



**Humboldt County**  
**Department of Health and Human Services**

**AB 315**  
*Integrated Services Initiative*  
**2011 – 2016**  
*Strategic Plan Update*

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## **Executive Summary**

The Humboldt County Department of Health and Human Services (DHHS) is an integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the former Departments of Mental Health, Public Health, Employment Training, Veterans Services, Public Guardian and Social Services. Since its integration in 2000, Humboldt County DHHS has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructures;
- Establishing consolidated program support infrastructures;
- Developing governmental "rapid cycle" change management processes;
- Importing evidence based practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized community based services concurrently;
- Establishing stakeholder inclusion structures and processes that advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;
- Using a "3 BY 5" approach to program design which is comprised of:

### **Three Concurrent Service Strategies**

**Universal:** Prevention Services

**Selective:** Early Intervention Services for at risk populations

**Indicated:** Focused Treatment Interventions for high risk populations

AND

### **Five Target Populations**

Children, Youth and Families

Transition Age Youth

Adults

Older Adults

Community

- Working with the State Health and Human Services Agency and various state departments to reduce or eliminate barriers that impede effective service delivery at the County level.

It is through these transformational strategies that Humboldt County DHHS has planned and implemented its programming over the past decade.

## **Humboldt County AB 315 Strategic Plan Update 2011- 2016**

### **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. AB 315 (Berg 2007), made 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, to better serve children, families, transition age youth, adults and older adults in the context of their community and culture in a holistic manner.

Towards this goal of integration of siloed parallel programs and state initiatives (e.g. Mental Health Services Act/Child Welfare Services Improvement Projects), Humboldt County has worked across departments and with communities and other stakeholders to eliminate or reduce barriers that despite the state's intent, may result in less than optimal care and costs related to these overlapping and vulnerable populations.

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

### **Vision**

People helping people live better lives.

### **Mission Statement**

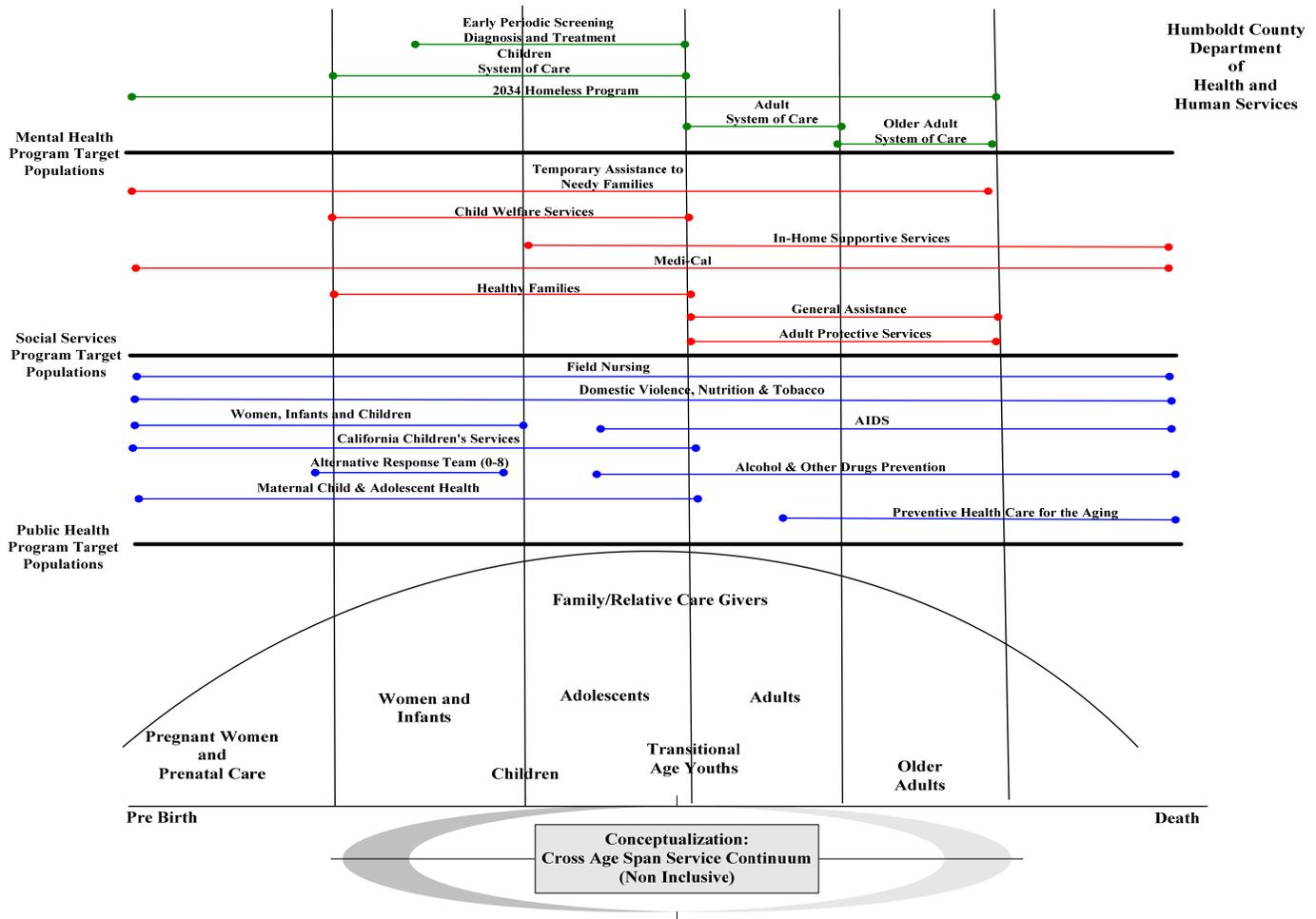
To reduce poverty and connect people and communities to opportunities for health and wellness.

### **Operational Principles: System Values**

- Our integrated programs for children, families and adults deliver coordinated, efficient services.
- These services focus on client and community strengths and emphasize prevention, resiliency, recovery and hope.
- We collaborate with clients in their recovery and tailor our services to fit the values and needs they identify.
- Our programs are evidence-based and outcome-driven to ensure quality and accountability.
- We value and nurture our partnerships with community stakeholders.

## Organizational Transformation: Rationale

Over the past decade there has been a noted increase in state/federal initiatives, legislation and reports 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 recommendations, there was not a comprehensive “blueprint” that defined, operationalized and linked health and human services delivery systems transformation initiatives across federal/state/county departments and age spans.

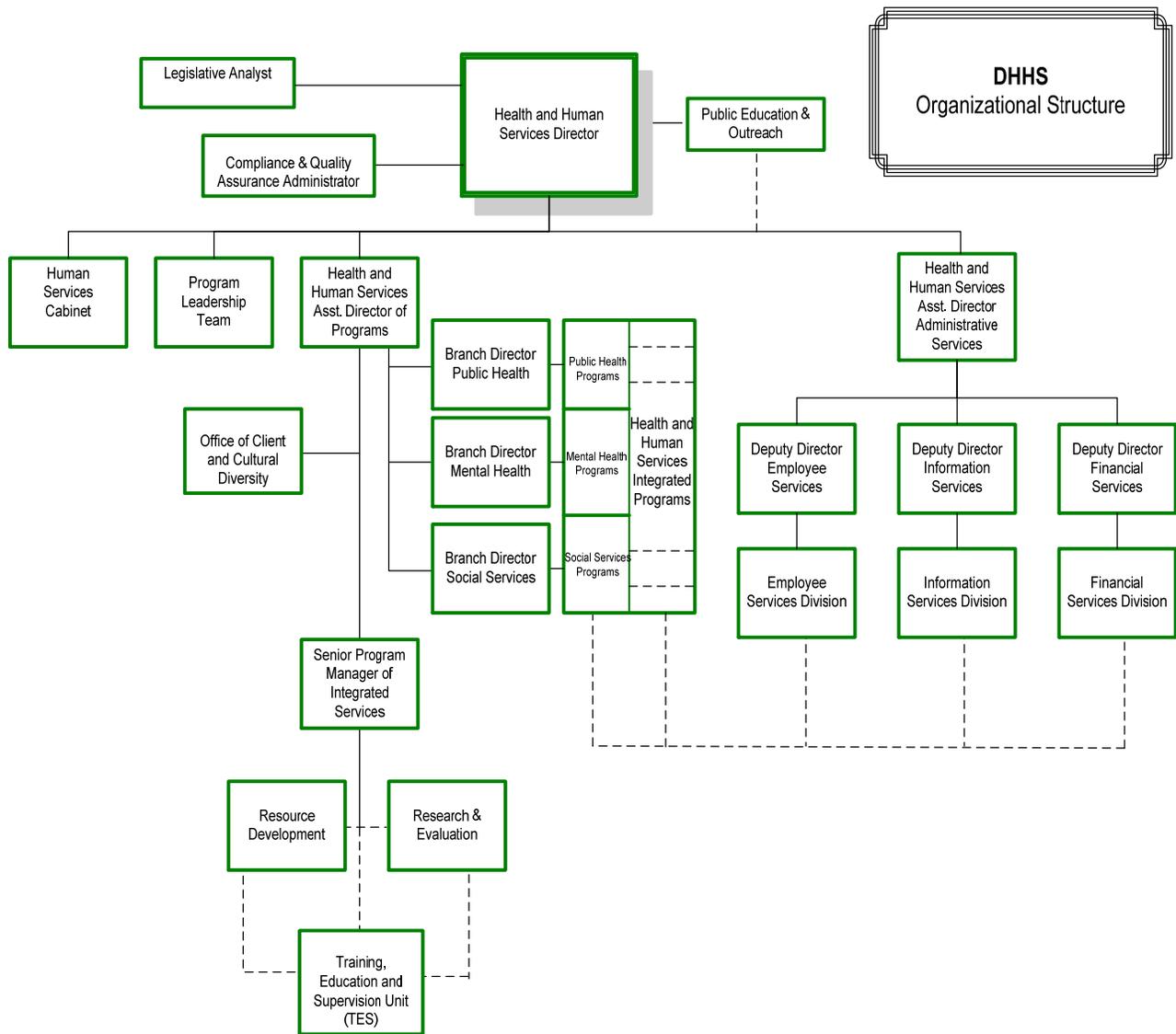
Transformation has been defined by Humboldt County DHHS as more than just restructuring but a quantum change that reflects a radical redesign and new strategic intent for our organization.

Humboldt County’s integrated initiatives over the past decade reflect our developmental efforts to establish and operationalize a defined “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.

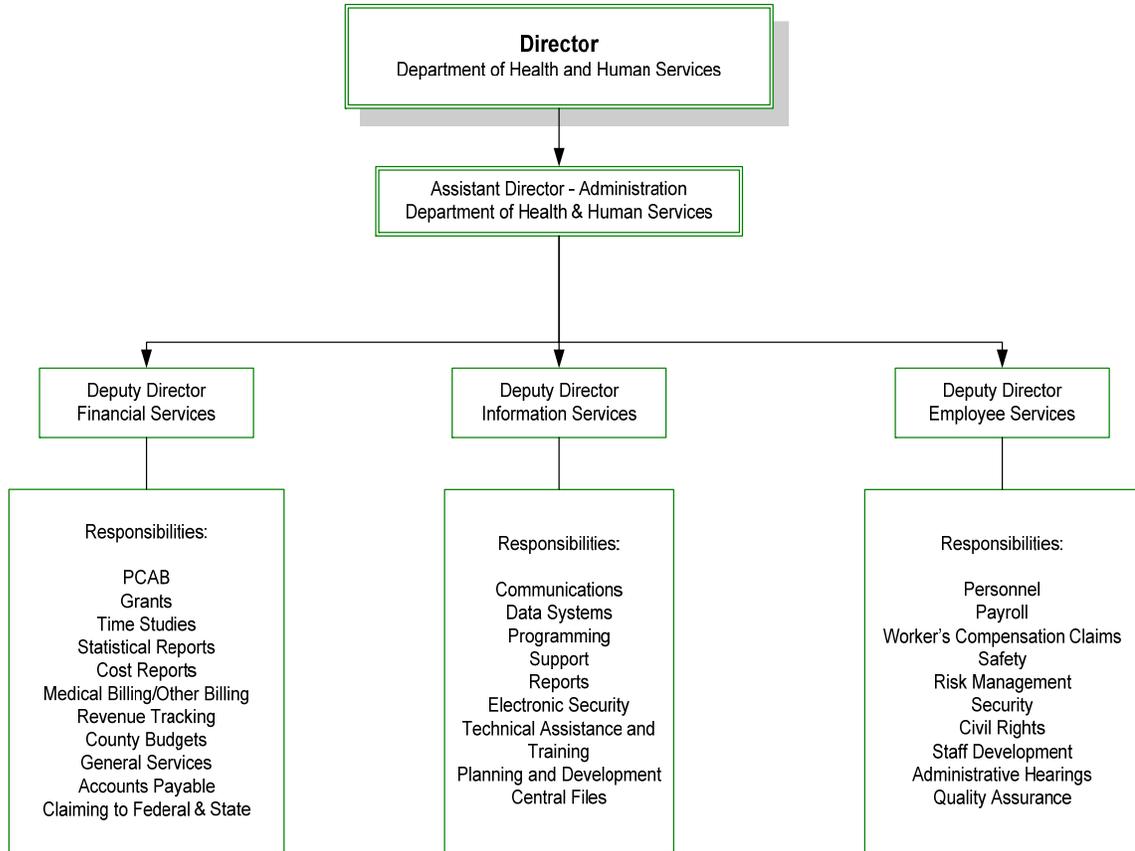
In relation to this organizational restructuring strategy, Humboldt County, over the past 11 years, integrated six departments (Social Services, Mental Health, Public Health, Employment Training, Veterans Services and Public Guardian) to form the Department of Health and Human Services. This reorganization has been efficient in relation to positioning Humboldt County for its various systems transformation processes and programming integrations. An updated chart of this redesigned health and human services organizational structure is contained below. The structure reflected in the chart has been developed to enhance holistic administrative and program support structures required to reduce program and State initiative fragmentation and facilitate integrated service transformation.



Phase I of Humboldt County’s organizational consolidation (1999-2004) also 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:

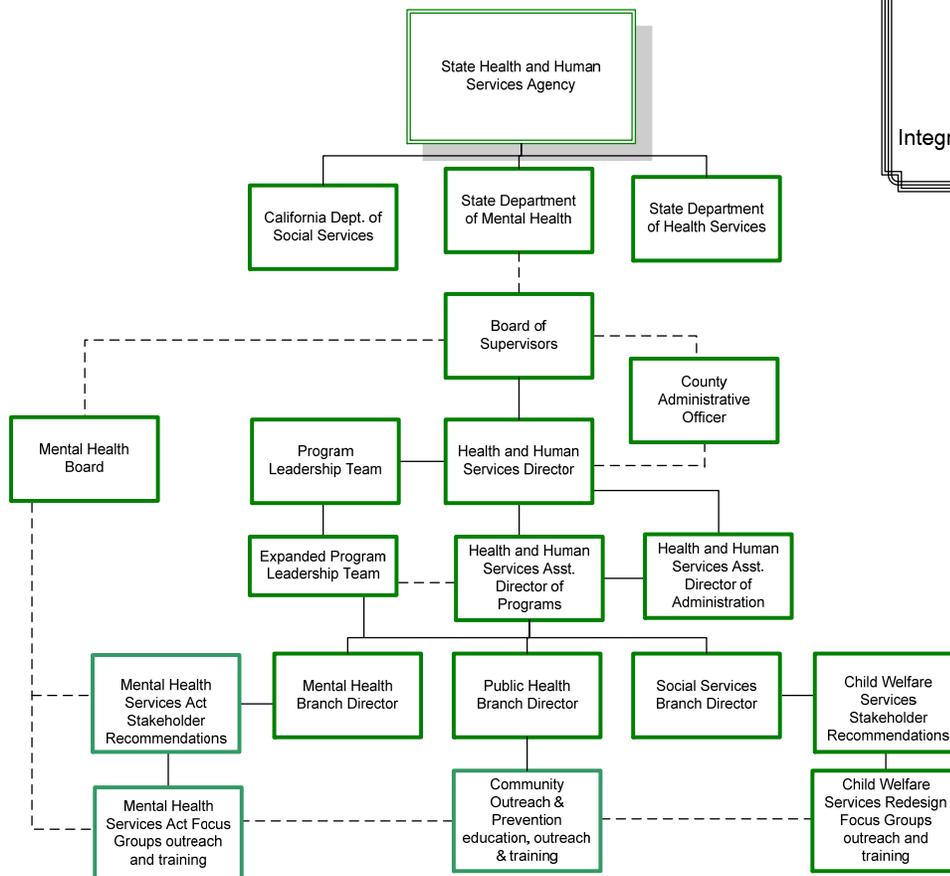
## Department of Health and Human Services

### 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) were integrated.

Example  
Mental Health Services Act  
Child Welfare Services  
Improvement Projects  
Integrated Planning and Programming



## **Phase II Implementation**

Humboldt County’s Phase II (initiated in 2005) organizational efforts “built” on Phase I administrative restructuring efforts towards increasing the department’s capacity needed for the development of centralized program support structures and processes that were 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 senior DHHS staff training and staff development needs for inclusion of improved and culturally competent client and 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 (EBP) 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:**

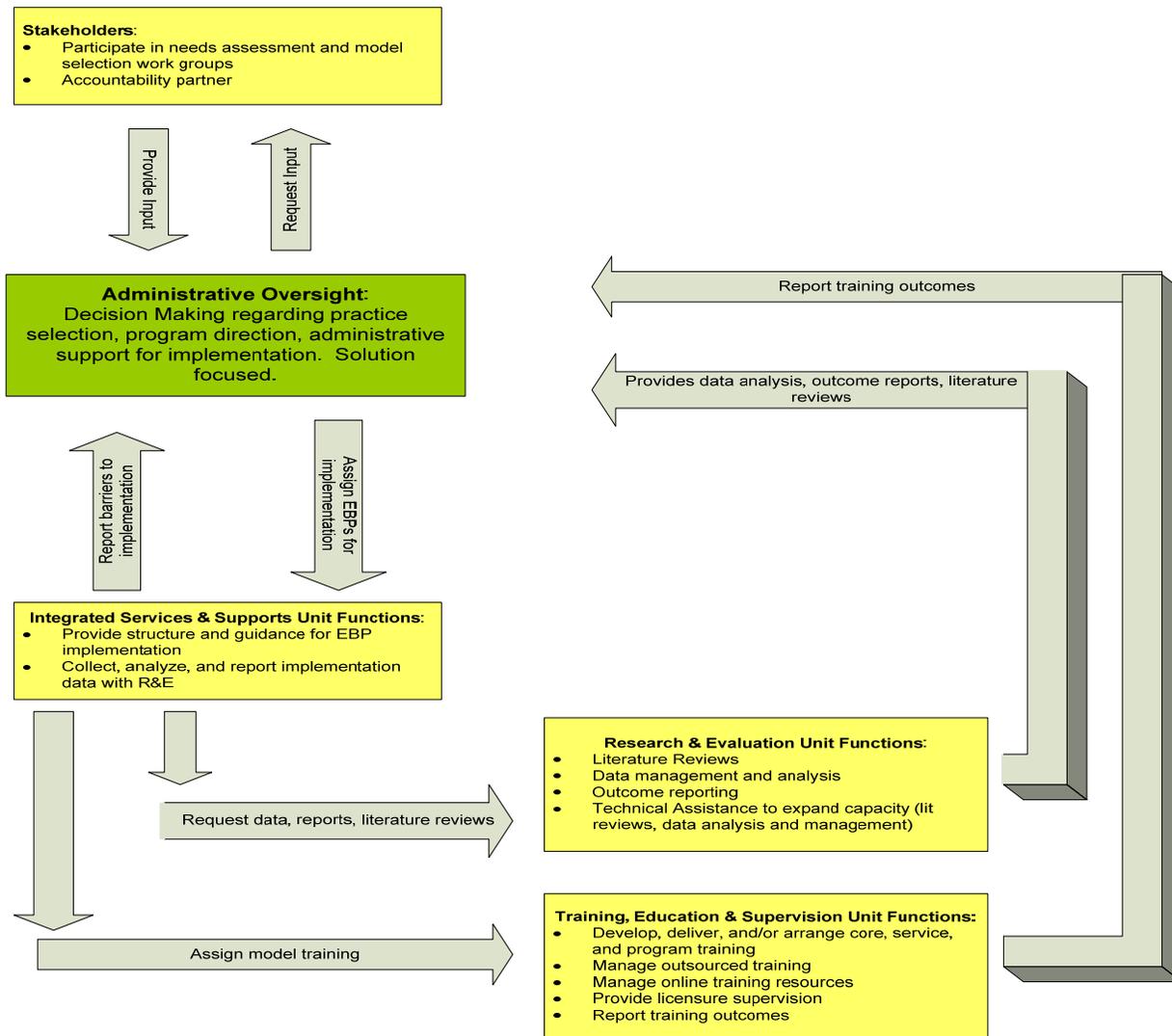
- Provide/contract for pre-launch EBP training and education to branches and stakeholders.
- Provide or coordinate EBP post-launch or on-going training and education needs.
- Develop training to better understand the complex needs of families, engaging for early intervention and supporting connections 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:**

- Track funding and grant initiatives that may target these needs.
- Develop funding applications 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



### Evidence 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. Evidence Based Practices implemented or in process of launch as part of our efforts to develop cross-departmental services are described below:

## **Currently Implemented**

**Incredible Years (IY):** Incredible Years is prevention program in the form of parent training designed to promote emotional and social competence and to prevent, reduce, and treat aggression and emotional problems in young children 0 to 12 years old. Humboldt implemented IY in October 2004. Through June 2010, 371 Caregivers with 523 associated children under the age 18 have been served.

**Functional Family Therapy (FFT):** FFT is a well-established, evidence based family therapy intervention for the treatment of violent, criminal, behavioral, substance use, school, and conduct problems with youth ages 11-18 years and their families. It was implemented in October 2004 and had served 320 youth through December 2010.

**Aggression Replacement Training (ART):** Implemented in February 2005, ART is a comprehensive intervention program designed to teach adolescents to understand and replace aggression and antisocial behavior with positive alternatives using Prosocial Skills; Anger Control; and Moral Reasoning. In Humboldt, ART is implemented for adolescent youth 12 to 18 years old who show or are at risk of aggressive behavior and placed in the North Coast Regional Facility. Informal outpatient ART groups are also occurring with Probation's Healthy Alternatives diversion program (new in late 2010). As of December 2010, 235 youth have participated in ART.

**Family to Family (FtF):** Promoted by the Annie E. Casey Foundation, the Family to Family model provides communities with a framework to improve their child welfare system. Family to Family provides a set of tools to assist with developing family resources. In addition, since May 2005, Team Decision Making have been conducted when key placement decisions are made. The meetings involve birth families, support systems, case workers, foster parents and community members, to ensure a network of support for children and the adults who care for them.

**Parent Child Interaction Therapy (PCIT):** PCIT, launched in October 2004, is an 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. It serves Parents/Caregivers with their children ages two to seven who are risk for maltreatment or exhibiting externalizing behavioral problems. To date, 43 Parents/Caregivers with 39 children have been served.

**Nurse-Family Partnership (NFP):** The Nurse-Family Partnership is an evidence-based home visiting program launched in Humboldt County in July 2009. The Nurse Home Visitors begin seeing pregnant mothers before the birth of their first child and follow the family until the child reaches two years old. This preventive model is available to low income pregnant women (first time mothers) between 16 and 28 weeks of gestation. Currently, 92 women are enrolled with capacity recently expanded to 125.

**Integrated Dual Diagnosis Training (IDDT):** Planning and training for IDDT began in Spring 2010. Integrated treatment means that both psychiatric and substance abuse treatment are provided at the same time, at the same place, and by the same team. Specific IDDT components include: multidisciplinary team; partnership with an Integrated Substance Abuse Specialist; Stage-Wise Interventions; access to comprehensive dual diagnosis services; time-unlimited services; outreach assistance in the community;

motivational Interventions; substance abuse counseling; group treatment designed to address both mental health and substance abuse problems; family education and support on dual diagnosis; participation in alcohol & drug self-help groups; pharmacological treatment; interventions to promote health; and secondary interventions for non-responders such as but not limited to clozapine, naltrexone, or disulfiram or intensive family intervention. The program will serve adults 18+ years with co-occurring disorders.

**Trauma Focused Cognitive Behavioral Therapy (TFCBT):** TFCBT launched in Spring 2010 to serve children four to 18 years of age who have serious emotional disturbance and trauma history. DHHS trained over 20 therapists in addition to supervisors and managers to ensure wide dissemination of this model across the children's system of care. To date, 17 clients have been served through the TFCBT model.

### **Approved for Implementation 2011-12**

**Adolescent Community Rehabilitation Approach with Assertive Continuing Care (A-CRA/ACC):** A-CRA/ACC will serve Adolescents (12 to 22yrs) with substance abuse or co-occurring disorders. It is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers to support recovery; and uses time-out from these reinforcers for substance/alcohol use. Assertive Continuing Care (ACC) includes home visits and case management. It stresses rapid initiation of services after discharge from treatment in order to prevent or reduce the likelihood of relapse. This model has strong research and evaluation results that match local needs, has been the centerpiece for many adolescent substance abuse grants from SAMHSA. Research demonstrates it is a cost effective comprehensive treatment with strong outcomes compared with other models.

**Safe Care:** Safe Care is a home visitation parent training program designed to reduce child abuse and/or neglect of young children between zero and five years old. It fits with DHHS goals of implementing evidence based programs, is based on 30 years of research, and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk.

**Risking Connections & Restorative Approach:** These companion models will serve children and youth placed at the Children's Center shelter. In addition, training can expand to allow families and care providers to more effectively maintain youth at home or in less restrictive family settings. Risking Connections is a foundational trauma training curriculum and program rooted in relational and attachment theory. It provides a framework for understanding and healing the wide array of symptoms and behaviors that land traumatized people in a wide range of mental health settings. Restorative Approach is a model for congregate care settings for children and adolescents emphasizing the healing power of the relationship by providing children with the opportunity to make amends and learn skills to avoid future problems. It is a fit within DHHS because nearly all the youth at the shelter have a history of trauma. This model was identified by review of research, feedback from Youth Law Center, recommendation by Child Welfare League of America, and was selected in a review of four models by a committee comprised of Youth, Children's Center staff, Mental Health staff and Child Welfare Social Workers.

## **Awaiting Approval**

**Partnership for Youth Transition, based on Transitions to Independence Process (TIP) System:** This model will be the core approach to a newly forming Transition Age Youth Division which was designed by youth and DHHS to meet the needs of TAY in a developmentally appropriate way, connecting to adult and children's systems of care where appropriate. The model can serve youth/young adults 14-29 yrs with emotional/behavioral difficulties. It engages youth/young adults in their own futures planning process, providing them with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports. It also involves their families and other informal key players. PYT/TIP was selected by a cross discipline team including youth and is a good fit with Humboldt's values and the HCTAYC mission.

## **Other EBPs Used (Not measured or implemented to fidelity)**

**Matrix Model:** Begun in 2007, though not implemented as an EBP with fidelity, the Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence. It is currently part of the curriculum for group treatment for all clients in adult outpatient AOD programs and at the Healthy Moms Program, as well as being used in part at the Regional facility and adolescent substance abuse treatment program. For adult programs, the model is being replaced with IDDT and for adolescent programs, the model is in the process of being replaced with A-CRA/ACC, described below, both of which have broader application and will be implemented with fidelity.

**Motivational Interviewing/Enhancement:** Motivational Interviewing has been taught and used for several years across ages and disciplines such as mental health, co-occurring disorders, substance abuse, Child Welfare, Probation, and pregnant/ parenting women. It is imbedded in other EBPs such as IDDT and NFP and is also used in supervision with staff. DHHS and Probation have hosted several trainings in the last 5 years to help staff learn to integrate these skills into daily practice across multiple populations.

Humboldt County Health and Human Services is committed to implementing Evidence Based Practices in targeted Universal (prevention), Selective (early intervention) and Indicated (treatment) strategies. This long-term strategic approach is constantly re-assessed for outcomes and fiscal efficiencies. Evidence Based Practices are viewed as one foundation for successful community and family interventions.

The next challenge is to move the implementation from project-specific practices to a system structure that weaves together the models in a way that widely permeates DHHS staff and community skill sets, maximizing access to research-supported approaches for families throughout the county.

## **Integrated Service Co-Location Strategies**

The department has implemented 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 departmental programs 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 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 combined with EBP’s and the concurrent implementation of Universal / Selective and Indicated approaches represent a fundamental strategic transformation in approaching community health and wellness issues.

For example, Family Resource Centers (FRC’s) are non-profit, community based agencies that provide support and resources to community members. The supports and resources offered by Humboldt County’s 17 FRC’s vary depending on community needs, geographic location and funding. The types of services provided by Resource Centers may include child welfare services, employment services, immunizations, 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, health insurance enrollment, CalFresh access and self sufficiency. 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 Resource centers are our partners on several programs and are key informants as we move forward on prevention and family strength based services.

This strong community collaboration has resulted in improved outcomes throughout our county and a deeper understanding the mission and responsibilities of our department.

## **Challenges and Next Steps**

The Department's Strategic Plan encompasses developmental and complex transformational work that has required gradual systemic change over time.

In addition, the current state budget crisis, the proposed realignment of state programs and the regulatory, statutory and fiscal barriers that impede effective and efficient county system program and planning responses that are required to implement various state initiatives will need continued state department assistance to overcome.

The immediate challenge before the State is to develop and disseminate information about successful transition initiatives such as Humboldt's to support the state proposed realignment in FY 11/12.

### **Strategies**

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

- Design, refine, implement, assess and fund the core transformational organizational program support structure(s) and rapid cycle processes required to facilitate Humboldt County's Integrated Services Initiative.
- Work to enhance State support of Humboldt County's holistic approaches and efforts to achieve organizational integration and cross system strategic plan goals.

### **Strategic Plan Approach**

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

- Target integrated programming, evaluation and fiscal planning for all state initiatives.
- Link to its revised health and human services vision, 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 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 an integrated and centralized cross-branch:
  - Outcome and evaluation capacity
  - Training capacity
  - Agency resource initiatives and grant response capacity
  - Public education and outreach capacity
  - Quality improvement and quality assurance capacity
  - Stakeholder and cultural diversity inclusiveness capacity

Our 2011-2016 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:

- Strategic plan goals that are primarily targeted at children and family populations.
- Strategic plan goals that are primarily targeted at transition age youth.
- Strategic plan goals that are primarily targeted at adult.
- Strategic plan goals that are primarily targeted at older adult populations.
- Strategic plan goals that are primarily targeted at community health issues and wellness issues.

## **DHHS Strategic Plan Goals 2011 - 2016**

### **Children and Families**

- Incorporate Evidence-Based Practices (EBPs) as appropriate:
  - Implement Safe Care, to reduce impact of neglect on children 0 to 5 yrs old
  - Identify and implement Alcohol and Other Drug EBPs
  - Further develop Differential Response for children at risk of child welfare intervention.
  - Increase EBPs that increase reunification and decrease child welfare re-entries.

### **Transition Age Youth (TAY)**

- Create a TAY Division that links TAY to job training and support, education support, housing, health and behavioral health services.
- Work with each youth to create an adequate support system structure
- Incorporate Evidence-Based Practices as appropriate:
  - Implement EBPs focused on the behavioral health needs of TAY.
  - Identify and implement an Alcohol and Other Drug EBP appropriate for this population.
  - Identify and implement a TAY peer model to foster hope and improve outcomes.

### **Adults**

- Integrate and decentralize adult services to include the Public Guardian Office, Veterans Service Office, In-Home Supportive Services, Older Adults, Adult Protective Services, Employment Training, General Assistance, Behavioral Health, North Coast AIDS Project (NorCAP) and Public Health Adult Services.
- Implement Integrated Dual Diagnosis Treatment EBP.

### **Older Adults**

- In partnership with our communities, design an integrated system of care to meet the developmental needs of the aging population.

## **Community**

- Expand co-location of DHHS services in outlying communities.
- Build linkages with community's resources across lifespan.
- Expand and strengthen community partnerships to ensure the availability of affordable housing and support for hard-to-house families and individuals.
- Co-lead the creation of a local implementation plan for Health Care Reform.

## **Historical Review Phase II AB 1881 Goals 2007-2010**

### **Goal 1: Implement integrated foster care approaches for Humboldt County.**

#### Progress toward goal

- Merged Child Welfare Services, and Children, Youth and Family Mental Health Services with Public Health foster care services: In March 2010, Children & Family Services was formally integrated, with Phase I of the formation uniting children's Behavioral Health Programs and children's Social Services Programs.
- Expanded foster care behavioral health to include mental health and public health nursing services: This practice was initially focused on children and youth in permanency planning, and now includes family maintenance and family reunification cases. The goal is to provide stability in foster care through holistic, comprehensive services related to permanency, physical health, and mental health. mental health screening is completed for all children with an open child welfare services case.
- Dedicated multidisciplinary team: The integrated case review team includes program managers and supervisors from child welfare services and mental health, and public health. Meetings are conducted weekly to review all youth in the Children's system of care to ensure that there is stability in placement, that their mental health needs are being met, as well as their medical and dental needs.
- Developed logic model and evaluation methodology: Process began with meetings in Spring of 2010. A final product was issued in October 2010. The evaluation methodology is a compilation of several evaluation tools including Division 31 and Efforts to Outcomes. Through these tools we are analyzing stability in placement, high school graduation, obtaining permanent housing, enrolling in a college or vocational school, consistent employment, and obtaining medical, dental, and mental health care.
- Improved Foster Care penetration data per California External Quality Review Organization: From Calendar Year '06 thru Calendar Year '09, our Foster Care penetration rate increased more than 10%, from 56.27% to 61.67%, and is higher than the statewide and mean small county rates.

**Goal 2: Assess and integrate Transition Age Youth services across branches and inclusive of Mental Health Services Act, Transitional Housing Program Plus, Independent Living Skills Program and the Workforce Investment Act.**

Progress toward goal

- Established Humboldt County Transition Age Youth Collaboration in 2008: Co-location in 2009 of Humboldt County Transition Age Youth Collaboration with Independent Living Skills Program. Humboldt County Transition Age Youth Collaboration developed recommendations and has provided evaluation reports for the Children's Center, Semper Virens, and Psychiatric Emergency Services.
- Brought Transition Age Youth membership onto the Mental Health Board in August 2010.
- Wrote and received approval for Mental Health Services Act Prevention and Early Intervention and Innovation plans: Approved in April 2010, our Innovation Plan consists of a peer-based approach to improving mental health outcomes for older transition age youth with severe mental illness, especially those who have experienced foster care. This project will pair each participant with a peer support specialist who is an active participant in a range of youth-driven Department of Health and Human Services initiatives.
- Developed design for a Transition Age Youth division in August 2010.
- Expanded Transitional Housing Program Plus beds in 2009 from six to 14 and received Housing and Urban Development approved funding for 10 beds beginning in 2005. Currently applying for the Family Unification Program vouchers from Housing and Urban Development.
- Joined California Connected by 25 Initiative: California Connected by 25 Initiative began in 2007. This 3-year initiative focuses on K-12 education, employment, post-secondary education, housing, Independent Living Skills Program, permanency, and personal and social asset development of transition age youth.
- Developed Youth Transition Action Team in December 2006: It is an integrated team of professionals from employment, education, housing, probation, Children & Family Services as well as representatives from Humboldt County Transition Age Youth Collaborative, Independent Living Skills Program and Elite. The Youth Transition Action Team is charged with ensuring youth have stable housing, permanent connections, employment, and educational support.
- Enhanced data collection and outcome tracking through the Efforts To Outcomes system in February 2008: This data collection tool measures the number and type of service activities that Independent Living Skills Program youth participate in.
- Implemented youth-focused employment support services at the Job Market.
- In August 2009, implemented an integrated policy for foster youth aging out to make sure they get food stamps and Medi-Cal.

- Began the Humboldt Offers Permanency for Everyone pilot project in 2005, locating family members for foster children in permanency planning and expanded to all youth in the Child Welfare Services system of care in 2008.
- Implemented Nurse-Family Partnership in August 2009: Ninety mothers enrolled as of November 2010. Potential clients are first time, at-risk, often transition age youth, pregnant women.

**Goal 3: 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.**

Progress toward goal

- Forged stronger relationships with Family and Community Resource Centers in June 2005 for Child Welfare Services' Differential Response and June 2007 for CalWORKs.
- Implemented Eyberg Child Behavior Inventory and Parent Stress Index evaluation tools in Winter 2010.
- Co-located Mental Health, Public Health and Child Welfare Services intake units allowing for integrated early-intervention approaches.
- Empowered line staff to determine integrated response across the three disciplines: In January 2010, the decision as to which partner agency would team with Child Welfare Services on assigned referrals was moved from the supervisor level to the line-level. The social worker consults with co-located line staff from mental health and public health to determine the most appropriate team response.
- Embedded a mental health clinician in the Alternative Response Team in September 2006.
- Implemented Incredible Years in 2004 and expanded trainings with additional facilitators in 2010.
- Implemented Parent-Child Interaction Therapy in 2004.

**Goal 4: Design and implement system changes to assure that children and youth in foster care receive health and mental health access and/or service referrals as indicated upon entry into the foster care system.**

Progress toward goal

- Began utilizing the Mental Health Screening Tool on all children who are in a child welfare services case.
- Achieved Division 31 compliance rate for medical and dental services at 90+ percent.
- Instituted monthly tracking and quarterly reporting of access and penetration for mental health services.
- Implemented Linkages with CalWORKs and Child Welfare Services: Begun in 2005, Humboldt County's Linkages work plan seeks to improve early identification of

mutually served Child Welfare Services/CalWORKs clients and coordination of services, case planning, training and evaluation of outcome measures.

- Implemented Trauma-Focused Cognitive Behavioral Therapy in 2010.
- Public Health Nursing began using Ages and Stages Questionnaire for screening tool in 2009.

**Goal 5: 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.**

Progress toward goal

- Goal achieved. No planned out-of-county or out-of-state placements.
- Use Family Intervention Team to facilitate interdepartmental and interagency collaboration by establishing a community-based comprehensive system of care for at-risk children, youth, their families and care providers: Family Intervention Team's focus is the coordination of treatment, appropriate placement, and the monitoring of client outcomes at weekly meetings. Resource Allocation Committee is comprised of the director of public health nursing, deputy directors of children & families branch, probation division director, and program managers of Children & Family Services.

**Goal 6: Continue to improve service integration through the consolidated Department of Health and Human Services/Probation (SB 933) foster care placement review ability.**

Progress toward goal

- Use Family Intervention Team to facilitate interdepartmental and interagency collaboration by establishing a community-based comprehensive system of care for at-risk children, youth, their families and care providers: Family Intervention Team's focus is the coordination of treatment, appropriate placement, and the monitoring of client outcomes at weekly meetings. Resource Allocation Committee is comprised of the director of public health nursing, deputy directors of children & families branch, probation division director, and program managers of Children & Family Services.

**Goal 7: 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.**

Progress toward goal

- Implemented Nurse-Family Partnership to prevent tox-positive births among first-time moms.
- Began providing immediate response to all tox-positive babies, usually while still in the hospital.

- Public Health Nurses and Mental Health Clinicians co-located and available for joint visits with Child Welfare Services social workers while investigating referrals to address those needs.
- Expanded Differential Response: Staff is available to collaborate with Child Welfare Services social workers working with families in investigations Monthly meetings are conducted on expanding Differential Response partners, strategizing, and discussing outcomes.

**Goal 8: Improve medical and dental access, mental health services access and treatment for all children and youth.**

Progress toward goal

- Integrated Children & Family Services Division to encompass children who are not in foster care.
- Launched Children's Health Initiative in September 2006.
- Implemented in 2005 the Dental Advisory Group, a consortium of Community-Based Organizations, dental providers, foundations and Department of Health and Human Services staff meeting quarterly to assess and improve access to dental services for children.
- Instituted in June 2007 well-child dental fluoride varnish for kids under 3.
- Continued the Children's Health and Disability Prevention program Gateway: Children who receive care through the Children's Health and Disability Prevention Gateway are presumptively granted Medi-Cal for up to 2 months. Children's Health and Disability Prevention staff proactively contact parents after children receive a Gateway health check up to assure ongoing enrollment in appropriate insurance plan.
- Implemented web-based enrollment in health insurance via C4Yourself and One-E-App
- Began use of Mobile Engagement Vehicles to outreach to rural areas in May 2010.
- Began participation in 2008 in the Riverbend Education Program at Arcata High School, a special education classroom for high school youth with "emotional disturbance" as an educational qualifying condition. Mental Health Clinician onsite to provide treatment and consultation.
- Facilitate Adolescent Treatment Program which includes substance use services for youth, incorporated into the Children & Family Services Division: All referrals receive comprehensive behavioral health assessment and referral to appropriate services Alcohol and Other Drugs and/or mental health services as appropriate.

**Goal 9: Improve shared and independent housing options and resources for emancipating transition age foster care youth inclusive of youth with serious emotional disorders.**

Progress toward goal

- Expanded Transitional Housing Program-Plus beds: In the summer of 2009, Transitional Housing Program-Plus was increased from six beds to 14 with a variety of housing models. There is a single site transition model, scattered site transition model, scattered site permanent model, and host family model.
- Secured Housing and Urban Development funding for beds and Housing and Urban Development Family Unification Program vouchers previously described in Goal #2.
- Secured Mental Health Services Act Housing funds: \$1.9 million for 12 to 20 beds in shared housing for persons aged 18 and above who are seriously mentally ill, homeless or at risk of homelessness. Occupancy expected to begin Spring 2012.
- Received approval for Mental Health Services Act Innovation Plan: a peer-based approach to improving mental health outcomes for older transition age youth with severe mental illness, especially those who have experienced foster care. This project will pair each participant with a peer support specialist who is an active participant in a range of youth-driven Department of Health And Human Services initiatives.
- Continue to participate in the Humboldt Housing and Homeless Coalition and, Humboldt County Transition Age Youth Collaboration. Humboldt Housing and Homeless Coalition is a continuum of care committee focusing on homeless and housing issues.
- Developing Full Service Partnership for Transition Age Youth: Received initial approval for the organizational structure in September 2010. The Full Service Partnership will provide holistic support, including housing supports, for youth with serious mental illness.

**Goal 10: Continue to implement Family-to-Family community strategies with an emphasis on team decision-making in all placement decisions.**

Progress toward goal

- Implemented use of Team Decision Making meetings for placement changes in May 2005. Full implementation for all placement decisions began February 2008.
- Participating in Quality Parenting Initiative to recruit quality resource families for children.
- Complete a quarterly trends data document to monitor outcomes.

**Goal 11: With California Department of Social Services assistance, maximize Child Welfare Services restructuring and Mental Health Services Act workforce support by addressing MSW pre-and post-graduate training and placement options consistent with AB 315 holistic cross-systems approaches.**

Progress toward goal

- Set up Training, Education and Supervision Unit to coordinate all training in 2006: Implemented Clinical Supervision component in October 2006. Hired a dedicated Training, Education and Supervision Program Manager in 2009.
- Meeting bi-monthly with department chairs of Humboldt State University.
- Focused on recruiting, educating and hiring bachelor-and master-level staff: Most Social Worker positions are now filled with master-level staff. Created in March 2001 additional classes Social Worker IV-C and Social Worker IV-D to further professionalize the field.
- Developed Mental Health Services Act Workforce Education and Training plan: One goal of the Superior Region Workforce Education and Training Plan is to offer distance-ed for BSW and MSW degrees through Humboldt State and Chico State universities, and implementation is tentatively slated for the fall of 2011.

**Goal 12: Further develop Community Resource Center / Family Resource Center capacity and stakeholder partnership with Department of Health and Human Services to assist with enhanced community capacities to support families.**

Progress toward goal

- Began Differential Response referrals to Community Resource Centers in Summer 2006.
- Provide CalWORKs employment opportunities beginning in 2007 with all Family Resource Centers: The Family Resource Centers support and collaborate with CalWORKs staff to improve work participation and client and family engagement, reduce sanction rates, support families and identify Work Experience sites within their communities.
- Initiated AmeriCorps/Redwood Community Action Agency's Assisting Families Access Change Through Resources in July 2010: With Family Resource Center /Community Resource Center staff providing case management services to families referred by Child Welfare Services, it is expected that with the reduction in negative child behaviors and parent stress the likelihood of recidivism will also decrease.
- Began offering mental health services through Family Community Resource Centers: Mental health staff are delivering assessments and services at Resource Centers throughout the county, either directly or through its organizational provider network. The assignment of a Mental Health clinician to the Mobile Engagement vehicles during 2010 has promoted access at Resource Center sites throughout the county.
- Shared training opportunities with a variety of Family Community Resource Centers and community stakeholders.

- In 2006, developed regional teams with Family Community Resource Centers, including Child Welfare Services and the Public Health Branch.
- Procured and launched Mobile Engagement Vehicles: Goal is providing Department of Health and Human Services services to outlying communities isolated by geography, culture, language or lack of transportation. Began providing regular services in May 2010.
- Began in 2004 offering Incredible Years parenting classes, including Spanish language and tribe-specific classes, in partnership with Family Community Resource Centers.

**Goal 13: With state assistance, implement strategies to increase health, dental health, mental health, alcohol and other drug services to families up to 300% Federal Poverty Level through increased access to health insurance coverage.**

Progress toward goal

- Implemented Children's Health Initiative with the goal of all children of Humboldt County receiving insurance.
- Began in January 2010 supporting County Medical Services Program behavioral health pilot: County Medical Services Program has partially reimbursed the Mental Health Branch for up to 10 days of psychiatric hospitalization per year for each County Medical Services Program eligible client. Prior to this date, all services for County Medical Services Program-eligible persons were without any reimbursement.
- Operationalized One-e-App system in 2007. Application assistants were trained and provided application assistance at Family Community Resource Centers, clinics and Public Health.
- Launched C4Yourself, a Web based application and tracking system.
- Conducted CalFresh food stamp outreach.
- Opened Women, Infants and Children program location in McKinleyville in March 2006.
- Used American Recovery and Reinvestment Act dollars to fund kid food packs in July, August and September of 2010, which were delivered to outlying communities by Mobile Engagement Vehicles: American Recovery and Reinvestment Act provided 1,619 food boxes to children who did not have breakfast and lunch at school during the summer.

**Goal 14: Continue to increase service linkages to health, behavioral health and Child Welfare Services, and explore enhanced funding strategies to families as defined in Temporary Assistance to Needy Families.**

Progress toward goal

- Used American Recovery and Reinvestment Act funding to implement job support and readiness through subsidized employment in partnerships with nonprofits, businesses and local government agencies: Department of Health and Human

Services made these funds and services available to families on CalWORKs and families under 200% federal poverty level. Employers received an 80% subsidy for new hires. Department of Health and Human Services also provided short-term funds and services to needy families in crisis, including emergency food benefits and nutritional support in partnership with Food for People. Nutritional support provided eligible families with food boxes of healthy and nutritious foods, including fresh produce purchased from local farms, to get them through the summer months when school lunch and breakfast programs were closed. Another short-term benefit activity encompassed housing assistance involving emergency shelter, moving or rental assistance, and eviction prevention. Family support services were also actively provided with grants to two county domestic violence shelters and to North Coast Big Brothers Big Sisters.

- Redesigned program for HumWorks in January 2011. Changed program to reinforce its role as work support activity and boost Workforce Participation Rate.
- Reconfigured the Multiple Assistance Center to support homeless CalWORKs clients in becoming self sufficient through work and education activities and increased case management.
- Created the Children & Family Services Division.
- Began using CalWORKs Work Experience staff through Department of Health and Human Services and communities. Increased participants by over 200% since 2007.

**Goal 15: 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.**

Progress toward goal

- Participate in tribal roundtables: The Multi-Tribal Roundtable is hosted by Two Feathers Native American Family Services and is attended by the local tribes, probation, and Children & Family Services.
- Participated in Weaving Good Relations conference on January 8, 2010: Three subcommittees were formed and continue.
- Received Initiative to Reduce Long-Term Foster Care grant: On October 1, 2010 Humboldt, Fresno, Los Angeles and Santa Clara counties were awarded a five-year grant to focus on improving outcomes for foster children in California. Now called the Permanency Innovations Initiative.
- Began providing case management services on the Mobile Engagement Vehicles: Managing care for persons with serious mental illness who are homeless anywhere in Humboldt County, including tribal lands.
- Provide Public Health nursing in Hoopa preschools in September 2009 as part of First 5 School Readiness Initiative: Public Health Nurse provided linkages to health services, developmental screenings and parenting assistance. Also initiated Incredible Years classes in Hoopa.

- Implemented Incredible Years with tribes in 2010 and in Spanish in 2009.
- Began partnering with tribes to provide Differential Response: Child Welfare Services social workers engage the tribal social workers whenever possible when investigating referrals in order to better support families and prevent child maltreatment.
- Participated in Beyond the Bench conference in September 2010: Included County Counsel, State Adoptions, Humboldt County Transition Age Youth Collaboration, Care Providers, Tribal Entities, Probation, Mental Health, Public Health, and Child Welfare Services. The keynote speaker was the Yurok Tribal Court Commissioner with the theme of “New and Upcoming Practices.” One of the topics was tribal customary adoption presented by Yurok tribe and State Adoptions.
- Beyond the Classroom conference in October 2010 focusing on the educational needs of our foster youth included participation by judges, tribes, probation, CASA, schools, child welfare services, mental health and care providers.
- Implemented Nurse-Family Partnership for tribal moms.
- Created new employment class and hired a translator/interpreter in March 2009: Provided translation and interpreting services for wide variety of Health and Human Services client services.
- Created Mental Health cultural competency plan: The Mental Health Branch Cultural Competence Plan is completed every three years and it addresses baseline needs assessments, planned interventions and outcomes achieved as the department promotes ethnic and cultural diversity training, outreach, access and appropriate service provision.
- Increased number of Public Health communications translated into Spanish.
- Translated all key Mental Health forms into Spanish 2009-10.
- Made Spanish-language services available on the Mobile Engagement Vehicles.
- Improved public education outreach to tribal areas in Eastern Humboldt.

**Goal 16: Continue to implement and assess the outcomes of our integrated services model for the incapacitated General Assistance population across the Mental Health and Social Service Branches.**

Progress toward goal

- Co-located part-time Public Health Nurse in October 2008, full-time Mental Health Clinician in May 2008, and full-time Mental Health case manager in August 2008 to provide assessment and referral to General Assistance clients.
- Initiated multidisciplinary team meetings to review client service: Meetings are conducted weekly with a Public Health Nurse, Eligibility Supervisor, Mental Health Clinician, and General Assistance Social Worker Supervisor.

- Initiated Vender/Voucher system for General Assistance in May 2010: Recipients are issued \$30 cash, rent payments directly to landlords and two-party checks are issued for redemption at local businesses for goods.
- Developed policies and tracking with Alcohol and Other Drug and Mental Health to ensure treatment compliance.

**Goal 17: 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.**

Progress toward goal

- Reduced Institutes of Mental Disease placements to one from a high of 22.
- Enrolled more than 100 clients in Comprehensive Community Treatment which includes using In-Home Supportive Services as needed.
- Improved partnership between Mental Health Branch with Public Guardian's Office.
- Began developing strategy for integrated client-based planning for high-risk clients.
- Educated Department of Health and Human Services staff about recovery and wellness concepts and established the expectation of this philosophical approach to services.

**Goal 18: Develop and pursue strategies to increase the affordable housing stock available to adults with serious and persistent mental illness.**

Progress toward goal

- Worked with Crestwood to develop less-restrictive placements, including one for adults over 60.
- Began high-level participation in Humboldt Homeless and Housing Coalition.
- Began working closely with housing authority to develop project-based certificates and increased the number of clients signing up for Section 8.
- Assigned Mental Health Services Act Housing dollars: Selected development partner, Humboldt Bay Housing Development Corporation, in February 2010.
- Utilized American Recovery and Reinvestment Act funding for housing assistance.
- Began Full Service Partnership, Comprehensive Community Treatment in 2007.

**Goal 19: Continue to design and implement integrated services for shared In Home Supportive Services/Adult Protective Services populations across Social Services, Mental Health and Public Health Branches.**

Progress toward goal

- Held In Home Supportive Services Comprehensive Community Treatment Institutes of Mental Disease training to foster integrated services in August, September and November 2010.

- Referral process in place for Comprehensive Community Treatment clients who might benefit from In Home Support Services to maintain safe and stable housing.
- Access Federal Financial Participation Targeted Case Management Skilled Professional Medical Personnel.

**Goal 20: Continue to develop program linkages between Social Services, Mental Health and Public Health to explore enhanced funding strategies for In-Home Supportive Services to the elderly and disabled.**

Progress toward goal

- See responses for Goal # 19.

**Goal 21: Collect, analyze, assess and share information related to health conditions, risks and community resources to improve health and mental health outcomes.**

Progress toward goal

- Hired epidemiologist in November 2005: Epidemiologist performs disease surveillance including injury surveillance, analyzes health data for trends in health issues and monitors patterns and distribution of illness and mortality.
- Implemented EpiCenter Real-time Outbreak and Disease Surveillance reporting system in May 2010.
- Established deliverables on The California Endowment Healthy Communities planning grant.
- Began implementation of Mental Health Services Act Prevention and Early Intervention Suicide Prevention, Stigma and Discrimination Reduction and Transition Age Youth plans: Performance outcomes are being developed.
- Systematized collection and analysis of suicide data: Alcohol and Other Drug and Older Adult Suicide working groups established.
- Conducted Question, Persuade, Refer trainings for suicide prevention: First session in November 2009. To date have presented 17 trainings to staff, local community-based organizations and interested community members, including schools and Family Resource Centers.
- Applied Suicide Intervention Skills Training implemented in January 2011.
- Created healthcare reform working group.

**Goal 22: Analyze existing policies, regulations, resources and strategic priorities to promote sound health policy development.**

Progress toward goal

- Held 2010 DHHS Leadership Strategic Planning Sessions
- Established Healthcare reform Department of Health and Human Services working group.

- Supported American Recovery and Reinvestment Act initiatives: Food boxes for families and kid packs were developed in consultation with Public Health nutritionists and included education about healthy eating on a limited budget. Applications for Food Stamps were taken on the Mobile Engagement Vehicle as kid packs were distributed. Project included purchase and donation of fresh produce from local family farms. Joint project with Food for People, a non-profit food bank. American Recovery and Reinvestment Act employees helped develop this project and worked on Mobile Engagement Vehicles to distribute food and assist with application process. Temporary Assistance to Needy Families Emergency Contingency Fund housing and utility assistance from Mobile Engagement Vehicles completed the American Recovery and Reinvestment Act package of services.
- Participated in Health Impact Assessment of General Plan Update.
- Held Healthy Rural Communities Regional Forum September 2010, which was attended by 135 people interested in these issues.
- Supported Safe Sustainable Transportation activities for local schools and communities: Safe Routes to School 09-10.
- Conducted Shifting Gears Transportation Survey taken by 811 people in Fall of 2009 (pre-survey), and the post program survey taken in Fall 2010 by 773 people: The pilot project included 240 county employees. Transportation Demand Management program for Humboldt County employees, designed to engage in active transportation and increase utilization of carpooling and mass transit as a result of survey above.
- Integrated Mental Health and Alcohol and Other Drug advisory boards into a Behavioral Health Board.

### **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 HHS 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/EPSTDT 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.