

County of Humboldt

Human Services Cabinet



AB 1259

Strategic Plan

Phase I

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**County of Humboldt
Human Services Cabinet AB 1259
Phase I Implementation Plan**

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June 20, 2000

Earl Johnson, Associate Secretary for Planning and Evaluation
1600 9th Street, Room 460
Sacramento, CA 95814

Dear Mr. Johnson:

On June 13, 2000, the Board of Supervisors approved Humboldt County's Human Services Cabinet's Strategic Plan for participation in the AB 1259 Project.

The Board will receive biannual reports on the Projects implementation status. It is our hope that our participation will result in targeted assistance from the Department of Health and Human Services and involved State Departments in eliminating the regulatory and fiscal barriers that impede our County's ability to deliver integrated human services to our residents.

For further information pertaining to Humboldt County's AB 1259 involvement, please contact Phillip R. Crandall, Director of Humboldt County Department of Social Services.

Sincerely,

Roger Rodoni, Chair
Humboldt County Board of Supervisors

ASSEMBLY BILL 1259
Strategic Plan Cover Sheet

County Name; **Humboldt County**

Person(s) to be contacted concerning the strategic plan:

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COUNTY CERTIFICATION FORM

The signatories below hereby approve this plan for submission and participation under Chapter 705, Statutes of 1999 (Assembly Bill 1259, Strom-Martin).

Roger Rodoni, Chair
Humboldt County Board of Supervisors

Dated: _____

Phillip R. Crandall, Director
Humboldt County Department of Social Services

Dated: _____

Jeff Arnold, Director
Humboldt County Public Health Department

Dated: _____

Linda Hartman, Director
Humboldt County Mental Health

Dated: _____

Dave Lehman, Chief Probation Officer
Humboldt County Probation Department

Dated: _____

Farrel Starr, Director
Employment Training Department

Dated: _____

IV. EXECUTIVE SUMMARY

Need: Many Humboldt County residents live miles away from the public and private services and supports that are primarily found in the most densely populated cities of Eureka, Fortuna and Arcata. These residents may lack the transportation and other resources necessary to allow them to access the services they need. Services available in local communities, close to where people live and staffed by local residents who are known and trusted by community members, are needed.

Residents who live in the most populated areas may still not access the services and supports they need because of other barriers. These barriers, which can affect residents no matter where they live, may include lack of money, mental illness, cultural and language barriers, and a lack of trust in "the system." Poverty and unemployment have been higher in Humboldt County than in the State for thirty years. Poverty and unemployment can lead to the barriers of family and community difficulties and stress, such as crime, youth gangs, domestic violence, homelessness, and substance abuse.

Many County residents have multiple needs and face multiple barriers in getting these needs met. Current programs and services which focus on only one area of need are often not successful because they do not treat the individual or family holistically. For example, providing job training for a single TANF mother without also addressing her other possible needs-- such as child care, transportation, mental health, substance abuse treatment, and domestic violence treatment services-- may not result in her successful employment. In addition, programs and services that are not available "close to home" are not accessed by clients. Most of the assessments reviewed in the development of this Strategic Plan include the need for the provision of comprehensive, integrated health and human services, provided in local communities, to client populations.

Vision and Goals: The Humboldt County Human Services Cabinet (HSC) consists of five County Departments-- Employment Training and Development, Mental Health, Probation, Public Health, and Social Services. Formed in 1995, the HSC's Vision is that "Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults, and communities." The Cabinet has established six Framework Goals for its operation. These are:

- Departments with programs for children, families, and adults will deliver coordinated, efficient services and maximize the resources available to deliver those services. Services will be decentralized in close proximity to clients to the maximum extent feasible.
- The integrity of specialized services will be preserved.
- Services will be tailored to match the multi cultural and multilingual diversity of our community.
- Partnerships between County services and community-based organizations will be strengthened.
- Services will be provided through a system incorporating outcome evaluation to ensure accountability of resource management.

- All current and newly identified monies will be reinvested into the human service system,

The HSC's Vision and Framework Goals are in agreement with the intent of AB 1259. The HSC has established the following goals for the AB 1259 Phase I Strategic Plan, which overlay on the Framework Goals already established. These goals are:

1. Establishment of 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.

Strategy: In coordination with the Department of Health and Human Services, the HSC will convene workgroups to address the current State and Federal barriers to service integration, including barriers imposed by confidentiality laws. Concurrently, the HSC will conduct an assessment of fiscal barriers and a reassessment of its current multi departmental organizational structure. If, as a result of this reassessment, more efficient organization models emerge, the Cabinet may reorganize departmental structures to promote increased efficiency in administration, service delivery and increased access to funding. The first six months of implementation will be focused on identification of barriers and potential restructuring. Planning the establishment of Community Resource Centers will begin in the next six months. Service integration plans are anticipated to be completed by the end of year two, for a total three year process.

In implementing this strategy, the HSC will work in coordination with other County collaboratives and groups that provide services to the target population, These groups will provide a forum for information sharing, and "expert" members to participate in work groups that focus on achievement of specific AB 1259 goals, and potential sources of matching funding for the planning and establishment of Community Resource Centers.

V. NEEDS ASSESSMENT

Identified needs in Humboldt County: The need to provide comprehensive, integrated County health and human services have been identified over the past several years through community assessments and conversations with other County and private non-profit providers. Several recent assessments addressing the needs of the target population were reviewed in the planning for AB 1259 Phase I Implementation. This target population includes as a primary focus children, families, adults who are living at 180% of poverty level, on Medi-Cal, and who should or do receive County services. The assessments reviewed are:

Humboldt County Children and Families Commission Strategic Plan (Proposition 10). The needs assessment used in the development of the Strategic Plan was performed in April - November, 1999. Information about needs was gathered through five methods: *a review and summary of more than sixty written Needs Assessments and reports* published by governmental agencies, nonprofit organizations, and schools over the past five years; a full-day forum attended by 75 providers of services; a newspaper survey that received 80 written responses from community members; focus groups with parents and providers of services (108 total individuals); and a "mapping" of existing services and supports by geographic area. The written assessments reviewed touched upon the needs of the whole Humboldt County population, with a focus on needs of children and their families, and included Healthy Start grant applications from fourteen school sites and the Juvenile Crime Enforcement and Accountability Challenge Demonstration Grant.

Humboldt County "More Intensive Options for Creative Responses" (MIOCR) Demonstration Grant Proposal. This grant proposal, which was funded and is now operational, identified and assessed the needs of the mentally ill criminal offender and dually diagnosed offender populations. The program is a collaboration of County agencies that include the Humboldt County Sheriffs Department, the Humboldt County Probation Department, and Humboldt County Mental Health/Alcohol and Other Drug Programs, with the Courts as a driving force, It provides highly coordinated and collaborative monitoring, wraparound treatment, and intensive case management to mentally ill offenders in the criminal justice system.

Area I Agency on Aging Needs Assessments. Every four years a formal needs assessment of the needs of seniors (age 60 and over) is completed for the Area I Agency on Aging (AIA) Plan. In the "off years" of this cycle, AIA holds town meetings with seniors to get a picture of needs, and providers of senior services are surveyed to gather their input. This data, as well as a "Snapshot of Humboldt County Elders" (February 2000), a "Seed" grant (1986) and a grant proposal for in-home supportive services were reviewed in relation to the AB 1259 Phase I Strategic Plan.

A review of the above assessments indicated several themes of the needs of the Humboldt County population. These themes are discussed below.

Rural Area: The population density of Humboldt County is 35 persons per square mile, more rural than the State's "rural" definition of 52 persons per square mile. People in rural areas like Humboldt County are often isolated from public services and community support, and have difficulty accessing the services and relationships that are available. Half of the County's 120,000 residents live outside of the metropolitan Humboldt Bay Area (Eureka, Arcata, McKinleyville and Fortuna), distant from the services and supports provided by government, non-profit and other agencies. Healthy Start applications, in particular, emphasize the need for supports and programs that can assist families in overcoming isolation. For the most part, these Healthy Start sites establish a prototype of a "family/community resource" center where services and supports are made available on or next to school sites. Services and supports include visits from the Mobile Medical Office for health services, Humboldt Open Door Clinic dental van, counseling services, recreation, and others. All Healthy Start needs assessments indicate the desirability of co-located, integrated County and non-profit services and programs in their communities.

Poverty and unemployment affect a significant number of county citizens. Many families lack money to meet basic needs. Recipients of public assistance or earners of minimum wages cannot afford the fair market rent of a studio apartment in Humboldt County. Forty percent of the county's renters pay more than 35% of their income for rent. Most new jobs being created are in the service and retail sectors and pay minimum wages. Several reports found that there is a need for job development and job readiness services in the county. Job readiness services need to be integrated with child care, transportation, mental health, substance abuse treatment, and domestic violence treatment services in order to successfully employ CalWORKs workers.

The County's poverty rate has been higher than the State's since 1970. In 1996, estimates put the overall county poverty rate at 18%; the State's at 14%. Almost 22% of the elder population have incomes at or below the poverty level. Having enough money to live on, paying for energy and utilities, and paying for medical care are among the top five needs identified by the elder population. Twenty-two percent of families with children age 0-5 receive TANF. Fifty-five percent of all births in the county in 1996 were funded by Medi-Cal. The County's infant and child deaths come disproportionately from the poorest families.

There are no firm figures for the number of homeless people in the county. Estimates of 800-1200 on any given day have been made. A profile of the homeless shows that almost 50% are male adults, 26% female adults, 24% dependent children, and 40% are persons in households with children. The homeless require an array of integrated services and support to help them transition successfully into the mainstream.

Family and community difficulties and stress: Poverty and unemployment can lead to family and community difficulties and stress. Stress and difficulties related to poverty are sometimes manifested in crime, youth gangs, domestic violence, homelessness, and substance abuse, among other problems. Fear of crime and feeling safe is one of the top five issues identified by seniors in the community. Families and communities under stress need an array of integrated services to assist them in overcoming their difficulties.

The consumption of alcohol in Humboldt County is about 20% greater than the national

average. The county also has higher rates of other drug consumption than the State of California. Anecdotal reports from perinatal service providers, public health nursing, and other home visiting agency staff rank substance use as the number one problem they encounter in their work with families with young children, though accurate numerical data has not been found. The rate of deaths attributable to alcohol or drug use has nearly doubled the State rate for the last 12 years.

Child abuse is a constant concern for all professionals working with families with young children. Sixty-four percent of women who delivered babies in Humboldt County from January-August, 1998 had at least one risk factor for child abuse and neglect noted on their risk summary forms, a form that asks several questions to determine whether the baby is going home to a safe, nurturing environment. There were 4,417 referrals to Child Welfare Services in 1998. Sixty percent of these referrals were for general neglect. Physical abuse constituted 18% of referrals, with sexual abuse at 14%. Child Welfare caseloads for July-September 1998 were 58 in Family Maintenance; 60 in Family Reunification; and 230 in Permanency Planning. There were 297 open foster care cases on the last day of February 1999. The average months in placement were 34.9.

According to the **Humboldt County Fetal & Infant Mortality Review and Child Death Review Team (FIR/CORT)**, infants (age birth to one year) in the County between 1991-98 died at a rate of 7.8 per 1000; as compared to the State rate of 5.9 per 1000 and the national Year 2000 goal of 7.0 to 1000. In 1991-96, the post neonatal (age 28 days to one year) death rate was 78% higher than the Year 2000 goal. The infant mortality rate was 23% higher than the Year 2000 goal. Infant mortality from 1991-96 for those with Asian or American Indian backgrounds was twice as high as that of White residents. The continuing problems of child abuse and neglect; too many preventable injuries causing morbidity and mortality for children, with an inadequate injury prevention response in the community; and children who are too often inadequately supervised for their developmental stage at home and at play are thought to be all contributing factors to these deaths. However, these data are based on small numbers and must be considered in that context.

In Humboldt County, deaths among children due to unintentional injury, especially motor vehicle accidents and drowning, are high, as are hospitalizations due to unintentional injuries. Unintentional injuries in young children are closely linked to lack of parental supervision and parents' understanding of developmental stages and needs. The reports find that such skills and knowledge can be enhanced through various forms of early childhood interventions (home visiting, high quality child care, and parenting classes).

There has been an increase in the numbers of the "at risk" youth population, including a projected doubling of the percent of minority youth. There is an upward increase in county-wide juvenile arrests, and increasing numbers of juveniles are being arrested for serious felony crimes. Arrests involving violence and weapons have experienced the greatest growth. Nearly one out of every five juveniles arrested have been charged with these types of crimes. Average yearly arrests of female offenders have increased 88.3% between 1985-95. Gang activity is increasing. Juvenile probation caseloads have increased significantly over the past decade while the number of Probation Officers available to supervise youthful offenders has not changed appreciably since 1985. Total general fund support for probation services has declined 10% since 1990.

Family and community supports and services: This finding, which appeared throughout

many of the written assessments, is significant enough to be grouped as a theme. The availability of family supports and services is important to address the problems of family and community difficulties and stress. These supports and services include recreation for families and children; sites for community activities, such as community and family resource centers; adult education and job training programs; child care services; parenting classes; health services; mental health counseling; substance abuse counseling; and assistance with house and yard work and assisted living services for elders. These services need to be integrated in a holistic way to best assist families and the communities in which they live. Parents have indicated they are interested in receiving information regarding health, safety, parenting and education in a variety of languages, in a variety of places through a variety of methods for preschool age children.

Access to services is a significant issue in Humboldt County. Many services in Humboldt County are not located "close to home." Families who live miles away from Eureka, the main hub of services, or far from other cities or communities may find it very difficult to get to them. Bus schedules are minimal in urban areas, and there is no public transportation in some rural areas. The purchase price, cost of insurance, and maintenance of private vehicles is beyond the capacity of many families. Dirt or gravel roads in many areas make vehicle maintenance costly. In the winter months, heavy rains or snow may close roads into towns. The availability of a variety of services, integrated to meet the multiple needs of people, close to where people live and work, is crucial.

There are also cultural barriers, including language differences, that stand in the way of accessing services.

Health services are a perceived need in Humboldt County. Health services such as children's dental services, health education programs, access to early prenatal care, home visiting programs; and services that are close to people's homes are limited. Finding and affording health care is one of the top issues identified by seniors and their providers.

Mental health services: Mental health services needed include counseling for children and families and crisis mental health services. There are very few mental health providers with expertise in working with the 0-5 population. Access to Mental Health services are perceived by some to be difficult to obtain for low-income families, subsidies are limited, and services are not close to home for many families.

The Humboldt County justice system is currently dealing with increasingly larger numbers of mentally ill offenders. The California Mental Health Needs report indicates that the County is in the top 20% for the per capita incidence of major depression and bipolar disorder and in the top 10% for the per capita incidence of schizophrenia, as compared with other California counties. The report also indicates the County is in the top 15% for the per capita incidence of dual diagnosis of serious mental illness and substance abuse.

A one-day "snapshot" of the Humboldt County Correctional Facility (HCCF) showed that 28% of inmates were receiving mental health treatment or had received mental health treatment during their current stay in the HCCF. The HCCF's contract health care provider's data indicates that 22.2% of HCCF inmates were taking psychiatric medications-the highest percentage of inmates on psychiatric medications in the fourteen facilities for which the contract provider gives services.

Another one-day "snapshot" found that the 88 mentally ill offenders surveyed accounted for 1,317 prior arrests and HCCF incarcerations for an average of 14.9 arrests and incarcerations per offender. Two of the 88 offenders surveyed had each been arrested more than 80 times.

Funding levels for the County's mental health and substance abuse systems are not sufficient to provide the intensive programs that would keep the seriously mentally ill offender population out of the criminal justice system. A third "snapshot" of the HCCF inmate population showed that of 105 inmates receiving mental health services, 65 were not receiving them prior to incarceration, 15 others were receiving primarily crisis-based services, and only four were in substance abuse treatment.

Child care and children's services are needed in the county. These needs include the following: transportation to the services; educating parents so they know what quality services are; better financial status for parents so they can afford quality child care; more child care services in more locations; more subsidized child care; care for school age children; respite care; care for special needs children; extended hours of care; and child care providers need more training.

Services for older adults: Eighteen percent of the county's population is age 60 and older, which is higher than the State average. Seventy-two percent of this age 60+ population is age 65+; 31% of the 60+ population is age 75+; and 7% of the 60+ population is 85+. Seven percent of the senior population is non-White. Twenty percent of the older adult population is considered socially needy, often living alone, with language barriers and physical or mental limitations from increased age. The top five needs identified by older adults were assistance with house and yard work; having enough money to live on; paying for medical care; crime/feeling safe; and paying for energy and utilities.

Cultural issues and ethnic and racial tensions. Members of thirteen indigenous American Indian tribes reside in Humboldt County. The County's ethnic composition is a 11.7% American Indian, 4.4% Latino/Hispanic, 3.1% Asian, 1.2% African American, and 79.6% White. The Latino/Hispanic ethnic group is the fastest growing group in the County. The changing balance of ethnic populations has led to barriers of language, communication, and understanding of differences.

Sustain programs that work. Programs that are working need to be sustained, Often programs are grant funded and do not last longer than the grant funding lasts. If a program proves itself, efforts should be made to find the funding to sustain it.

Existing collaborative efforts. There are several existing collaborative efforts which serve the target populations designated for the AB 1259 effort. These are:

- The **Humboldt County Human Services Cabinet (HSC)**. The HSC will be the primary leadership for the AB 1259 effort. Its history, vision, commitment and leadership are discussed further in **Sections VI, Vision, and VII, Commitment and Coordination**.
- The **Alternative Response Team (ART)** was created by the Human Services Cabinet. It is a voluntary in-home program that handles referrals of child neglect reported to the Department of Social Services' Child Welfare Services (CWS) that do not meet legal criteria for

intervention by CWS, but involved families could still benefit from services. Case management services are provided by the Public Health Nursing Division of the Department of Public Health to referred families with a child aged five years or younger. ART gives early intervention to prevent abuse and avoid the need for future CWS involvement.

- The Department of Social Services provides coordinated implementation and funding of the **Child Abuse Services Team (CAST)** with the District Attorney. CAST is a multi disciplinary team approach to child abuse investigation, involving a Child Interview Center and specially trained Child Interview Specialists.

- **Regional Workforce Preparation and Economic Development Act (RWPEDA)**. The purpose of RWPEDA is to collaborate in the formation of a workforce development system. The fiscal partners of RWPEDA are the Humboldt County Private Industry Council, College of the Redwoods, Humboldt County Department of Social Services, and Humboldt County Office of Education. Each of these fiscal partners receives a "silo-type" funding stream from the associated State Departments, and allocates its funding to specific projects that increase workforce preparation in the County. Other collaborative partners who participate in RWPEDA are the County Office of Economic Development; Employment Training Department; Arcata Economic Development Corporation; Eureka City Schools; Eureka City Unified School District-Adult Education; Redwood Community Action Agency; Redwood Economic Development Corporation; Vietnam Veterans of California; Humboldt Child Care Council; College of the Redwoods Community Services; and Whole Child Interagency Council.

- **Workforce Investment Board (WIB)**. There are fifty partners in the WIB, including the Departments of Social Services and the Employment Training Department. Half of the partners are government/non-profit agencies, and half are for-profit businesses. This Board will work to implement the mandates of the Workforce Investment Act, which becomes effective July 1, 2000

- The **Humboldt Healthy Families Collaborative** consists of staff from public and private agencies providing in-home services. These agencies include the Public Health Department, Department of Social Services, Humboldt Child Care Council, and Northcoast Children's Services, hospitals and home health agencies. Activities have included the development of a universal risk screening form, referral of families to home visiting services on discharge from birthing hospital, collection of aggregate data about family needs, training of in-home visiting staff, and follow-up of families referred to home visiting services.

- **Healthy Start Collaboratives** are associated with Healthy Start sites and geographic areas. Currently these are the Southern Humboldt Family Partnership, overseeing five sites; Orick Healthy Start Collaborative, overseeing one site; Every Child Collaborative, overseeing four Eureka sites; Trinity Valley Healthy Start Collaborative, overseeing one site in Willow Creek; Fortuna Healthy Start Collaborative, overseeing two sites; and Bridgeville Collaborative, overseeing one site. These collaboratives have established Memoranda of Understandings (MOU) with county and non-profit organizations that delineate duties and responsibilities. The Human Services Cabinet has established joint MOUs with all of these groups, agreeing to develop an effective referral process and coordinate collaborative services to the high-risk children and families being served through a comprehensive, integrated, safe and confidential delivery system that addresses needs of children and

families and insures their optimal educational, social, emotional and physical well being.

- The **Whole Child Interagency Council** is a Board of Supervisors appointed group consisting of County department heads, heads of non-profit agencies serving children, youth, and families, and at-large community members. The Whole Child meets monthly to share information about services and activities, and when necessary makes recommendations to the Board of Supervisors about children, youth and family services and programs.
- The **Humboldt County Children and Families (Proposition 10) Commission** was formed to develop a Strategic' Plan and implement the funds generated by Proposition 10 tax revenues. The Commission focuses on the development of services and programs for children ages 0-5 and their families. Commission members include a representative from the County departments of Public Health and Social Services, a Board of Supervisors member, and six community members.
- **Northcoast Senior Services Collaborative**. This collaborative consists of twenty members from governmental and non-profit agencies who oversee the coordination of senior services in the county.
- The **Humboldt Community Network (NET)**, a collaborative network of agencies and communities, has established relationships with 21 geographic and self-defined collaboratives in the county. Through the Department of Social Services the NET has provided funding over the past three years for the Community Development Plans submitted by these collaboratives. Activities funded under these plans have included community events, parenting classes, rent for facilities, and after-school programs,
- **Probation Alternatives in a Community Environment (PACE)** is an interagency collaborative consisting of the Humboldt County Probation Department, Mental Health Alcohol and other Drugs and .the Humboldt County Office of Education. Probation officers, mental health and substance abuse professionals, educators and other professionals work intensively with wards of the Court ordered into the program. Participants typically have family, mental health, substance abuse, educational, and criminality related issues.
- **Juvenile Accountability Challenge Grant** A Board of Corrections administered grant focusing on high risk juveniles as defined by the 8% multi-problem criteria, but intervening at an earlier age and prior to Wardship. Although the grant is provided to the Humboldt County Probation Department it is multi-disciplinary and community based. Service Hubs have been established in four Humboldt County outlying communities. Each Hub is assigned a Coordinator, Probation Officer, Mental Health Case manager, Youth Service Bureau worker, a Child Welfare Services social worker and school social worker. Other service providers are invited to work with the Service Hub staff to address the needs of identified youth and families. Multi-Disciplinary Teams (MDTs) serve as collaborative forums for agency staff and service provider.

VI. VISION

The Humboldt County Human Services Cabinet (HSC) includes the directors and senior managers of the Humboldt County departments of Mental Health, Probation, Public Health, Social Services, and Employment Training, and HSC administrative support staff. The HSC came into being in November 1995 as the Human Services Team. That month, the Board of Supervisors directed the Mental Health, Probation, Public Health, and Social Services Departments, with the assistance of the County Administrative Office (CAO), to develop a plan to implement the recommendations of the Child Welfare League of America listed in their reports "*Humboldt County Working Group on Child Abuse and Neglect Proceedings*," "*Humboldt County Emergency Response Systems Review*," and "*Linking Family and Community: Creating a Stronger Tomorrow for Humboldt County*." In September 1996, the Board of Supervisors renamed the Human Services Team the Human Services Cabinet. The identified target population was children and families receiving the wide spectrum of HSC services. Since its inception, the goals and objectives have expanded to include the full population of people, including adults, who receive RSC services. The Employment Training Department joined the RSC during Fiscal Year 1997/98.

The HSC will provide the primary leadership for the AB 1259 effort. This leadership is a natural role for the HSC, which was created to coordinate and integrate services between the five Humboldt County departments that provide health and human services to the population. The **Vision of the RSC** is that "Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults, and communities." The **HSC Mission Statement** is 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; and
- Promote, develop, and maintain a continuum of services that encourage prevention and early intervention activities, linking these activities to more intensive services.

When the HSC 's Strategic Plan was developed in 1995 (and modified in FY 97-98 to include adult services) it included Framework Goals for service integration that form the foundation of HSC operations and serve as points of reference for all HSC activities. These **Framework Goals** are:

- Departments with programs for children, families, and adults will deliver coordinated, efficient services and maximize the resources available to deliver those services.
- Services will be decentralized in close proximity to clients to the maximum extent feasible.
- The integrity of specialized services will be preserved.
- Services will be tailored to match the multi cultural and multilingual diversity of our community.

- Partnerships between County services and community-based organizations will be strengthened.
- Services will be provided through a system incorporating outcome evaluation to ensure accountability of resource management.
- **All** current and newly identified monies will be reinvested into the human service system.

In addition to these Framework Goals, the HSC has established specific goals and objectives through the year 2003. These goals are organized according to those adopted by the HSC as part of its Vision and Mission Statement. The Goals and Objectives are:

Goal 1: Improve administrative efficiency and accountability within the County human services agencies.

- Develop a shared infrastructure among participating agencies.
- Develop a streamlined multi-agency approach to serving children, families, and individuals to eliminate duplication, maximize revenue potential, minimize service fragmentation and address service groups as appropriate.
- Develop articulated methods for reinvesting in outcome-based programs and services delivered in the least restrictive environment.
- Develop comprehensive and easily accessible multi-agency data.
- Develop multi-agency strategies to increase and maintain child and family, and adult services.

Goal 2: Improve service access and coordination for families and individuals within each community.

- Increase coordination among systems involved in child abuse and neglect proceedings, and among systems involved in supporting and protecting adults at risk of being neglected or abused.
- Extend family preservation and other intensive services to families experiencing more significant difficulties.
- Expand multi-agency coordinated treatment services for high risk minors and their families, and for at risk individuals, remove barriers from the provision of services within locked settings.

- Plan and develop avenues for family, consumer and community involvement in program planning and treatment.
- Use geographic accessibility for clients as one key factor in formulating the location of expanded services within each community, support, with other agencies and initiatives, the development of community-based resource centers.
- Expand neighborhood-based parenting education and support activities, including child care resources.
- Expand and maintain family-centered out-of-home care that is located in our community.

Goal 3: Expand multi-agency strategies toward prevention and early intervention.

- Expand partnerships between public, community and school-based services that strengthen the capacity of individuals and communities.
- Provide families with job training and employment assistance in partnership with schools, colleges, job training programs and industry,
- Improve child, adolescent, family, and individual health.
- Continue to be proactive in the delivery of mental health treatment needs of children, adolescents, families, and individuals.
- Improve adolescent substance abuse prevention and treatment.

Goal 4: Insure that programs are responsive to cultural, geographic and developmental needs of individuals, families, and communities.

- Enhance and develop partnerships toward the goal of providing culturally competent services.
- Expand prevention and early intervention services for pregnant women and families with newborns.
- Develop multi-agency approaches that help adolescents transition safely into adulthood.

Broader issues: The Strategic Plan also identifies broader issues requiring community-wide involvement:

- Vigorous efforts must be made to maximize the collection of child support.
- Increase the availability of safe and affordable housing for low income families.
- Make individuals and families safe by reducing the incidence of domestic violence.
- Transportation.
- Substance abuse treatment.
- Plan and develop avenues for family, consumer and community involvement in program planning and treatment.

Overlaying the Framework Goals established by the Human Services Cabinet, the following prioritized goals have been targeted for the AB 1259 Phase I Strategic Plan. These goals most closely match the concerns of the community as expressed in the various needs assessments.

AB 1259 Phase I Goals:

1. Establishment of 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 funding and 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.

The implementation of these goals will address many aspects of the service gaps identified in the needs assessment. The development of Family/Community Resource Centers in outlying areas will begin to address the problems of isolation and access to services. Enhanced funding strategies to needy families and enhanced access to Healthy Families insurance will focus on problems of poverty and unemployment. Linkages between CalWORKs, RWPEDJ, Child Welfare and other public and private entities providing employment readiness related services for adults and their families will be enhanced. Family and community dysfunction will be addressed through enhanced and integrated mental health, alcohol and other drug, and other prevention services provided to families and adults through HSC staff or contracts. In-home services and supports to the senior population will be enhanced.

The HSC's goals for service integration are related to the AB 1259 goals in the following ways:

- A system of universal intake and an integrated, coordinated services plan for those seeking services
- Technical assistance from Department of Health and Human Services and involved State Departments will assist in the development of a consolidated outcomes package that will enhance access to federal funds and ensure there is no loss of State or Federal funds provided under current law
- The planned service integration system includes the following service systems: child welfare; drug and alcohol; mental health; employment and training; public health; maternal, child and adolescent health; medically indigent programs; CalWORKs; in-home supportive services; and adult protective services.

VII. COMMITMENT AND COORDINATION

As discussed in the "Vision" above, the Human Services Cabinet consists of members from five Humboldt County departments who have been working together for over five years with a shared commitment to a common vision, mission and goals. The HSC, as the primary leadership for this effort, will also work in coordination with several local collaboratives, organizations and groups to maximize funding, establish a presence in outlying areas of the County, provide an array of services, and decrease duplication of services.

The Whole Child Interagency Council (WCIC). The members of the Human Services Cabinet are all members of the WCIC. The WCIC also includes the heads of non-profit agencies providing services to families and children, a Board of Supervisors member, a Healthy Start coordinator, Humboldt Community NETWORK Coordinator, and at-large community representatives. The purpose of the WCIC reads as follows, indicating its shared commitment to the vision and goals of the HSC:

"It is the policy of the County of Humboldt to address the needs of and maximize

opportunities for children and families, recognizing that parents have primary responsibility for their children. This policy will be accomplished in part through promoting cooperation, collaboration, and mutual respect of all service providers. This policy includes the full spectrum of activities such as prevention, intervention, mandated, and discretionary services, direct services, administration, program planning, and other activities.

The purpose of the Humboldt County Whole Child Interagency Council is to recommend to the Humboldt County Board of Supervisors methods through which the above policy can be implemented."

RSC members will report about AB 1259 implementation to the WCIC through a standard monthly agenda item. When appropriate in the development of action plans, WCIC meetings can focus on the particular topics important to AB 1259 implementation.

Children and-Families (Proposition 10) Commission. Two members of the Commission are also members of the Human Services Cabinet. The Commission has a similar commitment to the vision and goals of the RSC. The vision of the Commission is "All Humboldt County children thrive in supportive, nurturing families and neighborhoods, enter school ready to learn and become active participants of their communities." Its mission includes the following language: "The Humboldt County Children and Families Commission together with families and communities will promote comprehensive, integrated systems of services for early childhood development in order to insure that all children enter school in good health, ready and able to learn. Parents, caregivers, and the community will be supported in their efforts to foster secure, healthy and loving children eager to learn and develop their full potential." It includes in its principles the following: "Support integrated, comprehensive, and accessible systems that enhance the well-being of families" and "Support concepts and action plans that affirm and strengthen the cultural, ethnic, and linguistic identity of families and enhance the ability of the families to function in a multi cultural society." The Commission's DRAFT Strategic Plan (not yet submitted to the State) includes as its top funding priority the planning and implementation of Family/Community Resource Centers in different geographic areas of the County. These centers could include co-location of RSC staff with staff of non-profit organizations serving the target populations. During AB 1259 Phase I implementation, the Program Coordination Team and the Adult Services Team of the RSC will work with the Commission and with RWPEDA to: define Community/Family Resource Centers; identify creative co-funding opportunities; develop strategic plans; and facilitate joint implementation for Centers.

Healthy Start Programs. Healthy Start sites throughout the county provide the "kernel" for development of Family Resource Centers as "places" for families and other to find integrated, coordinated services. Many Healthy Start sites already facilitate the provision of health, dental and mental health services at or near school sites, and they can work as catalysts to obtain community input into building and coordinating Community Resource Centers. Healthy Start programs will become a member of the interface with HSC, RWPEDA, and the Commission for Families and Children in their work around Community Resource Centers. The Program Coordination Team of RSC will facilitate this interface.

Regional Workforce Preparation and Economic Development Act (RWPEDA). Two RSC agencies are also members of the RWPEDA-the Department of Social Services and the

Employment Training Department. The Department of Social Services intends to set aside its RWPEDA funds (which are "silo funds" from the State) for funding of Family/Community Resource Centers. This funding could be a match for the Proposition 10 funding for the Centers. Such a shift would require the agreement of the appropriate State Department in approving the use of RWPEDA funds for this purpose and of all RWPEDA partners at the local level.

Northcoast Senior Services Collaborative. For over three years the Collaborative has worked on the development of a project to provide in-home services to seniors. The work culminated in a grant proposal, developed and submitted by the Area I Agency on Aging (AIA), to the California Endowment, a private foundation. The grant would fund the development of a

- registry of in-home service providers and ensure that they receive adequate training. After this grant was submitted, AB 1682 was passed by the State legislature. AB 1682 requires the establishment of an "employer of record" for in-home service providers, facilitates an increase in wages, benefits and training for in-home workers, and establishes a registry. The passage of AB 1682 expanded the connection of the Department of Social Services and AIA regarding in-home services beyond the existing connection with CalWORKs, many of whose clients receive training as in-home service workers. The Adult Services Team of the HSC will work with the Collaborative to facilitate the mandates of AB 1682 and expand the mandates beyond the County's requirements as set forth in the bill.

The Human Services Cabinet will provide the primary leadership for the AB 1259 Phase I implementation. It reaches decisions by consensus within the group. The HSC will work with other organizations and agencies to the extent that there are topics and issues of joint focus and concern.

VIII. IMPLEMENTATION

The services that will be integrated under this AB 1259 strategy are all of those provided by the members of the five departments making up the Human Services Cabinet-employment and job training services; mental health/alcohol and other drug services; probation services; public health services; and social services for children, adults, and the elderly. The target population includes children, families, adults and the elderly who are living at 180% of poverty level, on Medi-Cal, and who should or do receive County services.

Perceived barriers to implementation. both fiscal and regulatory, and potential DHHS assistance in overcoming these barriers are listed below. It should be noted that as the Strategic Plan is a "work in progress", other barriers may arise and the focus of implementation may change to address them. This flexibility is necessary to allow the HSC to address potential barriers that may arise in regard to providing services to seniors and the disabled, and the current existing barriers around cultural competency.

1. Barrier: Lack of public knowledge, access and providers related to "Healthy Families" Mental Health and Alcohol & Drug benefits and services.

Department of Health and Human Service Assistance:

- ▶ Assistance in negotiating a public education campaign regarding these specific benefits
- ▶ Assistance in negotiating with "Plans" (Blue Cross & Blue Shield) for the development of an array of local/regional providers that will meet rural access and service needs.

2. Barrier: Lack of adequate human resource pools and funding in the following categories:

- Social Workers /Case Managers / Probation Officers
- Licensed /License track Marriage Family Therapists (MFT) and Licensed/License track Clinical Social Workers (LCSW)

Department of Health and Human Service Assistance - Establish focused work groups to:

- ▶ Determine method (or waiver) to allow Title XIX (Rehab Options) access for (eligible) Probation Officers and Social Workers performing eligible services to eligible populations
- ▶ Determine method (or waiver) to allow IV-E claiming for Mental Health Case Managers and Clinicians performing eligible services
- ▶ Obtain waiver for "other source" funds barrier for Rehab Option Mental Health activities
- ▶ Obtain waiver to allow for Division 31 required Social Worker contacts to be made by Human Service Cabinet sister agency staff functioning as part of an interagency System of Care team.
- ▶ Obtain waiver to allow for "consolidated" out-of-home County placement visits to foster care placed children and youth (related to SB 933) when functioning as part of an interagency System of Careteam..
- ▶ Formation of a consolidated State Department "sanction/review" committee to develop audit "protection" policies and procedures.

3. Barrier: Lack of coordination of State level initiatives that result in "silo type" target populations funds and outcome indicators.

Department of Health and Human Service Assistance:

- ▶ Convene a focused State Department work group comprised of Board of Corrections, State Department of Mental Health, California Department of Social Services, Department of Alcohol & Drug, and the State Department of Education to develop a consolidated Performance Outcome Package that meets State agency requirements and small to moderate Counties infrastructure limits.
- ▶ Convene a focused State Department workgroup comprised of the Board of Corrections, State Department of Mental Health, California Department of Social Services, Department of Alcohol & Drug, and the State Department of Education that develops a funding package (waiver) that maximizes the ability of Counties to enhance services to mutually overlapping target populations.

4. Barrier: Lack of ability to provide Title XIX eligible services to incarcerated minors and adults with mental health/substance abuse disabilities.

Department of Health and Human Service Assistance:

- ▶ Assume a lead expediting Department of Health Services regulations that clarify conditions when Title XIX can be accessed by County Mental Health in locked correctional settings, and support legislation for pilot projects to access funding for these services in locked settings

5. Barrier: Lack of adequate funding for "prevention" or intervention services for TANF involved families.

Department of Health and Human Service Assistance:

- ▶ Convene a workgroup to develop strategies to increase flexibility of TANF dollars to enhance services to families at risk of ongoing involvement in Child Welfare.
- ▶ Convene a workgroup to study the consolidation of funding streams, target populations and outcomes for Maternal, Child and Adolescent Health, Alcohol and Other Drug Programs, and Mental Health dollars.

6. Human Services Cabinet structure: If the above barriers are removed through work with the appropriate State Departments, the current organizational structure of the HSC may become a barrier to service integration and the intent of the AB 1259 Strategic Plan. Consistent with its Mission Statement, the Cabinet is committed to conducting an assessment of organizational barriers and a reassessment of its current multi-departmental organizational structure . If, as a result of this reassessment, more efficient organization models emerge, the Cabinet may (with Board of Supervisors approval) reorganize departmental structures to promote increased efficiency in administration, service delivery and increased access to funding.

One initial focus of this assessment may consist of potential restructuring based on functionality. The discussion about re-organizational models will include but not be limited to:

- Potential reorganization around services to "high risk" children and families which may include some "traditionally" separate adult service areas.
- Potential reorganization of services to "low risk" children and families which may include reconfiguring prevention, public education, and primary intervention services.
- Potential reorganization of functionally related adult services divisions
- Reorganization around administrative services, which may include eligibility functions, performance outcomes/evaluation, fiscal, quality assurance, personnel, and

training.

In addition to the areas cited above, other discussion will include reorganization focused on integrated target populations and divisions. The purpose of this restructuring would be to increase access to services, enhance partnerships with communities and schools, and to maximize and coordinate the use of limited personnel and funding resources. This restructuring assessment is anticipated to take up to one year. Service integration, if determined to be needed, would be phased in on a yet to be determined series of time frames.

Timelines. During the first six months of Phase I (July--December 2000), the HSC will meet with the appropriate State Departments to establish the workgroups that will begin to address the barriers identified above. The workgroups will establish timeframes for addressing the barriers. Concurrently, the HSC will reassess its current structure. By September 2000 the workgroup addressing confidentiality issues will be formed. By January 2001 the HSC should know to what extent the barriers can be addressed by the State. From that point on HSC members will begin to eliminate any structural and other barriers that may arise during the process. The entire process is anticipated to be completed within a three year period (by June 30, 2003).

Confidentiality Issues. There are barriers to breaching confidentiality in federal and state law, as well as the ethical and "practice" barriers established by the different disciplines of practice (social work, teachers, counselors, Healthy Starts, etc). Federal laws surrounding confidentiality are currently being strengthened. Collaboration and integration of services to common clients, however, will require an unprecedented level of collaboration that is impacted by confidentiality. In order to address this complex issue, a work group will be established by September 2000 to begin to identify and address confidentiality issues. This work group will include the Adult Services and Program Coordination Teams (PCT) of the HSC; the Juvenile Justice and Delinquency Prevention Commission; District Attorney; County Counsel; and the courts. The California Institute of Mental Health Manual on Confidentiality will be used as a primary resource for discussion. County Counsel will advise on the options developed by the workgroup. Work on this issue will be ongoing.

IX. OUTCOMES AND EVALUATION

This Strategic Plan has delineated ten goals for AB 1259 Phase I implementation. Achievement of these goals depends first upon the ability and success of the appropriate State Departments in assisting the County to overcome barriers. Once these barriers are addressed, the workgroups that will be established under this Plan will be responsible for developing specific objectives and activities that are designed to meet the goals. The evaluation of the Plan will be based upon the achievement of these (as yet undeveloped) objectives and activities as well as the achievement of the overall goals.

The methodology used to evaluate progress and impact upon client populations may include current or consolidated outcomes packages; surveys and/or focused discussion groups of the target populations; surveys and/or focused discussion groups of service providers; community-wide distribution of questionnaires; community meetings to gather input; and the analysis of agency data sources and information such as client demographic information, numbers served, relapse information, repeat offender information, clients employed, etc.. This data will be shared as determined by the workgroups. The surveys, focused discussion groups, questionnaires and community meetings will allow consumers and providers to give on-going feedback on service

provision.

Following are the ten goals of AB 1259 Phase I with a brief description of baselines, timeframes, and potential indicators and outcomes. If these goals and outcomes are achieved, the RSC will be much closer to a realization of its vision, "Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults, and communities."

1. Establishment of Community Resource Centers.

Baseline: There no full Community Resource Centers in the County at this time. Sites and programs that are providing "kernels" of services that a Community Resource Center would provide will be surveyed to determine current scope of services.

Timeframe: Workgroups to plan for the Centers will be established by October 2000. Workgroups will consist of the RSC, Children and Families Commission representatives, RWPEDA members, Healthy Start program personnel and related community representatives. After one year of planning, Centers will begin to be established based on each community's needs, readiness, commitment, and available funding resources.

Potential indicators: Number of facilities with co-located services; number of geographic areas with a range of health and human services; number of agencies, communities and groups providing funding to the Community Resource Center effort; number of locations where families feel safe in gathering together.

Potential outcomes: Increase in access to prevention and treatment services and supports at the local community level.

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.)

Baseline: There is no "single intake" and service plan used by all County departments.

Timeframe: A State and County workgroup will be established to look at this issue. The timeframe will be determined by the workgroup.

Potential indicators: Common intake form for County departments and unified client service plans with all necessary services included.

Potential outcomes: Increased coordination and seamless access to services and supports for families; increased ability to monitor service and family outcomes.

3. Increase the ability to fund sustainable services to Seriously Emotionally Disturbed (SED) minors and adults in locked Correctional settings.

Baseline: The current types and amounts of sustainable funding for services will not be assessed.

Timeframe: Barriers will be discussed and potential solutions developed within one year.

Potential indicators: Number of minors and adults receiving services in locked Correctional settings

Potential Outcomes: Increase in number of SED minors and adults in locked Correctional settings with access to sustainable mental health and drug and alcohol services; increase in type, amount and scope of :funding sources available for the population.

4. Increase the Mental Health Alcohol and Other Drug Services to "working poor" families through increased access to Healthy Families Initiative benefits.

Baseline: The number of existing "Plan" providers that accept Healthy Families benefits and the access rates (of consumers) to the services will be determined.

Timeframe: Within six months.

Potential Indicators: Number of "Plan" providers accepting Healthy Families benefits; number of families receiving benefits from Healthy Families program related to Mental Health Alcohol and Other Drugs Services.

Potential Outcome: Increase in the number of "working poor" families receiving Healthy Families benefits for mental health and alcohol and other drug services, as measured by the increase in accessible providers and an increased "penetration rate" for families.

5. Develop, with technical assistance from Department of Health and Human Services and involved State Departments, a consolidated funding and outcomes package for all State and Federal funded initiatives.

Baseline: There is no consolidated outcomes or integrated funding package.

Timeframe: One year.

Potential Indicators: Number of State Department participating in development of a consolidated approach; number of consolidated funding and outcomes sources developed.

Potential Outcome: There will be a consolidated outcomes package for all State and Federal funded initiatives; an increase in the number of clients receiving services which are designed to achieve unified outcomes for overlapping target populations.

6. Develop and implement a consolidated SB 933 foster care placement review ability.

Baseline: A consolidated SB 933 foster care placement review capacity does not exist.

Timeframe: Within six months.

Potential Indicators: A consolidated SB 933 foster care placement review ability is in place.

Potential Outcome: Streamlined monitoring of placement needs and services will be in place; a decrease in the number of placements in foster care; a decrease in the length of stay in foster care; consolidated transition services for foster care placements.

7. Establish funding access to Title XIX for eligible services provided by Probation

Officers and Social Workers and to Title IV-E for Mental Health professionals serving eligible target populations as part of an Interagency System of Care team.

Baseline: Access is not available at this time.

Timeframe: One year

Potential Indicators: Number of reimbursable services that can be accessed by Probation Officers, Social Workers and Mental Health professionals.

Potential Outcome: Increase in the number of services provided; increase in the amount of Title XIX and Title IV-E revenue.

8. Develop a "consolidated" Title IV-E Training Plan package.

Baseline: This does not exist.

Timeframe: Establishment of a multi-agency team training committee within six months; implementation by July 2001.

Potential Indicators: Number of coordinated trainings per year; amount of funds available for training

Potential Outcome: A consolidated Title IV-E Training Plan package is in place; increase in coordinated trainings available per year; increase in the amount of funding available for training; decrease in interdepartmental barriers.

9. Increase linkages and explore enhanced funding strategies and services to needy families as defined in TANF.

Baseline: A mapping of the current linkages between DSS and other agencies serving the target population will be performed.

Timeframe: One year.

Potential Indicators: State and County workgroups are established; a HSC Adult Services Team and Program Coordination Team workgroup is established to recommend service delivery changes.

Potential Outcome: Additional and enhanced scope and types of services available to needy families as defined in TANF.

10. Increase linkages and explore enhanced funding strategies for in-home services to the elderly and disabled.

Baseline: Determine the number of in-home supportive service providers available by geographic area.

Timeframe: One year to refine a training curriculum for in-home workers. Three years to develop a registry of in-home supportive service providers.

Potential Indicators: Standardized training curriculum for in-home workers; number of trainings offered to in-home providers; number of programs linked to provide in-home services; establishment of registry that screens providers.

Potential Outcome: Registry of adequately trained and "cleared" in-home services providers; increase in the number of in-home providers in geographic areas; increase in available trainings for in-home service providers.