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Director's Report

by **Connie Beck**



► I am pleased to announce that DHHS is getting ready to start the recruiting process for an Equity Manager for the department after the Board of Supervisors recently approved the new position.

For the past 10 years, DHHS has done some work around racial and health equity, especially in parts of the agency where diversity, equity and inclusion work is incorporated into systems or plans by mandate. But there is always more to do and as race and equity have become a bigger part of the national discussion, it is important that we take this next step.

In summer 2020 a movement was born when George Floyd, a 46-year-old Black man, died after a white police officer in Minnesota handcuffed him and knelt on Mr. Floyd's neck while he repeatedly told the officer he couldn't breathe. While this was definitely not the first instance of racism we as a nation have witnessed, it sparked weeks of protest and put a

spotlight on racial inequality that could no longer be ignored. As a department, we knew we must do more.

In August 2020, DHHS Administration and Leadership moved racial equity to the top of our priority list and formed a Racial Equity Steering Committee with representatives from across the department. The team has been meeting regularly for the past year and working closely with Ron White, from the Humboldt Area Foundation, and Melissa Meiris, from Stepping Stones Diversity Consulting, who have been providing professional, experienced and informed technical assistance.

Over the past year, the Steering Committee representatives have attended trainings focusing on racism and inequality, collected resources for staff and worked closely with DHHS leadership to complete a DHHS Equity Plan with a long-term goal of developing an organization that is anti-racist, or "actively working to advance racial equity by dismantling systemic and structural racism within our agency and community."

The Racial Equity Steering Committee has also been involved in the recruitment planning for this new position and is helping plan what the onboarding process will look like.

This position will work directly with DHHS Administration and closely with the Steering Committee and staff doing equity work across the department with a focus on implementing DHHS's racial equity strategic plan with measurable goals and objectives. The Equity Manager will also be requesting and responding to feedback to ensure implementation is consistent across DHHS and will help plan, develop and implement trainings, provide coaching, gather data and information, engage with the community and our partners and build building capacity for and sustaining Racial Racial and Cultural Equity programs.

We've been working on advancing parts of the strategic plan by developing trainings, the first of which, "Racial Equity Definitions," was developed by staff across the department and the Steering Committee and will be required for all DHHS staff. More information will be coming out soon about this important training and how to enroll in it.

Thank you to all the staff who have helped with this process. In the coming weeks and months, we are excited to hire for this new position and to propel this important work forward in our department and our community. ◀

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phones and computers by voice message, email and text. Sign up today at humboldt.gov/alerts. ◀



Crisis Intervention Team training aims to improve participants' knowledge about mental illness

► Forty law enforcement officers and mental health service providers from agencies across the county participated in a four-day Crisis Intervention Team (CIT) training to learn strategies to better respond to people experiencing mental health crises.

DHHS has been collaborating with law enforcement agencies and other community organizations to hold the state-certified CIT trainings since 2007. This is the first training of its kind to be held locally since October 2019.

CIT gives law enforcement officers and administrators tools to use in the field to identify major mental health disorders and support individuals in crisis. These tools can help de-escalate a crisis and divert those suffering from mental health challenges away from the criminal justice system and into treatment.

Law enforcement professionals, service providers and nationally recognized experts led this week's training where participants learned tips on how to recognize when a person is experiencing a mental health crisis, what specific mental health disorders look like and how they may influence an interaction between an officer and someone in crisis. Participants were also taught techniques

that can keep officers and subjects safe during an encounter and took a virtual tour of local mental health programs to increase awareness of available resources.

Kelly Johnson, a senior program manager for DHHS's Behavioral Health Branch, said, "In light of everything that is going on with police reform, CIT is more crucial than ever. Locally, during the pandemic DHHS Behavioral Health has seen an increase in requests from law enforcement for co-response of behavioral health professionals to assist with mental health crisis calls. Collaboration between Behavioral Health and law enforcement is essential to meeting the needs of our community."

The Humboldt Chapter of the National Alliance on Mental Illness, Arcata and Eureka Police departments, the Humboldt County Sheriff's Office, the Public Defender's Office, the District Attorney's Office, Humboldt State University and DHHS collaborated to offer this year's CIT training.

Following this training, more than 500 people have completed the course locally, including representatives from law enforcement agencies, law offices, parks systems, ambulance services, DHHS, tribes and medical facilities.



Forty additional law enforcement officers and mental health services providers recently completed the four-day Crisis Intervention Team training held in Eureka.



DHHS Behavioral Health Senior Program Manager Kelly Johnson, Arcata Police Sgt. Heidi Groszmann, Eureka Police Sgt. Leonard LaFrance, Yurok Tribal Police Chief Greg O'Rourke, Humboldt County Probation Officer Kalianne Turner and Humboldt County NAMI Chapter President Lea Nagy.



Eureka Police Sgt. Leonard LaFrance (middle) was honored as Humboldt County CIT Officer of the Year. Pictured from left: Kelly Johnson, LaFrance and Eureka Police Chief Steve Watson.

Behavioral Health Director's Report

by **Emi Botzler-Rodgers, LMFT**

► Humboldt County Behavioral Health is the local public mental health provider. We provide mental health and substance use supports and services to our community. We are responders to those in acute mental health crisis and providers for those with serious and chronic mental health challenges. We serve adults, young adults, children and families. We have tremendous strengths and undeniable shortcomings. We are the government, and we are human. Over the past two years we have done some incredibly important work. In addition



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to responding to COVID-19 in all ways imaginable, modifying services and adjusting business practices, while balancing our own personal experiences and impacts related to COVID-19, we have invested in strategic planning and lifted up the incredibly important work of racial and cultural equity. We care deeply about our community.

Our strategic plan puts forth our vision to engage in relationships that are authentic, caring, respectful and inclusive, so as to be responsive to the needs of staff and the community we serve. It also expresses our intent to use relationships to create a culture that advances racial and cultural equity, dismantles systemic and structural racism and promotes and sustains health, wellness and recovery.

Our priority areas include fiscal solvency, collaboration, workforce development, service delivery and compliance and quality. We have interwoven the work of racial and cultural equity into our strategic plan because it must be included in everything we do, but we also recognize the importance of this work, “dismantling systemic and structural racism,” having its own plan.

We have embraced this with hope and trepidation. There is always concern about “doing it right” while knowing we must do it. Within Behavioral Health we have committed ourselves to changing the systems and structures we operate within. We have drafted policies and procedures to ensure that we are inclusive in how we do our work. “Inclusive” meaning that we recognize the voice, perspective, experience and importance of those groups that have been marginalized and oppressed and we work to ensure that they are participating from the beginning in what we design, develop, build and implement going forward.

We have developed training and expectation around racial and cultural awareness and responsiveness and have dedicated staff and staff time to do this work, separate from the other work assigned. And we are continuing to learn. We are learning about the importance of this work and about

our role and responsibility to it. We are learning about ways to be the local public mental health provider, being government, having strengths and shortcomings and being human. And we are learning about how to partner in meaningful ways as we serve the incredibly diverse, unique and worthy humans in our community. ◀

Live Well Humboldt— Working Together for a Healthier Community

by **Ashley Gephart**, Program Coordinator, Office of Performance Improvement and Accreditation, Public Health



▶ DHHS’s Public Health Branch is excited to bring together community partners, as Live Well Humboldt, to collaborate on deciding what data to share on new community health dashboards.

Every 3 to 5 years, community partners in Humboldt County work together to develop a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA is a summary of data about our health in Humboldt County and the things that influence those health outcomes, like having access to safe and affordable housing, healthy foods, jobs and education. The CHIP is a communitywide action plan that outlines how we will address some of our most serious health issues through working together across different areas of the community.

The new community health data dashboards will focus on data connected to the CHIP’s priority areas, which include: 1) Behavioral Health (with a focus on substance use and suicide), 2) Adverse Childhood Experiences (ACEs) and 3) Housing and Homelessness. These priority areas were identified through both the 2018 CHA data and community input through events, like the County Budget Roadshow.

The purpose of the Live Well Humboldt
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boldt Data Workgroup is to:

- Make local health data more accessible (easy to get and understand) for our community
- Ensure that health equity is a focus in prioritizing data and in telling the story behind the numbers
- Support our community to work efficiently together to address health issues.

This Live Well Humboldt Data Workgroup will work together, as a community group, to determine both what data will be included on public-facing dashboards and how that data should be shared. For example, some data might be best shared through someone’s story or experience, as opposed to with numbers alone. These dashboards will also highlight some of the strategies and

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Data dashboard:

A data dashboard is an online tool used to help track, analyze (make sense of) and display data.

Health Equity:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”
-Robert Wood Johnson Foundation, the nation’s largest philanthropic organization dedicated to health.

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collaborative work happening across the county to address substance use, suicide, ACEs and housing and homelessness.

Data is powerful and shapes priorities for policies, programs, and how money is spent. It also helps build social movements and tells the story of communities. It's important that this work be done by a diverse group of partners who bring their unique perspective and sometimes lived experience to the conversation. As a community, we want to measure what matters so that we can use this information to take the right actions to ensure Humboldt County is a place where everyone has the opportunity live the healthiest life possible.

If you would like to learn more about how to get involved with the Live Well Humboldt Data Workgroup, CHA and/or CHIP, please reach out to Ashley Gephart at agephart@co.humboldt.ca.us. ◀

CWS partners with Redwood Community Services to offer greater support for local foster youth and families

by Daryn Nimmo, MFT, CWS Deputy Branch Director



▶ When most people hear the phrase, "Child Welfare Services (CWS)," images of children being removed from their homes and parents often come to mind. What most people do not realize is that the goal of CWS is to provide the lowest level of intervention necessary to keep children safe from abuse/neglect. In order to achieve that goal, CWS offers a wide variety of comprehensive services including the Family Urgent Response System or (FURS).

The California Department of Social Services FURS program is a coordinated statewide, regional,

and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability. The goal of FURS is to preserve the relationship between the caregiver and child or youth and minimize the need for hospitalization or law enforcement intervention.

As we head into fall, we are pleased to announce that Redwood Community Services (RCS) has been selected to manage the county's FURS program.

A FURS response starts with a call to the state's toll-free hotline that is available 24 hours a day, 7 days a week. Once a call comes in at the state level, trauma-informed counselors work to stabilize the situation over the phone whenever possible. If this is not possible then the local FURS team is contacted for further support that may include an in-person response and de-escalation. That is when RCS with county support will step in to support youth locally. Following the response youth and family will be connected to necessary supports to navigate the crisis.

Kate Napp, RCS's Foster Family Agency and residential director, said, "RCS is humbled and honored to be partnered with Humboldt County supporting youth and families in the foster care system and looks forward to the opportunity to support the entire community."

California Family Urgent Response System (Cal-FURS)

- Telephone Number: 833-939-3877
- Website: Cal-FURS.org
- Email Address: info@cal-furs.org
- 24/7 Phone and in-person support for issues big and small: cdss.ca.gov/inforesources/cdss-programs/foster-care/furs. ◀



Public Health Director's Report

by Sofia Pereira

▶ While COVID-19 is widespread throughout various parts of the country, we know that it impacts communities differently. Data



shows the disparities, including in the percentage of cases and vaccination rates based on race/ethnicity, age or zip code.

In Public Health, our programs address health inequities and improve health outcomes for all of our community. We promote health education and policy change through coalition and community building, and provide direct services supporting families. We bring this equity lens to our work in the COVID-19 emergency response, through our contact tracing, testing and vaccination efforts.

Contact tracing helps us reduce the spread of COVID-19 by identifying and working with people who have been exposed to someone who has been infected. Since the virus is widespread in our community, our contact investigations unit is focusing on our most vulnerable populations. This includes contact tracing for skilled nursing facilities, congregate settings like homeless shelters and schools. By focusing contact tracing on these populations, we can reduce the chances of hospitalizations for high-risk individuals and reduce the spread among children in our schools.

Providing testing access is important not only for our community's safety, but to understand how the virus is impacting different communities. OptumServe provides no-cost COVID-19 testing in Eureka, McKinleyville, Garberville, Fortuna, Hoopa and Arcata. To schedule a test at one of these sites, visit lhi.care/covidtesting or call 888-634-1123. Public Health also has a testing team comprised of Community Health Outreach Workers that supports outbreak response testing. This team works closely with our

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Contact Investigations Unit if an outbreak occurs.

With the vaccine being the most effective protection from hospitalization and death by COVID-19, our staff are working diligently to ensure there is widespread access to it. Our Snap-Nurse mobile vaccination team goes to communities all across the county, from Honeydew to Willow Creek. We do our outreach with community-based organizations like family resource centers, churches, schools and homeless service providers to engage vulnerable members of our community.

While COVID-19 was not anything our community could've anticipated, our incredible staff rise to the challenge, time and time again. This article doesn't include all the ways Public Health works to create access and reduce barriers with COVID-19, but it's a reminder that we can take concrete steps to improve the health of our community. Our work on health equity began well before COVID and will continue long after. Thank you to our dedicated staff. ◀

Social Services Report

by Kelly Hampton, Deputy Branch Director

► For years, here at Social Services (SSB) we have had two divisions of staff who worked to help people in our community acquire employment.



Employment services connected to the CalWORKs program is called Welfare-to-Work (WtW), and the Employment and Training Division (ETD) has provided employment services for customers of CalWORKs, General Relief, Transitional-Age Youth and Probation (AB109) programs. Both the WtW and ETD division are under the SSB umbrella and work well together, however, there is still the separation of the two divisions working on employment services, and we have been looking to make changes

in SSB to be more streamlined in our employment services programs.

On Aug. 31, 2021, our manager in charge of these programs, Connie Lorenzo, retired after 12 years with DHHS. Connie started working for the county in January 2009 as an Employment Training Program Coordinator in ETD, promoted to Employment Training Manager in 2010 and reclassified to Senior Employment Training Manager in 2019. Connie did an amazing job as the manager of ETD and was a master of managing her budget, working with community organizations, and finding funding for the programs she administered.

When Connie first announced her plans to retire, the Social Services management team started discussions about what the future of employment services looked like at SSB. Our first approach was to look at how the two divisions were managed, and we decided to move all employment services into one division. Upon Connie's retirement, the management of the division was moved under Program Manager II Ryan Bishop and we are recruiting for a subordinate manager to support this program.

Over the next few months, Ryan and his team will be busy working to streamline services to eliminate any duplication of efforts in employment services. The opportunity to streamline services is exciting. There is much on the horizon regarding employment services and how we engage customers. For more information on the changes being made in CalWORKs regarding customer engagement, please see the [newsletter article written by Alisha Babel](#). ◀

Expanded SUD treatment options benefit community

by Raena West, LCSW, Substance Use Disorder Administrator, Behavioral Health



► It has been an exciting but also challenging year

for Humboldt County substance use disorder (SUD) services. Last year, Partnership HealthPlan of California (PHC) began administering SUD services to Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou and Solano counties through its Wellness and Recovery Program. Prior to this alliance, Medi-Cal beneficiaries seeking SUD treatment in Humboldt were limited to assessment, treatment planning and group counseling services. Now, covered benefits include individual counseling, case management, recovery services, medication assisted treatment (MAT), withdrawal management (detox) and residential treatment.

Medi-Cal beneficiaries can call the Beacon Call Center at 855-765-9703, where they will get an initial screening and a warm hand-off to the appropriate SUD provider. The provider determines whether the individual meets medical necessity, based on the American Society for Addiction Medicine (ASAM) level of care scale, and refers to the appropriate SUD service. Individuals may also contact regional SUD providers directly.

The addition of residential SUD treatment has been the biggest community benefit. Residential treatment is a 24-hour service where people live on the premises and are supported in their efforts to restore, maintain, and apply interpersonal and independent living skills. Providers and residents work collaboratively to define barriers, set priorities, establish goals, and solve SUD-related challenges. Individuals utilizing residential treatment services usually step down to outpatient or intensive outpatient services.

Outpatient SUD treatment providers have added an array of new services, most notably individual counseling, case management and recovery services. Case management services assist individuals with needed medical, educational, social, vocational, rehabilitative or other community services. Recovery services are available for up to a year after completion

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of treatment. Recovery services provide internal and community resources to support self-management while emphasizing the individual's central role in managing their health. SUD treatment providers have expanded to meet the needs of the community by offering in-person and telehealth outpatient services.

Current Wellness and Recovery Program SUD treatment providers in Humboldt County include:

Outpatient (ASAM level 1.0) and intensive outpatient (ASAM level 2.1) programs:

- Humboldt County Programs for Recovery 1-707-476-4054 for adults.
- Adolescent Treatment Program 1-707-441-3773 for youth ages 12-18.
- Healthy Moms Program 1-707-441-5220 for perinatal adults. Childcare is provided on-site for children under 6.

Residential providers (ASAM level 3.1 and above) for non-perinatal adults include:

- Humboldt Recovery Center 1-707-223-3632
- Crossroads 1-707-601-6932
- Waterfront Recovery Services 1-707-269-9590

Humboldt beneficiaries needing medication assisted treatment for opioid use disorders can contact Aegis Treatment Center at 1-707-273-6395 and those needing withdrawal management or detox can contact Waterfront Recovery Services 1-707-269-9590. Individuals needing perinatal or adolescent residential services can access one of the regional county providers in the Wellness and Recovery Program by calling the Beacon Call Center. PHC also provides transportation benefits to SUD treatment services by contacting 1-888-828-1254 (managed by Medical Transportation Management).

The added benefits along with state telehealth flexibilities have made it possible to provide the continuum of SUD services in Humboldt County. For more information or to request a screening for outpatient services, please contact 1-707-476-4054. ◀

CalWORKs 2.0 Goal Achievement Framework

By Alisha Babel,
Program Manager I



▶ CalWORKs is a cash assistance program for families. Customers who qualify for CalWORKs participate in the Welfare-to-Work (WtW) program with the assistance of an Employment and Training Worker who is assigned to help guide them through the program. WtW assess the customer's goals, needs and potential barriers to success.

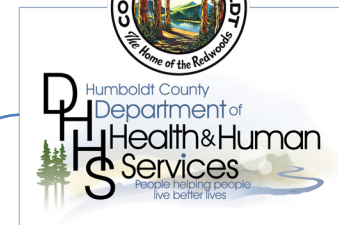
CalWORKs 2.0 focuses on helping customers set and achieve their goals and is the framework employees are currently using with customers. This approach requires flexibility and a shift from compliance-oriented case management. CalWORKs 2.0 is customer-led and focused on empowering people to make choices that are meaningful to them with the intention of self-sufficiency.

Rather than putting all customers on the same work path, employees focus on customers unique needs and circumstances and align services appropriately. This is a drastic culture shift from Work Participation Rate (WPR), which valued hours and compliance. With CalWORKs 2.0, employees value engagement, motivation, incremental progress and skill building. Progress and engagement are our focus.

CalWORKs 2.0 is a goal achievement framework to set individual and meaningful goals using Goal4it! Tools created by Mathematica. These tools start with setting a goal that the customer wants to accomplish. Creating a plan to achieve the goal, breaking down the goal into smaller steps, identifying obstacles and solutions, and reviewing and revising the plan based on what is achieved. The process allows the customer to make decisions and plans that make sense for them. Progress and setbacks are

built into the program. Customers engage in the progress with support of Employment and Training Workers with the knowledge that core capabilities are best improved in a supportive relationship by asking the right questions regarding what customers need for their success.

Many customers have experience with the former compliance driven program which struggled to meet the needs of customers and missed the mark for self-sufficiency. The CalWORKs 2.0 vision is focused on progress, participation, and engagement to empower customers to meet their goals. We acknowledge the effects of stress and poverty, and their effects on adult's core capabilities. These capabilities are best improved through a supportive relationship. ◀



Help Wanted

▶ DHHS is currently recruiting qualified applicants for a variety of positions. For a list of job opportunities, visit humboldt.gov/hr and click Job Opportunities, or contact Employee Services at 1-707-441-5510. ◀

