



HIGHLIGHTS

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Director's Report

by **Connie Beck**

► As noted in previous communication, DHHS Administrative staff, including Fiscal staff, along with key branch and division staff have



been working on potential cost reduction strategies and reviewing ideas submitted by staff across the department to assist in mitigating the budget deficits and streamlining processes within DHHS.

We have identified some areas to look more closely at and will be launching subcommittees to review some of the current work in DHHS for efficiency and cost reductions where possible. Where subcommittees don't make sense, an example is the DHHS

Administration structure, Assistant Director Michele Stephens and I are meeting with MRG, the consultants who performed the classification and wage study, to discuss their recommendations on how we can reorganize the administrative structure to reduce costs. Another strategy that was brought up in one of our Cost Reduction Strategy meetings is looking at the number of supervisors, managers, deputies and directors we have, as there may be areas where there is a lack of balance between workload and need.

Below are some of the areas we will continue to work on.

1. Reassess Organizational Structure

Consolidate Direct Reports: This change could reduce the number of direct reports to the DHHS Director, making it easier for me and eventually my successor, to manage more effectively in the future.

tively in the future.

Define Clear Roles: Ensure that each program has clearly defined roles and responsibilities. This will help in understanding who is accountable for what, which can aid in decision-making and reduce overlap and cost.

2. Succession Planning

Develop Leadership Pathways: Improve efforts around building leaders within the department to ensure successful succession planning across branches. This could include identifying opportunities for staff who are interested in promoting or those who have leadership skills. We have been offering mentorships and trainings that may help prepare staff to step into roles identified as needing to be filled.

Cross-Training: Encourage cross-training among team members to ensure there's always someone

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Community leaders join forces for Live Well Humboldt

► Over the past year, community leaders have come together to create Live Well Humboldt as an enduring organization. Live Well Humboldt aims to align community efforts across sectors and focus areas to advance health and racial equity and improve health for everyone in Humboldt County. In 2023, the Community Health Data Dashboard was launched at LiveWellHumboldt.org. ◀



The Live Well Humboldt team from left, Changing Tides Family Services Executive Director Kerry Venegas, Public Health Program Coordinator Marian Strong, Behavioral Health Program Manager Oliver Gonzalez, Public Health Deputy Branch Director Lara Weiss, The Center at McKinleyville Executive Director Aristeia Saulsbury, Ink People Center for the Arts Executive Director Leslie Castellano, Public Health Program Services Coordinator Ashley Gephart, Partnership HealthPlan of California Northwest Regional Manager Vicky Klakken, Fourth District Humboldt County Supervisor Natalie Arroyo and Public Health Director Sofia Pereira.

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ready to step up, should the need arise.

3. Evaluate Program Performance

Data-Driven Decision-Making: We are working toward building a culture of quality improvement across DHHS. Ongoing, we will look at performance metrics for each program to determine where changes may be most impactful. Programs that are underperforming or have high demand may warrant reconsideration of need. As some of you know, we are implementing ClearPoint,

a performance management software, that will allow us to track our program performance measures and identify programs that are meeting the performance metrics designed for their program.

4. Communication Plan

Transparent Communication: Once changes are proposed, we will ensure that there is a clear communication plan to inform all staff about the new structure and how it will benefit the

organization and the community.

By reassessing the organizational structure, redistributing leadership responsibilities and actively engaging with our team, we can create a more sustainable and effective DHHS. This approach will not only help alleviate the current workload/budget constraints but also prepare the organization for a smoother transition when new leadership is introduced in the future. ◀

CWS staff recognized with resolution

▶ At an August meeting, the Humboldt County Board of Supervisors adopted a resolution to recognize the work of DHHS's Child Welfare Services (CWS) Division staff, thanking them for their service to the community. CWS staff and the partners they work with are dedicated to protecting the safety and wellbeing of the children, youth and families they serve throughout the county. CWS staff also work alongside and within the Humboldt County Child Abuse Services Team, a multi-disciplinary interview team providing high quality, evidence-based care for children who have experienced abuse. DHHS would like to express its appreciation to our entire Child Welfare Services Division for its continued compassion and dedication to the challenging work staff face each day.

During public comment, Humboldt County Chief Probation Officer Coral Sanders expressed her support, highlighting CWS staff for their focus on collaborating with groups of professionals from varied fields with years of expertise and experience and working together until "the best solution for families has been reached." ◀



From left, DHHS Director Connie Beck, Social Worker IV Winona Aubrey-Herzog, Social Worker IV Bianca Hurtado, Social Worker III Jennifer Darlington, Social Worker IV Alyssa Lawrence, CWS Deputy Branch Director Cherie VonSavoye, CWS Deputy Branch Director Ivy Breen, Social Worker II Karen Sargent and DHHS Assistant Director Michele Stephens.

CWS Report

by Ivy Breen and Ashley Garrett, CWS

► Fire Season in Humboldt County has become an increasingly stressful and volatile time of year and staff at Child Welfare Services (CWS) have been hard at work making sure the children, youth and families we serve have the information and resources they need to stay safe. New technology and other county offices that provide planning and support for emergencies have become increasingly helpful these last few years. CWS Administration continues to review, update and enhance available resources, technology and communication channels to ensure CWS client safety during fire season. The following are some highlights of recently activities in this area.

CWS Administration recently requested the Watch Duty application be made available on work issued

iPhones. The Watch Duty application provides real-time alerts and evacuation zone maps for fires, as well as additional information on fire perimeters, red flag warnings and air quality indexes. All CWS staff were notified about the Watch Duty application being available, as well as its benefits and the features it provides.

Additionally, CWS uses an application called SafeMeasures to view reports based on data entered into our case management system. SafeMeasures provides disaster/emergency maps, showing where children/youth currently receiving CWS services are located, along with active evacuation zones. To supplement the mapping available through SafeMeasures, a CWS analyst has also developed interactive mapping and reports utilizing Tableau to ensure information about any clients poten-

tially in or near an evacuated area is readily available to staff. A designated CWS analyst monitors these disaster maps, and the alert features from SafeMeasures, to provide outreach and information to case carrying staff when clients are in an evacuated area, or in close proximity to a disaster/emergency event.

When a child/youth is in close proximity to an emergency event, the designated analyst reaches out with information on which clients may be impacted and notification that the social worker needs to reach out to the clients to ensure their safety and offer support as necessary. CWS Administration has been in communication with the DHHS Emergency Preparedness staff to ensure the most updated and accurate information and mapping

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'Living on Shaky Ground' and how to be prepared

by Terrence McNally, Emergency Preparedness Coordinator

► Learn more about earthquake and tsunami preparedness in the new version of "Living on Shaky Ground," available in a breakroom near you, or view the electronic version here.

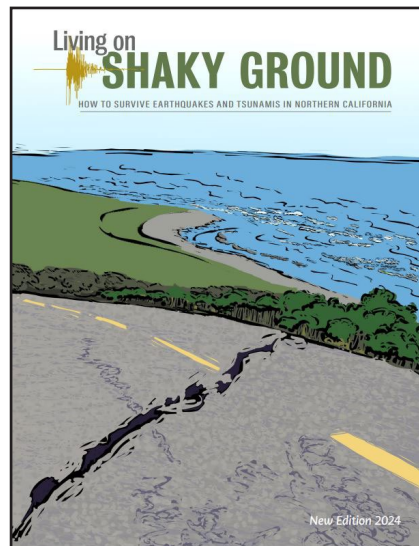


At DHHS, we're all Disaster Service Workers and may have assignments to help Humboldt get back on its feet following a major incident. But obviously, our first concern will be the welfare of our families, pets and homes. We won't be very good at our jobs until we know all is well at home.

Thanks to our friends at the Redwood Coast Tsunami Work Group, we can better prepare for a large earthquake or tsunami through their new edition of "Living on Shaky Ground." DHHS Emergency Preparedness staff will be distributing copies to breakrooms throughout the department.

Feel free to take a copy home, and you can also download a version of the publication here.

You may find that going through the magazine as a family or with your roommates sparks some important conversations. "Living on Shaky Ground" provides useful tips on establishing a post-disaster communication plan between family members. And if you're feeling daunted by what to include in your disaster supplies and go bags, the magazine provides some key guidance. Are your important files and records portable and ready to go? Do you actually have non-perishable food and water stored that will last you and your family for two weeks? Most of us don't, so it's nice to get some advice on how to get that done efficiently as well as economically.



Please keep in mind that this publication was created by our Humboldt neighbors with backgrounds in local geology and emergency response, so you'll find that it's made for our environment with a focus on the historic earthquakes and tsunamis that have impacted the region.

We live on a unique landscape with three plates meeting off our coastline and the publishers have gone to lengths to describe the impacts and dangers of this particular set of variables.

At DHHS, we'll continue to participate in the Great California Shakeout (this year, Thursday, Oct. 17), a good procedure for building muscle memory and preparing to respond while we're at work. But it's more likely that a disaster will strike after work hours. Let's make sure we're ready at home so we can help Humboldt when called upon. ◀

Behavioral Health Director's Report

by Emi Botzler-Rodgers, LMFT

► I recently had the opportunity to “cut the ribbon” at the opening of our new local Crisis Residential Treatment facility, Hyperion. What was so amazing about this event, was not the limelight or “cutting the ribbon,” but the unbelievable community support for this event and for the opening of this critical program in our community. It is these moments that are so important to lift up and recognize.



Working in Behavioral Health, often we spend time scrutinizing where we are falling short, what is going wrong, or how great the unmet need is. Less frequently do we lift up the success stories, the kudos to the staff who do amazing and incredibly hard work and the partnerships that allow us to work together on projects like Hyperion.

Locally in Humboldt, we have other projects through these types of partnerships in various stages of development. We have Sorrel Leaf Healing Center, set to offer Crisis Residen-

tial Treatment and Mobile Response Services for minors, we have the Behavioral Health Crisis Triage Center, a 43-bed facility planned to be built on the campus of Mad River Community Hospital, offering 12 crisis stabilization unit beds, nine mental health crisis residential treatment beds, 10 dual diagnosis (mental health and substance use) crisis residential treatment beds and 12 sobering cots and we have long standing partnerships with our local education systems, law enforcement, hospitals, probation and organizational providers, all worthy of recognition for how we successfully serve our community.

Behavioral Health is currently tasked with a multitude of new initiatives, so continuing to build relationships and lean into opportunities for collaboration is critical. With the roll out of the new Mobile Crisis Benefit, along with Care Court and SB 43 coming online over the next months, we will be working hard to continue both new and well-established relationships towards successful outcomes. Many of these initiatives and projects are incredibly heavy lifts, and I am confident that the community that showed up at Hyperion, to applaud the “ribbon cutting,” will continue to partner with us to do the work needed to successfully serve our community. ◀

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resources are available. The Safe-Measures disaster mapping and alert features described above rely on evacuation zone data made available by the statewide California Office of Emergency Services (CalOES). CWS Administration has partnered with the DHHS Emergency Preparedness team and the Humboldt County Office of Emergency Services to ensure that Humboldt County evacuation zone mapping data is provided to CalOES, and thus available in Safe-Measures.

In order to ensure that CWS has reliable location data for all children, youth and families receiving CWS services, CWS Administration has assigned support staff to actively identify clients who may have incomplete or missing address information and then work to identify the correct and complete addresses for those clients, including coordinating with the case carrying social workers to make any needed address corrections.

The CWS Program Manager over the CWS Placement Unit recently requested that the College of the Redwoods Foster & Kinship Care Education Program, which provides training for current and prospective foster parents, cover expectations for foster parents during a disaster/emergency event when they have children/youth in their care. CWS also maintains stock of N95s, and SPOT trackers, which are available to CWS staff who are traveling to outlying areas. N95s are available for pickup by CWS staff at the main CWS office during business hours, as well as included in all after-hour on-call kits that staff check out. CWS maintains an inventory of N95s for CWS staff at all times. SPOT Trackers, which are two-way satellite messenger devices, can be checked out when CWS staff are traveling to rural/outlying areas where cell service may be spotty.

The safety of our clients and staff is paramount and we will continue to enhance and add new resources and technology as it comes available. ◀



From left, House Manager Alana Roberg, MS, PLMHP, NCC, DHHS Behavioral Health Deputy Branch Director Jack Breazeal, Secretary of the Board of Directors for Willow Glen Care Centers Arne Hyson, Director of Operations and Project Manager for Willow Glen Care Centers David Gilbert, DHHS Behavioral Health Director Emi Botzler-Rodgers, Executive Director of Willow Glen Care Centers Jeff Payne (with camera) and Fourth District Humboldt County Supervisor Natalie Arroyo.

Social Services Report

by **Ryan Bishop**, Deputy Branch Director

► The Social Services Branch is working on a new initiative, the Alignment and Prioritization Project. With a clear focus on efficiency and cost-effectiveness, this initiative aims to optimize operations, streamline processes and allocate resources strategically. At its core, the Alignment and Prioritization Project seeks to align the Social Services Branch's activities with its overarching goals by ensuring that every task, staff member and program has a clear connection to our mission and contributes directly to our overall goals.



In the initial phase of this project, the project team compiled a list of critical mandates and key performance indicators for all Social Service programs. Subsequently,

we moved to the next phase, where we prioritized programs and individual tasks within Social Service programs. The ranking was based on factors such as mandates, program goals, funding and community impact.

Our team then began evaluating the resources needed to fulfill critical mandates and performance indicators. Following this, we reviewed current resources to identify any gaps. This led to a comprehensive reorganization of programs and task assignments, ensuring that appropriate levels of resources are allocated to top-priority mandates and programs. Staff groups will be highly specialized to optimize workflows, achieve economies of scale, improve innovation and ensure accountability. The reorganization details will be shared with Social Service staff this year and implemented at the beginning of 2025.

The team will persist in meticulously reviewing individual tasks

to uncover further opportunities for streamlining and eliminating unnecessary work. Tasks that are redundant or misaligned with our mission and goals will undergo rigorous scrutiny to streamline processes and free up staff time for more impactful work. Additionally, the team will explore new technologies and tools to automate routine tasks, enabling staff to concentrate on high-value activities.

The Alignment and Prioritization Project is a proactive step toward a more effective, streamlined and strategically focused Social Services Branch. By optimizing processes and resource allocation, the Branch aims to better serve its community and fulfill its mission. This project will also serve as a prerequisite for our upcoming Social Service Strategic Planning project. In collaboration with an external consultant, the Branch will establish a formal strategic plan that will include priorities, measurable goals, objectives, targets and activities. ◀

25 new families graduate Nurse-Family Partnership Program

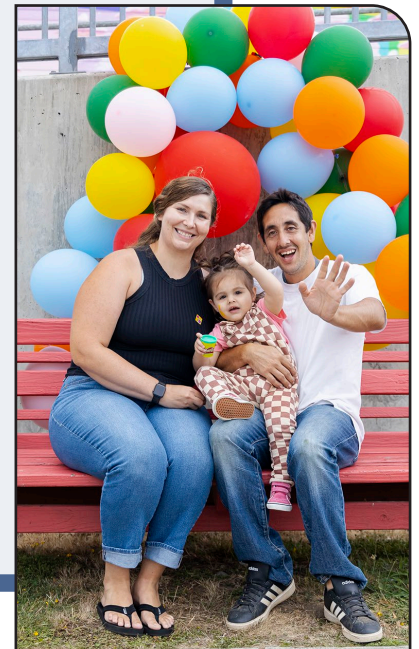
► DHHS's Nurse-Family Partnership (NFP) Program is an evidence-based, voluntary prevention program that provides nurse home visitation services to income-qualifying, first-time parents. Families are paired with a nurse who works with them from 28 weeks or earlier of pregnancy through the child's second birthday. The late summer graduation event, held at the Jefferson Community Center in Eureka, was attended by dozens of program participants including newly enrolled families, families who are partway through the program and recent graduates. ◀



From left, Public Health Nurse Andrea Armin presents NFP participants Poppy and Maria Wilson with a graduation cap and diploma for completing the program.



From left, Public Health Nurse Chanda Pifferini presents NFP participants Loanny Mendez and her son Aziel Cornielle with a graduation cap and diploma for completing the program.



From left, NFP participants Cassidy McAllister, Selena Juarez and Jordan Juarez celebrate their graduation from the program.



Public Health Director's Report

by Sofia Pereira

► In late August, our Communicable Disease team learned of multiple individuals testing positive for Shigella infection. Shigella germs are found in stool, and infection is spread by eating food or drinking liquids contaminated by an infected person, or when a person touches a contaminated surface or object and then touches their mouth or puts the object into their mouth. People who have contracted shigellosis typically experience a fever, abdominal cramps and diarrhea which may be bloody. Most people with shigellosis recover completely without severe complications. However, in rare cases Shigella may cause bloodstream infections, seizures, kidney failure or arthritis.

Upon discovering the first cluster of cases, our public health nurses and investigators, under the guidance

of the health officer and the nursing director, went straight into investigation mode, looking for a connection between the cases. While no linkage could be found between the individuals, we sent out a Provider Alert to health care providers to ensure monitoring of potential cases. These alerts help us to educate providers on any emergent public health concerns and receive information back from out in the field of any ongoing spread in the community.

On Sept. 3, we learned of individuals who attended a dinner on Aug. 28, at the Elks Lodge in Eureka testing positive for Shigella and having been exposed at that event. After we gathered some initial information to confirm what we knew, we alerted the public and advised any attendees of the dinner to contact their primary care provider and take steps to not spread the highly contagious infection. Along with our Communicable Disease team, our Public Health Laboratory and Division of Environmental Health's Consumer Protection program, worked together to identify cases and reduce

the spread of the Shigella infection.

To be proactive in our response to this emergent public health concern, we activated our Department Operations Center at the lowest level to institute the Incident Command System (ICS). By using the ICS structure, we are able to more efficiently identify Public Health objectives and priorities and bring in additional staff like our Emergency Preparedness program. These are part of the lessons we've learned from the much larger COVID-19 pandemic response. While we became familiar with using these structures in larger emergencies, the benefit of ICS is that it is scalable. In this circumstance we used this system with the hope we don't have to scale up to a larger emergency response. It also helps us to exercise these skills and competencies for future public health emergencies.

The nature of each emergent public threat will vary by the science and community context. I'm grateful for our team's dedication to adapt to each situation as it arises, and their commitment to protecting our community's health. ◀

St. Vincent de Paul Block Party and Community Resource Fair draws a crowd

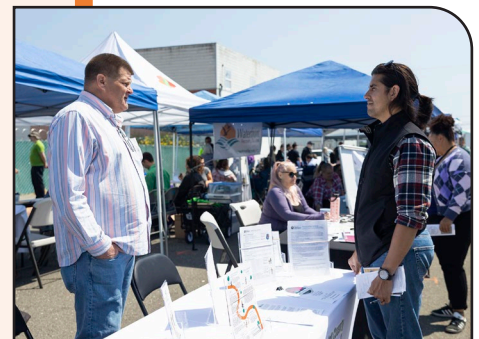
► St. Vincent de Paul hosted its Seventh Annual Block Party and Community Resource Fair in Eureka in July. The event included a barbecue lunch, live music, a free clothing dock and local organizations providing services and information to attendees. Staff from DHHS Social Services, Public Health and Behavioral Health were on-site and linking guests to programs and resources offered through the department. ◀



From left, Behavioral Health Case Manager II Teresa Chase and Substance Abuse Counselor II Jodi Parsells provide information about Programs for Recovery to block party attendees.



From left, Public Health's Healthy Communities staff Health Education Specialist II Allie Knoll, Lex Siebuhr, Jonathan Abidari and Health Education Specialist I Melissa Reed.



From left, Behavioral Health Board member Vernon Price talks with Heinrich Soltow.



Social Services Vocational Counselor Vanessa Huerta provides information about the Employment Resource Center to an attendee.



Humboldt Community Resource List

by Laurel Johnson, Staff Services Analyst III

► Many in Humboldt have seen the [Humboldt Community Resource List](#) (HCRL), a PDF listing of resources by category published on the DHHS web pages. Fewer may know its history, or about some of the other resources developed for case managers, social workers, eligibility specialists and other assisters to help community members find resources.

A word document created by an intern at St. Joseph’s Eureka Community Center and used by eligibility staff was the inspiration to create an ongoing resource. St. Joseph’s, now Providence, shared the original intern-created document, and the HCRL was developed by a DHHS Social Services analyst, co-branded as a DHHS and St. Joseph product, and the first HCRL was published in April 2016. From the very beginning the plan was for the list to be updated semi-annually ensure access to updated resources.

Over the years many changes have been made to the HCRL. The original document it was based on was Eureka and indigent adult-focused and many additions for other demographics and regions were added. It’s now ADA-compliant, which is part of the reason, along with many additional entries and categories, that it’s about three times the length. It’s been faithfully updated semi-annually, with one exception: there was no update in April 2020, due to the COVID epidemic.

Maintenance of the HCRL moved from DHHS Social Service to DHHS Administration with the April 2017 edition, and it was no longer co-branded with Providence as of the October 2023 edition. In 2018, the HCRL team took on updating the Humboldt Resource Card, a wallet-sized, water-resistant foldable card that

had been produced in the past by the Human Rights Commission and the Humboldt Housing & Homelessness Coalition. In December 2023, an [HCRL-Urgent Needs List](#) was introduced to provide an easily printable one page document for clients.

The HCRL team maintains communication with other community partners who produce resource material to align efforts and reduce duplication. The North Coast Health Improvement and Information Network (NCHIIN) produces the [North Coast Resource Hub](#) (the Hub), an interactive, mobile-friendly resource guide, and both NCHIIN and DHHS agree that as of now both resources serve different audiences. In the next edition, the SUD residential facility section will be replaced with a link to the very comprehensive [Sober Living Environment \(SLE\) and Recovery Housing Resources list](#) produced by DHHS-Public Health Substance Use Prevention staff.

In recognition of the varied resource listings available, the HCRL team recently developed the [Resource Listings in Humboldt](#) document. It’s a

two-page document that describes and links multiple compilations of resources, including broader resource lists such as the HCRL, the Hub and [Partnership HealthPlan of California’s resource site](#). Also available are links for DHHS-specific resources such as the [Social Services Info Sheets](#) and the [DHHS-Behavioral Health Resources page](#), resource compilations for specific demographic groups and some housing resource compilations.

Going forward, the HCRL will be trimmed a bit, removing unused categories, to reflect input from a June 2024 survey. DHHS, like all county departments, is carefully watching use of staff time in light of budget concerns. Since the HCRL and related documents are labors of love rather than mandated, funded tasks, careful consideration is being put into maintaining needed resources to be responsible using county resources while still meeting the need.

If anyone has questions, HCRL@co.humboldt.ca.us is the email for the HCRL team. Look forward to the 17th edition of the HCRL in October 2024! ◀

Elder Abuse Reporting Hotline available 24/7

► If you suspect that you or someone you know is the victim of elder abuse, call the Humboldt County Adult Protective Services 24/7 reporting hotline at 707-476-2100. ◀

At least 1 in 10 Americans aged 60 and older have experienced some form of elder abuse.

Elder abuse comes in different forms:

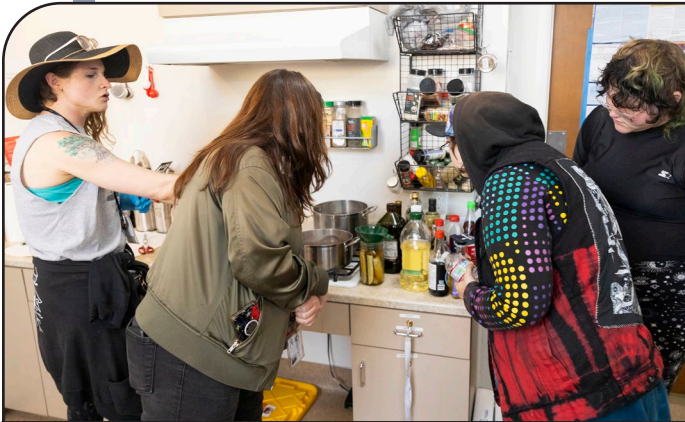
- Neglect
- Physical abuse
- Sexual abuse
- Abandonment
- Emotional or psychological abuse
- Financial abuse
- Self-neglect.

If you are worried that you or someone you know is experiencing elder abuse, call the Humboldt County Adult Protective Services 24/7 reporting hotline at 707-476-2100.

Youth wellness-focused week of events a success

► The Humboldt County Transition-Age Youth Collaboration and Youth Advisory hosted its annual Wellness Week in July. Young people ages 16 to 26 years old participated in a variety of events and classes focused around the Eight Dimensions of Wellness: Emotional, Environmental, Intellectual, Physical, Occupational, Spiritual, Social and Financial. ◀

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Social Worker III Calla Peltier-Olson demonstrates how to sterilize a glass jar with hot water during TAY's annual Wellness Week pickle and canning workshop.



From left, TAY Youth Advisory Board member Dorothy Scott assists Calla Peltier-Olson.



Supplies for the pickle and canning workshop included cucumber, onion and a variety of herbs and spices.



From left, TAY participant Izzie Davalos-Gomez shares their interview strengths and areas where they want to improve with Youth Advisory Board member Jeanavy Perez during TAY's Wellness Week interview skills workshop.



Humboldt County
Department of
Health & Human
Services

Help Wanted

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

