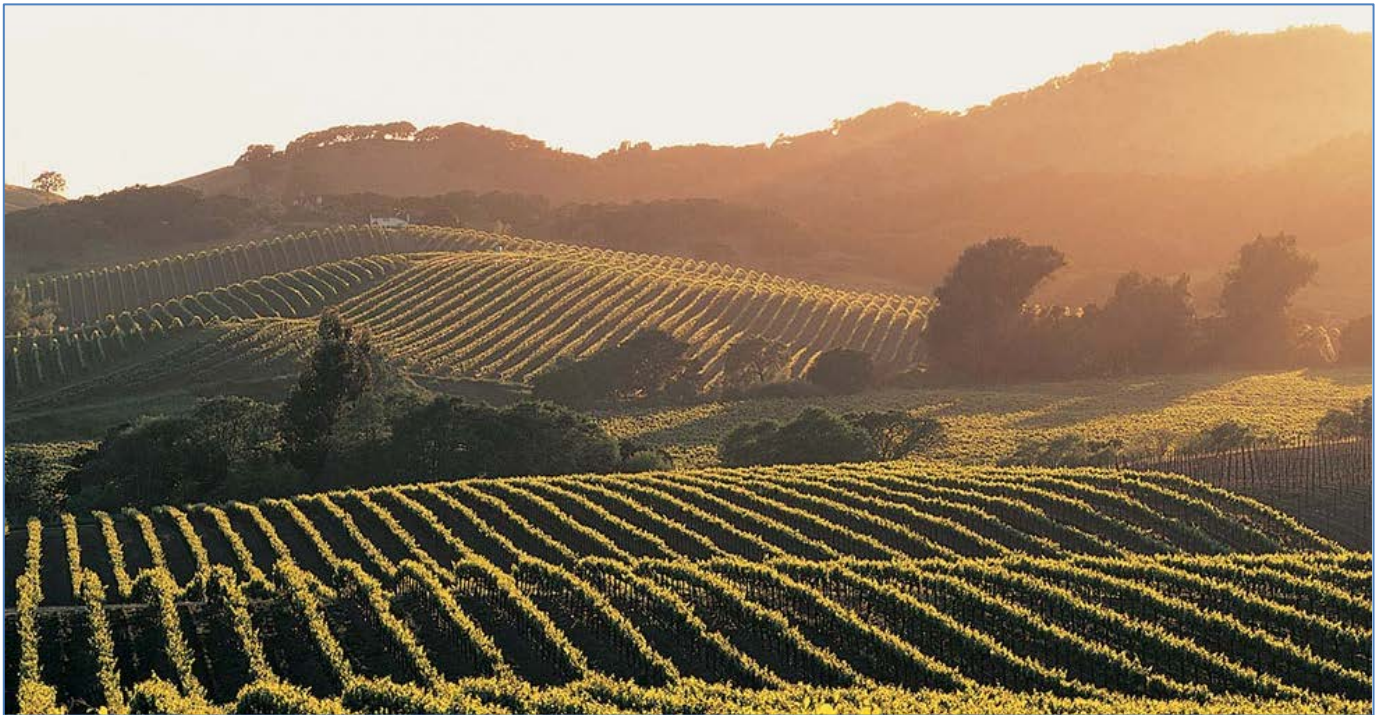


Napa County Mental Health Services Act FY18-19 Annual Update to Three Year Plan for FY 17-18 to FY 19-20



A Tradition of Stewardship
A Commitment to Service



The 30-day Public Review and Comment Period for this Annual Update will take place from Friday, June 8 to Monday, July 9, 2018. A public hearing will be held at a meeting of the Napa County Mental Health Board on Monday, July 9, from 4-6pm at 2751 Napa Valley Corporate Drive, Bldg A in the Oak Conference Room in Napa, CA.

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

- Three-Year Program and Expenditure Plan
 FY 18-19 Annual Update to Three Year Plan

Local Mental Health Director	Program Lead
Name: William J. Carter, LCSW	Name: Felix A. Bedolla, Project Manager
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Napa County Mental Health Division 2751 Napa Valley Corporate Drive, Bldg A Napa, CA 94559	

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

This FY 18-19 Annual Update to the Napa County Mental Health Services Act Three-Year Program and Expenditure Plan for FY 16-17 to FY 19-20 has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

This Annual Update, attached hereto, was adopted by the Napa County Board of Supervisors on date will be inserted here.

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

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

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

Final document will be signed and dated
 Signature Date

Introduction

The FY 18-19 Annual Update includes a summary of MSHA programs as well as outcome data from July 1, 2016 to June 30, 2017. Outcome data for FY 17-18 is not complete at this time and will be included in the next Annual Update. Program updates are organized by existing MSHA components of Prevention and Early Intervention (PEI), Community Services and Supports (CSS), CSS Housing, Innovations (INN), Workforce Education and Training (WET) and Capital Facilities/Technological Needs (CF/TN). The components are further broken down by program and include the following information - Program Summary, Program cost and total number served, Successes, Challenges and any anticipated changes as a result of the challenges, and goals.

Highlights of the FY 18-19 Annual Update to the Three Year Plan for FY 17-18 to FY19- 20

Plans to Spend Reverted/Reallocated Napa County MSHA funds

Per changes in California Department of Health Care Services policies regarding reversion of MSHA funds and Assembly Bill (AB) 114, which identified reverted MSHA Funds, returned them to counties of origin, and required counties to post by June 30, 2017 Plans to Spend Reverted/Reallocated funds prior to June 30, 2020, the Napa County Mental Health Division has developed Plans to Spend these Reverted/Reallocated funds. Please see page 12 for more details.

MSHA Funding Projections

According to statewide fiscal projections, MSHA revenues are projected to decrease by 11% from FY 17-18 funding levels in FY 18-19 followed by a slight increase of 6% over FY 18-19 levels in FY 19-20 . The MH Division will be able to cover the revenue shortfall in FY 18-19 by utilizing unspent MSHA funds from previous years. The Division will carefully monitor revenue and expenditures in FY 18-19 to determine if current funding is sufficient to sustain programs in FY 19-20 or if funding adjustments will need to be made.

Prevention and Early Intervention (PEI) Component

There are no anticipated changes to any of the PEI programs in FY 17-18, however, beginning in FY 18-19, 7% of PEI funds or approximately \$137,847 will be taken by the state of California to finance the No Place Like Home (NPLH) Initiative to provide housing for homeless individuals with mental illness. Napa County will be developing plans to apply for NPLH funding to create additional housing opportunities for homeless individuals with mental illness.

Community Services and Supports Component

- The Transition Age Youth (TAY) Full Service Partnership (FSP) previously implemented by Progress Foundation, a community provider, has been transitioned to the Mental Health Division in order to provide more cost-effective services and more seamless and timely referrals. TAY FSP staff will be supervised by the Children's FSP Supervisor and TAY consumers are now working with Mental Health Division staff. The costs savings from this shift may create additional opportunities for a Co-Occurring FSP and an Early Intervention program. More details will be forthcoming in the next Annual Update.
- Service data has been included for the new Crisis Stabilization Services (CSS) Program which opened in May 2017 with construction costs covered by a grant from the California Health Facilities Finance Authority (CHFFA). MSHA funds are utilized to partially support ongoing operating costs in addition to other revenue sources.

- Beginning in FY 18-19, the MH Division anticipates that 7% of CSS funds or \$313,672 will be taken by the state of California to finance the No Place Like Home (NPLH) Initiative to provide housing for homeless individuals with mental illness. Napa County will be developing plans to apply for NPLH funding to create additional housing opportunities for homeless individuals with mental illness.

Community Services and Supports (CSS) Housing Funds

- The Progress Foundation Hartle Court Housing Apartment Complex is comprised of 18 one-bedroom units of permanent supportive housing for homeless or at risk of homeless adults with mental illnesses and six two-bedroom units of transitional housing for homeless transition-aged youth (18 to 26 years) who are living with mental illness.
- CalMHSA returned to Napa County \$46,977.85 in unexpended CSS Housing funds in FY 16-17. These funds are being utilized to provide Housing Assistance to homeless, mentally ill persons or mentally ill persons who are at risk of being homeless. Housing Assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing. See page 37 for more details.

Innovations (INN) Component

Innovations Round 2 Projects were submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in September of 2017 and approved. Funding was awarded for four new projects – Napa ACEs Innovation Project - \$438,869; Native American Historical Trauma and Traditional Healing Innovation Project - \$479,518; Understanding the Mental Health Needs of the American Canyon Filipino Community Project - \$461,016; and Work for Wellness Innovation Project - \$309,250. Outcome data is currently not available for these programs as they were initiated in April 2018. These projects comprise Napa County’s plan to spend down reverted Innovation funds from previous years. For more details, see the Innovations section on page 38.

Workforce Education and Training (WET) Component

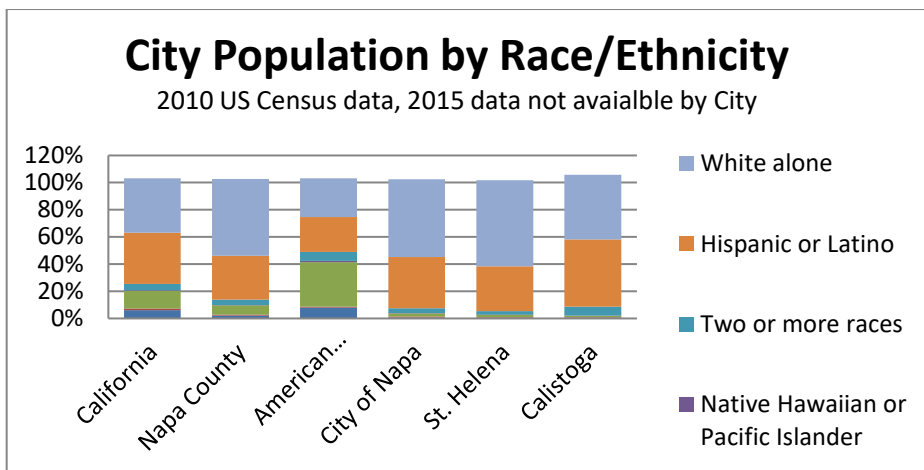
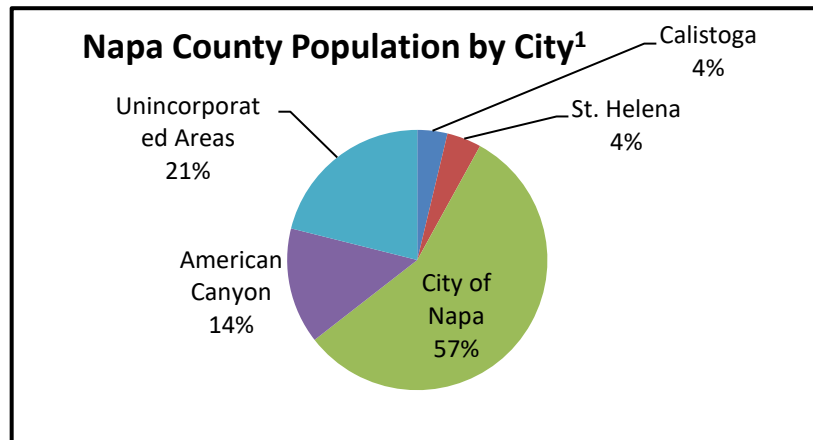
WET funds were anticipated to be expended by June 30, 2018, however, because MH Division Interns have been generating more revenue than was expected, these funds have not been expended. Additionally, Department of Health Care Services (DHCS) staff have identified \$95,579 in WET funds that have reverted according to their analysis. HHS Fiscal Division staff have conducted their own analysis, which differs slightly from the DHCS figures. Fiscal staff will continue to work with DHCS staff to resolve any differences. Per AB 114, the MH Division has included those reverted funds in this Annual Update and plans to expend these funds by June 30, 2020. See page 12-13 for details. The Division has had discussions with stakeholders to expend Reverted/Reallocated MHSA WET Funds in FY 18-19 and FY 19-20 on the Mental Health Plan Staff development activities which include trainings, staff support for licensure exam preparation, and materials and other previously approved WET Actions or programs as well as the Internship Program, which is ongoing. See page 40 for details.

Capital Facilities/Technological Needs (CF/TN)

The Mental Health Division had intended to utilize CF/TN funds in the amount of \$171,773 that were slated to revert (based on a determination by HSA Fiscal staff) on June 30, 2018 to purchase to purchase a new Electronic Health Record (EHR) as the parent company Cerner phases out Anasazi. However, according to the Department of Health Care Services (DHCS) analysis of reverted MSA funds for Napa County, \$145,770 of the Division’s CF/TN funds have already reverted. HSA Fiscal staff are continuing discussions with DHCS staff to resolve these differences. Per AB114, the Division will be utilizing this Annual Update to post a Plan to Spend Reverted/Reallocated CF/TN Funds by June 30, 2020. For more details, please see pages 12-13 and page 42-43.

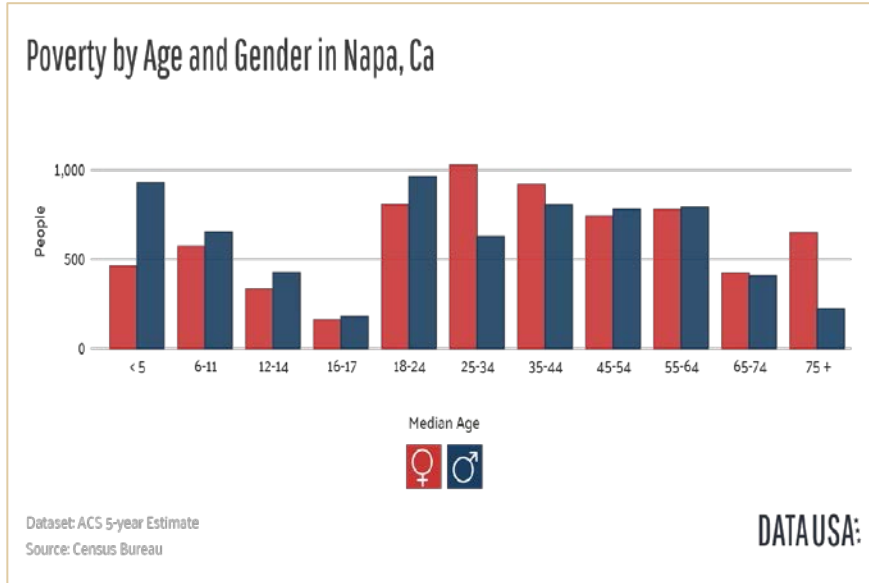
Overview of Napa County

The Napa Valley, located in the heart of California’s pre-eminent wine country is home to some 142,456¹ residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. The County’s strategic location, sunny Mediterranean climate and abundant natural and cultural resources, provides a mix of small town living and city amenities. With its tradition of stewardship and responsible land use planning, Napa County has maintained a strong rural character. According to 2015 estimates, the population of Napa County is distributed across the County in the following way:



¹ US Census Quick Facts, Napa County Population. April 2017.

American Canyon is the most diverse city in Napa County and Calistoga continues to have a large population of Hispanic/Latinos, making it the majority racial/ethnic group in the City of Calistoga. The most common non-English languages spoken in Napa County are Spanish and Tagalog.



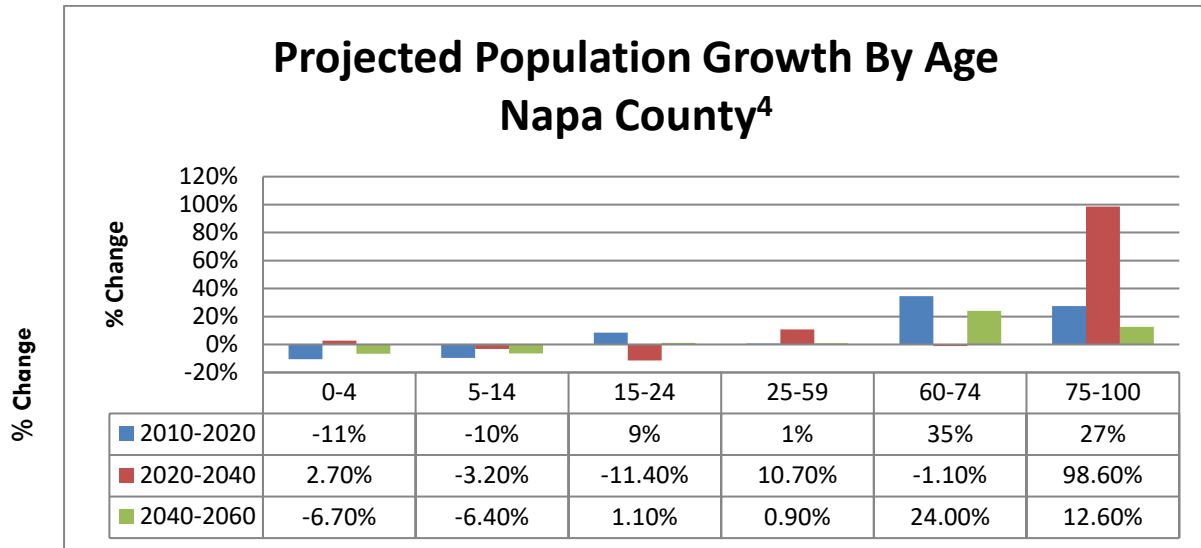
Napa County



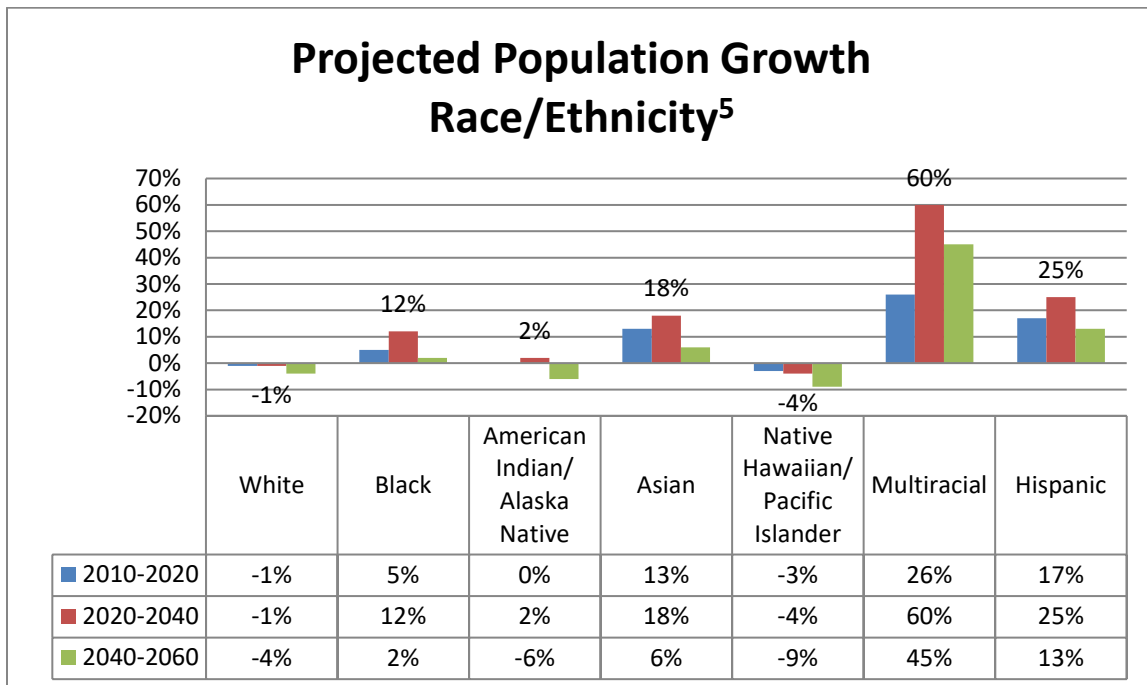
^{2,3} <https://datausa.io/profile/geo/napa-ca-metro-area/>; <http://reports.abag.ca.gov/sotr/2015/section3-changing-population.php>

Population Projections for Napa County

The California State Department of Finance provides projected population data by age, race/ethnicity⁴. This table shows that while most of the population will remain relatively stable, the age group that will continue to grow at a faster pace will be the 60-74 and 75-100 age group.



CDF data project that the older adult population, particularly the 75+ age range will almost double in the next 20-40 years, while other age groups will have limited growth or slight decreases. Hispanic, Asian, and Multiracial populations will continue to grow in the County.



⁴ California State Department of Finance Population Projections, April 8, 2017.

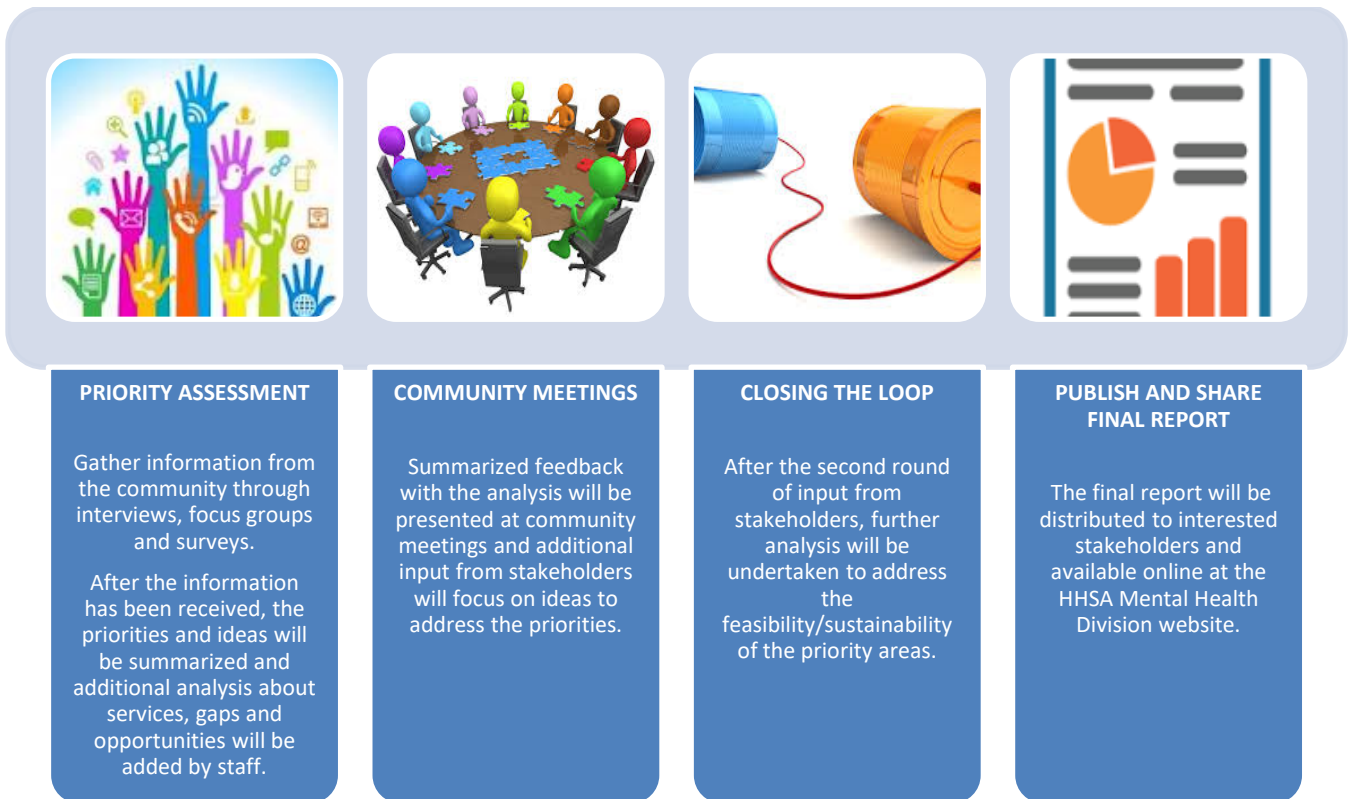
⁵ (Source: <http://www.california-demographics.com/napa-county-demographics#>)

Overview of Three Year Community Planning Process

The purpose of the Three Year Community Planning Process is to develop community priorities for Napa County’s Mental Health Plan. As funding opportunities arise or areas for redesign and evaluation are identified, the Division will use these community priorities as a roadmap for addressing mental health needs.

While the planning process is not a funding process, it is important to note that these priorities will be used by the Napa County Mental Health Division to allocate existing and emerging resources over the next three years. The Mental Health Division of Napa County is continually faced with decisions about resource allocations. Decisions are typically affected by state and federal regulations and funding, current budget allocations, emerging issues with other county agencies, local priorities and changing legislative priorities. This process asks for stakeholder and community input to update the local priorities for services and supports and to work with the community to understand the limitations or restrictions that the Mental Health Plan is under with existing needs that may not be able to be addressed through mental health.

The planning process was divided into four sections:



In the priority assessment stage, staff gathered data from existing sources such as Live Healthy Napa County, Community Needs Assessment, CA Healthy Kids Survey data, as well as data from the Mental Health Plan's internal electronic health record to add quantitative data to any of the priority areas that came out of the community discussions. Stakeholders from various groups were engaged in the process to ensure that the priorities that are included in the final report include the community voice.

The community and stakeholder engagement planning process for the Napa County Mental Health Services Act (MHSA) FY 18-19 Annual Update to the Three Year Plan was initiated in April 2017 to identify service gaps and community mental health priorities. The planning process, which was initially anticipated to be completed by December 2017, was delayed by the October 2017 Fire Storm Disaster. Following several months of community fire response and recovery, the planning process was re-initiated in early 2018. The Division continued to engage and collaborate with the community stakeholders including mental health providers, community groups, community-based organizations, non-profits, mental health consumers, and others to gather community input throughout the process. The community planning process for the Three Year Plan will be completed in July 2018 with a report on the findings to be published in the Summer of 2018. The MH Division will continue to work with community stakeholders to ensure that report is accurate and that MHSA programs reflect the priorities and needs identified in this community planning process.

Napa County Mental Health Stakeholder Participation

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

- Consumers and Family Members Representatives
- Chief Probation Officer for Adult and Juvenile Probation representing Law Enforcement
- Representative from Napa Valley Unified School District representing K-12 Education
- Representative from Napa County Office of Education representing K-12 Education
- Members of the Behavioral Health Committee representing the Napa Valley Non-Profit Coalition
- Representative from the Napa County Commission on Aging representing Older Adults
- Representative from the Napa County Mental Health Board
- Representative from the Healthy Aging Population Initiative (HAPI) representing Older Adults
- Representative from Napa County Child Welfare Services representing Children/Youth
- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- A representative from Ole Health representing Health providers
- A representative from Napa County Public Health Division representing Health providers
- Representative from Napa County's Alcohol and Drug Services Division representing Substance Abuse Services, Co-Occurring, Prevention and Youth
- LGBTQ Program Coordinator from a local non-profit organization representing the LGBTQ community
- Director of a local inter-tribal organization representing the Native American community
- Director, Clinical Director and Staff of the Mental Health Division

Mental Health Division Staff and SAC members are working to recruit additional committee members to fill the following vacancies:

- TAY Representative
- Faith Community Representative
- Latino Community Representative
- Veterans Representative
- Asian/Pacific Islander Representative

The SAC participates in all stages of the planning process. They will also work with the County to ensure that their constituencies receive the information necessary to be able to give input and participate in the planning process.

Public Review/Comment Period and Public Hearing

The 30-day Public Review and Comment Period for the Division's FY 18-19 Annual Update to the MHSA Three Year Plan will take place from Friday, June 8 to Monday, July 9, 2018 and a public hearing will be held at a meeting of the Napa County Mental Health Board on Monday, July 9, 2018 from 4-6 pm at 2751 Napa Valley Corporate Drive, Bldg A in the Oak Conference Room in Napa, CA in compliance with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the FY 18-19 Annual Update to the Three Year Plan will be posted to community bulletin boards, emailed to all MHSA stakeholders, posted to the MH Division's website, and made available to all interested parties at the Mental Health Division office at 2751 Napa Valley Corporate Drive, Bldg. A., in Napa upon request. All community stakeholders will be invited to participate in the public review/comment process.

Timeline and Background on Reversion and Reallocation of MHSA Funds

- On December 5, 2011, the now defunct Department of Mental Health issued Information Notice 11-15 clarifying how Innovation funds subject to reversion should be calculated by counties. Essentially, if counties spent Community Services and Supports (CSS), and Prevention and Early Intervention (PEI) funds from which Innovations funds are drawn (5% of CSS and PEI) before those funds would revert, then Innovation funds would not be subject to reversion. Using this formula, Napa County had no Innovation funds subject to reversion.
- On December 23, 2016, DHCS issued IN 16-026 rescinding IN 11-15, thereby making unspent funds from fiscal years 2008-2009 through 2015-2016 subject to reversion if not spent within three fiscal years from July 1, 2016.
- On June 23, 2016, DHCS issued IN 16-026 rescinding IN 11-15, which had provided guidelines under which counties operated to minimize reversion of Innovations funds.
- Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) became effective July 10, 2017. AB 114 amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)).
- Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal

Year (FY) 2005-06 through FY 2014-15. AB 114 states that by July 1, 2018 counties are required to publicly post a Plan to Spend Reverted/Reallocated funds by July 1, 2020 (WIC Section 5892.1 (c)). Pursuant to WIC Section 5892.1, subdivision (e), 1, DHCS provided counties with IN 17-059 to implement those requirements.

- On December 28, 2017 DHCS issued IN 17-059 providing the methodology used to calculate funds subject to reversion as of July 1, 2017. IN 17-059 provided guidance on the appeals process, the requirement that by June 30, 2018, counties must develop and publicly post a plan for public review and comment to expend the reverted funds by July 1, 2020, and the consequences for failure to spend the funds.

IN 17-059 supersedes all other reversion policies contained in past Information Notices developed by the now defunct Department of Mental Health and DHCS. IN 17-059 specified the following instructions for counties to plan to spend the funds:

- Every county must develop a plan to spend its reallocated funds and post it to the county's website. **This FY 18-19 Annual Update to the Napa County's MHSA Three Year Plan document constitutes the required Plans to Spend Reverted/Reallocated MHSA funds for Napa County.**
- The county must submit a link to the Plan to Spend Reverted/Reallocated MHSA funds to DHCS via email at MHSA@dhcs.ca.gov by July 1, 2018;
- Each County's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county's website; the MH Division anticipates that this will occur by August or September 2018;
- Each county must submit its final Plan to Spend Reverted/Reallocated MHSA funds to DHCS and the MHSOAC within 30 days of adoption by the county's BOS; the MH Division anticipates that this will occur by September or October 2018;
- A county may not spend funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds;
- The expenditure plan must account for the total amount of reverted and reallocated funds for all impacted FYs, as indicated in the applicable notice of unspent funds subject to reversion or in the final determination on an appeal;
- The county must include the Plan to Spend Reverted/Reallocated MHSA funds in the County's Three-Year Program and Expenditure Plan or Annual Update, or as a separate plan update to the County's Three-Year Program and Expenditure Plan, and comply with WIC Section 5847(a);
- Reallocated funds must be expended on the component for which they were originally allocated to the county.

Additionally, by July 1, 2018, DHCS is required to prepare a report to the Legislature identifying the amounts of funds subject to reversion by each county. Prior to releasing the report, DHCS is required to provide each county with the amount of funds they have determined are subject to reversion and a process for counties to appeal that determination (WIC Section 5892.1 (b)).

Below is a chart of funds that DHCS has identified as subject to reversion for Napa County.

DHCS Identified MHSA Funds Subject to Reversion by Fiscal Year by Component

Napa	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ -		\$ -
FY 2007-08	\$ -	\$ -		\$ 95,579	\$ 145,770	\$ 241,349
FY 2008-09	\$ -	\$ -	\$ 191,069			\$ 191,069
FY 2009-10	\$ -	\$ -	\$ 236,854			\$ 236,854
FY 2010-11	\$ -	\$ -	\$ 350,883			\$ 350,883
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ -			\$ -
FY 2014-15	\$ -	\$ -	\$ 65,335			\$ 65,335
Total	\$ -	\$ -	\$ 844,141	\$ 95,579	\$ 145,770	\$ 1,085,490

The Mental Health Division does not dispute the Innovations funds subject to reversion identified by DHCS, but may appeal to DHCS regarding the WET and CF/TN funds that were identified as having reverted as there are differences between DHCS figures and figures provided by HHSF Fiscal staff. No Community Services & Supports (CSS) funds or Prevention Early Intervention (PEI) funds have been identified at risk for reversion. In order to comply with AB114, however, the MH Division has developed the following plans to expend reverted Innovation, WET, and CF/TN funds.

Napa County’s Plan to Spend Reverted/Reallocated MHSA Funds

The following charts illustrate the Mental Health Division’s Plans to Spend Reverted/Reallocated MHSA Funds. Health and Human Services Agency (HHSF) Fiscal staff are in ongoing discussions with Department of Health Care Services’ staff as DHCS amounts vary slightly from our own figures. In order to comply with AB114, however, the Mental Health Division has developed Plans to Spend Reverted/Reallocated MHSA Funds according to the following charts. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount of reverted/reallocated MHSA funds may vary somewhat from the actual amounts of reverted MHSA funds.

In September 2017, the Mental Health Oversight and Accountability Commission (MHSOAC) approved Napa County’s Innovation Round 2 Projects following a 30-day public review/comment period, a public hearing of the Mental Health Board, and review and adoption by the Napa County Board of Supervisors. These Innovation projects constitute the MH Division’s Plan to Spend \$844,141 in Reverted/ Reallocated MHSA Innovation Funds in FY 18-19 and FY 19-20 as shown in Chart 1 on the following page. As was stated above, the estimated amount of \$844,141 in reverted Innovation funds may vary somewhat from the actual amounts of reverted funds.

For more details on the Innovation Round 2 Projects, please see project summaries on page 38 and Addendum 1 that begins on page 57.

Chart 1: Mental Health Division Plan to Spend Reverted/Reallocated MHSA Innovation Funds

Expenditure Item	Reverted Innovation funds by Fiscal Year	Amount of Reverted Innovation Funds	Total Amount of Reverted/Reallocated Innovation Funds to be Spent	Years to be Spent
Innovation Round 2 Projects already approved by the MHSOAC. See Addendum for more details.	FY 2005-06	\$ -	\$844,141	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ -		
	FY 2008-09	\$ 191,069		
	FY 2009-10	\$ 236,854		
	FY 2010-11	\$ 350,883		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
FY 2014-15	\$ 65,335			

The Mental Health Division Plans to Spend \$95,579 in Reverted/Reallocated MHSA WET Funds in FY 18-19 and FY 19-20 on previously stakeholder-approved WET Actions or programs including Mental Health Plan Staff Development activities which include trainings, staff support for licensure exam preparation, and materials and other previously approved WET Actions or programs as well as the Internship Program, which is ongoing. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount of \$95,579 in reverted WET funds shown in Chart 2 below may vary somewhat from the actual amounts of reverted funds.

Chart 2: Mental Health Division Plan to Spend Reverted/Reallocated MHSA WET Funds

Expenditure Item	Reverted WET funds by Fiscal Year	Amount of Reverted WET Funds	Total Amount of Reverted/Reallocated WET Funds to be Spent	Years to be Spent
WET Trainings and Staff Development (previously approved by Stakeholders)	FY 2005-06	\$ -	\$ 95,579	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ 95,579		
	FY 2008-09	\$ -		
	FY 2009-10	\$ -		
	FY 2010-11	\$ -		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
FY 2014-15	\$ -			

The Mental Health Division Plans to Spend Reverted/Reallocated MHSA CF/TN Funds in FY 18-19 and FY 19-20 to upgrade the Napa County Mental Health Plan’s Electronic Health Record (EHR) and to pay for related staff training, support, and maintenance costs for transition to the new EHR system. The MH Division may also spend some or all of these reverted CF/TN funds on a Big Data Project, which had been previously approved by stakeholders, but was put on hold due to technical difficulties. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount of \$145,770 in reverted CF/TN funds may vary somewhat from the actual amounts of reverted funds. See Chart 3 on the following page for details. Please see the CF/TN Component description on page 42 for more a more thorough description of CF/TN reversion and these projects.

Chart 3: Mental Health Division Plan to Spend Reverted/Reallocated MHSA CF/TN Funds

Expenditure Item	Reverted CF/TN funds by Fiscal Year	Amount of Reverted CF/TN Funds	Total Amount of Reverted/Reallocated CF/TN Funds to be Spent	Years to be Spent
Technological Needs – upgrade to new Electronic Health Record and related costs	FY 2005-06	\$ -	\$145,770	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ 145,770		
	FY 2008-09	\$ -		
	FY 2009-10	\$ -		
	FY 2010-11	\$ -		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
	FY 2014-15	\$		

Prevention/Early Intervention Programs

	Prevention	Early Intervention	Outreach for recognizing signs of Mental Illness
Stigma and Discrimination Reduction - Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Connection Project	- American Canyon Student Assistance Program - Home Visitation Program - Kids Exposed to Domestic Violence - Native American PEI Project - Strengthening Families at Risk - Upvalley PEI Project	- Court and Community Student Assistance Program (SAP) - Healthy Minds, Healthy Aging Program	• System Navigator Program (CSS Component)

*Note, the Access and Linkage to Treatment strategy within the PEI regulations is implemented throughout all PEI programs with the exception of the Stigma and Discrimination Reduction Category as the nature of the program is focused more on training and technical assistance.

Prevention and Early Intervention (PEI)

In FY 16-17, the Napa County Mental Health Division funded nine different programs with Prevention/Early Intervention funding. Efforts were made to ensure that these programs are in compliance with the new PEI regulations developed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) which included training and technical assistance by County staff. Programs piloted and tested data collection methods in the last quarter of FY 16-17 and started full implementation of the regulations in FY 17-18 with data collected quarterly.

Service data included in this FY 18-19 Annual Update to the Three Year Plan are from July 1, 2016 to June 30, 2017. FY 17-18 PEI outcome data and service data will be included in the will be included in the FY 19-20 Annual Update along with the selected performance measures for each program.

Program Name: American Canyon Student Assistance Program (SAP)	Contractor: Napa Valley Unified School District (NVUSD)
Number Served (6/1/16 to 6/30/17): 91	FY 16-17 Program Budget: \$159,807 Cost per person served: \$159,807/91=\$1,756.12
Ages served:	0-15: 89
	16-25: 2
<p>Program Summary: The American Canyon SAP has been running for the last 6 years utilizing a two complementary prevention models including Positive Behavioral Intervention and Support (PBIS) and Building Effective Schools Together (BEST). These models allow for universal prevention messages (Tier 1) to reach students in the elementary, middle and high schools and also allow staff to identify and refer students needing higher levels of support (Tiers 2 and 3, above positive reinforcement and basic behavioral supports in the classroom). The higher intensity supports include student support teams and case management around specific students as well as referral services and more targeted interventions in the classroom and outside of the classroom, including use of the new Wellness Center at American Canyon Middle School.</p> <p>The American Canyon SAP reaches every student through universal prevention messaging, but PEI resources are mainly focused on students needing Tier 2 and Tier 3 levels of support.</p> <p>Restorative Practices continue to be utilized to a greater extent at all schools in American Canyon. Every administrator in all three buildings covered by this grant has received training from the International Institute of Restorative Practice.</p> <p>American Canyon Middle School provided every student with approximately an hour of suicide prevention training. This included knowing what signs to look for, how to start a conversation, and how to access help. In late October, a student became concerned about another student. She contacted staff and the other student's parent with her concerns. As a result the student was located at school, an on-site evaluation was conducted, the parent escorted the student to the crisis center, the student was hospitalized, treated, and is now back at school and feeling much better.</p>	
<p>Successes: The American Canyon Middle School has a Wellness Center on site with mental health support. Students are able to self-refer and drop in anytime. This creates more capacity to offer support to students and a referral source if necessary. NVUSD is working on a similar model at American Canyon High School in FY 17-18.</p>	<p>Challenges: There is a great need for services in American Canyon schools as this community has historically been underserved. Schools also often struggle to balance academic demands and mandates while at the same time ensuring that students are healthy and emotionally/physically able to learn. Additionally, serving all students in need has</p>

<p>In this reporting period, 60% of students (n=10) receiving Tier 3 services (student success teams, individual counseling or other interventions) showed improvement in school attendance and 30% maintained over a 2.0 Grade Point Average (GPA). Approximately 37 students received Tier 1 or 2 services.</p>	<p>proven to be difficult as some of the traditional screening/referral mechanisms don't always capture students who internalize behavior and/or have high attendance/grades. NVUSD staff continues to work to refine existing systems and to ensure that they are serving students in need of mental health support. The Psychologist who has been the lead of the AC SAP program will retire at the end of the school year. Plans are underway to maintain the SAP and ensure services and interventions continue into the new school year to avoid gaps in services.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Transition planning is ongoing for NVUSD staff to assume the program responsibilities of the outgoing psychologist to ensure services and interventions continue into the new school year to avoid gaps in services. • Document program outcomes to address the new PEI regulations. 	

<p>Program Name: Home Visitation Program</p>	<p>Contractor: Cope Family Center</p>				
<p>Number Served (6/1/16 to 6/30/17): 286</p>	<p>FY 16-17 Program Budget: \$50,000 (Partial funding) Cost per person served: \$50,000/286=\$174.83</p>				
<p>Ages Served:</p>	<table border="1"> <tr> <td data-bbox="808 1045 1466 1087">0-15: 116</td> </tr> <tr> <td data-bbox="808 1087 1466 1129">16-25: 64</td> </tr> <tr> <td data-bbox="808 1129 1466 1171">26-59: 104</td> </tr> <tr> <td data-bbox="808 1171 1466 1201">60+: 2</td> </tr> </table>	0-15: 116	16-25: 64	26-59: 104	60+: 2
0-15: 116					
16-25: 64					
26-59: 104					
60+: 2					

Program Summary:
Cope Family Resource Center utilized the evidence-based practice, Healthy Families America (HFA) model. HFA is a home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. It is designed to work with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues. HFA services are offered voluntarily, intensively, and over the long-term (3 to 5 years after the birth of the baby).

Most families in this program can be in services up to five years. On average, families stay about 2.5 years. The goal is to ensure that parents have the resources and supports they need to provide a healthy and nurturing environment for their child(ren).

Mom came in with her 3 year old son and identified that she was pregnant and in need of help. She was interested in hearing more about the Baby Steps program and did a parent survey with our Family Assessment Worker. Mom shared that she struggled with postpartum depression with her first baby and was worried about having the same challenges with her second. We worked with her to identify resources for her support to help prevent some of the depression and also plan for support throughout the pregnancy and the first year. She met the criteria for our program and was looking forward to seeing how the emotional support would benefit both her and the baby. She was screened with the EPDS for depression and met the criteria for a referral to a therapist from

<i>Ole Health work with her throughout the pregnancy.</i>	
<p>Successes: The program continues to have success. Cope Baby Steps/Healthy Families America must maintain fidelity to the model to maintain accreditation and they continue to have high model fidelity. 53% of the parents who completed the Health Families Parenting Inventory or HFPI (n=19) reported improvement in the Social Support domain, 37% reported improvement in the Problem-Solving domain and 42% reported improvement in the Parenting Efficacy domain.</p>	<p>Challenges: The majority of families served are from the City of Napa, St. Helena and Calistoga. Cope staff is serving 3 families in American Canyon. The population in American Canyon has traditionally been a challenging community to engage. Cope staff continues to develop connections to build stronger relationships in the community and support individuals as much as possible.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Continue to outreach and engage the American Canyon community. Continue to work with Women, Infants and Children (WIC) Food Nutrition Program, Ole Health, Public Health and other providers that may refer individuals from American Canyon. • Continue to work to ensure high model fidelity and document program outcomes to address the new PEI regulations. • Document program outcomes to address the new PEI regulations. 	

Program Name: Kids Exposed to Domestic Violence (KEDS) Program	Contractor: Napa Emergency Women’s Services (NEWS)
	FY 16-17 Program Budget: \$104,400 Cost per person served: $\$104,400/290=\$360/\text{person}$
Ages Served (duplicated contacts):	0-15: 183
	16-25: 23
	26-59: 84
290	
<p>Program Summary: The Kids Exposed to Domestic Violence Program (KEDS) program provides services specifically for children exposed to domestic violence to prevent the onset of Post-traumatic stress disorder (PTSD) or other mental illness. Program staff offers tutoring, support groups (using specific curriculum), communication with schools, and referrals as appropriate both in the NEWS office and at the shelter.</p>	
Successes:	Challenges:

<p>The KEDS children’s support group has about 20 kids who participate on a regular basis (parents have to call ahead of time to sign up). There is currently a wait list for the support group. Ages range from 2-13 years of age. There are about 3 adults in the group and the kids are separated by age group. The group meets once per week and works on a variety of activities, including, but not limited to art therapy. Parents (generally moms) are also using this time to learn about protective factors and the impacts of domestic violence on children.</p>	<p>Trying to get volunteers for support group is critical since the support group keeps growing.</p>
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Success Story:
One of the teenagers at the shelter is a very smart girl with big dreams. She is in high school and was great and very helpful with the kids at the shelter. She helped other kids with their homework and she wanted to participate in every activity we did. She wanted to go to college and continue her education but she said it was hard because her mom as a single parent didn’t have the resources to help her pay for college. I talked to her about scholarships, and mentoring programs that could help her. One day we sat on the computer and research scholarships available and I helped her fill out some and wrote a letter of recommendation for her. I wanted to help her follow through with her dreams and I want to see her succeed. She got a local scholarship. The teen and her mom were very happy when they found out. I am extremely happy for her because she deserves it and I know she will break the cycle of violence they were living and focus on her education and achieving her goals.

- Goals:
- Staff wants to continue to do more outreach in community to engage more families in services and continue the backpack campaign which has been very successful.
 - Continue to operate and expand KEDS support groups.
 - Document program outcomes to address the new PEI regulations.

<p>Program Name: LGBTQ Connection</p> <p>Numbers Served (6/1/16 to 6/30/17):</p> <ul style="list-style-type: none"> • 783 participants attended trainings • 3,700 social media contacts per month • 1,783 interactions with community members, leaders, parents, youth, seniors, professionals, and others • 643 community members participated in 9 large community events and three support groups 	<p>Contractor: On the Move</p> <p>FY 16-17 Program Budget: \$43,500 Cost per person served: $\\$43,500/6,909=\\$6.30/\text{person}$</p>
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Program Summary:
 In FY 16-17, Technical Assistance and Training was provided to 48 organizations and community agencies including Napa County Office of Education, Boys and Girls Club of Napa Valley, Aldea, Napa County Comprehensive Services for Older Adults, Up Valley Family Centers, Napa County Health and Human Services Agency, Napa State Hospital, Napa Valley Unified School District to name a few.

Organizational practice changes that participating organizations and professionals have committed to as a result of technical assistance and training included: increasing visible symbols of safe space

(rainbows, flags, etc.), practicing inclusive and gender-neutral language, making LGBTQ resources available to the individuals they serve, and updating forms to be more accessible to the LGBTQ community.

In partnership with Napa County Health and Human Services Mental Health Division, the on-site LGBTQ-friendly clinician has increased access to mental health care for 20 LGBTQ people through 47 appointments.

Successes:

LGBTQ Connection trained 502 individuals (an average of 97% reporting increased knowledge in LGBTQ topics), worked with 39 agencies (21 made changes in their system/programming), identified 6 policy changes as a result of the Training and Technical Assistance offered and offered general outreach services to 2839 duplicated individuals. LGBTQ Connection was featured in 23 news articles and two North Bay Area radio broadcasts and online

Challenges:

LGBTQ Connection receives more requests for training, technical assistance and outreach than it has the capacity to provide under current funding. By engaging youth leaders and community volunteers, the program prioritizes maintaining quality of services provided while adapting to respond to community needs. The program is also seeking other funding sources and implementing a sustainable fund development plan. Additionally, there remains a lack of LGBTQ-experienced, affirming and accessible mental health providers to refer to, especially for Spanish-speaking LGBTQ community members.

Goals:

- LGBTQ Connection will be expanding its program to add an Up Valley location in partnership with an Up Valley youth-serving organization, most likely in Calistoga. The expansion will allow LGBTQ Connection to respond to unmet community needs, as well as evaluate, adapt and validate LGBTQ Connection's community defined evidence practice to reduce mental health disparities, especially with LGBTQ youth.
- Document program outcomes to address the new PEI regulations.

Program Name: Native American PEI Project	Contractor: Suscol Intertribal Council
Number Served (6/1/16 to 6/30/17): 459 Outreach and engagement/Annual Pow-Wow: 4,315 duplicated individuals served.	FY 16-17 Program Budget: \$94,878 Cost per person served: \$94,878/4,774=\$19.87
Ages Served (duplicated individuals served):	0-15: 759
	16-25: 1,166
	26-59: 1,716
	60+: 1,133

<p>Program Summary: The Suscol Intertribal Council’s PEI program is working to address post-colonial trauma in the local Native American Community. This is understood to be a core cause of mental health issues, high substance abuse, high suicide rate and low life expectancy. Native Americans also experience low self-esteem and shame due to the “invisibility” of their population. Many Native Americans also don’t self-identify as Native Americans because of the suffering and violence that was committed against their ancestors and elders, some of whom can still recall the history of oppression.</p>	
<p>The Native American PEI program has two main goals:</p> <ul style="list-style-type: none"> • Create a safe environment for Native Americans to learn about and practice their heritage. A large centrally located office in Napa is used for classes and business. A 23-acre land base is used for traditional practices that take place in rural Napa County. • The second goal is to educate the general public about cultural sensitivity to avoid stereotypes and systemic racism. This is done through K-16 classroom outreach, production of public events, training and technical assistance for agencies and a strong social media presence. Suscol staff provided educational presentations to over 459 students in FY 16-17. 	
<p>Successes: Suscol Intertribal Council continues to work on building collaborative relationships with other community-based mental health providers and County mental health services. Suscol has also seen an increase in requests for presentations and training and technical assistance in the community.</p>	<p>Challenges: As the only Native American organization in Napa County, Suscol is often asked to be involved in a number of different causes and capacity to participate is limited.</p> <p>There are many projects that Suscol would like to take on and their staff are working on focusing on what they can change now related to prevention/early intervention and what may require support from outside resources. Suscol is exploring other funding options to work on healing from intergenerational trauma.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Continue to create healing between the dominant White American culture and Native American culture with ongoing public education. • To work at legislative levels to address historical and indigenous trauma in Napa County, e.g., City Councils, County supervisors and state legislators. • Document program outcomes to address the new PEI regulations. 	

Program Name: Strengthening Families at Risk	Contractor: Cope Family Center and Mentis
Number Served (6/1/16 to 6/30/17): 66 served by the Couples Support Group 503 received emergency aid services (age data not available)	FY 16-17 Program Budget: \$98,000 Cost per person served: \$98,000/653=\$150.07
Ages Served:	0-15: 19
	16-25: 5
	26-59: 42
	60+: 0

<p>Program Summary: The Strengthening Families At-Risk Project addresses the prevention and early intervention needs of families at-risk of developing mental illness by offering parent/couple support groups and brief therapy for individuals who are identified as needing a higher level of services post support group. Support groups are offered by Mentis in English/Spanish throughout the County. Staff makes referrals to more intensive services as needed and modifies the curriculum when necessary to address specific group needs. The group is designed as a closed 8-session format. Cope Family Resource Center offers emergency aid/assistance to Families At-Risk as needed.</p> <p>Emergency Aid/Assistance Case Study As a single mom, new to Napa, with a two year–old child and another baby on the way, Melanie was in crisis and needed help. At Cope Family Center, she found support and a safe place to heal. Melanie needed assistance with basic services such as transferring her CalWorks and other benefits from her former county of residence to Napa County. She also needed something much harder to find – compassion. Melanie found it hard to ask for help as she had previously lost custody of two children, who were ultimately adopted. Struggling to make ends meet with no way to access prenatal care, she felt vulnerable to share the details of her life with the Cope staff. Melanie was even hesitant to let Cope staff watch her two year–old in the Family Resource Center childcare room. However, little by little, Melanie opened up and shared, Cope staff listened, and trust was formed. Melanie was referred to the Community Connection Network (CCN) for crisis counseling. She continued to meet with them regularly in Cope’s private Community Support room, while Cope staff watched over her two year–old in the childcare room. With the help of Cope and CCN, Melanie is no longer in crisis and is beginning to heal. She is receiving prenatal care, learning techniques for managing stress, and is addressing her mental health concerns.</p> <p>Melanie’s story is the essence of Cope – meeting parents where they are, listening for the support they need, and then helping them develop a plan to make parenting and life goals a reality. We are thankful for the opportunity to assist our community members in this caring way.</p>	
<p>Successes: Out of 66 individuals that participated in the Mentis support groups, 100% showed improvement in the PHQ-9 and Emotional Rating Scale (ERS). Of the 587 individuals that received emergency drop-in services, an average of 87% of these individuals reported improvement in having their needs met.</p> <p>The support groups are very popular, particularly in St. Helena and Calistoga Upvalley communities. Some participants ask to continue or to come back to the program. Since the program is well-established, enrollment has not been a challenge.</p> <p>At the beginning of the program, staff was only advertising it for couples, but has expanded it to</p>	<p>Challenges: Support group staff has conducted outreach in American Canyon and in Napa. There is interest, but not sufficient to offer a group in American Canyon at this time.</p> <p>Staff will continue to do outreach to ensure the program continues to serve individuals across the County.</p> <p>Families generally present with attachment issues, trauma issues that get passed down from generation to generation, immigration issues, domestic violence, and substance abuse. Staff are working to address these issues and make referrals to more intensive services as needed.</p>

<p>now include single parents, grandparents raising children, and other caregivers of children.</p>	
<p>Goals:</p> <ul style="list-style-type: none"> • Continue offering two groups at Cope, two groups at Puertas Abiertas, one group in St. Helena, and two groups in Calistoga. In addition, staff is working with the American Canyon elementary, middle and high schools to get a group started in that community. • Staff will work to expand support group locations, such as the homeless shelter. • Staff continues to refine curriculum to meet the needs of the participants. • Document program outcomes to address the new PEI regulations. 	
<p>Program Name: Upvalley PEI Project</p>	<p>Contractor: Up Valley Family Centers</p>
<p>Number Served (6/1/16 to 6/30/17): 313 Youth 102 adults</p>	<p>FY 16-17 Program Budget: \$76,150 Cost per person served: \$76,150/415=\$183.49</p>
<p>Ages served:</p>	<p>0-15: 55 16-25: 258 26-59: 102</p>
<p>Program Summary: The Up Valley PEI Program focuses on providing mentoring services primarily to at-risk Latino/a middle and high school youth in St. Helena and Calistoga Schools through the Challenging Latinos to Access Resources and Opportunities (CLARO) mentoring program for boys and the Challenging Latinas through Action, Resources and Awareness (CLARA) mentoring program for girls.</p>	
<p>Successes: CLARO/A staff greatly increased the number of students participating in mentoring groups. Additionally, Pacific Islander and Caucasian students are now participating in groups.</p> <p>Some of this has been driven by a better relationship with the administration at both the elementary school and the junior/senior high school. Outreach has increased. Staff has also been able to do outreach for the first time at the elementary school with the 6th grade. Staff hopes to see this reflect in greater middle school numbers next year.</p> <p>Mentors in Calistoga are establishing better relationships with students and staff. This is due to having a new office at the junior/senior high school this year. CLARO/A staff are on campus all day for two days each week in addition to their days facilitating session. In this way, students have access to their mentors outside of session time. Staff is seeing students utilize this opportunity, as several students come to the office to check in with their CLARO/A</p>	<p>Challenges: It has been a challenge this year to navigate the schedules and changes in administration at the St. Helena and Calistoga schools. In prior years, the program was held during the school day for a period. Now, staff conducts programming during lunch because school staff did not want students missing class once each week – understandably since one day each week is 20% of instructional time in a week for a given subject. Programming during a short lunch period where students have to get their lunches before coming to session does not leave much time for work. Additionally, some students won't attend because lunch is the ONLY time they have for themselves during the school day.</p> <p>Staff has discussed instituting an advisory period at the schools to offer students opportunities to engage in different ways, to get tutoring, to foster deeper relationships with teachers and students, to get additional skill building beyond the typical curriculum, to promote engagement in clubs, leadership, etc. The hope is that CLARO/A could be done during this period. The idea was well</p>

<p>mentors. The Healthy Kids Survey indicates students feel a lack on connection at school and a lack of feeling that adults on campus care about them and their success. Having mentors on campus helps develop a greater connection to the schools and trust with adults on campus. CLARO/A staff utilize pre- and post-tests which are finalized at the end of the school year.</p>	<p>received by the administration but has not yet been implemented. Another challenge has been responding to the recent changes in policies of the federal administration. Some students are experiencing stress. Federal Immigration and Customs Enforcement (ICE) agents have been in Calistoga twice and detained individuals. Luckily, Upvalley Family Centers have been able to respond to these issues as an organization and support our students and families.</p> <p>Staff is also challenged by inclusivity. The CLARO/A program were created for Latino students, however, staff believes in equity and supporting ALL students. This issue exists in both communities, St. Helena and Calistoga but in different ways. In St. Helena, there are many more Caucasian students than in Calistoga, so although CLARO/A is typically seen as for Latinos, the mentor has done a good job of outreaching to all students. In Calistoga, Caucasian students are definitely in the minority, representing 10-15% of the population. Caucasian students have expressed concerns about this, but staff has been addressing these identity issues head on. Staff does not shy away from the conversation, but make it a real part of learning.</p> <p>Staff is also responding to these issues by updating the curriculum and making it accessible to all students. Staff attended a training with the LGBTQ Connection program on identity issues so staff can effectively address things explicitly in a safe environment.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Increase student participation and with a goal of 25% of students in grades 7-12 in Calistoga. • Explore how to track CLARO/A students in college/career to measure their success, and thus the long-term success of the program. • Staff has spent considerable time this year updating the CLARO/A curriculum, and in particular, creating a scaffolding map as students' progress from middle school to high school. The new curriculum map will be rolled out next year. • Continue to offer mentoring services on the junior/senior high school campus outside of CLARO/A session hours and increase hours of availability of staff. • Document program outcomes to address the new PEI regulations. 	

Program Name: Court and Community Schools Student Assistance Program (SAP)	Contractor: Napa County Office of Education
Number Served (6/1/16 to 6/30/17): 137	FY 16-17 Program Budget: \$81,600 Cost per person served: \$81,600/137=\$595.62
Ages served:	0-15: 53
	16-25: 84
	26-59: 0
<p>Program Summary: The Court and Community Schools Student Assistance Program (SAP) includes staff who offer mental health services and counseling as needed along with a wide range of services including academic assistance in order to support students, reduce suspension rates, and increase school attendance.</p> <p>Students are referred to the community school for reasons of truancy, disciplinary issues or through expulsion. The majority of students are performing well below grade level and all come from a history of neglect, abuse, trauma, substance abuse, and/or diagnosed or undiagnosed mental health conditions.</p> <p>All staff has been trained in behavioral modification techniques including Positive Behavioral Intervention and Support (PBIS), Building Effective Schools Together (BEST), and Restorative Justice. In addition, staff is trained to offer mindfulness activities, yoga/meditation and community service. The multidisciplinary SAP Team meets weekly to discuss and organize services to all students participating in the program. It is our goal that all students have access to a brief therapy in the way of individual or group support, and/or check ins. SAP staff also provide crisis intervention.</p>	
<p>Successes: An average of 42% of students showed improvement in FY 16-17.</p> <p>Attendance is at 86% for those students receiving SAP services.</p>	<p>Challenges: The Court and Community Schools are at capacity this year and SAP services are in high demand. There have been a number of Refocus Room referrals and suspensions as a result of an increase in the number of students. A fewer number of students are on probation, and as a result, students can act out knowing there are less severe consequences given, which is difficult as capacity and resources are limited.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Continue to meet the needs of the students and build capacity to support school needs. • Provide classroom support for each of the five classrooms. • Continue to work on program evaluation. • Document program outcomes to address the new PEI regulations. 	

Program Name: Healthy Minds, Healthy Aging	Contractor: Mentis (Sub contractor: Collabria Care)
Number Served (6/1/16 to 6/30/17): 81	FY 16-17 Program Budget: \$91,350

Outreach and Engagement: 858 Trained Professionals: 440 Gatekeeper Training: 7	Cost per person served: $\$91,350/1,386=\65.90
Ages served (not all individuals served where captured due to nature of training and outreach and engagement activities):	0-15: 0
	16-25: 0
	26-59: 146
	60+: 426
Program Summary: The Healthy Minds, Healthy Aging (HMHA) Program has three main program components which include: <ul style="list-style-type: none"> • Professional training in various geriatric topics • Gatekeeper training • Assessment/Short-term therapy/system navigation services for older adults 	
Successes: Of the 83 individuals receiving brief therapy/preventative mental health services in the program, 78.5% were discharged with decreased signs of depression (PHQ9). The Healthy Minds, Healthy Aging program has a very strong evaluation component and has had a great model since the beginning of the program.	Challenges: Year after year, this program continues to be at capacity and cannot meet the referral demands as the older adult population continues to grow. This project has multiple funding streams to fully offer services in each component, but did not receive funding from one funder for a critical component for next fiscal year. Capacity will be even more limited for this successful program.
Goals: <ul style="list-style-type: none"> • Continue to identify funding streams to support full program. • Document program outcomes to address the new PEI regulations. 	

Community Services and Supports (CSS)

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

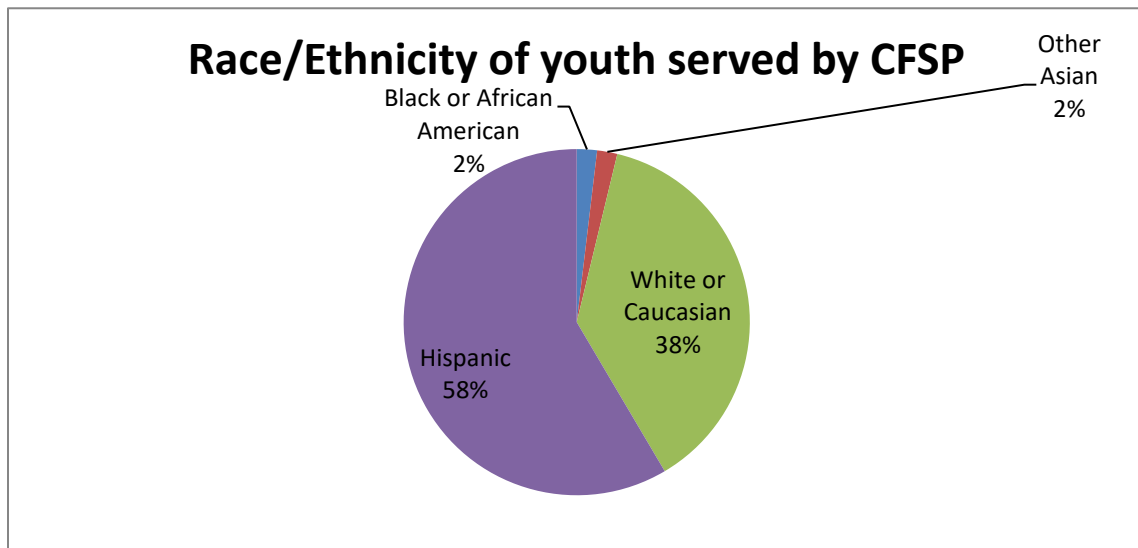
On the following page is a table which includes the total number of individuals served by age for specific Community Services and Supports Programs with more detailed information in the following section.

Age	Program	Number Served (7/1/16 to 6/30/17)
0-15	Full Service Partnership	52
	System Navigators	0
	Mobile Outreach and Engagement (MORE)	4
	Innovations Community Center	0
16-25	Full Service Partnership	57
	System Navigators	5
	Mobile Outreach and Engagement (MORE)	22
	Innovations Community Center	15
26-59	Full Service Partnership	69
	System Navigators	55
	Mobile Outreach and Engagement (MORE)	33
	Innovations Community Center	224
60+	Full Service Partnership	36
	System Navigators	7
	Mobile Outreach and Engagement (MORE)	16
	Innovations Community Center	64

Program Name: Children’s FSP	Mental Health Division Program
Number Served (6/1/16 to 6/30/17): 70	FY 16-17 Funding from MHSA: \$426,678
Ages 0-15: 52	Cost per person served: \$426,678/70=\$6,095.40
Ages 16-25: 24	

Program Summary:

The Children’s FSP program served 70 youth in FY 16-17. About 38% of the youth served by the Children’s FSP program struggle academically and 54% are also involved with law enforcement. Additionally 46% struggle with substance abuse. These are the top three issues youth are facing in this program. The majority of youth served lived with their parents and some were placed in residential treatment/group homes and a small number were placed in juvenile hall. Approximately, 36 or 51% of the individuals who received services were female while 34 or 49% were male and 1 declined to state.



<p>Successes: Children’s FSP staff continues to work with the whole family and take into consideration the whole family dynamic to ensure improved behavioral health outcomes for youth. Staff is currently trained in a number of evidence-based practices including Functional Family Therapy and Cognitive Behavioral Therapy for Psychosis and offer culturally appropriate services. There is bilingual capacity (Spanish) in the program to serve families in their native language</p> <p>During FY 16-17, approximately 19 individuals were discharged. Of these 47% met their goals, 32% either moved or were not located, 5% discontinued services and 16% were placed in juvenile hall.</p>	<p>Challenges: The Children’s FSP is seeing a higher number of youth with co-occurring disorders. It can often be difficult to determine how to meet their needs with limited resources, particularly when they’ve exhausted existing community resources and still need support.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Continue to work with staff to ensure kids are receiving the services they need and the appropriate interventions as needed. • Research and identify resources or evidence-based practices for youth with co-occurring disorders. 	

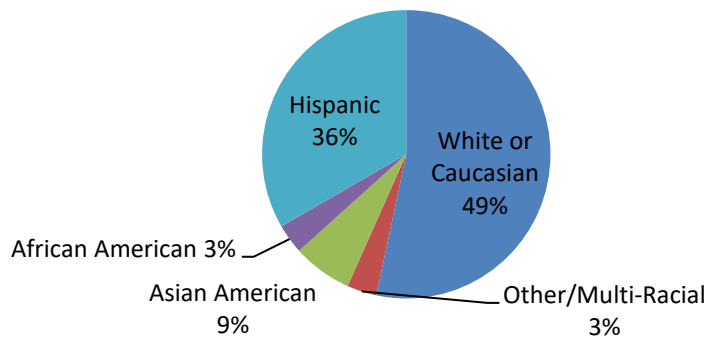
Program Name: TAY FSP	Contractor: Progress Foundation
Number Served (6/1/16 to 6/30/17): Ages 16-25: 33	FY 16-17 Funding from MHSA: \$413,316 Cost per person served: \$413,316/33=\$ 12,524.73

Program Summary:
 The Transitional Age Youth Full Service Partnership (TAY FSP) Program provides a comprehensive range of support services for youth ages 16 to 24 years old who:

- struggle with emotional difficulties and/or mental illness
- live in Napa County or who have been placed out of county
- are at risk of incarceration, out of home placement, institutionalization or homelessness
- are unserved or underserved by the current system.

The TAY FSP served 33 individuals of which 21 or 64% were female and 12 or 36% were male. Five youth self-identified as LGBTQ (15%). TAY served also faced a variety of challenges with five youth having given birth or fathered children (15%). Three TAY are currently responsible for raising their children. Eleven or 33% of youth served, struggled with drug and/or alcohol use and four youth were utilizing substance abuse recovery services. Out of 33 TAY served, ten or 30% had spent time in jail/juvenile hall, either prior to or while receiving TAY FSP services. Twelve or 36% who were referred to the TAY FSP program were initially homeless and nine of those were able to obtain housing including three who obtained transitional housing while they were receiving services. Three remained homeless by the end of this reporting period. Twenty three or 70% of the TAY served explored school or employment while the received services.

Race/Ethnicity of individuals served by TAY FSP



Successes

The TAY FSP has longstanding relationships with many TAY service providers which help youth feel more comfortable.

Approximately, thirteen individuals were discharged in FY 16-17. Of those discharged 46% met goals, 31% discontinued services and 23% were not located.

The TAY FSP continues to have quarterly gatherings/events. Some meetings are social in nature and other get-togethers are to help TAY build pro-social skills. Activities have included bowling, warm up interactive activities, arts and crafts, cooking, relaxation techniques, etc. Staff instruct youth in a variety of coping skills and stress management.

TAY staff continue to use Evidence-based practices and interventions such as Cognitive Behavioral Therapy, Motivational Interviewing and Dialectical Behavioral Therapy. We have recently begun to incorporate Strengths Assessments to assist our youth at looking at themselves from a different viewpoint.

The TAY FSP staff support, encourage and educate youth regarding a Harm Reduction approach to substance use and addiction and educate youth about recovery services that are available to them. TAY FSP encourages a

Challenges

- Affordable housing
- Individual therapy
- Specialized medical services
- Step-down services specifically for TAY
- Affordable and safe social activities

While TAY FSP Staff offer mental health services and supports to the individuals they serve, there are few other TAY services available. TAY FSP staff supports individuals who need it by subsidizing their service needs through clinically-appropriate use of MHSA Flexible Funds or by referring to other CBOs as needed. Capacity continues to be an issue.

Specialized medical services are also hard to access because Napa County doesn't have a wide-net of specialty service providers so many individuals have to travel out of the county for specialized care.

Affordable and appropriate housing is a chronic issue in the community and something that is being reviewed on county-wide.

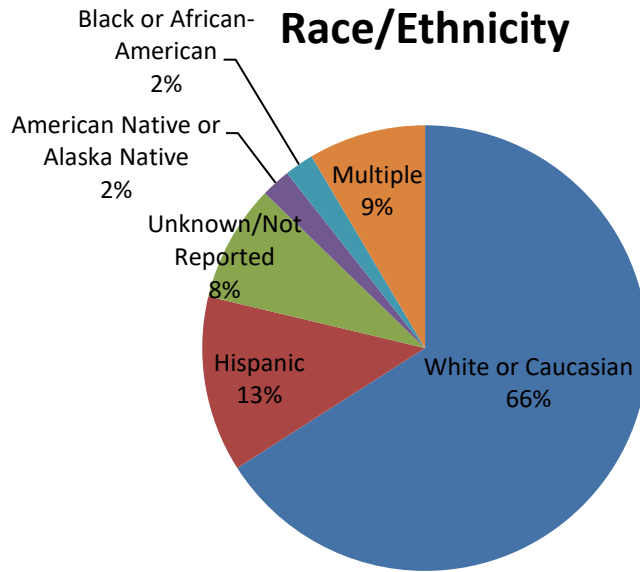
recovery lifestyle for youth that enhances wellness and healthier choices.	
<p>Goals:</p> <ul style="list-style-type: none"> • Mapping out services to determine how to streamline referral processes and what appropriate services (including step-down) are available for TAY and other individuals in need. • Shift access, assessments, and authorization responsibilities to the Mental Health Division, so that the TAY FSP staff can focus on their caseloads and meet the existing demand for services. 	

Program Name: Adult FSP	Mental Health Division Program
Number Served (6/1/16 to 6/30/17): 103 Ages 26-59: 103	FY 16-17 Funding from MHSA: \$546,651 Cost per person served: \$546,651/103=\$5,307.29

Program Summary:

The Adult FSP program provides intensive wrap around services to adults between the ages of 26-59 who have been diagnosed with a serious and persistent mental illness and are homeless, at risk of homelessness, or at risk of placement outside of the County. The program staffing includes, three licensed and one bachelor’s level, case managers, a full time Peer staff also provides complementary work as a Mental Health Worker Aide in the program, and program supervisor. The program focuses on provided strengths based therapeutic case management services to 103 individual program participants, who were served from July 1, 2016 to June 30, 2017. The number of participants who were identified as having a co-occurring disorder ranges from 60-80% at any given time. Approximately, 43% or 44 individuals served by the AFSP were female, and 57% or 59 individuals served were male.

Since the time that the Fresh Start housing program was established in August, 2014, more than 50 people have transitioned in and out of the 13-bed program. The lack of low income housing in the community continues to be a barrier for participants to obtain permanent housing. The AFSP program works closely with Abode housing programs, which is a program coordinated under Napa County’s Whole Person Care grant, to assist participants in finding and maintaining housing. The AFSP program continues to outreach to the Latino Community (2 FTEs are bilingual) to try to remove barriers to accessing services by providing place based services.



Successes

The program has become fully staffed, including two full time bilingual case managers after a long lapse that was due to staff turnover. The AFSP Peer staff was promoted from a part-time extra-help position into a regular full-time County employee as a Mental Health Worker Aide.

The AFSP case managers and supervisors have been trained in the Strengths Model case management Evidence-Based Practice (EBP) and are fully implementing its practices. Two staff have been trained in Dialectical Behavioral Therapy (DBT), with final training to the model to be completed by December 31, 2018.

More than 50% of program participants have found permanent housing during their time in the AFSP program in FY 16-17.

Challenges:

Comprehensive services to be provided within the team – nursing, employment, housing, and psychiatry

- Increased support for peer staff
- Supportive housing and affordable housing
- Access to psychiatry within County Med Clinic
- Resources for individuals with Co-Occurring disorders

Napa County experienced the Napa Fire Storm Disaster (aka Napa Fire Complex) in October of 2017 which impacted not only program participants, but staff as well. Services to clients during that time, likely decreased.

Engaging individuals with active substance use continues to inhibit program participant’s success. More staff training related to co-occurring illness is warranted.

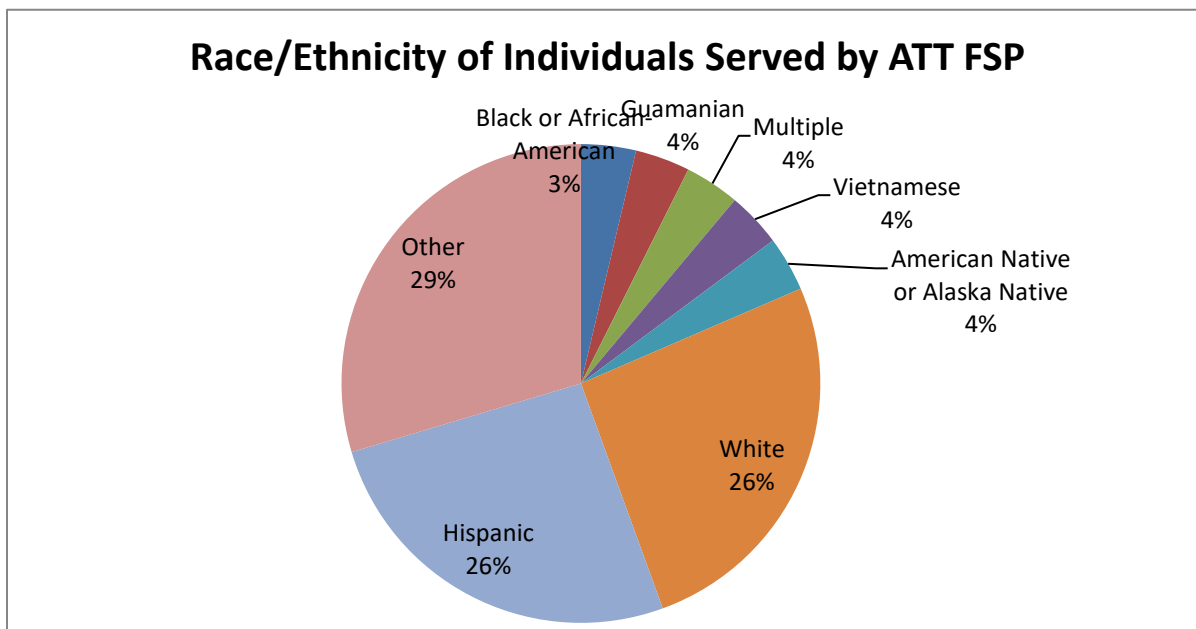
Goals:

- Continue to identify needs of the individuals being served to train staff appropriately.
- Identify funding opportunities to continue to build a multi-disciplinary team of individuals working with the individuals with complex needs.

Program Name: Adult Treatment Team FSP	Mental Health Division Program
Number Served (6/1/16 to 6/30/17): Ages 26-59: 35	FY 16-17 Funding from MHSA: \$324,655 Cost per person served: \$324,655/35=\$9,275.86

Program Summary:

The Adult Treatment Team FSP served adults with severe mental illness that have suffered recent hospitalization, recent incarceration and/or high utilization of services. Approximately, 73% of the individuals served in this program were hospitalized prior to services; 49% suffered from substance abuse and other mental or medical emergency needs. The Adult TT FSP discharged 5 individuals, of these individuals 20% discontinued, 20% were placed in a long term care facility, 40% met goals and 20% were not located. Of the 35 individuals served, 17 or 46% identified as female and 13 or 37% as male, and 5 or 14% declined to state.



Successes:

Staff is trained in various evidence-based practices including Cognitive Behavioral Therapy- psychosis, Motivational Interviewing, Solution Focused Therapy, Strengths Based Case Management Model and Milestones of Recovery Scale (MORS).

Challenges:

- The local Housing crisis continues to be the most prominent barrier for the individuals we serve.
- Capacity continues to be an issue.
- Multiple levels of care in catchment area

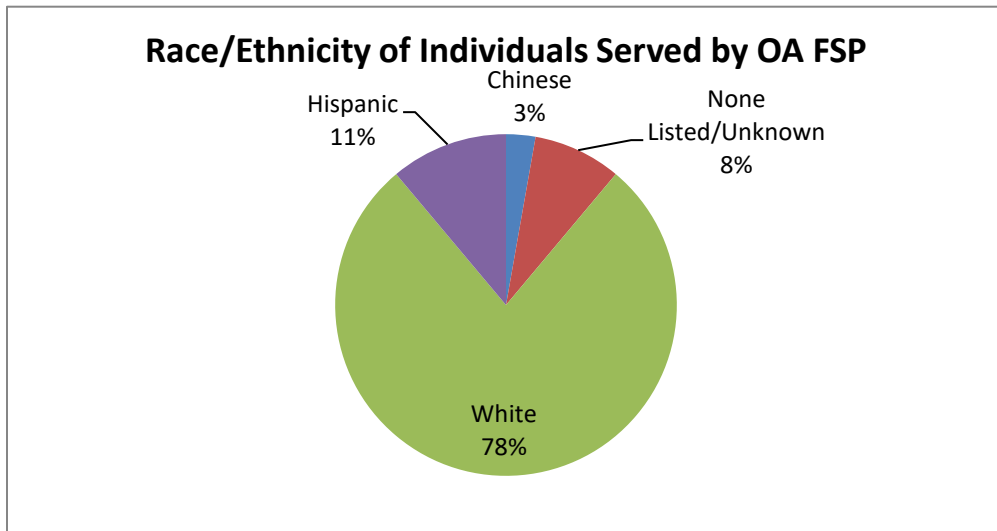
Goals:

Increase healthy recovery offering more extensive opportunities and choices for consumers. Provide increased support for consumers to obtain identified goals.

Program Name: Older Adult FSP	Napa County Comprehensive Services for Older Adults (CSOA)
Number Served (6/1/16 to 6/30/17): Ages 60+: 36	FY 16-17 Funding from MHSA: \$306,412 Cost per person served: \$306,412/36=\$8,511.44

Program Summary:

Staff in the Older Adult FSP program works with older adults who are 60+ and who are often medically fragile. Because of this, many individuals are at-risk of placement in Skilled Nursing Facilities (SNF). Individuals often also have co-occurring medical or substance abuse disorders, and are unable to participate in traditional mental health clinic programs. Many of the individuals served are living with personality disorders and staff works with them to support their unique bio/psycho/social needs. Of the 36 people served in FY 16-17, 22 of 61% identified as female, 12 or 33% as male and two or 6% declined to state their gender. About 36% of the individuals served by the Older Adult FSP program have substance abuse issues and 27% have experienced emergency-medical needs as well as issues with homelessness or living in an emergency shelter.



Successes:

There were ten individuals discharged during this reporting period: 60% met their goals, 10% were placed in a higher level board and care and 30% either chose to discontinue services, moved or were not located. Staff is currently trained in the following evidence-based practices: Cognitive Behavioral Therapy-Psychosis (CBT-P), Motivational Interviewing (MI), Milestones of Recovery Scale (MORS), Cognitive Behavioral Therapy (CBT), and Dialectical Behavioral Therapy (DBT).

Challenges:

It is often close to impossible to find housing for older adults living with mental illness and complex medical needs and it is urgently needed.

Goals:

- Continue efforts to training staff to meet the unique needs of older adults.
- OA FSP staff will continue to participate in various community and collaborative groups to advocate for the needs of older adults
- Staff will continue to meet the needs of older adults in a holistic manner.

Program Name: Project Access	Various contractors and Mental Health Division
<p>Number Served (6/1/16 to 6/30/17): System Navigators: 67 unduplicated individuals served and 76 duplicated individuals reached through outreach events and brief case management. Sponsored activities throughout the year, saw more than 5,000 people in attendance, with many people making direct contact with the outreach providers.</p> <p>Co-Occurring Disorders Group: 24 individuals served by Alcohol and Drug Services Division staff.</p> <p>Innovations Community Center (aka Adult Recovery and Resource Center): 303 unduplicated individuals served (This does not include family activities, preventative activities or any participants of activities outside of regular Center hours.)</p> <p>ParentsCAN: General outreach and engagement: 3,094+ duplicated individuals reached and 3,712+ via the ParentsCAN newsletter. Additionally, 71 duplicated parents attended the Challenging Behaviors Support Group.</p> <p>Network of Care: Total Visits: 75,432; 3.32 page views per visit</p> <p>Mental Health Month: Over 300+ people engaged through Mental Health Month sponsored activities.</p>	<p>FY 16-17 Funding from MHSA: \$638,974 Cost per person served: \$638,974. Cost per person served would be difficult to calculate for Project Access given the variety of services and outreach/engagement activities. Over 4,000 duplicated individuals served (Avg. cost per person = \$160.00)</p>
<p>Program Summary: Project Access includes a variety of programs that are focused on outreach and engagement to unserved/underserved community residents. Additionally, the Project Access is the only area that supports the Co-Occurring disorders group embedded in the Health and Human Services Agency Alcohol and Drug Services Division.</p>	
<p>Successes: MH Division staff and community partners continue to offer information about services and engage the community effectively through local events. This is evidenced by the strong relationships that are sustained with local community partners.</p>	<p>Challenges: Service capacity and housing continue to be issues that impact staff ability to fully meet the needs of individual with mental illness.</p> <p>Identifying appropriate services and service providers for co-occurring needs such as</p>

<p>The System Navigator program is currently fully-staffed, after a period of time when one of the Navigator positions was vacant. With the increase in staff time, an innovative, bilingual staff started a support group for Latino men at the County’s wellness center (Innovations Community Center). The purpose of this group is to engage new people and encourage them to consider accessing mental health services, as needed.</p> <p>Another Navigator has begun providing mental health outreach and referrals at three local Mexican Markets as a way to meet the community members where they are at and engage them in conversation about mental health and services. Service capacity has increased by approximately 20% in FY 17-18.</p> <p>Successes identified at the Innovations Community Center (ICC):</p> <ul style="list-style-type: none"> • Diverse programming for mental health consumers • Employment – Employed 13 Department Of Rehabilitation clients and hired three peer mentors from that pool of people. • Volunteers – 72 volunteers including family members, participants, professionals and retired professionals. • Participants – 193+ participants and undisclosed amount of participants from the anonymous groups; Narcotics Anonymous (NA) meetings take place twice a week and Co-Dependents Anonymous meets once a week. • Members – 39 people signed up as members • 100 Day Event – Very successful made the newspaper, 187 people signed in. Very gratifying and unifying. • Established service partnerships with Mentis, Yoga Napa Valley, Thrive Café, Department of Rehabilitation, Suscol Intertribal Council, Reverend Linda Powers from Community Action of Napa Valley (CANV), Narcotics 	<p>developmental issues and mental illness can be challenging.</p> <p>A recent challenge in providing outreach in the community is the fear of ICE being somehow connected with the County – which it is not. Staff are working on strategies to change this mindset in the community.</p> <p>Challenges identified at ICC:</p> <ul style="list-style-type: none"> • Transportation • Transition from the People Empowering People (PEP) program to the new Innovations Community Center (ICC) was difficult for some individuals • Nutrition program - the Center does not want to just provide food and is trying to instill healthy eating as a part of the program. • Limited Staffing in FY 16-17 • Would like to see more warm-hand offs where Mental Health providers bring clients to the center to establish a relationship with peers and other staff.
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<p>Anonymous, and Co-Dependents Anonymous.</p> <ul style="list-style-type: none"> • Holidays celebrations – ICC hosted successful Thanksgiving and Christmas parties with 60+ guests for both celebrations. • ICC has worked to build an atmosphere of trust and strong relationships with many participants. 	
<p>Goals:</p> <ul style="list-style-type: none"> • Explore opportunities to work with the Whole Person Care and Community Links programs to maximize outreach and engagement services and reduce duplication as necessary. • Mental Health Division staff will continue to work with the Innovations Community Center to support their efforts to develop peer staff and services for adults with mental illness. • 	

<p>Program Name: Mobile Outreach, Response and Engagement (MORE)</p>	<p>Napa County Mental Health Division Staff</p>
<p>Number Served (6/1/16 to 3/31/17): 60 total unduplicated no. of individuals served (75 duplicated services).</p>	<p>FY 16-17 Funding from MHSA: \$252,097 Cost per person served: \$252,097/60= \$4,201.62</p>
<p>Program Summary: The MORE Program offers mobile mental health crisis services primarily to hospitals, jails and limited community locations due to capacity. The MORE Program is embedded in the existing Mental Health Emergency Response Team (ERT) Unit.</p>	
<p>Successes: The MORE Program staff successfully served 60 unduplicated individuals and has continued to meet needs despite changes in programming and limited staff capacity.</p>	<p>Challenges: The Emergency Response Unit and MORE Program closed on Tuesday, May 2nd and the Crisis Stabilization Services program opened on Wednesday, May 3rd and began providing 23-hr emergency psychiatric services and crisis stabilization services to community residents and visitors as needed. See below for more details.</p> <p>The transition from the in-house ERT/MORE Program to a contracted Crisis Stabilization Services program created some challenges, but ultimately staff who chose to stay at the Mental Health Division were successfully re-assigned to positions in other Division units or programs.</p>

<p>Program Name: Crisis Stabilization Services (CSS aka CSU) Program</p>	<p>Contractor: Exodus, Inc.</p>
<p>Number Served (5/3/16 to 6/30/17): 168 total unduplicated individuals served; 205 duplicated individual services).</p>	<p>FY 16-17 Funding from MHSA: \$65,986 Cost per person served: \$65,986/168= \$392.77</p>
<p>Program Summary: With funding from the California Health Facilities Finance Authority’s (CHFFA) Investment in Mental Health Wellness Act Grant, the Napa County Mental Health Division developed the first Crisis Stabilization Unit (CSU) in Napa County. The Crisis Stabilization Services Program (CSSP), which began offering services on May 3, 2017, has 6 Adult and 2 Adolescent beds and was designed to address gaps in the county’s continuum of care by providing access to emergency psychiatric services complementary to current resources.</p> <p>The CSSP:</p> <ul style="list-style-type: none"> - Offers the first emergency psychiatric crisis services available in Napa County; - Expands access to early intervention and treatment services to improve the consumer experience, and helps them to achieve recovery and wellness; - Diverts mental health consumers from hospitalization and other institutional care to more appropriate, less restrictive levels of care; - Reduces the negative impacts of extended hospital emergency room stays upon consumers and local hospital emergency departments; and - Enables first responders to quickly transition consumers to crisis mental health services. <p>CSS Program (CSSP) Highlights</p> <ul style="list-style-type: none"> • 24/7/365 access to behavioral health professionals including an integrated team of physicians/nurses/social services and para professional staff; • Services provided in a newly built, psychiatrically safe facility decorated with soft calming colors and comfortable furnishings; • Provides outreach and education to local law enforcement, local Medical Center, Napa County Mental Health Division staff and other community mental health agencies regarding ease of access; • Developed a collaborative and mutually beneficial relationship with Progress Foundation to transfer to Progress Place from the CSSP. Conversely, the CSSP has provided crisis assessment for clients having difficulty managing at Progress Foundation’s Crisis Residential Treatment (CRT) facility; • Exodus CSSP offers TB placement and screening for clients transferring from the CSSP to Progress Place, filling a gap in the previous system of care 	
<p>Challenges: Expected adjustments and challenges were experienced during the transition from one treatment model (ERT) to a full fidelity Crisis Stabilization Model.</p>	

Facilities challenges include privacy issues identified with sound and sight due to large windows and open ceilings and the need for additional private interview or visitation areas.

Challenges were also experienced adapting to the County's Electronic Health Record (EHR) and the hybrid medical record. Exodus and MH Division staff continue to meet weekly to collaborate on solutions.

Success story:

A 19-year-old client, who has had frequent contact with the CSSP and numerous contacts with local Emergency Services, initially came to the CSSP as indigent. Client presented to the CSSP with psychosis, paranoia, and was not caring for his basic needs. Client was evaluated by the CSSP team and staff collaborated with the client, his family, Napa County Mental Health, and Progress Foundation to get him the services he needs including Medi-Cal benefits. Several treatment options were considered for this client; he was evaluated through Napa County Mental health and he is now connected with intensive services through Progress TAY FSP. Client is now residing at the Progress Bella House program and he has returned to CSSP twice since his placement there to receive evaluations for his medication regimen. The availability of crisis services for this client have provided him the additional treatment needed at times of crisis and potentially prevented further contacts with Emergency Services, Law Enforcement, and inpatient hospitalizations.

Community Services and Supports (CSS) Housing Funds

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

Highlights

- The Hartle Court Apartment Complex held an Open House on Thursday, April 19, 2012 attended by providers and consumers. The complex quickly filled to capacity within several weeks.
- The Mental Health Division (project sponsor) and Progress Foundation (property owner/manager) have a Memorandum of Understanding which contains agreements on service delivery, case management and crisis intervention as needed to maintain a safe and healthy environment for individuals living at the Hartle Court Apartment Complex.

- Supportive services are provided by Progress Foundation, Napa County Mental Health Division's Adult Full Service Partnership, City of Napa Homeless Outreach, Napa County Probation, Voices Emancipation Center, and the Community Connection Network.
- Since the initial opening, Progress Foundation has conducted several cycles of calls for applications for the TAY apartments to fill vacancies and is now accepting TAY applications on an ongoing basis.

Challenges

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

Opportunities for FY 17-18:

In Fall of 2016, the California Housing Finance Agency (CalHFA) returned \$46,977.85 in unexpended CSS Housing funds to Napa County. The Mental Health Division's Stakeholder Advisory Committee has approved use of these funds to provide Housing Assistance to homeless, mentally ill persons or mentally ill persons who are at risk of being homeless. Housing Assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless.

Innovations (INN) Round 2 Projects

The following Innovations Round 2 Projects were submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in September of 2017 and approved. Outcome data is currently not available for these programs as they were initiated in April 2018. As was previously mentioned on page (insert page here), these Innovation Round 2 projects comprise the Mental Health Division Plans to Spend Reverted/Reallocated MHSA Innovation Funds. For more details on the Innovation Round 2 Projects, please see and Addendum 1 on page (insert page number here) for the complete project plans and budgets:

Adverse Childhood Experiences (ACEs) Project - \$438,869

Paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive training and often ongoing supervision to address their own trauma history and how it manifests in their work. This support is generally not available for the paraprofessionals.

Since paraprofessionals are often the first contact that individuals have with an organization, the group developed the following learning goals for the ACES Innovations Project, which will be implemented by Cope Family Center:

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

Understanding Historical Trauma and Traditional Healing: A Training for Mental Health Providers - \$479,518

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

This project includes the following Learning Goals/Questions:

- Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?
- Do providers integrate the learning into their own self-care? Why or why not?
- Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

Addressing the Mental Health Needs of the American Canyon Filipino Community Project - \$461,016

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

This project is contracted to the Napa Valley Education Foundation which will work with NVUSD to explore the following Learning Goals/Questions:

Does an intergenerational approach (both in school and outside of school) to mental health support change:

- Intergenerational empathy and understanding about wellness needs of parents and students?
- Willingness of Filipino youth and families to use supports to promote and maintain wellness?

Do the ideas generated by the intergenerational approach (both in school and outside of school) change how the district and mental health providers support changes to:

- Screening process to identify mental health risks of all students, not just those with external behaviors?
- Supports available to promote and maintain wellness for all students?

Work for Wellness Project - \$309,250

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

This project includes the following Learning Goals/Questions:

The learning goals/questions for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.

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

Workforce, Education and Training (WET)

The MH Division anticipated that WET funds would have been fully expended by June 30, 2018, however, several issues have prevented these funds from being expended. The Internship program has generated more revenue than was anticipated, and, because this revenue offsets expenditures of WET funds, interest has also accumulated on the unspent WET funds. Additionally, as was stated previously on pages 12-13 the Department of Health Care Services has determined, based on their reversion calculations, that \$95,579 of WET funds from FY 07-08 have reverted.

The Mental Health Division utilized previous WET funds for a variety of stakeholder-approved Actions or programs. In compliance with the mandates of AB114, the Mental Health Division will spend Reverted/Reallocated MHSA WET Funds in FY 18-19 and FY 19-20 on the Mental Health Plan Staff development activities which include trainings, staff support for licensure exam preparation, and materials and other previously approved WET Actions or programs as well as the Internship Program, which is ongoing.

Program Name: Internship Program	Mental Health Division Program
Number Served: 4 MFT Trainees and MSW interns participated in the cohort this year.	FY 16-17 Funding from MHSA: \$132,750 Cost per person served: \$132,750/26= \$5,106.00
<p>Program Summary: In FY 16-17, four MFT Trainees and MSW Interns were placed in different units based on their interests and openings including Adult Mental Health Case Management, Child and Family Behavioral Health, the Adult Full Service Partnership (FSP), and Older Adult Units. The Intern Coordinator is a Licensed Clinical Social Worker (LCSW) who also provides clinical supervision, meeting with the interns for one hour per week for individual supervision and two hours per week for group supervision. She also reviews and gives feedback on interns’ case notes and documentation and is</p>	

responsible for working directly with the universities where interns are enrolled to complete required student evaluations and other required paperwork. Unit supervisors also provide supervision to the interns on a daily basis.

In an effort to build a pipeline of qualified mental health professionals, the Internship Program offers a \$5,000 stipend incentive to offset expenses each year for between four to six MFT and MSW students who complete their clinical internships with the Napa County Health and Human Services Agency. Interns provide services to individuals who have Medi-Cal as well as others who do not qualify for Medi-Cal for various reasons. Interns often participate in community outreach events, provide services at homeless shelters and the Hope Day Center for the homeless and also work closely with MH Division staff providing care. In addition, the Children intern provided extensive services in the Therapeutic Child Care Center (TCCC), sometimes working with parents and other times with the children.

Number of individuals served by interns in FY 16-17: 26

Age	Number Served
0-15	8
16-25	2
26-59	9
60+	7

Successes:

- Strong relationships with multiple university graduate programs in the region, in addition to the online MSW program through the University of Southern California. This includes development of a streamlined contracting process with the universities to make it easy for MSW and MFT interns to apply.
- Strong clinical supervision: current and former interns both mentioned how pleased they were with the quality and quantity of clinical supervision they received.
- Offering a stipend when many other internship sites in the area do not—Napa County recognized that given our small size and somewhat remote rural setting, incentivizing graduate students to intern here was critical to help to build the pipeline of community mental health clinicians.

Challenges:

- Former interns do not receive any preference in the Napa County Health and Human Services Agency hiring process if they apply for a full-time position after they graduate. As a result, some interns may have difficulty getting hired, as they are competing with more seasoned applicants.
- With full caseloads and productivity expectations, some full-time behavioral health staff are resistant to playing an active role in supporting intern learning.
- Funding is limited. It will be important to look at models that offer sustainability beyond this funding cycle.

<ul style="list-style-type: none"> At least 6 interns from prior years are now employed by Napa County Mental Health. 	
<p>Goals:</p> <ul style="list-style-type: none"> Continue to offer the Internship Program and fill the spots. Transition Internship Program to sustainable MH Division funds 	

Capital Facilities/Technology Needs (CFTN)

Local stakeholders had previously approved utilization of Capital Facilities Funds for the purchase and renovation of property at 3281 Solano Avenue in the City of Napa for the Adult Resource Center now known as the Innovations Community Center and operated by On The Move, Inc. Stakeholders had also previously approved use of Technological Needs funds for important upgrades to the Mental Health Plan’s Anasazi Electronic Health Record (EHR). A balance of \$439,814 in unspent previously approved Capital Facilities/Technological Needs funds was approved by stakeholders in the FY 16-17 Annual Update to the Three Year Plan for expenditure on the following projects.

Capital Facilities

The Division utilized \$260,746 Capital Facilities funding in FY 16-17 towards the construction of the new Crisis Stabilization Services (CSS; aka Crisis Stabilization Unit or CSU) facility, which was primarily funded through a grant from the California Health Facilities Finance Authority’s (CHFFA) Investment in Mental Health Wellness Act (IMHWA) Grant.

The CHFFA IMHWA grant, MHSA CF funds and other funds helped established the first Crisis Stabilization Unit (CSU) in Napa County, which in known as the Crisis Stabilization Services Program (CSSP) and now provides immediate short-term emergency psychiatric services to individuals experiencing a psychiatric/mental health crisis. The CSSP builds upon the Division’s continuum of crisis services which includes Crisis Residential Services, and a Crisis Triage Program. The CSSP opened its doors on May 3, 2017. See page 36 for a program summary of the CSSP.

Technological Needs (TN)

The remaining balance of \$179,068 of Technological Needs funding was intended to enable the Mental Health Division to develop systems to extract information from the Anasazi Electronic Health Record to participate in Health and Human Services Agency Big Data Project but technical difficulties have delayed this effort. The Big Data project sought to create a central repository for data from disparate systems and tools to be used for analyzing service delivery, program effectiveness, and client demographic composition. The Mental Health Division would benefit by having easy access to data from EHR as well as other agency systems that currently cannot share information to use in analysis, reports, and grant development. Mental Health’s analysts would also have access to comprehensive client data in a variety of formats both to perform person specific analysis as well as access to population level, de-identified data. The project was to include data matching at the repository level to improve quality as well as the creation of a universal ID for ongoing updates. The development of an in-house solution would allow greater flexibility to engineer a custom program that would have wider application within the agency, including building a consistent mechanism for exchanging data in a secure environment, which is a mandated goal of the Affordable Care Act. The long-term implications of developing in house solution is that it could eventually be used to generate a variety reports (required and otherwise) from a central location and which would include data from a collection of

systems, a task which is challenging at this time as there is no easy way to extract, manipulate and match data to create a comprehensive, agency-wide client database.

Since the time the Big Data Project was approved by local stakeholders, the MH Division has identified the need to upgrade the Mental Health Plan's Electronic Health Record (EHR) Software as Anasazi, the Mental Health Plan's current EHR, will be discontinued by the parent company, Cerner. The MH Division had explored a variety of options and has determined that the Cerner's Integrated Behavioral Health software, which will replace Anasazi, would be the best option at this time and the MH Division was prepared to purchase the cloud-based Integrated Behavioral Health software in FY 17-18.

Reversion of CF/TN Funds

Before that purchase could be completed, the MH Division received notice from DHCS that had identified \$145,770 in CF/TN funds that had reverted, which was caused by DHCS establishing a different date for reversion than had been identified by MH Division and HHSF Fiscal staff as well as accrued interest to these reverted CF/TN funds, which is part of ongoing discussions between DHCS staff and HHSF Fiscal staff, who have determined that \$171,773 is subject to reversion using the proscribed AB114 methodology. As was previously mentioned on pages 12-14, the Mental Health Division has developed a Plan to Spend Reverted/Reallocated MHSA CF/TN Funds in FY 18-19 and FY 19-20. The MH Division intends to use these funds to upgrade the Mental Health Plan's EHR to Cerner's Integrated Behavioral Health software and to pay for related staff training, support, and maintenance costs for transition to the new EHR system. The MH Division may also spend some or all of these reverted CF/TN funds on a Big Data Project, which had been previously approved by stakeholders, but was put on hold due to technical difficulties. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount by DHCS \$145,770 in reverted CF/TN funds, HHSF Fiscal staff estimates of \$171,773, which may vary somewhat from the actual amounts of reverted funds.

FY 2018/19 Mental Health Services Act Annual Update Funding Summary

County: Napa

Date: 6/1/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,277,189	460,399	1,310,912	91,583	176,818	
2. Estimated Prior Year Reversion			(844,157)	(90,094)	(171,773)	
3. Estimated New FY 2018/19 Funding*	4,064,376	1,003,660	272,712			
4. Transfer in FY 2018/19 ^{a/}	0			0	0	0
5. Access Local Prudent Reserve in FY 2018/19	0	0				0
6. Re-distributed Reversion Funds			844,157	90,094	171,773	
7. Estimated Available Funding for FY 2018/19	6,341,565	1,464,059	1,583,624	91,583	176,818	
B. Estimated FY 2018/19 MHSA Expenditures	5,568,179	1,083,220	1,055,900	27,879	176,818	
G. Estimated FY 2018/19 Unspent Fund Balance	773,386	380,839	527,724	63,704	(0)	

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

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	914,402
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	914,402

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

**Mental Health Services Act (MHSA) FY 18-19 Annual Update
Community Services and Supports (CSS) Funding**

Initial Date: 6/30/2017
Revision Date: 6/4/18

County: Napa

	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	862,703	257,208	567,095			38,400
2. TAY FSP	513,337	388,565	124,772			
3. Adult FSP	1,048,882	762,334	279,748			6,800
4. Adult Treatment Team FSP	299,307	209,769	85,138			4,400
5. Older Adult FSP	514,268	271,022	243,246			
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
Non-FSP Programs						
1. Crisis Stabilization Services Program	250,100	250,100				
2. Project Access	873,864	868,664				5,200
3. Admin	1,492,552	1,469,902				22,650
4.						
5.						
6.						
7.						
8.						
9.						
CSS Administration	1,090,616	1,090,616				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,945,629	5,568,179	1,300,000	0	0	77,450
FSP Programs as Percent of Total	58.2%					

**Mental Health Services Act (MHSA) FY 18-19 Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Napa

Initial Date: 6/30/2017
Revision Date: 6/4/18

	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program PEI Project	76,150	76,150				
4. American Canyon SAP PEI Project	159,807	159,807				
5. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Court and Community Schools SAP PEI Project	81,600	81,600				
12. Mentis Healthy Minds Healthy Aging	91,350	91,350				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	234,238	224,335				9,903
PEI Assigned Funds - CalMHSA	54,200	54,200				
Total PEI Program Estimated Expenditures	1,093,123	1,083,220	0	0	0	9,903

**Mental Health Services Act (MHSA) FY 18-19 Annual Update
Innovations (INN) Funding**

Initial Date: 6/30/2017

Revision Date: 6/4/18

County: Napa

	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Allen & Shea Consulting Services	122,068	122,068				
2. Napa Valley Education Foundation	143,473	143,473				
3. COPE - ACE's	230,532	230,532				
4. On The Move- Work for Wellness	154,537	154,537				
5. Suscol Intertribal Council	267,564	267,564				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
INN Administration	137,726	137,726				
Total INN Program Estimated Expenditures	1,055,900	1,055,900	0	0	0	0

**Mental Health Services Act (MHSA) FY 18-19 Annual Update
Workforce, Education and Training (WET) Funding**

Initial Date: 6/30/2017
Revision Date: 6/4/18

County: Napa

	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Residency/ Internship	121,895	9,595	100,000			12,300
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
WET Administration	18,284	18,284				
Total WET Program Estimated Expenditures	140,179	27,879	100,000	0	0	12,300

**Mental Health Services Act (MHSA) FY 18-19 Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

Initial Date: 6/30/2017
Revision Date: 6/4/18

County: Napa

	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electronic Health Record	176,818	176,818				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	176,818	176,818	0	0	0	0

**Mental Health Services Act FY 18-19 Annual Update
FY 19-20 Funding Summary**

County: Napa

Date: 6/4/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	773,387	380,839	527,724	58,450	0	
2. Estimated New FY 2019/20 Funding*	4,306,654	1,070,875	290,401			
3. Transfer in FY 2019/20 ^{a/}	0			0	0	0
4. Access Local Prudent Reserve in FY 2019/20	0	0				0
5. Estimated Available Funding for FY 2019/20	5,080,041	1,451,714	818,125	59,037	0	
B. Estimated FY 2018/19 MHSA Expenditures	4,885,455	1,032,755	160,049	28,683	0	
G. Estimated FY 2018/19 Unspent Fund Balance	194,586	418,959	658,076	30,354	0	

**Includes the planned No Place Like Home Initiative reduction estimate of \$308,653 for CSS and \$148,504 for PEI*

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	898,402
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	898,402

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

**Mental Health Services Act FY 18-19 Annual Update
Community Services and Supports (CSS) Funding**

County: Napa

Date: 6/4/18

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	873,690	246,289	589,001			38,400
2. TAY FSP	513,337	371,835	141,502			
3. Adult FSP	1,060,479	750,908	302,771			6,800
4. Adult Treatment Team FSP	302,871	194,807	103,664			4,400
5. Older Adult FSP	520,811	257,749	263,062			
6.	0					
7.	0					
8.	0					
9.	0					
Non-FSP Programs						
1. Crisis Stabilization Services Program	250,100	250,100				
2. Project Access	879,168	873,968				5,200
3. Admin	1,522,403	1,499,753				22,650
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CSS Administration	440,046	440,046				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,362,904	4,885,455	1,400,000	0	0	77,450
FSP Programs as Percent of Total	67.0%					

**Mental Health Services Act FY 18-19 Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Napa

Date: 6/4/18

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. LGBTQ PEI Project	43,500	43,500				
2. Native American PEI Project	94,878	94,878				
3. Upvalley Mentoring Program PEI Project	76,150	76,150				
4. American Canyon SAP PEI Project	159,807	159,807				
5. Domestic Violence PEI Project	109,400	109,400				
6. Home Visitation PEI Project	50,000	50,000				
7. Strengthening Families PEI Project	98,000	98,000				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Court and Community Schools SAP PEI Project	81,600	81,600				
12. Mentis Healthy Minds Healthy Aging	91,350	91,350				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	236,313	226,410				9,903
PEI Assigned Funds - CalMHSA	1,660	1,660				
Total PEI Program Estimated Expenditures	1,042,658	1,032,755	0	0	0	9,903

**Mental Health Services Act FY 18-19 Annual Update
Innovations (INN) Funding**

County: Napa

Date: 6/4/18

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Napa Valley Education Foundation	139,173	139,173				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
INN Administration	20,876	20,876				
Total INN Program Estimated Expenditures	160,049	160,049	0	0	0	0

**Mental Health Services Act FY 18-19 Annual Update
Workforce, Education and Training (WET) Funding**

Initial Date: 6/30/2017
Revision Date: 6/4/18

County: Napa

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs	-					
1. Residency/ Internship	124,333	10,033.00	102,000.00			12,300.00
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
WET Administration	18,650	18,649.95				
Total WET Program Estimated Expenditures	142,983	28,682.95	102,000.00	-	-	12,300.00

**Mental Health Services Act FY 18-19 Annual Update
Capital Facilities/Technological Needs (CF/TN) Funding**

County: Napa

Date: 6/4/18

	Fiscal Year 19-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
CFTN Administration	0	0	0	0	0	0
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Placeholder for MHSA Fiscal Accountability Certification Form

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Napa

- Three-Year Program and Expenditure Plan for FY 17-18, FY ~~18-19~~, and FY 19-20
- Annual Update to the Three Year Plan
- Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: William J. Carter, LCSW	Name: Tracy A. Schulze
Telephone Number: (707) 299-2102	Telephone Number: (707) 253-4551
E-mail: William.Carter@countyofnapa.org	E-mail: Tracy.Schulze@countyofnapa.org
Local Mental Health Mailing Address: <div style="text-align: center;"> Napa County Mental Health Division 2751 Napa Valley Corporate Drive, Bldg A Napa, CA 94559 </div>	

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

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

William J. Carter
Local Mental Health Director (PRINT)

(final copy will be signed and dated)

 Signature Date

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

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

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

(final copy will be signed and dated)

 Signature Date

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

Addendum – Innovation Round 2 Projects