



**Mendocino County
Health and Human Services Agency**

2008 – 2010

AB 1881 Phase I Strategic Plan:

**Transformation Towards
Integrated Services Delivery Systems**

Carmel Angelo, HHSA Director

Health and Human Services Agency AB 1881 Strategic Plan

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Acknowledgment to the many individuals who were a part of this great undertaking are listed below and many thanks to them for their hard work and dedication.

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Executive Summary:

This document contains Phase 1 of the Mendocino County Health and Human Services Agency AB 1881 Strategic Plan. Phase 1 covers the time period from July 2008 to June 2011. This Plan details how the Agency will transform itself over the next three years to maximize its staffing and fiscal resources to provide the best possible integrated services to children, families, adults, older adults and the community as a whole in Mendocino County. This Plan is just the first step in a larger process that could easily encompass much of the coming decade. It is also a flexible document that will be modified and augmented in response to the Agency's changing environment, emerging trends, budget opportunities and challenges, and lessons learned in the planning process.

The Strategic Plan is founded upon the Agency's Vision, Mission and Value-Based Operating Principles. In deed, the first step in the creation of the Plan was the development of our founding principles. The second step in the Plan's creation was the gathering of information on the Agency's environment. This process included initial staff and community input surveys and the review of many of the Federal, State and local initiatives and planning processes that shape the Agency's programs and services. Reviewed were such Federal and State initiatives as the Mental Health Services Act, the Child Welfare Services Systems Improvement Plan, the Area Agency on Aging 4-Year Plan and similar strategic planning documents. These reviews were carried out by five Workgroups:

- Community Health (Education, Outreach and Advocacy)
- Children's System of Care/Transitional Aged Youth (TAY)
- Adults Systems of Care
- Older Adults Systems of Care
- Administration

These workgroups were specifically configured to look at the provision of services in population age groups rather than the traditional service provision silos.

The efforts of these workgroups produced the Transformational Goals for the Agency:

Community Health:

Goal #1. HHSA staff has the capacity to efficiently use resources to promote all aspects of wellness in county populations through a community health approach.

Goal #2. Mendocino County residents have opportunities to eat healthy foods.

Goal #3. Mendocino County residents of all ages have opportunities to achieve and maintain an appropriate level of physical activity.

Goal #4. Mendocino County residents of all ages have opportunities to prevent the negative impact of tobacco, alcohol and other drugs in Mendocino County.

Goal #5: Mendocino county residents thrive in a family-friendly environment for all ages, cultures and diversities.

Goal #6: All people living in Mendocino County are empowered to meet their basic needs, with special attention to the most disadvantaged members of the county. These basic needs include: affordable housing, living wage employment, immigrant rights, access to health care, opportunity to live a healthy lifestyle, and living in a safe, clean and healthy environment.

Goal #7: All people living in Mendocino County have access to information and care to prevent, diagnose, mitigate, treat, and manage chronic disease conditions such as asthma, diabetes, and heart disease, and to prevent unintentional injury.

Children's System of Care – Transitional Age Youth (CSOC/TAY)

Goal #1: All families with children will get the parenting support they need.

Goal #2: All children in Mendocino County will be planned, wanted, healthy and nurtured.

Goal #3: All teens served by Probation and the Health and Human Services Agency will successfully transition to adulthood.

Goal #4: All children will have their placement needs met in Mendocino County whenever possible.

Goal #5: Community resource centers will be established, enhanced and supported so all families will receive the services they need in their local communities.

Goal #6: Children in Mendocino County will be free from abuse and neglect.

Adult Systems of Care:

Goal #1: Develop an organizational structure that will provide the leadership necessary to maximize cost effectiveness, coordination of resources and eliminate the unnecessary provision and duplication of gaps and lapses in services within the system.

Goal #2: Develop a continuum of affordable housing options that supports the client/individual in being a self-sufficient member of the community.

Goal #3: Establish a culturally sensitive, behavioral health program to serve individuals with mental health, physical and/or developmental disabilities and drug and alcohol abuse issues. This program will address barriers to recovery and independence for participants.

Goal #4: Establish an integrated HHS forensic treatment and re-entry program that will reduce the recidivism rate and the overcrowding in the jail by providing mental health clinical intervention, case management and vocational rehabilitation services to qualified, eligible HHS forensic clients.

Older Adults System of Care:

Goal #1: Increase access to services within the Older Adult System of Care for all older adults.

Goal #2: Develop and/or strengthen one-stop senior centers for families, caregivers, and people with disabilities in each geographic area of the County with information and assistance services easily accessible to all.

Goal #3: Establish an Information and Assistance Program for all seniors, caregivers and family members that is easily accessible through multiple methods, including internet, community outreach and resource directories.

Administration:

Goal #1: Ensure adequate Agency staffing, including for professional and paraprofessional classifications, through the development of local talent and current staff.

Goal #2: Increase the capacity of the Agency to design, implement and evaluate culturally appropriate services; develop and support the ability of staff to work in cross-cultural environments and deliver culturally appropriate services; and build and maintain a healthy cross-cultural workplace, where each person is treated with respect.

Goal #3: Agency administrative structures to support integrated service delivery systems outside current silos.

With the adoption of these Transformational Goals and their associated objectives, each of the Workgroups will identify, for each Transformational Goal, which objectives they will be implementing in each of the next three Fiscal Years; 2008/09, 2009/10 and 2010/11. The Workgroups will consider order, dependencies and pacing for the implementation of objectives.

For each objective, selected for implementation in FY 2008/09, a project planning summary, or to use the UC Davis terminology, a project charter, shall be completed prior to committing resources to the implementation of objectives. Each workgroup responsible for the implementation of a Transformational Goal Objective will have a project sponsor, typically a Branch Director, or other senior manager. Each of the Objective Implementation Workgroups will report progress back to its Strategic Planning Workgroup.

The Strategic Plan to a certain extent grew out of the individual Federal, State and local initiatives of the individual Branches. As the Agency moves forward, the individual planning process will be folded into the overall Strategic Plan process to give the Agency a coordinated, integrated approach to meeting the needs of the people of Mendocino County.



Vision, Mission, Value-Based Operating Principles (VBOPs)

VISION: Healthy People, Healthy Communities

MISSION: In partnership with the community, the Health and Human Services Agency will support and empower families and individuals to live healthy, safe, and sustainable lives in healthy environments, through advocacy, services and policy development.

VALUE-BASED OPERATING PRINCIPLES (VBOPs):

- 1. Organizational Operations:** In its internal operations and its delivery of services to the community, the Agency will use an approach that builds on the unique strengths of each individual. We will promote inclusive dialogue to support the most effective, engaged and successful outcomes for clients, employees and the Agency.
- 2. Cultural Competency/Respecting Differences:** The Agency will support and develop the ability of staff to work effectively in diverse and multi-cultural environments, through policies, programs and actions that communicate respect for the dignity of all people.
- 3. Accessible, Preventive and Responsive Services:**
 - Services provided by the Agency will be physically, culturally and linguistically available to all clients, and appropriate to the identified needs of the individuals and communities served.
 - To the extent possible, Agency services will be delivered at consolidated physical locations, with service hours reflective of community needs. Outreach will remain a key component of accessibility for clients unable to come to services.
 - The Agency will respond quickly and effectively to emergent issues and emergency situations.
 - The Agency promotes community prevention and education activities that effectively mitigate problems from reaching a stage where intervention and direct services are overwhelmed.
- 4. Transparent and Effective Communication:** Open, honest, direct and respectful communication will be the standard for interactions with each other, our clients and the community. Transparency requires that information will be available to staff and it will be clear how and why decisions are made.
- 5. Employee Satisfaction and Retention:**
 - The Agency acknowledges the value of its employees and will seek to maximize those aspects of the work environment that support employee health, satisfaction and positive morale.
 - The Agency will aim to retain valued staff, through skills development opportunities, greater involvement in decision-making and expanded scope of responsibility.
- 6. Employee Involvement and Development:**
 - Staff will have opportunities to participate in decisions related to their work, since their knowledge and understanding are valuable to the organization.
 - Staff will be provided training and work opportunities that support personal and professional growth.
- 7. Intra-Agency Education:** The Agency will work with all staff to increase understanding of Branch programs, services provided, client eligibility, referral processes, and desired outcomes for clients and the community.

- 8. Collaborative Services:** Services will be provided to clients from all disciplines across the Agency based on the client's needs, not programmatic structure. Coordinated and efficient services will be provided to meet client needs using a multidisciplinary approach across the Agency, other County departments and community partners.
- 9. Evidence-Based Best Practices:** In formulating responses to the service needs of our client populations or the community as a whole, the Agency will research, identify and implement evidence-based best practices, where possible, which are culturally acceptable to the communities served. The Agency will also support appropriate use of innovative and emerging practices.
- 10. Strong Community Partnerships:** We recognize that both the problems and the solutions addressed through our programs exist in the context of the communities we serve. We will work with formal and informal community groups to find solutions that are owned and supported by community partners and the Agency.
- 11. Program Accountability:** Services will be provided through a system incorporating outcome evaluation to ensure accountability for resource management and adherence to regulatory and statutory compliance.
- 12. Fiscal Reinvestment:** All newly identified monies resulting from efficiencies and enhancements developed by the Agency will be reinvested into the health and human services system.
- 13. Organizational Efficiency:** The internal functions of the Agency will be designed to achieve maximum administrative efficiency, while ensuring the Agency is able to support staff in providing services to clients and the community.

Agency Strategic Plan Purpose and Development Process

The goal of the Agency is to maximize its resources, both staff and financial, while providing the best possible services to children, families, adults, older adults and the community as a whole. This means the Agency must transcend just “improving” health and human services to transform traditional separate systems into efficient, integrated structures that provide better, more innovative services to mutually served clients. The Agency’s Strategic Plan is our guide to how we go about this transformational process.

The Agency Strategic Plan is built on the foundation of the Agency’s Vision, Mission and Value-Based Operating Principles. From this base, the first step in developing the Strategic Plan was to survey the Agency’s environment, both internally and externally. The way forward for the Agency is charted in the context of community and staff input, federal, state and local requirements, and funding considerations. Community involvement in developing the Strategic Plan is through the Community Stakeholder Process. Staff involvement is through staff surveys and staff participation on the various HHS Transformation Teams. Strategic Plan Workgroups reviewed State and Federal initiatives such as the Mental Health Services Act, the Child Welfare Services Performance Improvement Plan, the Area Agency on Aging 4-Year Plan, and other similar strategic planning documents. These reviews focused on finding opportunities to build innovative approaches to serve the community across the separate funding “silos” through a system of care framework.

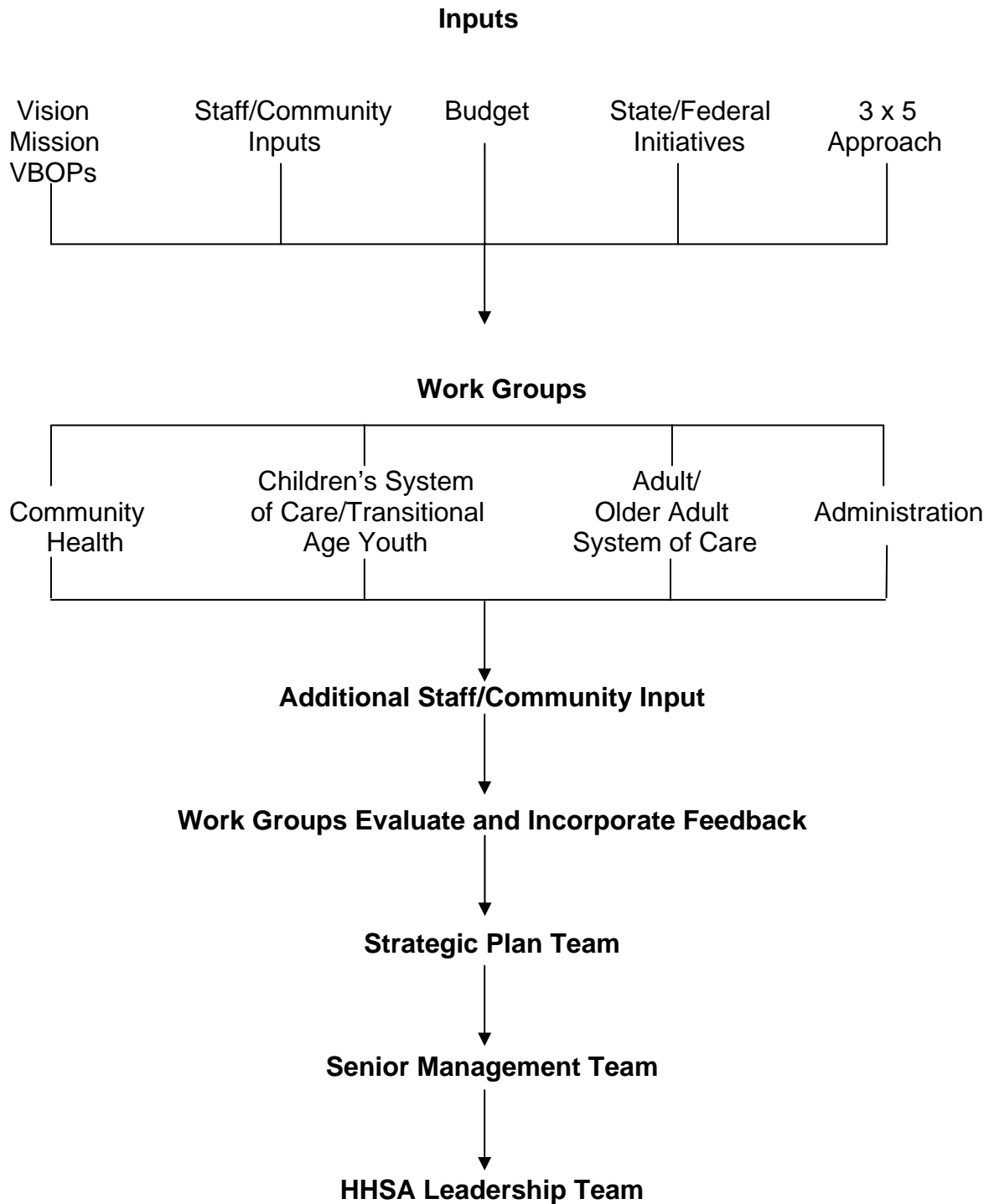
All of this information, plus budget data, was then analyzed in four broad approaches. Workgroups developed integration goals for the Agency in the following categories:

- Community Health (Prevention, Education, Outreach and Advocacy)
- Children’s System of Care/Transitional Aged Youth (TAY)
- Adults/Older Adults Systems of Care
- Administration

The team leader of each of the workgroups sat on the Strategic Plan Team, which was responsible for insuring that the Strategic Plan is comprehensive and integrated; and for coordinating connections between the various approaches. The Strategic Plan Team was part of and reported to the Senior Management Team.

The Strategic Plan will provide a guide to the Agency’s development and allows the Agency to focus resources and effort on the most productive transformational opportunities.

Strategic Plan Development Process Flow



Health and Human Services Agency Strategic Plan Process

“3 X 5” Approach Definition

The intent of the “3 X 5” approach is to transcend the traditional separate system approach to strategic planning in order to design service delivery across age spans rather than within service delivery “silos.”

For convenience in designing the planning process the 5 “age” spans are designated as:

1. Pregnant women/Prenatal Care
2. Children/ Transitional Aged Youth
3. Adults
4. Older Adults
5. Community

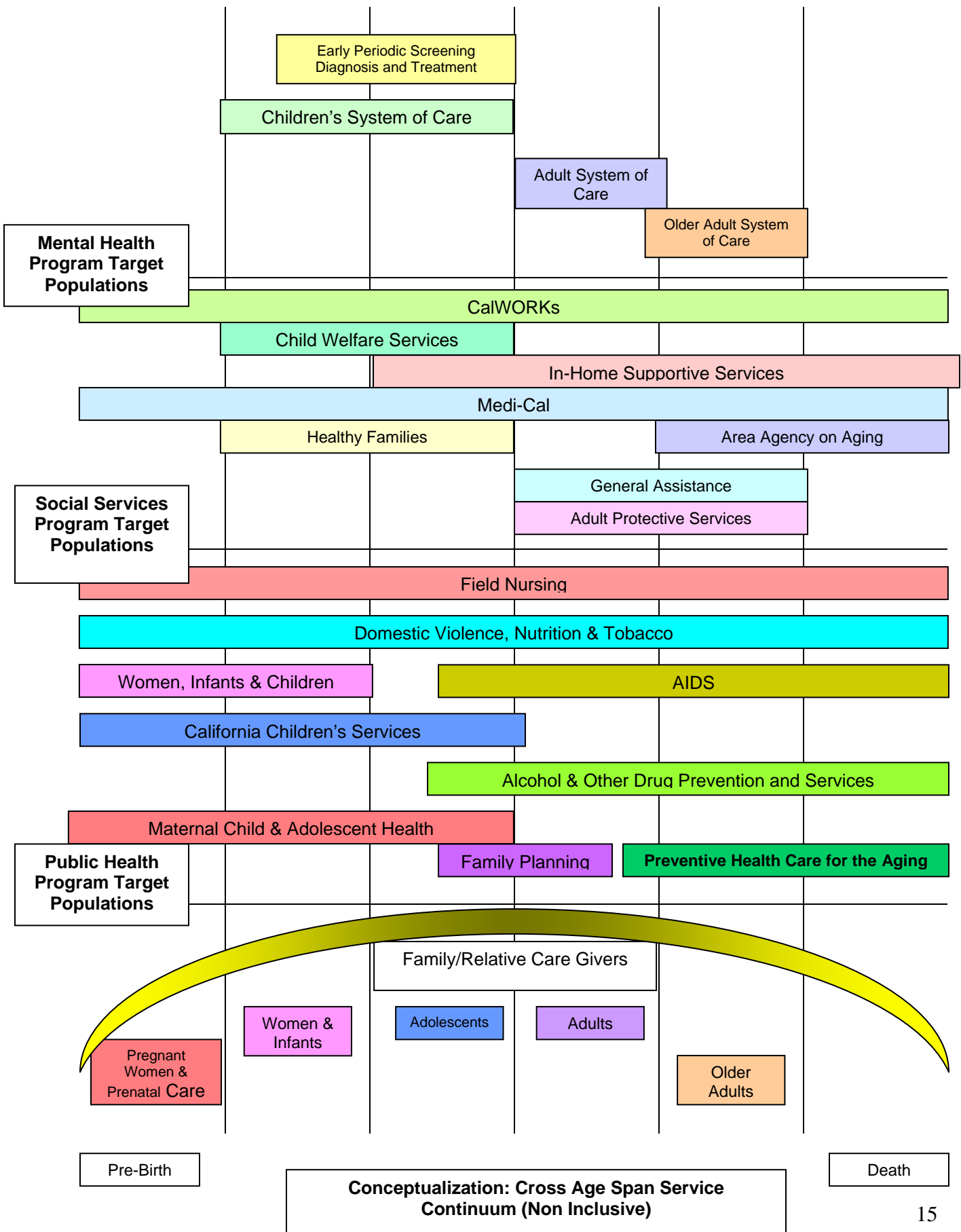
This structure gives us a place to start in designing systems of care across the public health, social services and mental health systems.

The “3” categories, address distinct, different strategic approaches to addressing health and human services needs. These three approaches are:

1. Community Health
2. Prevention Strategies
3. Direct Services Delivery

As with the age spans, these approaches overlap and interrelate. The age span categories are most relevant to the Direct Services Delivery approach.

Cross Age Continuum of Care Chart



Development of Transformational Goals

The development of the Agency's transformational goals proceeded along the following steps:

Step One: Review of Inputs:

- Vision, Mission, VBOPs
- Community and Staff Input
- State, Federal, Local initiatives and strategic plans
- Budget
- State and Federal mandates

Step Two: In context of "3 X 5" approach, identification of potential transformational opportunities.

Opportunities include:

- Mutual clients
- Collaborative services
- Evidence-based best practices
- Fiscal leveraging
- Multi-disciplinary team approaches

Planning considerations:

- Is the initiative a strength-based approach that empowers the client, improves client outcomes with cultural sensitivity and respects diversity?
- Identification of synergy, integration, efficiencies and funding opportunities across the various initiatives and silos.
- Consideration of who needs to be at the table to make the goal successful. Are the right branch staff, community partners and client representatives involved?
- Development of proposals within current funding limitations. Fold community and staff stakeholder information into the planning process, as it is available.
- Incorporate community and staff stakeholder information into the planning process, as it is available.

Step Three: Selection of Transformational Goals

Step Four: Description of Transformational Goals:

- Development of descriptions of Transformational Goals
- Development of Rationale Statements for each Goal
- Development of Objectives for each Goal

Step Five: Collection and incorporation of community, staff and other stakeholder input into draft Transformational Goals.

Step Six: Submittal of Transformational Goals to Senior Management Team and then HHSA Leadership Team.

Step Seven: (Subsequent to Adoption of the Strategic Plan)

- Each Workgroup develop priorities and plans for implementation of Transformational Goal Objectives

- Identification of measurable outcome(s)
- Identification of Objective implementation strategy:
 - Needed staff resources
 - Needed funding and physical resources
 - Decision-making process
 - Communication Plan (what information sharing and intra-agency education needs to take place.)
 - Training Plan
 - Staff and Community input
 - Timeline
 - Status Reports
 - Identification of any potential AB 1881 regulation waivers that may be needed for implementation.

Structural Transformation Process for Program Delivery

In moving forward with service integration objectives under the transitional goals, it is necessary to consider the best organizational structure for the provision of services. We must consider the various alternatives.

Is integrated service provision best supported by:

- Existing program structures via inter-Branch coordination, workgroups and agreements?
- Consolidation of service provision under one of the existing Branch structures?
- Creation of new structures within the existing Branches?
- Creation of new structures independent and/or replacing existing Branch structures?

In moving forward with the integration of services or other activities, the following planning elements must be considered in regards to the planned integration's impact on existing Branch structures:

- Funding sources; opportunities to maximize non-County funding.
- Cost/Benefit analysis of various structural alternatives; funding impacts.
- Reporting, regulatory, audit and compliance impacts.
- Supervision issues, especially when staff are not co-located.
- Space and infrastructure dependencies.
- Maintenance of standard professional practices.

As there may be multiple service integration planning processes going on at any one time within the Agency, these planning processes need to be coordinated at the Agency level to insure that the individual planning impacts result in the best overall format for the Agency's structure. In this regard, the Agency Leadership Team will function as the clearinghouse for discussions involving structural transformation of the Agency's components.

History of the Formation of the Mendocino County Health & Human Services Agency

The formation of the Mendocino County Health and Human Services Agency (HHSA) has a long history dating back to 1993 when programs from Mental Health, Public Health and Social Services came together to form the Homeless Services Planning group uniting their programs to serve the county's homeless population. From that point through 2003, collaborative efforts between the three departments and community partners took root and began to grow. Some of the early accomplishments include a supportive housing grant for the homeless programs, a community health partnership, the creation of the Children's System of Care, the Policy Council on Children and Youth, and the Older Adult System of Care.

In 2000, we received a grant to work with community groups and the Agency formation. From there we received two other grants to fund the Linkages program and the Family Connections program. In May of 2004, the Willits Integrated Services Campus (WISC) was opened and for the first time in Mendocino County, the three Human Services departments were housed on one campus to serve the public.

In October of 2005, the Animal Care and Control Department joined Public Health, creating a fourth department in the group. In November of 2005, the three Human Services departments began a Leadership Development training through U.C. Davis for all managers in the three departments, looking towards creating a common management style and giving opportunities for the three departments to further join together.

The Mendocino County Health and Human Services Agency was officially created by the Mendocino County CEO in March of 2006. The Departments became Branches under the HHSA structure. Work began on leadership teams to explore integration possibilities in the Administration and Fiscal areas of the Agency. An employee and community survey was conducted, the Reflecting Team (a cross branch team that acts as the direct voice of Agency staff in the Agency transformational process) was formed and in July of 2006 an interim HHSA Director and Assistant Director were appointed. In August 2006, Branch Directors were appointed for Mental Health, Public Health and Social Services. In September of 2006, the HHSA presented itself to the Board of Supervisors and laid out a preliminary general strategic plan for the Agency. In December of 2006, a more specific strategic plan was presented to the Board.

In the past year, the Agency has contracted with Phil Crandall, the Humboldt County HHSA Director, to guide the new Agency step-by-step through the integration process. From his workshops the Mendocino County HHSA has formed its Vision, Mission, Value Based Operating Principles document and has learned how to successfully integrate programs, fiscal funding streams and maximize other opportunities to better serve Mendocino County residents.

In March of 2006, the HHSA Strategic Plan took a more focused effort and is expected to be the guide to how the transformational process will proceed. It is built on the foundation of the Agency Vision, Mission, Value Based Operating Principles document. Work groups formatted information from community and staff input, State, Federal and

Local requirements as well as funding considerations. All of the information plus budget data was being analyzed in four categories: Children's System of Care/Transitional Youth; Adults System of Care/Older Adults System of Care; and Administration. The facilitator of each group was a part of the Strategic Plan Team which was responsible for insuring the Strategic Plan is comprehensive and integrated and for coordinating connections between the various approaches.

The final comprehensive Strategic Plan was completed on September 30, 2007. By December of 2007, specific plans to launch initiatives will be in place. A budget will be constructed to support the plan and will be presented to the Board of Supervisors with staffing needs by March of 2008. The Plan is scheduled to be fully launched by July 1, 2008.

Description and History of AB 1881

The predecessor of AB 1881 (Berg, 2004) was AB 1259 (Strom-Martin) implemented in 1999. Mendocino County was included in the legislation. Mendocino County participated in the early discussions and meetings with the other included counties and the State, but did not implement a plan under this legislation.

AB 1881 authorizes the Counties of Humboldt, Mendocino and Alameda to implement a program for funding and delivery of services and benefits through an integrated and comprehensive county health and human services system. The legislation gives authority to the departments comprising the California Health and Human Services Agency to waive regulations regarding the method of providing services and the method of reporting and accountability, within certain specified limitations. Approval of such waivers is dependent upon the County's development of an integration plan that justifies the need for the waivers.

Under the legislation the integration plan may include any or all of the following:

- Adoption services
- Child abuse prevention services
- Child welfare services
- Delinquency prevention services
- Drug and alcohol services
- Mental health services
- Eligibility determination
- Employment and training services
- Foster care services
- Health services
- Public health services
- Housing services
- Medically indigent program services

With the formation of the Mendocino County Health and Human Services Agency in March 2006, an effort has been launched to enhance the integration of services between the Branches of the Agency within the context of the AB 1881 legislation by developing an Agency Strategic Plan.

AB 315, introduced by Assemblywoman Berg was signed by the Governor on October 5, 2007 and lifts the sunset provision of AB 1881.

Transformation Inputs

The following inputs were considered in the development of the Strategic Plan:

A. Vision, Mission, Value-Based Operating Principles (pages 3-5)

B. Community and Staff Involvement

- Major Themes for HHSVA Services to be Integrated or Reformed
- HHSVA Staff Input on Services to be Reformed/Integrated (page 17)
- Community Input Matrix (page 18)
- Aspects to be Integrated
- Services Integration Survey

C. State, Federal and Local Initiatives and Strategic Plans

- Mental Health
 - Mental Health Strategic Plan
 - Mental Health Services Act
- Public Health Advisory Board/Tobacco Settlement Advisory Council
 - 5-Year Strategic Plan Summary
 - Community Health Improvement Plan 2005-2009
 - MCPHAB 3-Year Strategic Plan 2001-2003
- OCAP Funding and the Future of Mendocino County Family Resource Centers
- Child Welfare Services
 - Preventing Child Abuse in Mendocino County
 - Outcome and Accountability County Data Report – April 2007
 - Peer Quality Case Review Newsletter – May 2007
- Alcohol and Other Drugs
 - AODP Prospects and Challenges
 - Resource Guide for Parents
 - AODP State Plan
- Public Health Nursing
 - Public Health 10 Essential Services
 - Public Health Interventions with Definitions
 - 3 Levels of Public Health Practice
 - Applications for Public Health Nursing Practice
 - Perinatal Prevention and Treatment
- First 5
 - What is the Triple P?
- CalWORKs
 - TANF Reauthorization: The Next Chapter in Welfare Reform

Major Themes for HHSA Services to be Integrated or Reformed

Staff Input

One-stop Center (or Resource Center) with coordinated assessment, eligibility, referral, case management & treatment– shared space in all areas of the county for delivery of eligibility, referral, case management & treatment services for clients of all branches. This would improve the access for clients in outlying areas and perhaps consolidate access for clients in the central areas. It could also include staff traveling to outlying areas to provide certain types of services but would necessitate a staffed office with someone who can help clients with intake, referral and other problems they may have.

Coordinated Services with CBOs – working with CBOs assures the communities of our county with a more complete continuum of care and service. Coordinating these services can be challenging and much is already done everyday and could be reinforced, especially for elderly and homeless.

Streamlined intake, referral and eligibility services - uniform intake, with appropriate confidentiality protection, implemented in all branches with consent forms to share with relevant providers, common releases of information and referral forms. Essential to this would be a main client index stored electronically in a database with pertinent basic information accessible to all HHSA staff with status of clients and program enrollment.

Cross Training for Staff – HHSA staff need to be cross-trained about branches other than their primary work place and aware of all services provided by the agency and have some skills at navigating the road map to get clients to needed services in the correct location.

Integrated/coordinated case management – establish a process whereby staff providing services to common clients would be able to meet regularly at joint case conferences and communicate with each other about common issues in order to avoid duplication of paperwork and services.

Pooled resources to provide auxiliary services to clients – clients of HHSA would be better served if transportation and childcare were provided for all client appointments and meetings within a centralized HHSA transportation unit and a child care service. Along with this, the suggestion was made for a “bundling” of appointments where possible for clients seen by more than one branch.

Community Input

One stop shop – a center located in small communities or in large communities with an underserved group (i.e. Latino, Seniors, Homeless, Mentally ill) where residents can go to secure information about services, apply for and receive services, and apply for eligibility for public assistance. These would be staffed by either county or non-profit/school employees with a resident “expert” on available services, knowledge about programs and ability to communicate with staff located in the central service centers. Agency staff would be either located at the center or travel to the center on a regular scheduled basis to provide services to community.

Partnership with Community Based Organizations (CBOs) – community partnerships have become an increasingly more efficient and successful way to provide services to a wide variety of citizens with multiple needs. This is already done in a number of service programs and needs to be strengthened and formalized.

Outreach, Information and Referral – the need to have a variety of ways of identifying services available from the Agency or non-profits in the area. This may include an internet based solution, community kiosks, resource guides, newsletters etc.

Training for Staff– the need to have training/cross training for HHS employees about available agency services, and for community members (e.g. law enforcement) on a variety of topics such as working with the mentally ill.

Multidisciplinary / case management teams / confidentiality issues - includes the desire to have multidisciplinary teams work collaboratively on the case and possibly a single care plan with a lead case manager to coordinate with the various other entities involved in the case.

Auxiliary Services for Clients (transportation, childcare, etc.) - the need for transportation in rural areas of Mendocino continues to be an issue, especially for clients with few resources. Also, the availability of childcare would give clients more opportunity to attend meetings, appointments and training.

Grant Writing Assistance – the desire to have a center that assists with researching grant funding available for agency and non-profit services and assisting with grant writing.

COMMUNITY HEALTH

TRANSFORMATIONAL GOALS

What is the work of Community Health?

A community health approach seeks to promote wellness in entire populations through primary prevention with a strong commitment to community participation. A fundamental principle of this approach is that health problems are not solely caused by individual choices, but by community conditions and systems. The emphasis for improving health is to support policies, community environments and cultural norms that are conducive to healthy behaviors through education, promotion, advocacy, and service in partnership with public and private organizations, schools and workplaces.

The following goals are based primarily upon the **Essential Public Health Functions** developed by the National Centers for Disease Control and Prevention. These functions describe the public health activities to be undertaken in all communities and provide a guiding framework for the responsibilities of local public health systems. Among the core functions is developing the capacity to respond to public health-related disasters, specifically, those disasters related to communicable disease outbreaks and hazardous materials incidents (medical emergencies). We receive funding from state and federal resources to develop and enhance (1) internal capacity to provide training and support to staff who respond to PH emergencies and (2) external capacity among community partners (esp. hospitals and clinics) to enhance response capability at the healthcare provider level.

Goal 1. Community Health staff has the capacity to efficiently use resources for health promotion in county populations through a community health approach and assure a competent and healthy public health workforce.

Community health work requires planning with community groups and program development, organization and implementation by a trained staff of health educators, data analysts, community health workers and others. A number of the necessary staff already exist within the 3 branches of HHSA and may need to be reorganized into a new work unit, and/or be called in to work on specific projects or receive additional training. A community health coordinator would be needed to develop a coherent action plan and to provide leadership and decision-making in order to carry it out.

This goal also includes maintaining a community health workforce that meets standards for licensure or credentialing of professionals and adopting continuous quality improvement and life-long learning programs for all members of the community health workforce.

Current Objectives

- A. Align staff infrastructure and capacity to support and develop programs that promote all aspects of wellness in county populations.
- B. Provide resource development for programs to promote wellness across HHSA branches and other collaborating agencies in the county.
- C. Maintain all appropriate licenses and certifications.
- D. Assure “best practices” through staff training and development activities, including continuous learning on cultural competency.
- E. Provide technical assistance to healthcare and community-based service providers to assure competent and consistent levels of care.
- F. (EWP) Promote employee wellness through workplace policies that include regular activity breaks, incentives for physical activity, healthy workstations, healthy site snacks, breastfeeding accommodations, etc.

Future Objectives

- G. Develop a HHSA clearinghouse of information and resources regarding community health.
- H. Develop a Healthy Communities program to coordinate efforts to create healthy environments and promote healthy lifestyle choices.
- I. Establishing a Chronic Disease and Injury Unit in Community Health to develop programs to help prevent, diagnose, mitigate, and manage chronic disease conditions such as asthma, diabetes, heart disease and to help prevent unintentional injury.

Goal 2. Community Health staff monitors health status to identify community health issues and problems.

This goal includes providing accurate and timely assessment of the community's health status and responding to population health risks including identification of health risks and determination of health service needs from infectious disease surveillance data to socioeconomic characteristics, providing birth and death statistics and health status of groups that are at higher risk than the total population, community assets that support the local public health system; using appropriate methods and technology, such as GIS, to interpret and communicate data to diverse audiences; and collaborating among partners in the greater health system to establish and share population health information systems designed to monitor specific aspects of health.

Objectives

- A. (CD) Monitor reportable diseases daily by fax, phone, or pager in order to control infectious diseases and maintain health in the county.
- B. (CMS) Monitor health provider availability and client access to medical homes and/or specialty care for eligible clients and monitor quality of care.
- C. Monitor health status and trends in family planning, infectious and chronic diseases, child death and injuries, pregnant women, infants and children to identify at-risk populations; understand health needs in order to implement measures to improve outcomes; identify barriers to services.
- D. (CLPPP) Monitor and identify potential environmental lead exposures.
- E. (IZ) Annually participate in State Immunization Reports of day care/school immunization rates for county in order to maintain health in school age children.
- F. Collaborate with other branches of HHSA, other county departments and non-governmental agencies, collect, analyze, publish and distribute the Community Health Status Report on a biennial basis.
- G. (AODP) Monitor/review local statistics relating to teen use of alcohol, tobacco and other drugs and develop strategies to provide education and other prevention activities to this population.

Goal 3. Community Health staff diagnose and investigate health problems and report health hazards in the community.

This goal includes providing investigations of disease outbreaks and monitoring patterns of infectious and chronic diseases and injuries, environmental hazards and other health threats as well as maintaining alert systems to communicate findings with appropriate health providers and responding to health risks.

Objectives

- A. (CD) Receive, investigate and report to the State all CD occurrences throughout the county in order to comply with all State-mandated CD surveillance and reporting requirements.
- B. (CD) Assist and support the Public Health Officer in determining CD outbreaks or epidemics occurring in the county, issue any appropriate orders to insure the public's health and advise county officials about any disease-related emergencies.
- C. (Nursing) Lead the Child Death Review Team in quarterly reviews of all child deaths, ages 0-17, and identify causes of death, enhance investigation of deaths through shared information and communication, develop recommendations for the prevention and response to child deaths based on the reviews and statistical information.
- D. (CMS) Authorize medical evaluation of children under age 21 with chronic illnesses or disabilities to determine eligibility for CCS-medical conditions.
- E. (FP) Prevent, diagnose, treat and refer as needed for sexually transmitted diseases, breast and cervical cancer, and family planning services.
- F. (EH, CD) Receive complaints of food-borne illnesses; investigate the case and report findings to required authorities.
- G. (EH) Investigate citizen complaints involving nuisance and environmental health related concerns or hazardous materials spills and report findings to required authorities.

Goal 4. Community Staff provide education and information about health issues and empower community members of all ages and cultural diversities to improve health for themselves, their families, and their communities.

This goal includes providing information on community health to the public and to policy leaders through the most appropriate media, sponsoring health education programs that target health risks and populations at increased risk, and providing health promotion programs, policies, or campaigns that facilitate healthy living in healthy communities in collaboration with community partners.

Objectives

- A. (FP) Education and resources for the prevention of pregnancy and sexually transmitted infections (STIs) are available to residents throughout the county.
- B. (FN) Improve pregnancy outcomes by helping women alter health-related behaviors, including reducing using cigarettes, alcohol and drugs.
- C. (WIC, FN, MCAH) Provide health-related services to pregnant and post-partum women to ensure healthy pregnancies, successful deliveries, thriving infants, competent parenting, and family planning and continued health.
- D. (CLPPP) Provide information to the public so that they will be able to protect children from lead exposure.
- E. (AA) Achieve and maintain optimal health and independence for older adults through education and prevention activities.
- F. (CD, DP, EH) Provide education and information to the community about public health-related disasters including prevention of CD outbreaks and hazardous materials incidents.
- G. (EH) Provide outreach, education and dialogue about environmental health risks with the general public and regulated community through the media, newsletters and meetings.
- H. Monitor and support school districts and other youth-oriented facilities in implementing nutrition standards and wellness policies.
- I. (WIC, HKM) Conduct community education and advocacy to promote enrollment of those eligible in food assistance programs, especially in populations at risk for hunger such as older adults and children.
- J. Develop education programs to assure that county residents are aware of the benefits of healthy foods, and know how to obtain and prepare them.

- K. Participate in planning and development of local food networks to increase consumption of locally grown foods.
- L. Advocate and support criteria for land use and development that include (but are not limited to) opportunities for healthy lifestyle choices such as open spaces for recreational activity; compact, mixed-use development designs (e.g. SafeScapes) to encourage residents to walk or bike safely to work, school, and shopping; and street design standards that allow for slow narrow streets, bike lanes and sidewalks.
- M. (AODP) Provide and support programs that offer youth opportunities to feel included, valued and appreciated and have opportunities to succeed.
- N. (MCAH) Participate in planning and implementation of programs that promote healthy mothers and healthy babies.
- O. Support parenting and institutional practices that decrease children's exposure to advertising and electronic media.

Future Objectives

- P. Provide education for healthy diets of clients at doctors' offices, clinics and human services agencies.
- Q. Participate in planning and promoting low cost or free physical activity programs throughout the county, including early morning, evening and weekend recreational activities, for all ages and abilities.
- R. Provide education for increased physical activity of clients at doctors' offices, clinics and human services agencies.
- S. Advocate for and assist with the development of life skills training by the 11th grade for all students in all school districts.
- T. Advocate for family friendly workplace policies throughout the county.

Goal 5. Community Health staff mobilize, maintain, and strengthen community partnerships and take action to identify and address health problems.

This goal includes identifying potential stakeholders who contribute to or benefit from community health activities, building coalitions to draw upon the full range of potential human and material resources to improve community health, convening and facilitating partnerships among groups (including those not typically considered to be health-related) in undertaking health improvement projects and activities, and establishing the social and economic conditions for long-term health.

Current Objectives

- A. Convene and supply staff support to all legally mandated (AODP, Tobacco Control, EMSA) and voluntary (MCPHAB) community advisory groups.
- B. Provide collaboration and leadership at county, regional and state levels to insure quality and availability of services.
- C. Collaborate with community partners (i.e., schools, agencies & organizations, health providers) to address needs of priority populations, provide education and resources to clients, identify and prioritize health issues and collaboratively respond to community needs.
- D. (EH) Maintain active participation on the Redwood Empire Hazardous Incident Team.
- E. Collaborate with community groups to promote healthy diets and to ensure that all county residents have regular access to affordable fruits and vegetables.
- F. Collaborate with community groups to support programs that encourage county residents to engage in appropriate amounts of physical activity every day.
- G. (AODP) Work with community partners to strengthen existing assets of youth and families.

Future Objectives

- H. Work to prevent and mitigate negative health impacts of climate change.

- I. Advocate for and participate in planning and seeking funding for a diversity of affordable housing options.
- J. Promote sustainable policies in major land use and development projects.
- K. Plan and conduct education and systems changes to empower county residents toward self-sufficiency and property ownership.
- L. Advocate for local economic development opportunities.
- M. Advocate for and participate in programs to accord equal rights and dignity to all immigrants.
- N. Advocate for and participate in programs that provide all county residents with a safe, clean, healthy environment.
- O. Support living wage employment for workers in Mendocino County.

Goal 6. Community Health staff enforce laws and regulations that protect health and ensure safety.

This goal includes evaluation of laws and regulations designed to protect health and safety in order to assure that they reflect current scientific knowledge and best practices for achieving compliance; education of persons and entities obligated to obey or enforce these laws and regulations; and enforcement activities in areas of community health concerns.

Objectives

- A. Meet all requirements, standards and guidelines as required by the state and federal in delivering mandated health programs.
- B. (EH) Provide routine inspections of regulated facilities and ensure that they come into compliance as quickly as possible with the least cost to the county.
- C. (CD, DP) Ensure that treatment protocols recommended by CD staff and the Public Health Officer are followed by county residents in times of an infectious disease outbreak.
- D. (EMSA) Development and enforcement of standards, policies, and procedures for provision of all aspects of an emergency medical system, including ambulance services and medical field treatment protocols.
- E. (EMSA) Plan, implement and evaluate the local emergency medical system.
- F. (AC&C) Protect residents from injury, annoyance and property damage from stray and/or vicious animals, and to protect animals from cruelty, abuse, exploitation or neglect.
- G. (AC&C) Promote animal adoptions and public education to foster responsible pet ownership, including spay and neutering of animals.

Goal 7. Community Health staff link people to needed health services and assist the community in assuring the provision of health care.

This goal includes identifying populations with limited access to health care; assisting with the linkage of people to appropriate health services through coordination of provider services; and development of interventions that address barriers to health care.

Objectives

- A. Provide comprehensive outreach and promote health activities including case finding, referrals, client education and community awareness that targets specific populations to receive care & services.
- B. Work with and refer to other agencies in order to provide appropriate services for clients.
- C. (MCAH) Support programs that encourage mothers to breastfeed their infants exclusively for at least six months.
- D. (WIC) Promote health care and provide nutrition benefits to children in order to obtain adequate health care during times of growth and development.

- E. (FP) Maintain and expand quality services for family planning, STD detection and prevention, breast and cervical cancer detection and prevention for income eligible clients.
- F. Maintain collaborative relationships with health care providers serving eligible children, providing ongoing support to ensure quality services are provided.
- G. (HKM) Promote health insurance coverage to all children, 0-18 years old, in order to provide access to adequate health care.
- H. (IZ) Provide community-based health prevention services such as the immunization program for all residents at all ages.
- I. (CD, EH, CLPPP) Track clients who have been exposed to infectious disease or environmental risks to ensure that they receive ongoing and follow-up care.
- J. (EMSA) Provide access to emergency medical services by ensuring quality medical response to emergencies and provide appropriate pre-hospital care and transportation
- K. Community Health will utilize all available resources to meet the expectation of appropriate response during a Public Health disaster.

Goal 8. Community Health staff evaluate effectiveness, accessibility and quality of population-based health services.

This goal includes evaluating the accessibility and quality of services delivered and the effectiveness of population-based programs provided by community health and providing information necessary for allocating resources and reshaping programs.

Objectives

- A. Engage in ongoing quality assurance activities.
- B. Engage in regular customer satisfaction surveys.
- C. Engage in regular staff satisfaction surveys.
- J. Monitor trends and identify health disparities in Mendocino County.
- K. Monitor trends and identify disparities in access to services within HHSA.
- D. Participate in all available evaluation activities required by state or federal funded programs.

Goal 9. Community Health staff provide Mendocino County residents of all ages with opportunities to prevent the negative impact of tobacco, alcohol and other drugs in Mendocino County.

Substance dependence is recognized nationally as a chronic health condition, the effects of which can be halted or mitigated (harm reduction) through treatment, similar to other medical conditions such as diabetes, hypertension and asthma. Strengthening communities to provide education, support and alternatives to substance use for their residents has proven to be effective. Community-based collaborations have effectively addressed immediate concerns while strengthening the social fabric that promotes community health.

Current Objectives

- A. (AODP) Provide alcohol and drug treatment to all residents as needed.
- B. (AODP) Advocate for continued safe, legal, and accessible exchange and disposal of needles.
- C. (AODP) Plan and develop integrated services for those with dual diagnoses.
- D. (AODP) Provide resources for community-based prevention throughout the county
- E. (AODP) Provide resources and carry out community-based prevention throughout the county.
- F. (TC) Provide community education, advocate for tobacco ordinances and conduct underage buy surveys to decrease tobacco sales to minors.

- U. (TC) Provide tobacco prevention education through recruitment and training of peer health educators.
- G. (AODP) Advocate to limit licensing of additional alcohol outlets.
- H. (AODP) Continue to integrate prevention and treatment services across the age span.
- I. (AODP) Coordinate with other HHSA branches for the provision of specialized services to specific populations, such as those with co-occurring disorders, parents of children detained by Children's Services, and elders.
- J. (AODP) Advocate for the recognition of substance abuse as a chronic health condition requiring a variety of interventions across the spectrum of abuse, dependence and continuing recovery.

Key:

AA – Aging Action Team
AC&C – Animal Care & Control
AODP – Alcohol & Other Drug Programs
CDRT – Child Death Review Team
CLPPP – Childhood Lead Poisoning Prevention Program
CMS – Children's Medical Services
DP – Disaster Preparedness
EH – Environmental Health
EMSA – Emergency Medical Services Agency
EWP – Employee Wellness Program
FN – Field Nursing
FP – Family Planning
HKM – Healthy Kids Mendocino Program
CD – Infectious Disease Program
IZ – Immunization Program
MCAH – Maternal, Child & Adolescent Health Program
TC – Tobacco Control Program
WIC – Women, Infants, Children Program

Children's System of Care – Transitional Age Youth (CSOC/TAY)

TRANSFORMATIONAL GOALS

Goal #1: All families with children will get the parenting support they need

(Value Based Operating Principles: #3, #9)

Rationale:

Evidenced-based parent training systems have been found to reduce instances of child maltreatment and to improve parent-child interactions, parenting skills, child behavior, lower parental stress and reduce relationship conflict. By addressing fundamental issues in parenting, these systems lower child maltreatment for at-risk parents and raise overall family functioning for all parents. Specific to mental health concerns, California's Little Hoover Commission recommends: "Every effort should be pursued to provide appropriate mental health care to children before their needs disrupt their learning, their healthy development, or escalate into costly and more complex issues."

CSOC, First 5, local partners, agencies and stakeholders have been working since October 2004 along with the California Institute of Mental Health to establish a comprehensive, county-wide system of mental health screening, assessment and treatment. The target population is families, primarily low income with children in the 0-5 age category with a high risk of social-emotional delays and disorders. The plan is to have a broad-based social marketing campaign designed to reduce stigma and encourage participation. Outreach specifically to Latino and Native American families is planned using treatment practices whose effectiveness has been demonstrated through rigorous research, with monitoring to assure fidelity to the practices and extensive evaluation.

Objective A: Expand the use of current funding to increase the support of training for emerging and evidenced based practices, emerging practices and parent education.

Objective B: Work With UC Davis and to complete process to test and qualify the Family Empowerment Model as an evidence-based practice.

Objective C: Train HHS Staff and partner agencies in selected emerging and evidence based practices and emerging practices for parent education.

Objective D: As parenting education is delivered, ensure that this effort is done in a culturally competent, family friendly, strength based, and family driven manner, ensuring transportation and childcare is available.

Objective E: Offer parenting education throughout the community and especially at community resource centers.

Objective F: Create evaluation efforts that will demonstrate positive and effective outcomes.

Objective G: Selected and train County and FFA foster parents to mentor and provide respite care for parents who are working with Child Welfare Services while their children are in foster care and after their children have returned home.

Objective H: Enlist the community (churches, service groups, family resource centers, agencies, recreational organizations, businesses) in developing creative ways to support families with children –provide mentors, man a “warm line”, set up a cooperative drop-in child care center.

Objective I: Support the concept of, and dedicate HHSA staff to voluntary and multi-agency prevention services such as Fast Track and Family Connections linked to schools and the community at large.

Objective K: Develop a parent education and support system for parents of teens, including a PCIT-like program, to assist parents of teens involved with Probation, Mental Health, Child Welfare Services, and the community at large.

Goal #2: All children in Mendocino County will be planned, wanted, healthy and nurtured.

(Value Based Operating Principles: #3, #9, #10)

Rationale:

When potential parents are prepared and supported as they decide to conceive and rear children, their children are more likely to enter an environment that is healthy, safe, nurturing and ripe for natural, physical, emotional and developmental growth. Parents who plan and prepare for children will have children who are more likely to be healthy, responsive, able to learn and ultimately happy and successful in their families and community.

Objective A: Education and resources for prevention of pregnancy and sexually transmitted infections will be available throughout the county.

Objective B: There will be a seamless system of services and support for pregnant and parenting teens and their children.

Objective C: There will be prevention and early intervention of the negative consequences of tobacco, alcohol and other drugs, and exposure to violence including:

- A system of prenatal screening, assessment, referral and treatment.
- Incorporating the current CAPTA (Federal Child Abuse Prevention and Treatment Act) requirements into revision of SB 2669 Protocol for substance-exposed infants.
- Adolescent tobacco, alcohol and other drug services.

Objective D: All children will be provided with early intervention services to meet their needs that includes screening, assessment and family-centered intervention through a collaborative, interagency system of care.

Objective E: Services will be based on evidence-based and emerging best practices.

Objective F: Develop effective evaluation strategies for interventions.

Goal #3: All teens served by Probation and the Health and Human Services Agency will successfully transition to adulthood.

(Value Based Operating Principles: #3, #9, #10)

Rationale:

Young people, who are involved in the human services and law enforcement systems, especially those in foster care and other residential placements, are at a high risk of unemployment, homelessness and involvement in the criminal justice and mental health systems when they turn the legal age of 18. It is far preferable for these youth, the tax payers and the community at large if these young people are supported and prepared for a successful transition to adulthood. Providing these young people a support system that emulates what children normally get from their own families allows these children to pursue education, employment, housing and ultimately independence and self-sufficiency.

Objective A: The Transitional Age Sub Committee known as “Youth Embracing Transition Towards Independence” (YETTI) will meet under the structure and support of the Children’s System of Care Cabinet to advocate for youth. The goal of this subcommittee will be to advocate for services that will assist all young people in the community to become able to live independently.

Objective B: Every youth who comes in contact with the HHSA or Probation Department will have, by age 17, a viable and meaningful transition plan that the local school has embraced. The high school drop out rate will be reduced and this target population will earn either a diploma or high school equivalency certificate through local schools.

Objective C: Vocational training and support to attend the community college will be available to all YETTI

Objective D: Housing opportunities in appropriate settings will be available to all HHSA and Probation Youth.

Objective E: The HHSA will support the development and expansion of The Youth Resource Center in Ukiah Valley.

Objective F: There will be service options at the Family Resource Centers for sobriety support for YETTI and to link youth to medical care.

Objective G: The Youth Council as part of the Workforce Investment Act will be a partner in the development of all youth activities.

Objective H: Independent Living Skills will be available to HHSA and Probation Youth to foster the ability of this population to be successful in the community.

Objective I: Peer support opportunities and mentoring skills from adults will be anchored at the resource centers for youth.

Objective J: Develop and fund a coordinated and comprehensive gang prevention program that involves family resource centers, all law enforcement services, parents and former gang members and includes:

- Parent & child education component;
- Mentoring;
- Involving youth in meaningful, positive enterprises and activities;
- Assisting gang members to leave gang life safely, such as a THPP-like center that can remove them from neighborhoods immersed in gang activity.

Objective K: Re-establish Probation/Child Welfare Services Joint Jurisdiction and/or develop a Mental Health/Child Welfare Services/Probation team to work jointly with children and families who cross all three systems. (See Objective J under Goal #6)

Objective L: Pursue the opportunity to participate in AB 1453 calling for a coalition of counties and private non-profit agencies to reform residentially-based services for youth in California. This initiative would allow each county to establish a comprehensive, intensive group home program that would include family support and post-discharge services and could combine a residential teen substance abuse treatment center and locked facility with other therapeutic services.

Goal #4: All children will have their placement needs met in Mendocino County whenever possible.

(Value Based Operating Principles: #3, #8, #9, #10)

Rationale:

Currently, at least 40 children are in placements outside of Mendocino County due to a lack of appropriate services in the county. There is a great need for a commitment by the local community to build capacity within our county to care for our children locally. Research confirms that children do better when they are near family, friends and are able to attend their own school locally vs. having all familiarity removed from their lives.

Objective A: Consolidate all HHS Wrap Around Projects in an efficient and cost effective manner under one Manager.

Objective B: If a child must leave the County for necessary services, a timeline will be developed in advance of the placement to guide the reviewing placement team.

Objective C: HHS, the schools and Probation will implement a consolidated placement team to ensure that no child leaves the County unnecessarily, and when they do go to out of county placement, the entire team is working in a coordinated fashion. 315 waivers may be necessary to achieve this goal.

Objective D: The Inter Agency Case Management Team (IACMT) will create a map of the Continuum of Care for the treatment of youth, and the IACMT will bring to the Children's System of Care (CSOC) Cabinet's attention the gaps in the service for their consideration.

Objective E: All foster children will receive screening assessments and referrals for appropriate services.

Objective F: The development of natural supports within the family and community will always be considered as a strength-based approach to finding placement solutions.

Objective G: There will be a grassroots community outreach on behalf of all foster children and foster parent recruitment so this service becomes a valued role in community.

Goal #5: Community resource centers will be established, enhanced and supported so all families will receive the services they need in their local communities.

(Value Based Operating Principles: #3, #8, #9, #10, #11)

Rationale:

Successful interventions and treatment includes services for the entire family. Family Resource Centers are an efficient way to achieve success. They offer “one stop” care for families and localize services in a cost effective, centralized and family friendly way. It is essential for agencies that serve citizens to partner with local communities and make a commitment to create settings that are family safe and friendly and where services to promote healthy living can be delivered.

Objective A: Develop and support a family resource center network to: eliminate time and energy-wasting competition; provide high quality services and evidence-based practices countywide; ensure that services are available and sustained in local communities; provide an effective and efficient interface with HHSA and other agencies; and provide consistent common data to demonstrate the value and effectiveness of the centers and services offered.

Objective B: Wrap Around Services will be located in family resource centers. One stop full service centers that are family friendly will be located in each community.

Objective C: One stop full service centers that are family friendly will be located in each community.

Objective D: Food Bank, housing and clothing will be available at the resource centers.

Objective E: Crisis intervention and follow up counseling will be available at the resource centers.

Objective F: Parent Partners will be available at the resource centers.

Objective G: Establish formal partnerships and protocols with the family resource centers and/or the network and Child Welfare Services concerning complementary child abuse & neglect prevention responsibilities, and “after care” services for families that have been involved, or are at risk of involvement with Child Welfare Services.

Objective H: Designate HHSA staff from each branch to provide defined service hours at each family resource center.

Goal # 6: Children in Mendocino County will be free of abuse and neglect
(Value-based operating principles #3,7,8,10,11,13)

Rationale:

Any community's future is dependent upon the investment it makes in the wellbeing of its children. Healthy, resilient children create healthy, resilient communities. Conversely, when child abuse and neglect are allowed to occur, a destructive cycle begins that can continue for generations, taxing the community's resources and blighting its character. To thrive, children require the attention of caring, able adults and strong families. Therefore, our investment in parents and families today is our legacy to Mendocino County. Their success should be our bond.

Parenting isn't easy under the best of circumstances. When families have too many obstacles and stressors, children are at risk. Common problems that launch and perpetuate the cycle of child abuse and neglect are:

- Substance abuse
- Poverty (inadequate earning capacity related to the cost of living here)
- Ineffective, inappropriate, and/or abusive parenting models and coping strategies
- Mental health/capacity
- Inadequate family support systems

Domestic violence is related to all of the above, and can be, in and of itself, a form of child abuse. Research has shown that the brains, not to mention the psyches, of children who witness domestic violence are affected negatively. Like child abuse, domestic violence is often passed from one generation to the next. Our job is to prevent it from happening in the first place, and to break the cycle when it has already begun.

In fact, most child abuse/neglect issues are multi-faceted. Many can be addressed most effectively when agencies and community organizations are empowered to work together.

Objective A: Implement and operate a Dependency Drug Court pilot project-- a collaboration of Child Welfare Services, Public Health/AODP, and the Court.

Objective B: Work with the Court, attorneys, foster parents, the State and staff to change policies and expectations to: 1) allow a more lengthy, cautious reunification process where substance abuse is a factor, and 2) a more comprehensive "aftercare" program once families have reunified, that may include community-based agencies and family resource centers.

Objective C: Develop a treatment program in our county for sexual perpetrators.

Objective D: Develop an "Intake Support" group or system for children just coming into foster care, and/or a sexual molest treatment program for kids and adults to prevent the

repetition of this cycle from generation to generation. Include sexual abuse training for children—how to protect themselves.

Objective E: Develop an HHSA funding source to assist with miscellaneous family needs and supports for families not involved with HHSA services, or needs that are not covered by HHSA programs. (Utility bills, driver's licenses, scholarships for after school programs and activities like SPACE.)

Objective F: Utilize former Child Welfare Services clients as parent partners to engage and mentor parents entering the Child Welfare System.

Objective G: Develop a multi-agency/community model that will provide ongoing assistance to parents with mental health/capacity issues so that family connections can be maintained and children's safety and care ensured.

Objective H: Develop a model for Mendocino County to address domestic violence in collaboration with Public Health/AODP, Child Welfare Services, local hospitals, Law Enforcement and the Court.

Objective I: Establish a multi-agency "response team"—at minimum a HHSA response team, as an adjunct to expanded WRAP AROUND services to provide rapid response to a variety of issues affecting children and their families, that cross agency boundaries and areas of expertise. (HHSA team would include Child Welfare Services, Public Health/AODP, and Mental Health staff and would interface closely with specified Probation and other law enforcement staff and the Court.)

ADULT SYSTEM OF CARE TRANSFORMATIONAL GOALS

Goal #1: The Adult System of Care will develop an organizational structure that will provide the leadership necessary to maximize cost effectiveness, coordination of resources, and elimination of duplication of gaps in services within the system.

Rationale:

Currently the County has an established Children's System of Care (CSOC) and Older Adult System of Care (OASOC). These systems have proven to be a cost effective, efficient way of coordinating case management, clinical and placement services of youth and older adults. In an effort to maximize all financial and personnel resources within the HHSA and the community, it is the intention of the HHSA to establish an Adult System of Care (ASOC) that will provide greater care coordination and more effective and efficient service provision to all mutual clients within the three Branches of the HHSA. Every effort will be made to ensure a continuity of care to clients throughout the implementation process, to include our community partners in the process and to maximize the utilization of all existing funding opportunities – federal, state and grant possibilities included.

Objective A: Mental Health, Social Services and Public Health managers will form an (ASOCMT) Adult System of Care Management Team, and meet regularly to oversee integration planning in ASOC for HHSA. The ASOC Management Team will report to HHSA Administration regularly on progress.

Objective B: Identify steps to improve current case management and conferencing systems for all client populations in ASOC. Case conference teams, their purpose, clear facilitation and post on website and InterestNET.

Objective C: A Crisis Services System will be established among all agencies in the crisis response system that maximizes coordination, efficient utilization of funding and quality of service to clients.

Objective D: The service delivery system will address the needs of disabled individuals unable to access needed services, such as General Assistance and CMSP clients, which often includes non custodial parents and individuals residing in the jail.

Goal #2: Housing: Develop a continuum of housing options that supports the client/individual in being a self-sufficient member of the community.

(Value Based Operating Principles: #8, #10)

Rationale:

Housing is the cornerstone of any service delivery plan. If individuals and families have inadequate or no shelter, their needs for other services increases exponentially. The Homeless Services Planning Group, which has existed as a county-wide collaborative for 13 years, has identified the need for a full-range of housing opportunities in its

strategic plan in their grant submissions to the Housing and Urban Development (HUD) Agency. Although there are some housing opportunities within the county, the 1,138 unsheltered revealed in the 2006 Point-in-Time Count of the Homeless indicate an unmet need in Mendocino County. An ASOC housing team would consolidate funding sources, staff efforts and community needs into one team approach.

Objective A: Advocate for expanded housing resources for all levels of housing including: emergency shelter, transitional or short term and permanent. Expanded resources will include “clean and sober” and residential treatment options.

Objective B: Support “Harm Reduction” & “Mental Health & AOD Recovery” focused models, with an array of housing to meet the needs of homeless clients. (Examples include a “housing first” model for the chronically homeless).

Goal #3: Establish a culturally sensitive, behavioral health program to serve individuals with mental health, physical and/or developmental disabilities and drug and alcohol abuse issues. This program will address barriers to recovery and independence for participants.

(Value Based Operating Principles: #2, #3, #8, #10)

Rationale:

Our citizens, communities, the Health and Human Services Agency Branches, and other Community Based Organizations are impacted by unmet needs and fragmentation of services available to individuals with co-occurring disorders or other dual diagnoses. The development of a program which focuses on streamlining entry and providing concurrent and comprehensive treatment will serve clients more effectively by eliminating duplication of efforts and lack of coordination between Branches. It should be cost effective due to the ability to prevent some crises, and by ensuring the most cost efficient services are provided to meet client needs.

Objective A: Behavioral health programs will strive to have staff from all necessary disciplines co-locate to one site.

Objective B: Develop a detoxification program that is part of the coordinated HHS Crisis Response, Behavioral Health, and Case Management Programs within the Adult System of Care and Older Adult System of Care structures.

Objective C: Staff training will be available in the areas of “Mental Health & AOD Recovery”.

Objective D: Peer Support will be a component of this program with self-help/electronic learning support available to all participants.

Goal #4: Establish an integrated HHSA forensic treatment and re-entry program that will reduce the recidivism rate and the overcrowding in the jail by providing mental health clinical intervention, case management and vocational rehabilitation services to qualified, eligible HHSA forensic clients. The mission and purpose is to provide a seamless system of care for multi-agency involved offenders who are mentally ill and at risk of entering the criminal justice system and/or provide services to reduce risk, to those already involved, of further penetrating or re-entering the criminal justice system.

(Value Based Operating Principles: #8)

Rationale

As in the rest of California, for the sake of public safety, jail has become a default placement for Mendocino County residents whose mental illnesses, substance addictions, or life circumstances have led them to behave in socially unacceptable ways. The development of comprehensive clinical and case management services for HHSA clients residing in the jail, combined with increased interagency coordination of services, will reduce client incarceration rates and increase our client's community contributions.

Objective A: The HHSA forensic program will maximize utilization of all current county wide resources for increased coordination in case management and clinical assessment and treatment of mentally ill individuals residing in the jail.

Objective B: ASOCMT will identify and/or develop a planning and decision making structure as well as any staffing positions necessary to ensure HHSA clients receive such services. All funding initiatives and federal funding opportunities will be maximized in planning for above program staffing and services.

Objective C: The forensic re-entry program will include a discharge planning program to assist HHSA clients in linkage to necessary services for greater self-sufficiency such as: benefit programs, housing options, AOD and mental health recovery treatment and support, vocational training and employment services.

Objective D: An evaluation system will be created to document and monitor success and effectiveness of the program and provide Quality Assurance. This will also help with seeking future funds.

OLDER ADULTS SYSTEM OF CARE TRANSFORMATIONAL GOALS

Goal #1: Increase access to services within the Older Adult System of Care for all older adults.

(Value Based Operating Principles: #3, #8, #9, #10)

Rationale:

In Mendocino County, residents who need services face the challenge of geographic isolation. Increased access to home and clinic-based services through greater coordination provided by an integrated Health and Human Services Agency to maximize quality of life for seniors with mental health issues, specialized geriatric needs and drug and/or alcohol issues.

Objective A: Increase case coordination and case conferencing through increased attendance at existing case conference meetings across HHSA programs for all older adults to maximize client access to eligible and appropriate services.

Objective B: Improve coordination and development of services for individuals among HHSA programs in preparation for the increasing aging population, and increasing number of individuals with dementia entering the OASOC.

Objective C: County-wide access for all older adults to home and clinic-based comprehensive geriatric assessment and treatment for mental health issues and drug and alcohol abuse and misuse, with measurable outcomes.

Goal #2: Develop and/or strengthen one-stop senior centers for families, caregivers, and people with disabilities in each geographic area of the County with information and assistance services easily accessible to all.

(Value Base Operating Principles: #3, #4, #8, #9, #10)

Rationale:

The need to deliver services to the growing aging population in a timely and cost-efficient manner necessitates collaboration and co-location whenever possible. Senior Centers have historically been community focal points, and as such, are logical targets for centralization of prevention, education and direct support services.

Objective A: Outreach and advocacy services will be available at each senior center in each major geographic area of the County, to provide education and linkage to the service delivery system for seniors.

Objective B: Sustainable funding to be sought for senior centers for prevention, education and direct support services to address seniors at-risk for depression, mental illness and suicide in the senior population in Mendocino County (Mental Health Services Act and Prevention and Early Intervention).

Objective C: Healthy aging educational programs available through each senior center with collaboration and participation from HHSA programs and community partners.

Goal #3: Establish an Information and Assistance Program for all seniors, caregivers and family members that is easily accessible through multiple methods, including internet, community outreach and resource directories.

(Value Base Operating Principles: #3, #4, #8, #10)

Rationale:

Since responsibility for the Area Agency on Aging was transferred to Mendocino County Social Services Branch, centralized Information and Assistance Program has been established. To most effectively reach our geographically isolated and growing diverse population, we must develop comprehensive information resources in languages appropriate to our county's population.

Objective A: The Mendocino County Senior and Disabled Resource Directory will be updated and distributed to the senior centers and senior service agencies.

Objective B: Bilingual and bicultural directory and resource materials and internet-based information will be accessible in each geographic area in languages appropriate to our County's population. (Specifically Spanish)

Objective C: Healthy aging educational materials and trainings will be available to seniors on issues such as; drug and alcohol abuse/misuse, fall prevention, mental health, depression and suicide prevention, etc.

AGENCY ADMINISTRATION TRANSFORMATIONAL GOALS

Goal #1: Ensure adequate Agency staffing, including for professional and paraprofessional classifications, through the development of local talent and current staff.

(Value-Based Operating Principles #5, #6, #7 and #10)

Rationale:

Government projections show that beginning in 2008, the oldest of the post-World War II baby boomers will turn 62 years of age and begin to retire. This places economic strains on the country as this population begins receiving Social Security and it challenges California in a very unique way. Currently half of the state's 15 plus million workers are in the baby boomer population. As they retire over the next two decades, demands to replace them will increase and huge percentages of California's teenage and 20-something population, especially nonwhites and those from immigrant families, are not receiving the educations they would need to fill the demand. It is imperative that we identify potential candidates and invest in training and educating them to fill the void as people retire or otherwise leave their positions.

Objective A: Development of formal structures and procedures for the recruitment and retention of bilingual and bicultural staff, including the establishment of a Bilingual/Bicultural Recruitment Strategy Team to oversee and advise on this objective.

Objective B: Develop a formal structure of mentorships and internships, working with both high schools and colleges throughout the County, to expose local citizens to health and human service employment opportunities.

Objective C: Develop staff mentoring programs, including the recruitment of retired subject experts to mentor and train current staff.

Objective D: Develop career-ladder training sequences to allow staff to develop to professional levels from within the Agency. For example, the nursing sequence would provide training opportunities to move from nurse's aide to LVN to Registered Nurse to Public Health Nurse to Nurse Practitioner.

Objective E: Develop in-house training academies to augment the career-ladder training sequences where it is possible to provide the training within the Agency.

Objective F: Work with County Human Resources to implement a Career Development Educational benefit for all Agency staff.

Objective G: Develop formal mechanisms to increase staff understanding of Branch program, services provided, client eligibility, referral processes and desired outcomes for clients and community.

Goal #2: Increase the capacity of the Agency to design, implement and evaluate culturally appropriate services; develop and support the ability of staff to work in cross-cultural environments and deliver culturally appropriate services; and build and maintain a healthy cross-cultural workplace, where each person is treated with respect.

(Value-Based Operating Principles #1, #2, #3 and #6)

Rationale:

One in four Californians is an immigrant, a higher proportion than in any other state. The proportion of the state's population that is foreign born is at its highest level since 1890. California has a much higher share of immigrants in its population than does the United States as a whole (27 percent versus 12 percent). This necessitates the development and support of increasing cultural awareness in present staff and in recruitment and hiring of cross cultural new staff to serve an ever growing population of immigrants in California.

Objective A: Include and/or consider cultural competency as an Agency value when developing strategic plans, goals, policies, procedures, standards, and similar Agency guidelines.

Objective B: Provide resources and support actions to build the cultural competency of the Agency and its staff members.

Objective C: Assist staff to understand the fundamentals of cultural competency and its relevance to services and to the workplace.

Objective D: Increase the abilities of Agency employees to effectively navigate in a cross-cultural workplace, and to provide culturally appropriate programs and services.

Goal #3: Develop Agency administrative structures to support integrated service delivery systems outside current silos.

(Value-Based Operating Principles #3, #8, #9, #11, #13 and #14)

Rationale:

Services need to be provided to clients from all disciplines across the Agency based on the client's needs, not program or administrative structure. The administrative structure of the Agency must be designed in such a way as to be efficient, flexible and supportive of staff in meeting the Agency's goal of creating integrated and efficient services to meet client and community needs.

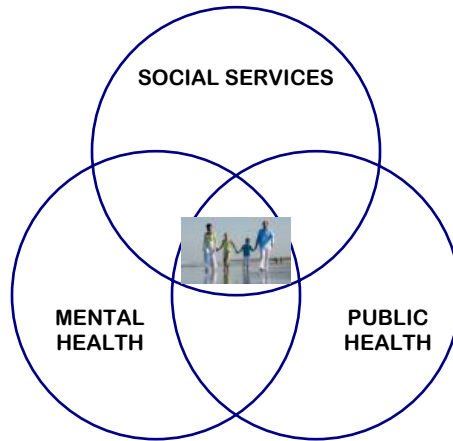
Proposed Structure

The Agency's administrative structure must be developed to enhance support to integration efforts and to minimize program and State initiative fragmentation. Administrative integration will allow the Agency to benefit from economies of scale and better use of resources in the provision of administrative services. With these ends in mind, the structure diagramed here is proposed as a way to create an integrated administration for the Agency.

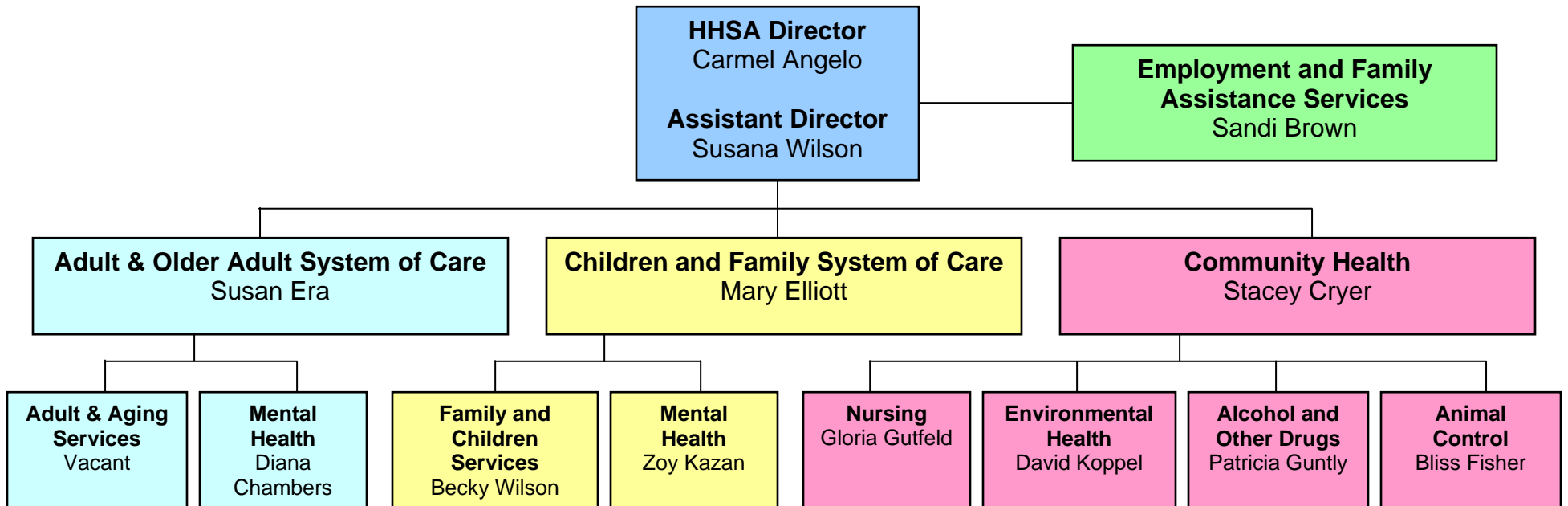
Proposed HHSA Administrative Structure

“Healthy People, Healthy Communities”

**MENDOCINO COUNTY
HEALTH AND HUMAN SERVICES**



**AGENCY INTEGRATION PHASE 1
SYSTEMS OF CARE
MANAGEMENT STRUCTURE**



This integrated structure would provide for the following functions within the consolidated Health and Human Services administrative divisions:

HHSA Administrative Functions

Financial Services	Information Technology	Facilities
County Budget State Budget Submittals Grants Time Studies Statistical Reports Cost Reports Medi-Cal/Other Billing Budget Monitoring Revenue Tracking Accounts Payable Accounts Receivable State/Federal Claiming Collections Travel Claims/Requests Audits Cost Control Fee Schedules 835 and 837 Electronic File Management Payroll	Data Systems Network/Internet Programming Support Reports Physical/Electronic Security Help Desk/Training Research & Development Telephones Intranet/Websites State Systems Central Services Purchasing Supplies and Requisitions Fixes Assets/Inventory Office Machines Medical Records Charts Closed Files Mail Distribution/Processing Printing/Forms Management	Facility Leases/Subleases Facility Planning/Moves New Construction Building Alterations Building Maintenance Storage Safety/Facility Emergencies Building/Safety Coordinators Mass Care Facility Surveys Mass Care Inventory Risk Management Vehicles Janitorial
Staff Resources	Administrative Support	
Personnel Files Recruitment/Hiring Promotions/Laterals Terminations Workers Compensation ADA Civil Rights Staff Development Disciplinary Actions Employee Orientation Ergonomics Medical Leave Monitoring	Contracts CEO/BOS Transactions County Counsel Liaison Skelly Hearings Agendas, Minutes Distribution Lists Meeting Arrangements Policies & Procedure Distribution Compliance Information/Communications Disaster Response Team Mass Care Volunteer Coordinator & Training Travel Requests	

In moving toward this proposed structure, the following planning elements must be considered:

- Funding sources and costs of proposed structure
- Functional relationships between individual administrative activities and between administrative activities and program structures
- Physical location; long-term space planning
- Supervision issues, especially when staff are not co-located
- Training; cross-training and back-up functions
- Stability of current activities during transition
- Clearly developed, realistic schedule for each step or phase of transition

Objective A: Establish administrative structures at the Agency level for the functions of fiscal services, staff resources, information technology, compliance and Agency operations.

Objective B: For each administrative function area, analyze current business practices to identify which practices should be integrated and/or centralized and which practices should remain distributed in the Branches.

Objective C: Integrate administrative functions to build a platform to support integrated service delivery systems and/or regional service delivery structures.

Objective D: Develop an Agency-level capacity for program and financial analysis necessary to design, launch and monitor collaborative, evidence-based best practice service delivery systems.

GOAL #4: Ensure all Mendocino County residents have access to a free, confidential, multi-lingual, 24 hour/7 days a week call center for information and referral to health and human services and response information during times of disaster or emergency.

(Value Based Operating Principles: #3, #8, #9, and #10)

Rationale:

Nation-wide access to services can be difficult to navigate; vulnerable populations such as low income individuals, the elderly, non-English speakers and families in crisis often give up long before they get what they need. Many people make as many as 4-8 phone calls to get appropriate services. In Mendocino County, finding the right service provider is even more difficult given the rural geography, variety of non-profits and government agencies providing services, and the lack of a centralized information and referral service provider. In addition, Mendocino County does not have a centralized call system for non-emergency disaster response information.

The 2-1-1 California Partnership which is a collaborative effort between the California Alliance of Information and Referral Systems (CAIRS) and United Way of California (UWCA) has initiated a statewide effort to implement 2-1-1 service throughout the state. This partnership offers leadership, support and training towards achieving 100%

coverage in California by 2010. 2-1-1 has the potential to stand beside 9-1-1 and 4-1-1 as an easy-to-remember access point for quick and responsive information and referral assistance and disaster response information for our county.

Objective A: Strengthen, expand and integrate current information and referral capacity by partnering with United Way to implement 2-1-1 in Mendocino County.