



**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

EXECUTIVE SUMMARY

Our County

Mendocino County is a mountainous rural county spanning 3,510 square miles. Approximately two-thirds of the 90,445 population live in the interior region and the remaining third live on the scenic and isolated northern California coastline. The median household income is \$36,624 compared to the State median of \$49,849. The current unemployment rate is 6.5%. Roughly 14.4% of the population has an income below the poverty level. Thirteen percent of the population is receiving public assistance. Only 22.5% of the total population are enrolled in Medi-Cal, while 1 in 4 are uninsured. Over 1,420 people are homeless. One out of six residents smoke. Only 44.4% of the workforce, ages 18 to 64, have job-based health insurance. DUIs, domestic violence-related calls, methamphetamine-related arrests and suicide death rates continue to increase and remain higher than the State average.

The Challenge

Such geographic expansiveness, continuing poverty, stagnant economy, homelessness, healthcare issues, increasing drug arrests, suicide and domestic violence, and the rising costs of doing business challenge all aspects of service delivery for the Mendocino County Health and Human Services Agency. This Strategic Plan is prompted by the need to respond to these conditions and to transform staffing and fiscal resources into the best possible integrated service delivery to children, families, adults, older adults, and the community as a whole.

This Plan is the first step in a larger dynamic 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 County's changing environment, emerging trends, budget opportunities, best practices, challenges, and lessons learned in the planning and implementation process.

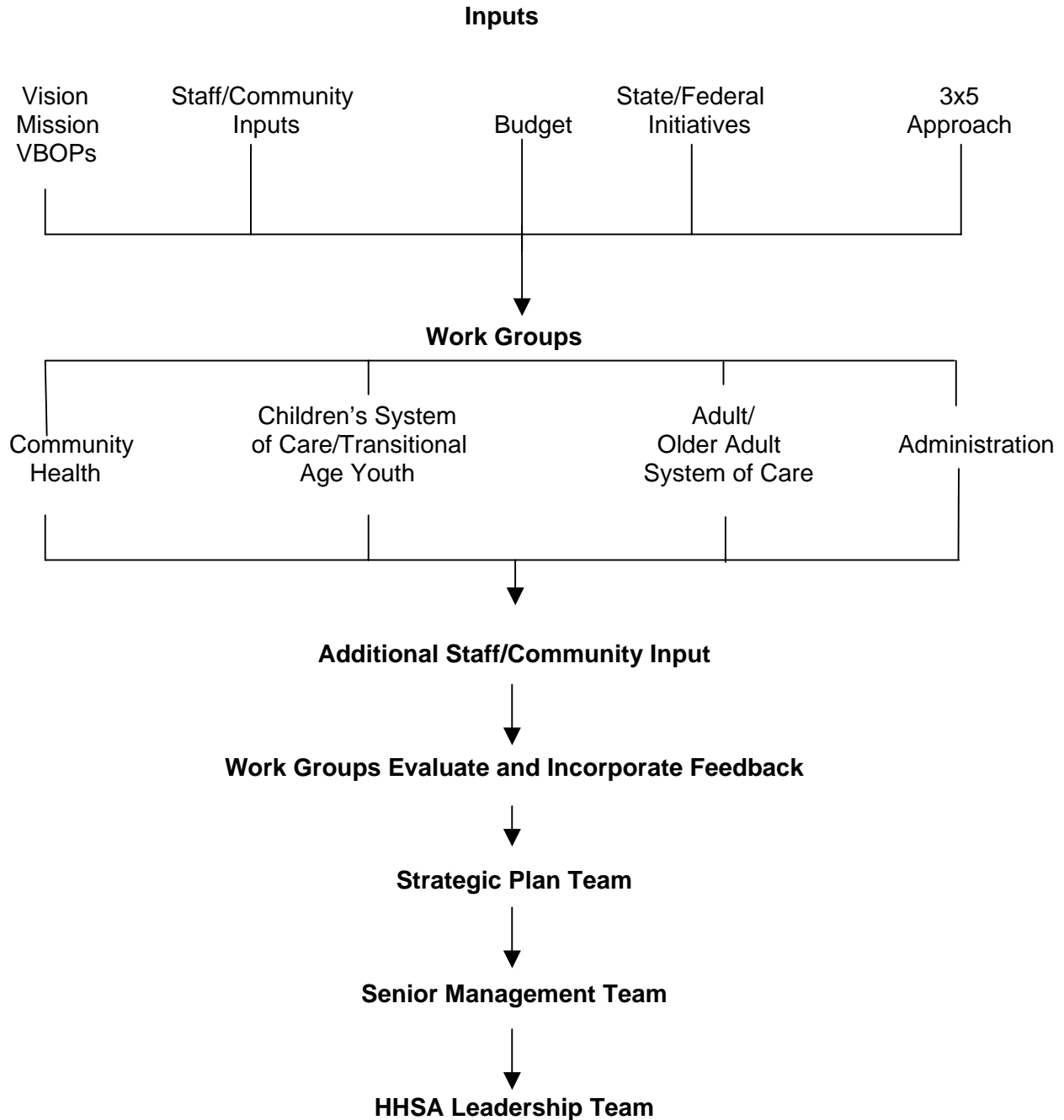
Our Process

For Mendocino County's Health and Human Services Agency (HHSA) to go beyond just "improving" health and human services means transforming traditional, separate systems into efficient, integrated structures that provide better and more innovative services to mutually served clients across its three Branches: Mental Health, Public Health and Social Services. It means that the Agency will integrate through creating systems of care that are age specific (children/adolescents, adults, older adults and community-wide) and programmatically clustered (community health, prevention strategies and direct services delivery) rather than constrained by funding source traditions. It also meant that we needed stakeholder input from the community, service providers, clients and staff to inform the planning process. The Vision, Mission and Value-based Operating Principles (VBOPs) were developed to guide how the HHSA would plan, establish goals and objectives, and reorganize into a systems of care service delivery model.

Furthermore, HHSA planning teams examined State and Federal mandates and initiatives and their impact. HHSA analyzed the various integrated and complex comprehensive county health and human services system for opportunities. AB 1881 enables Mendocino County to seek various regulatory waivers to support service integration changes in the way HHSA provides services, reports and is accountable to State programs. This Plan covers the approaches, strategies, goals and objectives resulting from the extensive planning process. (See Chart 1 on following page)

Chart 1

Strategic Plan Development Process Flow



THE PLANNING PROCESS:

The Mendocino County Health and Human Services Agency (HHS) staff created an updated Vision, Mission and Operating Principles statements as one of the first planning steps, providing the guiding principles for HHS development.

[HHS's Vision, Mission and Value Based Operating Principles](#)

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.

The following are major themes for HHS services integration based upon input collected from stakeholders and staff as part of the planning process:

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 Community Based Organizations (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 the 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 are essential. A main client index stored electronically in a database with pertinent basic information accessible to all HHS staff with status of clients and program enrollment would facilitate a streamlined delivery system for clients.

Cross Training for Staff – HHS staff need to be cross-trained on services available in branches other than their own primary work place. Awareness of all services provided by the Agency and skills to navigate the road map to get clients to needed services in the correct location is needed.

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 HHS would be better served if transportation and childcare were provided for all client appointments and meetings within a centralized HHS 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 within communities with an underserved group (e.g. 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 – there is a 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, or the 2-1-1 system 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 County 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 availability and grant writing assistance for Agency and non-profit services.

STATE, FEDERAL, LOCAL INITIATIVES AND STRATEGIC PLAN REVIEW

Review and analysis of the various State, Federal and local initiatives and strategic plans occurred in the planning process.

Below is a listing of those initiatives and plans reviewed:

- 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

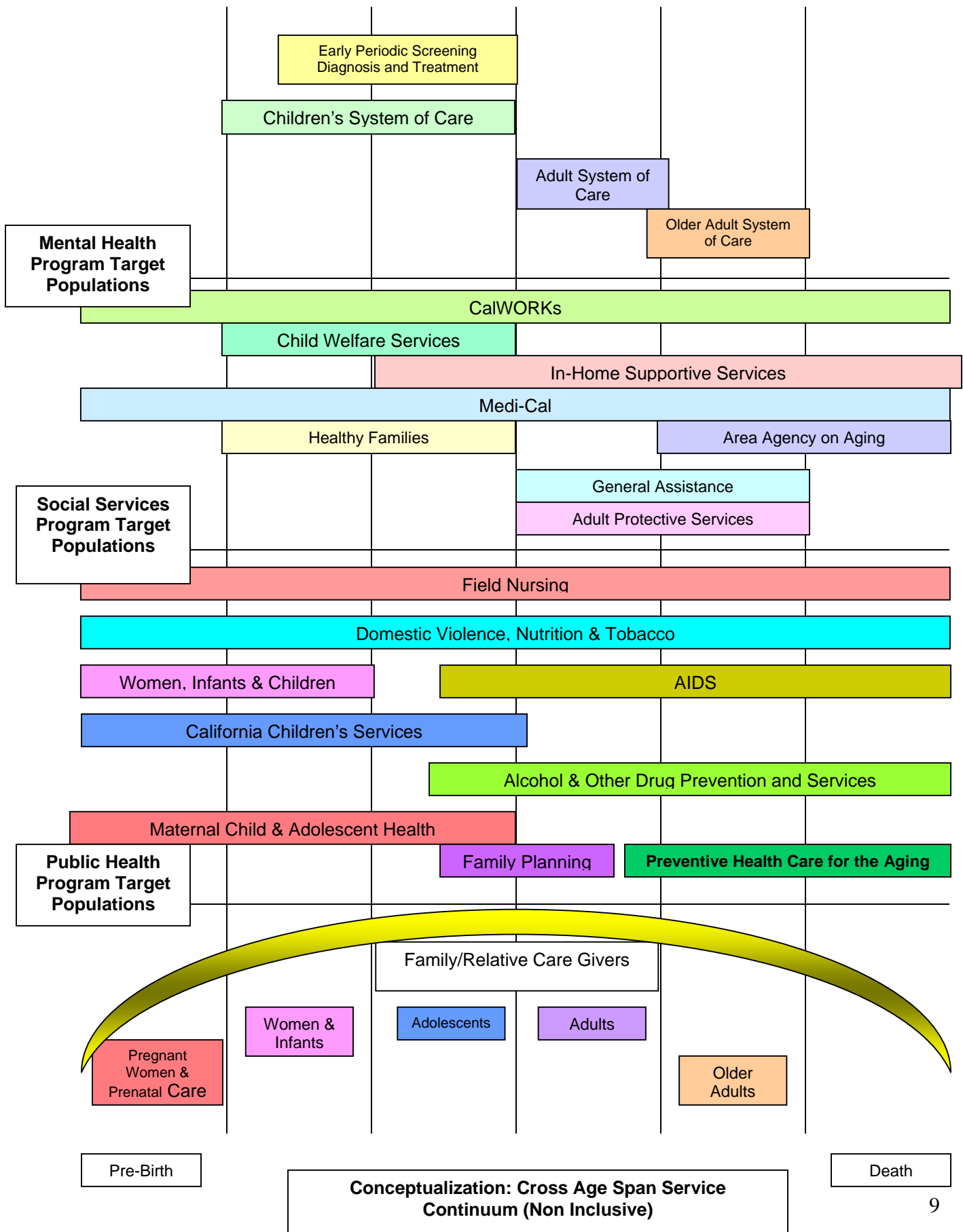
- First 5
 - What is the Triple P?

- CalWORKs
 - TANF Reauthorization: The Next Chapter in Welfare Reform

As shown on the next page in Chart 2, HHSA's planning process had to also consider where programs "crossed over" and/or potentially served the same clients.

Chart 2

Cross Age Continuum of Care Chart



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.

Based upon this 3x5 approach along with review of staff and community input, and initiatives and plans, the development of transformational goals were developed using the following seven-step process.

Definition of Transformational Goals

Service Delivery Transformational Goals:

Transformational Goals for Service Delivery are those goals that transform the traditional separate delivery systems into efficient, integrated structures that provide better, more innovative services to mutually served clients.

Most Relevant Value-Based Operating Principles:

- Collaborative Services (Value Based Operating Principle #8)
- Evidence Based Best Practices (VBOP #9)
- Accessible, Preventive and Responsive Services (VBOP #3)
- Program Accountability (VBOP #11)
- Fiscal Reinvestment (leveraging) (VBOP #12)

Community Health Transformational Goals:

Transformational Goals for Community Health (Prevention, Education, Outreach, and Advocacy) are those initiatives and approaches that combine mutual functions or address mutual responsibilities across branches and disciplines.

Most Relevant Value-Based Operating Principles:

- Accessible, Preventive and Responsive Services (VBOP #3)
- Intra-Agency Education (VBOP #7)
- Strong Community Partnerships (VBOP #10)

Administration Transformational Goals:

Transformational Goals for Administration are those cross-branch initiatives and approaches that result in administrative functions that are more streamlined, efficient, cost-effective and/or supportive of staff.

Most Relevant Value-Based Operating Principles:

- Program Accountability (VBOP #11)
- Fiscal Reinvestment (leveraging) (VBOP #12)
- Organizational Efficiency (VBOP #13)

Development of Transformational Goals

The Agency's transformational goals were developed according to 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 HHS 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.

THE RESULTS – TRANSFORMATIONAL GOALS

The efforts of the planning workgroups produced the following Transformational Goals for the Agency:

Community Health:

- 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.
- Goal #2:** Community Health staff monitors health status to identify community health issues and problems.
- Goal #3:** Community Health staff diagnose and investigate health problems and report health hazards in the community.
- Goal #4:** Community Health 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.

- Goal #5:** Community Health staff mobilize, maintain, and strengthen community partnerships and take action to identify and address health problems.
- Goal #6:** Community Health staff enforce laws and regulations that protect health and ensure safety.
- Goal #7:** Community Health staff link people to needed health services and assist the community in assuring the provision of health care.
- Goal #8:** Community Health staff evaluate effectiveness, accessibility and quality of population-based health services.
- 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.

Family and Children 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 System 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 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.

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:** Create Agency administrative structures to support integrated service delivery systems outside current silos.
- Goal #4:** Work to strengthen, expand and integrate current information and referral capacity by partnering with California Partnership which is a collaborative effort between the California Alliance of Information and Referral Systems (CAIRS) and United Way of California to implement the 2-1-1 information system in Mendocino County.

CONCLUSION

With the adoption of these goals, each planning workgroup will develop specific, measurable objectives for each of the next three fiscal years: 2008/9, 2009/10 and 2010/11. Action plans will couple the objectives with specific timelines, identification of responsible activity coordinators and reporting sequences. HHS Management and Leadership teams will review the action plans, approve as appropriate and then monitor progress/success and periodically update Agency staff, stakeholders and the Board of Supervisors.

At this point in time, Mendocino County HHS has restructured itself as shown on the HHS Organizational Chart (Chart 3) and **will upon approval of this Strategic Plan** begin to engage in face to face meetings with the State Health and Human Services Agency liaison and others to secure negotiated agreements for specific waivers enabling the Agency to:

1. Evaluate and implement a system whereby families and individuals eligible for more than one service may be provided those services through an integrated, coordinated service plan;
2. Evaluate and implement a system of administration that integrates and coordinates the management and support of client services; and
3. Evaluate and implement a system of reporting and accountability that provides for the combined provision of services provided without the loss of state or federal funds provided under the law.

Chart 3

Proposed HHSA Administrative Structure

“Healthy People, Healthy Communities”

**MENDOCINO COUNTY
HEALTH AND HUMAN SERVICES**

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

