2026 - 2029 Integrated Plan

Napa County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission
County

Entity Name
Napa County

Behavioral Health Agency Name
Napa County Health and Human Services, Behavioral Health

Behavioral Health Agency Mailing Address
2751 Napa Valley Corporate Drive Building A Napa, CA 94558

Primary Mental Health Contact

Name
Joseph Hallett

Email
joseph.hallett@countyofnapa.org

Phone
7072991537

Secondary Mental Health Contact

Name
Chelsea Stoner

Email
chelsea.stoner@countyofnapa.org

Phone
7072534103

Primary Substance Use Disorder Contact

Name
Zachariah Todd

Email
zachariah.todd@countyofnapa.org

Phone
7072992119

Secondary Substance Use Disorder Contact

Name
Joseph Hallett

Email
joseph.hallett@countyofnapa.org

Phone
7072991537

Primary Housing Interventions Contact

Name
Jenna Bolyarde

Email
jenna.bolyarde@countyofnapa.org

Phone
7072991562

Compliance Officer for Specialty Mental Health Services (SMHS)

Name
Latoya Akil

Email
latoya.akil@countyofnapa.org

Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name
Latoya Akil

Email
latoya.akil@countyofnapa.org

Behavioral Health Services Act (BHSA) Coordinator

Name	Email address
Marlo Simmons	marlo.simmons@countyofnapa.org

Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name	Email address
Sandra Schmidt	sandra.schmidt@countyofnapa.org

Quality Assurance or Quality Improvement (QA/QI) lead

Name	Email address
Marlo Simmons	marlo.simmons@countyofnapa.org

Medical Director

Name	Email address
Daisy Illano	daisy.illano@countyofnapa.org

County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	**Number of Children and Youth Under Age 21**
Received Medi-Cal Specialty Mental Health Services (SMHS)	586
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	000
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	116
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	62

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	11
Were chronically homeless or experiencing homelessness or at risk of homelessness	46
Were in the juvenile justice system	146
Have reentered the community from a youth correctional facility	134
Were served by the Mental Health Plan and had an open child welfare case	82
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	44

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	98

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	398
Received Medi-Cal SMHS	2139
Received DMC or DMC-ODS services	537
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	293
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	278

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	199
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	172
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	371
Were in the justice system (on parole or probation and not currently incarcerated)	71
Were incarcerated (including state prison and jail)	707
Reentered the community from state prison or county jail	653
Received acute psychiatric services	261

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate

462

Admitted for 14-day and 30-day periods of intensive treatment
316

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
21

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
28

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
Yes

Please explain
We have very recently (10/1/25) switched EHRs from Credible to SmartCare. There were a few questions for which we needed to apply different methodologies for extrapolating data from data points that we were able to pull from our EHR. For CWS questions, we found the percentage of CWS cases which also received an SMHS using the data source provided in the data dictionary. We then used this percentage as the multiplier to find the estimated number of DMC-ODS cases with an open CWS case. For Youth Homelessness question: We utilized the CA Dept of Education Dwelling type data source and used the total to identify the % of the same age group from the Napa County census. This returned that 3.21% of Napa Youth are homeless. Using this % of the Youth receiving SMHS and/or SUD services reported in the earlier question gave us our answer of 23 clients. We know that Youth receiving SMHS and/or SUD services experience higher rates of housing instability than the general youth population so for planning purposes, we applied a 2× adjustment to the general population homelessness rate, estimating 46 youth served by SMHS and DMC-ODS were chronically homeless or at risk of homelessness in 2025.

Please describe the local data used during the planning process
Our EHR (Credible), 2024 PIT Counts, 2024 Homeless Enrollment by Dwelling Type, LPS Data 23/24 from Forensic EHR and Patient's Rights material, Data Dictionary manual sites, Local /current CES data, Current HMIS data

If desired, provide documentation on the local data used during the planning process

Local CARE Act Implementation

Identify the specific service components within your 3-year Integrated Plan that will support CARE participants. Explain how the county will ensure these individuals receive priority access and specialized coordination within the broader behavioral health continuum, including housing if appropriate.

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) are both identified within the 3-year Integrated Plan as specific service modalities being implemented by Napa County Health & Human Services Agency's Behavioral Health. All CARE participants will receive either ACT or FACT as their dedicated treatment program.

Both ACT and FACT have ongoing engagement as a required service component. The Plan specifically identifies that ongoing engagement is to include "outreach during transitions such as hospitalization, housing changes, or justice involvement; coordination across behavioral health, housing, medical, and social service partners; and use of flexible supports to address practical barriers to participation. This ongoing engagement component will ensure that, as new and specific needs arise for any given individual, they will be provided with specialized coordination by the ACT/FACT team to the broader behavioral health continuum of care.

CARE participants have specific priority access to dedicated housing resources through a Napa County-Community Provider partnership which was opened with BHBH dollars and is transitioning to BHSA dollars in 27/28.

Another specific service component within our 3-year Integrated Plan that will support CARE participants is the expansion of the Behavioral Health Medication Clinic (Page 98. The expansion of the Clinic coincides with a CARE-specific psychiatrist and psychiatric nurse. This ensures that CARE participants receive priority access to their treating providers at the Behavioral Health Medication Clinic. This provides rapid response to emergent treatment and stabilization needs, as well as regular and close communication between the psychiatric treatment team with the CARE team. Under the implementation of ACT and FACT, this relationship will be formalized to recognize those Medication Clinic members as regular, participating members of the ACT and FACT team.

Describe how CARE referral pathways will be integrated into existing referral and service pathways within the county behavioral health system.

CARE referral pathways are integrated into existing referral and service pathways within the county behavioral health system. Those who are referred to CARE are guided by the CARE team through the

established intake and assessment process for existing services such as Substance Use Disorder (SUD) and Medication Management.

For any individuals who may be referred to Napa County for CARE, but do not reside in or wish to engage in services within Napa County, the CARE team employs direct case management services to coordinate directly with the client and desired or appropriate county and service providers to ensure access to treatment and services elsewhere.

Within Napa Behavioral Health we have a specific Intra-Division Referral Form that County Behavioral Health providers use to identify and refer individuals who are likely to meet CARE criteria. This triggers outreach to the individual by the CARE team. If outreach and engagement activities contribute to a clinical determination that the individual meets CARE criteria, the CARE team drafts and submits a CARE 102 Petition to the Court. Those outside of the Behavioral Health Division who wish to refer clients to CARE are provided direct consultation and education on the petition process. Napa Behavioral Health's CARE Unit does not accept external referrals and instead encourages petitions so that the Civil Court can become involved and issue a CARE 105 Order to direct Behavioral Health to begin the clinical investigation and the outreach and engagement process, formally.

Describe the process for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate. For individuals redirected from CARE, describe how the county will confirm and document successful connection to services.

The CARE team works, in each case, to identify and redirect individuals who are potentially eligible for CARE to alternative pathways of treatment & support to ensure the least restrictive, effective form of support is made available when clinically indicated.

We utilize our established ACCESS intake, assessment and services referral unit. Individuals referred to CARE in Napa County are directly guided by the CARE team through the Behavioral Health ACCESS Unit process. This takes place either following or during (when participants are agreeable to services) the CARE investigation period when program eligibility is being determined. This ensures that individuals referred to CARE will have access to all available county treatments supports. A similar process is employed to encourage and make treatment available for Substance Use Disorder (SUD) to ensure a whole-person approach to treatment and recovery is provided to all CARE individuals. Similarly, those referred to CARE are guided through our established service pathway (Self-Sufficiency) for social resources and insurance access; and through established service pathways in the county that address housing, employment and food insecurity. The CARE team explores all areas of client need for those referred to the program. Direct linkage and support through accessing other, established pathways to support are provided by the CARE team.

Documenting successful connection to services for those redirected from CARE is reflected in our Electronic Health Record in the form of individual notes and progression of Program (treatment team) Assignments.

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?
Yes

Please select which of the following EHRs the county uses
SmartCare

County participates in a Qualified Health Information Organization (QHIO)?
Yes

Please select which QHIO the county participates in
SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
https://documentation.qualifacts.com/platform/credible/credible-fhir.html#patients

Does the county wish to disclose any implementation challenges or concerns with these requirements?
Yes

Please describe these challenges and concerns
We have switched from Qualifacts Credible to SmartCare as of October 1, 2025. Our API link is for the Credible system but we are working with SmartCare to develop the API for SmartCare to implement and configure the required FHIR-based APIs for the SmartCare environment. As part of this transition, the County will update the public API information on its Behavioral Health website to reflect the SmartCare system, including current information on API access and request procedures, once implementation is complete.

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 **,** 23-057 **, and** 24-016 **. Does the county wish to disclose any implementation challenges or concerns with these requirements?**
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant **during the Integrated Plan period?**
Yes

Please select all services the county behavioral health system plans to provide under the PATH grant
Case Management Services
Community Mental Health Services
Outreach services

Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services
Screening and Diagnostic Treatment Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?
Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG
Discretionary/Base Allocation
Dual Diagnosis Set-Aside
First Episode Psychosis Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?
Yes

Please select all set-asides that the county behavioral health system participates in under SUBG
Adolescent/Youth Set-Aside
Discretionary
Perinatal Set-Aside
Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E
Address The Needs of Criminal Justice-Involved Persons
Address The Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
Connect People Who Need Help to The Help They Need (Connections to Care)
Leadership, Planning, and Coordination
Prevent Misuse of Opioids
Prevent Overdose Deaths and Other Harms (Harm Reduction)
Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)
Training

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).
a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management

f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
Assertive Community Treatment (ACT)
Forensic Assertive Community Treatment (FACT)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?

CSC for FEP
Peer Support Services
ACT
FACT

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in DMC-ODS Program

Drug Medi-Cal Organized Delivery System (DMC-ODS)
The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)
a. Care Coordination Services
b. Clinician Consultation
c. Outpatient Treatment Services (ASAM Level 1)
d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
f. Mobile Crisis Services
g. Recovery Services
h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
i. Traditional Healers and Natural Helpers
j. Withdrawal Management Services
k. All Other Medically Necessary Services for individuals under age 21 for individuals under age 21
l. Early Intervention for individuals under age 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
none

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services **(Adult and Youth)?**

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Gender

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Same

For children/youth
Same

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Spoken Language

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Reviewing the state workbook and the CalMHSA dashboards and filtering by demographics, we can see that we have a lower LatinX penetration rate consistently for NSMHS, SMHS, and DMC-ODS services (primary measures 1.1, 1.2, and 1.4). We can also see lower rates for those 65 years and older for all three as well (primary measures 1.1, 1.2, and 1.4). According to the Census Bureau in 2022, about 36% of our population was either Hispanic or Latino and a little more than 20% of our overall population was 65 years or older.

For SMHS, we also saw that penetration rate was below our average rate for female adults, but less for male youth. When looking at penetration rates for NSMHS by gender, males experienced lower rates for both Adult and Youth age group. Another disparity for NSMHS was written language, Spanish was well below our average rate, and almost half the rate when compared to English. There was also a bucket of unknown but it is not clear if that has more to do with data reporting or underrepresentation of another language requested for services. SMHS and DMC-ODS data did not have the option to show disparities for written language so cannot determine if this is a shared disparity.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your

status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Beginning July 1, 2026, HHSA Behavioral Health will strengthen and continue targeted initiatives to improve access to care, informed by DHCS penetration and initiation data identifying areas where the County performs below the statewide average.

Specialty Mental Health Services (MHP)

DHCS FY 2023 data show that Napa County's Specialty Mental Health Services penetration rates for adults/older adults and for children/youth are below the statewide rate, with disparities by age, race or ethnicity, and gender. To address these gaps, Napa County has published a Behavioral Health Services Act (BHSA) Early Intervention (EI) Request for Proposals, with contracts expected to begin July 1, 2026. EI-funded programs will focus on brief, low-barrier, community-based interventions that support early identification, screening, navigation, and active linkage to specialty mental health services, particularly for children, youth, older adults, and underserved populations. The EI RFP also prioritizes culturally responsive and bilingual service delivery to address racial and ethnic disparities identified in the data, including for Latinx communities.

To improve geographic access, particularly in up-valley communities where distance remains a barrier, Napa County will continue to evaluate utilization and determine whether to expand the amount of staff time delivered from the existing Calistoga Behavioral Health office, increasing appointment availability and access to in-person services. HHSA has also recently launched our Be Well Mobile Services Vehicle (BWMS), an RV style vehicle which provides an array of services, including Medi-Cal, CalFresh, CalWORKs, mental health services, and is a connection point to all services that HHSA provides . Behavioral Health is in the process of adding SUD services as part of the direct onsite services provided at the mobile clinic a few times a month. BWMS has already proven to be a crucial intervention in addressing disparities within the Latinx community as both this ethnicity and those with Spanish as their preferred language have been the majority of persons served. It is through interventions like BWMS and HHSA's values to ensure a trusting, welcoming and community engaging environment amongst all locations and services that the agency strives to address barriers for those determined to have disparate access within the community.

Napa County will continue robust community outreach efforts and continue to support the System Navigators program to assist individuals in accessing and navigating behavioral health services. The County is also expanding the availability of Certified Peer Support services to improve engagement, reduce stigma, and support sustained connection to care.

Newly implemented ACT/FACT teams will engage in assertive, field-based outreach to improve access for individuals with high-acuity mental health needs who are not well served by traditional clinic-based

models.

Substance Use Disorder Services (DMC-ODS)
While Napa County's DMC-ODS penetration rates for adults and youth are above the statewide average, DHCS FY 2022–23 data show that initiation of substance use disorder treatment is below statewide performance and that disparities by race or ethnicity persist. To address these gaps, Napa County is implementing Recovery, Inclusion, Support, and Engagement (RISE) within the DMC-ODS. RISE is a low-threshold, field-based engagement model that uses DMC-ODS Recovery Services to provide rapid outreach and flexible service delivery for individuals not accessing traditional clinic-based SUD treatment.

Justice-Involved and Homeless Populations
Napa County is strengthening partnerships with the justice system, jail-based partners, and the local homeless response system to improve coordination and linkage to behavioral health services for individuals at high risk of disengagement. These efforts focus on improving pre-release coordination, warm handoffs, and timely connection to mental health and substance use disorder services following jail discharge. We also have internal forensics programs such as Mental Health Diversion, Drug Court, Mental Health Court, and Prop. 36.
Data Sharing and Timely Identification of Need
Napa County is working to improve data-sharing capacity with system partners to obtain more timely access to emergency room utilization data for individuals who may benefit from behavioral health services, supporting earlier identification and outreach.

File Upload
BHSA_Early_Intervention.pdf

Please identify the category or categories of funding that the county is using to address the access to care goal
BHSA Behavioral Health Services and Supports (BHSS)
Substance Use Block Grant (SUBG)

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Age

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Gender
Race or Ethnicity
Other

Please describe other
Those categorized as Migrants

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Below

What disparities did you identify across demographic groups or special populations?
Age

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
When looking at the first primary measure 2.1 People Experiencing Homelessness PIT Count, potential disparities could be found when looking at Race/ethnicity while American Indians and Native Hawaiians are smaller demographic groups, they are significantly higher than the overall PIT Count. The fact that this is a smaller demographic population in Napa County but are experiencing homelessness at drastic standards emphasize the need for action. When looking at Age, those between the ages of 35-44 years old, had a higher PIT Count than any other group, about double the overall rate. For primary measure 2.4 looking at percent of k-12 public school students experiencing homelessness, Hispanic and Latino students are at a higher rate experiencing homelessness while all other groups are below the overall rate. Also saw that students of migrant families experience homelessness at almost triple the overall rate. Lastly when looking at this measure, students that identify as nonbinary experienced homelessness more than 2x the rate of gender conforming students.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the

county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

As HHSA Behavioral Health (BH) transitions to the Behavioral Health Services Act (BHSA), the division will strengthen and expand coordinated behavioral health and housing strategies to reduce homelessness among individuals with serious mental illness (SMI), severe substance use disorder (severe SUD), and co-occurring conditions. These efforts build directly on infrastructure, partnerships, and lessons learned through the Behavioral Health Bridge Housing (BHBH) grant program.

Under BHBH, HHSA-BH hired a dedicated Behavioral Health Housing Manager, improved identification and documentation of housing instability within the behavioral health system and strengthened referral and coordination pathways with the Homelessness Response System (HRS). Local data and program experience demonstrated that individuals with SMI and severe SUD were disproportionately exiting hospitals and treatment settings into homelessness due to fragmented referral processes and limited access to interim and permanent housing resources. These gaps will continue to be addressed under BHSA.

Beginning July 1, 2026, HHSA-BH will sustain the Housing Manager role and continue close collaboration with Housing and Community Services (HCS), Partnership HealthPlan of California (PHC), and homelessness partners, including Abode Services. BHSA Housing Interventions (BHSA-HI) will support ongoing use of scattered-site rental assistance, interim housing, hotel-based stabilization, and placements into Recovery Residences—interventions shown locally to reduce discharges to homelessness and improve housing stability for high-acuity BH clients.

HHSA-BH will also explore development of locally funded vouchers in partnership with the Public Housing Authority, and advance interim housing models that align BHSA Housing Interventions with CalAIM Housing Tenancy Navigation and Sustaining Services. These initiatives respond to local performance gaps where individuals with SMI and severe SUD experience poorer housing outcomes relative to the general homeless population.

Collectively, these programs and partnerships reflect a data-informed strategy to strengthen the housing continuum, reduce homelessness, and improve long-term housing stability for BHSA-eligible individuals with the most complex behavioral health needs.

File Upload

Napa 2024 CoC PIT Count.pdf
BHSA Homelessness Data Report.pdf

Please identify the category or categories of funding that the county is using to address the homelessness goal
BHSA Housing Interventions
MHBG
Other

Please describe other
OSF, Local General Fund, SUBG

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Not Applicable

30-day involuntary detention rates per 10,000
Not Applicable

180-day post-certification involuntary detention rates per 10,000
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Not Applicable

Permanent Conservatorships
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Below

For children/youth
Below

Crisis Residential Treatment Services

For adults/older adults
Not Applicable

For children/youth
Same

Crisis Stabilization

For adults/older adults
Above

For children/youth
Same

What disparities did you identify across demographic groups or special populations?
Age

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

When looking at the primary measure 3.1 Impatient administrative days for adults or youths, Napa County did not have data that could be analyzed for disparities, similarly no disparity analysis was available for supplemental measures 3.5 and 3.6 14/30 and 180-Day Involuntary Detention Rates, and 3.7 and 3.8 Temporary/Permanent Conservatorship Rates. When looking at supplemental measures 3.2, 3.3, and 3.4 Crisis Service Utilization for Adults and Youth, Crisis Intervention, Stabilization and Residential Treatment Services there wasn't much in terms of disparities that could be reaped from the data. Majority of clients were White and those between the age of 45-56 were at a higher rate for services than other age ranges. Hispanic clients were below the overall rate of utilization and no data was found for those that identify as Asian or Black.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)

We currently track most of our institutionalization data in a few complex SmartSheets, which we are in the process of redesigning to improve usability and reporting. We are also working on better utilizing our new EHR, SmartCare to keep a closer eye on this information. We also run weekly reports out of Accentra/Atrezzo to keep abreast of clients that are hospitalized.

File Upload

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

HHSA-BH has already begun the process of addressing these targeted initiatives to reduce unnecessary or prolonged stays in inpatient and other institutional settings by improving step-down options, strengthening care coordination, and expanding community-based alternatives. Napa County is launching a pilot

program to support timely step-down from adult residential facilities into CARE Court or community based residential treatment facilities, then subsequently into Housing Interventions (HI), creating a more seamless and clinically appropriate continuum of care. This very small pilot is intended to reduce prolonged inpatient stays by improving coordination across systems and ensuring individuals are connected to the least restrictive setting appropriate to their needs.

The County will also conduct a system-wide analysis to redesign referral, tracking, and care coordination processes related to inpatient admissions and discharges. This work will support improved visibility into length of stay, transitions of care, and follow-up, helping to identify opportunities to reduce avoidable institutional utilization. To further reduce reliance on inpatient and residential care, Napa County is voluntarily implementing Assertive Community Treatment (ACT) and Flexible Assertive Community Treatment (FACT) teams to provide intensive, field-based services for individuals with high-acuity mental health needs who are at risk of repeated hospitalization or extended institutional stays.

In addition, Napa County is developing a Behavioral Health Treatment Center (BHTC) that will include a sobering center designed to divert individuals from emergency department visits and inpatient hospitalizations when a lower level of care is clinically appropriate. The BHTC will also include our Residential Treatment and Withdrawal Management program and a newly created LPS designated Mental Health Rehabilitation Center (MHRC) The County is also expanding its children's Crisis Stabilization Unit (CSU), which is expected to reduce psychiatric hospital utilization among youth by providing timely crisis intervention and stabilization in a community-based setting.
Together, these initiatives are informed by local utilization patterns and are intended to reduce institutionalization by strengthening step-down pathways, expanding community-based crises and treatment options, and ensuring individuals receive care in the least restrictive setting appropriate to their clinical needs.

File Upload

Please identify the category or categories of funding that the county is using to address the institutionalization goal

BHSA BHSS
BHSA Housing Interventions
MHBG
Other

Please describe other
Local General Fund, Behavioral Health Continuum Infrastructure Grant Program

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Below

For juveniles
Above

What disparities did you identify across demographic groups or special populations?
Gender
Race or Ethnicity

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
When looking at primary measure 4.1 Arrest rates for Adults and Juveniles, despite the denominator is small for Black community members their arrest rate is almost 4x higher than the overall arrest rate. Additionally, Hispanic community members are also higher than the overall arrest rate for Napa County. When looking at race/ethnicity by sex, Black Males and Black females are the highest group of arrests followed by Hispanic males (all of which are significantly higher than the overall arrest rate for the county). If we look at gender for this measure we see that males are arrested at much higher rates for both adults and juveniles. We could not attain equity data when looking at supplemental measure 4.2 Adult recidivism and 4.3 incompetent to stand trial.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
HHSA-BH is already participating in strong coordinated behavioral health and justice-system initiatives to reduce justice involvement among individuals with significant behavioral health needs as the County transitions to the Behavioral Health Services Act (BHSA).
HHSA-BH has embedded behavioral health staff within the county jail and juvenile hall to provide in-reach services, early identification of behavioral health needs, care coordination, and linkage to treatment during custody and at release.

The County also has a behavioral health staff member embedded with local law enforcement and collaborates closely with Probation to support diversion, stabilization, and continuity of care for justice-involved individuals. HHSA-BH manages multiple court-based and justice diversion programs, including Conditional Release Program (CONREP), Drug Court, and Mental Health Court. These programs provide alternatives to incarceration and support individuals whose justice involvement is driven by serious mental illness, substance use disorder, or co-occurring conditions. As Napa County moves into BHSA, the County will continue to strengthen these programs to support treatment engagement, reduce recidivism, and limit unnecessary justice system involvement.

The County is also strengthening transition and release planning, including care coordination prior to release and continued support following reentry into the community through BH Linkages. These efforts are intended to reduce gaps in care that can contribute to repeat justice involvement. To better inform and target these efforts, Napa County is developing a countywide data system, called Informatica, which integrates criminal justice data, homeless services data, and the behavioral health electronic health record. This work will support improved understanding of where behavioral health and justice involvement intersect, identification of high utilizers, and more targeted interventions for populations experiencing disproportionate justice involvement.

File Upload
_BE WELL WINTER 2026 Issue 14 English .pdf

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal
Other

Please describe other
AB109

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
None Identified

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
None Identified

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Gender

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Unable to determine equity disparities for Measure 5.1 Children in Foster Care PIT nor for 5.2 Open Child Welfare Case SMHS Penetration rate but when looking at 5.3 Child Maltreatment Substantiation Incidence, saw that Latino children were the only data we had and was slightly above the county overall rate. Also saw that female children had slightly higher rates than overall county incidence rate.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level

of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Behavioral Health (BH) and Child Welfare Services (CWS) are housed within the same Health and Human Services Agency in Napa County, which facilitates routine communication and coordination across programs serving shared families. As Napa County transitions to the Behavioral Health Services Act (BHSA), the County is using this structure to more intentionally align behavioral health and child welfare efforts to support families and reduce unnecessary removal of children from the home.

Under the BHBH program HHSA-BH has already begun to strengthen coordination between Housing Services, CWS, and Substance Use Disorder (SUD) treatment to improve access to care for parents involved in the child welfare system. HHSA-BH has increased structured communication with CWS, including coordination with programs funded through Bringing Families Home, to support families navigating reunification when mental health or substance use needs are present.

Behavioral Health has strengthened collaboration between DMC-ODS outpatient services and CWS through regular monthly meetings to identify system gaps and develop shared approaches. As a result, Behavioral Health is now more consistently included in Child and Family Team (CFT) meetings for shared clients and engaged earlier in child welfare cases to provide information about mental health and substance use services.

Behavioral Health staff collaborate with CWS on home visits when there are concerns related to parental substance use, provide urine analysis testing support when requested, and conduct joint initial meetings with clients and social workers to clarify roles, expectations, and treatment pathways. These practices support more timely engagement in care and clearer coordination across systems.

To improve continuity, Behavioral Health and CWS have developed a shared referral tracking process for mutual clients and Behavioral Health provides regular updates to CWS on client engagement and identified barriers that may affect reunification. Both HHSA Behavioral Health and Child Welfare Services are partners in the County's AB 2083 Interagency Leadership Team whose goal is to break down silos between Child Welfare, Behavioral Health, Education and Probation agencies creating a unified system of care in service to the children and families of Napa County. As Napa County moves further into BHSA implementation, the County will continue to refine data-sharing practices to support coordinated care for families involved with CWS.

File Upload
Napa County CWS BH PPT.pdf

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal
BHSA BHSS
SUBG

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured
Above

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Unable to determine equity disparities for Measure 6.1 Follow-up after emergency department visits for substance use (FUA30) nor Measure 6.2 Follow-up after emergency department visits for mental illness (FUM30). When looking at the demographic category race for measure 6.3 Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in the past year, it appears Asian was slightly higher than the countywide rate. White and Latino were below that countywide rate and all other demographic groups were suppressed.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
Napa County is working to strengthen and expand strategies to reduce untreated behavioral health conditions by improving transitions from emergency departments, expanding timely follow-up and field-based services, strengthening referral pathways, and improving access to real-time data across systems.

HHSA-BH is working to strengthen partnerships with emergency departments as a key point of contact for individuals with untreated mental health and substance use needs. The County currently maintains recurring coordination meetings between SUD services and a local emergency department and is working to expand and formalize partnerships with additional hospitals that serve Napa County residents. These efforts are intended to improve communication, referral processes, and coordination around follow-up

care after emergency department visits.

The County has implemented an Access Care Navigator intervention within emergency departments to facilitate timely outpatient mental health and SUD follow-up appointments following discharge. As Napa County transitions to BHSA, the County will strengthen this intervention to improve consistency of follow-up and reduce missed connections to care.

To further address untreated substance use conditions, Napa County is expanding field-based SUD services to support outreach and engagement following emergency department discharge, including the ability to conduct community- or home-based visits within seven days of discharge when appropriate. These services are intended to reduce barriers to care for individuals who do not readily engage in clinic-based treatment. In parallel, Napa County is improving access to more timely and actionable data to better identify when Medi-Cal beneficiaries present to emergency departments.

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
Federal Financial Participation (SMHS, DMC/DMC-ODS)
BHSA BHSS

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Same

For children/youth
Below

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Below

For children/youth
Above

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Above

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?
Same

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?
Below

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?
Below

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Below

For children/youth
Below

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Not Applicable

For children/youth
Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Same

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Above

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?
Below

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Same

For children/youth
Above

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Quality of life

Quality of life

Please describe why this goal was selected
Quality of Life was selected as a priority based on structured input from the County's Behavioral Health Board (BHB) and System of Care Advisory Committee (SAC). These advisory bodies were asked to review county performance data and help identify which of the two lowest-performing measures—Quality of Life and Care Experience—should be prioritized for focused improvement. Through this process, Quality of Life emerged as the higher priority, reflecting stakeholder consensus that improvements in daily functioning, stability, and overall well-being are foundational to recovery and influence outcomes across other domains,

including care engagement and long-term system impact.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
There were not any disparities between any demographic groups that readily presented themselves.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Quality of life and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
Beginning July 1, 2026, Napa County will focus on improving the Quality of Life metric by strengthening how client priorities are identified, reflected in care planning, and used to inform quality improvement, while improving how client feedback is collected and reviewed over time.

Napa County will develop and implement a plan that includes targeted training and guidance for clinicians and case managers on person-centered goal setting. This work will emphasize clearer alignment between services provided and client-identified goals related to daily functioning, stability, and overall well-being, without adding new documentation requirements.

The County will also explore options to collect more timely participant feedback to supplement existing perception surveys, including the potential use of a kiosk- or tablet-based approach in select settings. This feedback would be used to better understand client experience in real time and inform ongoing quality improvement discussions. In addition, Napa County will consider administering the Client Perception Survey (CPS) and Treatment Perception Survey (TPS) more than once per year, as feasible, to better monitor trends related to Quality of Life and support continuous learning rather than relying solely on annual data. Together, these activities are intended to strengthen Napa County's ability to understand and respond to client-reported Quality of Life over time and to use this information to guide system-level quality improvement under BHSA.

Please identify the category or categories of funding that the county is using to address this goal
BHSA BHSS

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

---

Please indicate the type of engagement used to obtain input on the planning process

Focus group discussions
Key informant interviews with subject matter experts
Meeting(s) with county
Workgroups and committee meetings
Provided data to county
Survey participation
Training, education, and outreach related to community planning

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement

Focus group discussions

Date

10/30/2025

Type of engagement

Workgroups and committee meetings

Date

4/1/2025

Type of engagement
Training, education, and outreach related to community planning

Date
10/1/2025

Type of engagement
Workgroups and committee meetings

Date
6/3/2025

Type of engagement
Meeting(s) with county

Date
7/14/2025

Type of engagement
Training, education, and outreach related to community planning

Date
8/6/2025

Type of engagement
Provided data to county

Date
8/29/2025

Type of engagement
Focus group discussions

Date
9/4/2025

Type of engagement
Workgroups and committee meetings

Date
9/19/2025

Type of engagement
Training, education, and outreach related to community planning

Date
10/1/2025

Type of engagement
Provided data to county

Date
10/9/2025

Type of engagement
Focus group discussions

Date
10/30/2025

Type of engagement
Meeting(s) with county

Date
11/3/2025

Type of engagement
Workgroups and committee meetings

Date
11/4/2025

Type of engagement
Survey participation

Date
12/3/2025

Type of engagement
Meeting(s) with county

Date
12/1/2025

Type of engagement
Training, education, and outreach related to community planning

Date
11/5/2025

Type of engagement
Workgroups and committee meetings

Date
1/7/2026

Type of engagement
Focus group discussions

Date
11/14/2024

Type of engagement
Focus group discussions

Date
1/12/2026

Type of engagement
Key informant interviews with subject matter experts

Date
1/21/2026

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals
Behavioral Health Board; Stakeholder Advisory Committee; Direct Service Providers (including On The Move, Innovations Community Center, Mentis, Progress Foundation, Adult Drug and Alcohol Services, and Aldea Children & Family Services); County Behavioral Health staff (including frontline staff, supervisors, program managers, and administrative leadership); Area Agency on Aging; Napa County Office of Education; Napa County Homeless Continuum of Care; Veterans; Napa County Sheriff's Office; Napa County Probation Department; Kaiser Permanente; Partnership HealthPlan of California; Napa Valley College; HHSA Public Health Division.

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	n/a

	City name
2	n/a
3	n/a
4	n/a
5	n/a

Were you able to engage all required stakeholders/groups in the planning process?
No

If not, which required stakeholder/groups were you unable to engage in the planning process?
Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
The five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities.)
Disability insurers

Disability insurers
Stakeholder group is not applicable to county

The five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities.)
Other

Please describe
We are not a county with a population of over 200k

Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
Stakeholder group is not applicable to county

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

The County incorporated diverse stakeholder viewpoints into the development of the Integrated Plan through a multi-layered community planning and engagement process designed to capture perspectives from clients, frontline staff, partner agencies, and community representatives.

The Community Program Planning (CPP) process included structured engagement with frontline staff, program managers, other HHSA divisions, partner agencies, and allied systems of care. HHSA-BH conducted multiple focus groups, including a dedicated focus group with members of the Latinx community, to ensure culturally responsive input informed planning decisions.

Ongoing stakeholder engagement occurred through the Behavioral Health Stakeholder Advisory Council (BH-SAC), a standing monthly forum comprised of community-based organizations, service providers, and system partners across Napa County. BH-SAC and the Behavioral Health Board (BHB) serve as primary venues for information sharing and bidirectional feedback related to state and departmental policy changes, including DHCS guidance and BHSA implementation. BH-SAC meetings regularly include facilitated breakout groups to capture participant feedback, identify emerging needs, and elevate community-identified strengths, priorities, and service gaps.

Input gathered through BH-SAC directly informed the development of the Early Intervention Request for Proposals (RFP), with stakeholders asked targeted questions to identify unaddressed needs, priority populations, and service gaps. Additionally, HHSA-BH convened a joint BH-SAC and Behavioral Health Board meeting to present the final MHSA update and collaboratively select the additional state goal that would guide departmental priorities for the upcoming year. HHSA-BH also conducted interviews with key stakeholders, including an internal labor union representative and staff members who serve as formal and informal liaisons between Behavioral Health and partner agencies, to ensure workforce and cross-system considerations were reflected in the Integrated Plan.

Client-level perspectives were incorporated through listening sessions within Substance Use Disorder (SUD) services, focused on participant experiences and opportunities for service improvement. A separate focus group was conducted within Behavioral Health housing programs to inform housing strategies, identify service gaps, and understand client-identified strengths and needs related to housing stability.

Beyond Behavioral Health–specific forums, HHSA-BH participates in the Live Healthy Napa Valley collaborative, a multi-agency workgroup advancing the County's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Through structured presentations and facilitated breakout sessions, partner agencies share programmatic updates and provide cross-sector input on community-identified strengths, needs, and priorities. HHSA-BH also engages external stakeholders

through presentations to the Napa Opioid Safety Coalition (NOSC), gathering feedback on BHSA implementation, housing initiatives, Medication-Assisted Treatment (MAT), and updates to the Behavioral Health Center.

Frontline staff engagement also informed operational planning efforts. The Behavioral Health Housing Manager included frontline staff in the development of the housing referral system implemented under Behavioral Health Bridge Housing (BHBH), with insights from this process used to inform housing projections, program design, and Integrated Plan goals. In addition, HHSA-BH convened an internal workgroup to operationalize a REIDB tool developed within the agency. This tool, consisting of structured questions and prompts, is designed to support more equitable and less subjective decision-making by case managers. The implementation of this tool directly responds to disparities analysis and reflects an intentional effort to embed equity and inclusivity into routine planning and decision-making processes.

Documentation supporting this engagement—including meeting agendas, minutes, focus group summaries, stakeholder input records, and workgroup materials—is maintained and available to demonstrate how community and stakeholder feedback informed the development of the Integrated Plan.

Regarding stakeholder groups who were not available to consult for the CPP process:

Disability Insurers were not available within the County for direct participation, so Napa County conducted a one-on-one meeting with the Chairperson of the Behavioral Health Board, who is employed by the Disability Services & Legal Center (DSLC) and resides in a permanent supportive housing site in Napa. Napa County is committed to ensuring services are accessible to individuals with disabilities. In developing the Integrated Plan, the County considered the needs of individuals with physical, mental, and emotional disabilities and has been working to incorporate these considerations into policies and procedures, as well as to ensure provider contracts adequately address accessibility.

Although we do not have a federally recognized tribe or Indian Health Center nor a Tribal and Indian Health Program designee(s) established for Medi-Cal Tribal consultation purposes in Napa County, we sought Tribal input by reaching out to the Suscol Intertribal Council via their Contact Us webpage, we were unable to make that connection. In order to consider their needs we have studied SAMHSA's Treatment Improvement Protocol (TIP) 61 which is guidance on culturally adapted approaches for the prevention and treatment of addiction and mental illness, as well as counselor competencies for providing behavioral health services American Indians and Alaska Natives. Our learnings will be used to create thoughtful contracts with providers and we will consider specific training for staff on engagement with Tribal Communities and American Indians.

Upload File
BH SAC Minutes 8.6.25.pdf
Labor & JH Interview.pdf
LHNC 11-4-25 Meeting Notes-Notas de la reunión de LHNC.pdf
SHP Focus Group Feedback Summary.pdf
BH SAC Minutes 10.1.25.pdf
BHB SAC Slides and Results.pdf
NOSC 9.19.25 presentation Final final.pdf
BHCHP CPP Nov 14th Focus Group Notes.Spanish.11.26.24.pdf
lhnc_8-6-25_meeting_notes-notas_de_la_reunión_de_lhnc.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.
Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities
Behavioral Health participated in the development of the CHA/CHIP and continues to participate in the workgroups associated with them. Behavioral Health has participated with our LHJ in the development of Informatica system, a data hub specific to Napa which will include CJNet, HMIS, and our County's EHR. We have worked closely with our MCPs in regard to Transitional Rents and how that will play into and overlap with the BHSA HI component. HHSA is in the process of exploring a pilot program related to a property owned by an MCP, a local CBO will provide pProperty mManagement and Supportive Living Services, and who will transition to providing Community Supports in leveraging BHSA funding for overall program sustainability. We have also brought Partnership Health Plan into our BH SAC meetings to help orient BH providers toward becoming Community Supports.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?
No

Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as requested.
Served on CHA and CHIP governance structures and/or subcommittees as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Homelessness
Overdoses
Access to Care
Suicides
Engagement in School
Quality of Life

Was data shared?
Yes

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Homelessness
Quality of Life

Was data shared?
No

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)
Other

Please describe how the county has coordinated stakeholder activities for IP development and the CHA/CHIP
Live Healthy Napa Valley serves as the County's coordinating body for Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) workgroups and related updates. Behavioral Health has actively participated in these meetings, providing bidirectional updates on both CHA/CHIP activities and Behavioral Health initiatives. Behavioral Health also aligned Mental Health Services Act (MHSA) funding to the CHIP strategies two fiscal years ago. As we transition to BHSA, Early Intervention funding will also be aligned to the strategies in HHSA CHIP. This engagement has supported development of a clearer provider landscape and expanded access to additional workgroups.

Behavioral Health also contributed to HHSA's interdepartmental data platform, Informatica. The BH Housing Manager helped inform both the system design and anticipated use cases for Behavioral Health staff. Current data sources feeding Informatica include HMIS, SmartCare, and CJNet (criminal justice). This collaboration has strengthened interagency relationships and is expected to support expanded data-sharing and exchange over time.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3
Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP

The County intentionally aligned development of the Integrated Plan (IP) with the Local Health Jurisdiction's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), as well as other key county planning documents. Behavioral Health crosswalked each BHT state goal against Napa County's CHA/CHIP priorities and complementary strategic efforts—including the Napa County Older Adults Assessment, the Child Welfare Services (CWS) Comprehensive Prevention Plan, and the HHSA Strategic Plan—to identify existing initiatives already advancing shared objectives.

This crosswalk process ensured that the IP builds upon current countywide efforts, avoids duplication of services, and strategically leverages partner activities to maximize impact. Access to care, homelessness, and untreated behavioral health conditions emerged as shared priorities across the CHA/CHIP and the BHT state goals. To support measurable progress on these aligned priorities, the County is developing a focused set of Quality Improvement Plan (QIP) key performance indicators (KPIs) to monitor outcomes and drive continuous improvement.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes

None for the previous CRP, however they are beginning to engage with our LHJ regarding the updated CRP and we have been told that they will be following up with Behavioral Health.

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

Activities identified in the Medi-Cal Managed Care Plan (MCP) Community Reinvestment Plan (CRP) submissions directly address needs identified through the Behavioral Health Services Act (BHSA) community planning process and ongoing collaboration among the County, MCPs, and other stakeholders during development of the Integrated Plan (IP). Alignment between the IP and Partnership HealthPlan of California's (PHC) CRP is reflected in the following areas:

• Prevention and Shelter: Consistent with BHSA community-identified needs related to access to interim housing and prevention of homelessness, the County is developing a hotel voucher program for eligible

individuals who meet BHSA criteria. This activity aligns with MCP reinvestment strategies focused on housing stability and crisis prevention.

• Service Coordination: To strengthen cross-system coordination, the County executed a Memorandum of Understanding (MOU) with Napa County's Housing & Community Supports (HCS) provider to leverage the MCP contract for Housing Tenancy Sustaining Services (HTSS), Housing Tenancy Navigation Services (HTNS), and Housing Deposits. This approach supports BHSA priorities related to care coordination and continuity of services for high-acuity populations.

• Rental and Landlord Assistance: In response to stakeholder-identified needs for longer-term housing stabilization, the County is planning to strategically braid BHSA funding with Transitional Rent supports to provide extended rental subsidies and enhance landlord engagement, consistent with MCP reinvestment priorities focused on housing retention.

• Interim Shelter: • Interim Shelter: PHC owns a residential property in Napa County and plans are underway for use as expanded interim housing capacity in a partnership with the Plan and HHSA . BHSA funds and funding available through Community Supports will be leveraged to support provider operating costs and rental assistance for participants housed at the site, directly advancing shared IP and CRP goals related to housing access and system capacity.

Together, these activities demonstrate how MCP CRP investments are aligned with BHSA community planning outcomes and collaboratively support the priorities articulated in the County's Integrated Plan.

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment
4/1/2026

Date the stakeholder comment period closed
4/30/2026

Date of behavioral health board public hearing on draft IP
5/13/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality
Link

Please provide the link to the public posting
https://napavalleyregister.column.us/search?activeNotice=4UuiRrjnYLTcNpfwISNL-0

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page
https://www.napacounty.gov/338/Behavioral-Health-Services-Act-BHSA

File Upload

Please select the process by which the draft plan was circulated to stakeholders
Public posting
Email outreach

Attach email

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback
n/a

Summarize the substantive revisions recommended this stakeholder during the comment period
n/a

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
n/a

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Napa County BHP QAPI Workplan CY2026_27.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

Yes

For standalone DMC-ODS, please upload a copy of the county's current QIP for SFY 2026-2027

Napa County BHP QAPI Workplan CY2026_27.pdf

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided	**Number of contracted BHSA provider locations**
Mental Health (MH) services only	3
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	1

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	**Number of Contracted BHSA Provider Locations**
SMHS only	3
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	1

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

2

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

Based on good faith efforts to support BHSA -funded SMHS providers to contract with MCPs for NSMHS, Napa County HHSA has taken concrete steps to expand Medi-Cal Managed Care Plan (MCP) contracting among BHSA-funded provider locations that deliver Non Specialty Mental Health Services (NSMHS). Behavioral Health has initiated provider education explicitly communicating the expectation that MCP reimbursement be pursued when it is applicable to do so. In partnership with Partnership HealthPlan of California, the County has facilitated training for Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) providers on the process of becoming Community Supports providers.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**

b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**

c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.
Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)
Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

---

General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Early Intervention Programs (EIP)
Workforce, Education and Training (WET)
Adult and Older Adult System of Care (non-FSP)
Children's System of Care (non-Full Service Partnership (FSP))
Outreach and Engagement (O&E)

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Supportive services
Mental health services

Please describe the specific services provided

The Child Hospital Transitions Program provides intensive care coordination with county specialty mental health treatment teams, case managers, conservators, and community treatment providers during psychiatric hospitalization and for up to 30 days following discharge. The program ensures required electronic health record documentation of care coordination within seven days of discharge, consistent with state requirements.

Core duties include collaborating with the Health and Human Services Agency Behavioral Health and contracted providers to gather treatment history and behavioral information; conducting in-hospital visits to initiate discharge planning and assess aftercare needs; and coordinating with inpatient staff regarding acuity, readiness for discharge, medical necessity, and applicable legal processes. The program also verifies payer sources and supports benefits enrollment, including Medi-Cal and other applicable benefits, as needed.

The Child Hospital Transitions liaison coordinates discharge logistics and placements appropriate for children and youth, including step-down or subacute levels of care, return home with appropriate supports, or placement in community-based settings when indicated. This includes routing intake packets for appropriate levels of care, consulting with legal and child-serving system partners when required, and arranging transportation upon discharge when indicated.

The program ensures timely linkage to outpatient and community-based mental health services by submitting medication and psychiatry referral forms, obtaining required discharge documentation, and coordinating with clinic staff and Mental Health Access to confirm follow-up appointments. Staff provide education, referrals, and support to families and natural supports to help prevent rehospitalization and connect youth to community resources, including transportation assistance when appropriate.

The Child Hospital Transitions liaison facilitates regular treatment team meetings and maintains consultation with HHSA Behavioral Health supervisors regarding discharge planning, stabilization, and inpatient status updates. Program staff complete accurate documentation, file required movement or placement forms when case management is unavailable, and create service linkages for youth not currently enrolled in county services when ongoing care is anticipated.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	40
FY 2027 – 2028	40
FY 2028 – 2029	32

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

We analyzed this program's 23/24 & 24/25 data taking note of fluctuations in number of people served. Then added the difference in numbers for the first two years and subtracted for the third year with the goal of lowering crisis utilization rates.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services
Mental health services

Please describe the specific services provided

The Adult Hospital Transitions Program provides intensive care coordination with county specialty mental health treatment teams, case managers, conservators, and community treatment providers during psychiatric hospitalization and for up to 30 days following discharge. The program ensures required electronic health record documentation of care coordination within seven days of discharge, consistent with state requirements.

Core duties include collaborating with the Health and Human Services Agency Behavioral Health and contracted providers to gather treatment history and behavioral information; conducting in-hospital visits to initiate discharge planning and assess aftercare needs; and coordinating with inpatient staff regarding acuity, readiness for discharge, medical necessity, and applicable legal processes, including involuntary holds, medication capacity hearings, and temporary conservatorship requests. The program also verifies payer sources and supports benefits enrollment, including Medi-Cal, Supplemental Security Income, Social Security Disability Insurance, and representative payee services, as needed.

The Adult Hospital Transitions liaison coordinates discharge logistics and placements, including securing step-down or transitional placements such as Progress Place, routing intake packets for institutions for mental disease and other levels of care, arranging return home with appropriate supports, and consulting with Deputy Conservators when conservatorship applies. Transportation upon discharge is arranged when indicated.

The program ensures timely linkage to outpatient mental health services by submitting medication and psychiatry referral forms, obtaining required discharge documentation, and coordinating with clinic staff and Mental Health Access to confirm follow-up appointments prior to discharge. Staff provide education, referrals, and support to families and natural supports to help prevent rehospitalization and connect individuals to community resources, including transportation assistance when appropriate.

The Adult Hospital Transitions liaison facilitates twice-weekly treatment team meetings and maintains regular consultation with HHSA Behavioral Health supervisors regarding discharge planning, stabilization, and inpatient status updates. Program staff complete accurate documentation, file required movement or placement forms when case management is unavailable, and create service linkages for individuals not currently enrolled in county services when ongoing care is anticipated.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	210
FY 2027 – 2028	210

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	190

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

We analyzed this program's 23/24 & 24/25 data taking note of fluctuations in number of people served. Then added the difference in numbers for the first two years and subtracted for the third year with the goal of lowering crisis utilization rates.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services
Mental health services

Please describe the specific services provided

The Innovations Community Center (ICC) is a consumer-staffed mental health program that supports individuals from under-resourced communities. Providers and participants work collaboratively to foster healing through storytelling, artistic expression, healthy living, spiritual practice, and social connection. Recognizing that there is no single path to wellness, the program uses an interwoven, strengths-based approach made up of multiple "strands," allowing participants to engage in activities within a safe, welcoming environment that promotes empowerment, personal growth, and a stronger sense of self.

Within these strands, the Innovations Community Center offers a broad range of ongoing and stand-alone activities led by a combination of peer staff, professionals, program participants, and community partners. Offerings include support groups, one-on-one peer coaching, hands-on activities, social gatherings, and educational workshops. Peer leadership is intentionally cultivated through volunteer opportunities, internships, paid employment, and ongoing training and coaching.

The Innovations Community Center is currently in the process of becoming Medi-Cal certified and will begin providing Certified Peer Support Services in July 2026.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	375
FY 2027 – 2028	375
FY 2028 – 2029	375

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
Projections are based on recent unduplicated participant counts reported by providers for the most recent program year.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Mental health services
Supportive services
Substance Use Disorder (SUD) treatment services

Please describe the specific services provided

The Napa County Behavioral Health Treatment Center (BHTC) directly responds to system gaps identified in the state's "Assessing the Continuum of Care for Behavioral Health Services in California," report, which highlights a critical shortage of subacute, residential, and step-down treatment beds, especially in smaller and rural counties. Consistent with those findings, Napa County's 2023 Community Health Assessment and MHSA Three-Year Plan document a lack of residential treatment capacity, withdrawal management options, and facilities serving individuals with co-occurring disorders. The BHTC is an existing building which has been transformed into a comprehensive treatment campus that expands Drug Medi-Cal Organized Delivery System residential treatment from 36 to 48 beds and adds 10 withdrawal management beds. This expansion supports both long-standing local needs and the expected increase in court-ordered treatment under Proposition 36 and the new "treatment-mandated felony" category. The campus will also establish the county's first Sobering Center, providing a safe and clinically supported alternative to emergency departments and incarceration, strongly backed by law enforcement and hospital partners. In addition, a seven-bed Lanterman-Petris-Short-designated Mental Health Rehabilitation Center will serve individuals impacted by SB 43, addressing a regional gap in treatment for those with severe substance use and co-occurring disorders. By co-locating withdrawal management, residential, sobering, and MHRC services, the campus advances state and local priorities for a connected, recovery-oriented continuum of care serving Napa County and the broader Bay Area region. The capital development component of this project is funded by a BHCIP grant, we will use BHSS dollars to pay for the salaries and services necessary to operate the BHTC.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	555
FY 2027 – 2028	2218
FY 2028 – 2029	2218

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Assumptions were made on historical utilization data and required in the application for the Behavioral Health Continuum Infrastructure Project BOND Round 1 and Round 2 applications

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

The Behavioral Health Mobile Response Team provides rapid, same-day, in-person intervention for children, adults, and older adults experiencing emerging or escalating behavioral health crises, with the primary goal of preventing progression to higher-acuity and more restrictive levels of care. The program focuses on early stabilization, de-escalation, and diversion from emergency departments, psychiatric hospitalization, and law enforcement involvement, supporting individuals to remain safely in the community whenever possible.

The Mobile Response Team operates countywide with 24-hour, seven-day-a-week coverage and delivers time-limited, episode-based services that emphasize early engagement, risk assessment, safety planning, and timely linkage to appropriate ongoing behavioral health and community-based supports. Team members are trained to respond at the earliest point of crisis to interrupt escalation and reduce the likelihood of repeated or worsening crises.

The team is staffed by bi-lingual and bi-cultural licensed or registered mental health clinicians, senior mental health workers, and a program supervisor. All are trained in de-escalation and crisis assessment. An Alcohol and Drug Services Counselor is integrated into the team to ensure an early, coordinated response for individuals whose crisis includes a substance use component. Mobile Response Team (MRT).

Please select which of the three EI components are included as part of the program or service

Outreach
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
The program's intended outcomes are early intervention in emerging behavioral health crises, improved access to timely care, and reduced escalation to emergency departments, psychiatric hospitalization, and justice involvement, consistent with BHSA Early Intervention goals.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	475
FY 2027 – 2028	475
FY 2028 – 2029	475

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The projection is based on the actual number of individuals served, as documented in the electronic health record during fiscal year 2024–25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
MHSA INN Project: PIVOT

Please select which of the three EI components are included as part of the program or service
Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports
Administrative support for organizations transitioning out of Prevention and becoming more aligned with EI requirements

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Napa County's PIVOT Innovation Project is a bridge strategy to protect and carry forward the most valuable parts of PEI as the county transitions into BHSA. The proposal recognizes that PEI-funded community partnerships have been central to culturally responsive outreach, stigma reduction, early identification, peer support, school-based services, and engagement in underserved communities, but that many of those services are at risk as PEI funding sunsets under BHSA. PIVOT uses Innovation funds to help those providers adapt by building their ability to access more sustainable funding streams, including Medi-Cal, peer certification, ECM/Community Supports, MH MAA, and potentially SMHS or DMC-ODS certification.

For BHSA Early Intervention, the key takeaway is that this project is not "early intervention" in the traditional direct-service sense; it is early intervention infrastructure preservation. It supports the providers and practices that help people connect to care earlier, especially culturally diverse communities, older adults, rural communities, and populations that do not consistently access county behavioral health services. In the Integrated Plan, this can be framed as a transition and sustainability effort: PIVOT helps Napa preserve community-based early identification and engagement functions while aligning them with BHSA's new financing, accountability, equity, workforce, and evidence-based practice expectations.

The intended outcome of PIVOT is to help Napa County preserve and strengthen core early intervention and community-based behavioral health functions during the transition from MHSA to BHSA by redesigning FSP services, sustaining culturally responsive provider partnerships, building Medi-Cal and peer certification capacity, training the workforce in required EBPs and SmartCare workflows, and creating the administrative and data infrastructure needed to meet BHSA accountability, equity, and sustainability expectations.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	
FY 2027 – 2028	
FY 2028 – 2029	

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name

Aldea SOAR

CSC program description

SOAR offers a comprehensive continuum of coordinated services designed to promote symptom reduction, functional recovery, and family empowerment. Each participant begins with a thorough clinical assessment and diagnostic evaluation to guide individualized treatment. Psychiatric providers offer ongoing medication management, and participants engage in Cognitive Behavioral Therapy for Psychosis, an evidence-based modality that helps reduce distress associated with psychotic symptoms and build practical coping skills. Family engagement is central to SOAR's success. Through Multi-Family Group

Treatment, families receive psychoeducation about psychosis, learn collaborative problem-solving strategies, and expand their social support networks. A Family Partner, a peer professional with lived experience, provides family advocacy, models recovery-focused approaches, and strengthens natural supports. Beyond clinical and family services, SOAR integrates education, and employment supports to promote recovery and independence. Participants receive individualized assistance in pursuing academic or vocational goals, building job skills, and accessing financial and community resources. Together, these supports address both the clinical and social dimensions of wellness, enabling participants to achieve stability and meaningful community participation.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	14
Number of Uninsured Individuals	<11*

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	4.25
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	2	2	2
Total Number of Teams	1	1	1

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?
Yes

Please list the other funding source(s)
MHBG, Medi-Cal

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For

related policy information, refer to 7.A.3 Outreach and Engagement .

Program or activity name
System Navigation

Please describe the program or activity
System Navigators provide mental health outreach, service connection, transportation, and referrals to individuals and families throughout Napa County. System Navigators are bilingual and bicultural in order to support the needs of the local Latino community. System Navigators educate the community and service providers about available mental health services throughout Napa County and also provide support and guidance in connecting with mainstream resources such as healthcare, Medi-Cal, Cal Fresh, and housing services. The Navigators work closely with local family resource centers to provide psychoeducational groups as a way of introducing mental health resources to people who would like to become more informed about mental health resources and services.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	760
FY 2027 – 2028	760
FY 2028 – 2029	790

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs
Analyzed differences between FY 23/24 and 24/25, where there was a large increase. Anticipated smaller increase for first two years and then larger increase for the third year.

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce

initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).
For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name
BH Workforce Capacity Initiative

Please select which of the following categories the activity falls under
Other

Please define the other activity
Supports Flexible Workforce Recruitment, Development, Training, and Retention, Licensure Support, and Operational Training

Please describe efforts to address disparities in the Behavioral Health workforce.
Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9
The $150,000 in WET funds will support a flexible Workforce Recruitment, Development, Training, and Retention initiative aligned with BHSA implementation. Funds may be used for targeted recruitment and retention incentives, licensure and supervision support, priority clinical and operational training, and workforce capacity-building activities necessary to implement evidence-based practices and new BHSA requirements. This approach allows the county to address emerging workforce gaps and strengthen cultural responsiveness while supplementing, and not duplicating, existing state-administered loan repayment and workforce programs.

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties

must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

---

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	247
Number of Uninsured Individuals	42
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	99

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	33
Number of Uninsured Individuals	<11*

FACT Eligible Population (ACT with Justice-System Involvement)	**Estimates**
Number of Medi-Cal Enrolled Individuals	17
Number of Uninsured Individuals	3

ACT/FACT Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	<11*
Number of Teams Needed to Serve Total Eligible Population	<11*

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	10	10	10
Total Number of Teams	1	1	1

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	197
Number of Uninsured Individuals	33

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	10
Number of Teams Needed to Serve Total Eligible Population	2

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	15	15	20
Total Number of Teams	3	3	4

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	81
Number of Uninsured Individuals	11

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	30
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	6	6	6

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	1	1	1

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	337
Number of Uninsured Individuals	57

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	25
Number of Teams Needed to Serve Total Eligible Population	10

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?
Yes

Please describe how the estimated practitioners will provide more than one EBP
We are combining the ACT/FACT treatment team and they will be trained and will utilize both EBPs

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports
Napa County employs a whole-person, trauma-informed approach across its behavioral health programs by integrating clinical services, housing support, and social determinants of health, while actively partnering with families and natural supports. Full Service Partnership programs emphasize individualized, recovery-oriented care that addresses mental health needs alongside housing stability, physical health, justice involvement, and community integration. Services are delivered by multidisciplinary teams trained in trauma-informed and culturally responsive practices, including bilingual and bicultural staff, and incorporate family engagement, psychoeducation, and collaborative planning. Programs prioritize meeting individuals where they are, using flexible resources to address barriers, and coordinating with

community-based organizations, housing providers, schools, probation, and other partners to support sustained recovery and wellbeing.

Please describe the county's efforts to reduce disparities among FSP participants

The County works to reduce disparities among Full Service Partnership participants by prioritizing outreach to unserved and underserved populations and tailoring services to address cultural, linguistic, and structural barriers to care. FSP programs employ bilingual and bicultural staff, emphasize culturally responsive service delivery, and engage families and natural supports as active partners in treatment. Programs focus on populations that experience disproportionate barriers, including individuals who are unhoused or at risk of homelessness, justice-involved individuals, and racially and ethnically diverse communities. Ongoing staff training in race, equity, inclusion, diversity, and belonging, combined with community outreach and partnerships, supports equitable access, engagement, and outcomes across FSP programs.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Homelessness
Institutionalization
Justice involvement
Untreated behavioral health conditions
Quality of life
Social connection
Care experience

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Napa County Behavioral Health provides ongoing engagement for individuals receiving Full Service Partnership Intensive Case Management through multidisciplinary, field-based teams that maintain frequent, proactive contact tailored to individual needs. Engagement activities include regular in-person and community-based outreach, coordination across behavioral health, housing, medical, and social service systems, and sustained partnership with families and natural supports. Teams use flexible, relationship-based approaches to re-engage individuals who disengage from services, address barriers such as housing instability, transportation, and benefits access, and support continuity of care during transitions, including hospital discharge, justice involvement, or changes in housing or level of care.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW.
Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP
Beyond EBP-required engagement, Napa County Behavioral Health supports ongoing engagement through continued outreach during transitions such as hospitalization, housing changes, or justice involvement; coordination across behavioral health, housing, medical, and social service partners; and use of flexible supports to address practical barriers to participation. Teams prioritize re-engagement when individuals disengage, using relationship-based, trauma-informed, and culturally responsive approaches to maintain connection over time.

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)
The County will comply with required FSP levels of care by aligning existing Full Service Partnership Intensive Case Management teams with BHSA requirements and by ensuring the same alignment for ACT/FACT when those services launch in July 2026. The County has already conducted an assessment of all current FSP clients to identify preliminary estimates for the number of individuals appropriate for Intensive Case Management versus ACT/FACT. The County will also implement a consistent level-of-care tool within Project Access to inform placement and ongoing level-of-care decisions.

Please indicate whether the county FSP program will include any of the following optional and allowable services
No Primary SUD FSP eligibility, yes on outreach activities

Primary substance use disorder (SUD) FSPs
No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)
Yes

Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program
Napa County will conduct proactive, culturally responsive outreach to identify and enroll individuals with significant behavioral health needs into the County's Full Service Partnership (FSP) program, with a specific focus on residents who are unserved or underserved and face barriers to accessing specialty behavioral health care. Outreach will prioritize communities with higher unmet need, including rural and

geographically isolated areas, and will leverage a satellite office presence in Calistoga to bring enrollment opportunities closer to where people live. The County will utilize System Navigators and peer support staff to meet individuals where they are, provide warm handoffs into FSP, and reduce practical barriers by assisting with engagement, scheduling, transportation coordination, and benefits navigation.

Napa County will strengthen access by expanding referral pathways and improving follow-up from crisis services, emergency departments, inpatient settings, and trusted community partners to ensure rapid connection after crisis episodes and missed points of contact. To advance equity, the County will prioritize bilingual and culturally responsive outreach, particularly increasing Spanish-language capacity, materials, and services, and will participate in community events and resource fairs to build trust, reduce stigma, and connect residents to care in familiar settings. Through collaboration with local organizations and cross-sector partners, outreach will link individuals not only to FSP enrollment, but also to integrated supports such as housing, medical care, and substance use services, with ongoing monitoring of outreach and enrollment trends to identify disparities and continuously improve engagement strategies

Other recovery-oriented services
No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
n/a

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
Napa County Behavioral Health has operated Full Service Partnership programs for more than a decade. While BHSA introduces new requirements for FSP services, these requirements build on an established service model and are being implemented within the context of long-standing Community Planning Processes and ongoing program refinement, rather than through the development of an entirely new program.

Napa County Behavioral Health considered the unique needs of children and youth who are involved in, or at risk of involvement in, the juvenile justice system through long-standing program design, cross-system collaboration, and Community Planning Processes conducted under MHSA. Over time, the County engaged with Juvenile Probation and other youth-serving partners to understand service gaps, barriers to

engagement, and challenges related to justice involvement, including the need for coordinated, community-based responses that reduce reliance on detention and more restrictive placements.

In 2021, system partners who serve youth within Napa County executed a Memorandum of Understanding (MOU) in response to requirements set forth by Assembly Bill 2083. This MOU is shared amongst HHSA leadership, Behavioral Health, and Child Welfare, Education, Probation, Regional Center partners and more. While this MOU memorializes the shared commitment amongst youth-serving partners, it was ultimately an embodiment of the collaborative, whole-youth approach to service delivery that is a guiding value within the Napa community. The Interagency Leadership Team (ILT) and Interagency Placement Committee (IPC) established in accordance with this MOU have been essential in sharing data, engaging stakeholders, and establishing youth-serving policies that have been a crucial component of planning and evaluating FSP and Wraparound services for youth.

These considerations informed the development and ongoing implementation of Children's Full Service Partnership services that emphasize intensive, field-based engagement, continuity of care, and coordination across behavioral health, probation, education, and community-based providers. The County selected and expanded High Fidelity Wraparound as a core component of Children's FSP based on established best practices for serving youth with complex needs and multi-system involvement, including justice involvement. Wraparound's family-driven, team-based approach was identified as an effective model for supporting diversion, stabilizing youth in the community, and addressing the underlying behavioral health needs that contribute to justice system involvement.

Under BHSA, Children's FSP services continue to operate within prescribed requirements while building on this established foundation of collaboration, model selection, and cross-system coordination.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Napa County Behavioral Health considered the needs of LGBTQ+ children and youth through Community Planning Processes conducted under MHSA, provider input, and the incorporation of culturally responsive and trauma-informed principles reflected in MHSA planning documents and program requirements. Planning and program refinement have been informed by general stakeholder input and established best practices recognizing disparities and barriers to care experienced by some youth populations.

These considerations are reflected in Children's Full Service Partnership service expectations that emphasize inclusive environments, respect for youth identity, family-driven planning, and engagement strategies designed to promote safety, trust, and sustained participation in services. The County has incorporated these principles through provider expectations and staff training, rather than through the creation of separate or specialized programs.

This approach allows Children's FSP services to remain flexible and responsive to individual needs while

aligning with equity-focused principles embedded in MHSA planning and carried forward under BHSA.

In the child welfare system
Napa County Behavioral Health considered the unique needs of children and youth involved in the child welfare system through long-standing collaboration with Child Welfare Services, participation in Community Planning Processes under MHSA, and interagency coordination focused on youth with complex needs. Planning efforts reflected shared recognition of challenges related to placement instability, trauma exposure, and multi-system involvement among children and youth involved with child welfare. These efforts have been further enhanced along side other child-serving system partners as well with the implementation of the previously mentioned AB 2083 MOU.

In response, the County reviewed established best practices and evidence-based models for serving youth in the child welfare system and selected High Fidelity Wraparound as a foundational component of Children's Full Service Partnership services. Wraparound was identified as an appropriate model due to its emphasis on family engagement, natural supports, coordinated team-based planning, and flexible, community-based services designed to prevent placement disruption and support permanency.

Children's FSP services incorporating High Fidelity Wraparound are designed to align behavioral health treatment with child welfare goals by promoting stability, strengthening families, and coordinating across systems. Under BHSA, these services continue to operate within required program standards while building on the County's long-standing planning, collaboration, and model selection efforts to address the needs of child welfare–involved youth.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults **in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are**

Older adults
Napa County HHSA Behavioral Health considered the unique needs of older adults in the development and ongoing operation of Adult Full Service Partnership services through long-standing service delivery, Community Planning Processes conducted under MHSA, and coordination with aging and health partners. The County's Older Adult Full Service Partnership is co-located with Comprehensive Services for Older Adults, reflecting intentional integration with county aging services to address the complex medical, functional, social, and behavioral health needs of older adults.

These considerations are reflected in program practices that emphasize coordination with primary care, hospitals, conservatorship and public guardian services, housing providers, and the Area Agency on Aging, as well as flexible, community-based engagement to support continuity of care. Program refinement over time has been informed by provider experience, partner input, and established best practices for serving

older adults with serious mental illness, rather than through the development of a separate or distinct FSP model.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Napa County HHSA Behavioral Health's understanding of mental health disparities affecting Lesbian, Gay, Bisexual, Transgender, Queer, Plus adults is informed by countywide planning and assessment efforts, including the Community Health Assessment, Community Health Improvement Plan, and the Health and Human Services Agency Strategic Plan, as well as ongoing partnership with community-based organizations serving LGBTQ+ residents. The County funds and partners with On The Move LGBTQ Connection, which contributes to systemwide understanding of community needs, barriers to care, and equity considerations affecting LGBTQ+ individuals.

This understanding has informed the County's approach to Adult Full Service Partnership services over time by reinforcing expectations for inclusive, person-centered, and flexible service delivery. Adult Full Service Partnership services have long been delivered with attention to individual needs, lived experience, and barriers to engagement, and the County is continuing this established approach under the Behavioral Health Services Act.

In, or are at risk of being in, the justice system

Napa County HHSA Behavioral Health considered the needs of adults who are involved in, or at risk of involvement in, the justice system through long-standing planning, interagency collaboration, and program development reflected across Mental Health Services Act planning documents and Community Planning Processes. Over multiple MHSA planning cycles, the County has worked closely with justice system partners, including Probation, correctional health, courts, law enforcement, BH staff located in the jail and imbedded with law enforcement agencies and county hospitals, to understand service gaps, high-risk transition points, and barriers to continuity of care for justice-involved individuals with serious mental illness.

These efforts included ongoing coordination around individuals cycling between custody, hospitalization, and the community; shared planning related to diversion, reentry, and stabilization; and alignment of behavioral health services with justice system processes. County planning documents consistently identify justice involvement as a key driver of unmet behavioral health need and emphasize the importance of intensive, community-based services to reduce recidivism, prevent unnecessary incarceration, and support successful reentry.

This understanding has informed the development and ongoing operation of Napa's Adult and Older Adult Full Service Partnership programs by reinforcing outreach-oriented, field-based engagement; coordination across behavioral health, justice, and housing systems; and continuity of care during high-risk transitions such as release from custody or discharge from inpatient settings.

This long-standing collaboration with justice system partners will also inform the implementation of Forensic Assertive Community Treatment as a core level of care within Adult and Older Adult Full Service Partnerships beginning July 1, 2026. The County will build on existing experience supporting justice-involved individuals by emphasizing coordination with justice partners, proactive outreach, and continuity of care for individuals with the highest acuity and system involvement.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs

We do not have any targeted outreach programs as of the submission of this IP. However, Napa County HHSA Behavioral Health will meet Behavioral Health Services Act requirements for assertive field-based initiation of substance use disorder treatment by building from existing service infrastructure and cross-system touchpoints and expanding these efforts over the BHSA implementation period.

Program descriptions

The County has initiated early implementation of targeted outreach through the Recovery Inclusion Support and Engagement initiative within the Alcohol and Drug Services Adult Outpatient Program. RISE is designed to intentionally engage individuals with substance use disorder who are not currently connected to traditional treatment settings through low-threshold, community-based engagement and flexible service

delivery. Early activities include outreach and engagement in community settings, brief screening and needs identification, motivational engagement, and navigation support to connect individuals to substance use disorder treatment and related services. Engagement may occur prior to completion of a full intake and does not require abstinence as a condition of participation.

Targeted outreach will be coordinated with existing county mobile and community-based platforms, including Be Well Mobile Services operated by the Health and Human Services Agency, which provides scheduled, community-based access to behavioral health screening, brief intervention, and connection to services. Outreach efforts prioritize individuals at higher risk of overdose, including those experiencing homelessness, justice involvement, and co-occurring mental health conditions, and are further coordinated with system touchpoints such as jail-based assessments, Probation referrals, and hospital and crisis pathways.

Current funding source
Behavioral Health Services Act funding, Medi-Cal reimbursement where available, and braided county behavioral health funding.

BHSA changes to existing programs to meet BHSA requirements
Expansion and formalization of early targeted outreach activities, including scaling field-based engagement capacity, strengthening low-barrier workflows, and enhancing coordination across behavioral health, justice, hospital, and crisis pathways to fully meet BHSA requirements.

Expected timeline of operation
Begin BHSA implementation July 1, 2026, with phased expansion to fully meet BHSA requirements by July 1, 2029.

Mobile-field based programs

Existing programs
We do not have any mobile-field based programs as of submission of this IP

Program descriptions
Napa County HHSA Behavioral Health will expand mobile, field-based capacity by building on existing mobile service infrastructure and embedded clinical teams to increase access to behavioral health and substance use disorder services. This includes leveraging Be Well Mobile Services, operated by the Health and Human Services Agency, as well as mobile psychiatric capacity embedded within Adult Full Service Partnership teams, including Assertive Community Treatment and planned Forensic Assertive Community Treatment.

Be Well Mobile Services is an RV-style mobile unit that brings health and human services directly into Napa County communities at scheduled locations. The Be Well Vehicle provides a visible, low-barrier platform for community-based engagement, screening, and navigation support. Services offered through Be Well Mobile Services include enrollment and assistance with Medi-Cal, CalFresh, and CalWORKs; benefits navigation; basic health and wellness screenings; and linkage to behavioral health and substance use disorder services. By meeting residents where they are, the Be Well Vehicle helps reduce barriers related to transportation, stigma, and system navigation, particularly for individuals and families who may not otherwise engage with clinic-based services.

Mobile psychiatric capacity within Adult Full Service Partnership teams further complement this infrastructure by providing field-based assessment, medication management, and continuity of care for individuals with co-occurring serious mental illness and substance use disorders. These teams support assertive outreach, rapid engagement, and ongoing treatment in community settings.

Mobile services will coordinate closely with targeted outreach efforts, including early implementation activities under the Recovery Inclusion Support and Engagement initiative, as well as with clinics, hospitals, crisis response pathways, and justice-system partners. This coordinated approach supports timely initiation of care, warm handoffs, and continuity of treatment, including linkage to medications for addiction treatment and ongoing care providers.

Current funding source

BHSA funding, FFP where available, Community Supports where applicable.

BHSA changes to existing programs to meet BHSA requirements

Napa County HHSA Behavioral Health will expand mobile service capacity to support field-based engagement and the assertive initiation of substance use disorder treatment. This includes leveraging mobile platforms such as the Be Well Vehicle for engagement, screening, and linkage; deploying mobile psychiatric and multidisciplinary teams for in-field assessment and treatment; and strengthening coordination with medications for addiction treatment access points and ongoing care providers to ensure continuity of care.

Expected timeline of operation

Begin BHSA implementation July 1, 2026, with phased expansion to fully meet BHSA requirements by July 1, 2029.

Open-access clinics

Existing programs

While Napa County HHSA Behavioral Health operates Access Clinics that are open to the public, same-day walk-in access for substance use disorder treatment and medications for addiction treatment is not available as of the submission of this Integrated Plan.

Program descriptions

Napa County HHSA Behavioral Health will meet open-access clinic requirements by building on existing clinic-based infrastructure and recent expansions in psychiatric and nursing capacity to support low-barrier access to substance use disorder treatment and medications for addiction treatment.

A key component of this work is the Behavioral Health Medication Clinic, which has undergone significant expansion over the past 15 months. The Clinic now includes a full-time Psychiatric Medical Director, a dedicated Clinic Supervisor, full-time in-person psychiatrists, and Licensed Vocational Nurse support for medications for addiction treatment. These investments have strengthened the County's ability to initiate and manage medications for addiction treatment alongside psychiatric care, medication education, and follow-up support.

Psychiatric Nurses meet with patients following psychiatric appointments to provide medication education, care planning, and recovery support, including a Wellness and Recovery group focused on coping skills, relapse prevention, and stress management. The Clinic has also strengthened language access through interpretation training for bilingual administrative and nursing staff, supporting culturally responsive access to care.

Over the Behavioral Health Services Act implementation period, the County will build on this foundation by strengthening same-day or rapid-access workflows and referral pathways from targeted outreach, mobile services, hospitals, crisis response, and justice-system touchpoints to the Behavioral Health Medication Clinic and related outpatient access points. Early engagement through the Recovery Inclusion Support and Engagement initiative will support identification of individuals appropriate for rapid referral to clinic-based medications for addiction treatment, with an emphasis on warm handoffs and continuity of care.

Current funding source

Medi-Cal reimbursement, Behavioral Health Services Act funding where applicable, and county behavioral health resources.

BHSA changes to existing programs to meet BHSA requirements
Development of low-barrier access pathways and operational workflows to support same-day or near same-day initiation of medications for addiction treatment, including strengthened referral, warm-handoff, and follow-up processes connecting outreach, mobile services, clinics, hospitals, crisis response, and justice-system touchpoints to clinic-based MAT capacity.

Expected timeline of operation
Initial workflow development and early implementation beginning in the early BHSA implementation period, with phased expansion and refinement through July 1, 2029 to fully meet BHSA open-access and same-day MAT requirements.

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs
Napa's RISE Program (forthcoming)

Program descriptions
The Recovery Inclusion Support & Engagement (RISE) initiative seeks to design and implement an innovative, low-threshold, high-access substance use disorder (SUD) service model within Napa County's Alcohol and Drug Services (ADS) Adult Outpatient Program that explicitly reaches individuals who currently are not engaged in care. The rationale is that most individuals with SUD are not accessing treatment, so by redesigning outreach and engagement practices under DMC-ODS we can meet people "where they are" and improve system reach, equity, and outcomes.

Planned funding
DMC-ODS, Realignment/GF

Planned operations
RISE will be utilizing current staffing patterns within the adult outpatient treatment program and re-design workflows and create new procedures to increase field-based substance use services and outreach. Staff will be instructed to use geographic scheduling and prioritize high-density engagement sites to optimize billable service delivery and travel efficiency. High engagement sites include shelters, crisis units, recovery residences, and encampments.

Through RISE, staff will have the flexibility to provide field-based services to both existing clients and individuals encountered in these community settings. For people who are not ready for, or not well-served by, traditional abstinence-oriented treatment, staff will be able to engage using a harm-reduction

approach. All services provided through this initiative, including individual counseling, care coordination (including linkage and engagement with medication assisted treatment), will be billable under the DMC-ODS Recovery Services benefit as a standalone service, allowing RISE to operate as a financially sustainable standalone service modality.

Expected timeline of implementation
Soft launch Spring 2026, with full-scale roll out Summer 2026

Mobile-field based programs

New programs
Be Well Mobile Services – recreational vehicle

Program descriptions
For years, Napa County Health and Human Services Agency (HHSA) envisioned creating a more accessible and centralized point of entry into its wide range of programs and services. Through extensive collaboration with community partners and input from the community we serve, that vision has become a reality. HHSA's Be Well Mobile Services unit expands access to critical safety net services beyond the fixed office locations meeting individuals and families where they are whether that be in their neighborhoods, at community centers, neighborhood hubs, or local events throughout Napa County.

The Be Well Mobile Services consists of Behavioral Health and Self Sufficiency (Welfare) staff on a county operated recreational vehicle to provide enrollment services into the County's safety net of services such as Medi-Cal, CalFresh, and CalWORKs, as well as Behavioral Health screenings and referrals for Mental Health and Substance Use Disorder treatment. Staff offer quick screenings, same-day connections, and personalized support to help clients enroll in and maintain vital benefits and services that promote health, wellness, and economic stability.

Planned funding
The costs of operating the Be Well Van are indirect and spread to across the Agency and allocated to all allowable funding sources. Direct staff time is charged to the appropriate funding source based on how staff time study. This could be to grants, Medi-Cal, Realignment, and General Fund.

Planned operations
HHSA Be Well Mobile Services are strategically located in high traffic and low barrier access points around the county including places intended to reach clients with the most barriers to linkages. Locations are scheduled on a calendar with regular rotation, but most common stops include downtown Napa, Napa

Senior Center, Heritage House and Valley Lodge Apartments (transitional housing for formerly homeless individuals), local churches, and Walmart. Future locations may be added based on community feedback and need.

Be Well Mobile Services may also offer an opportunity to integrate increased Behavioral Health Services made up of SUD counselors, mental health clinicians, and psychiatrists to provide engagement, harm reduction support, trust building, motivational interviewing, and directly provide or facilitate rapid access to MAT and other SUD services at a future date, as the vehicle offers private meeting areas for clients and staff.

Expected timeline of implementation
HHSA Be Well Mobile Services is operational now

Open-access clinics

New programs
Narcotic Treatment Programs and Adult Medication Clinic

Program descriptions
Napa County currently contracts with two NTP providers that offer same day services for methadone and buprenorphine. Napa County HHSA Behavioral Health provides stand-alone MAT services within the Adult Medication Clinic that currently provides some drop-in and open-access scheduling. Clients who are currently enrolled in Napa's outpatient SUD treatment program or adult mental health services can be referred to the MAT services within the Adult Medication Clinic.

Planned funding
DMC-ODS

Planned operations
We hope to leverage the county operated MAT services within the Adult Medication Clinic to increase the availability of MAT services across the continuum. Proposals have included increasing flexibility and availability of drop-in and on-demand MAT services, including community-based inductions.

Expected timeline of implementation
Over the next fiscal year.

Medications for Addiction Treatment (MAT) Details

Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs

Napa County HHSA Behavioral Health will enable same-day or rapid access to medications for addiction treatment by strengthening clinic-based initiation capacity and building coordinated pathways that link outreach, mobile services, clinics, hospitals, crisis response, and justice-system touchpoints to MAT providers. The County has expanded psychiatric and nursing capacity within the Behavioral Health Medication Clinic to support medication initiation, education, and follow-up, and is using these resources as a central access point for MAT.

Early engagement through the Recovery Inclusion Support and Engagement (RISE) supports timely identification of individuals with substance use disorder who may benefit from MAT and facilitates warm handoffs to clinic-based services. Over the BHSA implementation period, Napa County HHSA Behavioral Health will continue to refine workflows, expand staffing capacity, and strengthen referral and follow-up processes to support timely initiation and continuity of MAT, particularly for individuals at highest risk of overdose.

Napa County HHSA Behavioral Health will assess gaps by reviewing service utilization and prescribing data, clinic capacity and wait times, overdose and emergency department data, jail-based assessment information, and referral patterns from Probation, hospitals, crisis response, and field-based engagement pathways.

Data from early implementation of the RISE initiative will also inform understanding of unmet need and access barriers. This information will be used to identify priority populations, geographic areas of need, and operational gaps where same-day access workflows, prescribing capacity, or coordination must be strengthened to meet estimated need by July 1, 2029.

Select the following practices the county will implement to ensure same day access to MAT

Leverage telehealth model(s)
Other strategy

Please explain what other strategy the county will use

• Low-barrier clinic-based initiation workflows supporting same-day or rapid access
• Warm handoffs from targeted outreach and mobile field-based services
• Coordination with hospitals, emergency departments, and crisis pathways for rapid linkage following acute events
• Referral and coordination pathways for methadone through licensed Narcotic Treatment Programs

What forms of MAT will the county provide utilizing the strategies selected above?

Naltrexone
Buprenorphine
Methadone

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

Supportive housing

Medium gap

Apartments, including master-lease apartments
Medium gap

Single and multi-family homes
Large gap

Housing in mobile home communities
Large gap

(Permanent) Single room occupancy units
Medium gap

(Interim) Single room occupancy units
Medium gap

Accessory dwelling units, including junior accessory dwelling units
Large gap

(Permanent) Tiny homes
Large gap

Shared housing
Large gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Large gap

(Interim) Recovery/sober living housing, including recovery-oriented housing
Small gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Large gap

License-exempt room and board
Large gap

Hotel and Motel stays
Medium gap

Non-congregate interim housing models
Medium gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Large gap

Recuperative Care
Medium gap

Short-Term Post-Hospitalization housing
Medium gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Large gap

Peer Respite
Not applicable

Permanent rental subsidies
Large gap

Housing supportive services
Small gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals **?**
In Napa County, Housing & Community Services (HCS) is the department responsible for operating the Coordinated Entry System (CES) and serving as the collaborative applicant for Continuum of Care (CoC) funding. Napa County has benefitted significantly from HCS's proactive and highly effective approach to

pursuing state, federal, and local grant opportunities. The City of Napa Housing Authority (HACN) is also a strong partner within the Homelessness Response System (HRS) and currently serves as Chair of the CoC Board.

In addition to BHSA funding, Napa County will leverage non-BHSA local, state, federal, and Medi-Cal resources to expand access to housing for BHSA-eligible individuals. These include HUD Continuum of Care–funded Permanent Supportive Housing, Public Housing Authority vouchers (including Mainstream and Shelter Plus Care), the County's Coordinated Entry System and HMIS, Medi-Cal Managed Care Plan–funded CalAIM Community Supports, MCP Transitional Rent when available, and Behavioral Health Bridge Housing (BHBH). The sections below describe how these resources are operationalized through cross-system partnerships, staffing, data integration, and formal agreements to improve housing access and stability for BHSA-eligible individuals.

With the infusion of Behavioral Health Bridge Housing (BHBH) funding, HHSA-BH used BHBH funding to hire its first ever Behavioral Health Housing Manager. In addition to successfully managing BHBH funding the Housing Manager established an internal housing program and started to build out a housing continuum for BH clients, leveraging multiple resources and funding streams which has substantially improved the department's understanding of the housing landscape across the county. Historically, many California jurisdictions have experienced fragmentation between Behavioral Health systems and Homelessness Response Systems, often driven by differences in eligibility criteria, workflows, and professional language. In Napa County, these barriers have been largely mitigated following HHSA-BH's hiring of a subject-matter expert in housing and homelessness to oversee BHBH-funded programming. This strategic investment has strengthened cross-system partnerships and enabled more coordinated, client-centered care.

Prior to the implementation of Proposition 1, HHSA-BH maintained a limited presence in HMIS, holding a small number of user licenses and tracking approximately three programs. With the expansion of programming under BHBH, HHSA-BH increased its HMIS capacity and trained four internal staff members to administer the VI-SPDAT, Napa County's standardized vulnerability assessment and the primary determinant for prioritization within CES. This capability has been particularly impactful for high-acuity clients who are poor historians, allowing assessments to more accurately reflect true vulnerability rather than relying solely on self-reported information. Placement on the CES list expands access to a broader range of housing resources for HHSA-BH clients, including HUD-funded Permanent Supportive Housing (PSH) and Public Housing Authority (PHA) vouchers with homelessness eligibility requirements, such as Mainstream and Shelter Plus Care.

In Napa County, HCS is the sole Medi-Cal Managed Care Plan (MCP)-contracted Housing Community Supports provider and subcontracts with Abode Services. HHSA-BH engaged Abode to deliver the "housing trio" of CalAIM Community Supports. Leveraging prior expertise in CalAIM housing supports, the BHBH Program Manager facilitated the development of a MOU between HHSA-BH and HCS. This agreement

allows HHSA-BH to submit MCP claims under the HCS contract using the shared subcontracted provider, ensuring continuity for clients and minimizing operational complexity for frontline staff who may not be familiar with contracting structures. The MOU has also positioned Napa County to more effectively operationalize Transitional Rent once it becomes available.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
Napa County maintains a strong and well-established Homelessness Response System (HRS); however, prior to recent investments, key components of the housing continuum were limited or unavailable for individuals with significant behavioral health needs. Specifically, the absence of interim housing, hotel-based stabilization options, and flexible rental assistance constrained the County's ability to prevent discharges from treatment settings, hospitals, or other institutions directly into homelessness.

BHSA Housing Interventions build upon and complement existing HRS resources by filling these critical gaps in the continuum. Through the introduction of interim housing, hotel vouchers, and a rental assistance model that supports placement into Recovery Residences, the County has significantly reduced exits from institutional and treatment settings to unsheltered homelessness. These interventions strengthen the overall system by creating safe, appropriate housing pathways for individuals during periods of transition, thereby improving continuity of care and housing stability.

Under the Behavioral Health Bridge Housing (BHBH) program, HHSA Behavioral Health initiated a Rental Assistance program designed to serve individuals regardless of their placement on the Coordinated Entry System (CES) list. Historically, many Behavioral Health clients were unable to access HUD- or state-funded homelessness programs because time spent in institutional or long-term treatment settings interrupted formal homelessness status, rendering them ineligible for programs with strict homelessness documentation requirements. BHSA-HI rental assistance is expected to expand the reach and effectiveness of the broader HRS by allowing Behavioral Health to fund housing for this population, while preserving HRS-funded rental assistance for other vulnerable households who meet traditional homelessness criteria.

HHSA Behavioral Health is also exploring the development of a new interim housing program that would initially leverage BHBH funding and transition to BHSA-HI as a sustainable funding source. This proposed program represents a high level of cross-system collaboration: the County's Medi-Cal Managed Care Plan, Partnership HealthPlan of California, owns the proposed property; a local community-based organization would provide property management and light case management, potentially billable through CalAIM Housing Tenancy Navigation Services (HTNS) or Housing Tenancy Sustaining Services (HTSS); Transitional Rent would fund the first six months of tenancy; and HHSA Behavioral Health would supply referrals and ongoing clinical services. This model intentionally aligns health care, housing operations, and behavioral health treatment, strengthening system integration and shared accountability across partners.

In addition, HHSA Behavioral Health is in the early feasibility phase of exploring a locally funded voucher program in partnership with the Housing Authority of the City of Napa. These vouchers would function similarly to HUD Mainstream Vouchers by supporting individuals with long-term behavioral health needs beyond the period of intensive case management. If implemented, this approach would leverage the Public Housing Authority's existing administrative infrastructure while extending the continuum of care to include a locally controlled permanent housing option. This intervention would serve as the final step in the Behavioral Health housing continuum and would be paired with ongoing tenancy supports through CalAIM HTSS to promote long-term housing retention.

Collectively, BHSA Housing Interventions intersect with and enhance existing housing and support resources by filling structural gaps, reducing system strain, maximizing the impact of non-BHSA funding streams, and creating a coordinated, end-to-end housing continuum tailored to the needs of BHSA-eligible individuals.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?

The HHSA-BH division's strategy to promote permanent housing placement and retention in alignment with Napa County's overarching strategy and is grounded in the recognition that long-term housing stability requires both the financial capacity to sustain housing and the behavioral health supports necessary to successfully meet tenancy obligations. Permanent housing is most successful when individuals are able to maintain income sufficient to cover ongoing housing costs and demonstrate the skills and supports needed to comply with lease requirements, including behavioral expectations related to community living, personal hygiene, and safety.

Accordingly, our approach prioritizes supporting individuals who are both eligible for and capable of living independently by addressing three interconnected domains: (1) income stability, (2) behavioral health stabilization and treatment, and (3) tenancy readiness and sustainment. Behavioral Health works to support access to or increases in income through benefits acquisition and coordination with partner systems, while simultaneously addressing untreated or under-treated mental health and substance use conditions that may have historically limited access to permanent housing opportunities. In parallel, clients receive support in understanding and complying with the practical and administrative requirements of permanent housing, such as lease obligations, utility payments, recertifications, and tenant responsibilities.

The HHSA-BH division's broader housing strategy emphasizes intentional partnership development, clear referral pathways, and strategic use of specialized systems to ensure that each organization operates within its area of expertise. With a comprehensive understanding of the local housing and service landscape, and strong relationships with relevant organizations, HHSA-BH will have the ability to focus on its direct role in crisis intervention, stabilization, and ongoing clinical and therapeutic treatment. As individuals transition from crisis into stabilization, Behavioral Health will remain responsible for clinical care, while case

management efforts increasingly shift toward coordinating referrals to external partner agencies with specialized expertise in housing placement, income supports, tenancy services, and long-term housing retention.

This coordinated, role-aligned model allows Behavioral Health to reduce barriers to permanent housing access while avoiding duplication of services, strengthening system accountability, and promoting continuity of care. It is anticipated that utilization of case management and other services being provided by the appropriate agencies will free up clinicians' time, potentially allowing for an increase in caseload capacity. By aligning BHSA Housing Interventions with established housing, benefits, and tenancy-support systems, the HHSA-BH's strategy supports not only successful placement into permanent housing, but also the long-term retention necessary to prevent returns to homelessness, crisis services, or institutional care.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

Napa County HHSA-BH has taken deliberate and targeted actions to strengthen access to and sustain Permanent Supportive Housing (PSH) for BHSA-eligible individuals by integrating Behavioral Health more fully into the local Continuum of Care (CoC) and Coordinated Entry System (CES) processes.
To support this integration, the HHSA-BH hired a Behavioral Health Housing Manager with direct experience in Napa County's Homelessness Response System and CoC governance. This position currently participates in CoC activities and brings institutional knowledge from the County's primary homelessness services provider, including hands-on experience designing and operationalizing Napa County's CES. This expertise has allowed Behavioral Health to more effectively align internal processes with CES requirements and PSH referral pathways.

HHSA-BH has also entered into a contract with the same local housing services provider that administers CES assessments and placement activities, specifically to serve Behavioral Health clients. In parallel, Behavioral Health has sent system navigators and Full Service Partnership (FSP) case managers to be trained and to administer the VI-SPDAT, the standardized vulnerability assessment required for placement on the CES list. This approach allows high-acuity Behavioral Health clients to be assessed by clinicians who are already familiar with their histories and needs, resulting in more accurate vulnerability scores. Given that CES prioritization is the primary driver of PSH placements—and that individuals with lower or inaccurate scores are unlikely to be considered for PSH—this strategy has been critical in ensuring equitable access for individuals with significant behavioral health needs who may be poor historians or unable to reliably self-report.

In addition to system and referral alignment, HHSA-BH has made direct financial investments to support

the development and sustainability of PSH. Behavioral Health has committed over $1 million of current MHSA funding toward the Capitalized Operating Subsidy Reserve (COSR) for a local PSH provider and has allocated Housing Intervention funds to support critical unit repairs necessary to maintain habitability and preserve existing PSH stock.

HHSA-BH was also awarded Behavioral Health Bridge Housing (BHBH) funding and established a local Rapid Rehousing–style tenant-based rental assistance (TBRA) program for Behavioral Health clients, which is planned to be expanded to Permanent Housing Rental Assistance under BHSA Housing Interventions. This model supports individuals transitioning into permanent housing, including PSH-aligned settings, by providing rental subsidies paired with ongoing behavioral health services.

Finally, HHSA-BH is actively exploring the feasibility of partnering with the local Public Housing Authority to develop locally funded vouchers modeled after HUD Mainstream Vouchers. These vouchers would function as tenant-based rental assistance PSH specifically for Behavioral Health clients, leveraging existing PHA administrative infrastructure while expanding long-term housing options for individuals with significant and ongoing behavioral health needs.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

The County Behavioral Health system ensures that all Housing Interventions (HI) settings provide access to clinical and supportive behavioral health care and housing services through standardized eligibility controls, contractual requirements, and integrated care coordination processes.

For Scattered Site Housing Interventions, eligibility determination—referred to as “Verification of Eligibility," may be completed only by providers delivering Specialty Mental Health Services (SMHS) and/or services for individuals with severe substance use disorders (SUD), all of whom are contracted with HHSA Behavioral Health. Eligibility verifications may only be submitted by the client’s primary case manager and are limited to individuals who are actively engaged in services, ensuring that all enrolled participants are receiving ongoing clinical and supportive behavioral health care.

Referrals to HHSA-BH housing programs also trigger enrollment with the County’s contracted housing services provider, which delivers housing-focused case management and housing location services. This ensures that clients enrolled in Housing Interventions receive coordinated housing supports alongside clinical care, including assistance with unit identification, landlord engagement, tenancy preparation, and ongoing housing stabilization.

All site-based Housing Intervention programs operate under formal contracts with HHSA Behavioral Health and are subject to routine program monitoring and oversight. Contractual requirements explicitly mandate

access to both behavioral health services and housing-related supports, ensuring that HI settings function as integrated components of the broader system of care rather than standalone housing placements.

In addition, all Housing Intervention programs will be established within the HHSA-BH health record (EHR) system as well as in HMIS. They are currently tracked in HMIS and SmartSheet which is checked against our EHR. Housing Program establishment in our EHR will allow for real-time tracking of enrollment, service delivery, and ongoing clinical engagement, and supports coordination between clinical providers, housing service partners, and case managers. EHR integration enables HHSA Behavioral Health to monitor service continuity, identify gaps in care, and ensure sustained access to both clinical and housing supports across all HI settings.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

HHSA-BH's Housing Manager has worked with clinical program staff to develop and implement screening and referral workflows. The County Behavioral Health system identifies, screens, and refers individuals eligible for BHSA Housing Interventions through a standardized, clinician-driven referral and review process that builds on existing workflows established under the Behavioral Health Bridge Housing (BHBH) program. Screening and prioritization are further supported by the referral form, which includes embedded prioritization questions to identify individuals with the highest levels of vulnerability, as defined by Behavioral Health.

For the current BHBH scattered-site rental assistance program, identification begins when homelessness or the risk of becoming homeless is identified as a contributing factor to a current client's inability to stabilize or stay out of crisis. This can happen at various stages in a client's journey through the behavioral health journey including at screening, assessment, individual case management, as well as group case management. When a Behavioral Health clinician or case manager learns by whatever means necessary, that housing is a significant barrier and is affecting treatment, engagement, clinical outcomes, and/or recovery, the client's primary case manager initiates a formal referral by submitting a standardized form that captures relevant clinical, housing, and eligibility information. All referral submissions are timestamped and tracked within a customized and automated SmartSheet.

Referrals are then routed to the internal Behavioral Health Housing Manager for screening and vetting. The Housing Manager reviews each submission to confirm eligibility, completeness, and alignment with program requirements. Referrals that meet eligibility criteria are forwarded to the contracted housing services provider, along with required releases of information (ROIs) and the Verification of Eligibility, ensuring that all Behavioral Health eligibility requirements are met prior to housing engagement.

Once it is determined that the client meets all criteria and the referral has been forwarded to the contracted housing services provider, the Behavioral Health Housing Manager facilitates a coordinated handoff by initiating an introductory email between the housing services agency and the Behavioral Health care team. This communication clearly delineates the names, contact information, roles, and responsibilities of each member of the client's care team, supporting shared accountability and coordinated service delivery. Referral status and client progress are tracked through bi-monthly multidisciplinary case management meetings that include all agencies involved in the client's care.

This referral and coordination model will be carried forward and expanded under BHSA Housing Interventions. Identification of BHSA-eligible individuals is expected to increase as Transitional Rent becomes operational, supported by a two-way referral process between Behavioral Health and the Transitional Rent provider. Additionally, given the Behavioral Health's decision to serve individuals suffering from severe SUD only with BHSA-HI funding, Behavioral Health anticipates a consistent and sufficient referral volume to fully utilize available housing resources.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only **?**
Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
While assessing housing gaps in Napa County, HHSA Behavioral Health engaged in targeted stakeholder outreach to better understand the housing needs of youth who are in, or at risk of involvement with, the juvenile justice system. This work built on Mental Health Stakeholder Advisory Committee (SAC) discussions that included public safety partners, community-based organizations, advocates, and service providers, and highlighted the connection between housing instability, untreated behavioral health needs, and justice system involvement.

As part of this engagement, the Behavioral Health Housing Manager met with an embedded clinician at Juvenile Hall to better understand intake and discharge planning practices, including when housing status is assessed and how housing needs are identified. Because the County does not currently have direct access to Juvenile Hall housing-status data, this input was qualitative and informed by operational experience. The County also reviewed utilization of existing Transition-Age Youth–designated units at two Permanent Supportive Housing sites and noted limited referrals and lease-up challenges given local demographics. Together, these activities informed Housing Interventions planning by grounding program design in current local patterns of need while maintaining flexibility to respond if referral volume increases

in the future.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Behavioral Health considered the needs of LGBTQ+ youth and young adults through stakeholder engagement and review of countywide housing and health assessments that documented disparities in access to stable housing and culturally responsive behavioral health services. The Mental Health Stakeholder Advisory Committee (SAC) discussions included input from community organizations and advocates serving underserved populations and emphasized the importance of low-barrier, affirming housing supports paired with behavioral health care. Behavioral Health also reviewed findings from the 2023 Napa County Community Health Assessment and other local housing assessments, which identified housing instability, discrimination, and barriers to accessing care as ongoing challenges for marginalized populations. While these assessments did not isolate LGBTQ+ youth housing needs quantitatively, they reinforced the importance of flexible program design that reduces access barriers and supports culturally responsive service delivery. These inputs informed Housing Interventions planning by prioritizing equity, continuity of care, and access to affirming behavioral health services as core components of housing stability for LGBTQ+ individuals.

In the child welfare system

Behavioral Health considered the needs of youth involved in the child welfare system (CWS) by reviewing local housing and community assessments, including the Napa Valley Housing Needs Assessment and the 2023 Napa County Community Health Assessment. These sources documented housing affordability constraints, overcrowding, transportation and language barriers, and challenges accessing behavioral health services—conditions that disproportionately impact families and youth involved in child welfare. Behavioral Health also incorporated findings from Community Planning Process activities conducted for the Behavioral Health Continuum Infrastructure Program, including client focus groups and provider interviews, which underscored the need for stable, longer-term housing paired with behavioral health treatment for youth experiencing placement transitions.

These inputs were complemented by the direct operational experience of the Behavioral Health Housing Manager, who oversaw both the housing and service components of the CalWORKs Housing Support Program (HSP). This experience reinforced that reunification efforts are frequently undermined when a reunifying parent lacks stable housing. Locally, limited family shelter capacity (including a single 7-bedroom family shelter) and scarce affordable housing options that are attainable for single-parent households create significant barriers to reunification and placement stability. HCS completes a family VI-SPDAT and maintains a separate CES prioritization list for families. While cross-system coordination is strong when a family is identified as having an open CWS case, recent funding reductions have further constrained available housing supports for this population, creating persistent service gaps.

In response, Behavioral Health is intentionally leveraging Rental Assistance resources to better support

families involved in CWS and reduce barriers to reunification. For example, Behavioral Health used BHBH resources to successfully house a reunifying family connected to one of our SUD programs, demonstrating how targeted rental assistance can directly support family stability and child welfare outcomes.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

To ensure Housing Interventions services are responsive to the unique needs of eligible older adults, the County Behavioral Health system conducted targeted stakeholder engagement and client-informed planning activities.

HHSA Behavioral Health held focus groups within existing behavioral health housing projects that serve older adults to gather direct feedback on client experiences, identify service and housing-related gaps, and understand the specific supports older adults need to maintain housing stability and, when appropriate, transition to more independent settings.

In addition, HHSA Behavioral Health engaged the Behavioral Health Stakeholder Advisory Committee in focused discussions regarding the housing and service needs of older adults in the community. Input from both clients and stakeholders directly informed the development and refinement of Housing Interventions services to ensure program design reflects older adults' functional needs, clinical considerations, and preferences related to housing stability and independence.

Key themes that emerged through this engagement included: (1) older adults with SMI who are currently housed in shared or communal living environments often value and prefer those settings and may not seek to transition out of them; and (2) many participants identified Single Room Occupancies (SROs) as a desirable housing option and indicated they would pursue SRO housing if financial barriers could be addressed. These findings informed and were taken into account during key program design decisions to better align Housing Interventions services with older adults' needs, preferences, and barriers.

In, or are at risk of being in, the justice system

HHSA Behavioral Health has staff embedded within the jail, probation, and local law enforcement, and maintains strong, long-standing partnerships with law enforcement and the courts, including close collaboration through collaborative courts. HHSA-BH drew on the experience and operational knowledge of these partners through focus group–style discussions with law enforcement, probation, Behavioral Health staff; interviews with community-based behavioral health and substance use treatment providers; discussions through the Mental Health Stakeholder Advisory Committee (SAC); and review of community assessments identifying service gaps and diversion needs for justice-involved individuals.

Together, these activities informed the development of BHSA Housing Interventions that emphasize coordination with justice partners, and supports designed to reduce cycling between incarceration, homelessness, and crisis-based behavioral health services .

In underserved communities

In developing BHSA Housing Interventions, HHSA Behavioral Health drew on Mental Health Stakeholder Advisory Committee (SAC) discussions, which included representation from community organizations, public safety, advocacy, and service providers. SAC discussions highlighted housing instability, access barriers, and the need for low-barrier, culturally responsive housing supports linked to behavioral health services, particularly for low-income and underserved populations.

The County also reviewed existing housing and community assessments, including the Napa Valley Housing Needs Assessment, the Napa County Farmworker Housing Needs & Impacts Assessment, the Napa County Older Adults Assessment, and the 2023 Napa County Community Health Assessment. Collectively, these assessments documented severe affordability constraints, overcrowding, transportation and language barriers, and disparities in access to behavioral health services, underscoring the need for stable, community-based housing options paired with behavioral health supports and alternatives to emergency department use and incarceration.

In addition, HHSA Behavioral Health drew from Community Planning Process (CPP) activities conducted for the Behavioral Health Continuum Infrastructure Program (BHCIP) application, including client focus groups and provider interviews conducted in late 2024. These activities reinforced the need for longer-term, stable housing, culturally responsive engagement, transportation supports, and clear pathways linking housing and treatment. Together, these inputs informed BHSA Housing Interventions that prioritize equity, cultural responsiveness, and long-term housing stability for underserved communities

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

The County Behavioral Health system has begun to coordinate more closely with the local Continuum of Care (CoC) to design pathways to receive referrals for Housing Interventions (HI) services through alignment with the Coordinated Entry System (CES). Placement into CoC-funded housing resources, including Permanent Supportive Housing (PSH), requires referral through CES, and Behavioral Health has been working intentionally align its internal processes to support this requirement.

BHSA Housing Interventions will serve two primary populations: individuals who are actively enrolled in Behavioral Health programs and individuals who meet BHSA eligibility criteria but are not yet enrolled in

Behavioral Health services. For the latter group, increasing access to Behavioral Health programs is a core strategy to ensure eligibility for HI and to strengthen coordination with CoC resources.

Through implementation of the Behavioral Health Bridge Housing (BHBH) program, the County addressed a longstanding barrier affecting clients served by the Homelessness Response System (HRS): difficulty accessing Behavioral Health intake ("Access") appointments. Historically, Access appointments required the client's direct participation and ability to manage scheduling, which was often not feasible for individuals experiencing homelessness. To address this, the Access team implemented a process allowing HRS case managers to place appointment holds without an attached client name, enabling more timely assessments once clients were available. This change significantly improved access to Behavioral Health services for HRS-referred clients.

As BHSA Housing Interventions are implemented, HHSA Behavioral Health will update and distribute outreach and educational materials—initially developed under BHBH—to partner agencies. These materials will provide guidance on behaviors and clinical indicators that may qualify individuals for Specialty Mental Health Services (SMHS), as well as information on available Behavioral Health programs. This outreach supports more appropriate referrals and helps partners better assess the likelihood that a client may qualify for Behavioral Health enrollment.

Behavioral Health staff also participate regularly in CES by-name list meetings, where housing providers review individuals currently prioritized within CES and identify available housing opportunities. Participation in these meetings allows Behavioral Health to identify individuals who may be eligible for BHSA Housing Interventions and to coordinate referrals in real time with housing partners.

To further support referral capacity, HHSA Behavioral Health continues to improve compliance with Timely Access requirements and is integrating mental health and substance use disorder Access functions to expand assessment capacity. The County is also exploring the feasibility of mobile Access assessments to better serve individuals who have difficulty traveling to office-based appointments. In addition, the primary CES assessment provider, Abode Services, is now contracted with Behavioral Health, enabling Behavioral Health-referred clients who meet homelessness criteria to complete the VI-SPDAT during their initial engagement. This facilitates placement on the CES list and increases access to HUD-funded PSH.

As Transitional Rent becomes operational, two-way referrals between Behavioral Health and housing partners will become increasingly important. Housing and Community Services intends to utilize Transitional Rent for CES clients, while the requirement that month seven of assistance be funded through BHSA Housing Interventions necessitates Behavioral Health enrollment. HHSA Behavioral Health is working to thoughtfully establish referral and Access processes designed to accommodate this increased demand and ensure seamless coordination between CES and BHSA Housing Interventions.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

HHSA Behavioral Health (BH) actively collaborates with the local Continuum of Care (CoC) through formal governance participation and ongoing operational engagement. The Behavioral Health Housing Manager holds a voting seat on the CoC and participates in decision-making processes related to system planning, prioritization, and resource alignment.

The Behavioral Health Housing Manager is using her comprehensive knowledge of Napa County's Homelessness Response System to strengthen the CoC partnership. This role has enhanced Behavioral Health's understanding of CoC policies, planning processes, and operational workflows, enabling more effective coordination, informed participation, and alignment of Behavioral Health Housing Interventions with CoC strategies and priorities. As a result, collaboration between Behavioral Health and the CoC has become more integrated, strategic, and responsive to shared goals related to housing stability and homelessness reduction.

Public Housing Agency

HHSA Behavioral Health (BH) intends to collaborate closely with the local Public Housing Agency (PHA) through existing established working relationships, shared operational coordination, and strategic planning efforts. Behavioral Health is developing expertise in PHA policies, voucher programs, and lease-up processes, enabling effective navigation of housing voucher pathways and successful placement of Behavioral Health clients into permanent housing. This role maintains strong, ongoing relationships with PHA leadership and staff to support coordination and problem-solving around voucher utilization. In addition, HHSA-BH funds a dedicated housing locator through its contract with Abode Services who works in close coordination with the PHA and collaborates regularly with Housing Specialists to identify available units, engage landlords, and support timely lease-up for clients who hold housing vouchers. This coordination helps reduce delays in housing placement and increases successful utilization of existing voucher resources.

In addition, HHSA-BH funds a dedicated housing locator through its contract with Abode Services who works in close coordination with the PHA and collaborates regularly with Housing Specialists to identify available units, engage landlords, and support timely lease-up for clients who hold housing vouchers. This coordination helps reduce delays in housing placement and increases successful utilization of existing voucher resources.

HHSA-BH also plans to assess the feasibility of developing locally administered housing vouchers using

Housing Intervention (HI) funds. This exploration would leverage the PHA's existing administrative infrastructure while expanding permanent housing options for individuals with significant behavioral health needs, further strengthening system alignment and long-term housing stability.

MCPs

HHSA Behavioral Health (BH) is working to collaborate with Medi-Cal Managed Care Plans (MCPs) to align Behavioral Health Housing Interventions with CalAIM Housing-Related Community Supports, including Transitional Rent and the Housing "Trio." Implementation of these supports has required a deeper and more integrated understanding of MCP roles, contracting pathways, and service delivery models for shared clients.

HHSA Behavioral Health has an active Memorandum of Understanding (MOU) with Partnership HealthPlan of California. We have a growing and productive collaborative partnership that includes a focus on aligning Behavioral Health Housing Interventions with MCP-funded housing supports.

Kaiser Permanente is the other MCP serving Napa County residents; however, HHSA Behavioral Health does not currently have a Memorandum of Understanding (MOU). As a result, coordination around housing interventions for Kaiser members is more limited at this time. HHSA-BH intends to continue engaging with Kaiser to explore opportunities to develop a stronger working relationship and more formal coordination in the future.

HHSA-BH had extensive discussions with Partnership Health Plan and Housing and Community Supports (HCS) about the most effective strategy to implement Transitional Rent in Napa County. We collectively decided that HCS was best positioned to provide this critical benefit for our members. This collaboration will support coordinated referrals, service alignment, and continuity for individuals receiving both Behavioral Health services and MCP-funded housing supports.

To further strengthen system alignment, HHSA-BH invited Partnership Health Plan to present to the Behavioral Health Stakeholder Advisory Committee (BH-SAC) on the process of becoming a contracted Community Supports provider. HHSA-BH has also supported existing Specialty Mental Health Services (SMHS) providers who deliver MCP-covered services in understanding and navigating Community Supports contracting requirements, with the goal of expanding local capacity and reducing service fragmentation.

HHSA-BH is additionally in active discussions with Partnership regarding the potential development of a new interim housing project that would leverage BHSA and CalAIM Housing Community Supports, including Transitional Rent, Housing Tenancy Navigation Services, and Housing Tenancy Sustaining Services. These discussions reflect a shared commitment to integrated service models that address both housing stability and behavioral health needs.

Recognizing the importance of coordination across systems, HHSA-BH is also exploring opportunities for shared data and information exchange with MCP partners, consistent with applicable privacy and data-sharing requirements, to support care coordination, housing outcomes tracking, and system planning.

ECM and Community Supports Providers

HHSA Behavioral Health (BH) is also working to strengthen coordination with Enhanced Care Management (ECM) and Community Supports providers to support effective implementation of Housing Interventions and improve service alignment for shared clients.

Housing and Community Services (HCS) is currently Napa County's sole contracted Housing Community Supports provider. Napa County's participation in the Whole Person Care (WPC) pilot informed the development of the County's CalAIM-aligned service delivery framework, including the establishment of a Homelessness Response System (HRS) that braids Continuum of Care (CoC) and CalAIM resources for individuals prioritized through the Coordinated Entry System (CES). HHSA-BH is working to further align Housing Interventions with this existing infrastructure as BHSA is implemented.

HHSA-BH has executed a Memorandum of Understanding (MOU) with HCS that allows Behavioral Health to leverage HCS's MCP Community Supports contract while maintaining Behavioral Health eligibility and oversight requirements. In parallel, HHSA-BH has contracted with Abode Services to deliver housing-related Community Supports to Behavioral Health clients who may not meet CES homelessness definitions but otherwise qualify for Housing Interventions. These arrangements are intended to create consistent housing navigation and tenancy-support pathways across populations as coordination continues to mature.

We have strong partnership with a number of ECM providers such as CARE Network, a nonprofit organization specializing in complex health case management for very low-income and often homeless individuals. CARE Network is funded by Providence Queen of the Valley Medical Center and participates in the CoC. The division is actively assessing the local ECM landscape and exploring opportunities to strengthen partnerships with additional ECM providers serving populations experiencing homelessness. These providers are contracted through the MCPs, and not the County, which requires coordination with two other systems separately managing those contracts.

As part of BHSA implementation, HHSA-BH intends to continue to work closely with ECM and Community Supports providers to clarify roles, improve referral pathways, and better coordinate care for individuals receiving Housing Interventions. These efforts are expected to support improved navigation of Community Supports, reduce fragmentation, and strengthen integration between housing, health care, and behavioral health systems over time.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

Napa County HHSA-BH members benefit from HHSA being a “super-agency” that brings together multiple core public service systems under one organizational umbrella. HHSA oversees public health, behavioral health, housing and homelessness services, social services, and eligibility programs, allowing the County to coordinate care, funding, and operations across systems that are often siloed elsewhere.

This structure supports more seamless service delivery, shared infrastructure, and coordinated decision-making for individuals and families who interact with multiple county systems at the same time.

In addition, Behavioral Health (BH) collaborates with a broad range of local partners and systems to support Housing Interventions by maintaining awareness of and alignment with other housing-related funding sources and initiatives serving shared clients. Through its participation as a voting member of the local Continuum of Care (CoC), BH is informed of new and ongoing housing investments entering the County and is able to coordinate its Housing Interventions accordingly.

This system-level awareness includes familiarity with housing and supportive services administered by other HHSA divisions, such as the Self-Sufficiency Services Division (SSSD), which oversees public benefits and administers housing-related programs including Homelessness Assistance and Prevention (HDAP) and the Housing Support Program (HSP). BH is also aware of cross-division initiatives in which SSSD has partnered with Child Welfare Services (CWS) to implement Bringing Families Home funding. Further, HHSA through its SSSD and Comprehensive Services for Older Adults (CSOA) Division, works collaboratively in implementing Home Safe program funding to support older adults who need housing assistance. Understanding these parallel investments allows BH to coordinate services for mutual clients, avoid duplication, and leverage complementary resources across systems.

More broadly, understanding where Behavioral Health clients are engaged across multiple systems - and the housing resources available within those systems - allows HHSA-BH to align Housing Interventions strategically, maximize the impact of BHSA funds, and promote transparency and coordination among multiple case managers serving the same individuals or families.

HHSA-BH also participates in a monthly Homelessness Response Partner meeting attended by a wide range of local stakeholders, including the City of Napa, the local transportation authority, and the public library. Participation in these forums supports ongoing communication, system awareness, and coordination across nontraditional housing partners whose services intersect with homelessness and housing stability.

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

HHSA Behavioral Health (BH) has begun strengthening relationships with permanent supportive housing (PSH) providers and is building the foundation for expanded collaboration with Homekey+ and other supportive housing sites to ensure access to behavioral health services, coordinated referrals, and ongoing housing stability for BHSA-eligible individuals.

Through recent staffing enhancements, including the hiring of a Behavioral Health Manager with a focus on substance use disorder (SUD) services, HHSA-BH initiated direct, on-site service delivery within PSH settings, including SUD support groups. These groups have demonstrated strong participation and positive reception from both residents and housing operators, resulting in repeat requests from PSH sites. Continuation and potential expansion of these on-site services will be dependent on the availability of ongoing funding, as sustained staffing and program capacity are required to maintain consistent service delivery within supportive housing environments.

PSH sites are also connected to HHSA-BH's Mobile Response Team (MRT), which provides crisis intervention and supportive response within housing settings. In addition to responding to behavioral health emergencies, MRT has been utilized by PSH operators to support residents and staff during critical incidents, including grief support following deaths occurring on site. This integration helps housing providers maintain stability and reduces the likelihood of unnecessary emergency department utilization or housing disruptions.

As HHSA-BH clients are increasingly assessed and prioritized through the Coordinated Entry System (CES), referrals to PSH—including Homekey+ sites—are expected to increase. HHSA-BH anticipates deeper collaboration with supportive housing providers to coordinate referrals, clarify service roles, and align behavioral health supports with housing operations. These efforts are intended to ensure that BHSA-eligible individuals placed in Homekey+ and PSH settings receive timely access to appropriate clinical and supportive services.

In addition, HHSA-BH has identified and is actively addressing gaps in cross-system awareness of available Behavioral Health services. For example, the County identified that a highly accessible outpatient Specialty Mental Health program that provides in-home and community-based mental health treatment was not widely known within the Homelessness Response System. HHSA-BH is responding by increasing outreach and education to housing partners regarding available Behavioral Health programs and referral pathways, improving coordination and ensuring that residents of supportive housing sites can access appropriate services.

Collectively, these efforts reflect HHSA-BH's approach to working with Homekey+ and supportive housing

providers by embedding behavioral health services within housing settings, strengthening referral pathways through CES, supporting housing operations through crisis and stabilization services, and improving system-wide understanding of available Behavioral Health resources to promote long-term housing stability for BHSA-eligible individuals.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?
No

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed).
For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)
The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
25

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
14

How many of these individuals will receive rental subsidies for interim housing on an annual basis?

11

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?

To estimate total annual rental subsidies and the total number of individuals served in rental assistance programs, the County used a budget- and unit-cost–based methodology grounded in (1) provider budget assumptions and policies/procedures and (2) local rent benchmarks. For Recovery Housing, the County applied the provider's established rental rates and progressive subsidy structure to calculate an estimated County-paid subsidy amount per participant per year. The County used the same unit-cost approach for the Mid-Term Rental Assistance program, basing rent assumptions on SAFMR efficiency units and adding an estimated security deposit. For Permanent Housing vouchers, the County estimated the participant rent contribution using average SSI income ($961/month) and the standard 30% affordability model (approximately $288/month). The County then estimated the County-paid portion by targeting lower-cost LIHTC units, subtracting the participant contribution from the projected rent, and annualizing the result to produce a per-participant, per-year subsidy amount. In each program, the County used the calculated annual per-participant subsidy to estimate the total number of individuals served by dividing available program funds by the annual unit cost.

For which setting types will the county provide rental subsidies?

Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Housing in mobile home communities
Non-Time-Limited Permanent Settings: Single room occupancy units
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Non-Time-Limited Permanent Settings: License-exempt room and board
Time Limited Interim Settings: Hotel and motel stays
Time Limited Interim Settings: Non-congregate interim housing models
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit

Will this Housing Intervention accommodate family housing?
Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
The County's Rental Assistance program, subcontracted through Abode Services, is structured as a Tenant-Based Rental Assistance (TBRA) program utilizing scattered-site units, consistent with Behavioral Health Services Act (BHSA) Housing Intervention requirements. The program incorporates both a mid-term subsidy and a Permanent Housing (PH) Subsidy model. Under the Mid-Term approach, participant rent contributions are structured to increase over time as housing stability is achieved, with the expectation that participants will transition to full responsibility for rent as clinically appropriate. Under the PH model, participants contribute approximately 30 to 50 percent of their income toward rent, consistent with established housing affordability standards.

A client's portion of rent will be based upon a clients' income and anticipated ability to increase their income. For instance, if a client is paying their portion of rent with SSDI, we will be fairly certain that client will not be increasing their income. If a client cannot afford above 30% then they will only be contributing 30% of their adjusted annual income. We stated 30-50% of their income in order to create some leeway so that clients are encouraged to move toward self-sufficiency without fear of losing their housing. If they are unable to move toward anymore self-sufficiency then they will remain at 30%. This clinical-driven approach supports efficient use of BHSA funds, avoids unnecessary continuation of subsidies, and aligns housing assistance with individual recovery trajectories.

Any interim housing supported through this program will primarily consist of Recovery Residences. BHSA funds will be used exclusively for allowable rental assistance costs and will not be used to support operating expenses of Recovery Residence providers. The program will not utilize master leasing arrangements or provider-held housing contracts, ensuring compliance with BHSA funding requirements.

Through its contract with Abode Services, HHSA-BH ensures that rental assistance is administered in accordance with established housing program standards and compliance requirements. Abode Services provides specialized housing administration functions, including Housing Quality Standards (HQS) inspections, rent reasonableness determinations, and standardized rent calculations that establish participant share of cost and utility allowances. These functions are required components of rental assistance programs and are not within the typical scope of Behavioral Health clinical or care coordination operations.

Utilizing Abode Services as the housing administration partner allows HHSA-BH to leverage existing, compliant subsidy structures and housing expertise while maintaining appropriate separation between behavioral health service delivery and housing administration. This approach supports BHSA requirements

related to non-duplication of services, appropriate use of funds, and sustainable, compliant implementation of Housing Interventions.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?
Tenant-based
Project-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in
The majority of housing-related expenditures will be tied either to specific units, as is the case with contracted interim housing providers, or to scattered-site units identified and administered by Abode Services, which maintains comprehensive knowledge of Napa County's housing stock and availability. Napa County has a limited number of master-leased units, the majority of which are currently occupied by Housing and Community Services (HCS) clients. These units are closely monitored for Housing Inventory Count (HIC) purposes, and through the County's participation in Coordinated Entry System (CES) processes and partnerships with HCS and Abode Services, HHSA-BH will have opportunities to place eligible clients into these units as they become available.

Napa County does not currently operate a centralized "flexible pool" of housing funds. However, Abode Services serves as the primary provider and fiscal agent for most housing-related funding streams within the county. Notable exceptions include CalWORKs Housing Support Program (HSP), Homelessness Disability Assistance Program (HDAP), Season of Sharing, Child Welfare Services' Bringing Families Home program, and Public Housing Authority (PHA) voucher programs. Through newly established and strengthened partnerships with Abode Services, as well as deeper engagement in Continuum of Care (CoC) governance and processes, HHSA-BH has improved visibility into existing housing resources and funding availability across systems.

The partnerships and collaborative planning efforts supporting this approach are described in greater detail in responses to prior questions and reflect the County's ongoing commitment to coordinated, cross-system housing strategies.

Total number of units funded with BHSA Housing Interventions per year
18

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units

These rental subsidies, structured as Tenant-Based Rental Assistance (TBRA), are primarily deployed in the private rental market and are subject to Fair Market Rent (FMR) standards and rent reasonableness determinations. Due to variability in market rents, unit availability, and unit characteristics, the County is unable to project with certainty the exact number of units that will be supported through rental assistance.

We are hoping to fund one PBRA project comprised of three houses with a total of 17 units in a shared housing setting. If we are not able to bring this project online we will not be funding any PBRA units as of submission of this IP

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

27

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

HHSA Behavioral Health (HHSA-BH) is implementing interim housing interventions that prioritize high-acuity clients, including CARE Court participants, through provider-operated sites including Grigg's Lane and the Wilkens units. Grigg's Lane is owned and managed by an SMHS-contracted CBO. HHSA-BH's CARE Court team, which is not affiliated with the property or housing aspects of this program, provides therapeutic services and care coordination, while clients are simultaneously enrolled in Housing Tenancy and Navigation Services (HTNS) with the County's Housing Community Supports provider (Abode Services) and begin working toward permanent housing placement as early as possible.

BHSA-HI funding will be used to support housing operations costs associated with these interim housing settings and to fund time-limited interim bed/room capacity where allowable (e.g., up to six months of bed/room rates per client), including bed-hold/availability costs in the rare instances when County-referred beds are temporarily vacant due to the referral-only nature of the program. HHSA-BH developed a per-bed/per-month rate methodology aligned with allowable expense categories in BHSA guidance to ensure consistent reimbursement of housing operating costs and interim capacity.

In these interim housing situations, there will be three team serving each client: the county therapeutic/clinical team, the property management team (who will receive the operating subsidy), and the Housing Team who will provide Housing Tenancy Navigation Services (HTNS) and bill Medi-Cal through the MCP. Therapeutic services and Community Supports such as HTNS will not be covered by the operating subsidy.

In addition, HHSA-BH is working to renegotiate an existing 17-bed program (three homes) to maintain these units in the local continuum and align operations with appropriate tenant-based practices (e.g., written leases, elimination of unnecessary time limits, and entry/notice standards). If renegotiated, BHSA-HI will also support operating costs for these units.

During the first year, the County will continue using BHBH funding to support interim housing operations while subcontractors establish billing capacity and/or contracts with Medi-Cal MCPs for eligible service components. To the extent allowable and for MCP-eligible participants, HTNS and other Housing Community Supports will be billed to MCPs, and BHSA-HI will remain focused on housing intervention costs not covered by MCP benefits.

For which setting types will the county provide operating subsidies?
Time Limited Interim Settings: Non-congregate interim housing models
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit
Non-Time-Limited Permanent Settings: Shared housing

Will this be a scattered site initiative?
Yes

Will this Housing Intervention accommodate family housing?
No

Total number of units funded with BHSA Housing Interventions per year
27

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units

Under BHBH, HHSA-BH subcontracts Abode Services as our Rental Assistance provider. They are also the current Community Support providers. BHSA-HI will pay for the contract, recouping any costs associated with Community Supports. Included in the Abode contract there are operating costs, rental assistance, staffing, etc. Because of the nature of TBRA, these rental assistance subsidies will not be tied to a unit, they will be tied to a person. We will also cover operating/administrative costs for our interim housing providers which are explicitly broken down so as not to include any services that are Medi-Cal billable.

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

18

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

Under Behavioral Health Bridge Housing (BHBH), the County established a Landlord Incentive and Mitigation Fund, which has been utilized on two occasions to support landlord engagement and facilitate placements for program participants. Administration of this funding has since been incorporated into the County's contract with Abode Services; however, utilization has not yet reached anticipated levels.
The County's incentive structure is intentionally targeted and is currently limited to landlords willing to execute a standard tenant lease directly with the participant (rather than a program agreement). In addition, incentives are deployed selectively in circumstances where landlord participation is uncertain or at risk, rather than when a landlord is already prepared to rent without additional support.

The landlord mitigation pool has a maximum payout level of $3,500 per landlord. Funds are set aside at move-in when a participant's landlord enrolls in the mitigation pool, ensuring resources are available to address eligible damages or other covered mitigation needs in accordance with program guidelines.

Total number of units funded with BHSA Housing Interventions per year
18

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units
We have an estimate of how many units the amount of money we set aside will fund, between incentives, holding fees, and mitigation costs. The funds are not tied to units until a tenant signs a lease.

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
13

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Under Behavioral Health Bridge Housing (BHBH), the County established this program/funding to address critical participant needs that are not covered by rental assistance or other available funding sources and that may otherwise impede housing placement or stabilization. To date, the fund has been used to (1) resolve an outstanding debt obligation that was creating a barrier to housing acceptance. (2) Purchase clothing necessary for work which will enable the client to maintain their housing. (3) purchase hygiene products for an encampment dwelling client who finally agreed to enter interim housing.

Allowable uses of Participant Assistance Funds are defined in the County's Participant Assistance Funds Policies and Procedures (P&P), which have been reviewed and approved by DHCS. The P&P also establishes a maximum assistance amount per participant per enrollment episode within the County's housing programs to ensure consistent application, fiscal oversight, and equitable access to these supports. This program has referral and enrollment processes and is tracked in HMIS.

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) **, BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

40

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

Currently, Behavioral Health Bridge Housing (BHBH) serves as a financial backstop by reimbursing service providers after services are delivered while Medi-Cal Managed Care Plans (MCPs) adjudicate claims and remit payment. HHSA Behavioral Health (HHSA-BH) is now initiating Treatment Authorization Requests (TARs) and claims submission for participants eligible for CalAIM Community Supports by leveraging established billing systems and processes administered by Housing and Community Services (HCS) and Abode Services.

Under this workflow, HHSA-BH tracks services delivered and verifies that they are claimable. HCS submits claims to Partnership HealthPlan of California and receives reimbursement. Consistent with the Memorandum of Understanding (MOU), HCS retains the agreed-upon administrative cost for claims processing and journals the remaining reimbursement to the Behavioral Health division. Upon receipt, HHSA-BH deposits recovered funds into a designated BHBH account to support ongoing program operations and reconciliation.

This reimbursement workflow is in the early stages of implementation and will continue to be supported with BHBH funding through the end of the grant period. After BHBH concludes, the County will transition to using BHSA Housing Interventions (BHSA-HI) funding to cover eligible interim costs while awaiting MCP reimbursement, consistent with BHSA requirements and the County's sustainability strategy.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
The County will leverage existing outreach and engagement capacity to reach individuals who are unsheltered, including the CARE Team, ACT/FACT teams, collaboration with Homeless Response partners, justice-embedded staff, the Mobile Response Team (MRT), Napa County's established outreach team, and Behavioral Health staff embedded at the public library. In addition, HHSA-BH operates a robust System Navigation program that serves many unhoused individuals, and the County has a PATH-funded Behavioral Health staff member stationed at the local shelter to support engagement and linkage to services.

Together, these efforts reflect a strong, ongoing presence in the community rather than reliance on a single outreach function.

Given this existing infrastructure, HHSA-BH determined that setting aside a separate allocation of BHSA Housing Intervention funds for outreach would likely duplicate services already in place. Instead, BHSA housing resources will be prioritized for direct housing interventions and targeted gap-filling supports that are not otherwise available through existing outreach and engagement programs.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?
2

Capital Development Project

Capital Development Project Specific Information
Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions

Name of Project
Carolina Room Repairs

What setting types will the capital development project include?
Non-Time-Limited Permanent Settings: Shared housing

Capacity (Anticipated number of individuals housed at a given time)
5

Will this project braid funding with non-BHSA funding source(s)?
Yes

Total number of units in project, inclusive of BHSA and non-BHSA funding sources
5

Total number of units funded with Housing Interventions funds only
0

Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units
It is tied to a specific number of units

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)
1/31/2027

Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)
75000

Have you utilized the "by right" provisions of state law in your project?
No

If you have not incorporated use of the "by right" provisions into your project, please explain why
It is not applicable to this project. There is no rezoning or new construction, it is not an addition and requires no extra permits

Capital Development Project

Capital Development Project Specific Information
Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions

Name of Project
Skyline Apartment Staircase Renovation

What setting types will the capital development project include?
Non-Time-Limited Permanent Settings: Supportive housing

Capacity (Anticipated number of individuals housed at a given time)
24

Will this project braid funding with non-BHSA funding source(s)?
Yes

Total number of units in project, inclusive of BHSA and non-BHSA funding sources
19

Total number of units funded with Housing Interventions funds only
0

Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units
This is a four building HUD 811 property located on State land leased by Napa County. Each building has its own staircase and each staircase needs repair.

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)
12/31/2026

Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)
400000

Have you utilized the "by right" provisions of state law in your project?
No

If you have not incorporated use of the "by right" provisions into your project, please explain why
It is not applicable to this project. There is no rezoning or new construction, it is not an addition and requires no extra permits

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention
Napa County will provide supplemental "patch rate" payments for BHSA-eligible individuals residing in licensed Adult Residential Facilities when the individual's primary payment source (typically SSI) does not fully cover the cost. Patch rates support additional non-clinical staffing, supervision, and facility-level supports necessary to maintain housing stability, prevent inappropriate discharge, and enable continued placement in community-based residential settings.

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
18

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)
Griggs Lane Interim Housing, Wilkens Housing, Satellite Housing Project, Adult Residential Facilities (ARFs) patch rates, and the Rental Assistance Program (including Participant Assistance Funds and Landlord Mitigation Funds) were all started under BHBH and will use BHSA to continue.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?
None of the Above

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services
No

Housing Deposits
No

Housing Tenancy and Sustaining Services
No

Short-Term Post-Hospitalization Housing
No

Recuperative Care
No

Day Habilitation
No

Transitional Rent
No

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs **(including Transitional Rent)?**
We have an MOU with HCS, the sole contractor for the above Community Supports. Under the MOU, HCS is responsible for the administrative and contractual functions for the housing trio and will potentially provide Transitional Rent as well. Eligibility for these Community Supports is verified by HCS at the point of enrollment into the HHSA-BH BHBH program, overseen by Abode Services.

For clients who are homeless or who might be eligible for CalAIM services, Abode sends HCS a referral and HCS initiates the TAR submission. HHSA-BH funds the contract with Abode Services, so they are compensated in real time, while services for eligible participants are billed to the MCPs.

In parallel, HHSA-BH is actively encouraging its provider network to execute contracts with MCPs for services that align with ECM and Community Supports. The County's Early Intervention RFP requires bidders to describe how they will leverage MCP resources. As Housing Interventions are implemented, HHSA-BH will continue working with partners to maximize all available funding streams and ensure resources are used in the most efficient and sustainable manner.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county
Napa County is in the early stages of formalizing coordination processes to ensure the Behavioral Health Housing Interventions provider network is known and shared with Medi-Cal Managed Care Plans (MCPs) serving the county.

As Behavioral Health has begun to establish a Housing Interventions provider network, HHSA-BH has

executed an MOU with a contracted Community Supports provider and is actively working with Housing and Community Services (HCS) and Partnership HealthPlan of California (PHC) to clarify delegation, referral pathways, and information-sharing expectations. HHSA-BH, HCS, and PHC are scheduled to meet to discuss how Housing Interventions providers will be communicated to MCP partners and incorporated into existing coordination workflows moving forward.

At this time, HHSA Behavioral Health does not have a formal MOU or established coordination process in place with Kaiser Permanente related to Behavioral Health Housing Interventions due to the lack of identifiable clients who are covered by Kaiser Medi-Cal. HHSA-BH has submitted multiple requests to finalize an MOU and is awaiting Kaiser's response; as a result, information about contracted Housing Interventions providers is not routinely shared with Kaiser currently.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?
No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?
To reduce the risk of service gaps when MCP-funded housing services are exhausted, HHSA Behavioral Health has begun establishing coordination and tracking processes to support continuity of care, to the extent resources are available. Behavioral Health has hired a dedicated BH Housing Manager who facilitates referrals and supports coordination across Behavioral Health programs and MCP housing services, helping ensure smooth transitions as funding sources change.

HHSA-BH is also developing internal processes to better understand and monitor the delivery of MCP housing-related Community Supports. The County is assessing options for tracking Community Supports enrollments within its EHR and is currently monitoring housing-related activities through HMIS. In addition, HHSA-BH is building familiarity with Medi-Cal CONNECT to improve visibility into which Community Supports have been provided, supporting informed care coordination and planning.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the

Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
No

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above
n/a

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?
No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

---

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors **a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

Meets federal and state standards **for timely access to care and services, considering the urgency of the need for services.**

The county must ensure **that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

---

Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
13

Upload any data source(s) used to determine vacancy rate
BHSA_Workforce_Position_Classifications from HHSA HR 7-2026.xlsx

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Community Health Workers (CHW) defined in the Enhanced Community Health Workers Services benefit
Licensed Clinical Social Worker
Other qualified provider
Medi-Cal Certified Peer Support Specialist
Registered nurse

Please describe any other key workforce gaps in the county
HHSA-BH has limited availability of Certified Peer Support Specialists and can benefit from increased bilingual capacity, particularly Spanish-speaking staff. There are also challenges recruiting and retaining staff with experience in the administrative aspects of running two behavioral health plans and with experience providing intensive, field-based services to individuals with complex behavioral health needs. These gaps reflect broader recruitment and retention challenges in a small and largely rural county and continue to be a focus of targeted workforce development efforts.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

Over the next three fiscal years, Napa County HHSA's Behavioral Health Division expects workforce needs to shift toward expanded mobile and field-based service delivery, increased bilingual and peer staffing, and broader staff competency in evidence-based practices in alignment with Behavioral Health Transformation (BHT) and BH-CONNECT. To support this shift, the Division plans to strengthen recruitment and retention efforts for bilingual and peer staff, expand training and implementation support for evidence-based practices, participate in BH-CONNECT workforce development initiatives (including scholarships, loan repayment, recruitment and retention activities, and training for AOD, peer, and other staff), and enhance tracking of service delivery and outcomes to support continuous improvement.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program

Napa County HHSA Behavioral Health plans to leverage the Behavioral Health Scholarship Program by monitoring BH-CONNECT/HCAI guidance and application timelines, coordinating with County Human Resources, and sharing program information with prospective and current staff. Designated Behavioral Health staff have dedicated time to support coordination and outreach related to workforce initiatives, including promoting scholarship opportunities that support long-term workforce development for Medi-Cal behavioral health services.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program
Napa County HHSA Behavioral Health has a history of participation in the HCAI/CalMHSA Behavioral Health Student Loan Payment Program and plans to continue leveraging this initiative under BH-CONNECT. BH Division staff will monitor program updates, share information with eligible staff, provide technical assistance as needed with loan repayment applications, and encourage participation. These activities are supported by designated Behavioral Health staff with dedicated time to coordinate workforce initiatives in partnership with County Human Resources.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Napa County HHSA Behavioral Health is actively preparing to leverage the Behavioral Health Recruitment and Retention Program by monitoring program guidance and application requirements, coordinating with County Human Resources on eligibility and implementation considerations, and planning outreach to county-operated programs and contracted providers. The County has designated staff time to support planning, coordination, and implementation of BH-CONNECT workforce initiatives. Napa County is also assessing how recruitment and retention incentives, supervision support for pre-licensure and pre-certification staff, and certification and training supports may be deployed to address identified workforce gaps, including bilingual capacity, peer roles, and hard-to-recruit positions.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Napa County Behavioral Health plans to participate in the Behavioral Health Community-Based Provider Training Program by monitoring BH-CONNECT/HCAI guidance, sharing program information with county-operated programs and community-based providers, and providing technical assistance as needed during the application process. Designated Behavioral Health staff will support outreach and coordination efforts to encourage participation among prospective Alcohol and Other Drug (AOD) counselors, peers, and other non-licensed behavioral health staff.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?

No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

Napa County HHSA Behavioral Health continues to prioritize development of a diverse workforce that reflects the communities served. Ongoing efforts include targeted recruitment of bilingual and bicultural clinicians and support staff, strengthening peer roles, and expanding workforce capacity to deliver community-based and field-based services for individuals with complex behavioral health needs.

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
Napa County Calculation PR Max.xlsx
Updated Integrated-Plan-Budget-Template_v3.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)
We have no prudent reserve funds being allocated

Full Service Partnership (FSP)
We have no prudent reserve funds being allocated

Housing Interventions
We have no prudent reserve funds being allocated

Enter date of last prudent reserve assessment
4/22/2025

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS
There is no excess prudent reserve

FSP
There is no excess prudent reserve

Housing Interventions
There is no excess prudent reserve

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template
Behavioral Health Director Certification Template (1) (1).pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template
Napa CEO Signature Form 2.11.26.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template
Confirm that the data is up to date and reflects the correct information for a Draft Plan

Requests

Behavioral Health Services Fund (BHSF) Housing Intervention Component

Justification for appeal

Describe your reason for appeal
We are submitting new data and new narrative in order to support our request to use 17% of the 30% requirement toward housing.

Upload files
Year One Funding.pdf
Napa County Homeless Funding.pdf
Housing Interventions Reallocation Request.pdf
MOU HHSA-BH HCS Final Dec 25 (2).pdf

What percentage of funds is the county requesting to utilize for the Housing Intervention Component?
17

Of the percentage of funds above or below the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from or into

Components	Percentage of funds transferring
Full Service Partnerships	3

Components	Percentage of funds transferring
Behavioral Health Services and Supports	10

Please select which Housing Interventions exemptions criteria the county meets
Other considerations
Sufficient/insufficient funding from other sources to address housing needs

Other considerations
Current Services offered

Please provide justification for your request
Napa County is requesting flexibility to reallocate a portion of BHSA Housing Interventions HI funding to FSP and BHSS to maintain system stability and protect continuity of care for BHSA-eligible individuals.

Over the past several years, Napa's Homelessness Response System (HRS) and Continuum of Care (CoC) network have strengthened housing access and successfully pursued a wide range of housing-focused funding streams, resulting in improved housing outcomes and a declining Point-in-Time (PIT) count since 2023. This broader ecosystem—CoC-funded interventions, local housing partnerships, and ongoing grant competitiveness—positions the County to continue advancing housing solutions through multiple channels, rather than relying primarily on BHSA HI allocations alone.

At the same time, the BHSA statutory funding shifts (including the 30% HI target) represent a significant change in the County's behavioral health financing structure. Fully meeting this target immediately would require reducing FSP and BHSS investments that are currently staffed, operational, and serving high-acuity clients. Abrupt reductions would create material risk of service disruption, destabilization, and increased crisis utilization for individuals with serious mental illness and severe substance use disorder—outcomes that run counter to BHSA's goals of prevention, engagement, and sustained recovery.

The proposed reallocation is intended to prevent avoidable disruption while Napa continues to advance housing objectives through coordinated strategies. Specifically, the County will leverage FSP and BHSS resources to strengthen field-based engagement, intensive case management, and care coordination needed to stabilize individuals and support transitions from higher levels of care—including bringing people home from facilities when clinically appropriate and safe. This approach protects existing clients, preserves workforce capacity, and supports housing placement and retention by ensuring individuals have the services and supports necessary to succeed in the community.

In summary, this reallocation request reflects a planned, phased approach to BHSA implementation that balances the State's housing emphasis with local system readiness, continuity of care obligations, and the County's existing housing infrastructure and funding pathways.

Supporting data

Please upload supporting data
BHSA Homelessness Data Report.xlsx

What is the data source?
Other

Other
Combined Data from PIT Counts and Current CES list

Housing Intervention Funds for Chronically Homeless

Justification for appeal

Describe your reason for appeal
We would like to adjust our request to 25% and supply data that shows there is other funding and resources available for this population.

Upload files
HI Funds for Chronically Homeless.pdf
Napa County Homeless Funding.pdf

What percentage of Housing Intervention Component allocation is the county requesting to use for those who are chronically homeless?
0

Please select which Housing Interventions exemptions criteria the county meets
Other considerations

Please provide justification for your request:
Napa County already has a relatively robust homeless response system, including Coordinated Entry and permanent supportive housing targeted to people with long histories of homelessness. While we intend to prioritize people with the greatest needs, our current data and documentation infrastructure is not yet able to reliably identify and track the ECM chronic homelessness Population of Focus. Existing systems do not consistently capture all required elements (duration, episodes, and disabling condition) in a way that allows us to confirm, in real time, whether 50 percent of HI expenditures are reaching this group.

In parallel, we are building an internal prioritization framework that uses vulnerability and functional acuity scores—not ECM chronic status alone—to direct scarce housing dollars. In a small county with a modest HI allocation, a rigid 50 percent requirement could prevent us from serving other extremely high-risk groups, such as frequent utilizers of crisis and inpatient services, older adults at imminent risk of homelessness, and individuals stepping down from institutional settings. During this first Integrated Plan, we will also need to use some HI funding for move-on and transition strategies that free up existing permanent and long-term housing units. Many households benefiting from these strategies will not meet the ECM chronic definition themselves, but creating this system flow is one of the most effective ways for us to expand access to permanent housing for those who do.

In short, we would like to use our first IP dollars to help build the infrastructure for a system that flows. As new information comes out HUD's new priorities are, we will also need to be able to be flexible in these coming years as there is a good chance that HI dollars might initially be used as prevention for the currently housed chronically homeless.

Supporting Data

Please upload supporting data
CoC_HIC_CoC_CA-517-2024_CA_2024 (1).pdf

What is the data source?
Housing Inventory Count

Funding Transfer Request

Please enter the proposed allocation adjustments to the tables below

	Plan year one	Plan year two	Plan year three
Behavioral Health Services and Supports (Base 35%)	42	42	42
Full Service Partnership (Base 35%)	35	35	35
Housing Intervention (Base 30%)	23	23	23
Housing Interventions for Outreach and Engagement	0	0	0

Behavioral Health Services and Supports Transfers

Enter the proposed dollars transferred into/from Behavioral Health Services and Supports (Base 35 percent)

	Plan year one	Plan year two	Plan year three

	Plan year one	Plan year two	Plan year three
Dollars transferred from Full Service Partnerships	0	0	0
Dollars transferred from Housing Intervention	1241674	1275167	1278391
Dollars transferred into Full Service Partnerships	0	0	0
Dollars transferred into Housing Intervention	0	0	0

For Behavioral Health Services and Supports, please include a rationale for the funding allocation transfer request

We have several high-intensity programs funded under BHSS, including MRT. Implementing MRT required a significant start-up effort for counties, and our program has been highly successful. We propose continuing MRT under BHSS for the initial three-year plan period, and then evaluating its added value and outcomes prior to submitting our next Integrated Plan.

Full Service Partnership Transfers

Enter the proposed dollars transferred into/from Full Service Partnerships (Base 35 percent)

	Plan year one	Plan year two	Plan year three
Dollars transferred from Behavioral Health Services and Supports	0	0	0
Dollars transferred from Housing Intervention	372502	382550	383517
Dollars transferred into Behavioral Health Services and Supports	0	0	0
Dollars transferred into Housing Intervention	0	0	0

For Full Service Partnership, please include a rationale for the funding allocation transfer request

Our Full Service Partnership (FSP) programs are performing strongly, and we plan to stand up ACT/FACT services even though, as a small county, we are automatically exempt from this requirement. We believe an additional 3% allocation is necessary to adequately support implementation and sustain operations.

Housing Interventions Transfers

Enter the proposed dollars transferred into/from Housing Interventions (Base 30 percent)

	Plan year one	Plan year two	Plan year three
Dollars transferred from Behavioral Health Services and Supports	0	0	0
Dollars transferred from Full Service Partnerships	0	0	0
Dollars transferred into Behavioral Health Services and Support	1241674	1275167	1278391
Dollars transferred into Full Service Partnerships	372502	382550	383517

For Housing Intervention, please include a rationale for the funding allocation transfer request

While Napa County sees the need for Behavioral Health to be an active partner in the homelessness and housing system of care, Behavioral Health agencies also have quite a bit of work to complete in order to devest in the other components which have made up the entirety of MHSA spending since 2006. Napa

HHSA-BH believes that this Integrated Plan has laid out a sound and comprehensive plan of action to start down the path of investing more funding and resources into Napa's housing landscape in order to serve our most vulnerable clients. However, dramatic pendulum shifts are often incredibly destabilizing to both clients and staff, resulting in structural damage to the system and loss of trust from clients. Thus, we are asking that we be allowed to slowly pivot over the next three years, being given time and space to communicate to our members and community, what our plans for the future are and how they will best serve Napa County as a whole.

Supporting Information and Data

How does the funding transfer request respond to community needs and input?
Although a transfer of funds out of the Housing Interventions (HI) component may not align with the immediate capacity pressures within the Homeless and Housing System of Care, the County's assessment is that accelerating new HI programming without adequate planning and operational readiness would create avoidable barriers for the very population BHSA-HI is designed to serve. The County is prioritizing a phased, intentionally designed implementation approach—ensuring policies, referral pathways, eligibility processes, staffing models, and partner coordination are fully operational before scaling. This shift is intended to prevent service fragmentation, reduce client "hand-offs," and support a reliable, accessible system that improves engagement and housing retention for adults with significant behavioral health and housing instability.

In addition, the County must preserve sufficient resources within BHSS to sustain and strengthen core, high-intensity services that are foundational to our system of care. This includes MRT, which is a critical and resource-intensive program requiring a substantial ongoing budget and which the County has successfully stood up and implemented. The County is also planning to stand up ACT/FACT services to further expand field-based, high-acuity care capacity. Collectively, these investments support a coordinated clinical and operational backbone that will improve client engagement, stabilize individuals with the most complex needs, and position HI programming for more effective implementation as it scales.

Please include local data supporting the funding transfer request
Integrated Plan Budget Template Version 3 - 2026-2-20.xlsx

Individual Placement and Support (IPS) Supported Employment

For counties seeking an exemption to the requirement to include IPS in the county's FSP program

Please select which FSP exemptions criteria the county meets

Other hardships

Please provide justification for this FSP exemption request

Napa County HHSA Behavioral Health is requesting an exemption from the requirement to include the IPS model of Supported Employment within the County's FSP program for the FY 2026–2029 Integrated Plan period.

Napa supports the purpose of IPS and recognizes employment as an important and clinically meaningful recovery goal for individuals with significant behavioral health needs. Napa also recognizes IPS as an evidence-based supported employment model that can play an important role in recovery, community integration and long-term wellness. During the FY 2026–2029 Integrated Plan period, Napa intends to prepare for future IPS implementation by assessing program readiness, identifying needed infrastructure and developing a plan to support IPS services on or before the next Integrated Plan period.

Napa's current FSP programs provide intensive case management, engagement, linkage, care coordination, crisis prevention and recovery-oriented supports to individuals with complex needs, including individuals experiencing homelessness, justice involvement, co-occurring conditions, inpatient or residential transitions and stabilization needs. While these services support recovery and community functioning, Napa does not currently have the specialized supported-employment infrastructure needed to implement IPS as a distinct FSP model during this initial BHSA implementation period.

IPS requires dedicated planning and infrastructure, including employer engagement, job development, benefits planning, competitive integrated employment opportunities and ongoing employment supports. During the FY 2026–2029 period, Napa will begin planning for these elements, explore potential partnerships, assess client need and evaluate the staffing, training, workflows and community-employment supports needed to implement IPS effectively.

In the interim, Napa will continue to support employment-related recovery goals through FSP intensive case management. This will include assessing employment interests and barriers, linking clients to available workforce and vocational resources, coordinating with community partners, supporting benefits and documentation needs and tracking employment-related goals and outcomes. Napa views IPS as clinically important to recovery and will work toward being positioned to offer IPS services on or before the next Integrated Plan period.

Supporting Data

Please upload supporting data
IPF EIF Submission.pdf

Please select the data source
Other

Please describe
In order to demonstrate our commitment to IPS we have completed the EIF Qualtrics Survey and have been informed they will be in touch within three days, at which time we will begin the process of obtaining the COE consultation document.

Data Suppression Notice:
Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"