



COUNTY OF HUMBOLDT

Department of Health & Human Services

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INTEGRATED PROGRESS & TRENDS REPORT

Spring 2008

Prepared by

DHHS

Research & Evaluation Unit

Working Together for a Healthy Community

A C K N O W L E D G E M E N T

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I N T R O D U C T I O N

The Department of Health and Human Services is releasing an updated Trends Report this month. The Trends Report is a work in progress and will be released periodically, each release containing updated data as well as new trends as they develop.

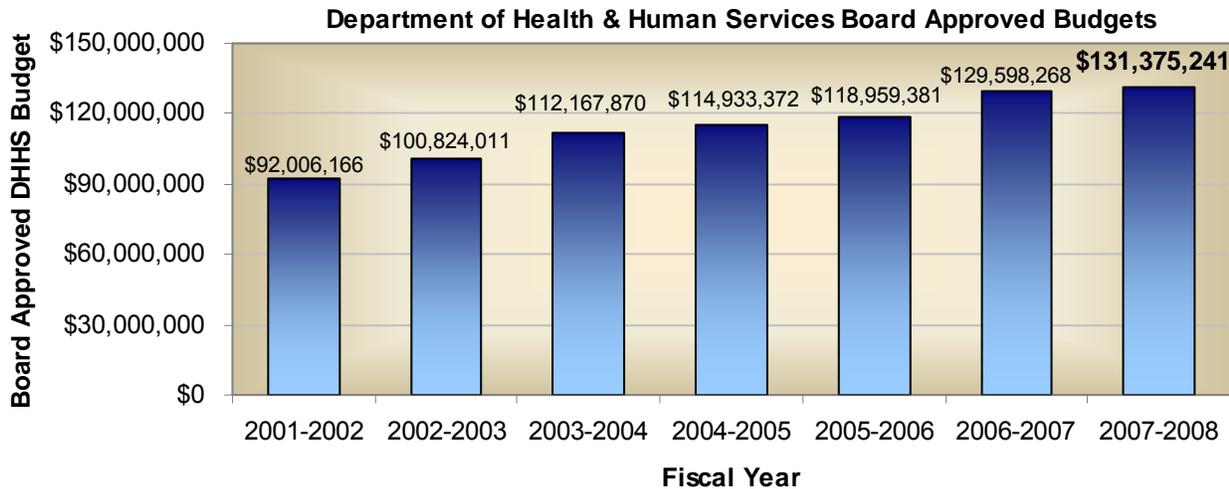
This cross branch effort is linked to Humboldt County's commitment to move toward an accountable and outcome driven system under AB 315 (Berg), our Integrated Services Initiative.

While this edition of Trends reflects substantial information, there is intensive work in progress to deepen and refine data currently collected and add new outcome measures.

ADMINISTRATION & BUDGET

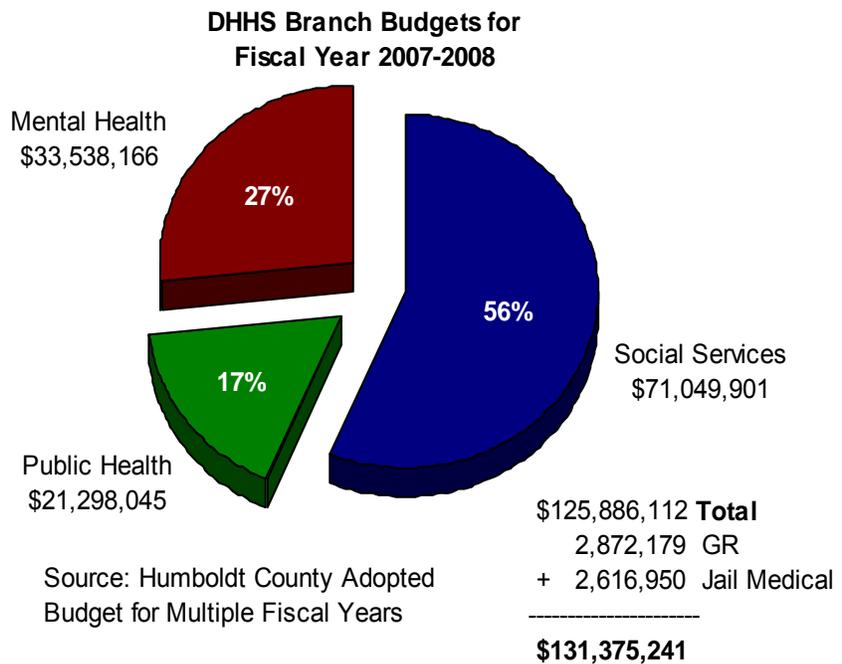
3 by 5

The Humboldt County Board of Supervisors approved the creation of the Department of Health and Human Services (DHHS) in July 2000. The first full fiscal year for DHHS was 2001-2002. DHHS is currently in its seventh fiscal year.

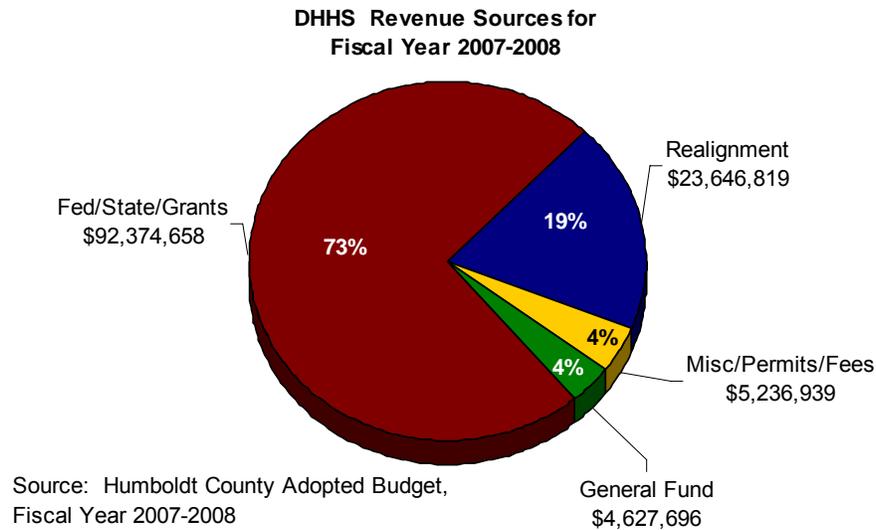


Source: Humboldt County Adopted Budget, multiple fiscal years

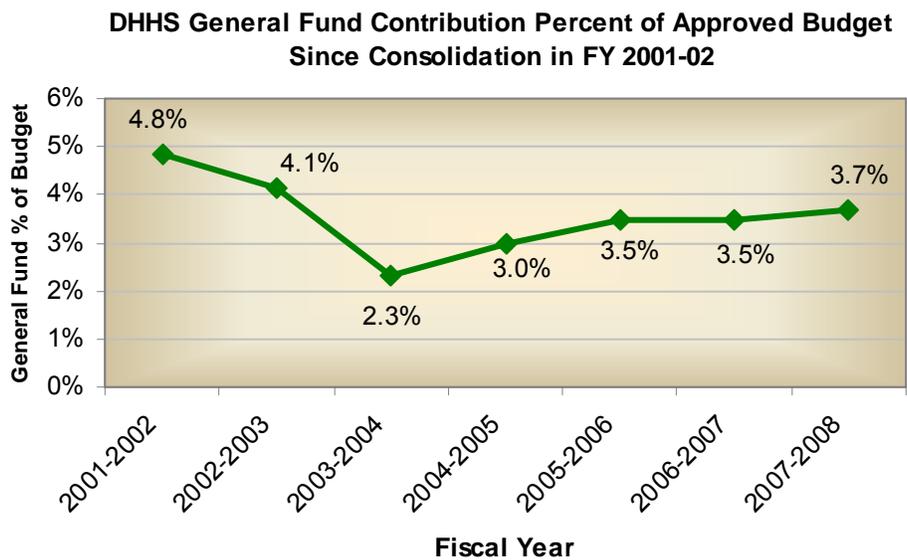
- Note: The General Relief (GR) and Jail Medical budgets are included with the overall DHHS budget in this chart, as both budget units are administered by DHHS for the General Fund.



- Seventy-three percent of the Department’s funding comes from Federal and State sources.
- Realignment is the next largest source (19%) which comes from state sales tax and vehicle license fees.

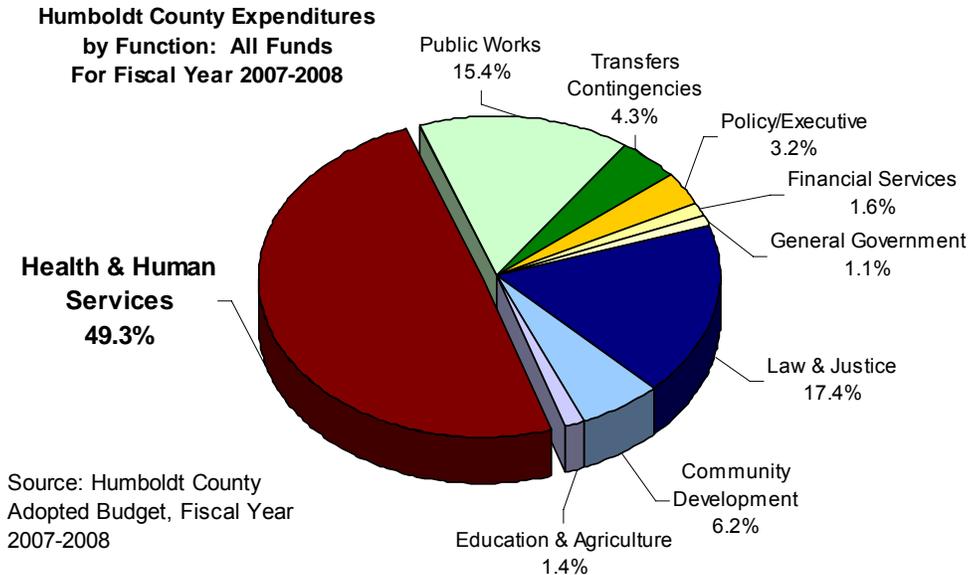


- The chart on the right shows the General Fund contribution per Fiscal Year to the DHHS budget since 2001-2002.
- The county General Fund contributes less than 4% to the Department’s total revenue sources.



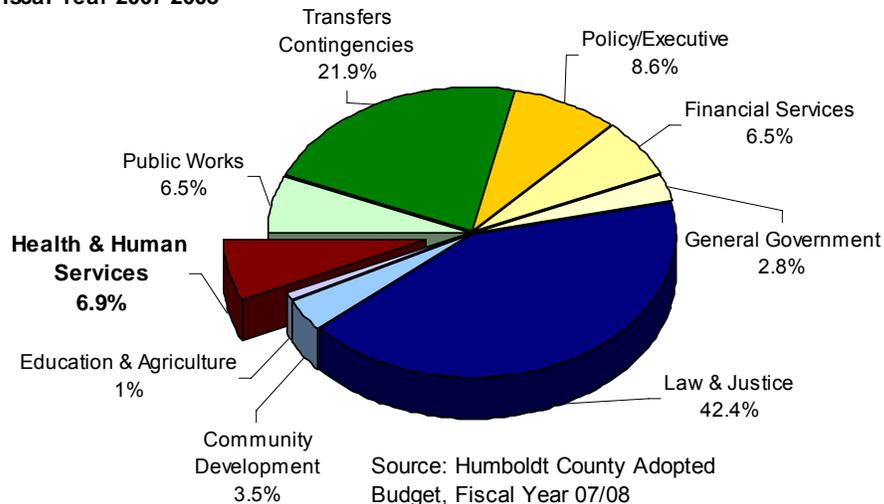
Source: Humboldt County Adopted Budget

- The total amount of Humboldt County’s budget, reflective of all County funds, is \$263,205,062. The chart below demonstrates that DHHS is the largest county department.



- By contrast, the chart below illustrates the required contributions of General Fund money to support the various functions within the county. The 6.9% for Health & Human Services is for the General Relief and Jail Medical services. As stated in the chart for DHHS-Branch Budgets for fiscal year 2007-2008 (page 4), DHHS administers the two budgets for the General Fund.
- DHHS branches (Social Services, Mental Health, and Public Health) are also included with other County departments in Transfers Contingencies for maintenance of effort contributions.

County General Fund Breakdown by Function for Fiscal Year 2007-2008



The 3 by 5 Approach

Strategically, the Department created the “3 by 5” Approach to systematically address the needs of the entire community holistically across the lifespan. This report examines trends and outcomes across the entire Health and Human Services system beginning with Administration and then according to the age and community categories defined in the “3 by 5” Approach.

This approach will serve to inform the public and stakeholders of Health and Human Services programming in Humboldt County as well as to link our activities in addressing integrated service issues and focus our efforts to efficiently use the limited resources we have.

The “3 by 5” Approach:

3

- Primary Prevention
- Secondary Intervention
- Tertiary Intervention

5

- Children, Youth and Families
- Transition Age Youth
- Adults
- Older Adults
- Community

3 by 5 CHILDREN, YOUTH AND FAMILIES

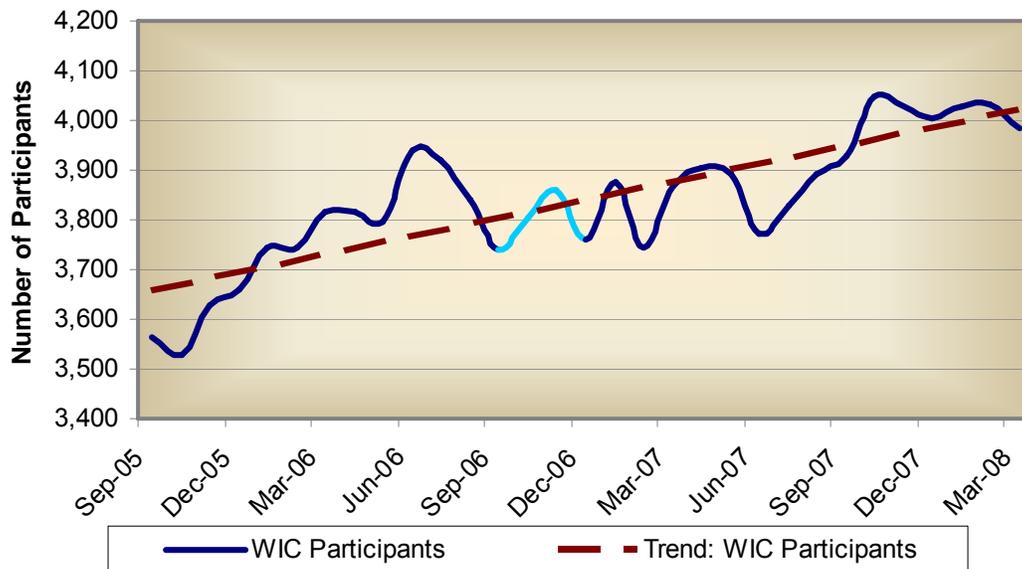
Humboldt County has committed to improving medical and dental access, as well as mental health services access and treatment for all children, youth, and their families. This is achieved in partnership with DHHS integrated services and community supports such as Family or Community Resource Centers.

This section relates specifically to trends and outcomes for children, youth, and families throughout Humboldt County.

Women, Infants, & Children (WIC)

- The federally-mandated Women, Infants and Children (WIC) Nutrition Program provides preventive health services and supplemental foods for pregnant and breast-feeding women, infants and children up to five years of age who are at nutrition risk.
- Data indicate a steady increase in cases of approximately 11% between May 2007 and March 2008. Increasing access to WIC services is a primary focus in Humboldt County's partnerships with local Community and Family Resource Centers. (Data missing October-December 2006.)
- The WIC site located at the McKinleyville Family Resource Center opened in April of 2006. As of March 2008 enrollment at this site is 259 clients. This has been a successful collaboration and residents of the greater McKinleyville area have benefited.

**DHHS WIC Participation
September 2005 - March 2008**



Source: California Department of Health Services WIC Branch:
Integrated Statewide Information System

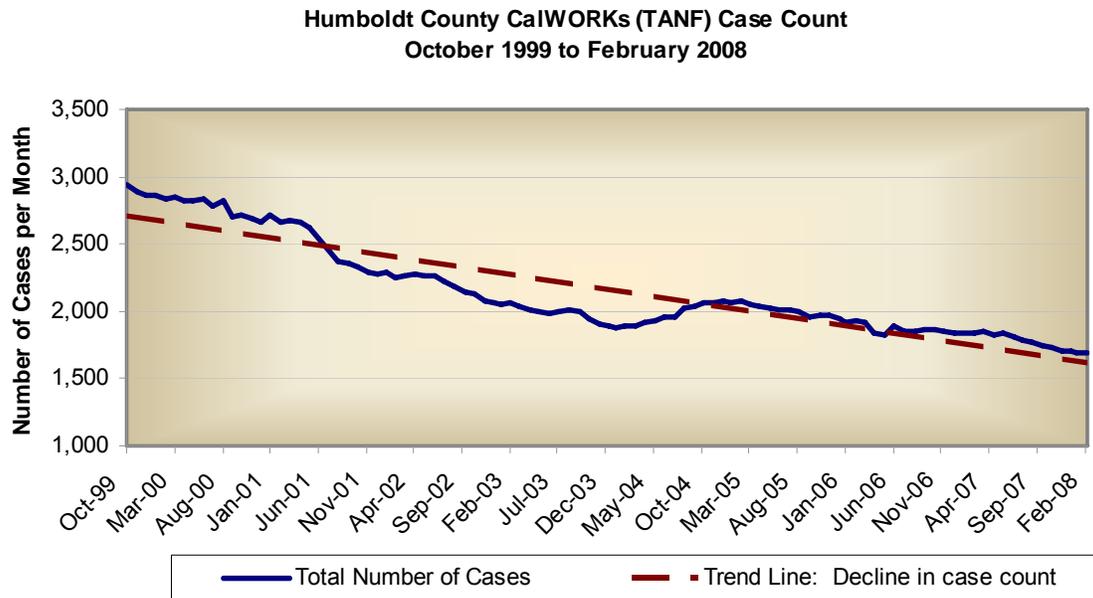
TANF

Temporary Aid for Needy Families (TANF) is another assistance program available to families, approved by Congress and signed into law in 1996. The TANF program changed welfare from an entitlement program to a program that transitions families from welfare into work in less than five years.

In California, the TANF public assistance programs available to families in need are California Work Opportunities and Responsibility for Kids (CalWORKS) and Welfare-to-Work (WtW).

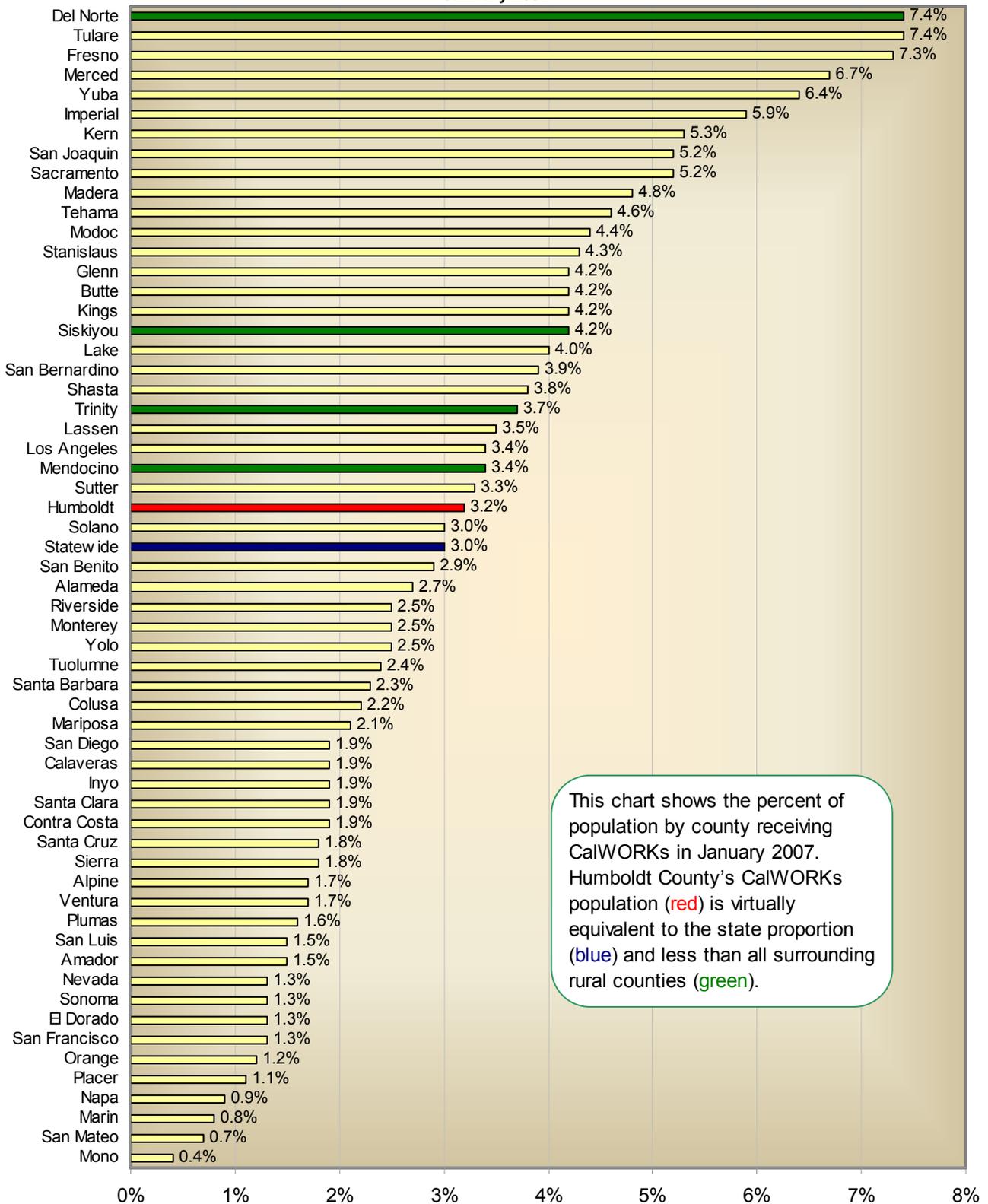
CalWORKS

- CalWORKS provides temporary financial assistance and employment-focused services to families with minor children whose income and property are below the established State limits set for their family size.
- As shown below, since October 1999, CalWORKs caseloads have dropped by 73% from 2,935 cases in October 1999 to 1,698 cases in February 2008.



Source: Humboldt County State Report CA 237 CW-
CalWORKs Cash Grant Caseload Movement Report

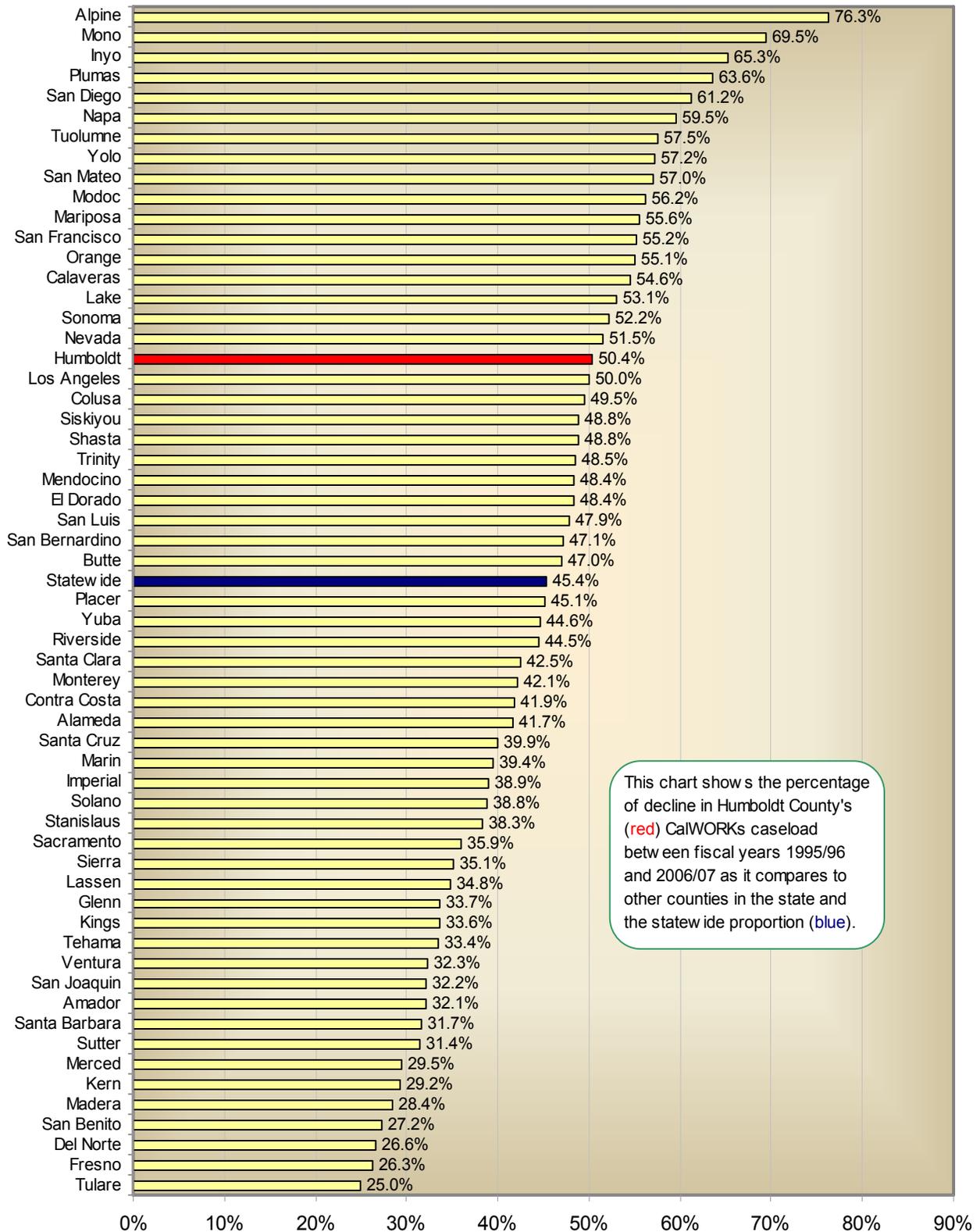
**Humboldt County Percent of Population Receiving CalWORKS
January 2007**



This chart shows the percent of population by county receiving CalWORKS in January 2007. Humboldt County's CalWORKS population (red) is virtually equivalent to the state proportion (blue) and less than all surrounding rural counties (green).

Source: California Department of Social Services Report, January 2007 Report (February 2008 release, 5/24/2007 update)

**Humboldt County Percent Decline in Average Monthly CalWORKs Caseloads
Fiscal Years 1995/96 to 2006/07**

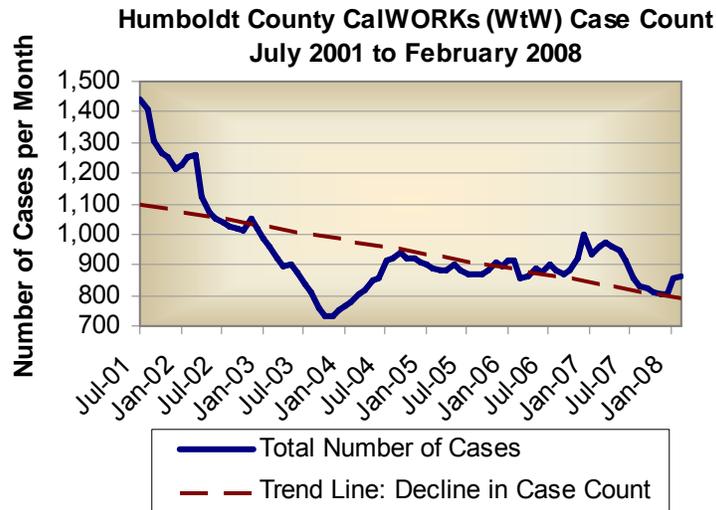


This chart shows the percentage of decline in Humboldt County's (red) CalWORKs caseload between fiscal years 1995/96 and 2006/07 as it compares to other counties in the state and the statewide proportion (blue).

California Department of Social Services, January 2007 Report (February 2008 release, 1/30/2008 update)

Welfare-to-Work

- Welfare-to-Work (WtW) was implemented to help CalWORKs families find employment by providing childcare, transportation assistance, and other supportive services.
- From July 2001 to February 2008, Welfare-to-Work caseloads have decreased 40%, from 1,439 cases to 863 cases.

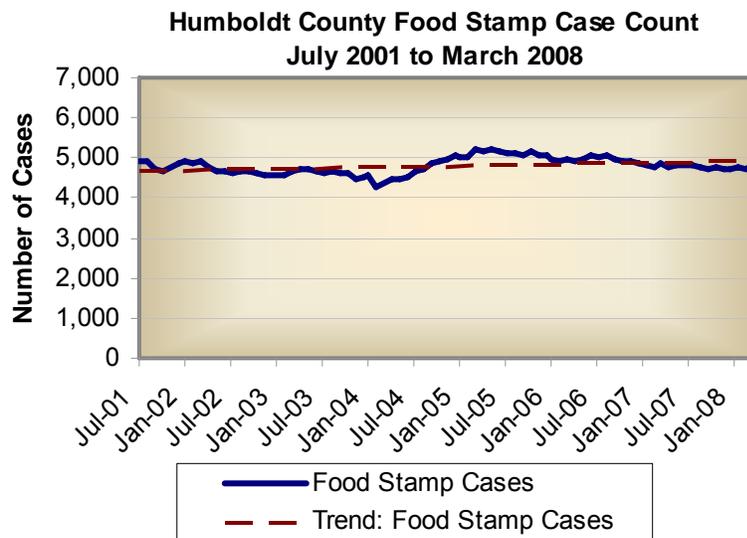


Source: Humboldt County State Reports
WtW25, WtW 25A, and Stat45 (updated April 2008)

- As caseloads have decreased, the adults who remain in the program are those who have the greatest barriers to overcome, for example, mental health, substance abuse, little or no work experience, homelessness, and domestic violence.

Food Stamps

- The Food Stamps program is a federal food and nutrition assistance program that assists low-income individuals and families to purchase food to improve nutrition.
- The Humboldt County Food Stamp caseload between July 2001 and June 2007 has varied very little since July 2001.

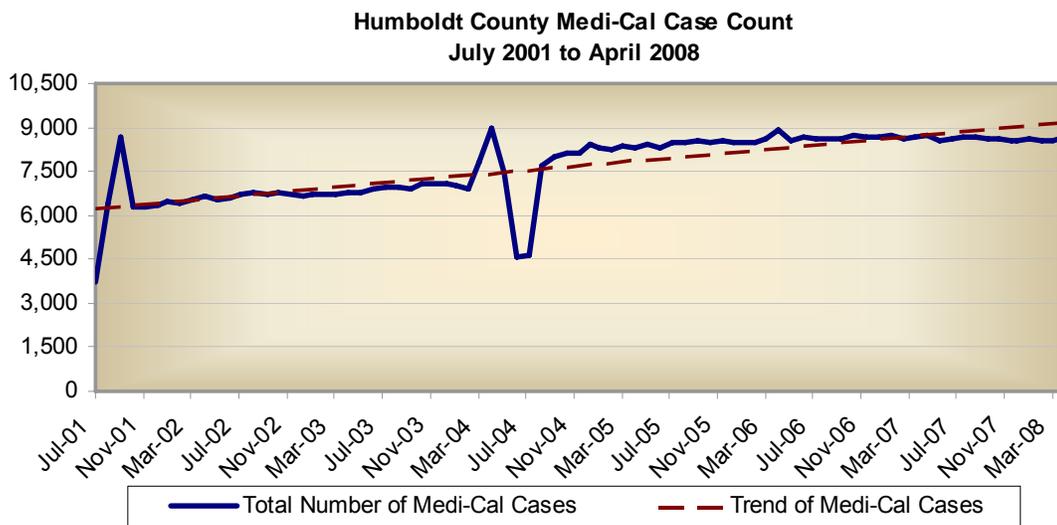


Source: Humboldt County State Report DFA 256
Food Stamp Program Participation
and Benefit Issuance Report

- The decrease in Food Stamp cases on the chart (previous page) from October 2006 to March 2008 is directly related to the implementation of the Food Stamp Employment Training (FSET) program for Non-Assistance Food Stamp (NAFS). Households.
- Currently community outreach programs encourage eligible individuals and families to apply for and receive food stamp benefits. Federal eligibility standards have been relaxed, the application process has been simplified, and it is less intimidating to use food stamp benefits to pay for groceries now that groceries can be purchased with an Electronic Benefit Transfer (EBT) card that functions much like a debit card.

Medi-Cal & Children’s Health Initiative

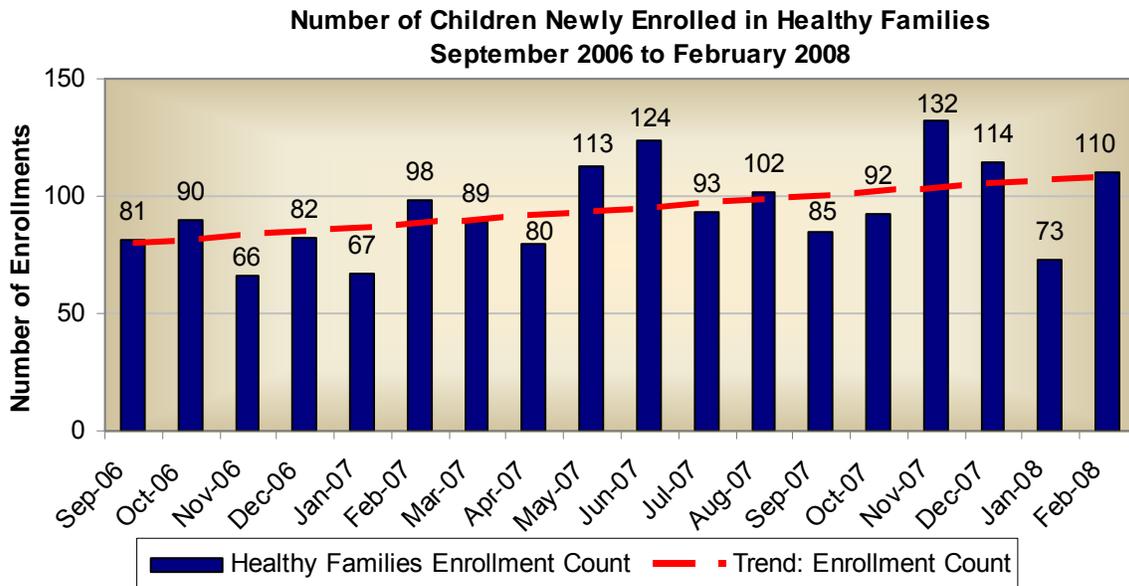
- Medi-Cal is California’s implementation of the federal Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal benefits are available for eligible individuals under 21 years and over 65 years, families with eligible children, and to individuals with disabilities.
- The chart below reflects a steady rate of increase in participation in the Medi-Cal program over time. This is a result of various outreach efforts including the Children’s Health Initiative Program.



Source: Humboldt County Report MC 237 - Individual Movement and Activity Report

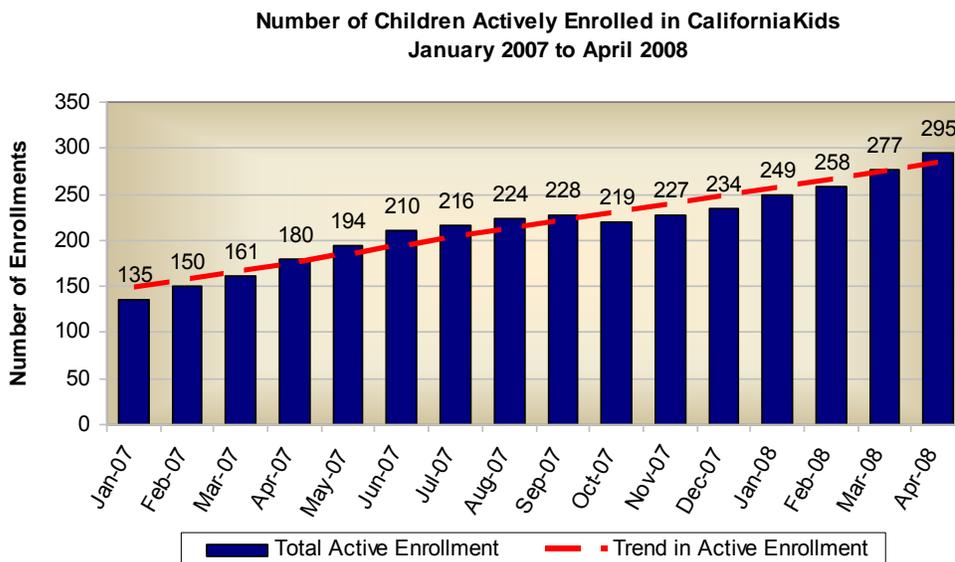
- Humboldt County Children’s Health Initiative (CHI), also known as Healthy Kids Humboldt, is a DHHS-led collaborative of public and private agencies working to assure that all children who are eligible for publicly funded insurance programs are enrolled in those programs.

- Since September 2006, 1,691 new children have been enrolled in Healthy Families. This chart illustrates the number of new children enrolled in the Healthy Families insurance product each month over this period.



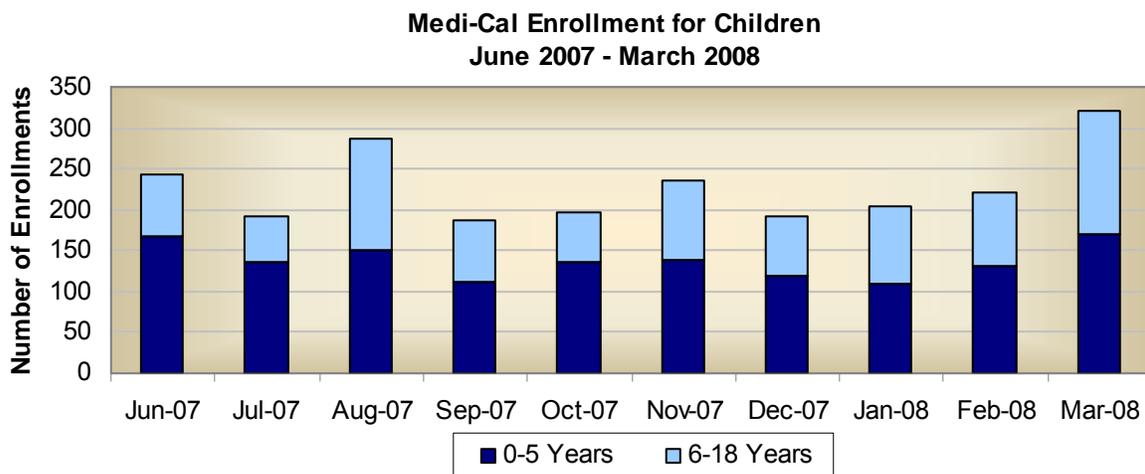
Source: Healthy Families MRMiB Data

- CHI partners established a third insurance product called California Kids (CalKids) for children in families with income up to 300% of the Federal Poverty Level who are not eligible for existing insurance options.
- As of April 2008, nearly 300 children have been enrolled in CalKids.
- Since September 2006 almost 2,000 children in Humboldt County have been enrolled in Healthy Families and CalKids, combined, after implementation of the Children’s Health Care Initiative (CHI).



Source: CalKids Healthcare and DHHS Statistics

- In addition to the children enrolled in Healthy Families and CalKids, due to the outreach opportunities provided through the Children’s Health Initiative, DHHS has been able to identify families whose children qualify for Medi-Cal based on the family’s income.
- Since June 2007, over 1,300 children have been enrolled in Medi-Cal, bringing Humboldt County closer to its goal of providing 100% of the County’s children with health insurance.



Source: Handcount from Social Services Branch Eligibility

Child Welfare Services Overview

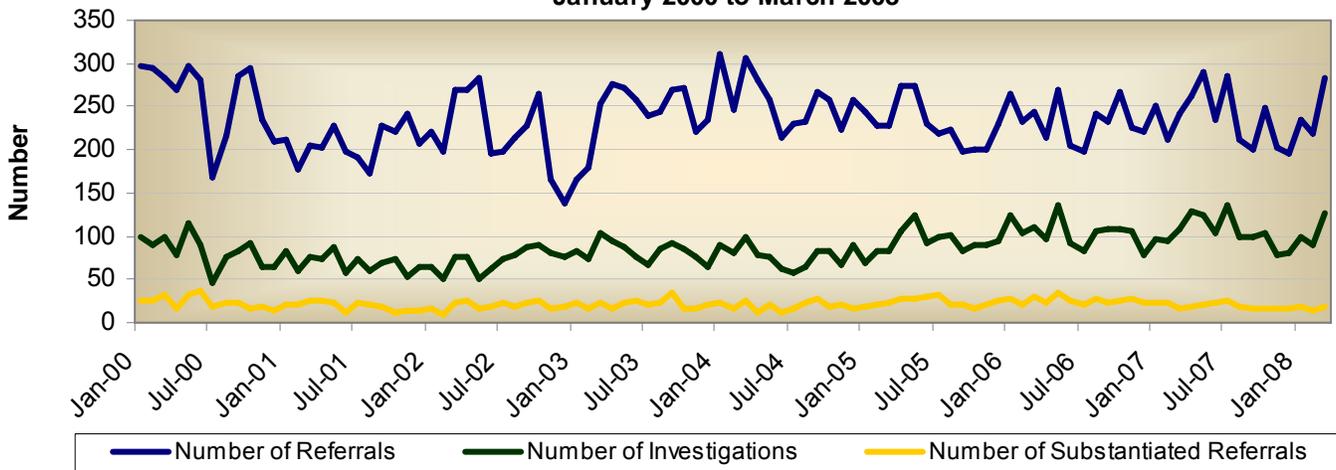
The U.S. Department of Health and Human Services (HHS) conducts Child and Family Services Reviews (CFSRs) to help states improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system, focusing on real outcomes through a continuous quality improvement process. The California Legislature passed additional legislation to this effect:

- The Child Welfare System Improvement and Accountability Act (AB 636), to hold county and state agencies accountable to the federal standards as well as additional standards identified by California.
- The Child Welfare Leadership and Performance Accountability Act of 2006 (AB 2216, Bass), to improve the collaboration and processes of the multiple agencies and courts that serve children and youth in the Child Welfare and Foster Care systems.

California's Child Welfare Services (CWS) system is a continuum of programs and services aimed at safeguarding the well-being of children and families in ways that strengthen and preserve families, encourage personal responsibility, and foster independences. Services include:

- Social worker response to allegations of child abuse and neglect;
 - Ongoing services to children and their families who have been identified as victims or potential victims of abuse and neglect by their families; and
 - Services to children in foster care and their families who have been temporarily or permanently removed from their families because of abuse and neglect.
- Child Welfare Services receives referrals from community members and uses Structured Decision Making to determine the appropriate response.
 - When a referral is received, if it meets established child abuse criteria, it is then investigated. The investigation will result in an inconclusive (unknown), unfounded (not true) or substantiated (true) conclusion.
 - The chart below shows the number of referrals received in each month since January 2000, the number of investigated referrals, and the number of referrals that were substantiated.

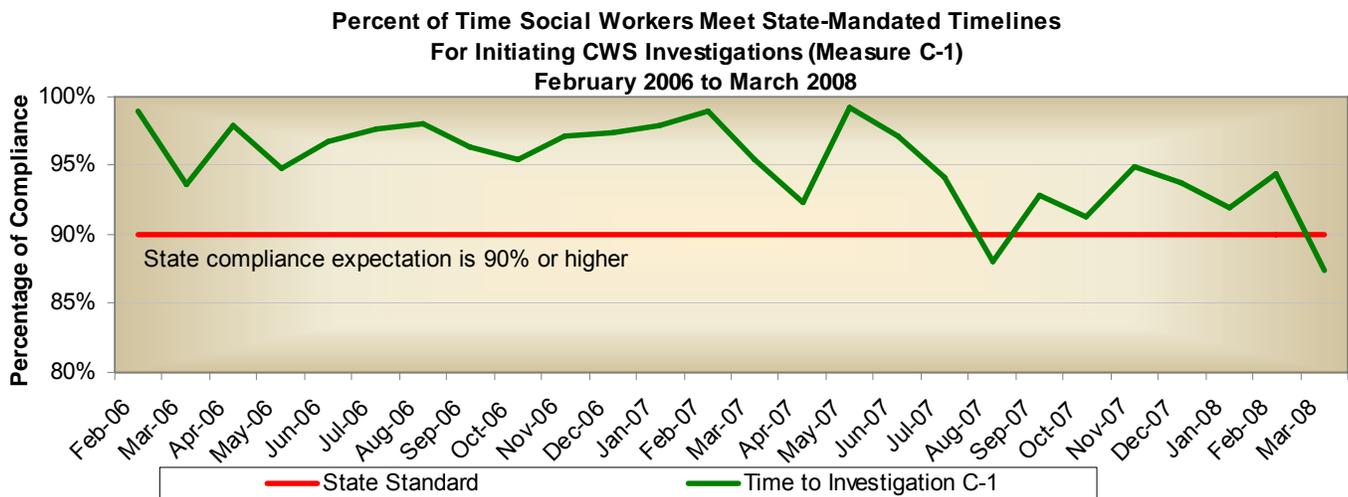
**CWS Referrals vs. Investigations vs. Substantiated Referrals
January 2000 to March 2008**



Source: Data Extracted CWS/CMS, May 2008

- The chart above demonstrates that substantiated instances of child abuse are stable in the county.

- The measure below assesses how often the social worker initiates an in-person Investigation within the required time frame.



Differential Response

Differential Response is an alternative way of responding to the reports of child abuse and neglect that child welfare agencies receive. This strategic approach to evaluating and improving family and child well-being improves a community's ability to keep children safe. Differential Response offers three paths for ensuring child safety that include engaging families whenever possible to help identify solutions to the challenges that they may face. All Differential Response data is in an early developmental stage and numbers may be subject to adjustment over time.

Differential Response is built around three guiding principles:

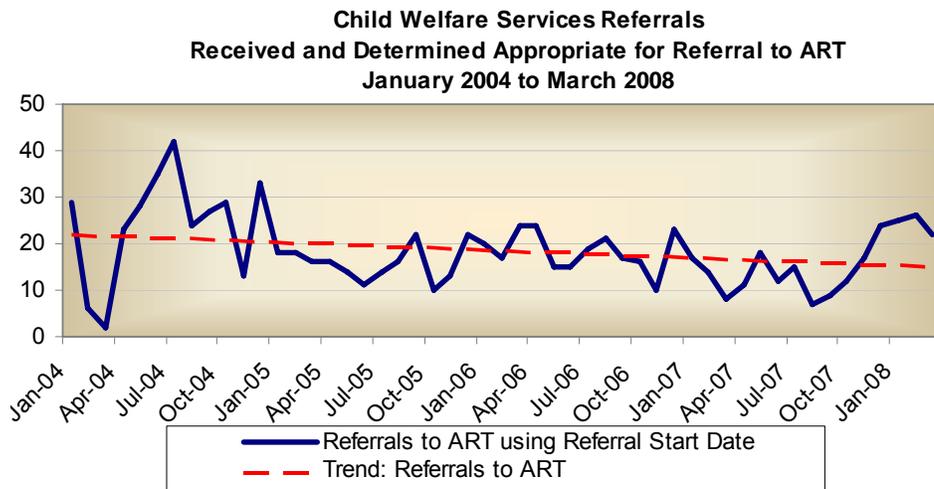
1. Children are safer and families are stronger when communities work together.
2. The earlier family issues are identified and addressed, the better children and families do.
3. Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.

Path One: Community Response

This path is chosen when a family is experiencing problems, but the situation does not meet the legal definition of abuse and neglect. Instead of being turned away without assistance, families are linked to services in the community through partnerships with local organizations. Path One cases are referred out to resources that meet the family’s needs such as but not limited to the Alternative Response Team (ART) through Public Health or Family/Community Resource Centers (FRCs).

ART offers Public Health Nursing case management services for a six month period to reduce the risk of abuse and/or neglect within referred families. To complete ART, a family must be actively working on their case plan, keep regularly scheduled appointments, and address the initial reason the CWS referral was made, if the allegation was investigated and found to be true.

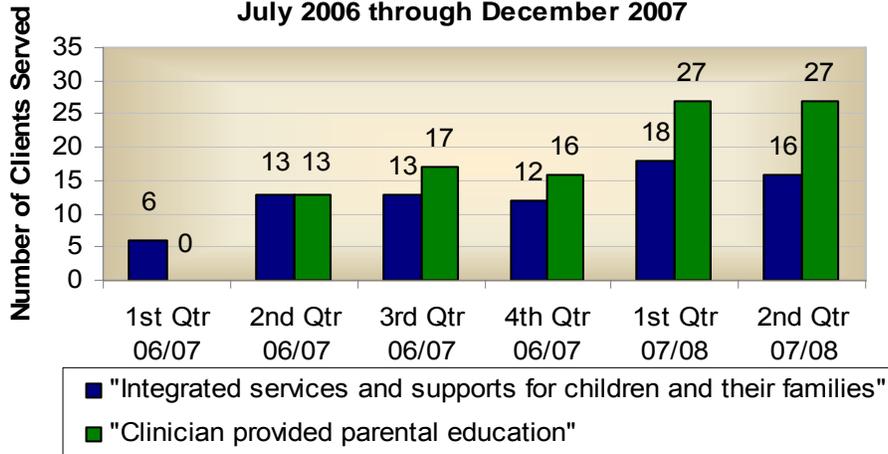
- This chart shows the number of referrals CWS made to ART between January 2004 and March 2008. The number of referrals fluctuates as it is dependent on the number of reports received by CWS each month as well as the availability of other community referral services such as the FRCs.



Source: Data Extract From CWS/CMS, 2/8/2008

- Through Mental Health Services Act (MHSA) funding, a Mental Health Clinician was added to the Alternative Response Team in 2007 to provide integrated services and supports for children and their families and parent education.

**MHSA: Alternative Response Team
Unduplicated Client Count per Quarter of Fiscal Year
July 2006 through December 2007**

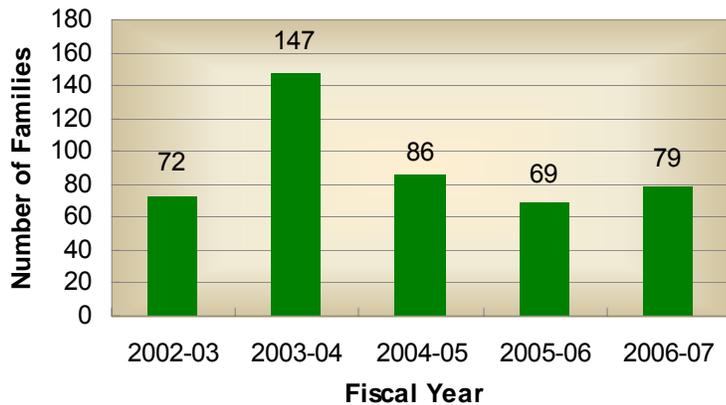


- Integrated Services & Supports for children and families includes services such as mental health assessment and clinical therapy.

Source: Humboldt County Mental Health Services Act (MHSA) data

- Parental education is provided through collateral contact and/or family therapy services.

**Number of Families Completing ART
FY 2002-2003 to FY 2006-2007**

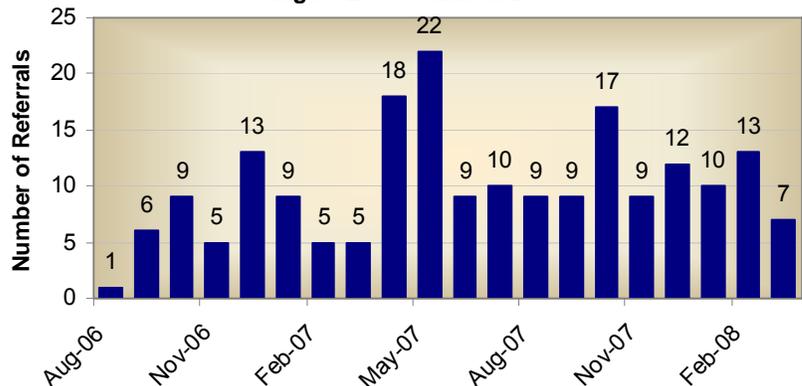


Source: ART Annual Report

- This chart shows how many families have completed ART each year since Fiscal Year 2002-2003.

- The chart below shows the number of Path One referrals made each month to the FRCs, since CWS began partnering with FRCs in August 2006.

**CWS Path One Referrals to Family Resource Centers
August 2006 to March 2008**

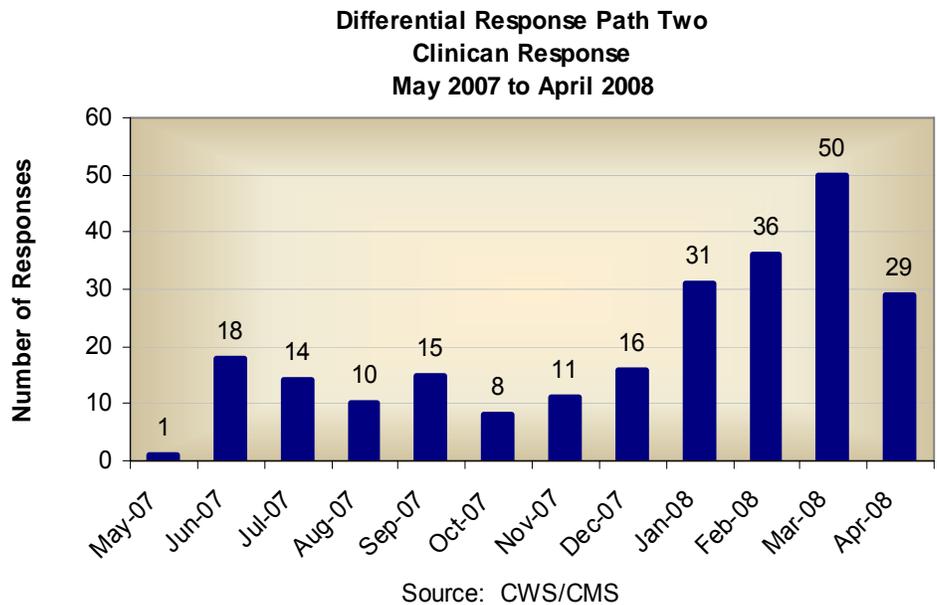
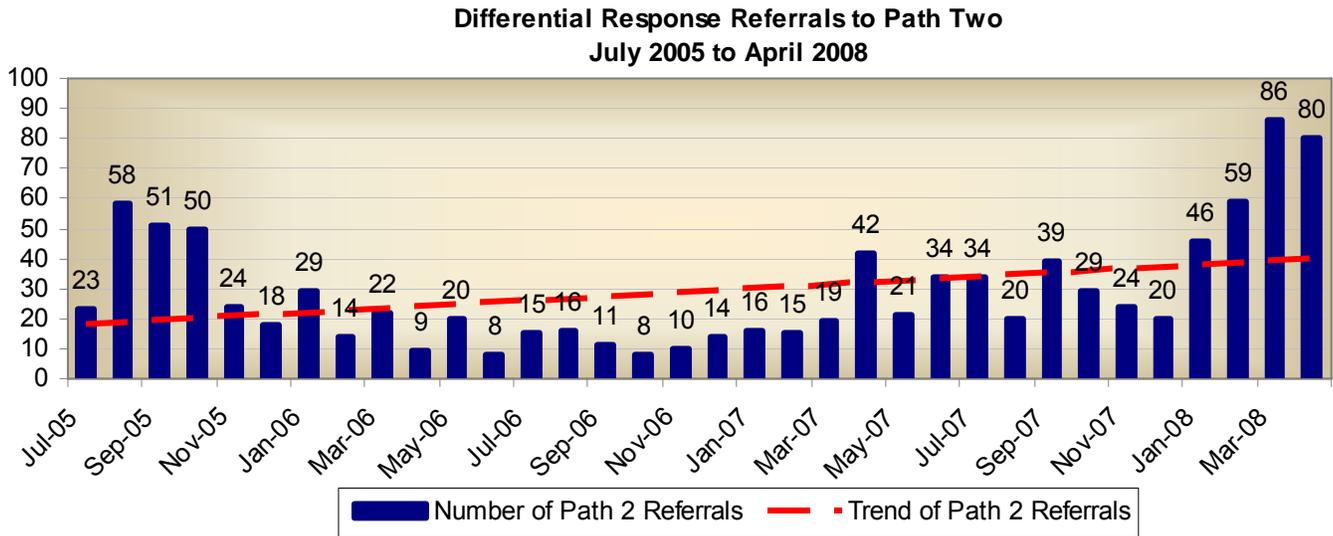


Source: Data extracted from CWS/CMS and hand counts (4-24-2008)

- Methods of assessing cross-branch Differential Response outcomes are being discussed and developed through the DR Outcomes Meetings held monthly and include participation with CRC/ FRC representatives.

Path Two: Child Welfare Services and Community Response

- A Path 2 referral is a child that is at medium risk for abuse or neglect. These referrals are seen by a Public Health Nurse, Mental Health Clinician, or Community Partner in addition to a CWS Social Worker.

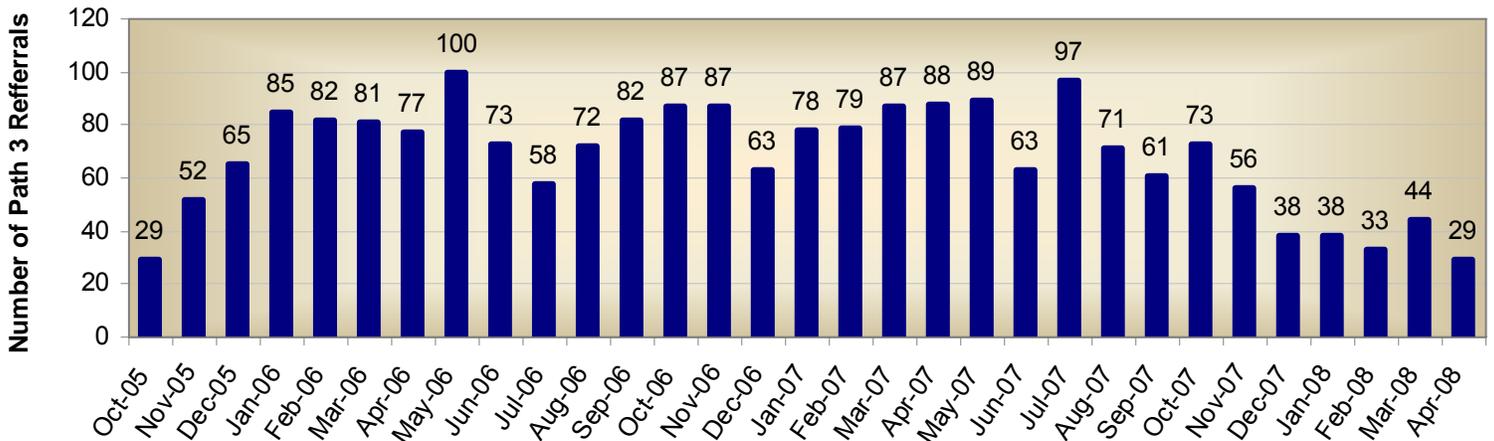


- Clinicians were added to the on-site CWS Team in 2007. Responses and assessments for Path 2 referrals are done by Mental Health clinicians that are co-located with CWS.

Path Three: Child Welfare Services Response

- Path 3 referrals are High to Very High Risk referrals. These referrals are traditional responses by a CWS Investigative Social Worker.
- The chart below shows the number of Differential Response Path Three referrals per month since October 2005.

**Differential Response Referrals to Path Three
October 2005 to April 2008**



Source: CWS/CMS, April 2008

Family to Family (FTF)

Promoted by the Annie E. Casey Foundation, the Family to Family model provides communities with a framework to redesign their child welfare system. At its core, Family to Family applies four basic principles:

- A child's safety is paramount;
- Children belong in families;
- Families need strong communities; and
- Public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children.

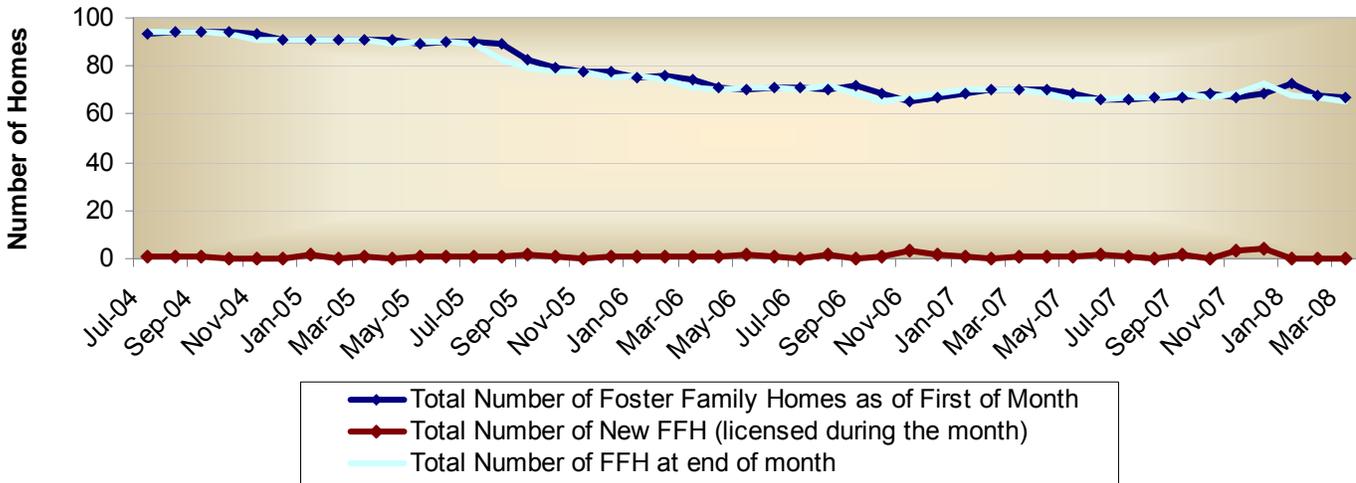
Four strategies are integral to the FTF initiative:

- Building Community Partnerships
- Team Decision Making
- Resource Family Recruitment, Development, and Support
- Self-Evaluation

Humboldt County's Resource Family Recruitment, Development, and Support efforts include a team-based approach with social workers and AmeriCorps.

- Over time, as the chart below illustrates, Humboldt County has seen a decrease in the number of Foster Family Homes (FFH) available to place youth in care.
- In an effort to increase the number of FFH's, Humboldt County has increased efforts to place children with relatives and recruit more FFHs.

**Number of Foster Family Homes (FFH) per Month
September 2004 to March 2008**

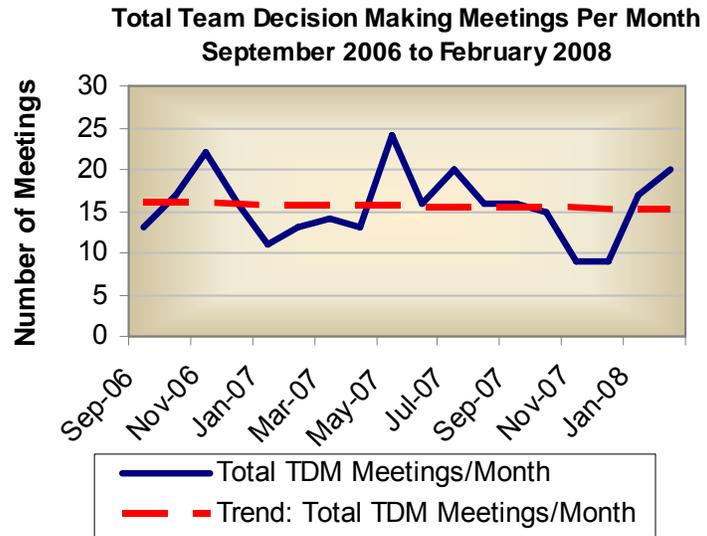


Data Source: Community Care Licensing, 4/18/08

Team Decision Making (TDM)

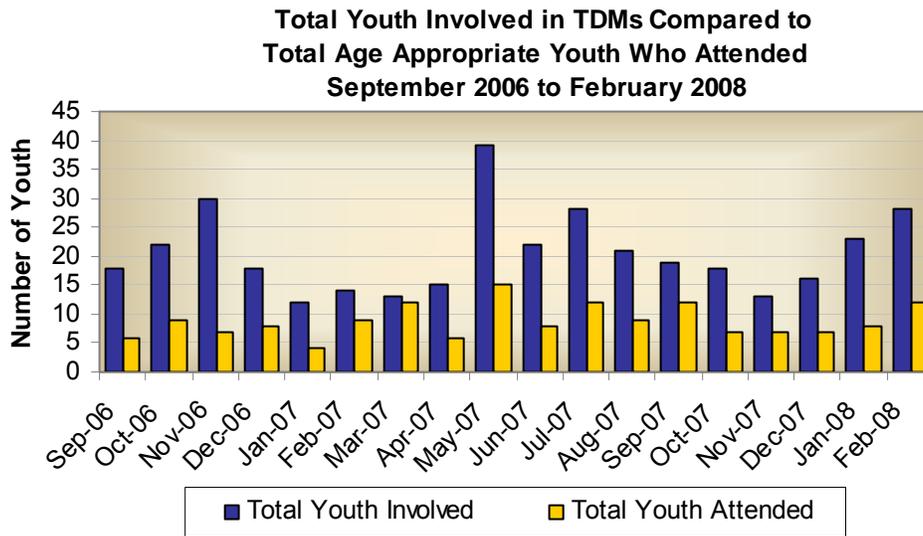
- Team Decision-Making (TDM) meetings, a component of the Family to Family Initiative, are held for all decisions that effect a youth's placement in foster care and involve foster parents, caseworkers, birth families and community members to ensure a network of support for children and the adults who care for them.
- Team Decision-Making meetings are based on the beliefs that a group is more effective in making good decisions than an individual, that families are the experts on their needs, and that community members are natural allies to the family as well as experts on the community's resources. DHHS has increased collaboration with FRCs overall and they currently participate in TDMs if appropriate.

- This chart shows the number of TDM meetings held since September 2006. The numbers vary, depending on how many children are considered for placement or placement change each month.



Source: Social Services Branch
TDM Data Base (4/21/08)

- The next chart shows how many youth were the focus of TDM meetings compared to how many age-appropriate youth attended the meetings. Age appropriate youth are children age ten and older.

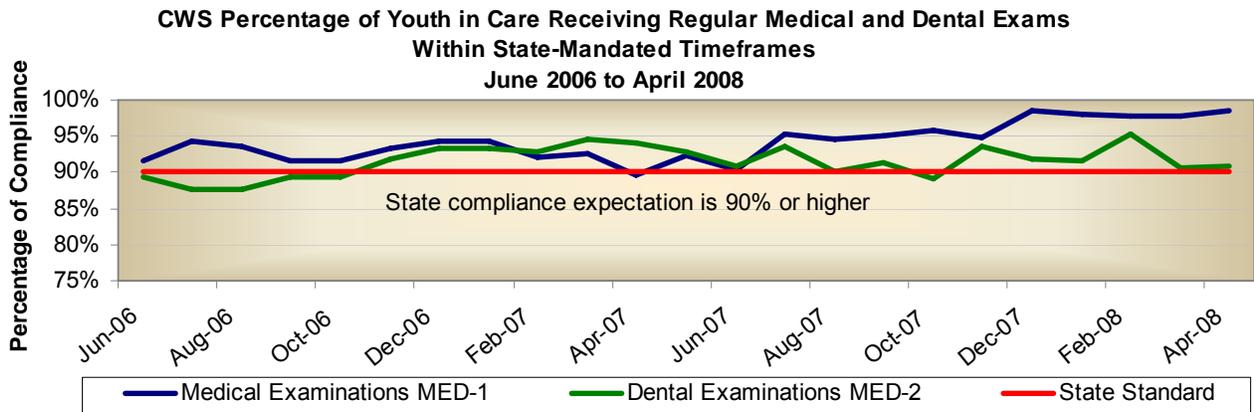


Source: Social Services Branch, TDM Database

CWS Case Management

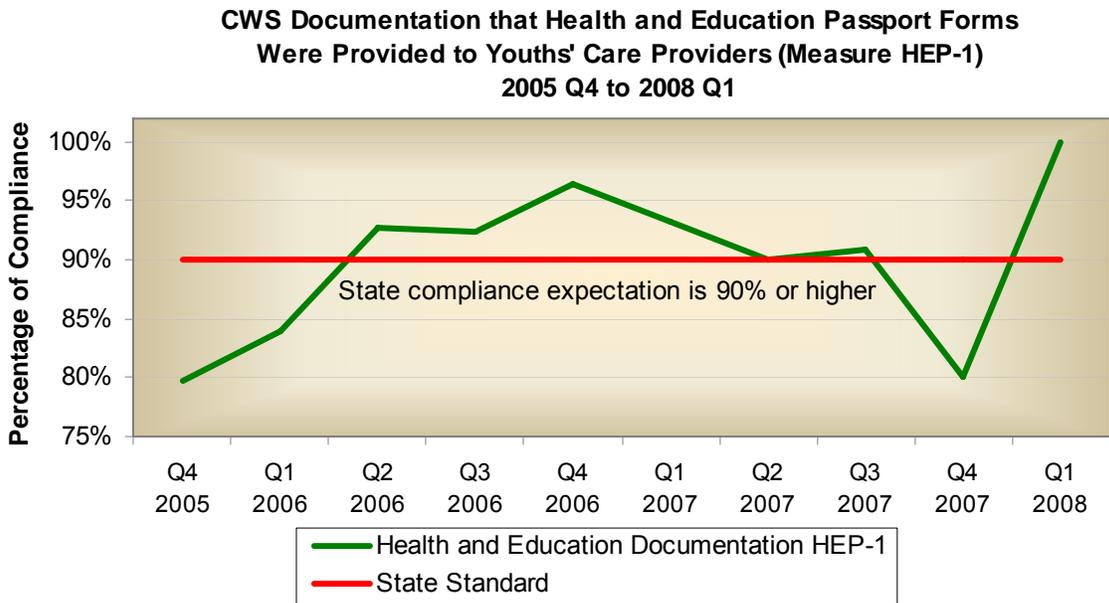
- When children are placed in foster care, it is important that they receive regular medical and dental services as indicated by their age group, needs, and regulation. Many dentists do not accept Medi-cal coverage and this is a barrier for our in-care youth in getting exams and subsequent treatment .
- As part of DHHS integrated services, collaboration with onsite Public Health Nurses has led to partnerships with the community dental clinics. The integrated teams were able to increase and maintain the dental compliance of all children in care.

- The state standard for Physical and Dental Exams for children in care is 90% compliance within established time frames. Humboldt County continues to meet or exceed the standard.
- Factors beyond the control of social workers, such as youth refusing services or running away, often influence the compliance rate for this measure.



Source: Child Welfare Services Division 31 Compliance Data from SafeMeasures, April 9, 2008

Social Workers are responsible for monitoring the physical and emotional condition of each youth in care, taking necessary actions to safeguard the child’s growth and development while in placement. The Department tracks children’s health through the Health and Education Passport. This report detailing the youth’s health status is issued monthly to the care provider who completes the form and returns it to the Social Worker.



Source: Child Welfare Services Division 31 Compliance Data from SafeMeasures, April 9, 2008

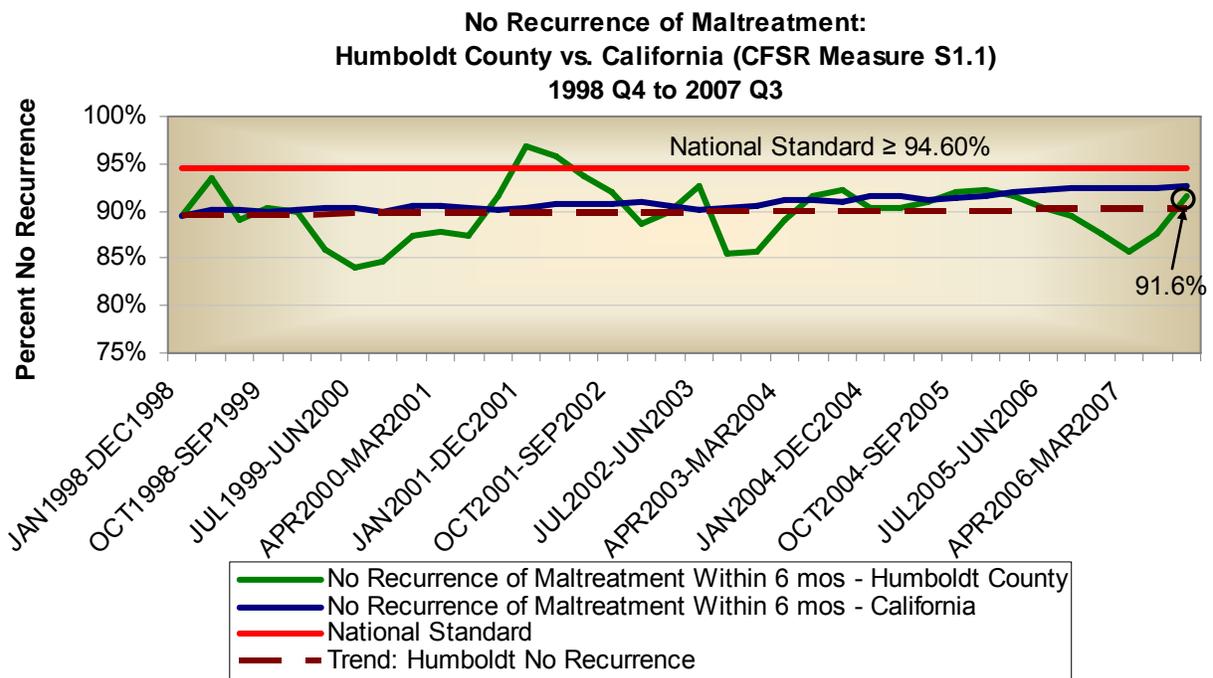
California Child Welfare Services Outcomes and Accountability (AB636)

The focus of Child Welfare Services (CWS) and other Department and Community based interventions is to protect children and ensure that they do not experience child abuse and neglect again, once they have come to the attention of the Department.

- The **safety outcome measures** implemented through AB 636 are designed to reflect the effectiveness of efforts to protect children from abuse and neglect by reporting instances of abuse and neglect during various stages of child welfare services.
- The **process measures** are designed to reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations.

Recurrence of Maltreatment

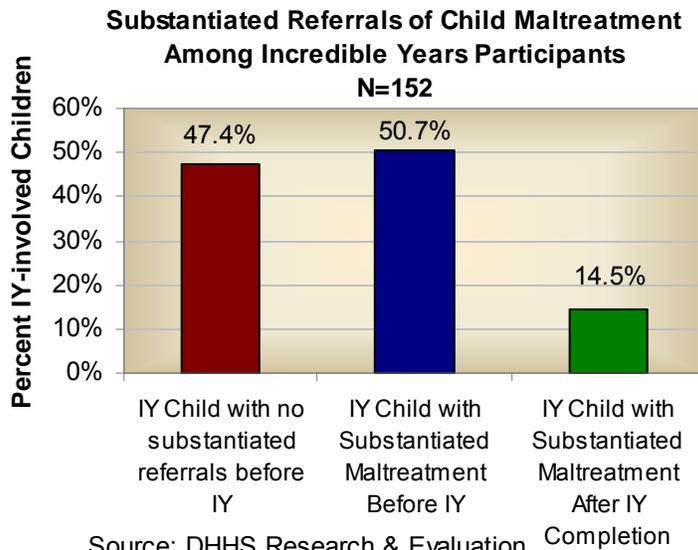
- The measure of “No Recurrence of Maltreatment” reflects the percent of children who were victims of child abuse and/or neglect and who did not have a subsequent substantiated report of abuse and/or neglect within a specific time period.
- This chart shows the percentage of all Humboldt County children with a substantiated allegation of abuse and/or neglect within the first six months of the 12-month study period who did not have another substantiated allegation within that last six months. The blue line is the statewide value for the same measure.



- When the trend line is reviewed over time, Humboldt County's trend is virtually parallel to the trend throughout California, with both moving toward the federal standard of 94.6%.
- Among the 155 children counted in the current data period, 142 (92%) were not maltreated.

Incredible Years

One of the ways Humboldt seeks to reduce the rate of recurrence of maltreatment is by providing the Evidence Based Practice "Incredible Years", a parenting class for parents of children three through eight years of age.



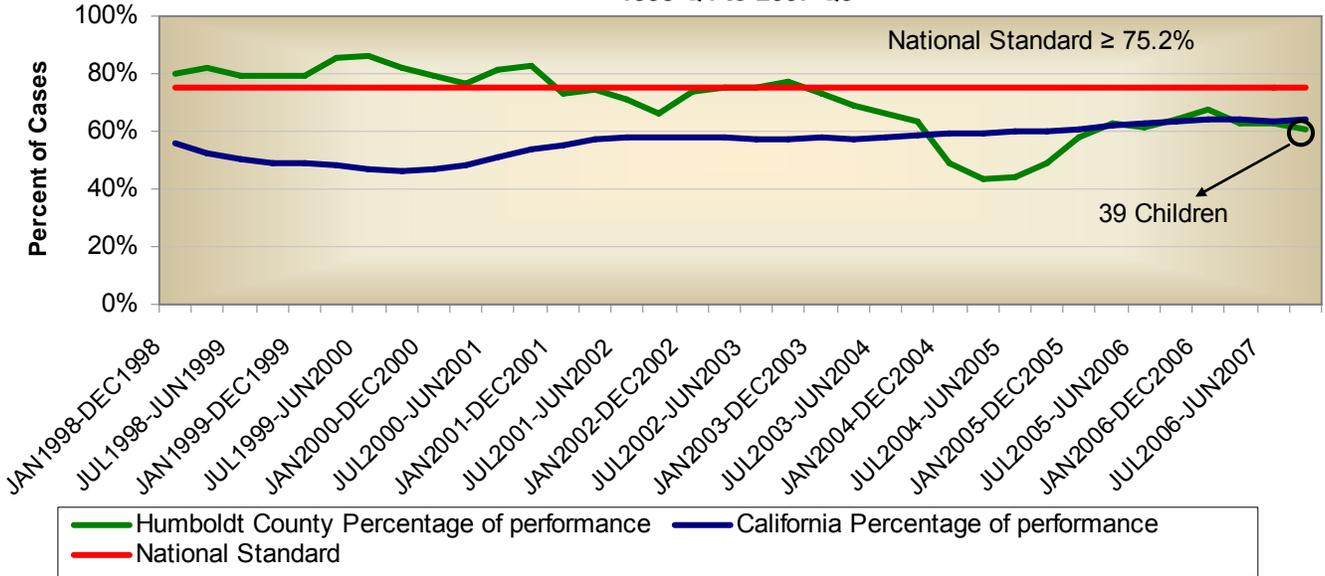
- Among the 152 children who were associated with adult participants in Incredible Years (IY) through December 2006, the children who *did not* have a substantiated CWS referral prior to IY participation and those that *did* were virtually equal. After adult participation in IY, 14% of the 152 associated children had another substantiated recurrence of maltreatment.

Family Reunification

Family reunification is the Child Welfare Service component designed to return children to the custody of parents or legal guardian. Services are usually ordered by the Juvenile Court after children have been removed from their parents' or guardians' home due to abuse or neglect. The Court expects CWS to help parents achieve success whenever possible by referring to appropriate services, helping parents overcome barriers to participating in services, reviewing progress, and facilitating regular visitation between parents and children in out-of-home care. Outcomes to Family Reunification include returning to home or transition to a Permanency Planning hearing to consider other options for long term stability for the child such as

- The chart on the following page shows that, between October 2006 and September 2007, 39 (61%) out of 64 children were reunified with their families within 12 months due to combined CWS and family efforts.

**Reunification of Foster Youth with Family Occurs within 12 Months
(CFSR Measure C1.1)
1998 Q4 to 2007 Q3**

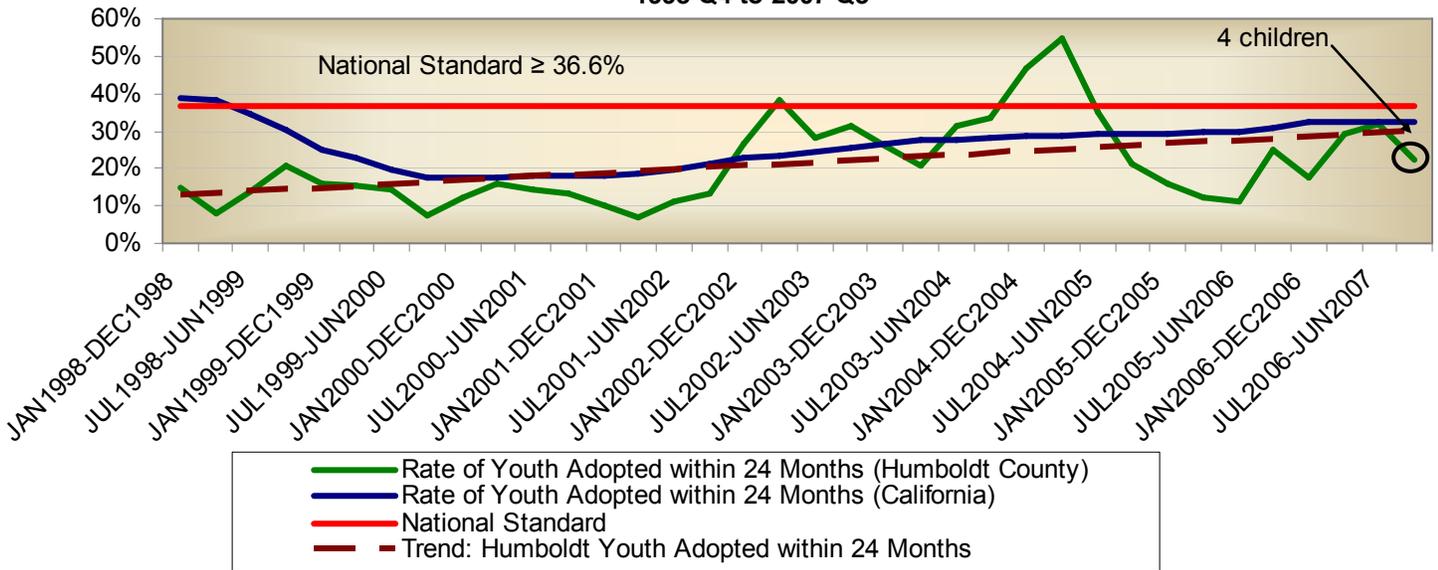


Data Source: CWS/CMS 2007 Quarter 3 Extract. Compiled by UC Berkeley

Adoption

- The measure in the next chart, following page, compares the percentage of children adopted within 24 months of the latest removal from the home to the national standard of 36.6% of all cases that result in adoption.
- Four children were adopted within 24 months of entry into foster care out of 18 total children counted in current data period.

**Percentage of Foster Youth Adopted Within 24 Months of Latest Entry into CWS
(CFSR Measure C2.1)
1998 Q4 to 2007 Q3**



Data Source: CWS/CMS 2007 Quarter 3 Extract. Compiled by UC Berkeley

- Humboldt has a positive adoption trend over time but is still working to meet the national standard. Numerous factors affect this trend such as the lengthy process for termination of parental rights so that the child may be open to a potential adoption.

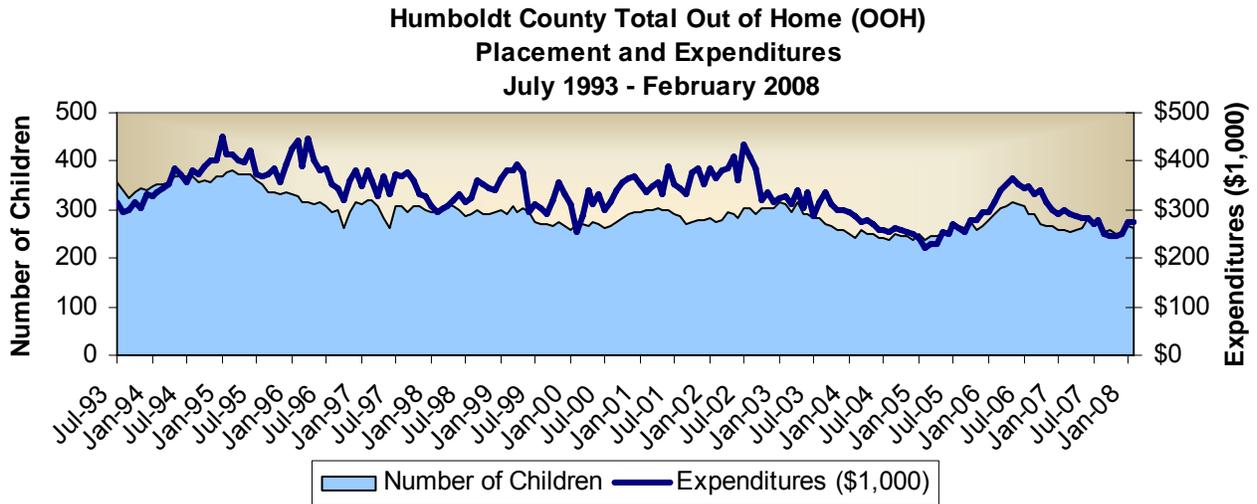
AB 2216: Child Welfare and Leadership Accountability Act

In keeping with the U.S. Department of Health and Human Services improvement activities for child safety, permanency, and well-being through focusing on real outcomes in a continuous quality improvement process, the California Legislature has passed the Child Welfare Leadership and Performance Accountability Act of 2006 (AB2216, Bass) to improve the collaboration and processes of the multiple agencies and courts that serve children and youth in the Child Welfare and Foster Care systems.

Family Intervention Team - Out of Home Placements

The Family Intervention Team (FIT) is a collaboration between Child Welfare Services, Mental Health, and Public Health program and fiscal resources, Juvenile Probation, and other community partners as needed, designed to proactively manage resources and supports for child and youth with high needs who often cross systems. The FIT Resource Allocation Committee provides administrative oversight and approval for exceptional requests for support such as group home placements and urgent response teams for individual children.

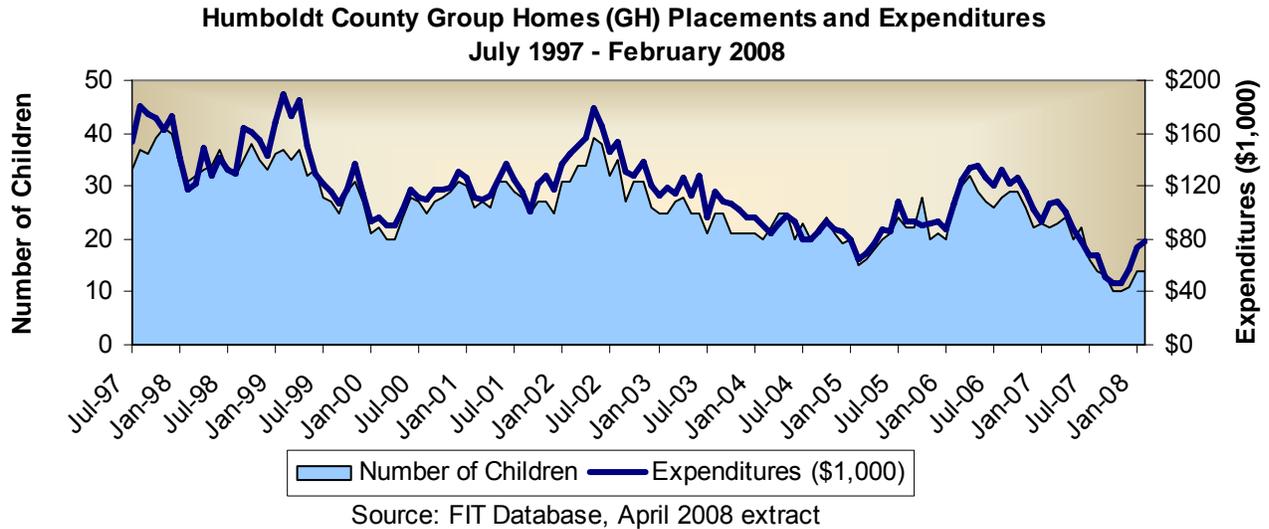
- The chart below shows the total number of Humboldt County children placed out of home each month since July 1993 and the monthly expenditures associated with those placements.



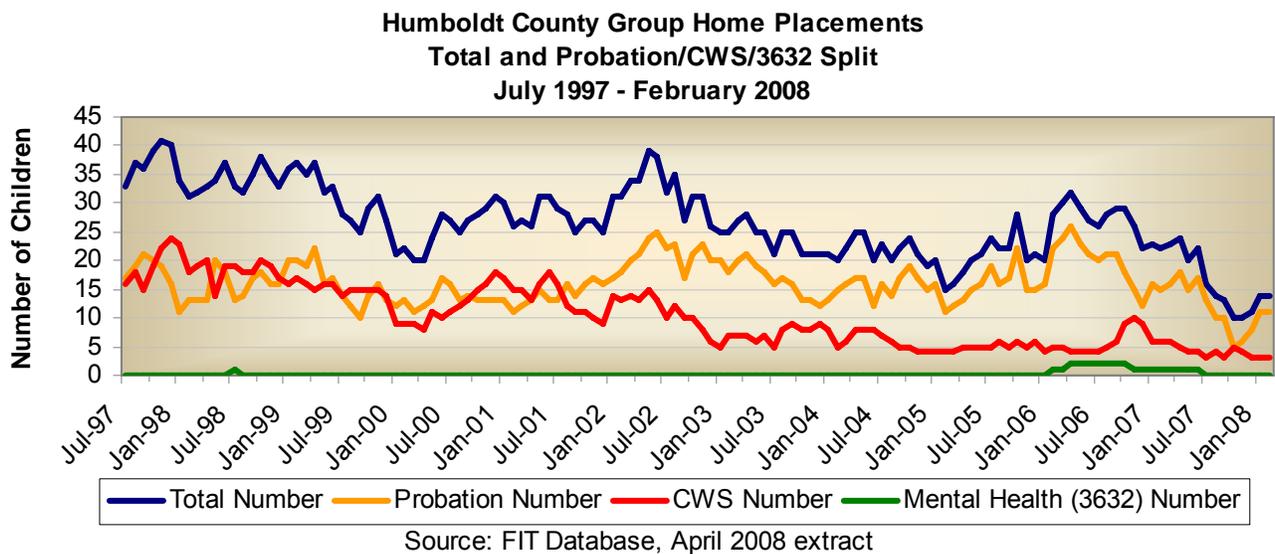
Source: FIT Database, April 2008 extract

- The data indicate a decline of 28% in terms of the total number of children placed in “Out of Home” (OOH) settings. The trends reflect Humboldt County’s initiatives to maintain children in their homes or in the least restrictive environment where protective factors can be ensured.

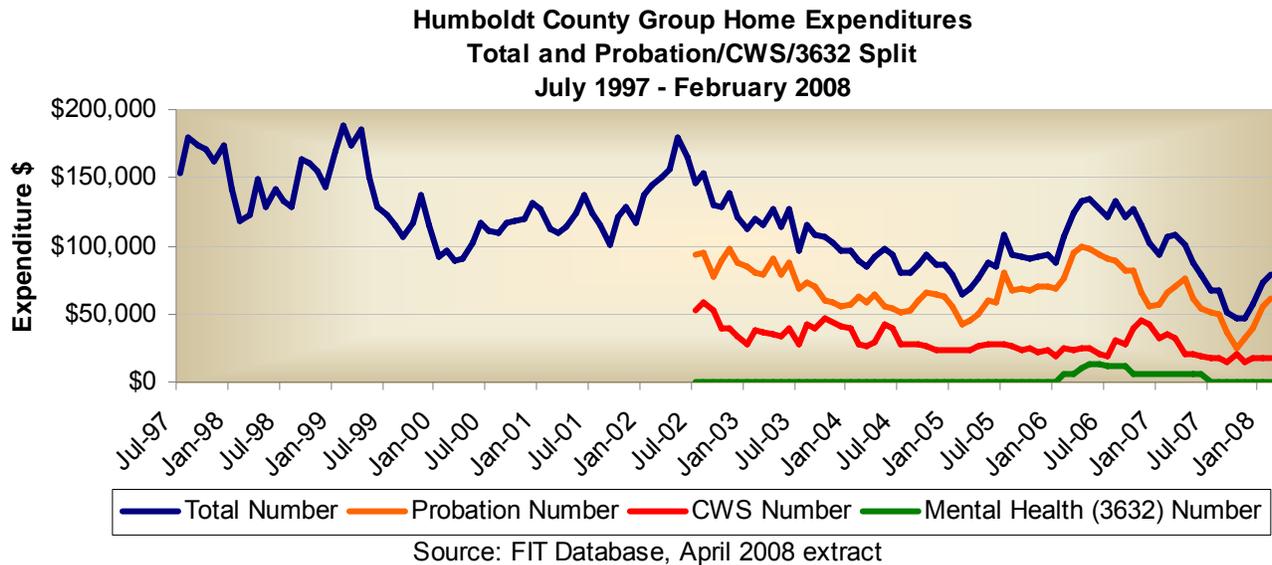
- In comparison, the chart below demonstrates a decline of nearly 60% in the number of Humboldt County youth placed in Group Homes each month since July 1997 and the monthly expenditures of those placements. The trend is linked to Humboldt County’s various initiatives to avoid out-of-home placements in “non-family” settings.



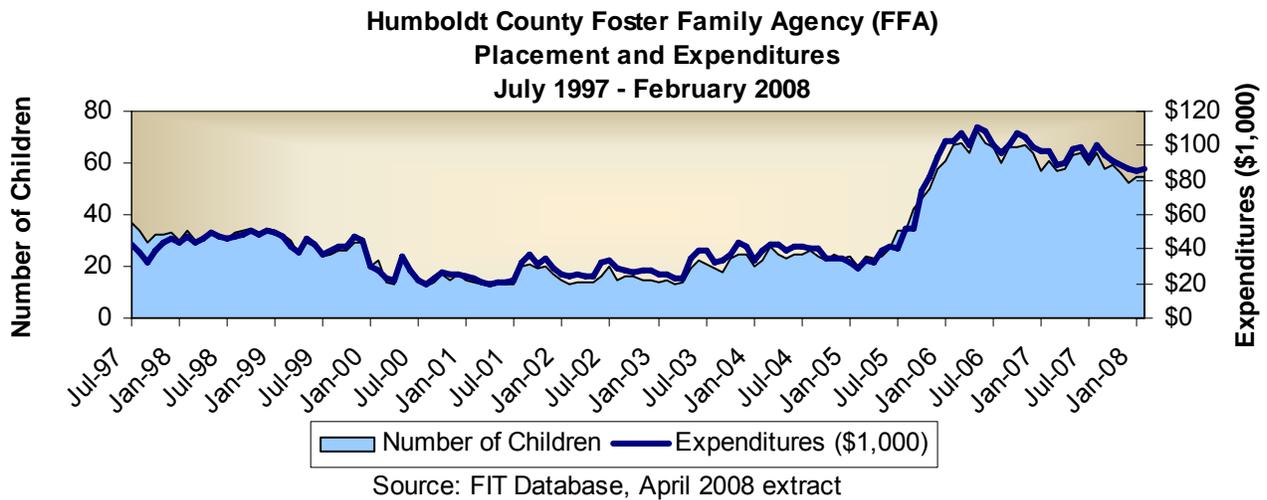
- The chart below shows the number of children placed in group homes by the three potential placing agencies: Child Welfare Services, Probation, and Mental Health.
- On average, group home placements by all agencies have declined from a total of 33 youth in July 1997 to 14 youth in February 2008.



- Group homes are a costly placement option with minimal positive outcomes for most youth. Focusing on local, less restrictive placements has led to a nearly 50% decrease in total group home expenditures across all placing agencies, with CWS reducing associated expenditures by about 66%.
- Prior to July 2002, group home expenditures were not differentiated by agency.

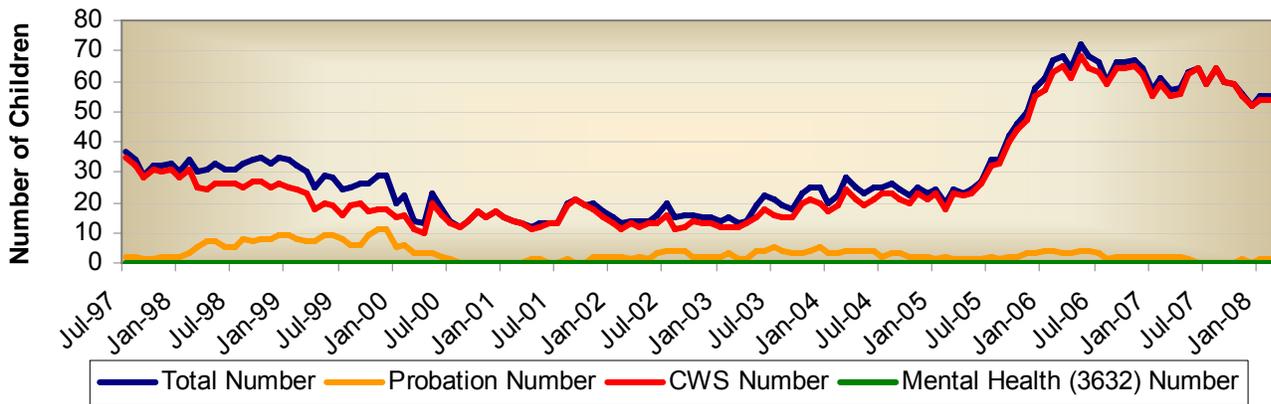


- A Foster Family Agency (FFA) is an agency licensed by Community Care Licensing (CCL) to provide enhanced foster care services such as more intensive social worker case management, additional foster family training, and a lower parent-to-child ratio. Ideally, FFA homes are reserved for children with higher needs.
- There was a sharp increase in the use of FFA homes beginning in 2005 due to problems recruiting and retaining standard local foster care homes. If a foster care home was not available, a child was placed with an FFA home as a last resort in order to keep the child in the county.



- The chart below shows the number of children placed in Foster Family Agency homes over time by each of the three placing agencies: CWS, Probation, and Mental Health. CWS is the primary agency placing children in FFA homes.
- Beginning in August 2007, CWS implemented new strategies for recruiting and retaining standard foster care homes to reduce reliance on FFA homes for children who could be safely placed in a lower level of foster care. FFA placements have begun to decline.

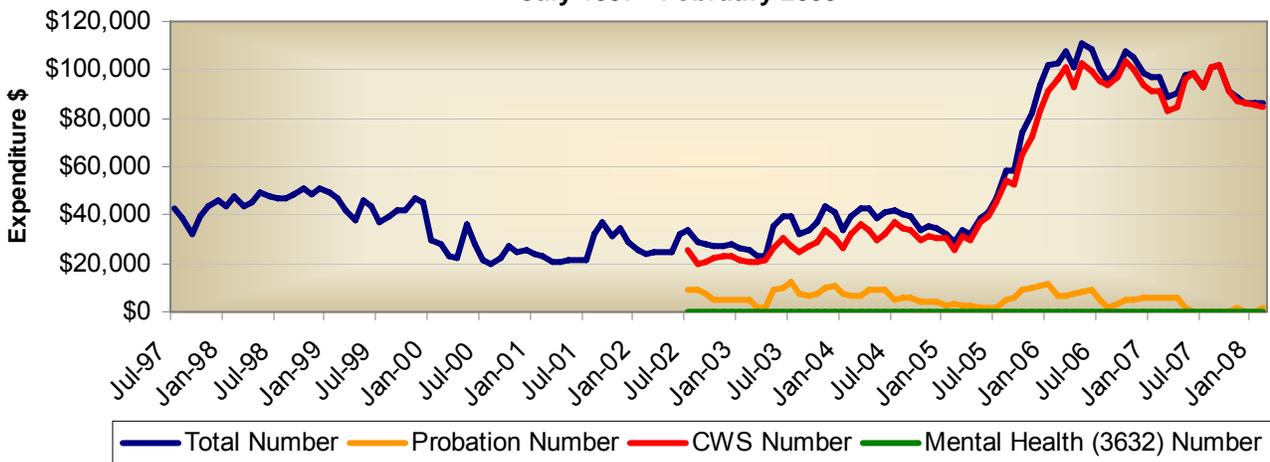
**Humboldt County Foster Family Agency (FFA) Placements
Total and Probation/CWS/3632MH Split
July 1997 - February 2008**



Source: FIT Database, April 2008 extract

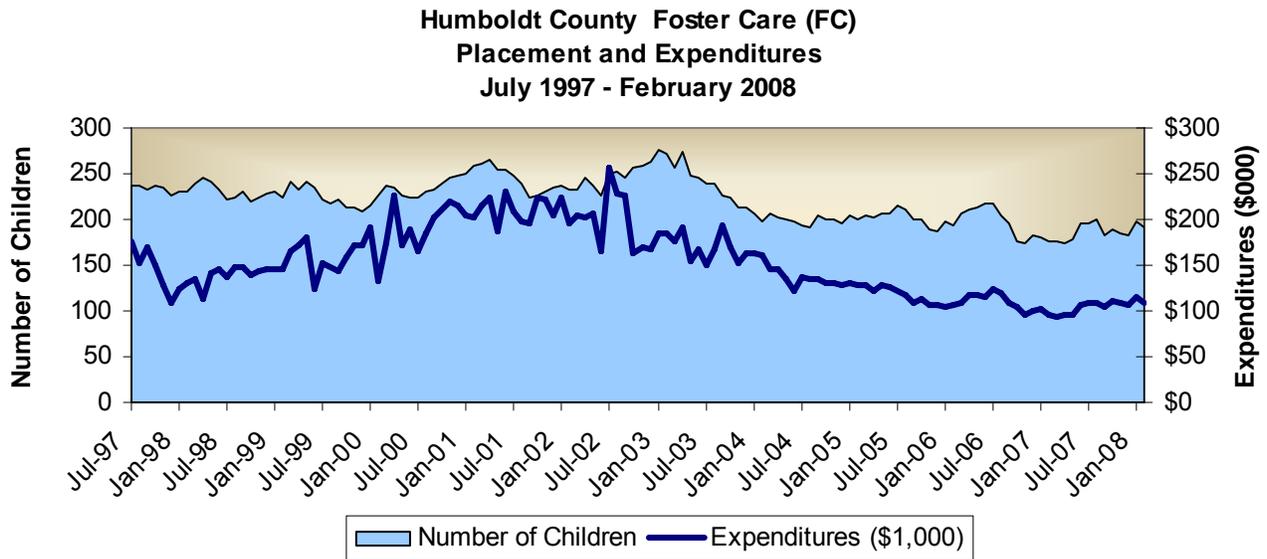
- FFA expenditures have changed in proportion to placements. Prior to 2002, FFA expenditures were not differentiated by agency.

**Humboldt County Foster Family Agency (FFA) Expenditures
Total and Probation/CWS/3632MH Split
July 1997 - February 2008**



Source: FIT Database, April 2008 extract

- Foster care homes are licensed directly by Community Care Licensing. These homes offer a less restrictive environment than an FFA home when placing a child. Typically, a foster care home is not licensed specifically for special needs children, though some foster parents are trained to take special need children as well.
- The chart below shows the history of placements and associated expenditures for Foster Care per month since 1997.

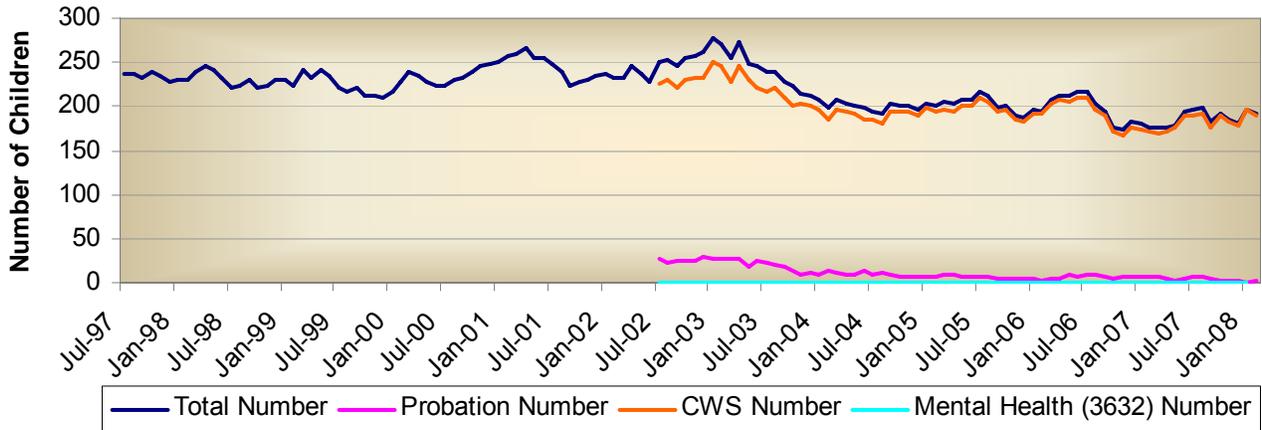


Source: FIT Database, April 2008 extract

- The following chart, next page, shows the number of children placed in Foster Care by each placing agency. Since 1997, the total number of children placed in Foster Care has decreased by about fifty children.
- The gradual reduction in placements since 2003 is may be related to state initiative and CWS commitment to remove children from their home only as a last resort.

- Prior to June 2002, only aggregate placement and expenditure data were available.

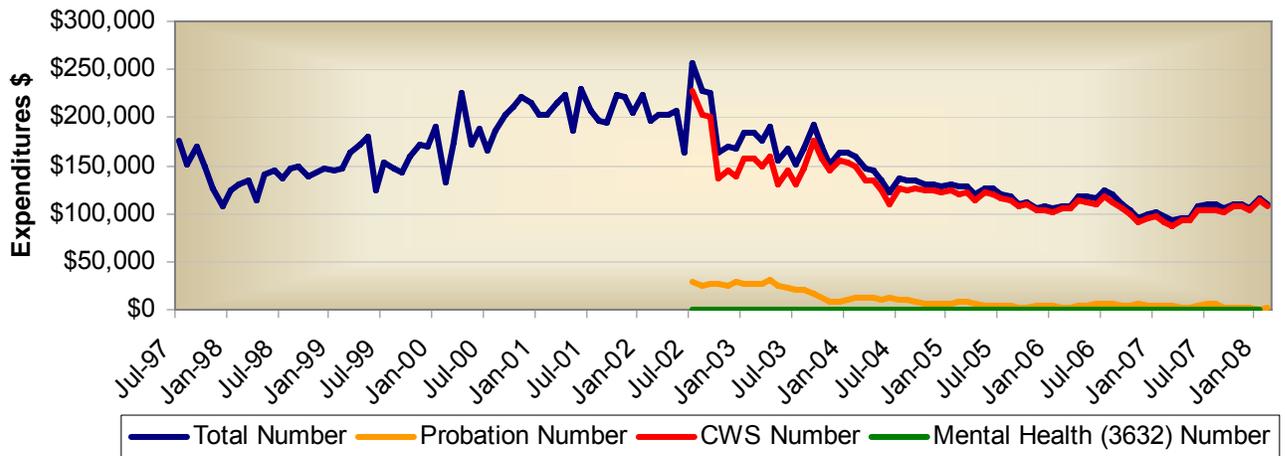
**Humboldt County Foster Care (FC) Placements
Total and Probation/CWS/3632 Split
July 1997 - February 2008**



Source: FIT Database, April 2008 extract

- As illustrated in this chart, CWS represents the bulk of Foster Care expenditures. Since 1997, the total Foster Care expenditures have decreased nearly 36%.

**Humboldt County Foster Care (FC) Expenditures
Total and Probation/CWS/3632 Split
July 1997 - February 2008**



Source: FIT Database, April 2008 extract

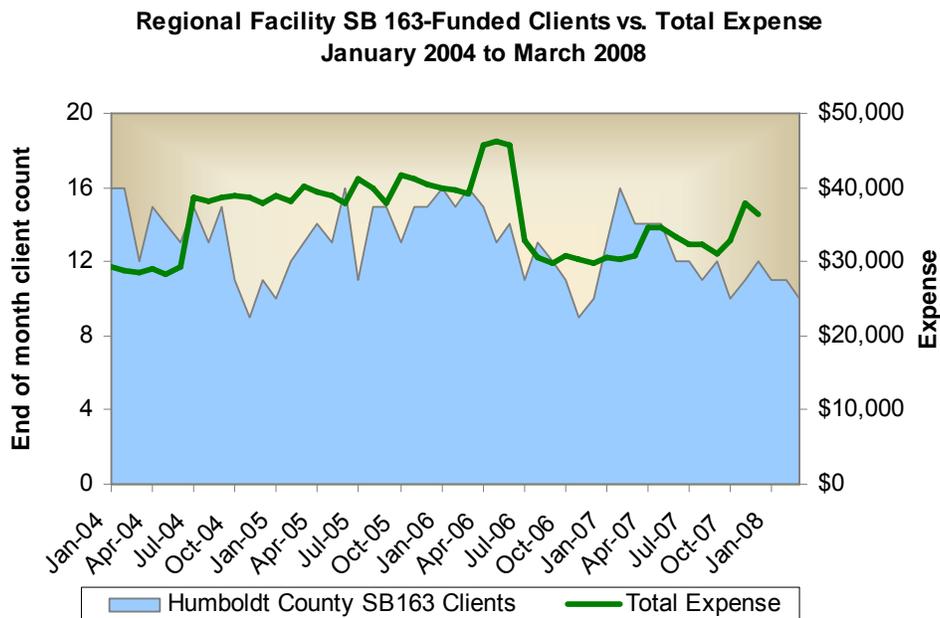
New Horizons Regional Facility

New Horizons is a unique multi-disciplinary treatment program for juvenile wards of the court with serious emotional and behavioral challenges. The program is set into the Humboldt County Regional Facility, a secure 18 bed correctional facility with an onsite school program.

New Horizons was designed as a local treatment option for youth who would otherwise have been sent to expensive and often ineffective out of county group homes or to the California Youth Authority. DHHS has a negotiated agreement with the state that allows for the delivery of SB 163 Wraparound treatment services within this locked correctional setting.

The program, a partnership between the Department of Health and Human Services Social Services Branch, Mental Health Branch, the Probation Department, and the Humboldt County Office of Education, includes integrated programming for daily supervision, treatment and education.

- The chart below shows the number of Humboldt County youth in the Regional Facility compared with expenses. The facility also serves some youth from other counties who are not reflected in the below. However, expenses shown reflect total facility expenses for all youth serve



Aggression Replacement Training (ART), an evidence based practice provided in a group, is the centerpiece of the treatment program and its concepts are integrated into all of the facility's components. The program also includes weekly family treatment, Wraparound Family Team meetings and therapeutic passes home for residents and families to practice new skills with the goal of developing more stable and healthy relationships.

- One of the tools used to assess the progress of youth participating in Aggression Replacement Training (ART) at the Regional Facility is the Child and Adolescent Functioning Assessment Scales (CAFAS). A CAFAS is completed upon entrance to and exit from the ART program. The CAFAS measures eight functioning domains from a clinician's perspective:

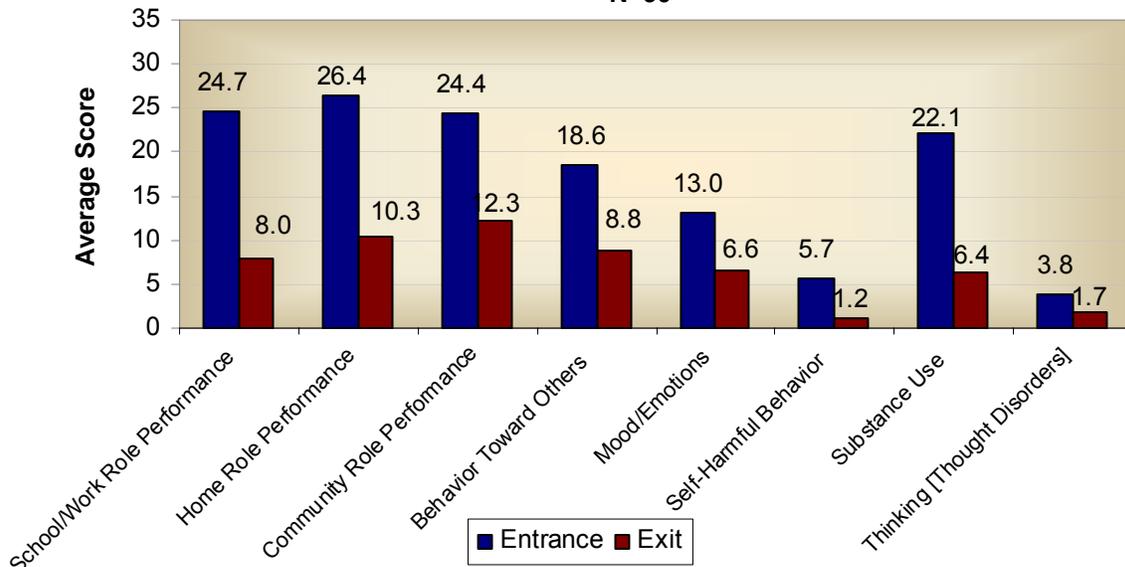
- 1) School/Work Performance
- 2) Home Performance
- 3) Community Performance
- 4) Behavior Toward Others
- 5) Moods and Emotions
- 6) Self-harmful behavior
- 7) Substance Use
- 8) Thinking [Thought Disorders]

Scores represent levels of impairment

- No or minimal (0)
- Mild (10)
- Moderate (20)
- Severe (30)

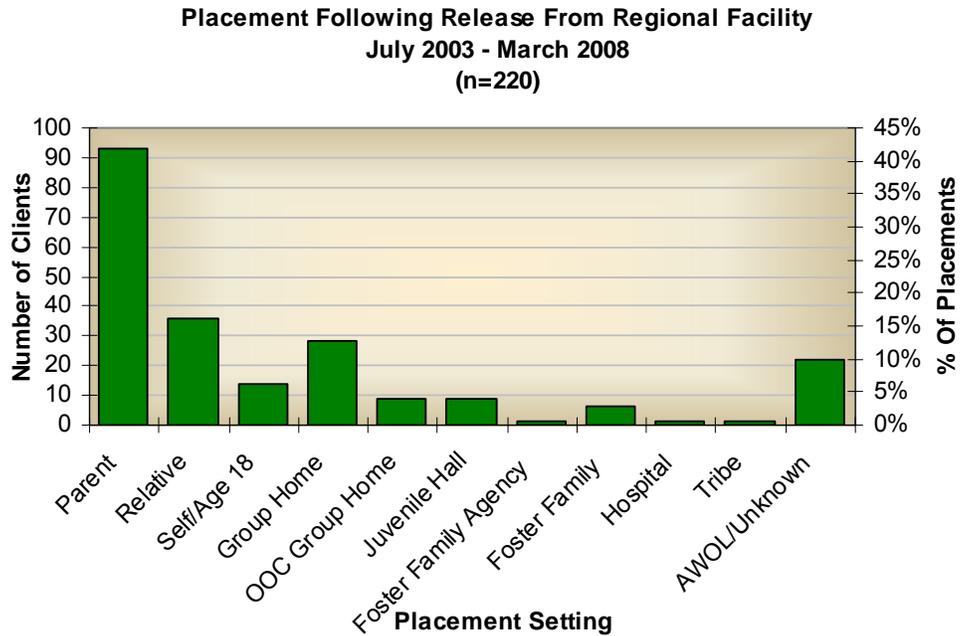
- For youth in New Horizons, changes in the average CAFAS score for each domain below are considered statistically significant through December 2007.

Changes in CAFAS Entry vs. Exit Scores for Adolescents in ART/New Horizons February 2005 to December 2007 N=90



Source: DHHS Research & Evaluation, Art/New Horizons Outcomes Report, 2007 Q4, March 2008

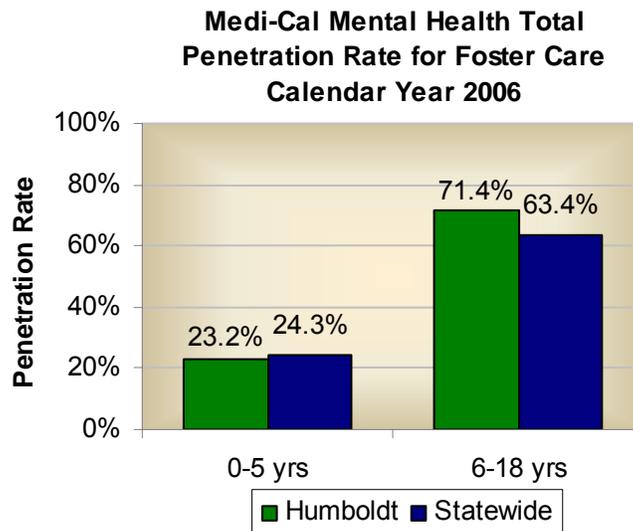
- This chart shows where 220 youth were placed following release from the Regional Facility between July 2003 and March 2008. A majority returned to less restrictive family placements.



Source: Regional Facility Database

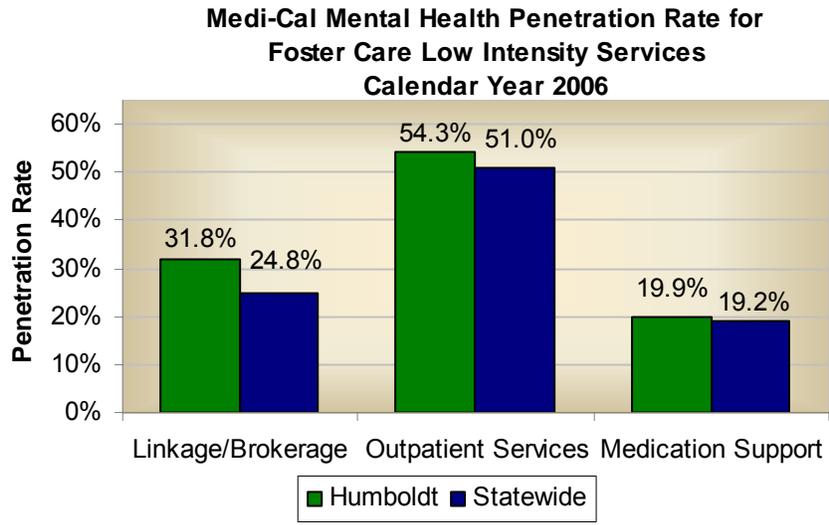
Children's Mental Health

- Penetration rate is a numerical description that shows the percentage of an eligible population receiving services.
- The following series of graphs reflect Humboldt County's commitment to increasing access to Medi-Cal mental health services for foster care children and families. All data reflect the most recent calendar year, 2006, and were extracted December 2007.
- This chart (right) shows the percent of Foster Care children & youth who receive mental health services in Humboldt County vs. the statewide percentage.



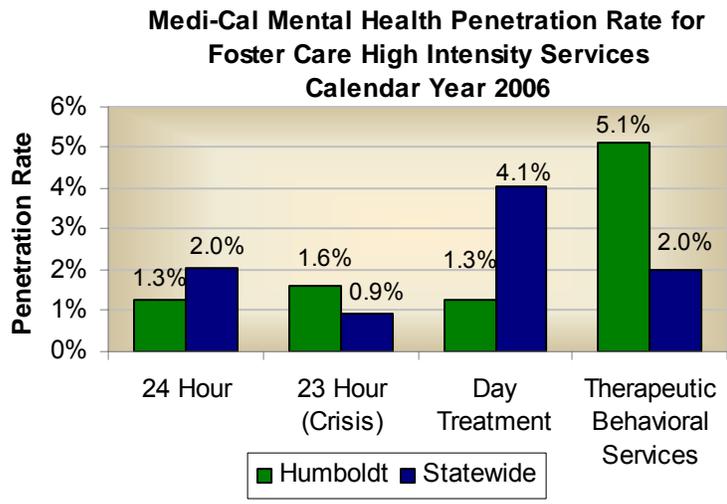
Source: DMH Approved Claims and MMEF Data, prepared December 2007

- This chart compares the percentage of foster care children & youth who receive low intensity outpatient mental health services in Humboldt County with the statewide percentages. Humboldt County's penetration rates for these services are above statewide percentages which may contribute to early treatment success in terms of reducing the need for more intrusive or restrictive services and placements, such as group homes or out of home care.



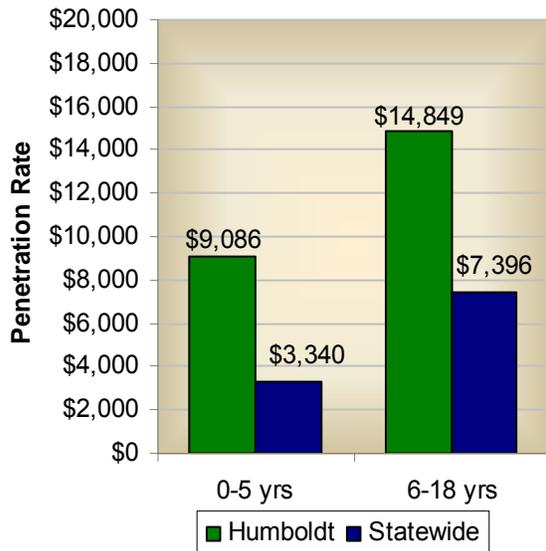
Source: DMH Approved Claims and MMEF Data, prepared December 2007

- The chart below compares the percentage of foster care children & youth who receive high intensity inpatient & outpatient mental health services in Humboldt County with Statewide percentages. Humboldt's penetration rate for TBS services is higher than the Statewide percentage, which may contribute to placement success rates.



Source: DMH Approved Claims and MMEF Data, prepared December 2007

**Approved Claims per Foster Care Beneficiary
Calendar Year 2006**



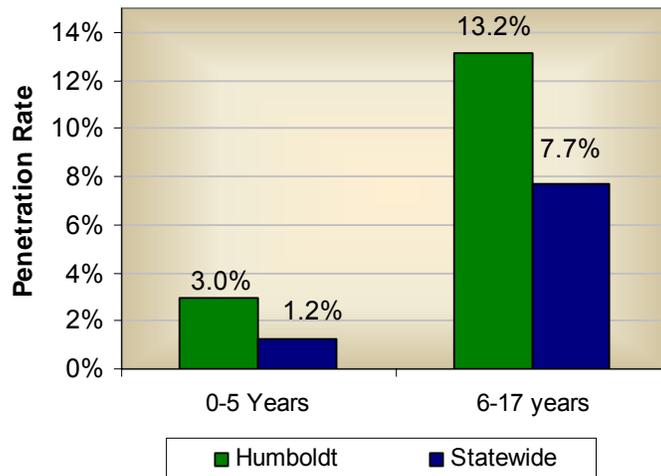
Source: DMH Approved Claims and MMEF Data, prepared December 2007

- This chart compares the amount of dollars spent providing Medi-Cal mental health services to foster care children & youth to state average. Humboldt County spent three times as much per child 0-5 yrs old and almost twice as much per youth 6-18 years old than did the state. Local services help maintain children within the county, rather than having to rely on out of county group homes.

Medi-Cal mental health services are also available as needed for children who are not in the foster care system.

- The next chart shows the Medi-Cal mental health penetration rate for all children 0-5 years old in Humboldt County is more than double the statewide penetration rate. For children 6-17 years old, the Medi-Cal mental health penetration rate in Humboldt County is 71% greater than the statewide penetration rate.

**Medi-Cal Mental Health Penetration Rate
for Children
Calendar Year 2006**



Source: DMH Approved Claims Data and MMEF Most recent data available, December 2007 release

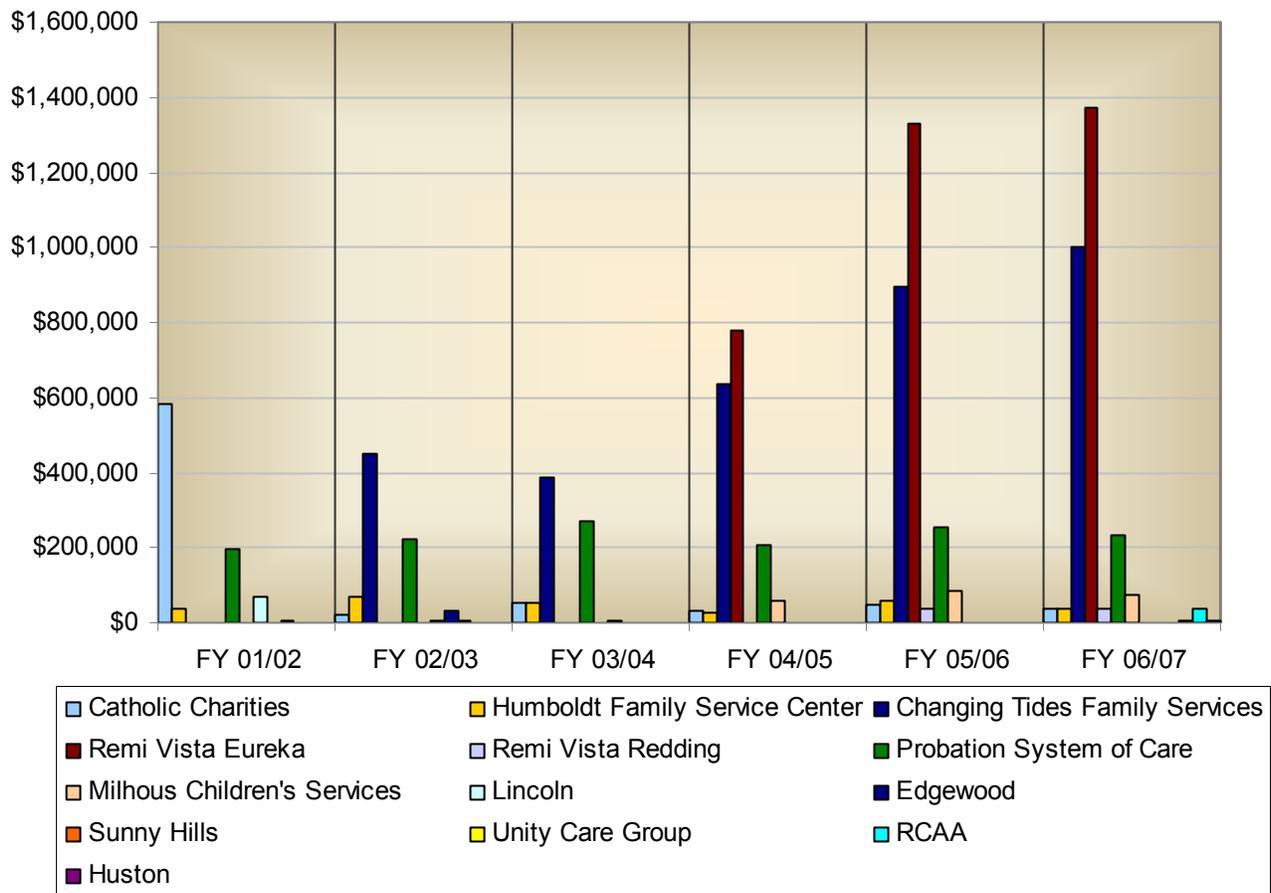
- The values in this chart demonstrate a significantly higher rate of access for Medi-Cal mental health services for eligible Humboldt County children and youth compared to statewide.

Organizational Providers

Organizational Providers (also known as “Org Providers”) and individual Fee For Service (FFS) Providers play an integral role in service delivery throughout the county. Org Providers are contracted with the Department to provide nearly every type of service available through Specialty Mental Health Services.

- The following chart illustrates the amount paid by DHHS to each Org Provider per fiscal year since 2001-2002. The Department has recruited new providers into the area to ensure adequate access for all populations. The number of providers and types of services offered has also increased significantly.

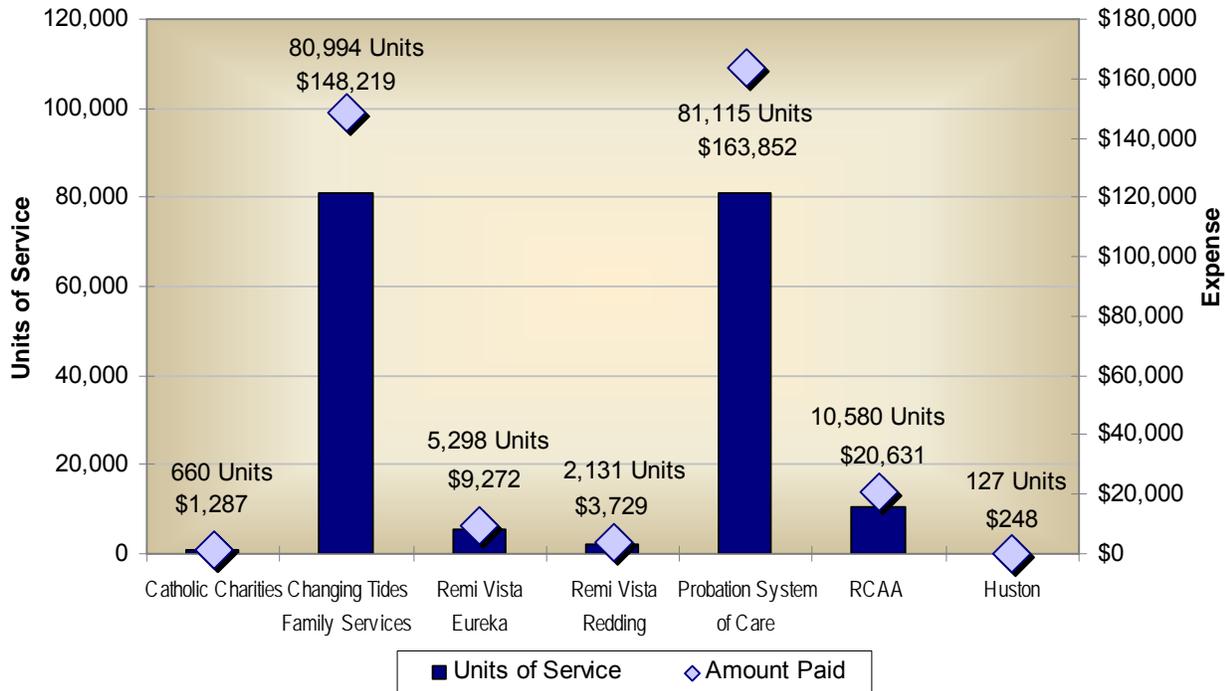
**Children Services Total Cost per Org Provider per Fiscal Year
FY 01/02 to FY 06/07**



Source: Department of Health and Human Services
Mental Health Branch Finance Department
April 2008

- The chart on the next page shows the amount of service (units) provided and the amount paid to Org Providers for children’s Case Management for Fiscal Year 2006-2007.

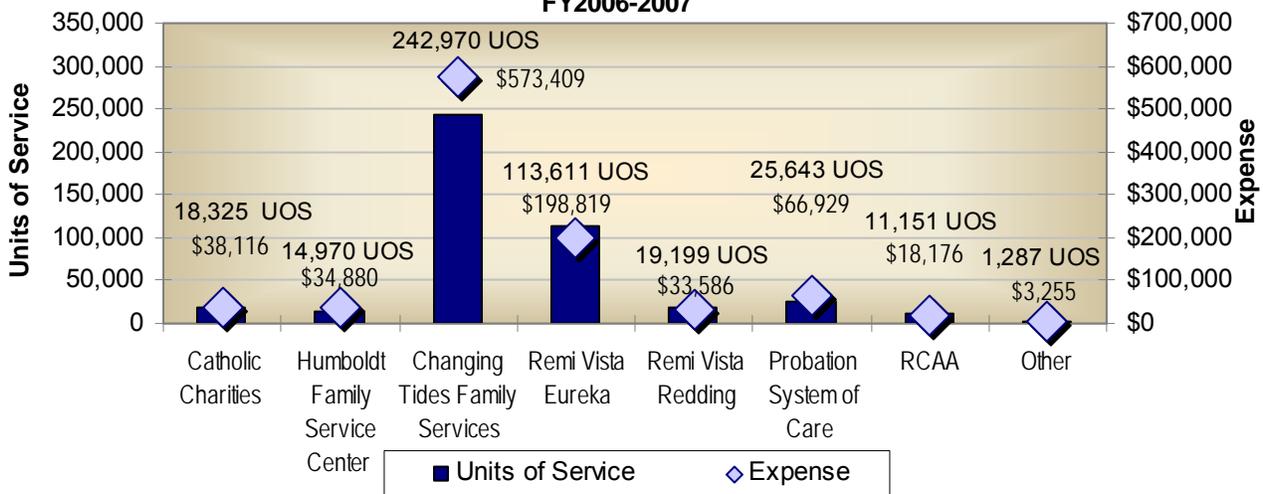
**Units of Service Compared with Total Expense
Per Organizational Provider for Case Management
FY2006-2007**



Source: Department of Health and Human Services Mental Health Branch Financial Services

- The chart below shows the amount of service and the cost paid for children's Mental Health Services (e.g.: Clinician) per Org Provider in Fiscal Year 2006-2007.

**Units of Service Compared with Total Expense
Per Organizational Provider for Mental Health Services
FY2006-2007**



Source: Department of Health and Human Services Mental Health Branch Financial Services

Note: "Other" includes four Org Providers who provided less than 6,000 Units of Service and received less than \$10,000 each.

Evidence Based Practices

Humboldt County DHHS currently provides four evidence based practices developed for children and families. Since these programs have been recently implemented and few clients have completed the programs with matched entry/exit scores to date, the data are reviewed here but most numbers are still too low to determine outcome trends.

Humboldt County DHHS offers four evidence based practices:

- Aggression Replacement Training (ART)
- Functional Family Therapy (FFT)
- Incredible Years (IY)
- Parent-Child Interaction Therapy (PCIT)

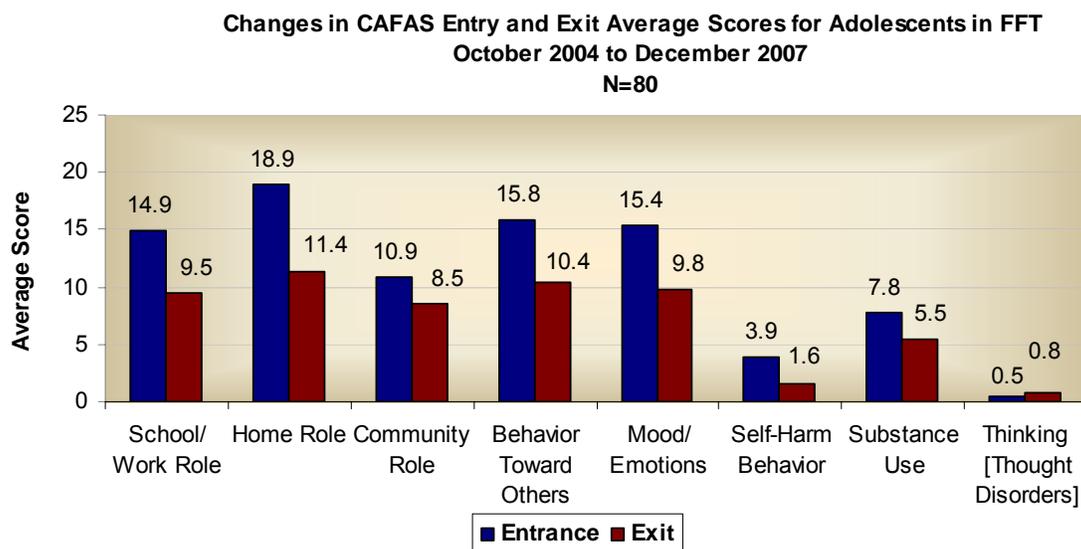
Aggression Replacement Training

- As exhibited earlier in report on page 35, the Aggression Replacement Training program in the New Horizons Regional Facility addresses aggressive behaviors that are a common characteristic of the youth incarcerated in the Regional Facility.
- Early data show statistically significant change in each area measured by the CAFAS for ART participants.

Functional Family Therapy

Functional Family Therapy is currently used to turn at-risk youth around by improving family dynamics before they become more seriously involved with the child welfare or juvenile justice system, so as to prevent these youth from the possibility of incarceration or group home placement.

- Like ART, progress in FFT is measured, in part, using the CAFAS. After participation in FFT youth showed an average improvement in all functional areas reported in the CAFAS. (The Thinking [Thought Disorders] function area was not scored at entry.)



Source: DHHS Research & Evaluation, FFT Outcomes Report, March 2008

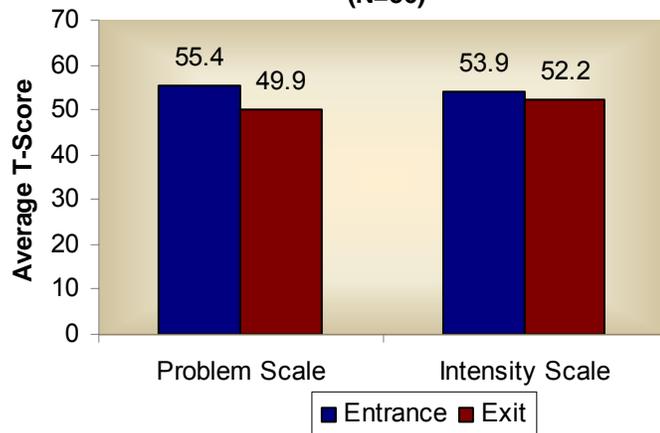
- The improvement in CAFAS scores for the FFT group, shown in chart on previous page, was highly statistically significant (chart, below), except for Community Role Performance and Substance Use.

Incredible Years

Humboldt County implemented Incredible Years (IY), a parenting class for parents of children ages 3 through 8, in 2004. DHHS Social Workers, Mental Health Clinicians, Public Health Nurses, and Family Resource Center Staff are trained to conduct IY in Humboldt County.

- IY outcomes are measured, in part, using the Eyberg Child Behavior Index (ECBI), a parent observation measure that describes the disruptive behavior of the child. It has two domain areas that are reported as T-Scores. Higher scores indicate higher levels of disruptive behavior. The clinical cut off for both is 60.
- The average scores for these 56 IY participants were already below the clinical level prior to IY. The average change on the Problem Scale was statistically significant, indicating that the children of these participants displayed fewer behaviors that the parent considered to be a problem after participation in IY.

Changes in ECBI Entry and Exit Scores for IY Participants, October 2004 to December 2007 (N=56)

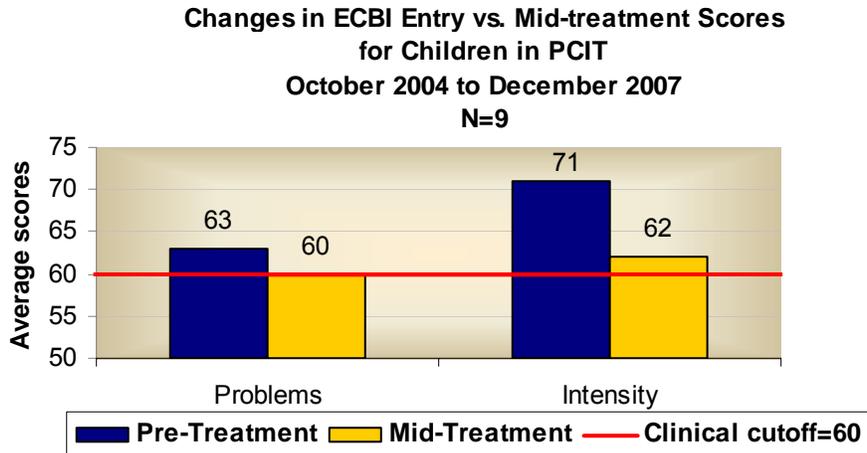


Source: DHHS Research & Evaluation. IY Outcomes Report, March 2008

- *Problem Scale* – types of common misbehaviors considered a problem by the parent
- *Intensity Scale* – frequency of the misbehaviors

Parent—Child Interaction Therapy

The fourth evidence based practice currently provided is Parent-Child Interaction Therapy (PCIT) which is designed to enhance the relationship between the child and caregiver by working with the parents and children in “coaching” sessions. This intensive treatment program focuses on building parent competencies by supporting specific relationship building and disciplining behaviors.



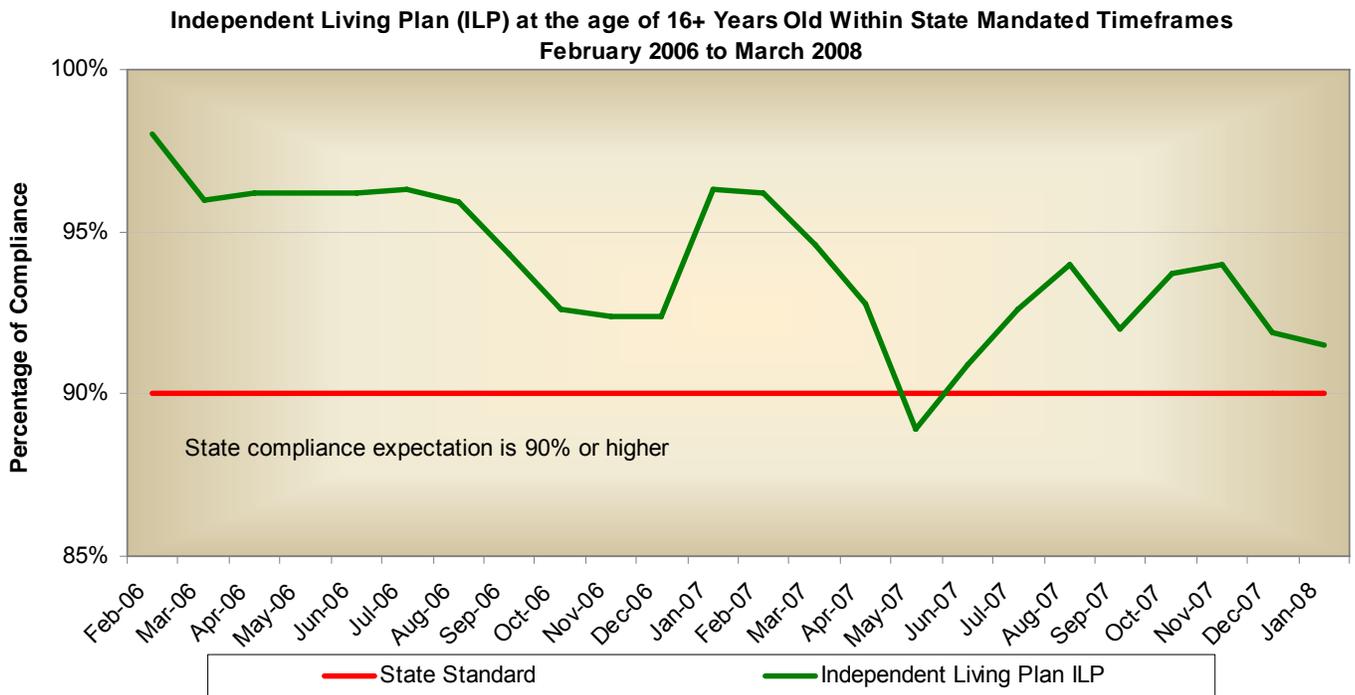
Source: DHHS Research & Evaluation,
PCIT Outcomes Report, March 2008

- Like Incredible Years, PCIT is also measured in part using the ECBI. Only three parent/child pairs have completed PCIT to date with matched (entry/mid point/exit) ECBI scores, so pre- and mid-PCIT changes in 9 parent/child pairs are shown in the chart above. To date, scores for PCIT participants have *not* shown statistically significant changes, due to sample size.

3 by 5 TRANSITION AGE YOUTH

Transition Age Youth (TAY) are youth 16 to 25 years of age, developmentally separating from their families but still in need of support and guidance as they find their path. For TAY who have been in the foster care or juvenile justice systems or who struggle with mental illness or substance abuse, their familial support systems may not be sufficient or even existent during this crucial developmental stage of life.

- Even beyond Permanency Planning in the CWS system, Humboldt County looks for ways to offer support for transitional age youth who are exiting or have exited services so that they do not find themselves without support after they leave the CWS system.
- The CWS system is responsible for completing an Independent Living Plan (ILP) for youth 16 and older in out of home care. ILPs include practical life skills training and preparation for college and career to assist youth age 16 and older to transition from foster care to independent living. Humboldt has two ILP social workers to work with this age group. The compliance level for developing an ILP within mandated timelines is above the state expectation of 90%.

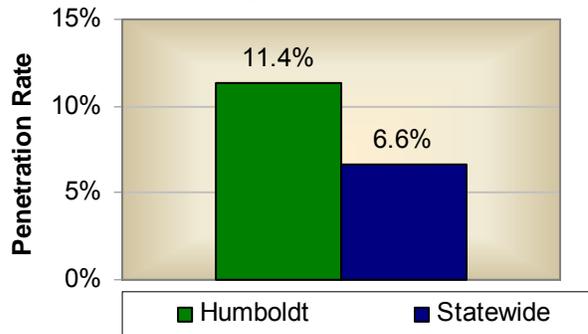


Source: Child Welfare Services Division 31 Compliance Data from SafeMeasures, April 9, 2008

Mental Health Services for Transition Age Youth

The first symptoms of mental illness often occur in young adulthood. Ensuring access to mental health services for this age group can help teach resiliency and recovery skills early on, assisting young adults in managing their mental illness and avoiding preventable acute episodes.

Medi-Cal Mental Health Penetration Rates for Transition Age Youth (16 to 25) Calendar Year 2006

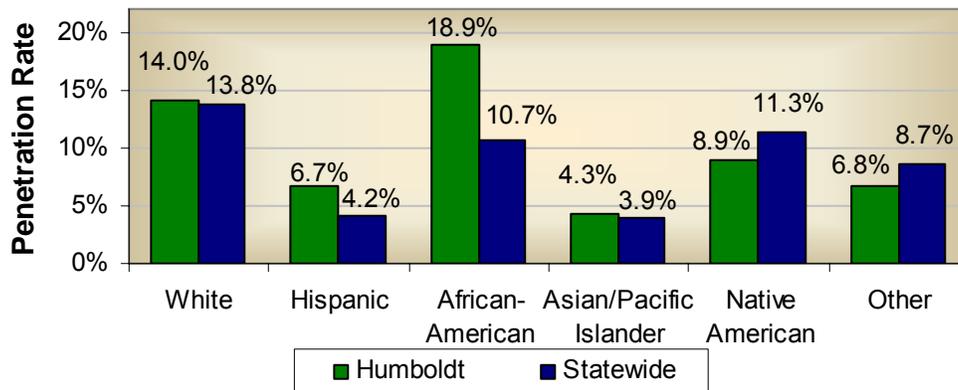


- For Transitional Age Youth (TAY), the Medi-Cal mental health penetration rate in Humboldt County is 77% greater than statewide penetration.

Source: DMH Approved Claims and MMEF Data, Prepared December 2007

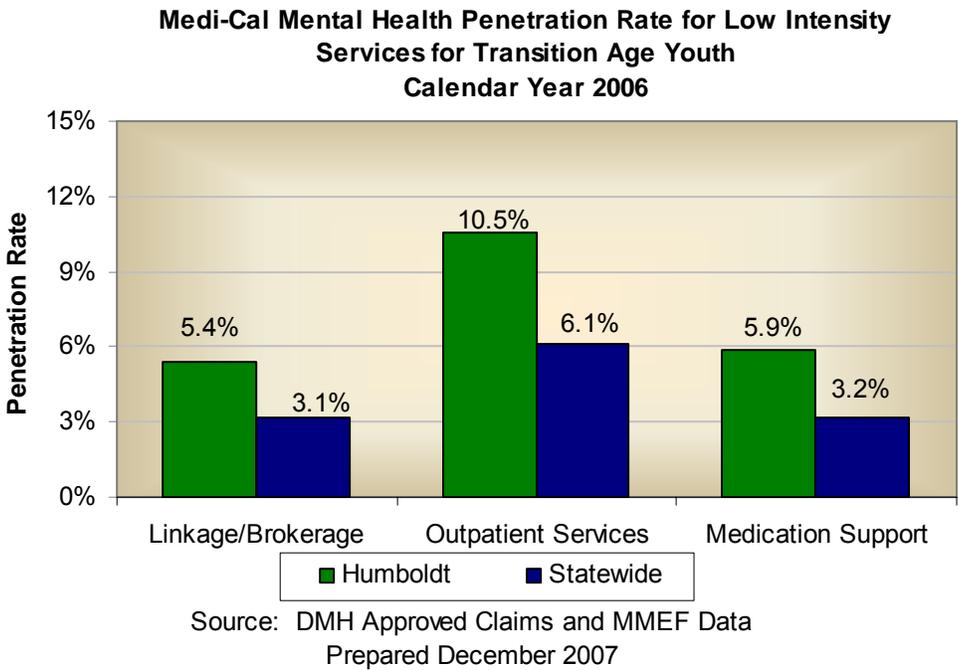
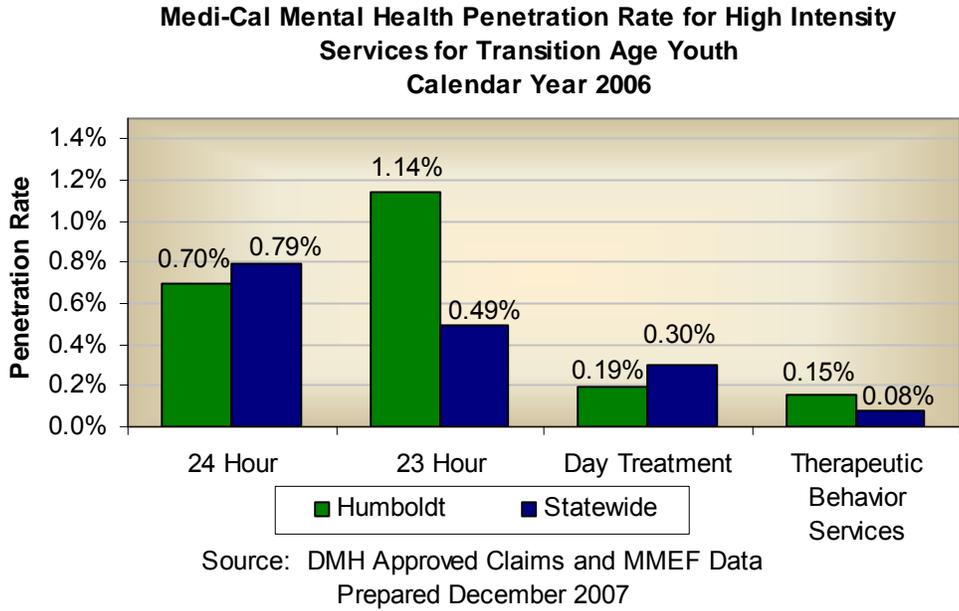
- Humboldt County strives to ensure TAY from all ethnic backgrounds are equitably served in the mental health system. This chart shows that Humboldt County exceeds the statewide penetration rate in all ethnicities except for Native American and Other.

Medi-Cal Mental Health Penetration Rate for Transition Age Youth by Ethnicity Calendar Year 2006



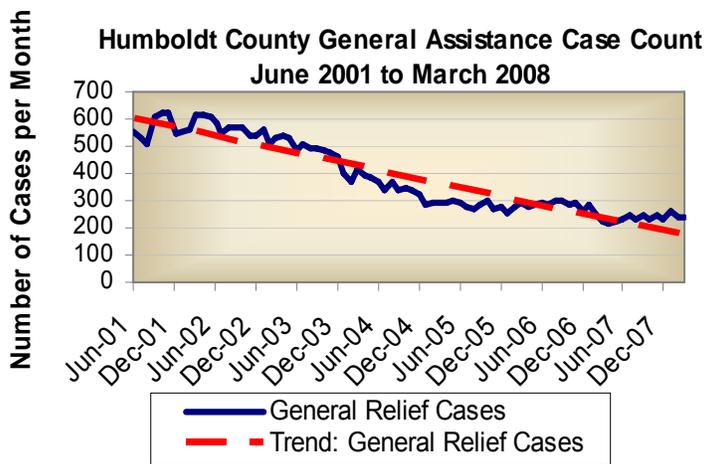
Source: DMH Approved Claims and MMEF Data Prepared December 2007

- When reviewing different specialty mental health services, Humboldt's TAY penetration rate remains consistently at or above the state average for every service except 24 Hour services and Day Treatment.



General Assistance

- The General Assistance (GA) program, also known as General Relief (GR), is mandated under California's Welfare and Institutions Code. Each county is required to provide repayable relief through cash, check, voucher and/or in-kind assistance for the subsistence and needs of the County's indigent population when such needs cannot be met by the person or another resource.
- During Fiscal Year 2005-2006, Humboldt County General Assistance served an average of 280 people monthly. The total amount of GA benefits issued in fiscal year 2006 was approximately \$100,000 per month. Program costs are funded entirely from Humboldt County's General Fund.

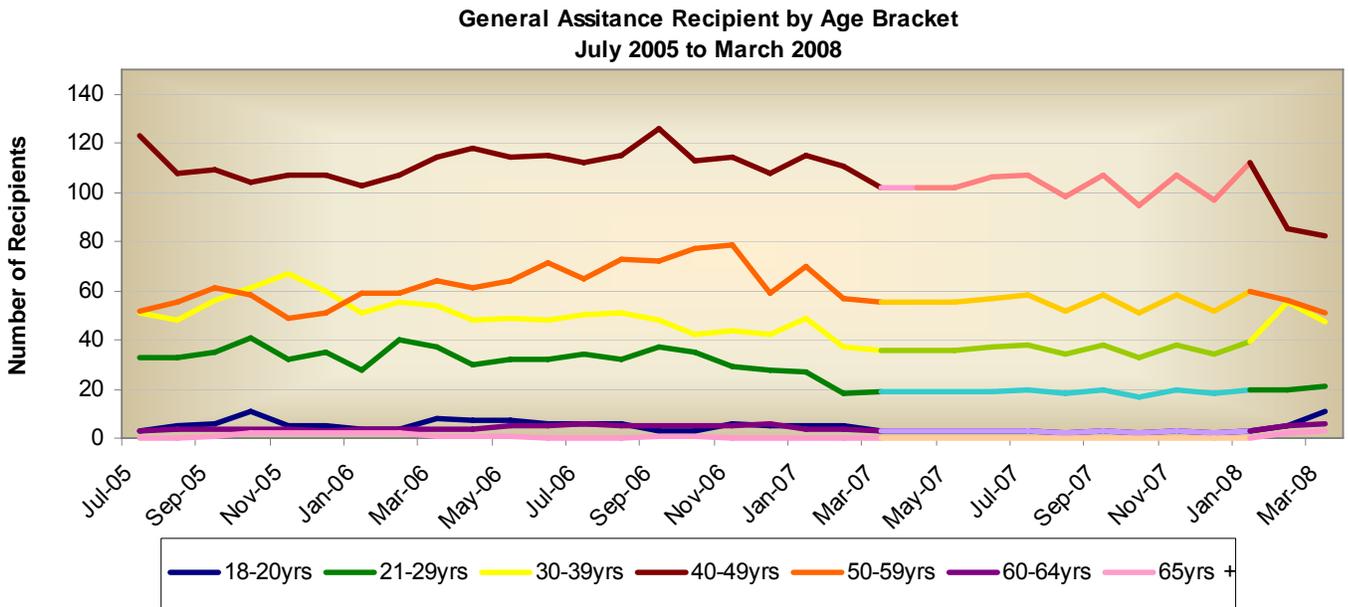


Data Source: Data Extracted from Monthly GR Management Reports
Compiled by GR Supervisor and Issued to SSB Fiscal

- Overall, there has been a decline in GA cases since June of 2001. The caseload fluctuates seasonally.
- The General Relief Unit at Social Services consists of Social Workers and a Vocational Assistant who assist clients in applying for and following through with their applications for programs to which the applicant may be entitled.
- All applicants and recipients who have a disability are required to apply for benefits from federally funded disability programs for which they may qualify, such as Retirement, Survivors, and Disability Insurance or Supplemental Security Income.
- Some of the General Assistance funding is recovered through property liens, liens placed on pending SSI/SSP claims, voluntary cash payments, and involuntary tax intercepts for those that choose not to make repayments.
- Employable persons assigned to work-for-relief projects can fulfill their obligations to repay the County to the extent that the number of hours worked at minimum wage equals the amount of aid received.
- The Revenue and Recovery unit received \$667,689.39 during fiscal year 2005/2006 by receiving tax intercepts, Social Security Retro payments, Cash payments, and property lien reimbursements. These were all repayments to the general fund for services rendered.

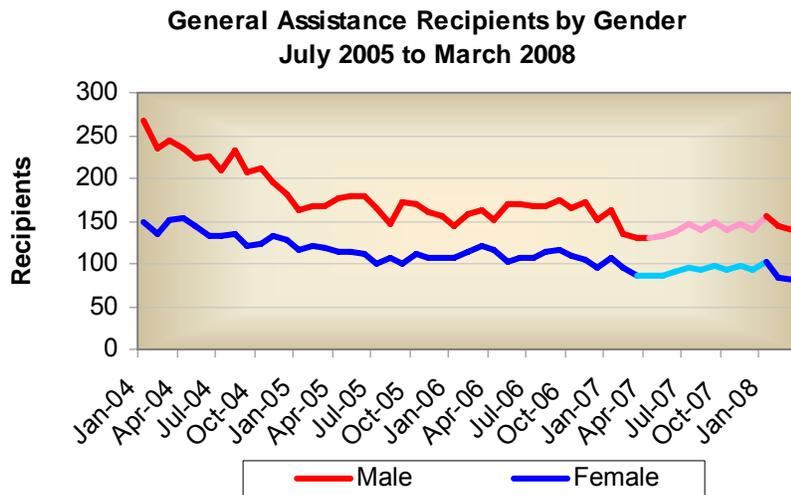
Detailed Demographic information for General Assistance recipients is not available for April 2007 through January 2008 due to changes in the information management system. However, the total number of GA recipients is available, and the number for each age bracket and for each gender was estimated from this total by using the related proportions for each month with the monthly totals. This valid statistical method (called imputation) provides data that is consistent with the overall trend. The values obtained are graphed with contrasting colors in the charts.

- Of the total number of GA clients that are served by Social Services Branch every month, the highest representation in age is consistently the 40 to 49 year old age bracket.



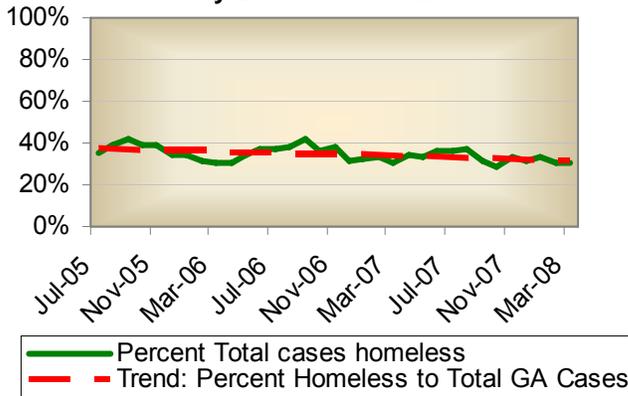
Source: DHHS Social Service Branch
Data from GR reports, April 2008

- Over time, males have represented a larger proportion of the GA population.



Source: DHHS Social Service Branch
Data from GR reports, April 2008

Percent of Total General Assistance People Who Self-Declared They Are Homeless July 2005 to March 2008

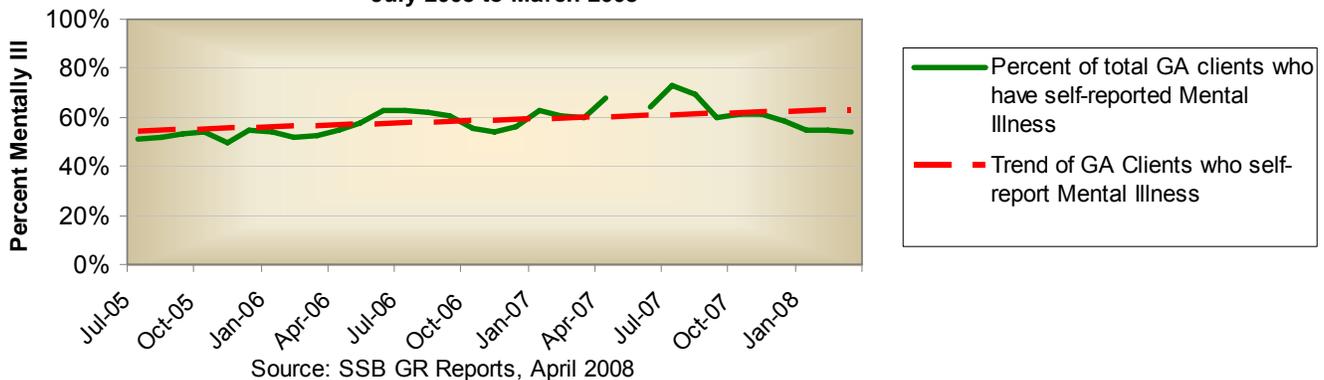


- From July 2005 to November 2007 a relatively constant trend demonstrates that less than 40% of the GA recipients are self-declared to be homeless.

Source: SSB GR Data, April 2008

- In July 2007 the County entered into a contract with a local shelter to provide shelter for both male and female GA clients who are homeless. The County is operating under the concept that clients are more likely to engage in services when their living situation is stabilized. The number of beds for people who are homeless was expanded in December 2007 when the demand for beds exceeded the number of beds contracted. The shelter provided through the GA program has consistently been filled since implementation of this program component.
- On average, the GA total caseload includes of 50% to 60% of clients who self declare that they have a mental illness. To assist these clients, they are assigned a GR Social Worker and assessed by an on-site Mental Health Clinician. Soon, an Alcohol & Other Drug Case Manager and Public Health Nurse will be added to integrate and wrap as many services around this population as possible. (Data missing for May 2007.)

Percent of Total General Assistance People Who Self-Declared They Have a Mental Illness July 2005 to March 2008



Source: SSB GR Reports, April 2008

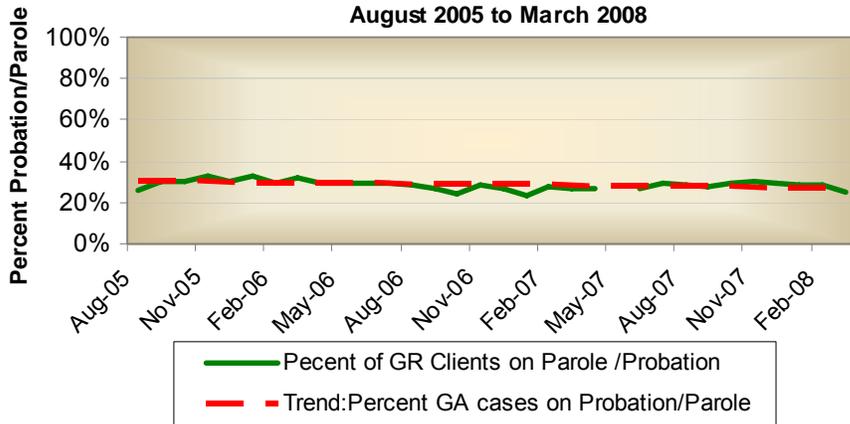
- The percentage of GA clients who self-declare a need for addiction services or who declare that they reside in a "clean & sober" or drug/rehabilitation facility has grown from about 3% in June 2004 to 22% in March 2008. (Data missing for May 2007.)

**Percentage of GA Clients Who Declare Addiction Services Needed and/or Reside in a Clean & Sober or Rehab Facility
January 2004 to March 2008**



Source: Data from GR reports, April 2008

**Percent of Total General Assistance Cases on Probation or Parole
August 2005 to March 2008**

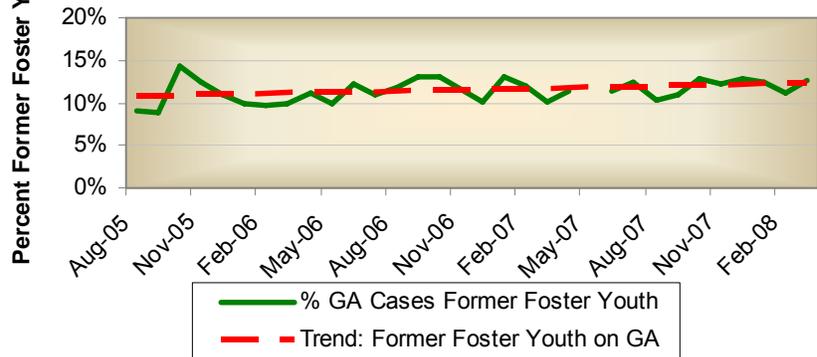


Source: Data from GR reports, April 2008

- On average about 28% of the total number of General Assistance clients are either on parole or probation. (Data missing for May 2007.)

- Over time, an average of 11% of the total number of GA clients have been former foster care youth. As of March 2008, 30 (13%) GA clients are former foster care youth, as shown in the chart to the right (Data missing for May 2007.)

**Percent of General Assistance Cases who are Former Foster Youth
August 2005 to March 2008**



Source: Data from GR reports

Transportation Assistance Program

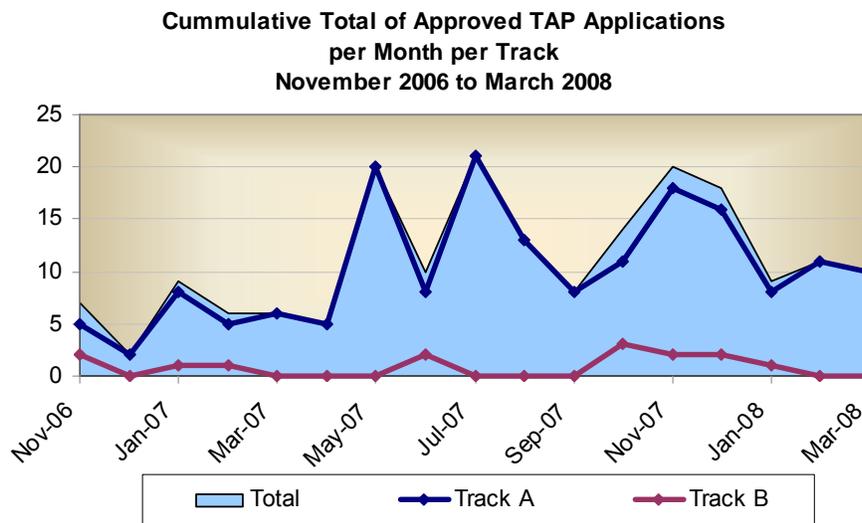
The Transportation Assistance Program (TAP) began as a pilot program on November 1, 2006, to provide relocation services for indigent individuals and/or families without a home who may or may not be eligible to receive General Assistance or CalWORKs

Individuals may request assistance with relocation to a place of origin or destination with the intent to reside there. Social Services verifies that there is:

- Family/friend(s) and/or an agency who will receive and support the person; and/or
- An offer of employment; and
- A start date for employment for the individual or the adult family member.

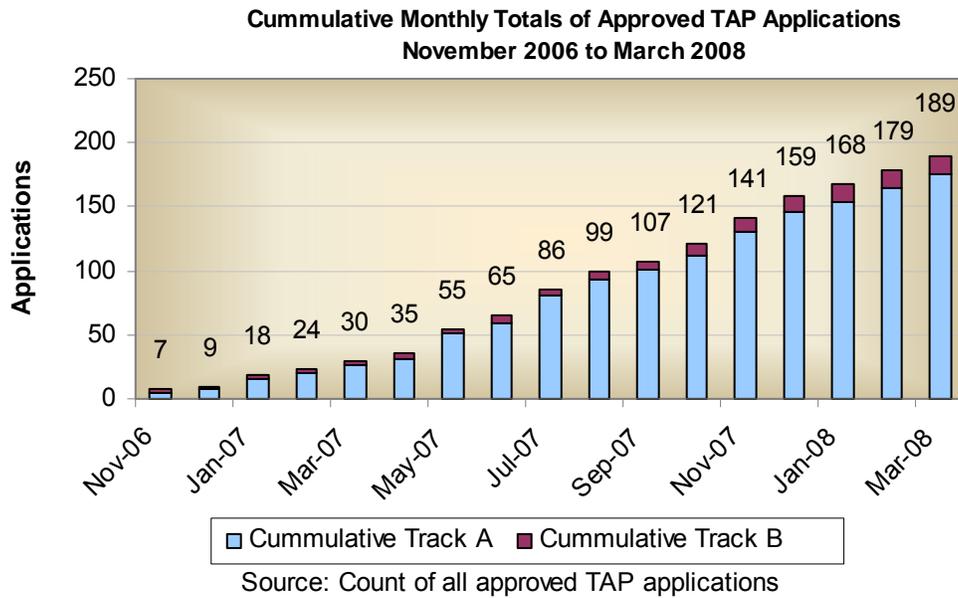
TAP offers two tracks:

- Track A applicants are not General Assistance recipients at time of application and may have children.
- Track B applicants are General Assistance-eligible and are receiving benefits.



Source: Count of all approved TAP applications

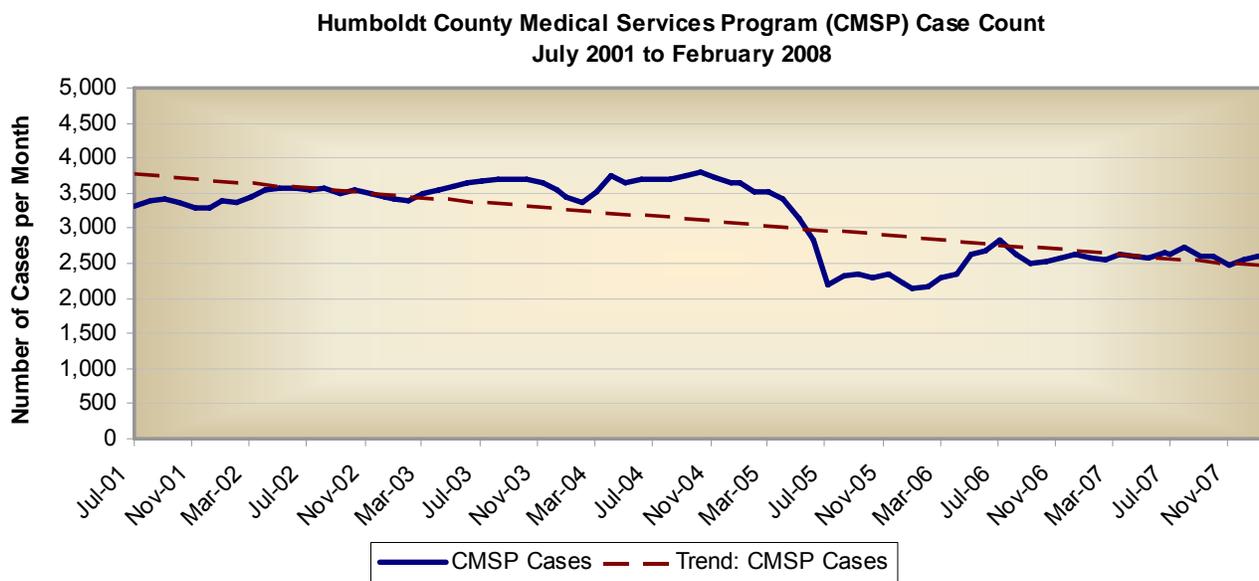
- The promising factor about TAP is that the clients have some level of support at their destination. Humboldt County verifies outcomes by contacting the TAP recipient or the person who is responsible for receiving them. Several clients, who otherwise would have been receiving aid here in Humboldt County, have relocated to be near family or to seek employment and reportedly are doing well.



County Medical Services Program

The County Medical Services Program (CMSP) provides health coverage for low-income, indigent adults in thirty-four, primarily rural, counties in California. CMSP was established in January 1983 when California law transferred responsibility for providing health care to indigent adults from the State of California to the counties. CMSP is also available to General Assistance participants upon request.

- In October 2004, CMSP program guidelines decreased the income level for the eligible population from 250% to 200% above poverty level. The impact of this decrease is sharply seen six months later when participants went through eligibility re-determination. Since July 2001, the CMSP caseload has declined 20%.



Source: Humboldt County Report CMSP-237 - Individual Movement and Activity Report

- Humboldt has been chosen for the Work Measurements Study. The study is looking at establishing baseline data to determine where efficiencies may be obtained in case processing.
- CMSP is initiating pilot programs for behavioral health services. The Humboldt Open Door Clinic and Redwood Rural Health Clinic have been selected as pilot sites.

Proposition 36: Substance Abuse Crime Prevention Act

In November 2000, California voters approved Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA). The law became effective statewide on July 1, 2001.

Under SACPA, first or second time non-violent adult drug offenders who use, possess, or transport illegal drugs for personal use receive drug treatment rather than incarceration. Implementation of SACPA required a new model of collaboration between the adult criminal justice system and health and human service agencies to promote treatment as a more appropriate and effective alternative for dealing with illegal drug use.

SACPA was designed to:

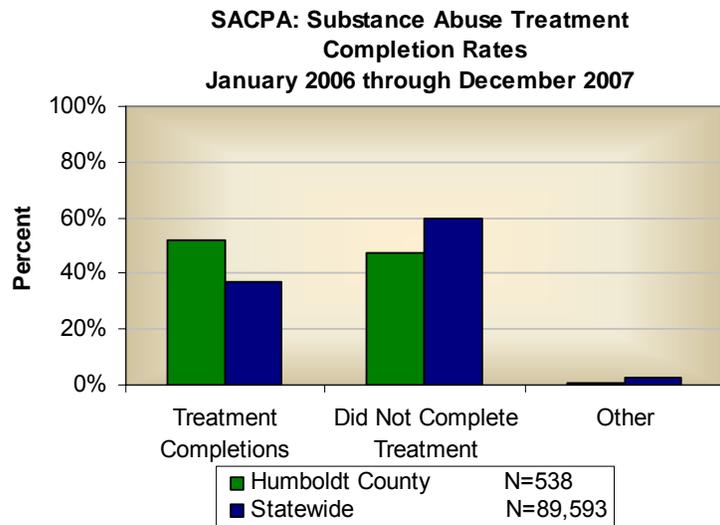
- Preserve jail and prison space for serious and violent offenders;
- Enhance public safety by reducing drug-related crime; and
- Improve public health by reducing drug abuse through proven and effective treatment strategies.

The charts in this section reflect information and outcomes for SACPA Program admissions for clients who were ordered into substance abuse treatment by the courts and subsequently followed through by enrolling into the recommended program. Clients can enroll in treatment multiple times and all SACPA charts reflect these multiple admissions, as opposed to unduplicated individuals.

- In January 2006 the California Outcomes Measurement System (CALOMS) was implemented, allowing counties across the state to evaluate various treatment outcome measurements in a consistent manner.

- The chart below illustrates the completion rate of substance abuse treatment episodes in Humboldt County since January of 2006, compared to statewide.

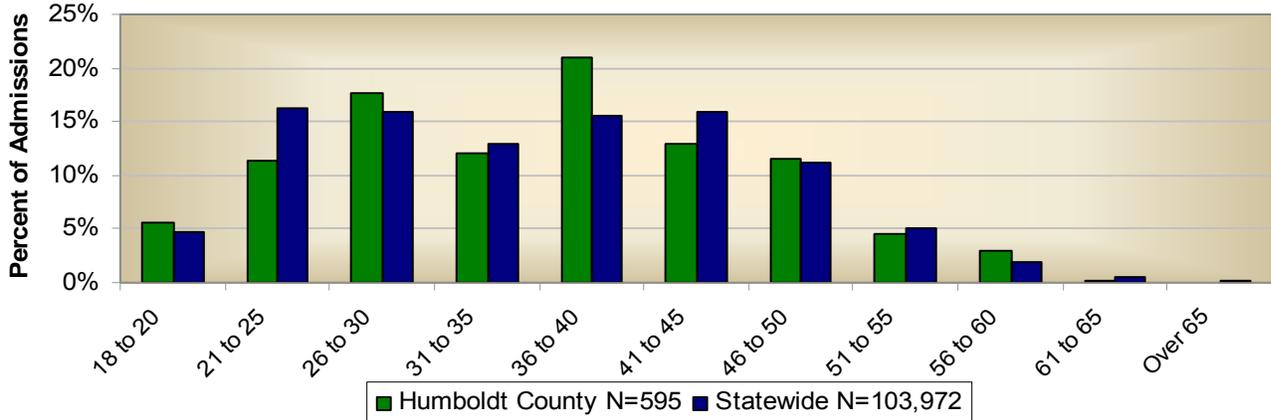
- Humboldt County uses a program model that maximizes the collaboration between Probation Department and DHHS by co-locating Probation Officers and Mental Health Branch Dual Recovery Substance Abuse Treatment staff. This and other strategies have resulted in a treatment completion rate of over 50% in Humboldt County, well above the statewide average completion rate of 37%.



Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

- The chart below highlights the age upon admission to a SACPA treatment program for Humboldt, compared to statewide admissions data for the same time period. Participants between the ages of 21 years old and 50 years old comprise over 85% of Humboldt County treatment admissions, as well statewide admissions.

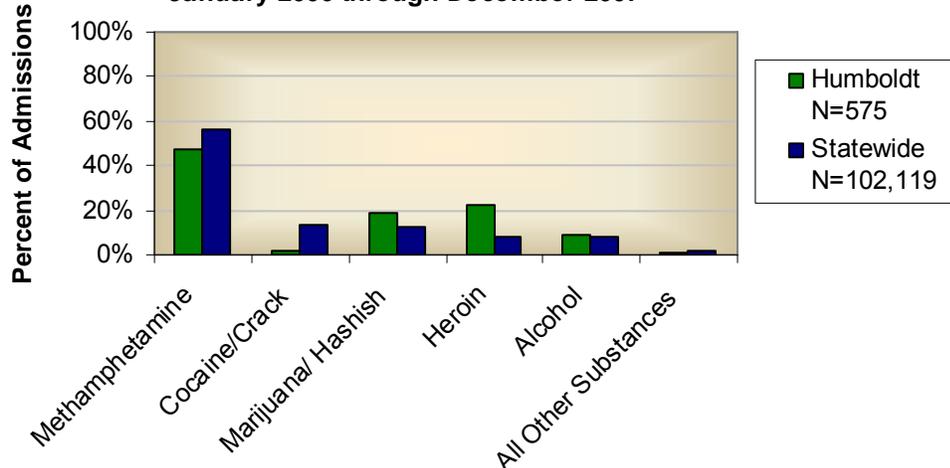
**SACPA: Client Age at Admission to Substance Abuse Treatment
January 2006 to December 2007**



Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

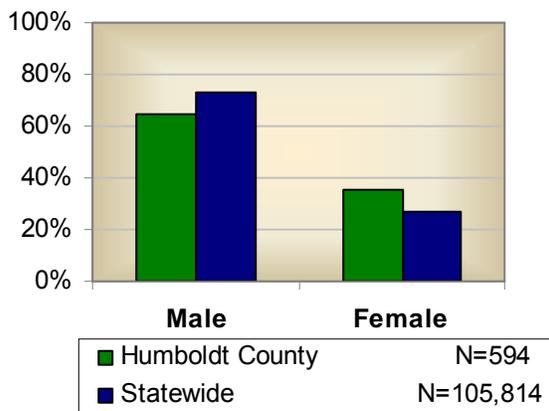
- The Chart below highlights the top five substances of primary use upon admission to SACPA substance abuse treatment in Humboldt County, compared to statewide treatment admissions data. These five substances consistently comprise well over 95% of treatment admissions both in Humboldt County and in California SACPA programs.
- Currently, methamphetamine is the primary substance used by people referred for treatment, at 47% of admissions in Humboldt County, and 56% statewide. Heroin misuse shows the next highest percentage of admissions in Humboldt County, while Cocaine/Crack is the second highest substance upon admission in California.

**SACPA: Drug of Primary Use at Admission
to Substance Abuse Treatment
January 2006 through December 2007**



Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

SACPA: Substance Abuse Treatment Program Admissions by Gender January 2006 through December 2007

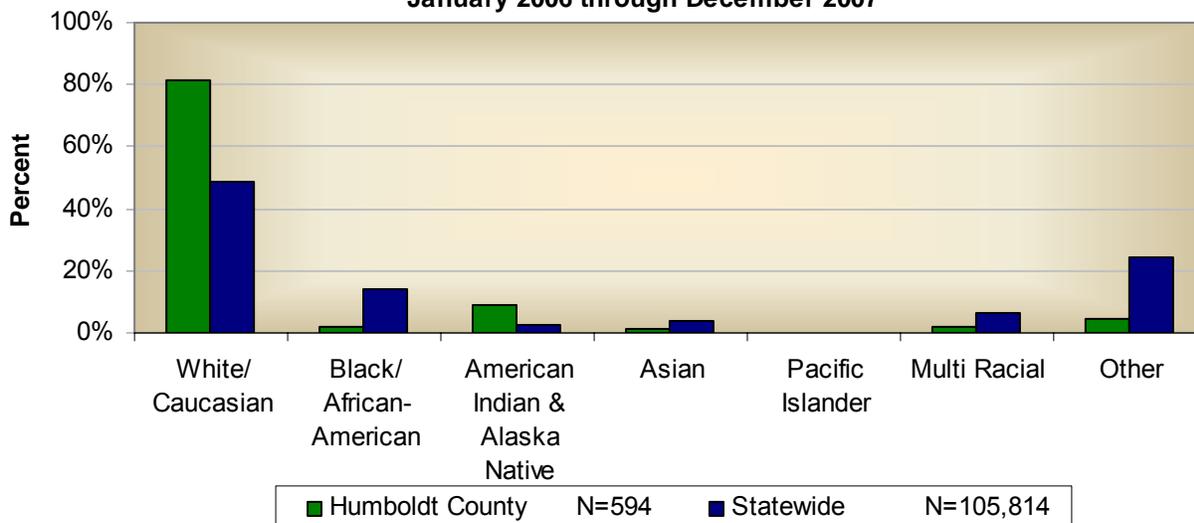


Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

- This chart demonstrates the proportion of Humboldt County treatment admissions by gender, compared to statewide data. Humboldt County has a larger proportion of females entering treatment as compared to state penetration rates. The ratio of male to female treatment program admissions has remained stable over time.

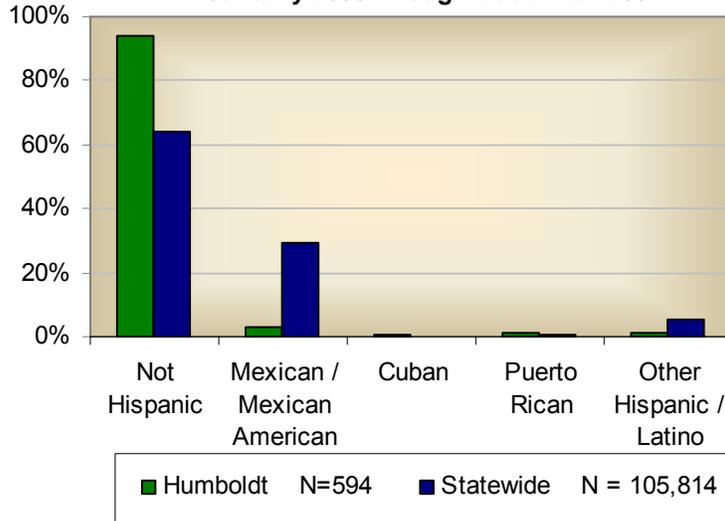
- The following charts highlight the declared race and ethnicity of clients referred into the SACPA program in Humboldt County since January of 2006, compared to statewide treatment admissions data for the same time period.
- In Humboldt County, the majority of SACPA program participants declared their ethnicity to be White/Caucasian, a significantly higher proportion than the statewide average.

SACPA: Program Participants by Ethnicity January 2006 through December 2007



Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

**SACPA: Participants by Hispanic Origin
January 2006 through December 2007**

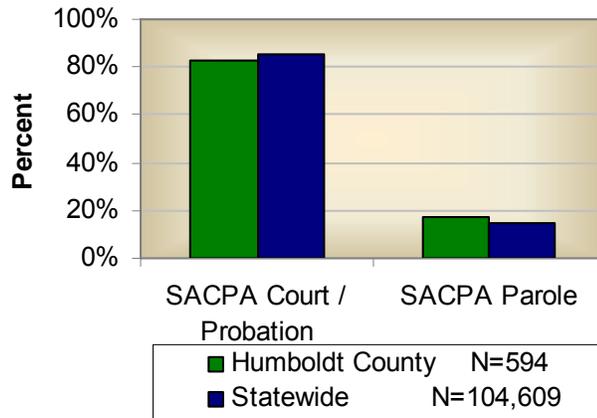


- In Humboldt County, over 90% of SACPA program participants declared themselves to be Not Hispanic, a significantly higher proportion than the statewide average.

Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

- SACPA Program participants are court-ordered into the program. This chart demonstrates the percentage of participants referred through probation vs. through parole for Humboldt County and the State.

**SACPA: Participants by Referral Source
January 2006- December 2007**



Source: ADP California Outcomes Measurement System (CALOMS)
Extracted April 2008

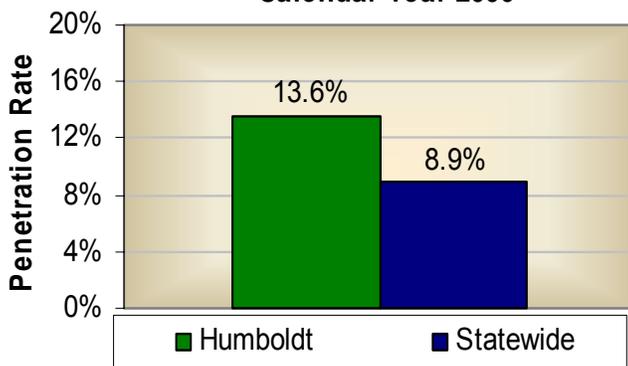
- Data over time illustrates that both Humboldt County and California have experienced a net increase in Parole referrals since January of 2006. Humboldt County has experienced a proportionally higher rate increase in Parolees ordered into SACPA program treatment than the State, now topping the State's percentage of Parolees in the program.

Adult Mental Health

Humboldt County Department of Health and Human Services Mental Health Branch is the Mental Health Plan (MHP) responsible for assuring that Medi-Cal beneficiaries in Humboldt County have access to a continuum of appropriate specialty mental health services to meet varying levels of intensity needed by Mental Health service recipients throughout the county. Clients may access services from many doors:

- Call the 24 hour toll-free Access number 1 (888) 849-5728, or (707) 445-7715 to contact the Same Day Service/Crisis Line; or
- Walk into a Mental Health Branch Clinic; or
- Contact a community provider directly; or
- A referral initiated from another source such as jail, primary care physician, school, probation, Organizational Providers and Family Resource Centers.

**Medi-Cal Mental Health Penetration Rate:
Adults 18 to 59 Years
Calendar Year 2006**



Source: DMH Approved Claims and MMEF Data, prepared December 2007

- In addition, Mental Health Clinicians are integrated into other Health and Human Services programs such as General Assistance, In-Home Supportive Services, Adult Protective Services, and Child Welfare Services to facilitate timely and appropriate access to Mental Health services and coordination of care.

- Clients are screened and assessed upon entry into the system to determine eligibility and the intensity of services needed.
- Penetration rate is a numerical description that shows the percentage of an eligible population receiving services. Humboldt County's average Medi-Cal Mental Health penetration rate is higher than the superior region as well as the state.

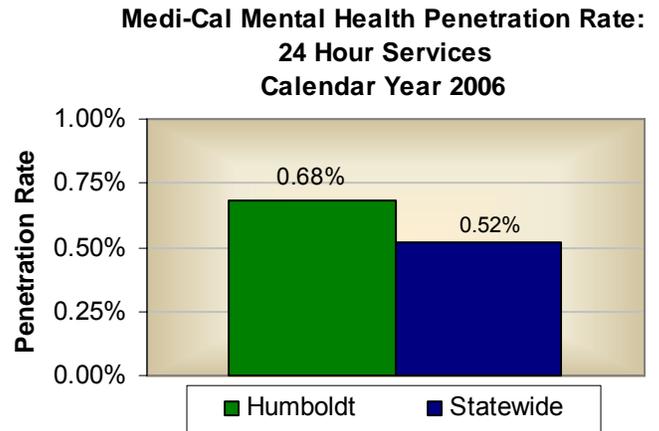
24 Hour Services

The 24 hour services available through the county include:

- Hospitalization at a state hospital
- Short-term inpatient hospitalization at Sempervirens, Humboldt County's no-fee standing psychiatric health facility
- Institutionalization in an Institute for Mental Disease (IMD)
- Residential care facilities

These constitute a continuum of care from the most to least restrictive. A lower level of care often offers more dignity to the client, typically is less costly to provide, and leaves more money available to provide services to a greater number of eligible people.

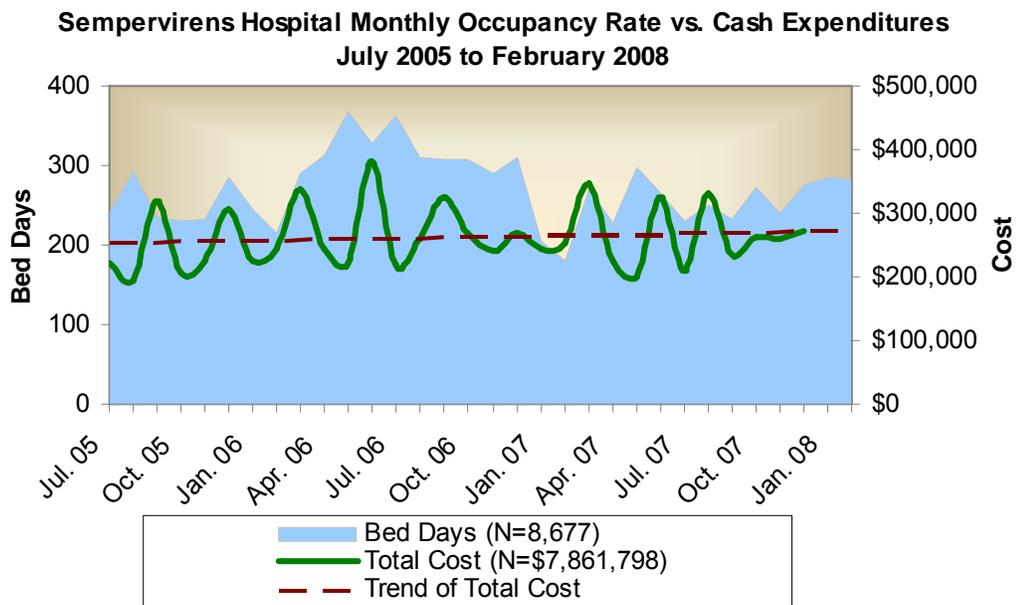
- As illustrated in this chart, Humboldt County's rate of access for 24-hour services is about 31% higher than the state-wide average.



Source: DMH Approved Claims and MMEF Data
Prepared December 2007

- Humboldt is one of sixteen California counties to operate a free-standing Psychiatric Health Facility (PHF) and one of two "Super PHFs" approved by both Medi-Cal and Medicare. State- and nation-wide shortages of psychiatrists and nurses have severely impacted counties' ability to operate such facilities within the parameters of state a federal rules and regulations.

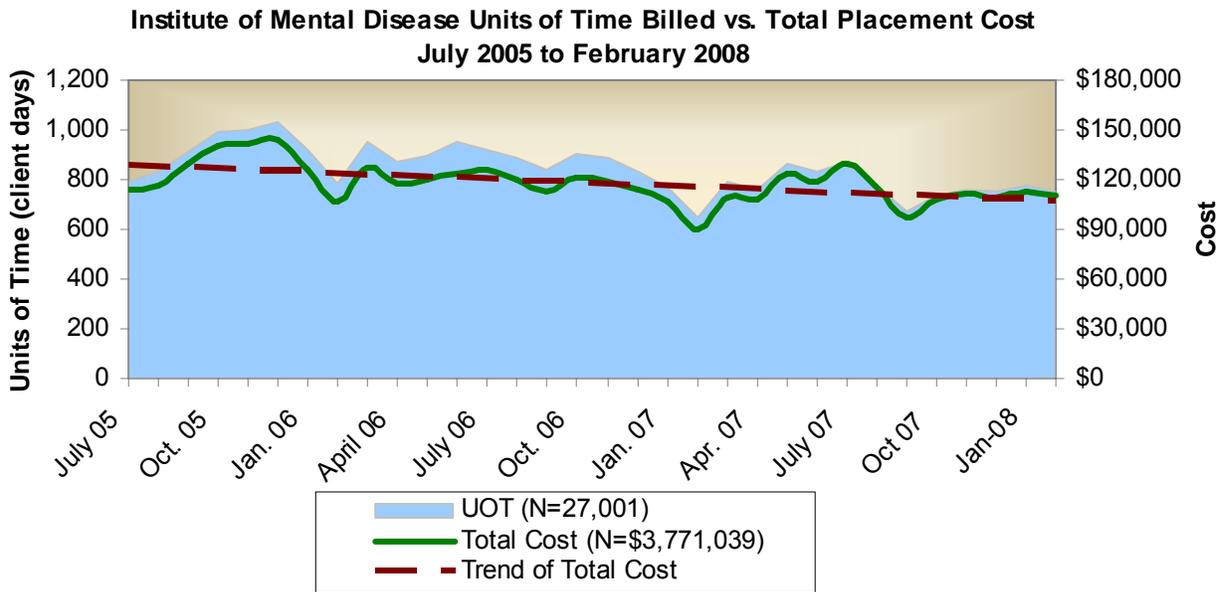
- A Psychiatric Health Facility (PHF) is an intensive resource to maintain because it is staffed at all times in anticipation of emergency admissions. Humboldt County continues to operate the facility because the alternative – transferring patients to out of the area hospitals – is contrary to the mission of recovery, empowerment, and involving significant supports. Transition back into the community from an out of area facility is more difficult.



Source: CMHC, & Unaudited Monthly Report of Inpatient Cost Based on Cash expenditures for Budget Unit 495, May 2008

- The previous chart illustrates the total monthly occupancy rate, known as “bed days”, for Sempervirens Hospital compared to the unaudited expenditures per month.

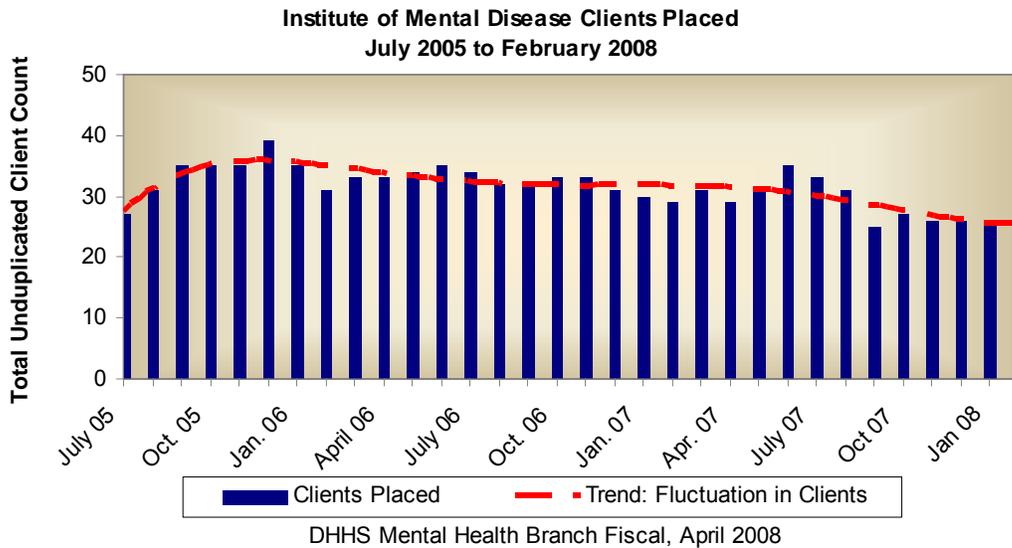
For people with higher needs who need longer term stabilization and rehabilitation services, a placement option is an Institute for Mental Disease (IMD). An IMD is a locked skilled nursing facility specializing in psychiatric services. Such placements are a last resort before a state hospital. In addition, the process of transitioning someone back into the community, especially if they have been in an out-of-county IMD, can be more challenging and less effective than providing intense support in the local community.



Source: DHHS Mental Health Finance Department. May 2008

- The chart above compares the Units of Time (UOT) billed, also known as client days, in IMDs per month and the associated placement costs.

- This chart illustrates the trend in the number of individuals served in IMDs per month.

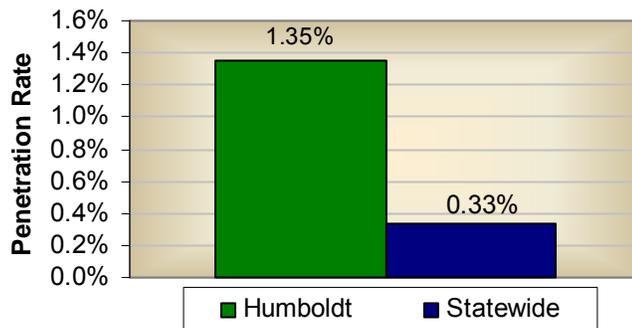


Crisis & Stabilization Services

- In addition to 24-hour services, Humboldt County also offers 23-hour crisis and stabilization services through Same Day Services (SDS) and Psychiatric Emergency Services (PES).
- Offering crisis and stabilization services means that Humboldt County is able to provide an immediate therapeutic response to a client experiencing acute psychological distress which can be treated within a twenty-three hour period, thereby reducing the need for hospitalization.

- As shown here, Humboldt's penetration rate is four times greater than the statewide average for crisis and stabilization services.

**Medi-Cal Mental Health Penetration Rate:
23 Hour Services
Calendar Year 2006**

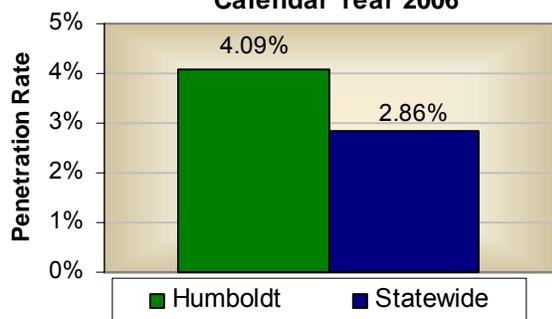


Source: DMH Approved Claims and MMEF Data
Prepared December 2007

Case Management

- Case Management brokerage services are provided to assist clients with Serious Mental Illness and their families to access and maintain access to medical (including mental health), educational, social, pre-vocational, vocational, rehabilitative, or other needed community services. Services are delivered following a clinical assessment and in accordance with a treatment plan. Treatment plans are developed to meet specific needs of the individual.

**Medi-Cal Mental Health Penetration Rate:
Case Management Services
Calendar Year 2006**



Source: DMH Approved Claims and MMEF Data
Prepared December 2007

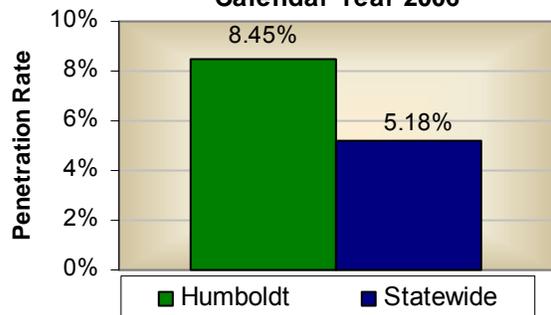
- Case Management includes activities such as:
 - *Brokerage*, which identifies and pursues resources, assists with access to services, and monitors progress
 - *Linkage*, which directly connects the client to an agency, activity, or resource
 - *Placement*, which assists clients and/or their families in relation to their living situation.

- Data show that Humboldt County's Medi-Cal penetration rate for case management services is more than 40% greater than the statewide average.

Outpatient Services & Medication Support

- Outpatient services offered through the Mental Health Branch include Therapy and Medication Support.

**Medi-Cal Mental Health Penetration Rate:
Outpatient Services
Calendar Year 2006**



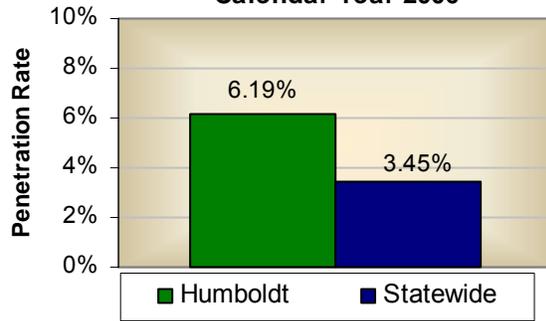
Source: DMH Approved Claims and MMEF Data
Prepared December 2007

- Clients in need of therapy work with Clinicians who provide therapeutic interventions consistent with the client's goals, focusing primarily on symptom reduction and improvement in the client's ability to function. Therapy can be provided to individuals, groups, families, and collateral support people involved in the client's life.

- Humboldt County's penetration rate for Outpatient Mental Health Therapy Services is over 63% higher than the state average.

- Clients in need of Medication Support work with psychiatrists or licensed nurse practitioners, within their scope of practice, who evaluate the client's need for medication, prescribe, administer, and dispense psychiatric medications, evaluate the clinical effectiveness and side effects of medication, obtain informed consent, and provide medication education to the client and support persons.

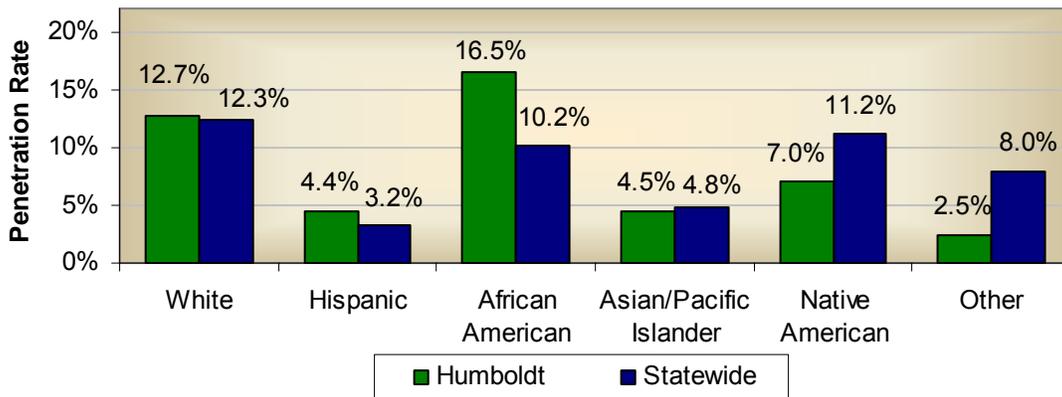
**Medi-Cal Mental Health Penetration Rate:
Medication Services
Calendar Year 2006**



Source: DMH Approved Claims and MMEF Data
Prepared December 2007

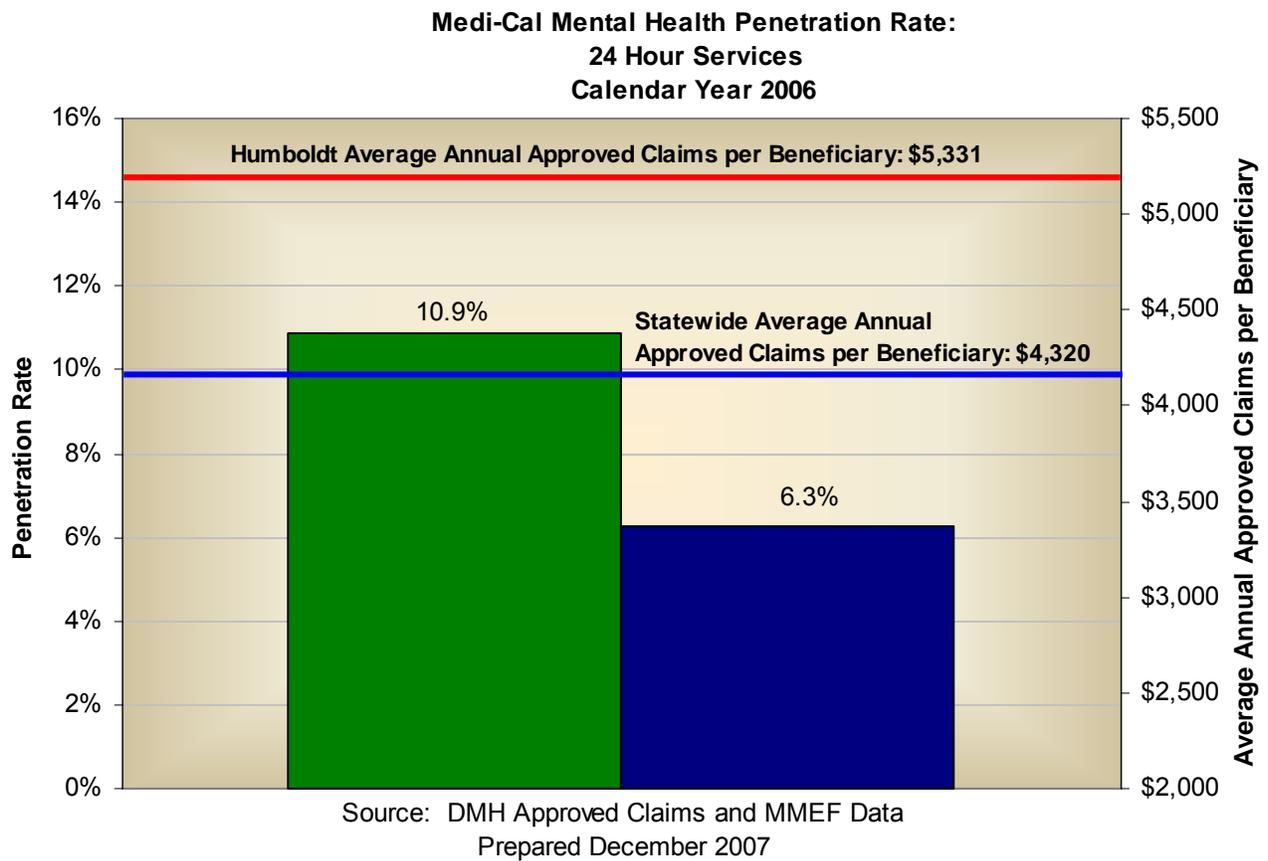
- Humboldt County's penetration rate for Medication Support services is 79% greater than the statewide average.
- Humboldt County has good Medi-Cal Specialty Mental Health Services penetration into most ethnic groups, compared with the Statewide averages.

**Medi-Cal Mental Health Penetration Rate by Ethnicity
Calendar Year 2006**



Source: DMH Approved Claims and MMEF Data
Prepared December 2007

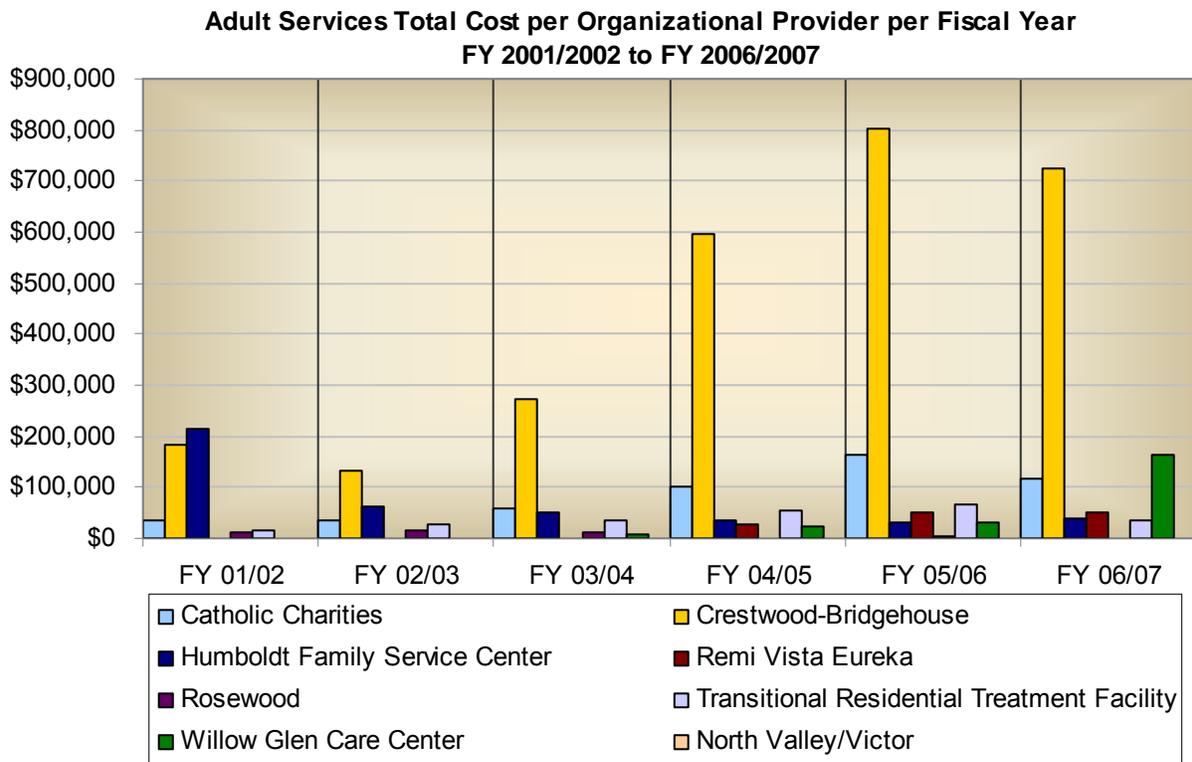
- On average, Humboldt County's Medi-Cal Mental Health penetration rate was 73% higher than the state average and in Calendar Year 2006. Humboldt spent an average of \$1,011 more per person per year on specialty mental health services than the state average.



Organizational Providers

As with Children’s Specialty Mental Health services, Organizational Providers play a key role in serving the adult population.

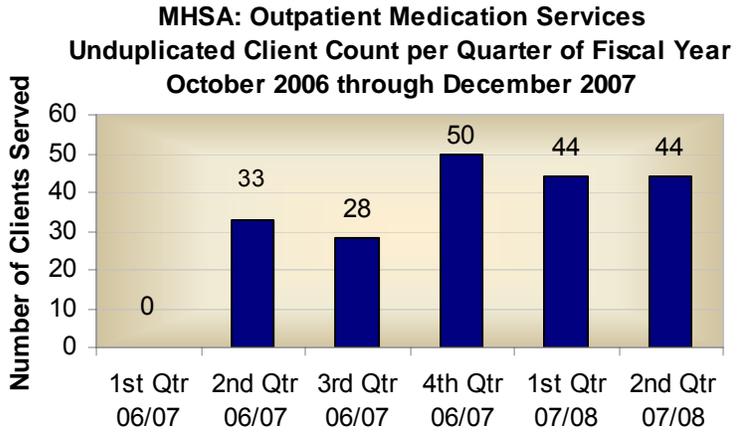
- Organizational Providers offer services such as, outpatient therapy, day treatment, case management, and varying levels of residential care.
- This chart illustrates the amount paid per contract per year for Organizational Providers for adult mental health services. The overall number of Organizational Providers has increased over time.



Source: Department of Health and Human Services
Mental Health Branch Finance Department

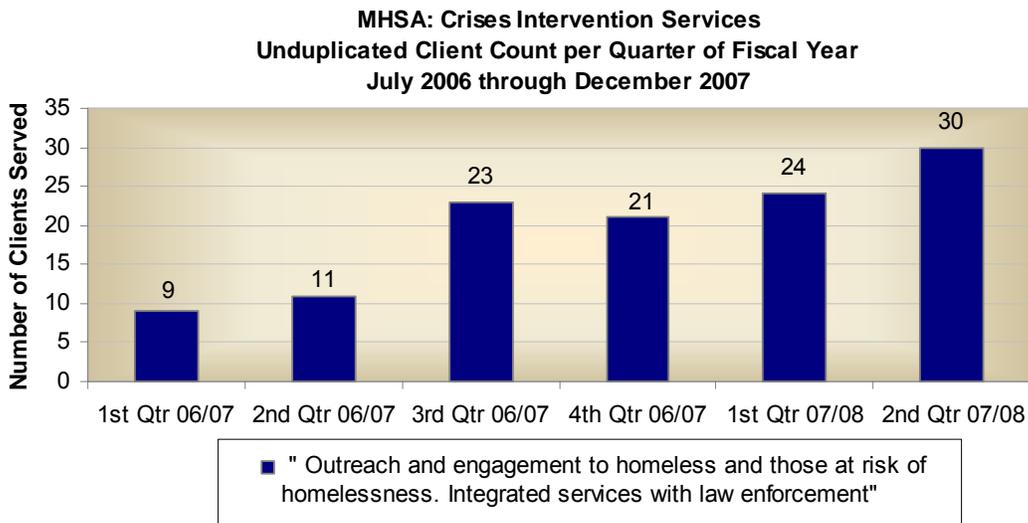
Mental Health Services Act – Adult Services

- Through Mental Health Services Act (MHSA) funding, the Department has initiated an Outpatient Medication Services Expansion. This new expansion offers psychiatric services through telemedicine access in Garberville.



Source: Humboldt County Mental Health Services Act (MHSA) data
May 2008

- This chart shows the number of people served per quarter through this expansion project.
- Another MHSA-funded project is Crisis Intervention Services (CIS).
- The Department trained Mental Health Branch staff in the Crisis Intervention Team (CIT) model and then sponsored local CIT training for law enforcement. To date, three CIT sessions have trained 99 law enforcement officers and 11 mental health staff.
- The CIS program also provides outreach services to people who have mental illness who are homeless or at risk of homelessness. This chart shows the number of persons per quarter reached by CIS through outreach and engagement.



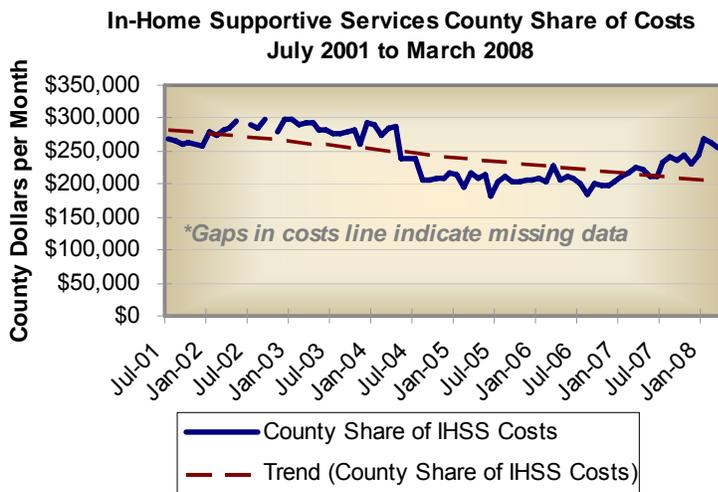
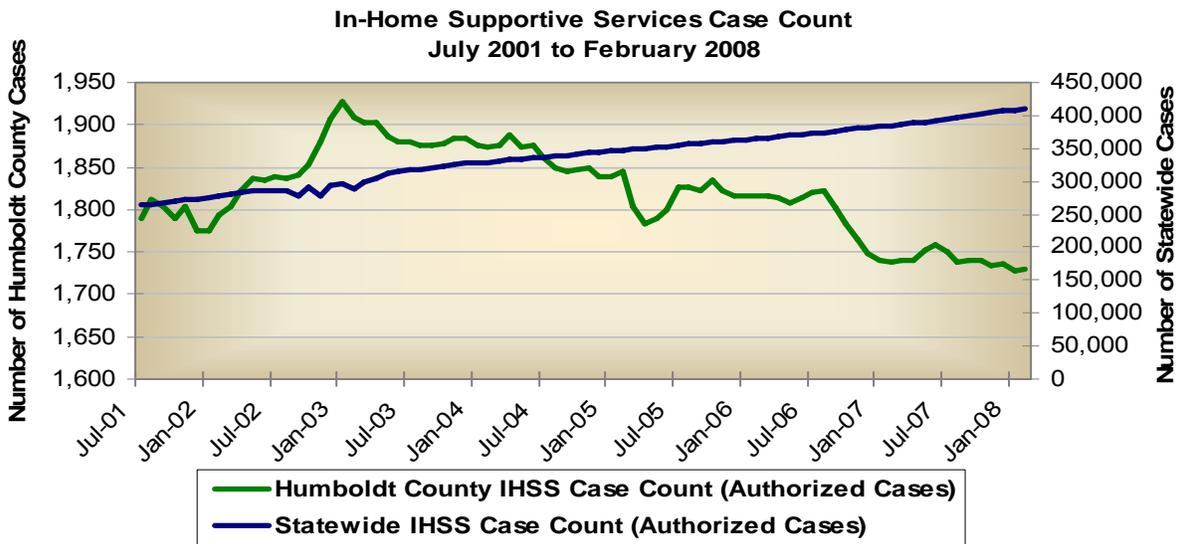
Source: Humboldt County Mental Health Services Act (MHSA) data
May 2008

3 by 5 OLDER ADULT TRENDS

In-Home Supportive Services (IHSS)

In-Home Supportive Services (IHSS) provides personal care and domestic services to persons who are aged, blind, or disabled. IHSS is provided to those who are at risk of placement in an out-of-home care setting but who could safely remain in their own home with domestic and personal care support.

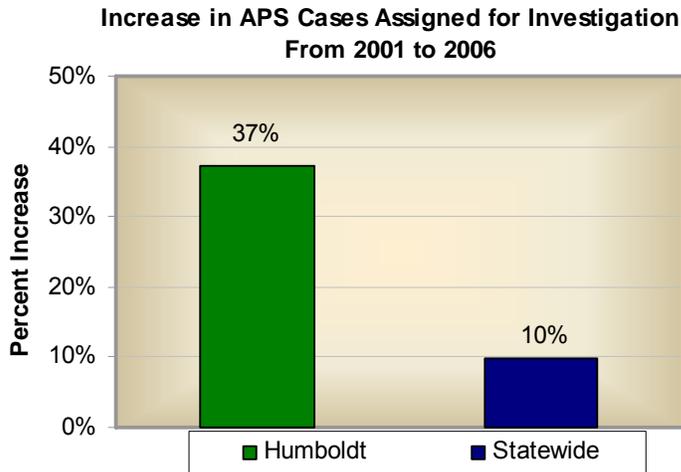
- Since July 2001, the Humboldt County IHSS caseload size has decreased just over 3% while the statewide caseload size has risen more than 50%.



- The drop in caseload size is linked to cross-branch integration which allows for a multi-disciplinary approach to determining and authorizing the most appropriate type, amount, and frequency of service hours to meet the needs of each client.

Adult Protective Services (APS)

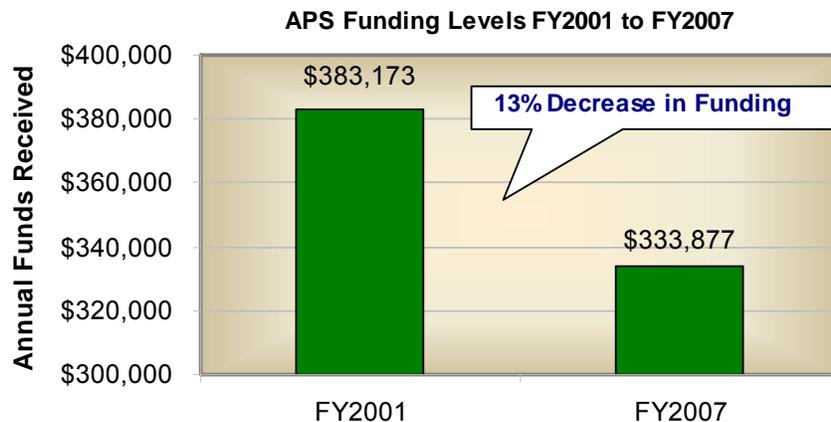
- Adult Protective Services (APS) is responsible twenty-four hours a day for investigating allegations of abuse, neglect, and exploitation of seniors (65 years and older) and dependent adults (who have a significant disability which limits their ability to protect or care for themselves). Counties are required to investigate, intervene, and provide services to ensure the safety and protection of seniors and dependent adults.



Data Source: CWDA Demographic Survey, 2006

- With the Baby-Boomer population aging, California's elder population is projected to nearly double within the next 20 years. If this holds true for Humboldt County, 25% of the county's population will be elders (over 65 years) by 2027.

- As the chart above illustrates, the number of elder and dependent adult abuse reports being received and investigated by APS has increased sharply both locally and across the state since 2001.
- However, the funding for APS staff to investigate these reports has not kept pace with the increase in the number of reports that need to be investigated.

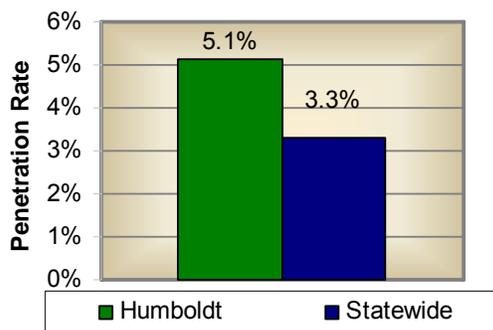


Data Source: DHHS Social Service Branch Fiscal, April 2008

Older Adult Mental Health

- The Mental Health Medi-Cal penetration rate for Older Adults (60 years and older) in Humboldt County is 54% greater than the statewide penetration rate.

Medi-Cal Mental Health Penetration Rate for Older Adults (60+ Years) Calendar Year 2006

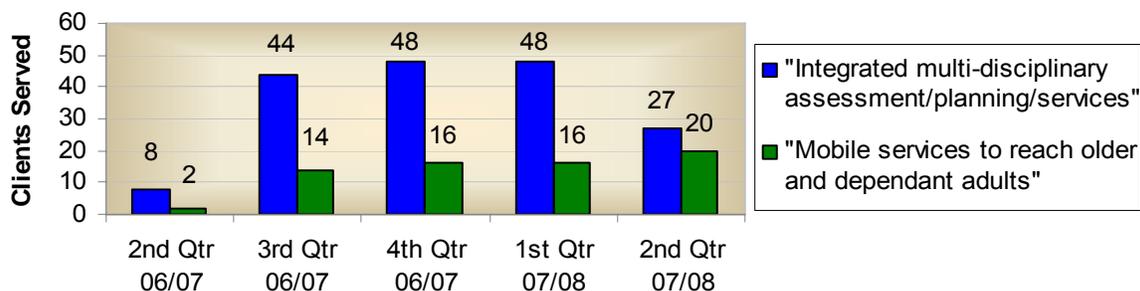


Source: DMH Approved Claims and MMEF Data, Prepared December 2007

- IHSS and APS have been integrated with Public Health Nursing since 2001.
- Humboldt County is using the Mental Health Services Act (MHSA) to fund the Older & Dependent Adults Program Expansion through IHSS and APS.
- This expansion and further integration of an existing set of co-located programs serve adults who have a disability, have a mental illness, or at-risk adults and older adults in Humboldt County.

- The interdisciplinary teams include Social Service Branch social workers, Public Health Branch nurses, and Mental Health Branch clinicians and case managers. The teams conduct multi-disciplinary team meetings, provide case management planning, perform investigation into suspected abuse and neglect, and provide linkage to the full range of services needed in order to holistically serve this vulnerable and underserved population. Specifically, mental health staff remove barriers to access and provide mental health screening and assessment services, consultation, education, and wellness/recovery focused clinical services and supports.
- MHSA goals and outcomes of this service expansion include:
 - Increased collaboration.
 - Enhanced integrated service experience.
 - Reduction in involuntary care.
- This chart shows the unduplicated number of clients served through the Older and Dependent Adult Expansion per quarter.

MHSA: Older And Dependent Adults Unduplicated Client Count by Quarter of Fiscal Year October 2006 through December 2007



Source: Humboldt County Mental Health Services Act (MHSA) data
May 2008

3 by 5 COMMUNITY HEALTH

The strategic community goals of the Department are to:

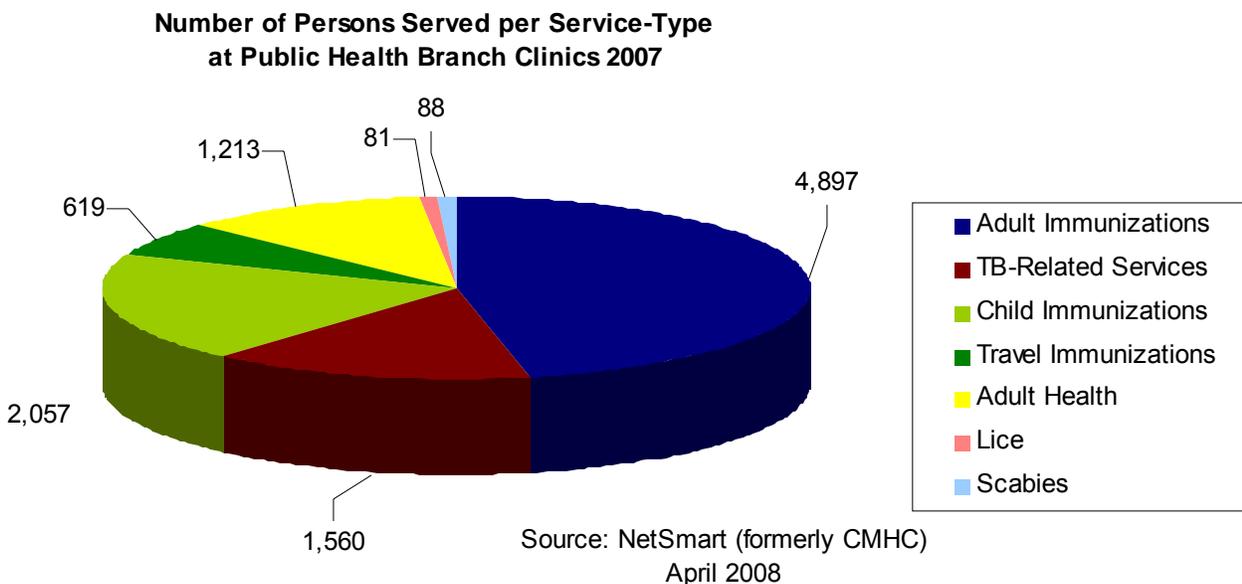
- Collect, analyze, assess, and share information related to health conditions, risks, and community resources to improve health and mental health outcomes.
- Analyze existing policies, regulations, resources, and strategic priorities to promote sound health policy development.

Many programs are in place to assist with these activities.

Public Health Branch Clinic Services

Public Health provides low cost health services to prevent the spread of communicable disease. Private community partners frequently make referrals to the Public Health Branch Clinic for these services.

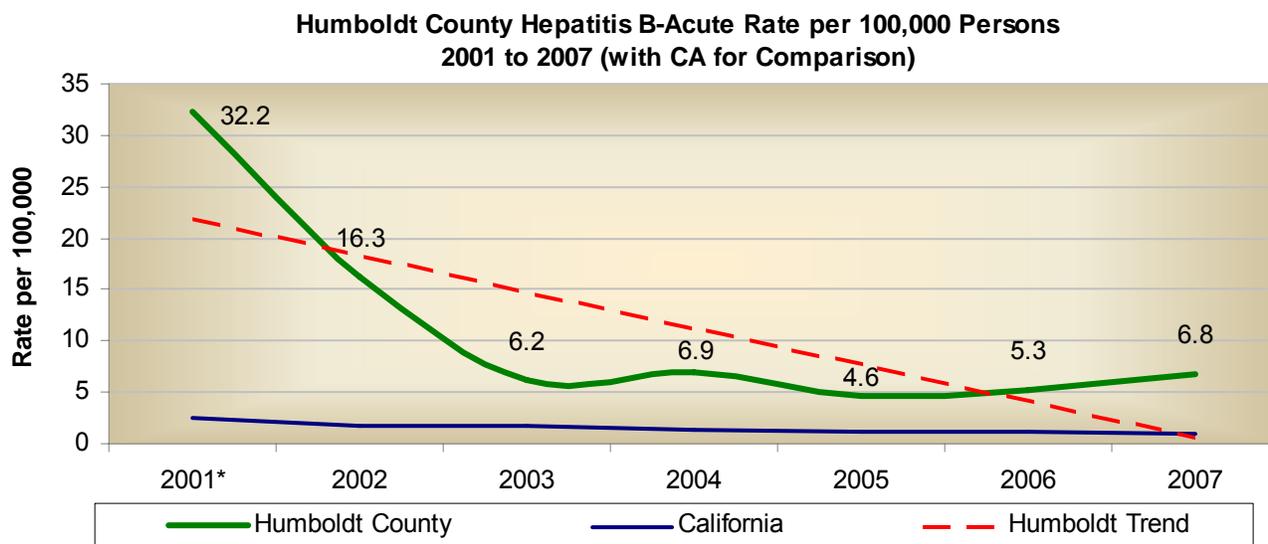
- This chart shows the number of persons who received each service at the clinic in 2007.



Needle Exchange

In 2001, the County of Humboldt approved sanctioned needle exchange programs and several community clinics began implementation. Needle (or Syringe) Exchange is a Harm Reduction strategy.

- That same year, Hepatitis B Virus-Acute (HBV) rates in Humboldt peaked at 32 cases per 100,000 people. An 84% reduction in the rate of HBV over a two year period followed the implementation of needle exchange programs. Needle exchange programs may have been one factor that helped to significantly reduce the rate of HBV in Humboldt County since 2001.
- Syringe Exchange studies show a significant decrease in transmission of blood borne pathogens. Studies do not show increases in drug use or in the number of drug users. Harm Reduction in general allows services to reach people who are unserved or underserved because it provides an ongoing relationship that builds trust.

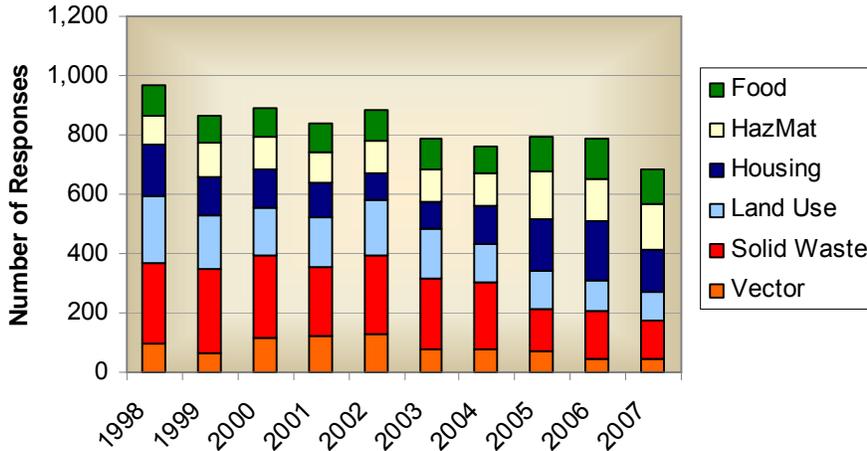


Sources: Humboldt County Health & Human Services, Public Health Branch; California Department of Finance, Demographic Research Unit; & California Department of Health Services, Division of Communicable Disease Control

Environmental Health

The Division of Environmental Health undertakes several activities to ensure the prevention of illness and injury through the control of potentially harmful materials, organisms, energies, and conditions in the environment. Environmental Health works to prevent illness and environmental health-related problems through inspections, permitting, and assistance to property owners, business owners, tenants, and community members. Some cases require referral to the Code Enforcement Unit, the District Attorney's Office, or the appropriate City Attorney for enforcement and penalties.

Environmental Health Service Requests 1998-2007



Source: Public Health Branch, Environmental Health Division, April 2008

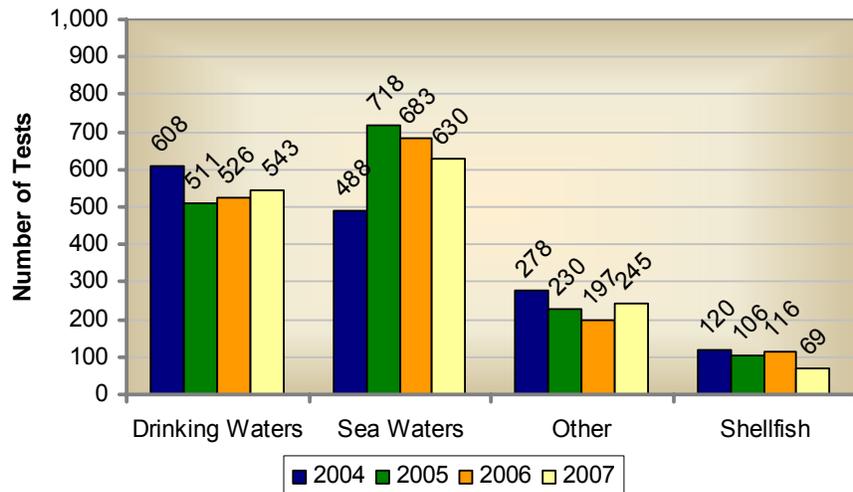
- Environmental Health receives over 800 consumer calls per year requesting inspection or review by staff including substandard housing conditions, solid waste or hazardous waste handling and disposal complaints, food borne illness reports, failing on-site sewage systems, and rodent and other pest nuisances (vectors), in addition to several other types of complaints.

- This chart shows the number of Environmental Health responses, by category, since 1998.
- Service requests related to animal vectors that transmit disease in humans may include concerns about such things as ticks, rats, or mosquitoes.

Laboratory Services

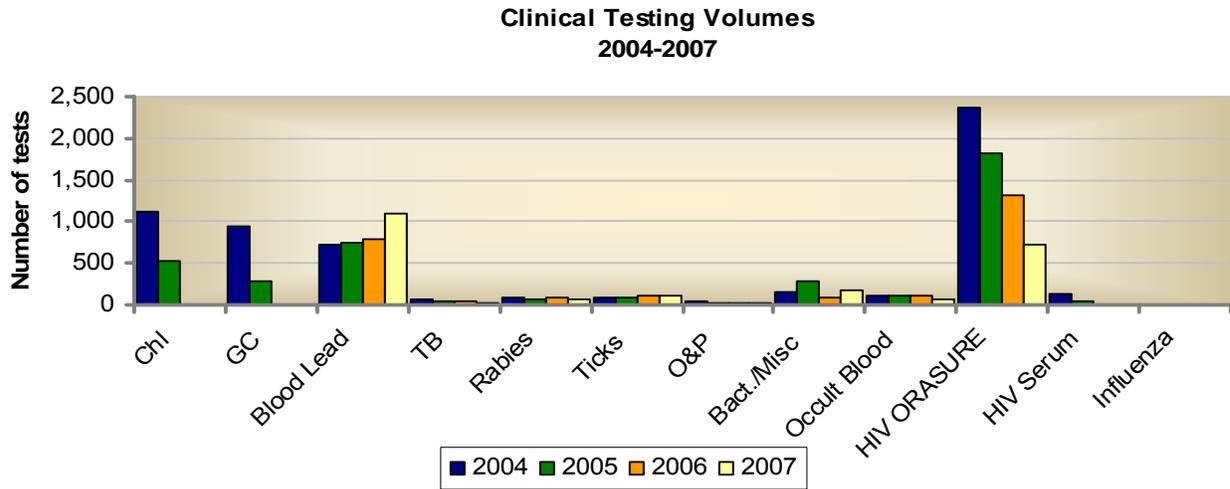
- The Public Health Branch Laboratory does Environmental Laboratory Accreditation Program (ELAP) testing as well as Clinical testing.

ELAP Testing Comparison 2004 to 2007



Source: Public Health Laboratory, April 2008

- Clinical testing has decreased significantly over the past three years due to technology changes and competition from larger commercial laboratories from outside the area.

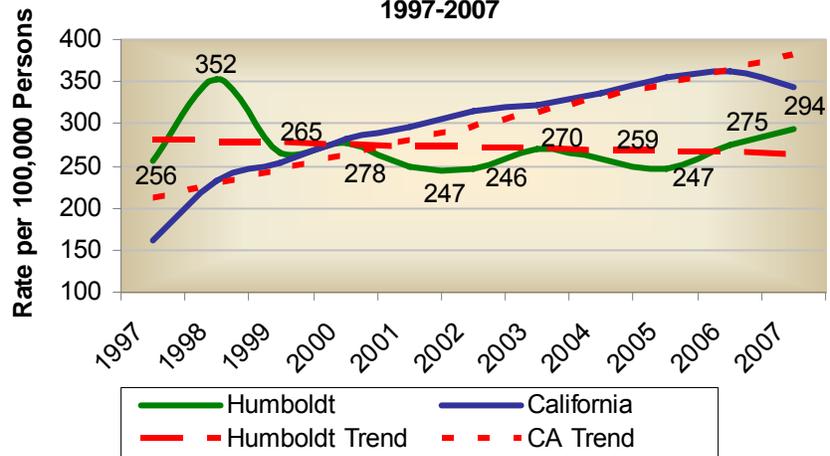


Public Health Authority

One of the key Public Health functions is to assess community health.

- Chlamydia (CT) is a sexually transmitted genital infection. Men usually exhibit signs and symptoms of the infection but up to 70% of women are asymptomatic after CT infection. Because of this, serious health conditions may occur if women are not identified and treated.
- The Public Health Branch Clinic Sexually Transmitted Disease Controller receives reports from all medical providers, allowing staff to track clients and their contacts and provide treatment. The Chlamydia Screening Project (ClASP) is a highly successful program at Juvenile Hall that tests and treats juvenile females.

**Humboldt County Chlamydia Incidence per 100,000 Persons
with CA Statewide Comparison
1997-2007**



(Sources: AVSS, CA DCDC)

- This chart demonstrates the Chlamydia incidence trend in Humboldt compared with the State.

- A critical tool to enable effective Public Health policy development is to quantify leading causes of mortality within a community. By understanding the impact of chronic and acute health conditions on mortality, DHHS can use this information to best affect community health changes, with the overarching goal to reduce premature mortality.
- This table illustrates the five leading causes of mortality by age group in Humboldt County for 2001 to 2007 with the Average Annual Age-Specific Mortality Rate (AASPR) per 100,000 persons.

**Humboldt County Age-Specific Mortality By Cause
2001 to 2007**

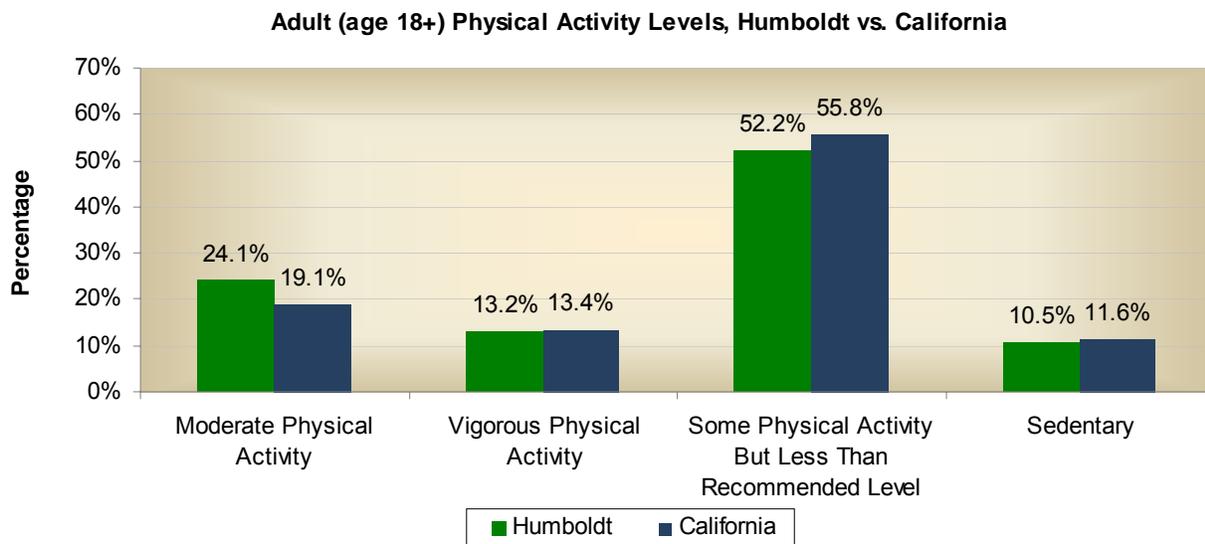
Age Range	#1 CAUSE	#2 CAUSE	#3 CAUSE	#4 CAUSE	#5 CAUSE
<1 (see note below)	---	---	---	---	---
1 to 14	Fatal Unintentional Injuries (7.8)	---	---	---	---
15 to 24	Motor Vehicle Injuries (18.3)	Suicide (14.7)	Fatal Unintentional Injuries (11.0)	Homicide (5.9)	Unintentional AOD Overdose (3.7)
24 to 44	Unintentional AOD Overdose (3.7)	Cancer, All (24.8)	Fatal Unintentional Injuries (19.4)	Suicide (14.7)	Cardiovascular Disease (17.4)
35 To 64	Cancer, All (215.4)	Cardiovascular Disease (148.3)	Liver Disease & Cirrhosis (60.3)	Unintentional AOD Overdose (54.0)	COPD & Emphysema (47.2)
65+	Cardiovascular Disease (1,640.7)	Cancer, All (1,167.0)	Stroke (559.5)	COPD & Emphysema	Pneumonia (317.9)

(---) signifies there were less than five deaths from a particular cause within the age range for 2001 to 2007 or the cause is not applicable.

Source: Automated Vital Statistics System (AVSS) <http://www.avss.ucsb.edu/avsshome.htm>

- 2001 to 2007 average annual infant mortality (under age 1) from all causes for Humboldt County is 6.0 per 1000 live births).
- The 2003-2007 average annual mortality rate for ages 1 to 14 is 13.0 per 100,000.

- Many of the causes of mortality noted in the table on the previous page can be impacted by behavior change. One of the personal behaviors monitored by Public Health is physical activity.
- Regular physical activity reduces the risk of premature mortality. It also reduces the risk of heart disease, Type II Diabetes, high blood pressure, colon cancer, and it reduces the feelings of depression and anxiety.
- The chart below shows the levels of physical activity reported by Humboldt residents during the 2005 California Health Interview Survey.

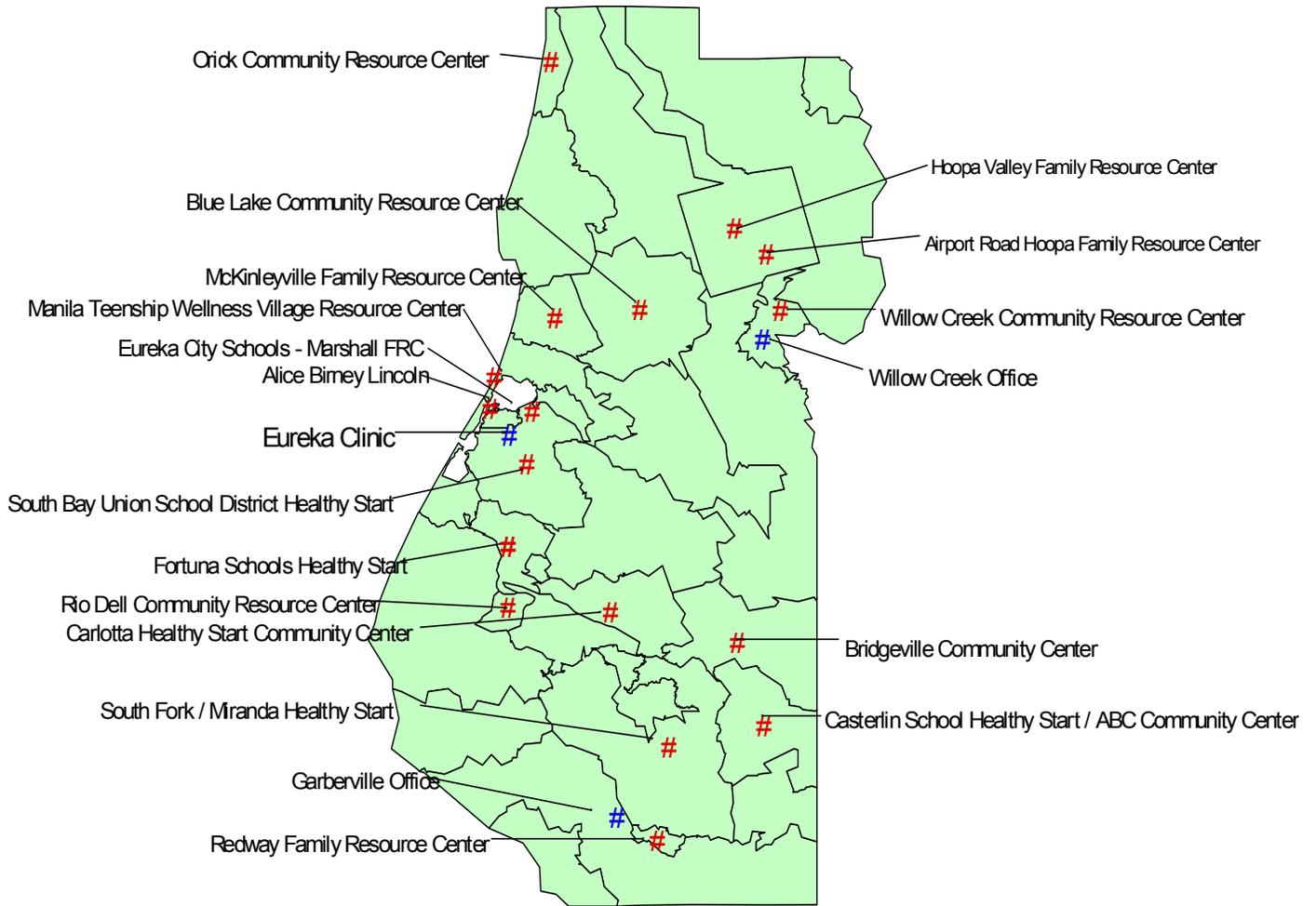


Source: 2005 California Health Interview Survey (CHIS) (Most Recent Data Available)

Community/Family Resource Centers

Family and Community Resource Centers are non-profit, community based agencies that provide support and resources to local community members. DHHS has provided funding for infrastructure, staffing and training to enable the Resource Centers to participate in many DHHS services.

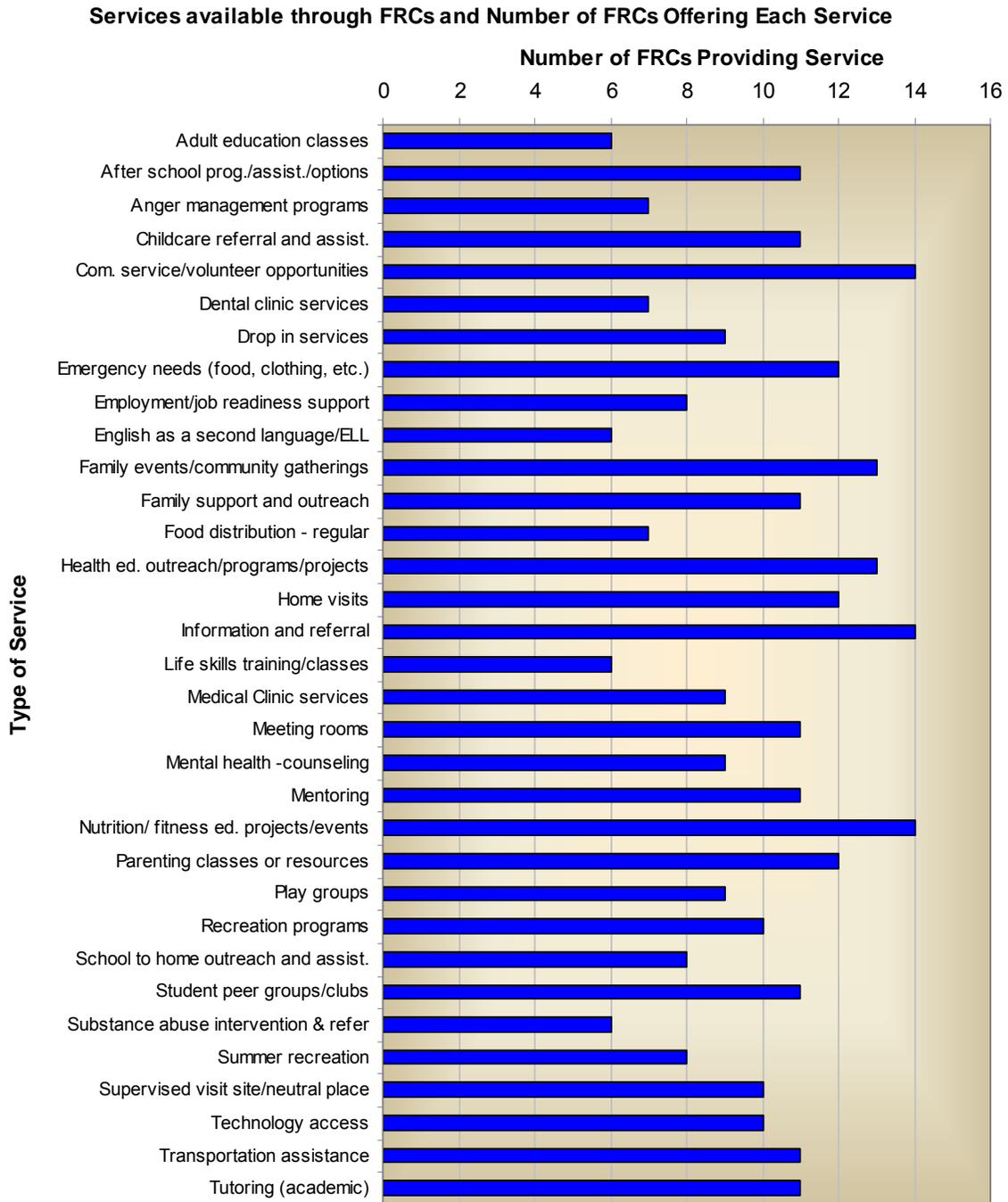
- The map on the following page illustrates where the Family Resource Centers are located in comparison to DHHS-operated sites. These resource centers dramatically expand the County’s ability to serve all constituents, regardless of geographic location.



DHHS Sites #

Family and Community Resource Centers #

- The supports and resources offered by the seventeen Centers in Humboldt County vary depending on community needs, geographic location and funding. This chart illustrates the types of services offered in FRCs and how many centers provide each type.



Source: Public Health FRC Database, updated September 2007

C O N C L U S I O N

The Humboldt County Department of Health and Human Services has taken many steps toward integration and transformation. The process of monitoring trends across integrated services is still developmental. Despite the volume of data presented here, the types of data needed for solid decision making and education are still being refined. This report will continue to change as needed to provide the information necessary for informed, outcome-based decision making throughout the Department.

The Department will continue to collect, analyze, assess, and share information related to health conditions, risks, and community resources to improve health and mental health outcomes. The Department will also continue to analyze existing policies, regulations, resources, and strategic priorities to promote sound health policy development.

