



HUMBOLDT COUNTY
Department of Health and Human Services

AB 315
Integrated Services Initiative
2007 – 2010
Strategic Plan

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Humboldt County AB 1881 Phase II Strategic Plan

Introduction

Humboldt County began Phase I of this Health and Human Services Agency authorized Integrated Services Initiative in February 1999 through legislation (AB 1259) introduced by Assembly Member Virginia Strom-Martin. The purpose of AB 1259 was to allow Humboldt County, with the assistance and participation of the appropriate state departments, to implement an integrated and comprehensive county health and human services system. In 2004 AB 1881, authored by Assembly Member Patty Berg, authorized continuation of Humboldt County's transformational work. The current proposed legislation, AB 315 (Berg), makes this Integrated Services Initiative permanent.

Since 1999, Humboldt County has strived to maximize its resources, both fiscal and staffing, towards the integration of state department programs and initiatives, some of which are promising practices towards serving children, families, adults and older adults in the context of their community and culture in a holistic manner.

Towards this goal of integration of parallel programs and state initiatives (e.g. Mental Health Services Act/Child Welfare Services improvement projects), Humboldt County has worked collaboratively to eliminate or reduce barriers that despite the state's intent, may result in less than optimal care related to these overlapping and vulnerable populations.

Over the past eight years, Humboldt County Department of Health and Human Services (DHHS) has demonstrated that through its integrated health and human services delivery structures and processes significantly higher quality, more efficient, effective, holistic and outcome-based practices can be planned, funded and implemented.

Vision

Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults and communities.

Mission Statement

The Humboldt County Department of Health and Human Services is committed to work in coordination with public and private providers to:

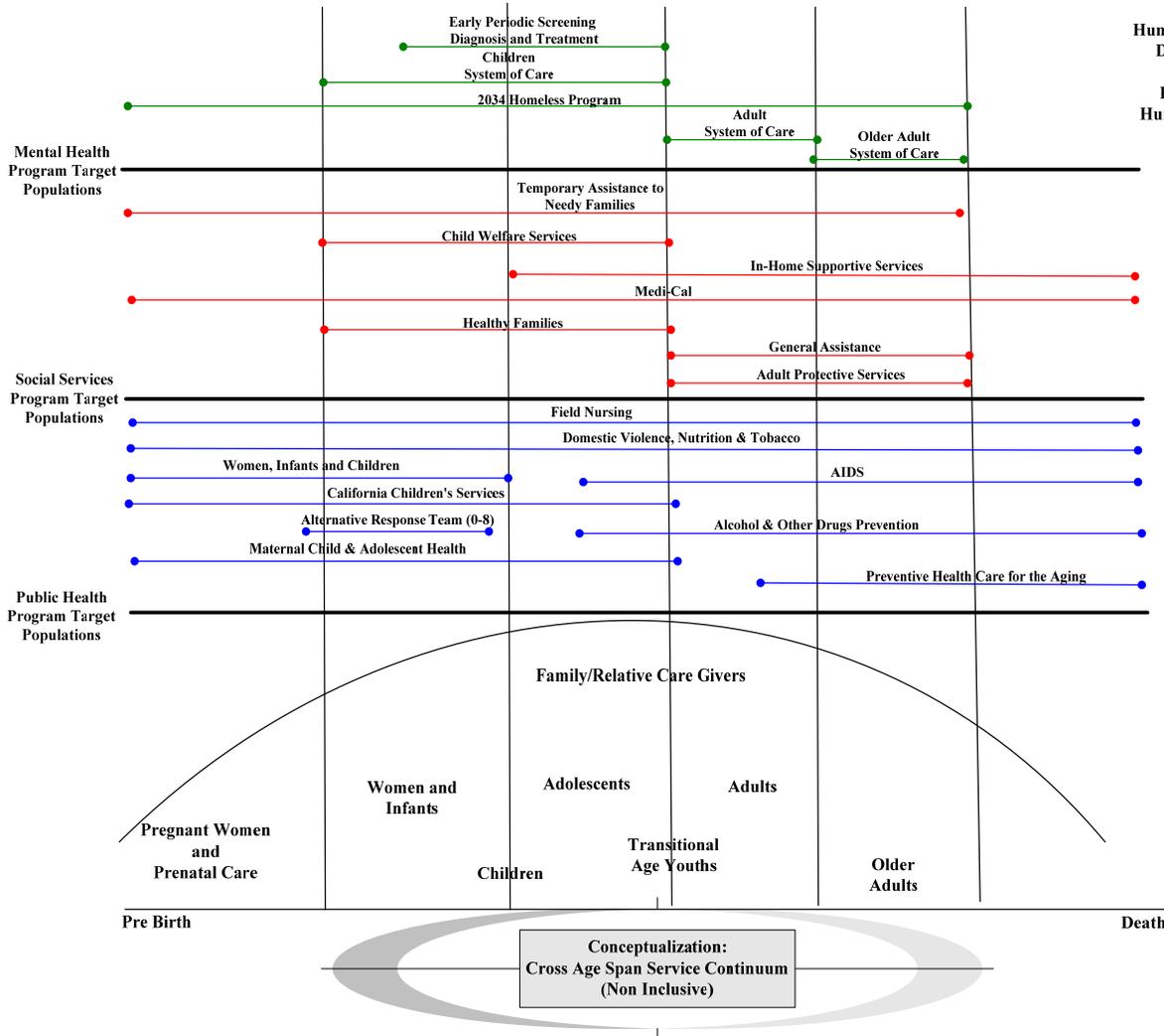
- Improve administrative functioning
- Improve service coordination and access to improve individual, family and community functioning
- Promote, develop and maintain a continuum of services that encourage prevention and early intervention activities
- Link these activities to more intensive services

Operational Principles

1. Branches with interrelated programs for children, families and adults will deliver coordinated, efficient services and maximize the resources available to deliver those services.
2. Services will be decentralized in close proximity to clients to the maximum extent feasible.
3. The integrity of specialized services will be preserved.
4. Services will be tailored to match the multicultural and multilingual diversity of our community and will be developmentally appropriate.
5. The partnership between County services and community-based organizations will be strengthened.
6. Services will be provided through a system incorporating outcome evaluation to ensure accountability for resource management and adherence to regulatory and statutory compliance.
7. All newly identified monies will be reinvested into the health and human service system.

Organizational Transformation: Rationale

In recent years there has been a noted increase in state/federal initiatives, legislation and reports (e.g., Mental Health Services Act/Child Welfare Services Stakeholder Final Report/AB 636/The Presidents New Freedom Initiative, Crossing the Quality Chasm) related to the need for significant and fundamental changes in health, mental health and social services delivery systems. An underlying theme of these various initiatives/reports is the need for significant system reform that **transcends simply “improving”** health and human services across traditionally separate systems to mutually served clients. An illustrative example of these siloed services across age spans is provided below:



Further, these reform initiatives generally speak to the need to transform health and human services systems in terms of:

- Increased client and community stakeholder involvement;
- Increased culturally relevant and inclusive practices;
- Systems delivery based on Evidenced Based Practices;
- Systems delivery based on community values;
- Systems reformation focused on quality improvement and;
- Systems accountability in terms of outcomes linked to improved community health, individual and family recovery or self sufficiency.

Despite these initiatives/recommendations, there is not a comprehensive “blueprint” that defines, operationalizes and links health and human services delivery systems transformation initiatives across federal/state/county departments and age spans. Transformation has been defined as more than just reorganizing but a quantum change that reflects a radical redesign and new strategic intent for an organization. Mazade (2005) offers a conceptual attempt to define the conditions for implementing transformation and articulated the following readiness factors:

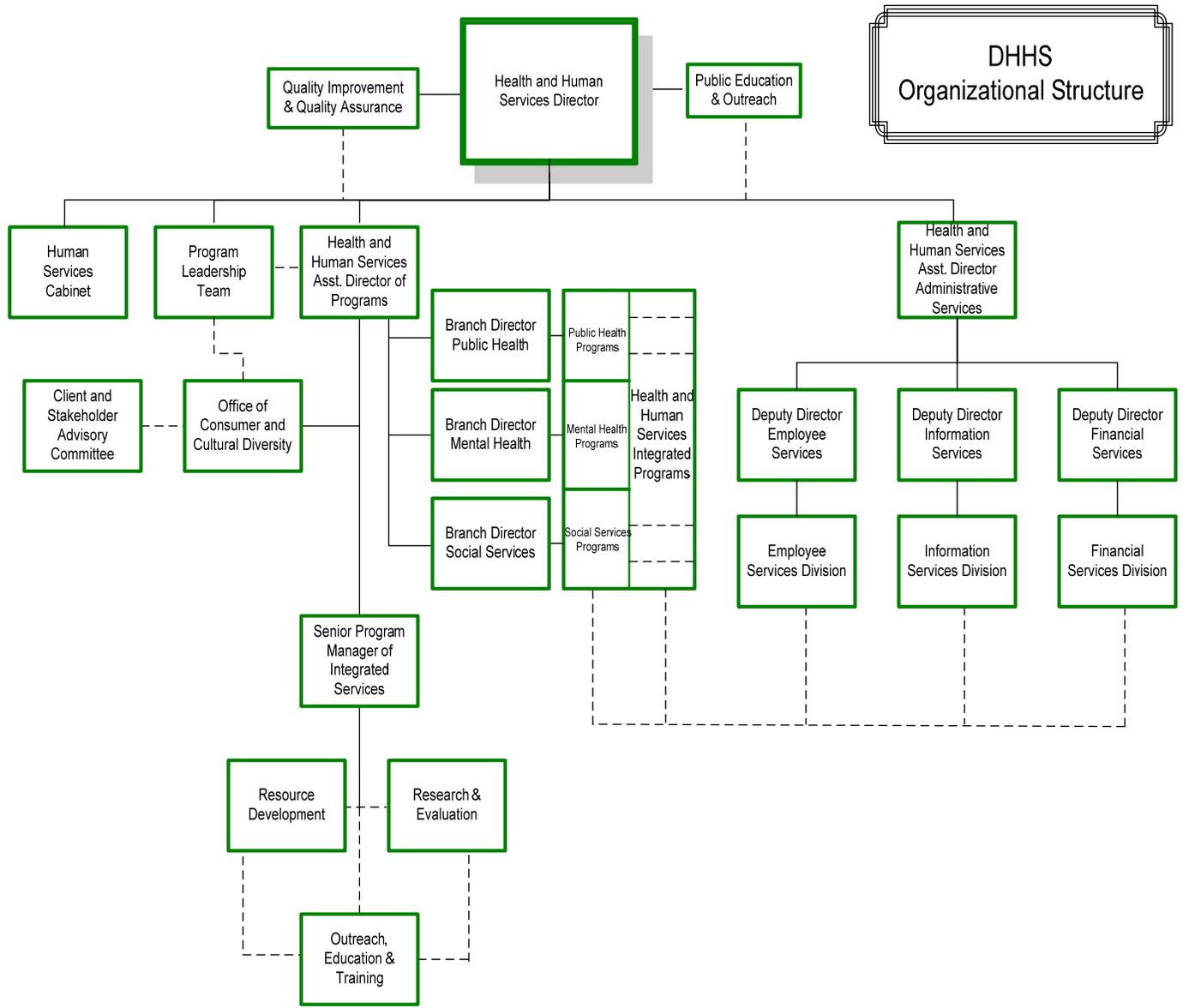
- Is there sufficient energy to launch and accelerate the change;
- Is there a compelling vision;
- Is there a place in the organization to support the change;
- Is there a process of change management to support the effort?

Humboldt County’s integrated initiative efforts over the past eight years reflect Humboldt County’s developmental efforts to establish and operationalize a “road map to transformation” at the County services level.

Phase I Implementation

At the start of the Initiative implementation in 1999, a core strategy contained in Humboldt County's Phase I Strategic Plan was to conduct an assessment of its multi-departmental organizational structure and reorganize to promote increased efficiency in administration and increased access to funding.

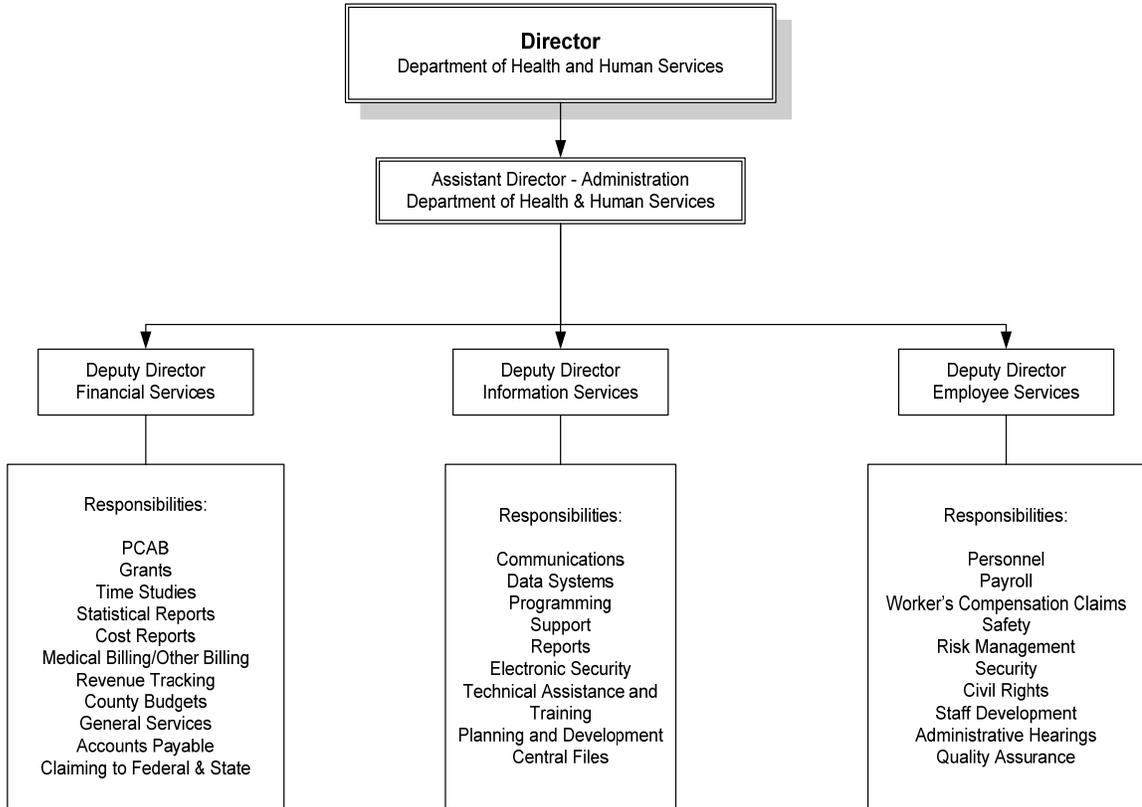
In relation to this organizational restructuring strategy, Humboldt County over a period of several years, integrated six departments (Social Services, Mental Health, Public Health, Employment Training, Veterans Services and Public Guardian) to form the Department of Health and Human Services. This reorganization has been efficient in relation to positioning Humboldt County for systems transformation outcomes. A chart of this redesigned health and human services organizational structure is contained below. The structure reflected in the chart has been developed to enhance the integrated administrative and program support structures required to reduce program and State initiative fragmentation.



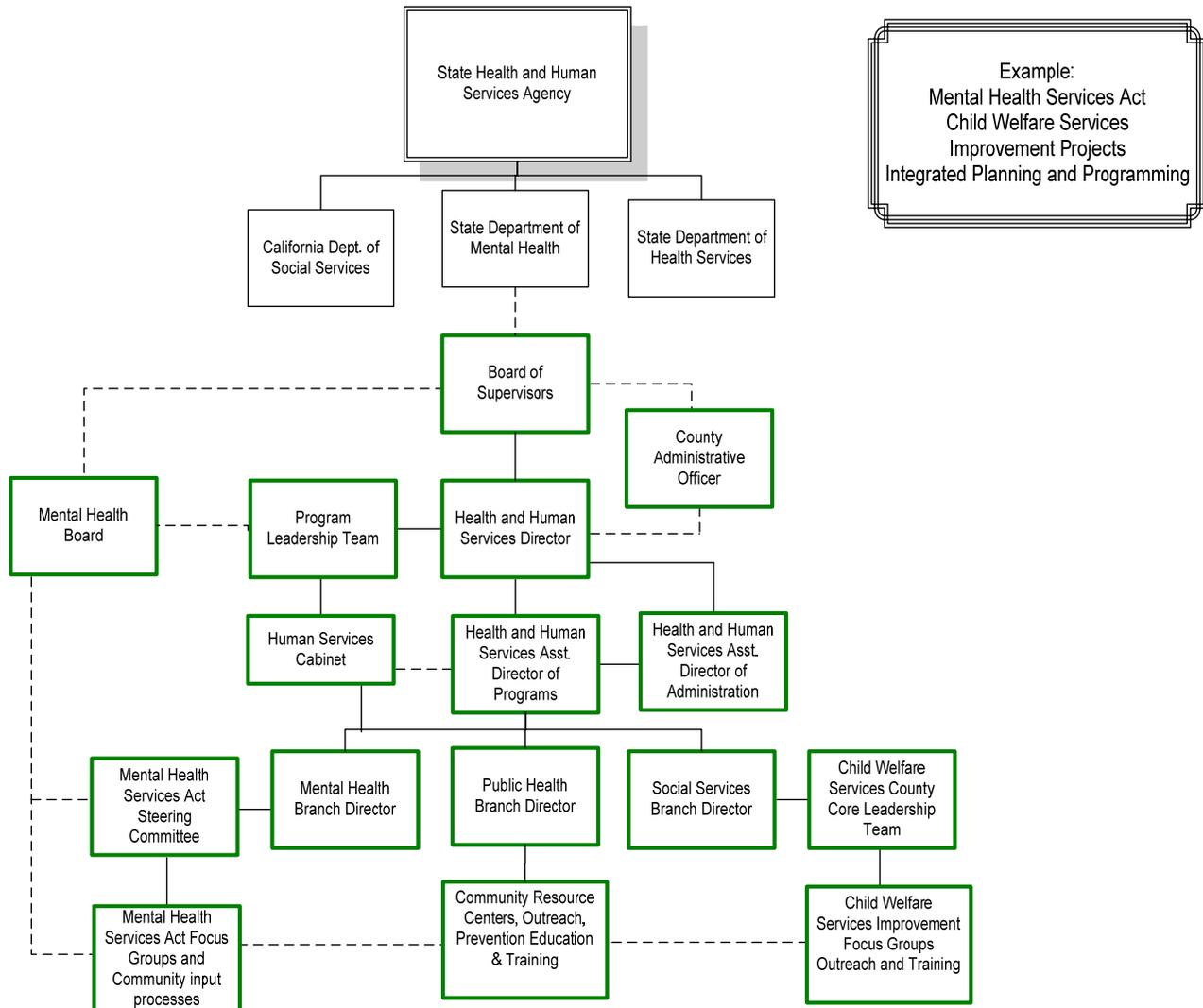
Phase I of Humboldt County’s organizational consolidation (1999-2004) focused on integration and co-location of Humboldt County’s administrative infrastructure consisting of information services, employee services, and financial services. The organizational chart below provides an overview of the functions of each of these consolidated health and human services administrative divisions:

Department of Health and Human Services

ADMINISTRATIVE SUPPORT STRUCTURE



A process flowchart that is descriptive of how Humboldt County Department of Health and Human Services has approached state initiative planning and programming from an integrated services initiative perspective is presented below. The flowchart is an example of how planning and programming for clients and their families involved in multiple service systems and state initiatives (e.g. Child Welfare Services improvement projects/Mental Health Services Act) are integrated.



Phase II Implementation

Humboldt County's Phase II (initiated in 2005) organizational efforts "build" on Phase I organizational restructuring efforts towards increasing the department's infrastructure needed for the development of centralized program support structures and processes that are required to support systemic transformations across the department's three primary Branches (Mental Health, Social Services, Health) and its community stakeholders. These program support structures consist of an integrated:

- Office of Client and Cultural Diversity
- Research and Evaluation Support
- Training, Education and Supervision Support
- Resource Development Support

The program support structures for integrated services include:

1. Office of Client and Cultural Diversity:

- Support, guide and encourage implementation of activities that promote client and cultural competence; guided by values of wellness, recovery, inclusion, respect and equality.
- Creating a system that is ready to embrace inclusion of clients, families and youth partners.
- Recommend to PLT training and staff development needs for inclusion of improved and culturally competent client family partnerships in the workplace.

2. Research and Evaluation Support:

- Provide data specific to issues/programs as requested by DHHS.
- Conduct/provide literature reviews on Evidence Based Practices for approved projects.
- Provide formative and summative outcome data; produce audience specific outcome reports on targeted programming.
- Establish fidelity and outcome measures for approved projects.
- Develop and collect methodology to gather needed client and cultural information.
- Conduct needs assessments on approved projects.

3. Training, Education and Supervision Support:

- Provide/contract for pre-launch training and education to branches and stakeholders.
- Provide or coordinate post-launch or on-going training and education needs.
- Develop training to better understand the complex needs of families, engaging for early intervention and supporting connections in the community.
- Develop training to address client and cultural diversity.
- Develop curriculum to promote clients, families and youth partnerships.
- Provide pre-licensure clinical supervision and work force development support.

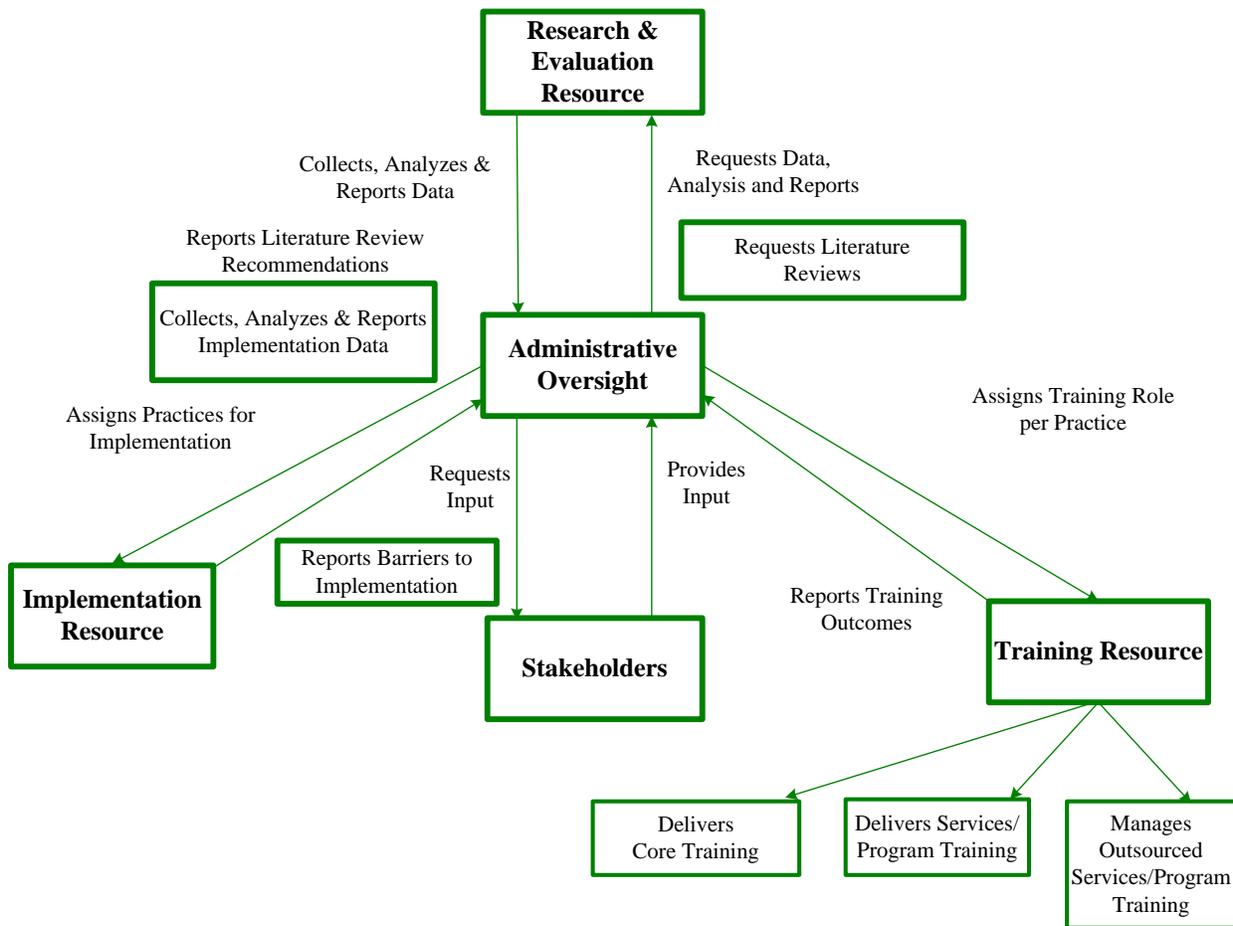
4. Resource Development Support:

- Provide a road map that integrates goals of major initiatives, identifies service gaps, and prioritizes needs for future funding initiatives.
- Track funding and grant initiatives that may target these needs.
- Develop funding application with integrated development teams.

- Develop integrated information regarding Humboldt County to be used in funding applications by branches and/or DHHS.

In addition to the above structures, interrelated and dynamic processes that link these program support divisions across the Branches have been designed and launched. These processes are a unique approach in terms of our organizational transformational work and represent Humboldt County’s developmental efforts towards the identification of interrelated systematic government sector “Rapid Cycle” processes required to initiate Evidence Based or outcome driven programs required to transform health and human services delivery systems. A flow chart outlining these processes is contained below:

Humboldt County Rapid Cycle Change Matrix



Evidenced Based Practices

The above “Rapid Cycle” process has evolved in relation to the need to transport and launch Evidence Based Practice Models and focus on outcome driven systems capacity as part of Humboldt County’s service integration efforts. Six initial Evidence Based Practices implemented as part of our Phase II (2005) efforts to develop cross-departmental services are listed below:

1. **Incredible Years (IY):** A parenting treatment and prevention program for parents with children ages 2-12 who exhibit conduct or behavior problems.
2. **Functional Family Therapy (FFT):** Family treatment for youth ages 11-18 who are at risk and/or presenting with delinquency violence, substance abuse, conduct behavior problems and family conflict.
3. **Aggression Replacement Training (ART):** Treatment for adolescent youth who show or are at risk of aggressive behavior.
4. **Family to Family (FtF):** Developing family resources and *Team Decision Making* models for families whose children are in or at risk of out-of-home placement.
5. **Parent Child Interaction Therapy (PCIT):** Intensive treatment designed to work with parents and children (ages 2-7) together to teach parents the skills necessary to manage their children's behavioral problems.
6. **Multidimensional Treatment Foster Care (MTFC):** A foster care placement and after care program for youth ages 12-18, chronic juvenile offenders extending 6 months for placement and up to 12 months after care services (suspended due to need to restructure Humboldt County's foster care delivery system to assure costs can be supported.)

Humboldt County Health and Human Services is committed to piloting Evidence Based Practices in targeted prevention, early intervention and treatment strategies. This long-term strategic decision will be assessed for outcome and fiscal efficiencies and be expanded if outcomes support this approach. Evidence Based Practices are viewed as a promising foundation for successful community and family interventions.

Integrated Service Co-Location Strategies

The department is pursuing a two pronged approach towards maximizing program integration and ultimately, service transformation which involves centralization of administrative and program support services as well as co-locations of major branch services where appropriate; and co-located decentralized services in partnership with community stakeholders in a developmental approach towards service delivery transformation.

The service "decentralization" process is a Phase II strategy that is in many ways more complex than departmental co-location as it involves new and diverse community partnerships (e.g. Community Resource Centers/community stakeholder collaboratives, etc.) and a fundamental strategic shift in approaching community health issues.

Family and Community Resource Centers are non-profit, community based agencies that provide support and resources to community members. The supports and resources offered by the fourteen centers vary depending on community needs, geographic location

and funding. The types of services provided by Resource Centers may include playgroups, parenting classes, food and clothing distribution, counseling, case management, senior lunches, and community building events.

Resource Centers are key partners in improving the health and safety of Humboldt County. DHHS and the Resource Centers have identified numerous ways to combine efforts to improve outcomes for families. These efforts include DHHS and the Resource Centers' staff meeting monthly; DHHS assigning liaisons to work with individual Resource Centers; public health nurses and child welfare social workers being geographically assigned to work with individual resource centers; cross training staffs; and Resource Centers offering and participating in DHHS-promoted Evidence Based Practice programs.

In addition, DHHS has provided funding for the Resource Centers' infrastructure, staffing and training to enable the centers to participate in Child Welfare Services Differential Response. Currently, the resource centers provide services to families referred from Child Welfare Services who are at risk for child abuse and/or neglect. Resource Center staffs are also participating in the department's team decision making process. This is a process by which the significant people in a child's life come together to discuss the best solutions for a child at risk for being removed from their family or being moved to another placement.

Community Resource Centers are also key players in the rollout of our Mental Health Services Act programs. Community centers are acting as our partners on several programs and are key informants as we move forward on prevention services.

This strong community collaboration has resulted in improved services throughout our community and a better understanding the mission and responsibilities of our department.

Challenges

The department is clear that its Phase II Strategic Plan encompass developmental and complex transformational work that in many instances require gradual systemic change over the next decade.

In addition, the current regulatory and statutory barriers that impede county system program and planning responses required to implement various state initiatives will need further state department assistance to overcome.

The current challenge before the Humboldt County Department of Health and Human Services is to develop and fund transition strategies toward services and structures that "accommodate" the siloed state Initiative or System Improvement Plans intents in the short term while concurrently developing the Phase II organizational waivers and/or program restructuring options required for systems transformation.

Strategies

With Health and Human Services Agency, state department, philanthropic support and technical assistance:

1. Design, refine, implement, assess and fund the core transformational organizational program support structure(s) and rapid cycle processes required to facilitate Phase II of Humboldt County's Integrated Services Initiative.
2. Work to support Humboldt County's holistic approaches in the implementation of state initiatives (and various system improvement plans) and help develop transformational service designs including necessary waivers that are supportive of Humboldt County's efforts in terms of organizational integration and cross system strategic plan goals.

Phase II Strategic Plan Goals

As a result of ongoing integrated planning the department has established updated Phase II Strategic Plan goals which:

- Target integrated programming, evaluation and fiscal planning for all state initiatives.
- Link to health and human services mission and operating principles.
- Are strength based, recovery oriented, client and stakeholder inclusive, responsive to emerging community needs and have a foundation inclusive of evidenced based practices/practice based evidence that are consistent with our diverse cultural, ethnic and community values.
- Link to county peer to peer development team approach(s) with similar transformational oriented counties where possible.
- Enhance the department's transformational infrastructure capacities through the development of integrated and centralized cross-branch:
 1. Outcome and evaluation capacity
 2. Training capacity
 3. Agency resource initiative and grant response capacity
 4. Public education and outreach capacity
 5. Quality improvement and quality assurance capacity
 6. Client and cultural diversity inclusiveness capacity

These Phase II goals have been formatted in age span "categories" to facilitate developing critical integration and transformational structures, processes and outcome driven programming of various initiatives. These categories are listed below:

1. Strategic plan goals that are primarily targeted at children, youth and family populations.
2. Strategic plan goals that are primarily targeted at adult/older adult populations.
3. Strategic plan goals that are primarily targeted at community health issues and initiatives.

Child, Adolescent, TAY and Family Focused Goals

- Implement integrated foster care approaches for Humboldt County.
- Assess and integrate transitional age youth services across branches and inclusive of the Mental Health Services Act, THPP, ILP and the Workforce Investment Act.
- Continue to assess methods and outcomes of developing a differential response capacity to at-risk 0-8 children and families inclusive of social services/mental health/public health and community partners.
- Design and implement system changes to assure that children and youth involved in foster care receive mental health and health access and/or service referrals as indicated upon entry into foster care system.
- Design a systems' approach towards the goal that no child or youth leaves Humboldt County due to a lack of local behavioral health services availability.
- Continue to improve service integration through the consolidated DHHS/probation (SB 933) foster care placement review ability.
- Develop an enhanced integrated Health and Human Services and community response template targeting children born with positive drug toxicologies and their families inclusive of social services/mental health/public health and community partners.
- Improve medical and dental access, mental health services access and treatment for all children and youth.
- Improve shared and independent housing options/resources for emancipating transition age foster care youth inclusive of youth with serious emotional disorders.
- Continue to implement Family-to-Family community strategies with an emphasis on team decision making in all placement decisions.
- With CDSS assistance maximize Child Welfare Services restructuring and Mental Health Services Act work force support by addressing MSW pre and post graduates training and placement options consistent with AB 315 holistic cross- systems approaches.

- Further develop community resource center/family resource center capacity and stakeholder partnership with DHHS to assist with enhanced community capacities to support families.
- With state assistance, implement strategies to increase health, dental, mental health, alcohol and other drug services to families up to 300% of the federal poverty level through increased access to health insurance coverage.
- Continue to increase service linkages to behavioral health, health, CWS and explore enhanced funding strategies to families as defined in Temporary Assistance to Needy Families.
- Continue to build partnerships with local tribes and other culturally and ethnically diverse populations to improve the safety of all Humboldt County children and families in a culturally respectful manner.

Adult/Older Adult Focused Goals

- Continue to implement and assess the outcomes of our integrated services model for the incapacitated general assistance population across the Mental Health/Social Services Branches.
- Design and implement integrated community based services across the Social Services, Public Health and Mental Health Branches to support and reinforce maximum independence for all adults with serious and persistent mental illness.
- Develop and pursue strategies to increase the affordable housing stock available for adults with serious and persistent mental illness.
- Continue to design and implement integrated services for shared In-Home Supportive Services/Adult Protective Services populations across Social Services/Mental Health/Public Health Branches.
- Continue to develop program linkages between Social Services, Mental Health and Public Health and explore enhanced funding strategies for In-Home Supportive Services to the elderly and disabled.

Community

- Collect, analyze, assess and share information related to health conditions, risks and community resources to improve health and mental health outcomes.
- Analyze existing policies, regulations, resources and strategic priorities to promote sound health policy development.

Methods of Achieving Strategic Plan Goals: State and County Processes

In recognition of the complex and developmental structures and processes related to achieving systematic cross departmental transformation, Humboldt County will engage in the following “barrier elimination” processes towards achieving its goals:

1. Engage in face to face meetings with the Health and Human Services Agency, state department representatives and philanthropic entities to improve understanding and support for the conceptual framework of Humboldt County’s Phase II Strategic Plan.
2. Through mutual agreement between the state agencies, philanthropic entities and Humboldt County’s Department of Health and Human Services, target specific strategic plan goals within each state entity’s capacity and engage in process/product and funding discussions that:
 - A. Clearly articulates the goal;
 - B. Identifies state/county statutory, regulatory and/or funding barriers towards achieving the goal;
 - C. Results in the development of a state/county plan to eliminate the barrier(s) that is inclusive of specific state/county planning, within targeted timeframes;
 - D. Links the achievement of goal(s) to necessary state/county Departments oversight structures or bodies as necessary to achieve the goal within the context of state initiatives, legislation, and waivers/negotiated agreements, maximizing state/county and philanthropic collaboration throughout the process.

APPENDIX

Historical Review – Phase I Humboldt County AB 1259 Goals (1999-2004)

In 1999, Humboldt County established the following ten goals in its Phase I implementation of AB 1259:

1. Establish community resource centers.
2. Establish and implement a unified county "single intake" and service plan (with technical assistance from Department of Health and Human Services and involved state departments).
3. Increase the ability to fund sustainable services to seriously emotionally disturbed (SED) minors and adults in locked correctional settings.
4. Increase the mental health alcohol and other drug services to "working poor" families through increased access to Healthy Families Initiative benefits.
5. Develop (with technical assistance from Department of Health and Human Services and involved state departments) a consolidated outcomes package for all state and federal funded initiatives.
6. Develop and implement a consolidated SB 933 foster care placement review ability.
7. Increase funding access to Title XIX and Title IV-E for eligible services provided by mental health professionals, probation officers and social workers.
8. Develop a "consolidated" Title IV-E training plan package.
9. Increase linkages and explore enhanced funding strategies and services to needy families as defined in TANF.
10. Increase linkages and explore enhanced funding strategies for in-home supportive services to the elderly and disabled.

Between 1999-2004, progress was made on seven of these goals as described below:

(Goal #1) Establish Community Resource Centers.

In collaboration with Humboldt County's First Five Commission, six family resource centers were funded and are progressing well into early implementation phases. The Department of Health and Human Services has an established family resource center "liaison" team to improve the communication between County Health and Human Services and community

collaboratives in relation to improving access to services and building community capacity to develop prevention and early intervention services.

The activities of the family resource center team within the Department of Health and Human Services has been a powerful tool that is increasing the fundamental understanding within the department of the value and opportunity inherent in working with communities to address local concerns.

(Goal #3) Increase the ability to fund sustainable services to seriously emotionally disturbed (SED) minors and adults in locked correctional settings.

As a result of AB 1259, Humboldt County has achieved significant progress in relation to increasing sustainable funding to minor and adult populations in locked settings. This was achieved through the development of an AB 1259 Negotiated Agreement (NA) with the State HHSA and involved the collaboration of the California Department of Social Services (CDSS) and the State Department of Mental Health (SDMH).

Specifically, through the NA, SB 163 wraparound funding was made available to provide strength based mental health and alcohol and drug treatment to minors placed in Humboldt County's New Horizons Regional Facility, ensuring consistent and expanded services to this population and allowing for the county's limited realignment funds to be dedicated to the adult incarcerated population.

(Goal #6) Develop and implement a consolidated SB 933 foster care placement review ability.

Again, as a result of AB 1259, the NA clarified the process by which Humboldt County could establish an integrated placement team to ensure that enhanced foster care placement, placement review/visitation and re-integration could occur. The establishment of this co-located and fully staffed team from Health and Human Services (Mental Health and Social Services Branches), Probation, Humboldt County Office of Education and other cooperating entities has enhanced care and funding for high risk wards, dependents and SED minors at a level that meets or exceeds the requirements of SB 933 visitation legislative mandates. Further, this AB 1259 integrated approach to foster care placement and oversight has significant service integration and cost efficiency implications for all California counties, is a cornerstone for Humboldt County's Child Welfare Services (CWS) redesign strategies, and is available to other counties for replication.

(Goal #7) Increase funding access to Title XIX and Title IV-E for eligible services provided by mental health professionals, probation officers and social workers.

In relation to AB 1259, the State Health and Human Services Agency provided access to planning meetings with various State departments in order to facilitate accomplishment of Humboldt County's goals. Enhanced and sustainable funding for these populations was a goal that required collaboration and consultation with CDSS and SDMH. Through this AB 1259 process, Federal Financial Participation revenue enhancement through Title XIX/EPST was obtained in relation to services provided by Probation and Social

Services. While the premise was a derivation of an urban model (i.e. the establishment of Organizational Provider Networks), Humboldt County's approach consisted of establishing the conditions under which the Probation Department and Social Services Branch of the Department of Health and Human Services could access this entitlement consistent with the services being within Title XIX's scope, and being provided to eligible populations by eligible providers. The CDSS/SDMH meetings resulted in the Probation Department becoming an Organizational Provider in Humboldt County's Mental Health Branch network and the Social Services Branch claiming directly through Mental Health as a Branch under our consolidated Health and Human Services "umbrella agency". The State Department meeting process also articulated the "mechanics" of these approaches to ensure compliance with regulations pertaining to these services.

(Goal #8) Develop a "consolidated" Title IV-E Training Plan package.

Through targeted technical assistance by CDSS, the conditions under which cross branch and interdepartmental training could be partially reimbursed under Title IV-E were accomplished. As a result, Humboldt County Department of Health and Human Services has developed protocols that establish the methods to claim to this revenue source for previously unreimbursed staff and community trainings. This cross departmental training is essential to enhancing the quality of services to our mutual target populations and provides a mechanism for strengthening collaboration through mutual education and other group "process related" benefits.

(Goal #9) Increase linkages and explore enhanced funding strategies and services to needy families as defined in Temporary Assistance for Needy Families (TANF).

While a broad and complex goal, the AB 1259 Organizational consolidation, the cross training and inter Branch education related to enhancing understanding of each Branch's (Mental Health, Social Services and Public Health) services, target populations, and revenue streams have resulted in many cross Branch linkages and enhanced services to the TANF population. This has resulted in more efficient use of and increased claims relating to Mental Health/Public Health/Social Services Allocations that serve TANF eligible families and children. In addition, the linkage has been established between TANF and Workforce Investment Act (WIA) eligible populations and has resulted in a planned co-location of various "work related" programs including Social Services' Welfare to Work/CalWORKs programs, Mental Health's Barriers to Employment programs and previously "unlinked" Employment Training programs that serve mutual target population families and high risk or out of school youth.

(Goal #10) Increase linkages and explore enhanced funding strategies for in-home supportive services to the elderly and disabled.

As a result of AB 1259 and its overall mission of eliminating service barriers towards efficient provision of Health and Human Services to our residents, significant progress has been made in relation to this Elderly and Disabled target population. In order to enhance the quality of services, reduce service fragmentation and fraud, and concurrently increase

revenue access, several previously unlinked and/or new services were co-located and now provide integrated and cross disciplinary services to this vulnerable target population. These co-located services include Social Services Branch In-Home Supportive Services (IHSS) and Adult Protective Services (APS) social worker and eligibility staff, older adult Mental Health staff, Public Health nursing staff, and the Public Authority Registry staff established under AB 1682. In addition to co-location and cross training and the resultant increase in the quality of care, the County has realized its first decline in costs relating to this target population.

Additional 1999-2004 AB 1259 related Integrated System accomplishments included:

- Humboldt County's first (residential capacity) mother/child substance abuse treatment program was established.
- A Consolidated Prevention Strategic Plan was developed that will provide the Department with a blueprint towards enhancing primary and secondary prevention approaches.
- The development of cross-branch CWS Children's Shelter and urgent care services was completed and is yielding emphasized collaborative service planning between the Mental Health and Social Services Branches for high risk CWS children and families.
- Humboldt County adopted a cross-branch administrative consolidation of Information Services, Employment Services and Financial Services toward the goals of reduced duplication, enhanced claiming and reducing our exposure to risk management areas.
- With integrated services assistance from our Mental Health Branch, Child Welfare Services has demonstrated significantly enhanced State benchmark compliance, has established methods of tracking outcomes, and implemented other quality improvement practices.
- Humboldt County has continued the development of an integrated mentally ill homeless program.
- Humboldt County's Community fiscal and service partnerships in the establishment of the Multiple Assistance Center (MAC), targeting homeless families and individuals was established with the Center opening in Spring of 2005.
- Humboldt County Health and Human Services has partnered with Community Based Organizations for enhanced Family Preservation and Mental Health services, expanding the safety net for at risk families and children.
- Cross Branch transition age service planning for Foster Care youth, both wards and dependents, across our agency is under way.
- Humboldt County was selected by CDSS as a "Cohort One" CWS Redesign implementer.