

Mental Health Services Act (MHSA) Performance Review Report  
Napa County Program Review  
May 15, 2025

**FINDINGS**

**Finding #1:**

Napa County did not summarize and analyze the recommended revisions received during the 30-day comment period in the adopted Fiscal Year (FY) 2023-26 Three-Year Program and Expenditure Plan (Plan). (Welfare and Institution Code (W&I Code) section 5848(b); (California Code of Regulations (Cal. Code Regs), title 9, section 3315(a)(3)).

**Recommendation #1:**

The County must provide evidence of compliance for a summary and analysis of the recommended revisions received during the 30-day public comment period, for FY 2023-24. If no recommendations received, identify no recommendations provided.

**Finding #1a:**

Napa County did not include any substantive written recommendations for revision received during the 30-day comment period for FY 2023-24 in the adopted FY 2023-26 Plan. (W&I Code section 5848(b)).

**Recommendation #1a:**

The County must provide evidence of compliance for the substantive changes made based on recommendations received, and County responses provided during the 30-day comment period for FY 2023-24. If no changes are made, identify no changes made.

**Finding #2:**

Napa County did not address all the components in their assessment of the county's capacity to implement proposed mental health programs and services in the adopted FY 2023-26 Plan. Specifically, only the following components were addressed:

1. Bilingual proficiency in threshold languages (Cal. Code Regs., tit. 9, § 3650(a)(5)).

**Recommendation #2:**

The County must provide evidence of compliance with an assessment of its capacity to implement mental health programs and services which addresses and includes all the following required components:

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1. The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations,
2. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served, and
3. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

**Finding #3:**

Napa County did not provide an estimate of the number of clients, in each age group, to be served in the Full-Service Partnership (FSP) category for each fiscal year of the adopted FY 2023-26 Plan. Specifically, the county only provided for FY 2023-24. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

**Recommendation #3:**

The County must provide evidence of compliance by providing an estimate of the number of clients, in each age group, to be served in the FSP service category for FY 2024-25, and FY 2025-26.

**Finding #4:**

Napa County did not indicate the number of children, transition aged youth (TAY), adults, and older adults to be served, and did not provide the cost per person for Prevention and Early Intervention (PEI), and Innovation (INN) programs in the adopted FY 2023-26 Plan. (W&I Code section 5847(e)).

**Recommendation #4:**

The County must provide evidence of compliance for the estimated number of children, TAY, adults, and older adults per age group, to be served, and indicate the cost per person for PEI, and INN programs for FY 2023-24, FY 2024-25, and FY 2025-26.

**Finding #5:**

Napa County did not explain for each PEI, Access and Linkage to Treatment Program, how individuals, and as applicable, their parents, caregivers, or other family members will be linked to County mental health services, a primary care provider, or other mental health treatment in the adopted Plan; and how the program will follow up with the referral to support engagement in treatment in the adopted FY 2023-26 Plan. (Cal. Code Regs., tit. 9, §§ 3755(h)(4), 3755(h)(5)).

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Recommendation #5:

The County must provide evidence of compliance explaining how individuals, and as applicable, their parents, caregivers, or other family members will be linked to County mental health services, a primary care provider, or other mental health treatment; and how the program will follow up with the referral to support engagement in treatment.