



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

2005 - 2009

AB 1881 Phase II Strategic Plan:

***Transformation Towards An
Excellence Based System***

Phillip R. Crandall, Director

Humboldt County Department of Health and Human Services
DHHS: Working together for a healthy community

Vision

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

Mission Statement

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

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

Operational Principles

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

Humboldt County AB 1881 Phase II Strategic Plan

Introduction

Humboldt County began Phase I of this Health and Human Services Agency assisted Integrated Services Initiative in February 1999 through legislation (AB 1259) introduced by Assemblywoman 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 (Attachment 1), authored by Assemblywoman Patti Berg, authorized continuation of Humboldt County's transformational work.

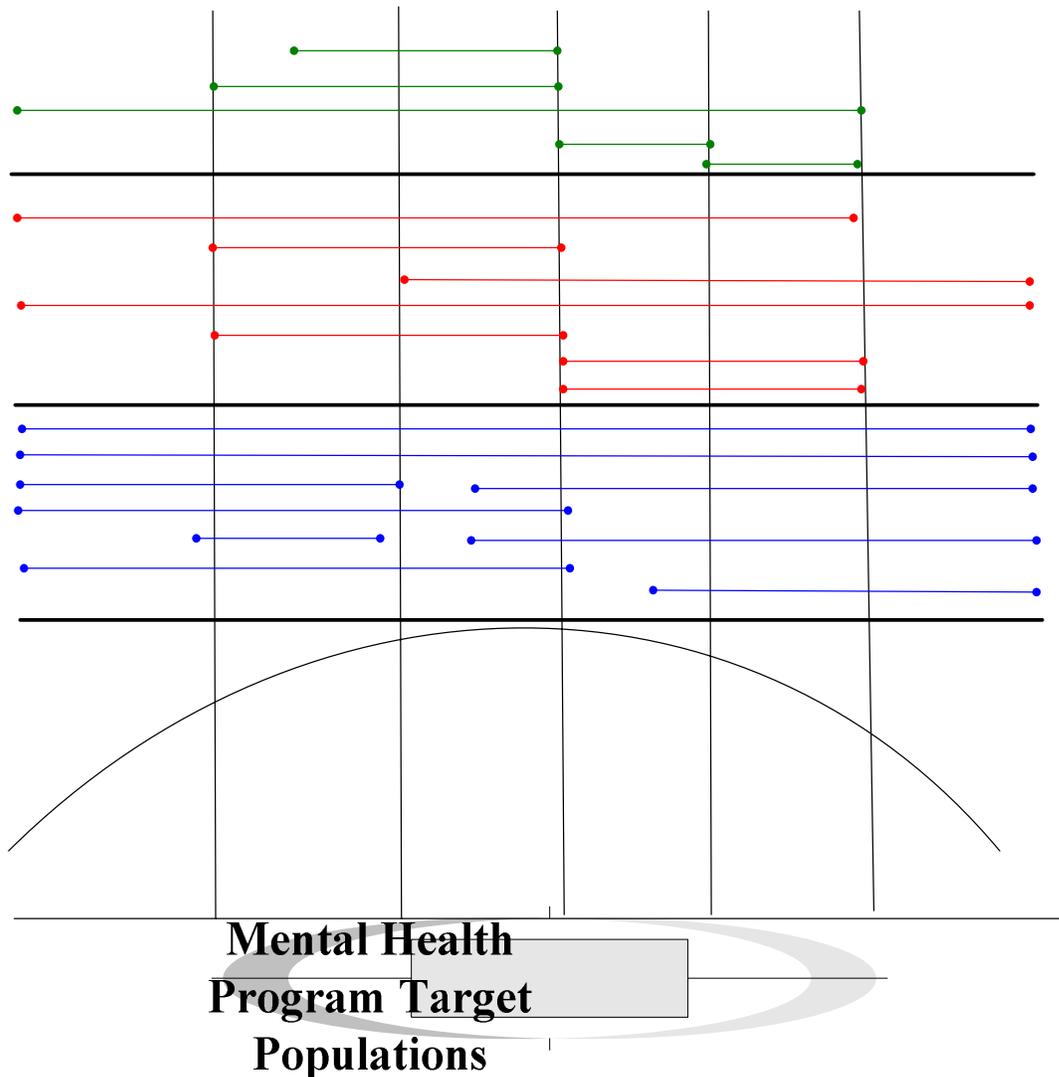
Since 1999, Humboldt County has strived to maximize its resources, both fiscal and staffing, towards the "integration" of State Department programs and initiatives, some of which are promising practices towards serving children, families, adults and older adults in the context of their community and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

Towards this goal of "Integration" of programs and State initiatives (e.g. Mental Health Services Act/Child Welfare Services "Redesign"), Humboldt County has worked collaboratively to eliminate barriers that waste not only our local resources but, despite the State intent, may result in less than optimal care related to these vulnerable populations.

Over the past five years, 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 efficient, effective, holistic and outcome-based practices can be planned, funded and implemented.

Organizational Transformation

In recent years there has been a noted increase in State/Federal Initiatives, legislation and Reports (e.g. Mental Health Services Act/Child Welfare Services Stakeholder Final Report/AB 636/The Presidents New Freedom Initiative, Crossing the Quality Chasm, etc.) 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' 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 consumer/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, and/or individual and family recovery and self sufficiency.

**Social Services
Program Target
Populations**

Despite these initiatives/recommendations, there does not exist a comprehensive “blueprint” that defines, operationalizes and links Health and Human Services delivery Systems Transformation Initiatives across Federal/State/County Departments and age spans.

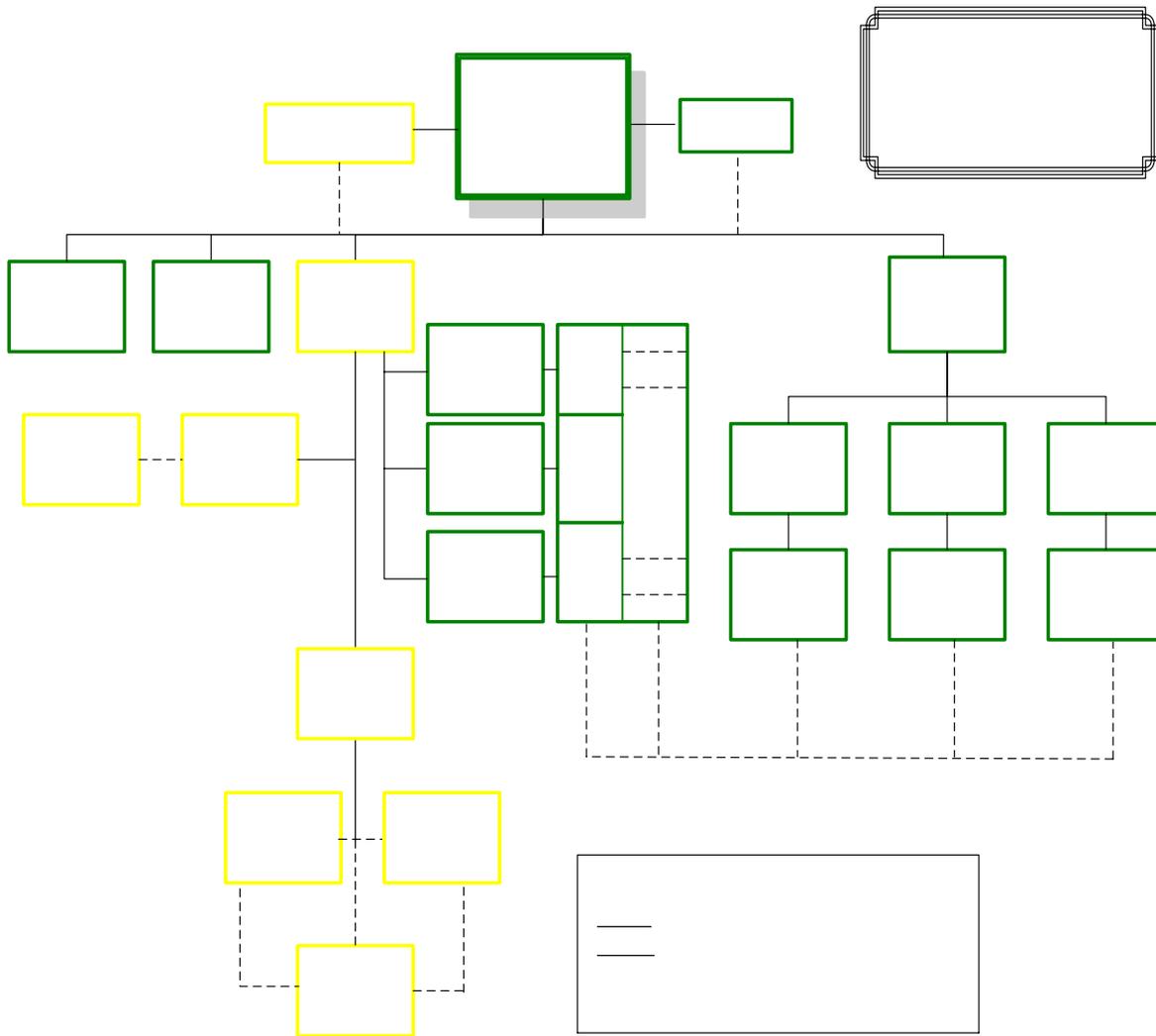
Transformation has been defined as more than just reorganizing but a quantum change that reflects a radical redesign and new strategic intent for an organization. Mazade (2005) offers a conceptual attempt to define the conditions for implementing transformation and articulated the following readiness factors:

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

Humboldt County has all the readiness factors in place or in process and the County’s Integrated Initiative efforts over the past five years reflect Humboldt County’s developmental attempts to position to establish and operationalize a “road map to transformation” at the County services level.

At the start of AB 1259 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, enhanced integrated service delivery and increased access to funding.

In relation to this organizational restructuring strategy, Humboldt County integrated several 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 AB 1881 systems transformation outcomes. A chart of this redesigned Health and Human Services Organizational Structure is contained below. Again, the structure reflected in the chart has been developed to enhance the integrated administrative and program support structures required to minimize program and State Initiative fragmentation.



Quality
& Qual

A process flowchart that is descriptive of how Humboldt County Department of Health and Human Services is approaching State Initiative planning and programming from an AB 1881 Integrated Services Initiative perspective is presented below. The flowchart is an example of how planning and programming for children and families involved in multiple service systems and State Initiatives (e.g. Child Welfare Services Redesign/MHSA) will be approached to the extent possible.

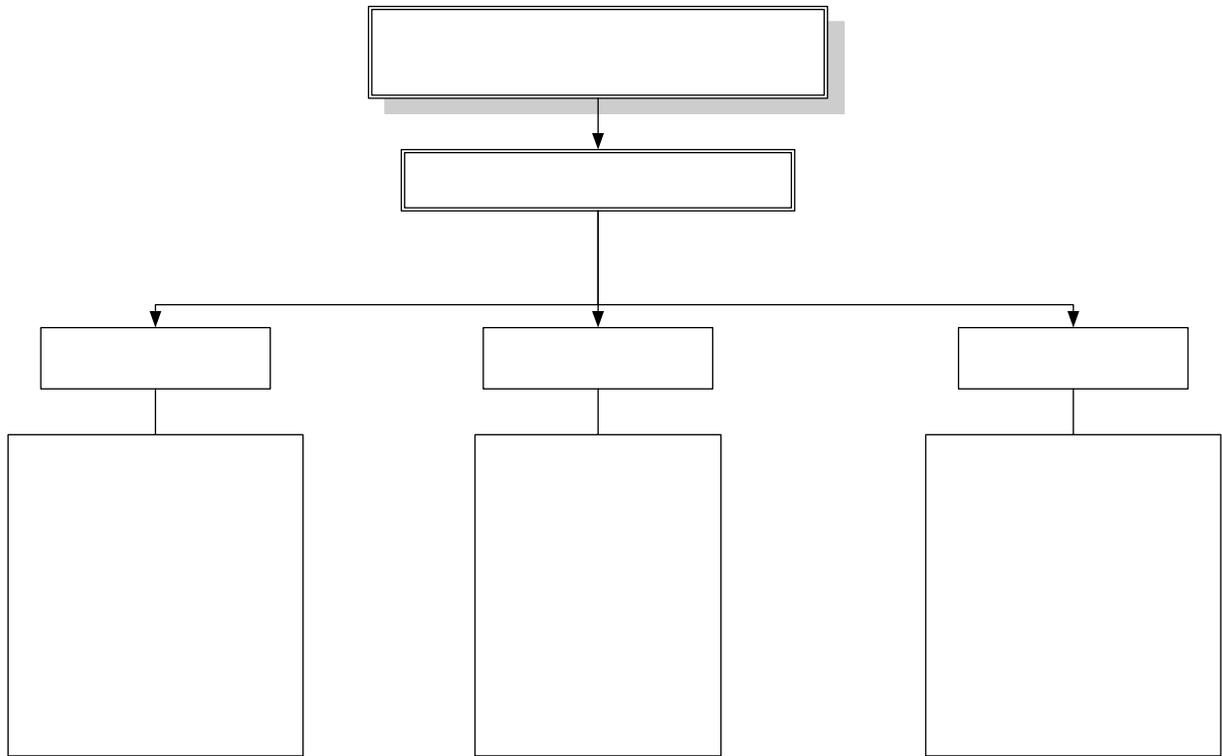
Expanded
Program
Leadership Team

Program
Leadership Team

H
A

Client and
Stakeholder

5
Office of
Consumer and



Our Phase II (2005-2009) Organizational efforts “build” on Phase I Organizational restructuring efforts towards increasing the Department’s infrastructure needed for the development of Centralized Program Support Structures and processes that are required to support the systemic transformations toward integrated service delivery across the Department’s three primary Branches (Mental Health, Social Services, Health) and its Community Stakeholders. These Program Support Structures consist of integrated:

- Quality Assurance and Quality Improvement Support
- Training Support
- Resource Development Support
- Research & Evaluation Support

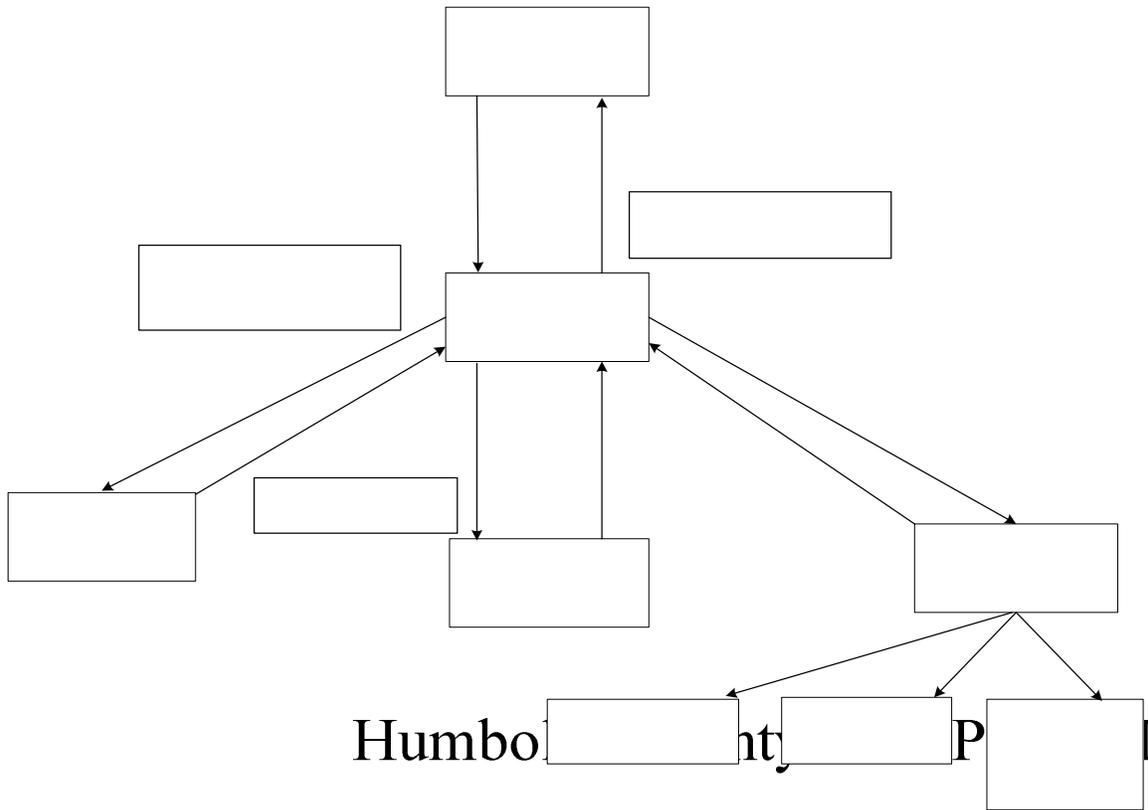
Humboldt County Comprehensive Service System

Goal: Develop the capacity to deliver optimal service across systems.

Objective: Develop an infrastructure that assures on going system improvement processes designed to improve access, quality of care and outcomes.

Humboldt County System Improvement Infrastructure		
<p>Research & Evaluation Centralized Research and Evaluation Resources design, collect and analyze data regarding:</p> <ul style="list-style-type: none"> • Access • Service Fidelity • Client Outcomes • Program Outcomes • Research literature for practices responsive to Research and Evaluation findings 	<p>Implementation Implementation Resources:</p> <ul style="list-style-type: none"> • Design New Service Implementation Projects • Provide Oversight/ Consultation to New Service Implementation Projects • Transition Service/Program Training to Centralized Training Resources upon completion of implementation 	<p>Training Centralized Training Resources provide:</p> <p>A) Core training to all system staff in such topics as:</p> <ul style="list-style-type: none"> • Humboldt Co System • EBP Intro • Other broad initiatives <p>B) Ongoing Service/ Program Training in such topics as:</p> <ul style="list-style-type: none"> • Aggression Replacement Training • Others <p>C) Management of Outsourced Training for Services/Programs such as:</p> <ul style="list-style-type: none"> • Incredible Years • Functional Family Therapy • Parent-Child Interaction Training • Others
Administrative Oversight		
<ul style="list-style-type: none"> • Links all centers and has decision making responsibilities 		
Stakeholders		
<ul style="list-style-type: none"> • Agency managers, agency line staff, consumers, and family members contribute to administrative oversight 		

In addition to the above structures, interrelated and dynamic processes that link these Program Support Divisions across the Branches have been designed and piloted with California Institute for Mental Health assistance. 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 Practice program changes needed to ultimately transform Health and Human Services delivery systems. A flow chart outlining these processes is contained below:



Evidenced Based Practices

The above “Rapid Cycle” process, while still experimental in design, has evolved in relation to the need to transport and launch Evidence Based Practice Models as part of Humboldt County’s service integration efforts. The six initial Evidence Based Practices currently targeted as part of our Phase II (2005) efforts to develop cross departmental services are listed below:

1. **Multidimensional Treatment Foster Care (MTFC)** a foster care placement and after care program for youth ages 12-18, chronic juvenile offenders extending 6 months for placement and up to 12 months for after care services;
2. **Incredible Years (IY)** parenting treatment and prevention program for parents with children ages 2-12 who exhibit conduct or behavior problems;

Reports Literature
 Recomm
 Collects, Analyze
 Implementati

3. **Functional Family Therapy** (FFT) family treatment for youth ages 11-18 who are at risk and/or presenting with delinquency violence, substance abuse, conduct behavior problems and family conflict;
4. **Aggression Replacement Therapy** (ART) for adolescent youth who show or are at risk of aggressive behavior;
5. **Family to Family** developing family resources and *Team Decision Making* models for families whose children are in or at risk of out-of-home placement; and
6. **Parent Child Interaction Therapy** (PCIT) intensive treatment designed to work with parents and children together and teach parents skills necessary to manage their children's behavioral problems ages 2-7.

Humboldt County Health and Human Services is committed to using evidence-based practices in all prevention, early intervention and treatment strategies. This long-term strategic decision will permeate all aspects of County agency activity, and extend to community partners in the future. Evidence-based practices are viewed as a foundation for successful community and family interventions.

Office of Consumer and Cultural Diversity

An additional program support structure to be developed that is envisioned to enhance the potential for the transformation of programs and services is an Office of Consumer and Cultural Diversity. It is anticipated that this additional structure will facilitate the scope and depth of change required to develop a significant organizational restructuring capacity across the three Branches (Mental Health / Social Services / Public Health) in terms of consumer and culturally diverse stakeholders inclusion in Health and Human Services policy, planning and programs.

Transformation requires new ways of serving our Communities and Humboldt County continues to seriously engage in this process through integrative Health and Human Services program delivery in its AB 1881 Phase II Strategic Plan.

Phase II Space Plan

In addition to the above Program Support Structures and "Rapid Cycle" processes currently under development with assistance from the California Institute of Mental Health, the Department has developed a long term Strategic Space Plan. This plan, developed over a three year period, maps out the intent of the Department in terms of facility planning for integrated services delivery.

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

The following text outlines the planned program co locations inclusive of the cross-Branch services and / or Divisions:

- **Prevention Services:** This project will co-locate Health Education programs, Alcohol and Other Drug Prevention programs, and other DHHS prevention services as well as provide space for community education and training activities.
- **Older and Dependant Adult Services:** Some of DHHS's programs serving older and dependent adults are currently co-located including Adult Protective Services, In Home Supportive Services, the Public Authority, the Caregiver Registry operated by the Area 1 Agency on Aging, Public Health Nursing and the Older Adult Mental Health program. Additional space is required and is being sought in order to expand some of the current service capacity as well as to bring in additional relevant programs such as the Public Guardians Office and Veterans Services.
- **Child and Family Services:** A cornerstone of DHHS's integration efforts is a planned Children and Families facility. DHHS branch programs serving children and their families would be co-located in a new space which will also include facilities for Community Resource Center activities and child care. While still in the planning stages this facility would bring together programs and services associated with Child Welfare Services; Children's Mental Health Services; Adolescent Alcohol and Drug Treatment; Healthy Moms Treatment Program; the Family Intervention Team; and programs serving children and families under the Maternal Child Health Division of the Public Health Branch as well as the Women Infants & Children Nutrition Program, the Alternative Response Team and Adolescent Family Life Program.
- **Adult Services:** The Department's Social Services Branch Koster Campus is being planned for the co-location of services serving mainly adults. This will take place over time as space becomes available as social services programs are relocated to the new sites above. Planned for location at the Koster Campus are Social Services programs such as eligibility programs, CalWORKS, Welfare to Work, Employment Training, General

Relief, Fair Hearings and Special Investigations; Adult Mental Health and Alcohol and Drug outpatient services; and the AB 2034 Homeless Program.

- 24 Hour Services: Psychiatric emergency and 24 hour hospital services would remain at the current location at the Clark Complex. Added to those services would be a cross branch call center consolidating emergency on-call needs.

The Service “decentralization” process is a Phase II Strategy that is in many ways more complex than Departmental co-location as it involves not only new and diverse community entity partnerships (e.g. Community Resource Centers/First Five Commission/Community Stakeholder Collaboratives etc.) but a potentially fundamental shift in approaching Community Health issues.

While not an inclusive list, the following issues will need to be strategically addressed for a successful transformational approach to Health and Human Services delivery:

- Conceptual understanding and alignment of Health and Human Services and Community entities in terms of the Department’s Phase II Strategic Plan intent as well as each entities values and missions;
- Developmental readiness of the entities in terms of infrastructure, staffing, and strength based approaches capacity;
- The ability of the entities to articulate how this decentralized partnership “process” will specifically increase community capacity to strengthen families, improve safety of children, adults and older adults inclusive of the concepts of recovery and self sufficiency:
- Related to the above, the capacity of the entities to train, implement and evaluate Evidence Based Practice approaches and services consistent with the Department’s Phase II Strategic Plan intent for accountability and quality improvement;
- The ability of the entities to articulate the processes and methods of linking with and serving diverse ethnic and cultural populations within their geographic catchment areas;

- The ability of entities to develop multiyear strategic plans that clearly link to Health and Human Services involved State Initiatives (e.g. Mental Health Services Act/Child Welfare Services Improvement Activities) in terms of serving cross age populations as well as “Differential Response Tracks” (e.g. prevention and secondary intervention) from holistic and integrated approaches consistent with Health and Human Services and Community values.

It is the intent of Department of Health and Human Services to, within the parameters above, continue this decentralization discussion with Community Stakeholders as part of its Phase II Strategic Plan within the existing resources of the Department and through new Philanthropic or State resources when available.

AB 1881 Phase II
Overall Challenges and Strategies

Challenges

The Department is clear that its Phase II goals encompasses developmental and complex transformational work that in many instances will require gradual and systematic change over the next decade.

In addition, the Department understands the current County system program and planning responses required to implement various State Initiatives inclusive of (but not limited to) the Mental Health Services Act and Child Welfare Services Redesign.

The challenge before the Humboldt County Department of Health and Human Services is to develop and fund transition strategies towards services and structures that “accommodate” the Initiative or System Improvement Plans intents in the short term while concurrently continuing the Phase II organizational restructuring required for full systems transformation.

Strategies (to address Challenges)

With Health and Human Services Agency, State Department, Philanthropic Support and Technical Assistance provided by California Institute for Mental Health, Child and Family Policy Institute of California and to be determined Consultants:

1. Design, implement and fund the core Transformational Organizational Program Support Structure(s) and Rapid Cycle Processes required to facilitate Phase II of Humboldt County’s AB 1881 Integrated Services.

2. Work to insure that Humboldt County's implementation of State Initiatives (and System Improvement Plans) utilize transformational service designs that are consistent with the intent of Humboldt County's AB 1881 Phase II efforts in terms of Organizational Integration and cross system Strategic Plan Goals.

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

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

1. Establish Community Resource Centers.
2. Establish and implement a unified County "single intake" and service plan (with technical assistance from Department of Health and Human Services and involved State Departments).
3. Increase the ability to fund sustainable services to Seriously Emotionally Disturbed (SED) minors and adults in locked Correctional settings.
4. Increase the Mental Health Alcohol and Other Drug Services to "working poor" families through increased access to Healthy Families Initiative benefits.
5. Develop (with technical assistance from Department of Health and Human Services and involved State Departments) a consolidated outcomes package for all State and Federal funded initiatives.
6. Develop and implement a consolidated SB 933 foster care placement review ability.
7. Increase funding access to Title XIX and Title IV-E for eligible services provided by Mental Health professionals, Probation Officers and Social Workers.
8. Develop a "consolidated" Title IV-E Training Plan package.
9. Increase linkages and explore enhanced funding strategies and services to needy families as defined in TANF.
10. Increase linkages and explore enhanced funding strategies for in-home supportive services to the elderly and disabled.

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

(Goal #1) Establish Community Resource Centers.

In collaboration with Humboldt County's First Five Commission, six Family Resource Centers were funded and are progressing well into early implementation phases. The Department of Health and Human Services has an established Family Resource Center "Liaison" Team to improve the communication between County Health and Human Services and Community collaboratives in relation to improving access to services and building community capacity to develop prevention and early intervention services.

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

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

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

Specifically, through the NA, SB 163 Wraparound funding was made available to provide strength based Mental Health and Alcohol and Drug treatment to minors placed in Humboldt County's New Horizons Regional Facility, ensuring consistent and expanded services to this population and allowing for the County's limited Realignment funds to be dedicated to the adult incarcerated population.

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

Again, as a result of AB 1259, the NA clarified the process by which Humboldt County could establish an integrated placement team to ensure that enhanced foster care placement, placement review/visitation and re-integration could occur. The establishment of this co-located and fully staffed team from Health and Human Services (Mental Health and Social Services Branches), Probation, Humboldt County Office of Education and other cooperating entities has enhanced care and funding for high risk Wards, Dependents and SED minors at

a level that meets or exceeds the requirements of SB 933 visitation legislative mandates. Further, this AB 1259 integrated approach to Foster Care placement and oversight has significant service integration and cost efficiency implications for all California Counties, is a cornerstone for Humboldt County's Child Welfare Services (CWS) Redesign strategies, and is available to other Counties for replication.

(Goal #7) Increase funding access to Title XIX and Title IV-E for eligible services provided by Mental Health professionals, Probation Officers and Social Workers.

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

Phase II AB 1881 Goals (2005-2009)

As a result of ongoing Integrated Planning across Humboldt County Mental Health, Social Services and Public Health Branches, Humboldt County's State Health and Human Services Agency liaison/California Department of Social Services representative, State Department of Mental Health liaison and Board of Supervisors Health and Human Services Executive Committee Members, that occurred in 2004-05, the Department has established (2005-2009) AB 1881 Goals inclusive of previously adopted AB 1259 goals towards the development of

Humboldt County's Phase II Strategic Plan which:

- Targets Integrated Planning and Programming for All State Initiatives.
- Is linked to Health and Human Services Mission and Operating Principles.
- Is strength based, recovery oriented, client and stakeholder inclusive, responsive to emerging community needs and has a foundation inclusive of Evidenced Based Practices that are consistent with our diverse cultural, ethnic and community values.
- Links to County Peer to Peer Development Team approach(s) with similar transformational oriented Counties.
- Enhances the Department's transformational infrastructure through the development of integrated and centralized Cross Branch:
 1. Outcome and Evaluation Capacity
 2. Training Capacity
 3. Agency Resource Initiative and Grant Response Capacity
 4. Public Education and Outreach Capacity
 5. Quality Improvement and Quality Assurance Capacity
 6. Client and Cultural Diversity Capacity

These Phase II goals have been formatted in age span "categories" to facilitate the next steps required towards developing critical integration and transformational structures and processes of various Initiatives (e.g. Mental Health Services Act/Child Welfare Services Redesign/System Improvement Plan). These categories are listed below:

1. Strategic Plan goals that are linked to "Across Age Span" populations.
2. Strategic Plan goals that are primarily targeted at children, youth and family populations.
3. Strategic Plan goals that are primarily targeted at Adult/Older Adult populations.

Across Age Span Focused Goals

- Maximize Child Welfare Services Restructuring and Mental Health Services Act work force support and needed service transformation by addressing MSW pre and post graduates training and placement options through an integrated and holistic cross systems approach.

- Design and implement integrated services for shared In-Home Supportive Services/Adult Protective Services Populations across Social Services/Mental Health/Public Health Branches.
- Further Develop Community Resource Center/Family Resource Center Capacity and Stakeholder Partnership with HHS to assist with enhanced community self sufficiency and self reliance.
- 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).
- Increase the ability to fund sustainable services to Seriously Emotionally Disturbed (SED) minors and adults in locked Correctional settings.
- Develop strategies, with State Assistance, to increase Mental Health Alcohol and Other Drug Services to “working poor” families through increased access to Healthy Families Mental Health/Alcohol and Other Drugs “basic” benefit package.
- Develop (with technical assistance from Department of Health and Human Services and involved State Departments) strategies toward a consolidated outcomes package for all State and Federal funded initiatives.
- Increase funding access to Title XIX and Title IV-E for eligible services provided by Mental Health professionals, Probation Officers, Social Workers and Public Health Staff.
- Enhance the “consolidated” Title IV-E Training Plan capacity.
- Continue to increase linkages and explore enhanced funding strategies and services to needy families as defined in Temporary Assistance to Needy Families.
- Continue to increase linkages and explore enhanced funding strategies for in-home supportive services to the elderly and disabled.
- 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.

Child, Adolescent and Family Focused Goals

- Redesign and implement an integrated Foster Care Continuum for Humboldt County.
- Design and initiate Integrated Transitional Age Youth Services across Branches and inclusive of the Workforce Investment Act.
- Develop and launch an enhanced Differential Response Capacity to 0-8 children and families inclusive of Social Services/Mental Health/Public Health and Community Partners.
- Design and Implement systems to ensure that all children and youth involved in HHS systems receive Mental Health and Health Assessments and/or service referrals as indicated upon contact with identified HHS access points.
- Design a systems' approach towards the HHS goal that no child or youth leaves Humboldt County due to a lack of local HHS Behavioral Health Services availability.
- Continue to improve service integration through the consolidated HHS/Probation (SB 933) foster care placement review ability.
- Develop and launch an enhanced Integrated Health and Human Services and Community response to children born with positive drug toxicologies and their families inclusive of Social Services/Mental Health/Public Health and Community Partners.
- Design a plan to improve medical and dental access, mental health services access and treatment for all children and youth.
- Develop and maintain shared and independent housing options/resources for emancipating transition age youth with serious emotional disorders.
- Implement Family-to-Family community strategies with an emphasis on team decision making in all placement decisions.

Adult/Older Adult Focused Goals

- Design and implement Integrated services model for Incapacitated General Assistance population across Mental Health/Social Services Branches.

- Design and implement integrated community based services across the Social Services, Public Health and Mental Health Branches to support and reinforce maximum independence for all adults and older adults with serious and persistent mental illness.
- Develop and pursue strategies to increase the affordable housing stock available for adults and older adults with serious and persistent mental illness.
- Develop a strategy for elder, dependent/disabled adults to increase access to and capacity of medical, mental health, and alcohol and other drugs services.

Community

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

Methods of Achieving Strategic Plan Goals: State and County Processes

In recognition of the complex and developmental structures and processes related to achieving systematic cross departmental transformation, Humboldt County will engage in the following “barrier elimination” processes towards achieving its AB 1881 Strategic Plan Goals:

1. Engage in face to face meetings with Health and Human Services Agency liaison, State Department representatives and Philanthropic entities to ensure understanding and support for the conceptual framework of Humboldt County’s AB 1881 Excellence Based Systems Transformation Strategic Plan.
2. Through mutual agreement between the State Agencies, Philanthropic entities and Humboldt County’s Department of Health and Human Services, target specific Strategic Plan Goals within each entity’s capacity and engage in process/product and funding discussions that:
 - A. Clearly articulates the Goal;

- B. Identifies State/County statutory, regulatory and funding barriers towards achieving the Goal;
- C. Results in the development of a State/County plan to eliminate the barrier that is inclusive of specific State/County planning, within targeted timeframes;
- D. Links the achievement of that goal to necessary State/County Departments “oversight structures or bodies” as necessary to achieve the goal within the context of State Initiatives, legislation, maximizing State/County and Philanthropic collaboration throughout the process.