including data summarizing symptoms, quality of life, and functioning; these domains were selected for preliminary descriptive analysis because they were prioritized during the outcomes focus groups. Tara Niendam then gave a presentation on the how experiences of several adverse childhood experiences (ACEs) in individuals with early psychosis is associated with housing instability and suicidal ideation in our preliminary data collected in Beehive. This was particularly important to present to our committee because while we found that our EP teams noted the importance of trauma in contributing to outcomes during qualitative data collection, they did not see justice involvement or homelessness as key issues early in care but our data show that their clients do face these challenges both in their lifetime history and in the present to a lesser degree. ACEs and other social determinants are likely drivers of poor outcome in early psychosis and should be addressed in treatment. Then, Sabrina Ereshefsky gave a presentation on the importance of lived and living experience integration in early psychosis coordinated specialty care. Her data evaluated whether the presence of peers, individuals with lived and living experience with psychosis, and/or family advocates affected attitudes towards recovery and stigma. She found that there were generally high rates of recovery-oriented attitudes and low variability across programs, despite team composition, but that the CSC teams with persons with lived or living experience could reduce stigma and bias.

We had a guest speaker at this Advisory Committee Meeting. Christina McCarthy provided a presentation on One Mind at Work, an organization that seeks to have mental health workers improve the design of their workplaces to benefit individuals and teams and grow access to mental health services and support. Participants were invited to have people from each organization nominate a colleague to participate in One Mind at Work and the application was distributed after the meeting. Lastly, we ended the meeting by discussing preliminary renewal plans for the EPI-CAL R01 and proposed submitting a new innovation project to possibly examine outreach to improve enrollment in EP programs or examine long-term outcomes of clients in EP programs. Valerie Tryon will be following up with each county individually to understand where their priorities lie for an innovation project renewal.

3.9 Provide technical assistance to EP Program

Napa SOAR & Sonoma EMB ASPIRe SOAR Programs

EPI-CAL staff member Katherine Nguyen is the designated point person for the Aldea SOAR clinics, which consists of EMB ASPIRe SOAR (Sonoma), Napa SOAR, and Solano SOAR. Once a week, the Aldea SOAR team meets on Wednesday at 9:30 AM, where Katherine gives Beehive related updates and provide support

with any Beehive issues/questions. Also, on the fourth Wednesday of every month, starting on March 22, 2023, UCSF team member, Misha Carlson, joins the Aldea SOAR team meeting for DUP check-ins, with another UCSF team member, Sophie McMullen, filling in for Misha on April 26, 2023. Since Misha will be transitioning out in August, Mark Savill from the UC Davis team will be replacing Misha for the DUP monthly check-in starting on June 21, 2023. After the meeting, Katherine summarizes Beehive data, including GUIDs of clients currently in survey window, clients without EULA and diagnoses, and incomplete clinician-entered data, and sends reminders to clinic coordinators at each site to disperse the information to the rest of the team. The Aldea SOAR staff had some staffing changes this year as well. In the beginning of the year, a new clinician, Nicole Wettach, was hired and Katherine set up a training meeting to go over how to use Beehive on February 2, 2023. The SOAR Clinical Supervisor and Clinician, Kali Sangervasi, is currently on maternity leave until October 2023 and Sierra Lopez will be taking on responsibilities as the new supervisor. The clinic coordinator position at EMB ASPIRe SOAR (Sonoma) is now vacant due to the last clinic coordinator leaving the clinic on June 7, 2023.

Last December, the goal for our EPI-CAL study target was to meet at least 70% of clients selecting “Yes” to sharing data with the NIH, which we have met at all the Aldea SOAR clinics. This year, we are actively working on clinician-entered data, entering all missing diagnoses, and completing client surveys. On June 6, 2023 at the LHCN Advisory Committee Meeting, when asked to give some insight regarding what helps them with the implementation of Beehive, Aldea SOAR Administrative Program Director, Destiny Waechtler, responded that having a Beehive representative present at the weekly team meetings for real-time problem solving is very beneficial. Katherine has worked very closely with leadership and clinic staff through regular attendance at their team meetings and check-in emails, and, as of June 21, 2023, all missing diagnoses have been entered into Beehive for all Aldea SOAR clinics. Katherine will continue to support the Aldea SOAR clinics on completing clinician-entered data and client surveys.

Discussion and Next Steps

Discussion

Over this last deliverable period, the team has continued to meet each of the goals that were set to out for this project period. It should be noted that the LHCN represents one of the first collaborative university-county partnerships between the University of California, Davis, San Diego and San Francisco with multiple California counties to implement and expand an integrated Innovation project. Through this endeavor, all parties hope to have a larger impact on mental health services than any one county can create on their own. While the project has experienced some delays in contracting and many barriers due to the global COVID-19 pandemic, the team feels confident that we are making excellent progress at meeting our goals and catching up with the original planned timeline.

We have completed Beehive training with all the original LHCN counties and are in the process of completing the Beehive training series for our newest LHCN county programs, including Lake County and the multi-county collaborative (MCC) programs. We are continuing to collect data on the core outcomes battery for the EPI-CAL project with 19 programs. Based on feedback from users in these programs, we have continued to work with Beehive developers to make modifications to the application, such as extending survey windows, printing survey results to PDF, accessing the Beehive resource guide in the application, as well as modify our training approach based on constructive feedback from programs, including creating a testimonials slide from users of Beehive that describe the benefits of using Beehive thus far from real clinic users. We are in the process of workshopping additional changes to the application, including the ability for clinics to edit data after survey completion as well as creating additional visualizations for more surveys for both client and clinic entered data.

We have also begun some of our planned feasibility analyses for the LHCN. While we have been monitoring LHCN enrollment and survey completion since EP programs began implementation of Beehive in their programs, we have just begun to assess whether current enrollment is meeting our pre-defined enrollment goals (70% of eligible clients enrolled in Beehive). Our preliminary analyses shows that a subset of programs are meeting this goal, and we are using our ongoing barriers and facilitators interviews to examine factors that are influencing enrollment across programs differently and contributing to the heterogeneity of enrollment that we observe in the LHCN.

As noted previously, we were able to successfully complete our primary goal for the retrospective county data analysis, to provide a preliminary demonstration of the proposed method for accessing data regarding EP programs and CG groups across California, and the first part of our secondary goal, to analyze service utilization and costs associated with those services across counties. However, we are still gathering additional data to inform a final analysis of the 2017-2019 period, which we expect to complete by Spring 2023.

We are in the process of procuring the final datasets in order to complete the integrated cost and utilization data for all counties. This has taken longer than originally expected given staffing shortages and problem solving needed to harmonize variables across counties. Over the next project period, we hope to gather the final datasets from all counties.

Next Steps

In the next project period, we will conclude fidelity assessments with EPI-CAL programs and meet with county and program leadership to provide detailed feedback on fidelity results. At the time of this report, 17 EP programs have completed a fidelity assessment and there are only five remaining fidelity assessments to complete, three of which are in progress. We will also continue and complete training new EP programs from both the LHCN and larger EPI-CAL network. As implementation of Beehive continues, we will elicit feedback from EP programs how to improve both the training process and Beehive itself via feedback surveys, regular check-ins from point people, and qualitative interviews. Our goal is to continue to improve Beehive in an iterative process and to incorporate community partner feedback so that Beehive be a useful data collection and visualization tool for the programs using it. We are also working with sites to understand why enrollments are not matching the original projections and to support them to increase the degree to which they are integrating Beehive into their standard practice. We are collecting informal data on these factors via regular check-in meetings with programs, as well as through a qualitative research approach by examining barriers and facilitators to Beehive implementation through interviews with EP program participants.

Over the next deliverable period, the LHCN team expects to receive and review data for both EP program and CG clients and their service utilization data from Napa and Stanislaus counties for the retrospective data period January 1st, 2017 – December 31st, 2019. Upon receiving the data, we will review the submitted datasets and problem-solve with counties regarding any missing data elements, particularly other mental health services received by EP program clients, which may need to be retrieved from different sources. We will harmonize these data with the prior counties' and integrate them into the final dataset. We will also be requesting all related cost data for the services received by clients in the EP programs and CG groups from Napa and Stanislaus counties.

Appendix I: Summary of Meetings and Calls with County and Program Staff (Fiscal Year 2022/2023)

Date	County/ Counties	Attendees	Summary of call/meeting
6/28/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
6/28/2023	MCC	Madison Miles, Mauricio Rodriguez, Brenda Avalos, Susie Xiong, Andy Aguilar, Khalima Bolden-Thompson, Regina Graham (UC Davis), Gem Ward, Cindy Morgan, Jenna Cruz, Alisa Wood, Anna Allard (MCC)	MCC Team Meeting
6/28/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
6/27/2023	Orange	Monica Gallegos, Ambar Green, Nenita Hernandez, Mayra Pizen, Laura Venegas (OC CREW) Merissa Kado-Walton, Maliha Safdar (UCSD), Misha Carlson (UCSF), Mark Savill (UC Davis)	OC CREW Beehive bi-weekly check-in/ DUP check-in
6/23/2023	Lake	Chelyah Miller, Nitasha Sharma, Kathleen Nye, Katherine Nguyen (UC Davis), Jana Zeibig, Jenna Lewis, Melissa Farrell, Michelle Lamkin, Patricia Russell, April Giambra, Donald Laub (Lake County BH)	Beehive Part 1 Training
6/21/2023	MCC	Madison Miles, Mauricio Rodriguez, Brenda Avalos, Susie Xiong, Andy Aguilar, Khalima Bolden-Thompson, Regina Graham, Katie Pierce (UC Davis), Gem Ward, Cindy Morgan, Jenna Cruz, Alisa Wood, Anna Allard (MCC)	MCC Team Meeting
6/21/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis), Misha Carlson (UCSF)	Beehive weekly check-in/Aldea SOAR team meeting, DUP check-in
6/15/2023	Orange	Monica Gallegos (OC CREW), Merissa Kado-Walton, Maliha Safdar (UCSD)	OC CREW Beehive outcomes measures meeting
6/14/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton (UCSD)	SFVCMHC Beehive bi-weekly check-in
6/14/2023	MCC	Madison Miles, Katie Pierce, Susie Xiong, Khalima Bolden-Thompson, Mauricio Rodriguez, Regina Graham (UC Davis), Jenna Cruz, Jasleen Tomm, Gem Ward, Ivan Martinez, Alisa Wood,	MCC Team Meeting

6/14/2023	Sonoma, Solano, Napa	Katherine Nguyen, Kathleen Nye, Valerie Tryon (UC Davis), Destiny Waechtler, Sarada Oglesby, Natalia Martinez, Nati Magallon, Ricardo Romero, Shantal Shamoiel (Aldea SOAR)	Aldea Data Collection Meeting
6/14/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
6/13/2023	MCC	Madison Miles, Mauricio Rodriguez	Beehive Clinic Coordinator Training
6/12/2023	Lake	Nitasha Sharma, Lindsay Banks (UC Davis), April Giambra, Jana Zeibig (LCBHS)	Meeting to discuss upcoming Beehive training plans, including creating an updated contact list so that the appropriate staff members are included in Beehive training. We also scheduled the program's upcoming fidelity assessments and connected with Lake County's IT staff to problem solve Beehive access prior to Part 1 training.
6/9/2023	MCC	Madison Miles, Valerie Tryon, Kathleen Nye, Katie Pierce, Sabrina Ereshefsky (UC Davis), Ivan Martinez, Gem Ward (MCC)	Beehive Part 3 training
6/7/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
6/7/2023	MCC	Madison Miles, Tara Niendam, Katie Pierce, Regina Graham, Susie Xiong, Andy Aguilar, Brenda Avalos (UC Davis), Cindy Morgan, Alisa Wood, Ivan Martinez, Anna Allard, Elaine Najera, Gem Ward, Jenna Cruz (MCC)	MCC Team Meeting – training and workflow meeting check in, hot spot check in
6/6/2023	Napa, Los Angeles, San Diego, Orange, Stanislaus Sonoma, Lake, MCC, Solano	See Appendix III	EPI-CAL LHCN Advisory Committee Meeting
6/1/2023	MCC	Madison Miles, Tara Niendam, Khalima Bolden-Thompson, Katie Pierce, Mauricio Rodriguez (UC Davis), Brizia Martinez, Cindy Morgan, Adriana Niculescu, Gem Ward, Anna Allard (MCC)	Hub leadership meeting with Tara: UC Davis/Nevada County EPI Clinical Monthly Check-In
5/31/2023	MCC	Madison Miles, Katie Pierce, Khalima Bolen-Thompson, Regina Graham, Mauricio Rodriguez, Brenda Avalos (UC Davis), Gem Ward, Ivan Martinez, Jenna Cruz (MCC)	MCC Team Meeting – check in about clinic eligibility criteria

5/30/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), Kathleen Nye (UC Davis), Samantha Wettimuny (LACDMH), Yair Torres, Yency Garcia, Norma Franco, Destenie Hernandez, Carmen Joma (The Whole Child)	Reviewing the intake workflow with The Whole Child to review where Beehive fits into their clinic process
5/24/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
5/24/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
5/24/2023	MCC	Tara Niendam, Khalima Bolden-Thompson, Brenda Avalos, Andy Aguilar, Regina Graham, Susie Xiong, Madison Miles, Mauricio Rodriguez (UC Davis), Alisa Wood, Jenna Cruz, Gem Ward, Ivan Martinez (MCC)	MCC Team Meeting – Beehive hot spots, MCC survey bundle check in
5/24/2023	Orange	Valerie Tryon, Kathleen Nye (UC Davis), Merissa Kado-Walton, Maliha Safdar (UCSD), Monica Gallegos (OC CREW)	EPI-CAL LHCN introductory meeting for Monica as new leadership of OC CREW
5/17/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Misha Carlson (UCSF)	Aldea SOAR team meeting, DUP check-in
5/17/2023	MCC	Madison Miles, Khalima Bolden-Thompson, Katie Pierce, Brenda Avalos, Susie Xiong, Tara Niendam, Mauricio Rodriguez (UC Davis), Jenna Cruz, Alisa Wood, Anna Allard, Cindy Morgan, Invan Martinez (MCC)	MCC Team Meeting – Beehive hot spots
5/10/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
5/10/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
5/10/2023	MCC	Madison Miles, Khalima Bolden-Thompson, Andy Aguilar, Tara Niendam, Susie Xiong, Mauricio Rodriguez (UC Davis), Cindy Morgan, Anna Allard, Gem Ward, Jenna Cruz, Ican Martinez, Alisa Wood	MCC Team Meeting – Resource guide review, tablet registration + screen recordings, urgent clinical issues review
5/10/2023	Los Angeles	Valerie Tryon, Kathleen Nye (UC Davis), Samantha Wettimuny (LACDMH)	Meeting to discuss recent LA County IRB approval and timeline for LA County program internal clinical training and participation in EPI-CAL Activities
5/3/2023	MCC	Mauricio Rodriguez, Madison Miles, Khalima Bolden-Thompson, Katie Pierce, Susie Xiong, Brenda Avalos, Tara Niendam, Regina Graham (UC Davis), Gem Ward,	MCC Team Meeting – discuss workflow for urgent clinical issues, clinical utility of Beehive, role of community partner feedback in developing Beehive battery

		Cindy Morgan, Alisa Wood, Anna Allard, Jenna Cruz	
5/3/2023	Sonoma, Solano, Napa	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
5/3/2023	Orange, Los Angeles, Sacramento	Karina Muro, Valerie Tryon, Kathleen Nye (UC Davis), Vanessa Merino (SacEDAPT), Mary Morris, Jenni Pineda (IMCES), Samantha Wettimuny (LACDMH), Mayra Pizeno (OC CREW), Vanessa Jimenez, Patricia Pindeo-Urena, Liliana Rojas, Gloria Rodriguez (SFVCMHC), Bernalyn Ruiz (UCLA CAPPS)	Beehive consultation for Latinx/Spanish-speaking consultation
5/1/2023	MCC	Chelyah Miller, Kathleen Nye, Madison Miles, Katherine Pierce, Adrian Asbun, Katie Sanford (UC Davis), Adriana Niculescu, Amy Rosales, Cindy Morgan, Esmeralda Curiel, Gem Ward, Graciela Alvernaz, Jenna Cruz, Mauricio Rodriguez (MCC)	MCC Beehive Part 2 Training
4/28/2023	San Diego	Valerie Tryon (UC Davis), Merissa Kado-Walton (UCSD), Claire Riley (San Diego County)	Meeting to discuss possible changes needed in the San Diego LHCN contract to address updated Deliverable timelines
4/26/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
4/26/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis), Sophie McMullen (UCSF)	Beehive weekly check-in/Aldea SOAR team meeting, DUP check-in
4/26/2023	MCC	Madison Miles, Katie Pierce, Susie Xiong, Andy Aguilar, Regina Graham, Mauricio Rodriguez (UC Davis), Anna Allard, Jasleen Tomm, Ivan Martinez (MCC)	MCC Team Meeting
4/21/2023	Lake	Valerie Tryon, Kathleen Nye, Nitasha Sharma (UC Davis), Jana Zeibeg, Elise Jones, Carrie Manning (Lake County)	EPI-CAL Beehive Pre-training meeting with Lake County
4/19/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
4/19/2023	MCC	Katie Pierce, Benda Avalos, Madison Miles, Andy Aguilar, Susie Xiong, Regina Graham, Mauricio Rodriguez, Khalima Bolden-Thompson (UC Davis), Adriana Niculescu, Jenna Cruz, Alisa Wood, Ivan Martinez, Brizia Martinez	MCC Team Meeting – Beehive tablets
4/12/2023	MCC	Mauricio Rodriguez, Khalima Bolden-Thompson, Madison Miles, Brenda Avalos, Regina Graham, Katie Pierce (UC Davis),	MCC Team Meeting

		Alisa Wood, Anna Allard, Gem Ward, Cindy Morgan, Ivan Martinez, Elaina, Katherine Jenna Cruz, Adriana Niculescu	
4/12/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
4/12/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), Valerie Tryon, Kathleen Nye, Sabrina Ereshefsky (UC Davis), Samantha Wettimuny (LACDMH), James Pelk, Gilbert Morquecho, Ali Jazayeri, Jenni Pineda, Lala Abed Cherharmeha, Mary Morris, Luis Cordova, Veny Okasinski, Hector Garcia, Jennifer Ramirez, Jose Sanchez, Michael Juarez, Natalie Pederson, Tara Omrani (IMCES)	Reviewing the intake workflow with IMCES to review where Beehive fits into their clinic process
4/12/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), Valerie Tryon, Kathleen Nye, Sabrina Ereshefsky (UC Davis), Samantha Wettimuny (LACDMH), Vanessa Jimenez, Patricia Pindeo-Urena, Liliana Rojas, Gloria Rodriguez, Stephanie Tovar, Natalie Navarrete, Luisana Salazar (SFVCMHC)	Reviewing the intake workflow with SFVCMHC to review where Beehive fits into their clinic process
4/7/2023	MCC	Madison Miles, Tara Niendam, Valerie Tryon (UC Davis), Cindy Morgan, Alisa Wood, Susie Xiong, Ivan Martinez, Estefanie Guillen, Amy Rosales, Gem Ward, Khalima Bolden-Thompson, Daisy Rios, Wendy Vasquez (MCC)	MCC Intake Workflow meeting
4/5/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
4/5/2023	MCC	Andy Aguilar, Madison Miles, Mauricio Rodriguez, Katie Pierce, Brenda Avalos, Susie Xiong (UC Davis), Ivan Martinez, Adriana Niculescu, Alisa Wood, Gem Ward, Jenna Cruz, Jasleen Tomm	MCC Team Meeting
4/4/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), Yair Torres, Carmen Joma, Destenie Hernandez, Norma Franco, Yency Garcia (The Whole Child)	The Whole Child Beehive Refresher training
4/4/2023	Los Angeles	Samantha Wettimuny, Kara Taguchi, Lisa Benson (Los Angeles), Heather Garman, Sophie McMullen (UCSF), Merissa Kado-Walton (UCSD)	LHCN County Data prospective data request meeting with Los Angeles county

3/30/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
3/29/2023	MCC	Andy Aguilar, Madison Miles, Mauricio Rodriguez, Katie Pierce (UC Davis), Brizia Martinez, Ivan Martinez, Alisa Wood, Cindy Morgan, Gem Ward, Dylan Burditt, Jenna Cruz, Anna Allard	
3/29/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
3/28/2023	MCC	Valerie Tryon, Kathleen Nye, Adrian Asbun, Katherine Nguyen, Katherine Pierce, Madison Miles, (UC Davis), Cindy Morgan, Daisy Rios, Daisy Rodriguez, Ivan Martinez, Gem Ward, Graciela Alvernaz, Estefania Guillen, Amy Rosales (MCC)	Beehive Part 1 training (Nevada and Colusa counties)
3/27/2023	Orange County	April Howard (Orange County), Sophie McMullen, Sarah Wright (UCSF), Yi Zhang, Sabrina Ferreira Loureiro (UC Davis), Merissa Kado-Walton (UCSD).	LHCN County Data prospective data request meeting with Orange County
3/23/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Tiffany Rivera (LIFE Path), Misha Carlson (UCSF)	Beehive weekly check-in/LIFE Path team meeting
3/22/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
3/22/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis), Misha Carlson (UCSF)	Beehive weekly check-in/Aldea SOAR team meeting, DUP check-in
3/21/2023	Solano	Valerie Tryon, Heather Garman, Sophie McMullen, Solano County: Cathy Woodhall, Lindsey Ryburn, Eugene Durrah	LHCN County Data Progress Check In Meeting
3/16/2023	Los Angeles	Tara Niendam (UC Davis), Merissa Kado-Walton, Maliha Safdar (UCSD), Samantha Wettimuny, Debbie Innes-Gomberg (LACDMH)	Follow-up discussion between EPI-CAL team and LACDMH to discuss outstanding items from in-person site visit
3/16/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
3/15/2023	MCC	Susie Xiong, Katie Pierce, Regina Graham, Madiosn Miles (UC Davis), Gem Ward, Dylan Burditt, ,Brizia Martinez, Alisa Wood, Adriana Niculescum Jasleen Tomm, Cindy Morgan, Anna Allard (UC Davis)	MCC Team Meeting
3/9/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose,	Beehive weekly check-in/LIFE Path team

		Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	meeting
3/8/2023	MCC	Valerie Tryon, Madison Miles, Chelyah Miller, Katie Sanford, Sabrina Ereshefsky, Nitasha Sharma, Katherine Nguyen, Kathleen Nye, Katie Pierce (UC Davis), Jenna Cruz, Jake Ballard, Dylan Burditt, Mauricio Rodriguez, Luisana Baires, Jessica Ramos, Esmeralda Curiel, Kimberly Lopez (Mono County)	Beehive Part 1 training (Mono county)
3/8/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
3/8/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
3/6/2023	San Diego	Merissa Kado-Walton (UCSD), Hope Graven, Abygail Martinez (Kickstart)	Call with Kickstart admin to explain client list confirmation for LHCN multi-county data extraction
3/2/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), Zeida Carnatz, Angeliza Ahmad, Erika Valle Alvarado, Melissa Rodriguez, Romina Mogtaderi, Chinenye Nwoke, Rosalina Sanchez, Carlos Velasco (The Help Group)	The Help Group Beehive check-in meeting
3/2/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
3/1/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
2/28/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), Yair Torres, Carmen Joma, Destenie Hernandez, Norma Franco, Yency Garcia (The Whole Child)	The Whole Child Beehive check-in
2/28/2023	Stanislaus	Nitasha Sharma (UC Davis), Christine Chane (LIFE Path)	Beehive Prescriber Training
2/27/2023	Orange	Merissa Kado-Walton, Maliha Safdar (UCSD), Mayra Pizeno (OC CREW)	Beehive introduction meeting
2/23/2023	Lake	Tara Niendam, Nitasha Sharma, Valerie Tryon, Kathleen Nye, Sabrina Ereshefsky, Mark Savill, Lindsay Banks (UC Davis), Elise Jones, April Giambra, Jana Zeibig, Carrie Manning (Lake County)	Lake County EPI-CAL intro meeting
2/23/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany	Beehive weekly check-in/LIFE Path team meeting

		Rivera (LIFE Path)	
2/22/2023	Los Angeles	Merissa Kado-Walton, Maliha Safdar (UCSD), James Pelk, Ali Jazayeri, Jenni Pineda, Lala Abed Cherharmeha, Mary Morris, Luis Cordova, Veny Okasinski, Hector Garcia, Jennifer Ramirez, Jose Sanchez, Michael Juarez, Natalie Pederson, Tara Omrani, Ito Udoeyop (IMCES)	IMCES Beehive check-in
2/22/2023	Los Angeles	SFVCMHC staff, Merissa Kado-Walton, Maliha Safdar (UCSD)	SFVCMHC Beehive bi-weekly check-in
2/22/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
2/21/2023	Lake	Tara Niendam, Valerie Tryon, Sabrina Ferreira Loureiro, Yi Zhang (UC Davis), Heather Garman, Sophie McMullen (UCSF), Merissa Kado-Walton (UCSD), Elise Jones, April Giambra, Jana Zeibig (Lake County)	LHCN County Data Project Introduction Meeting/Prospective Data Request
2/21/2023	Orange	April Howard (Orange), Tara Niendam, Sabrina Ferreira Loureiro, Yi Zhang (UC Davis), Sophie McMullen (UCSF), Merissa Kado-Walton (UCSD)	OC Inpatient Database Troubleshooting Follow Up
2/16/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
2/9/2023	Stanislaus	Nitasha Sharma (UC Davis), Paloma Parra (LIFE Path)	Beehive Troubleshooting Follow Up
2/9/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
2/9/2023	Stanislaus	Nitasha Sharma, Khalima Bolden-Thompson (UC Davis), Diane Rose (LIFE Path)	Increasing Support Person Engagement Coordination
2/8/2023	MCC	Tara Niendam, Valerie Tryon, Kathleen Nye, Madison Miles (UC Davis), Ezra Tanner, Alisa Wood, Gem Ward, Jasleen Tomm, Mike Crow, Ivan Martinez, Adriana Niculescu, Cindy Morgan, Anna Allard, Brizia Martinez, Sam Juarez (MCC)	Beehive Pre-training meeting
2/8/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
2/2/2023	Napa, Sonoma, Solano	Nicole Wettach (AldeaSOAR), Katherine Nguyen (UC Davis)	Beehive orientation for new clinician
2/1/2023	San Diego	Valerie Tryon (UC Davis), Merissa Kado-Walton, Maliha Safdar, Amanda McNamara (UCSD), Hope Graven, Abygail Martinez,	Meeting to discuss alternative methods to encourage client participation in EPI-CAL, including possible incentives for

		Mary Ellen Baracerros, Betty Norman, Karen Sivadge (Pathways Kickstart), Claire Riley (San Diego County)	completing Beehive surveys
2/1/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
2/1/2023	Orange	April Howard, Sophie McMullen, Sabrina Ferreira Loureiro, Yi Zhang	OC Inpatient Data Troubleshooting
1/26/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
1/25/2023-1/27/2023		Tara Niendam, Valerie Tryon, Khalima Bolden-Thompson (UC Davis), Merissa Kado-Walton, Maliha Safdar (UCSD), Debbie Innes-Gomberg, Samantha Wettimuny (LACDMH), SFVCMHC, IMCES, The Whole Child, The Help Group	In person site visit to LACDMH and LACDMH PIER programs to discuss LHCN progress
1/19/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
1/18/2023	Lake	Valerie Tryon (UC Davis), Elise Jones, April Giambra (Lake County)	Meeting to discuss next steps for the LHCN implementation after contract execution
1/18/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Madison Miles (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
1/12/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
1/11/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Chelyah Miller (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
1/5/2023	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Paloma Parra, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
1/4/2023	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
12/28/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
12/22/2022	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Paloma Parra, Dayana Lopez, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting

12/15/2022	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez, Andromeda Lascano, Tiffany Rivera (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
12/14/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
12/9/2022	MCC	Tara Niendam, Madison Miles, Valerie Tryon, Kathleen Nye, Katherine Pierce, Sabrina Ereshefsky, Mark Savill (UC Davis), Anna Allard (CalMHSA), Cindy Morgan, Bonny Long, Amy Rudkin, Jennifer Ramirez, Gem Ward, Danielle Vanaman (Nevada County), Brizia Martinez Kayla Rowland (Colusa County)	EPI-CAL Introductory Meeting
12/8/2022	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Enedelia Garcia, Denise Dillon, Paloma Parra, Dayana Lopez, Andromeda Lascano (LIFE Path)	Beehive weekly check-in/LIFE Path team meeting
11/30/2022	Napa, Sonoma, Solano	Kathleen Nye, Katherine Nguyen (UC Davis), Aldea SOAR Staff	Gathered use-case information for a Beehive feature in development that Aldea team had asked for
11/29/22	Napa, Los Angeles, San Diego, Orange, Stanislaus Sonoma, Lake, MCC, Solano	See Appendix III	EPI-CAL LHCN Advisory Committee Meeting
11/16/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
11/16/2022	Lake	Valerie Tryon (UC Davis), Elise Jones, April Giambra, Zabdy Neria (Lake County)	Lake County EP LHCN meeting – discuss expected plan and timeline for Lake County joining LHCN, describe Advisory Committee meeting
11/16/2022	Solano, Los Angeles	Tara Niendam, Valerie Tryon (UC Davis), Samantha Wettimuny (Los Angeles), Tracy Lacey (Solano)	Presentation on EP LHCN progress to CBHDA
11/16/2022	Los Angeles	Merissa Kado-Walton, Amanda McNamara (UC San Diego), Vanessa Jimenez, Gloria Rodriguez, Patricia Pinedo-Urena, Luisana Salazar, Liliana Rojas, Natalie Navarrete, Stephanie Tovar (SFVCMHC)	Beehive Refresher Training

11/9/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
11/4/2022	Los Angeles	Tara Niendam (UC Davis), Merissa Kado-Walton (UC San Diego), Samantha Wettimuny (LACDMH)	Check in to discuss Beehive client enrollment/engagement across LA County sites
11/4/2022	Los Angeles	Merissa Kado-Walton (UC San Diego), Rachel Lowey, Sophie McMullen (UCSF), Yi Zhang (UC Davis), Paul Arns, Lisa Benson, Samantha Wettimuny (LACDMH)	Call to discuss problems with discharge dates for inpatient stays in LA retrospective dataset
10/28/2022	Napa, Sonoma, Solano	Rose Perez (AldeaSOAR), Katherine Nguyen (UC Davis)	Reviewed how to access clinician entered data and how to close client episodes
10/26/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
10/22/2022	Stanislaus	Kathleen Nye, Valerie Tryon, Nitasha Sharma, Tara Niendam (UC Davis), Diane Rose (LIFE Path)	Check in regarding site progress. Call to address questions regarding county requirements.
10/19/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
10/19/2022	Orange	Valerie Tryon, Sabrina Ereshefsky, Kathleen Nye, Adrian Asbun (UC Davis), Amanda McNamara, Merissa Kado-Walton (UC San Diego), Laura Venegas, Adolfo Chavez, Nenita Hernandez, Carlos Martinez, Hilary Peralta (OC CREW)	Beehive Refresher Training
10/14/2022	Solano	Kathleen Nye, Valerie Tryon, Katherine Nguyen, Chelyah Miller, Madison Miles, Nitasha Sharma, Katherine Pierce, Adrian Asbun (UC Davis), Amanda McNamara, Merissa Kado-Walton (UC San Diego), Naesha Wells	Beehive drop-in training/office hours
10/13/2022	Stanislaus	Tara Niendam Valerie Tryon, Nitasha Sharma (UC Davis), Diane Rose, Tiffany Rivera (LIFE Path)	Follow-up meeting to discuss EPI-CAL project progress, county reporting requirements, and other possible barriers to Beehive enrollment
10/12/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
10/6/2022	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Lourdes Santos-Ortega, Dayana Lopez,	Beehive weekly check-in/LIFE Path team meeting

		Andromeda Lascano, Tiffany Rivera (LIFE Path)	
10/5/2022	Napa, Los Angeles, San Diego, Orange, Stanislaus Sonoma, Lake, MCC, Solano		EPI-CAL Learning Collaborative presented by the TTA
10/5/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
9/28/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
9/26/2022	Los Angeles	Merissa Kado-Walton (UCSD), James Pelk, Gilbert Morquecho (IMCES)	Call to address questions related to Beehive functions and client enrollment, and to confirm deletion of duplicate Beehive profiles.
9/22/2022	Stanislaus	Kathleen Nye, Nitasha Sharma, Katherine Nguyen, Chelyah Miller, Madison Miles, Adrian Asbun (UC Davis), Merissa Kado-Walton (UC San Diego), Paloma Parra, Diane Rose, Andromeda Lascano, Dayana Lopez, Lourdes Santos-Ortega (LIFE Path)	Beehive Part 3 Training
9/21/2022	Napa, Sonoma, Solano	Carissa Piercy, Naesha Wells, Lupita Barboza (Aldea SOAR), Katherine Nguyen (UC Davis)	Introduction to Beehive Training
9/21/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
9/14/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
9/13/2022	Napa, Sonoma, Solano	Tara Niendam, Valerie Tryon, Kathleen Nye, Katherine Nguyen (UC Davis), Natalia Martinez, Sarada Oglesby, Caroli Quiroz, Nati Magallon (Aldea SOAR programs)	EPI-CAL/Beehive check-in meeting
9/8/2022	Stanislaus	Tara Niendam, Valerie Tryon, Kathleen Nye, Nitasha Sharma (UC Davis), Diane Rose (LIFE Path)	EPI-CAL/Beehive check-in meeting
9/7/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
9/7/2022	Los Angeles	Tara Niendam, Valerie Tryon, Kathleen Nye (UC Davis), Amanda McNamara (UCSD), Debbie Innes-Gomberg, Samantha	EPI-CAL/Beehive check-in meeting

		Wettimuny (LACDMH)	
8/31/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
8/31/2022	Los Angeles	Tara Niendam, Valerie Tryon (UC Davis), Amanda McNamara, Merissa Kado-Walton (UCSD), Samantha Wettimuny (LACDMH)	EPI-CAL/Beehive check-in meeting
8/29/2022	Orange	Amanda McNamara (UCSD), Kathleen Nye (UC Davis), Luke Tostado (OC Crew)	Call to discuss Beehive network issues
8/24/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
8/24/2022	Orange	Tara Niendam, Valerie Tryon, Kathleen Nye (UC Davis), Amanda McNamara, Merissa Kado-Walton (UCSD), Hilary Peralta, Raquel Williams (OC CREW)	EPI-CAL/Beehive check-in meeting
8/22/2022	Los Angeles	Merissa Kado-Walton (UCSD), Samantha Wettimuny (LACDMH)	Call to discuss questions related to the LA datasets for the mutli-county analysis.
8/22/2022	San Diego	Tara Niendam, Valerie Tryon, Kathleen Nye (UC Davis), Amanda McNamara, Merissa Kado-Walton (UCSD), Hope Graven, Abygail Martinez (Pathways Kickstart)	EPI-CAL/Beehive check-in meeting
8/19/2022	Sonoma, Solano, Los Angeles, Sacramento	Katherine Nguyen, Kathleen Nye, Sabrina Ereshefsky, Adrian Asbun, Katie Pierce, Madison Miles, Chelyah Miller, Valerie Tryon (UC Davis), Merissa Kado-Walton, Amanda McNamara (UCSD), Caroli Quiroz (Aldea SOAR Sonoma), Peter Chow (Aldea SOAR Solano), Gloria Rodriguez (SFVCMHC), Mallory Kidwell, Roberto Lopez, Stephanie Rivera, Susie Xiong, Andy Aguilar, Yen-Ling Chen, Josephine Lumaquin, Taylor Bucher (SacEDAPT)	EPI-CAL Network-wide Beehive Part 2 Drop-In Training
8/18/2022	Stanislaus	Rachel Loewy, Heather Garman, Christopher Blay (UCSF), Yi Zhang (UC Davis), Miranda Chalabi, Diane Rose, Lisa Velarde, Tiffany Rivera (Stanislaus County)	Call to go delineate county-level retrospective data request
8/18/2022	Orange	Valerie Tryon (UC Davis), Hilary Peralta, Raquel Williams (OC CREW)	Meeting to cover program-level survey data
8/17/2022	Solano	Valerie Tryon (UC Davis), Julie Falicki, Sarada Oglesby (Aldea SOAR Solano)	Meeting to cover program-level survey data
8/15/2022	Stanislaus	Nitasha Sharma, Valerie Tryon (UC Davis), Diane Rose, Paloma Parra, Andromeda Lascano, Lisset Castillo, Lourdes Santos-Ortega (LIFE Path)	Clinician Data Entry Workflow Meeting
8/15/2022	Napa, Sonoma, Solano	Rose Perez (Aldea SOAR), Katherine Nguyen (UC Davis)	Call to discuss Beehive questions
8/12/2022	Solano, Sacramento	Valerie Tryon, Sabrina Ereshefsky, Madison Miles, Katherine Nguyen, Adrian Asbun (UC	EPI-CAL Network-wide Beehive Part 1 Drop-In Training

		Davis), Merissa Kado-Walton (UCSD), Peter Chow (Aldea SOAR Solano), Josephine Lumaquin, Yen-Ling Chen, Susie Xiong, Roberto Lopez, Andy Aguilar, Stephanie Rivera, Taylor Bucher (SacEDAPT)	
8/10/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
8/4/2022	Napa, Sonoma, Solano	Caroli Quiroz (Aldea SOAR), Katherine Nguyen (UC Davis)	Introduction to Beehive Training
8/3/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
7/29/2022	Los Angeles, Stanislaus, San Diego	Kathleen Nye, Valerie Tryon, Chelyah Miller, Nitasha Sharma, Madison Miles (UC Davis), Amanda McNamara, Merissa Kado-Walton (UCSD), Dayana Lopez, Lourdes Santos-Ortega (LIFE Path), Gloria Rodriguez, Luisana Salazar, Vanessa Jimenez (SFVCMHC), Armita Kadivar (UCSD CARE)	EPI-CAL Network-wide Beehive Part 2 Training
7/27/2022	Kern	Valerie Tryon (UC Davis), Christina Rajlal, Mayra Munoz, Nadine Stuart (Kern County)	Call to discuss Kern County contract
7/27/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
7/25/2022	Napa	Rachel Loewy, Christopher Blay, Heather Garman (UCSF), Andrew Padovani (UC Davis), Felix Bedolla, Michael Mills, Erika Hurtado-Ponce, Liset Esqueda, Lynette Lawrence, Tyrone Navarro, Jennifer Menges, Sandra Schmidt (Napa County)	Call to go delineate county-level retrospective data request
7/22/2022	Los Angeles, Sonoma, Napa, Solano, San Diego, Sacramento	Kathleen Nye, Valerie Tryon, Katherine Nguyen, Chelyah Miller, Adrian Asbun, Madison Miles (UC Davis), Amanda McNamara, Merissa Kado-Walton (UCSD), Dayana Lopez, Lourdes Santos-Ortega (LIFE Path), Gloria Rodriguez, Luisana Salazar, Vanessa Jimenez, Stephanie Tovar (SFVCMHC), Luis Cordova (IMCES), Irwin Castro (The Whole Child), Armita Kadivar (UCSD CARE), Destiny Waetchler, Caroli Quiroz (Aldea SOAR), Mallory Kidwell, Brittany Villalpando (SacEDAPT)	EPI-CAL Network-wide Beehive Part 1 Training
7/21/2022	Napa	Valerie Tryon (UC Davis), Felix Bedolla, Liset Esqueda (Napa County)	Call to discuss IRB items for Napa County review
7/20/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
7/18/2022	Los Angeles	Heather Garman, Christopher Blay, Rachel	Call to discuss details and potential

		Loewy (UCSF), Merissa Kado-Walton (UCSD), Samantha Wettimuny, Yen-Jui Lin, Paul Arns, Kara Taguchi, Lisa Benson (Los Angeles County)	issues with received retrospective county data
7/15/2022	Stanislaus	Nitasha Sharma (UC Davis), Diane Rose, Paloma Parra, Andromeda Lascano, Lisset Castillo, Lourdes Santos-Ortega (LIFE Path)	Call to discuss Beehive updates and answer questions
7/15/2022	Napa, Sonoma, Solano	Alice Anamosa (Aldea SOAR), Katherine Nguyen (UC Davis)	Call to discuss Beehive questions regarding client surveys and urgent clinical issues
7/14/2022	Napa, Sonoma, Solano	Katherine Nguyen, Kathleen Nye (UC Davis), Sarada Oglesby, Natalia Martinez (Aldea SOAR programs)	Intake Workflow meeting
7/13/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting
7/6/2022	Napa, Sonoma, Solano	Aldea SOAR staff, Katherine Nguyen (UC Davis)	Beehive weekly check-in/Aldea SOAR team meeting

Appendix II: Advisory Committee Meeting Agenda



California Early Psychosis Learning Health Care Network

Advisory Committee Meeting Agenda

Tuesday June 6th, 2023

11:00am-1:00pm

1. Welcome!
2. Progress to date – including sharing data!
 - a. 11:05am: Beehive enrollment update – Kathleen Nye
 - b. 11:15am: DUP Project update – Misha Carlson
 - c. 11:25am: EPI-CAL Feasibility and Preliminary Results – Valerie Tryon, PhD
 - d. 11:40pm: High ACEs in individuals with early psychosis associated with housing instability and suicidal ideation – Tara Niendam, PhD
 - e. 11:55am: Importance of lived and living experience integration in early psychosis coordinated specialty care: Fostering a climate of recovery – Sabrina Ereshefsky, PhD
 - f. 12:15pm: One Mind at Work – Building the future of workplace mental health – Christina McCarthy
 - g. 12:30pm: Discuss renewal of LHCN innovation project and close – Tara Niendam, PhD

Discussion with and questions for the Advisory Board will be presented for each topic.

Appendix III: Advisory Committee Attendees

<u>Attendee Name</u>	<u>Attendee Role</u>
Bonnie Hotz	Parent Partner, Former Family Advocate for SacEDAPT
Rachel Hotz	Peer Partner
Tara Niendam	Professor, EPI-CAL Principal Investigator
Valerie Tryon	EPI-CAL Project Manager
Kathleen Nye	EPI-CAL Training & Beehive Development Project Manager
Sabrina Ereshefsky	EPI-CAL Staff Psychologist
Nitasha Sharma	EPI-CAL Outcomes Junior Specialist
Katherine Nguyen	EPI-CAL Outcomes Junior Specialist
Madison Miles	EPI-CAL Outcomes Junior Specialist
Merissa Kado-Walton	EPI-CAL UCSD Program Evaluations Specialist
Chelyah Miller	EPI-CAL Junior Specialist
Katie Pierce	EPI-CAL Postdoctoral Scholar
Lindsay Banks	EPI-CAL Clinical Research Coordinator
Mark Savill	Co-investigator for EPI-CAL, UCD Assistant Adjunct Professor
Karina Muro	EPI-CAL Assistant Clinical Professor
Stephania Hayes	EPI-CAL Assistant Professor
Jayde Black	EPI-CAL project coordinator
Yi Zhang	EPI-CAL postdoctoral scholar/statistician
Misha Carlson	EPI-CAL UCSF Clinical Research Coordinator
Martha Shumway	EPI-CAL UCSF Co-investigator
Kristin LaCross	EPI-CAL UCSF Psychologist
Sarah Wright	EPI-CAL UCSF Clinical Research Coordinator
Maliha Safdar	EPI-CAL UCSD Program Evaluations Specialist
Carrie Bearden	UCLA CAPPs Program Director
Jamie Zinberg	UCLA CAPPs Treatment Director
Bernalyn Ruiz	UCLA CAPPs Bilingual Clinical Psychologist
Samantha Wettimuny	Program Lead for PIER Early Psychosis Los Angeles County
Debbie Innes-Gomberg	Deputy Director, Los Angeles County Department of Mental Health
Keith Nuechterlein	UCLA Aftercare Program Director

Gem Ward	Victor Community Support Services, Nevada County
Cindy Morgan	Nevada County Children's Behavioral Health
Hope Graven	Program Director- Kickstart San Diego
Janelle Villalba	Project Manager for Stanislaus County MHSA Programs
Dayana Lopez	Behavioral Health Specialist at LIFE Path
Carlos Cervantes	Stanislaus County MHSA Manager
Vanessa Jimenez	Program Manager, San Fernando Valley Community Mental Health Clinic
Luisana Salazar	Case Manager, San Fernando Valley Community Mental Health Clinic
Stephanie Tovar	Case Manager, San Fernando Valley Community Mental Health Clinic
Gloria Rodriguez	Clinician, San Fernando Valley Community Mental Health Clinic
Liliana Rojas	Clinician, San Fernando Valley Community Mental Health Clinic
Adriana Furuzawa	Early Psychosis Division Director of Felton Institute
Yelice Corea	Nurse Practitioner, Felton Institute San Mateo
Zeida Carnatz	Data Collection Specialist, The Help Group
Luke Tostado	Therapist, OC CREW
Laura Venegas	Behavioral Health Clinical Interventionist, OC CREW
Monica Gallegos	Service Chief I, OC CREW
Ambar Green	Clinician, OC CREW
Nenita Hernandez	Nurse, OC CREW
Mayra Pizeno	Clinician, OC CREW
Kristin Cadenhead	Medical Director of UCSD CARE Program
Destiny Waechtler	SOAR Admin Program Director at Aldea- Napa/Solano/Sonoma Counties
Whitney O'Connell	UCSF Path Program Therapist
Daniel Mathalon	UCSF Path Program Director
Chris Perry	UCSF Path Program Clinical Program Coordinator and Therapist
Demian Rose	UCSF Path Program Medical Director
Carrie Manning	Supervising Behavioral Health Clinical Specialist, Lake County Behavioral Health
Jana Zeibig	Supervising Behavioral Health Clinician, Lake County Behavioral Health

Shannon Pagdon	Stanford Clinical Research Coordinator
Apurva Bhatt	UC Davis EDAPT/SacEDAPT Psychiatrist
Camden Trapp	MHSA Program Specialist, Kern County
Brea Barajas	Kern County Behavioral Health Supervisor
Barrett Lehnen	One Mind at Work
Christina McCarthy	Executive Director of One Mind at Work
Brandon Staglin	President of One Mind

References

- Addington, D. E. (2021). First Episode Psychosis Services Fidelity Scale (FEPS-FS 1.0) and Manual. University of Calgary Press.
- Addington, D., Noel, V., Landers, M. and Bond, G.R., 2020. Reliability and feasibility of the first-episode psychosis services fidelity scale—revised for remote assessment. *Psychiatric Services*, 71(12), pp.1245-1251.
- Durbin, J., Selick, A., Langill, G., Cheng, C., Archie, S., Butt, S. and Addington, D.E., (2019). Using fidelity measurement to assess quality of early psychosis intervention services in Ontario. *Psychiatric Services*, 70(9), pp.840-844.
- Guo, X., Zhai, J., Liu, Z., Fang, M., Wang, B., Wang, C., Hu, B., Sun, X., Lv, L., Lu, Z. and Ma, C., (2010). Effect of antipsychotic medication alone vs combined with psychosocial intervention on outcomes of early-stage schizophrenia: a randomized, 1-year study. *Archives of general psychiatry*, 67(9), pp.895-904.
- Heinssen, R. K., A. B. Goldstein, and S. T. Azrin. "Evidence-based treatments for first episode psychosis: components of coordinated specialty care." National Institute of Mental Health (2014).
- Kane, J.M., Robinson, D.G., Schooler, N.R., Mueser, K.T., Penn, D.L., Rosenheck, R.A., Addington, J., Brunette, M.F., Correll, C.U., Estroff, S.E. and Marcy, P., (2016). Comprehensive versus usual community care for first-episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *American Journal of Psychiatry*, 173(4), pp.362-372.
- Secher, R. G., Hjorthøj, C. R., Austin, S. F., Thorup, A., Jeppesen, P., Mors, O., & Nordentoft, M. (2015). Ten-year follow-up of the OPUS specialized early intervention trial for patients with a first episode of psychosis. *Schizophrenia Bulletin*, 41(3), 617-626.
- Niendam, T. A., Sardo, A., Trujillo, A., Xing, G., Dewa, C., Soulsby, M., . . . Melnikow, J. (2016). *Deliverable 3: Report of Research Findings for SacEDAPT/Sacramento County Pilot: Implementation of Proposed Analysis of Program Costs, Outcomes, and Costs Associated with those Outcomes*. (12MHSOAC010).



A Tradition of Stewardship
A Commitment to Service

**NOTICE FOR PUBLIC REVIEW AND COMMENT FOR THE
BEHAVIORAL HEALTH DIVISION'S DRAFT MENTAL HEALTH SERVICES
ACT (MHSA) FISCAL YEAR (FY) 24-25 ANNUAL UPDATE TO THE
THREE-YEAR PLAN FOR FY 23-24 TO FY 25-26**

NOTICE IS HEREBY GIVEN BY THE NAPA COUNTY BEHAVIORAL HEALTH DIVISION that the Division shall conduct a 30-day public review and comment period regarding the Napa County Behavioral Health (BH) Division's DRAFT Mental Health Services Act (MHSA) FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26 (hereafter MHSA FY 24-25 Annual Update).

Comments regarding the BH Division's MHSA FY 24-25 Annual Update should be presented in writing or by email during the 30-day public review and comment period.

The 30-day Public Review and Comment Period for the BH Division's MHSA FY 24-25 Annual Update will take place from Friday, July 12th to Monday, August 12th, 2024. Written comments may be submitted at any time during the public review and comment period but must be received by Monday, August 12th, 2024.

Written public comments can be submitted by email at MHSA@countyofnapa.org, at the HHSA BH Division Administration Office on the 2nd Floor of Building A, 2751 Napa Valley Corporate Drive in Napa, or at the Monday, August 12th, Behavioral Health Board Meeting.

A public hearing will be held at a publicly noticed meeting of the Napa County Behavioral Health Board, which will take place on Monday, August 12th, 2024, at 4pm at Health and Human Services Agency, 2751 Napa Valley Corporate Drive, Building A, 1st Floor, Oak Conference Room, Napa, CA 94559.

DATED: Friday, July 12, 2024

A handwritten signature in black ink, appearing to read "Cassandra Eslami".

Cassandra Eslami, LMFT
Behavioral Health Director
Napa County



A Tradition of Stewardship
A Commitment to Service



**Behavioral Health Board Meeting
August 12, 2024
Napa County Health & Human Services
2751 Napa Valley Corporate Drive
Building A, Oak Conference Room
4:00 p.m. – 6:00 p.m.**

Kristine Haataja Chair	Patricia Sullivan Vice Chair	Sup. Ryan Gregory Member & BOS Liaison	Etta Williams Member	Shauna Tackett Member
Elmer Manaid Member	William Chadwick Member	Elisabeth Brumley Member	Rob Palmer Member	Rose Sheehan Member
Victoria Spencer Member	Orion Taraban Member	Marion Villalba Member	Jenna Bolyarde Member	Jeffrey Dickinson Member Greg Clark Member

Cassandra Eslami, Behavioral Health Director,
Napa County
Health & Human Services Liaison

GENERAL INFORMATION

The Mental Health Board meets the second Monday of each month at 4:00 p.m. at 2751 Napa Valley Corporate Drive, Napa, California 94558 in Building A, Oak Conference Room. The meeting room is wheelchair accessible. Assistive listening devices and interpreters are available through the Mental Health Board Secretary. Requests for disability related modifications or accommodations, aids or services may be made to the Mental Health Board Secretary’s office no less than 72 hours prior to the meeting date by phoning (707) 299-2101.

All materials relating to an agenda item for an open session of a regular meeting of the Mental Health Board which are provided to a majority or all of the members of the Board by Board members, staff or the public within 72 hours of but prior to the meeting will be available for public inspection, on and after at the time of such distribution, in the office of the Mental Health Board Secretary, 2751 Napa Valley Corporate Drive, Building A, Napa, California 94558, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m., except for County holidays. Materials distributed to a majority or all of the members of the Board at the meeting will be available for public inspection at the public meeting if prepared by the members of the Board or County staff and after the public meeting if prepared by some other person.

Availability of materials related to agenda items for public inspection does not include materials which are exempt from public disclosure under Government Code sections 6253.5, 6254, 6254.3, 6254.7, 6254.15, 6254.16, or 6254.22..

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under the Public Comment portion of this agenda. Give your name and your comments or questions. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period.

Time limitations shall be three minutes per speaker.

1. CALL TO ORDER

2. ROLL CALL/INTRODUCTIONS

3. PUBLIC COMMENT

In this time period, anyone may address the Mental Health Board of Napa County regarding any subject over which the Board has jurisdiction, but which is not on today's posted agenda. In order to provide all interested parties an opportunity to speak, time limitations shall be at the discretion of the Chair.

No action or discussion will be undertaken on any item raised during this Public Comment period except that Mental Health Board members or its staff may briefly respond to statements made or questions posed. In addition, in response to questions posed, the Mental Health Board may ask a question for clarification, request staff to report back at a subsequent meeting concerning the question posed, or direct staff to place the matter on a future agenda.

4. BOARD MEMBER ANNOUNCEMENTS

In this time period, Mental Health Board members may share information and announcements. In order to provide all interested parties an opportunity to speak, time limitations shall be at the discretion of the Chair.

5. APPROVAL OF CONSENT ITEMS (action required)

A. Approval of Minutes from the July 8, 2024, meeting

6. OLD BUSINESS

A. None

7. NEW BUSINESS (discussion / action)

- A. Napa County MHSA FY24-25 Update to the 3-yr FY23-24 to FY25-26 & Public Hearing- Felix Bedolla
- B. Election of Executive Committee At Large Members-Nominees Rose Sheehan, Bill Chadwick, Jeff Dickinson
- C. Approval of Revised 2024-25 Meeting Calendar
- D. Review & Approval of Annual Report
- E. Review & Approval 2024-25 Board Goals
- F. Behavioral Health Director's Report
- G. Committee/Work Group Updates
- H. CALBHBC Update

8. OTHER ANNOUNCEMENTS

- 1. Speaker Schedule for 2023-24
 - a. September: Panel Presentation- Mental Health Needs of Survivors of Domestic Violence-Tracy Lamb (NEWS), Erin Harper (DA's Victim Witness Program), Jessica Solano (Courage Center), Michele Farhat (Monarch Justice Center)
- 2. Napa County Behavioral Health Board web page includes BHB meeting agendas and minutes: [Behavioral Health Board | Napa County, CA \(countyofnapa.org\)](https://www.countyofnapa.org/behavioral-health-board)
- 3. Next BH Board Meeting, TDB, 2024, 4:00 to 6:00 pm.
- 4. Next Executive Committee Meeting, TDB, 2024, 3:30 – 4:30 pm

9. ADJOURNMENT

Appendix 9

Public Comments received during the Public Hearing at the Behavioral Health Advisory Board Meeting on August 12, 2024, regarding the Napa County MHSA FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26

Public Hearing Questions or Comments:

1. A Behavioral Health Board Member commented that the number of units listed for the Hartle Court Supportive Housing Complex in the Community Services and Supports Housing narrative were incorrect.

Response

Staff consulted with Progress Foundation staff following the meeting and confirmed that the number of units listed – 21 – was incorrectly stated. The Community Services and Supports Housing narrative in Annual Update has been updated with the correct number of units – 21.

2. The same BH Board Member also commented the Hartle Court Supportive Housing Complex units do not provide air conditioning to residents, which was stated in Community Services and Supports Housing narrative in the Annual Update.

Response

Staff consulted with Progress Foundation staff following the meeting and confirmed that the air conditioning is not provided in the Hartle Court Supportive Housing Complex units and have deleted that reference in the narrative.

3. A community member attending the meeting asked if the Behavioral Health Division would be conducting community planning meetings before the next Annual Update.

Response

Staff responded that there will be ongoing community planning meetings in preparation for the FY 24-25 Annual Update to the Three Year Plan for FY 23-24 to FY 25-26 to educate local stakeholders of the changes that are coming as the Mental Health Services Act transitions to the Behavioral Health Services Act.