



## HIGHLIGHTS

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## Director's Report

by **Connie Beck**

► As we are all aware, the county is experiencing a budget deficit, and here at DHHS we are no exception.



I'll start by saying that this is not the first time we have experienced fiscal uncertainties, although this time it does look different for DHHS because in the past we've had fund balances to help cushion, something we do not have this time.

For the past year or so, a group of our Fiscal and Administrative staff have been meeting regularly to evaluate costs, processes, leases, allocated positions, etc. to identify where we can make reductions. With the help of this group, and various subcommittees, we've taken measures big and small. Efforts like changing printer settings to always default to black and white and refining our approved list of office supply purchases, to consolidating staff workspaces making it

possible to vacate buildings and give up leases. We have also reduced or eliminated contracts to partners we felt would have the least impact. All of these things have been helpful.

Additionally, we've deallocated almost 74 full-time equivalent positions without letting go of any staff, including positions that were recently vacated by attrition or were waiting to be filled. With these efforts and more, so far, we have cut approximately \$22 million as a department. I do want to thank everyone who has and will continue to work on decreasing the deficit and increasing revenue where possible.

Some of these efforts have been extensive and some have felt easy, but the reality is that we are doing less with less and our clients and community will likely notice changes.

In addition to our local budget shortfall, there is also much uncertainty about what actions Congress and the federal administration could take to reduce federal expenditures on Medicaid and what the local impacts will be.

Medi-Cal, California's Medicaid

program, has a budget of approximately \$160 billion statewide, with the federal government contributing approximately \$100 billion of this. In Humboldt County, 43% of the county's population is on Medi-Cal.

Ultimately, federal cuts to Medicaid would result in shifting costs to states, counties, hospitals, clinics and community-based organizations which would impact the health care system for all individuals with all insurance types.

Additionally, these cuts would result in loss of health care jobs in our community which would also be impactful. For now, we're in a wait and see pattern.

In addition to cuts to DHHS, we are hearing from community partners that they are experiencing cuts from other federal sources as well, so we may see those impacts as well.

All this to say, it is going to be a tight year, and we appreciate staff's continued effort to identify cost savings measures. Anything we can do to prevent spending, we will, and while it is not going to be easy, we will get through this. ◀

## Home Safe program ramping down for APS clients

by **Danielle Sherwood**, Staff Services Analyst



► In 2019, Humboldt County Adult Protective Services (APS) was awarded nearly \$336,000 in state funds to administer a pilot program called Home Safe. The program aimed to support the safety and housing stability of elders and vul-

nerable adults who had been referred to APS and had recently become homeless or were at imminent risk of homelessness due to abuse, neglect, self-neglect or financial exploitation. The focus was "light-touch" preventative services, to lower recidivism and reduce the need for costly, county-funded crisis intervention.

Applicants had the flexibility to shape their Home Safe programs to best meet the needs of their communities and staff. Humboldt focused on purchasing direct goods and services, with staff fulfilling the dollar-for-dollar matching requirement through time

spent providing enhanced case management. Purchases needed to directly relate to obtaining or maintaining safe, affordable housing for APS clients.

Temporary housing, deep cleaning/hoarding assistance, rent/mortgage payments and security deposits were the most common interventions.

Home Safe follows Housing First principles, meaning there should be no barriers (drug testing, for example) to housing entry. It is based on the idea that when basic needs like shelter are met, folks are better able to focus on things like sobriety. Adequate shelter is scarce

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## Home Safe, continued from page 1

for elders and dependent adults who are often living on fixed incomes and need affordable, accessible housing. Utilizing Home Safe funds to “fix-up” an unsafe living space or mitigate eviction after a financial scam means that person can avoid a housing search.

Due to the success of Home Safe, California opted to take the program statewide, issuing non-competitive allocations to all counties in 2021. These allocations had no matching requirement. Humboldt County was awarded just over \$641,000 for fiscal year '21-22 and the same amount the following year, which will be spent down by June 30, 2025. Continued funding for the program is to be determined, but the state seems to have other priorities amid the current budget crisis. Humboldt County is ramping down spending and prioritizing the most at-risk situations. Program data shows Home Safe had a positive

impact in Humboldt County over the past six years. More than 200 individual clients participated, with a median direct expenditure of \$5,625 per Home Safe case. Ninety-one percent of participants had either maintained or improved upon their living situation at the time of Home Safe case closure. Follow-up contact was made six months after program exit, with 60% of past participants located continuing to report positive outcomes.

Humboldt County APS is dedicated to protecting our most vulnerable residents. Although Home Safe funding is coming to an end, no participant will exit the program into homelessness. We are looking out for new funding opportunities to continue the important work of

**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.**



ensuring our Humboldt County elders and dependent adults may live with dignity, free from abuse and neglect, in the housing of their choice.

Report elder or dependent adult abuse and neglect 24/7 by calling 707-476-2100. ◀

## CAST honored for 29 years

► The Humboldt County Board of Supervisors recently honored the county’s Child Abuse Services Team (CAST) with a proclamation recognizing 29 years of service to abuse victims in the community. CAST is a multi-disciplinary team comprised of specially trained individuals from DHHS Child Welfare Services (CWS), the District Attorney’s Office, Humboldt Domestic Violence Services, law enforcement, DHHS Behavioral Health, the North Coast Rape Crisis Team and



From left, Deputy District Attorney Carolyn Schaffer, CWS Deputy Branch Director Cherie VonSavoye, DHHS Director Connie Beck, District Attorney Stacey Eads, Fourth District Supervisor Michelle Bushnell, District Attorney Chief Investigator Kyla Baxley, Legal Office Assistant Katrina Taylor, District Attorney Investigator Ryan Hill and Forensic Interviewer Bianca Hurtado.

## Help Wanted

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



Humboldt County  
Department of  
Health & Human  
Services



# Public Health Director's Report

by Sofia Pereira

► Recently, it was National Public Health Week, from April 7 to 13. Public Health is in the news from time to time, which may be an understatement. Public Health is often mentioned when discussing infectious diseases, like avian flu or the recent measles outbreaks elsewhere in the country. Not too long ago our parents and grandparents struggled with many serious diseases that are now very rare in our community and across the country, measles included. It requires continued effort by Public Health to make sure these diseases of the past don't take over our present.

Our nurses and disease investigators connect community members to testing, health care and treatment. They also investigate the sources of illness exposures to stop the spread further. These efforts save lives by reducing the number of folks becoming sick and ensuring our health care system isn't unnecessarily overwhelmed with severe, preventable illnesses. They also help to stabilize our local economy, ensuring critical community infrastructure from businesses to schools, can continue to operate without major disruptions from a sick workforce or kids.

Fighting the spread of disease is a big part of what we do, but it's not the only part of our health as a community. In Public Health, we focus mainly on prevention, preventing people from getting sick or hurt to begin with. While a doctor cares for an individual's health, Public Health looks at the health of the entire community. In Public Health we believe every person should be able to achieve their optimal health, safety and wellbeing, and we work every day to help make that a reality.

So, what else does Public Health do? It's too much to fit into the



During a recent visit to the state capitol, the Senate and Assembly recognized National Public Health Week. Public Health Director Sofia Pereira, middle, with County Health Executives Association of California members.

space allotted, but here are some highlights.

- Public Health keeps us healthy: Our inspectors make sure food is prepared safely and pools are safe to swim in.
- Public Health supports families: Our nurses visit first-time mothers from pregnancy to their child's second birthday, ensuring a strong start. Our health educators work with aging adults on fall prevention and provide substance use prevention education in our local schools.
- Public Health protects youth: We work to protect youth from accessing commercial tobacco and nicotine products, resulting in the Board of Supervisors passing a tobacco retail licensing ordinance. We are actively working with county and city leadership on a nitrous oxide sales ban to protect youth from the harms of this neurotoxin.
- Public Health is data-driven: Our Epidemiology program looks for patterns in our community's health, identifying health threats our community needs addressed most. You can visit [livewellhumboldt.org](http://livewellhumboldt.org) to see data about our community's health.

Our team is made up of nurses, sci-  
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entists, health educators and other public health professionals who are invested in improving our quality of life.

With recent federal cuts to public health infrastructure funding we had for at least another year, we had to quickly roll back important parts of our local Public Health infrastructure for the community. We let go of our mobile clinic team and some of our disease investigators. These staff supported vaccination outreach and our response to outbreaks and emergent health threats. When a community member or provider called during business hours, they got a live person right away. Now when there's an outbreak, these cuts will drastically impact our ability to manage multiple incidents. With Public Health being historically underfunded, these dollars helped us build up a more robust infrastructure. Those dollars helped us prevent a measles exposure of over 100 people from becoming an outbreak. Last May we had no new cases from that exposure, and it was because of the work of nurses and disease investigators working tirelessly to provide post-exposure prophylaxis and contact every individual exposed.

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## Public Health, continued from page 3

We are so proud to serve our community in all the ways I described and more. While Public Health may be facing some uncertainty right now, our purpose remains as certain as ever. Protecting our community's health and improving our community's health, will always be our north star. The work we do is only possible with the broad partnerships we have in the community as well. As we look back on National Public Health Week, let's remember how we all have a shared purpose in achieving our community's optimal health, safety and wellbeing. ◀



The Humboldt County Board of Supervisors declared April 7-13, National Public Health Week. From left, Changing Tides Family Services Executive Director Kerry Venegas, Partnership HealthPlan of California Northwest Regional Manager Vicky Klakken, Third District Supervisor Mike Wilson, Pereira, Public Health Deputy Director Lara Weiss, County Health Officer Dr. Candy Stockton, Partnership HealthPlan of California Community Health Needs Liaison Wendy Starr and Supervising Environmental Health Specialist Ben Dolf.

## Behavioral Health Report

by **Gabriel Bennett**, Senior Program Manager

► The Diversion Program started in 2018 as a successful pilot project and when the opportunity to expand it occurred, Behavioral Health Deputy Director Paul Bugnacki and his team worked hard to apply to bring more funding and expansion to the program.



Behavioral Health, through the Department of State Hospitals, received the grant for \$6.7 million through 2029 to help build more robust diversion programs and reduce the number of individuals deemed Incompetent to Stand Trial (IST) and sent to state hospitals for treatment from our county.

The Diversion Program, working with guidelines established in Penal Code 1001.36, works on the postponement of prosecution to allow the defendant to undergo behavioral health treatment instead of incarceration. This allows Behavioral Health a chance to work with the client on the root of the problem instead of relying on incarceration and past "punishment" methods

that have shown to be less effective, crowd our correctional facilities and are costly to taxpayers. Through medication management, therapy, substance use counseling, case management and judicial oversight, clients are empowered to take back their lives and make strides towards becoming productive members of our community.

Another aspect of the Diversion Program allows Felony IST defendants on their current charges, to participate in intensive community-based mental health treatment, in lieu of inpatient Department of State Hospital competency restoration treatment. This allows clients to stay in the community, have access to their natural supports and get the restorative services they need. This Community Based Restoration (CBR) program will be operated by a Community Based Organization selected through a Request for Proposal process and will include bed space as well as the therapeutic aptitude to work with this highly vulnerable population. The goal is to reduce the reliance on Department of State Hospitals to restore competency and keep our clients local with access to natural supports.

Only the court can refer to Diversion and there are some cri-

teria that need to be met under 1001.36:

- The defendant has a mental disorder identified by a Behavioral Health Clinician, Nurse or Doctor including but not limited to Schizophrenia, Schizoaffective Disorder, PTSD or Post-Traumatic Stress Disorder within the last 5 years
- Defendant does not have a diagnosis of Pedophilia or Anti-Social Personality Disorder
- In the opinion of a qualified mental health expert, the defendant's symptoms are contributing to and motivating the criminal behavior and would respond to behavioral health treatment
- The defendant consents to comply with Diversion and waives the right to a speedy trial
- The defendant will not pose an unreasonable risk to public safety.

The Diversion Program will serve up to 25 people per 18-month period and the CBR program will serve up to eight people per 18-month period. If you have any questions about the Diversion Program and its impact in the community, please feel free to contact Gabe Bennett at [gbennett@co.humboldt.ca.us](mailto:gbennett@co.humboldt.ca.us) or 707-572-0639. ◀



## Equity Update

by **Neftali Miller-Rubio**, Racial & Cultural Equity Manager

► As we welcome longer days and

more sunshine, the DHHS Racial Equity Team is designing plans to welcome a new cohort to the Racial Equity Leadership Institute, beginning development of the Racial Equity Strategic Plan revision (see the survey for staff, below) and is continuing to build capacity to advance equity goals across the department.

As mentioned in our winter article, the Racial Equity Leadership Institute began in September. Through the interactive mix of learning and team-building workshops participants are strengthening skills to lead their teams, interrupt bias and learning techniques to evaluate their own power and privilege. A new round is in development, now allowing cur-

rent participants to advance their toolkit with more hands-on activities and welcoming new staff to develop their knowledge and confidence. More details on the 2025/26 cohorts and how to enroll will be sent to staff this summer!

The current Racial Equity Strategic Plan was launched in 2022. It spans 2021-25 and as it wraps up this year, we are actively designing the plan revision. A huge part of that work is hearing from staff and leaders across DHHS. The Racial Equity Team will lead activities in various venues in the coming months to hear experiences, collect data and determine which goals, objectives and activities will have the most impact on the future plan. As a first step, all DHHS staff are encouraged to complete [the Staff Input Survey](#). This survey is only accessible by staff, if you are a member of the community and have questions or comments please reach out via the email, found below.

Last, a highlight from the Racial

Equity Steering Committee. Bi-monthly, members facilitate a "Learning Together." These activities aim to create necessary space to strengthen relationships, share ideas and apply the concepts and values we encourage across DHHS. Recently, one member designed a game show-style quiz on local Indigenous Tribes, their history and current happenings. It was a lot of fun and set the stage for a discussion after that gave an opportunity for the group to reflect, challenge some common myths and consider techniques that interrupt false information when we hear it.

As always, DHHS staff are welcome to reach out to the Racial Equity Steering Committee or the Racial and Cultural Equity Manager with questions, ideas and/or feedback at [DHHSRacialEquity@co.humboldt.ca.us](mailto:DHHSRacialEquity@co.humboldt.ca.us). Additionally, supervisory-level staff are encouraged to book time for coaching with the Racial and Cultural Equity Manager by emailing [nmiller-rubio2@co.humboldt.ca.us](mailto:nmiller-rubio2@co.humboldt.ca.us). ◀

## New Eligibility Specialists prepare to serve county residents

► DHHS Social Services graduated a class of 15 Eligibility Specialists in mid-April, who will soon be on the front lines providing services to Humboldt County residents. Eligibility Specialists assist people throughout the application process for Medi-Cal, CalFresh and CalWORKs benefits. ◀



Graduates and trainers pictured back row from left: Sean Bockmann, Chris House, Bryan Fleury, Ari Guzman, Aily Andersen and Morgan Cooper. Front row from left, Angela Webster, Tony Diaz III, Dion Davis, Gretchen Babakhani, Fatima Dela Rosa, Santiago Espinosa, Esmeralda Gonzalez and Alexa Day. Not photographed: Ashley Rose Florian, Maggie Gonzalez, Sierra Moon and Thomas Wehland.

# CWS Report

Submitted by  
CWS staff



► Child Welfare Services (CWS) held a three-day Cultural Training at the end of April. During this training, local Tribal presenters discussed how to enhance the work of CWS staff and collaborate with local Tribal communities to lay the foundation for how we work with Native families in Humboldt County.

Topics included cultural healing interventions through ceremony and language, the lingering impacts of historic trauma, the social and cultural history of the Humboldt area, giftedness, Tribal sovereignty and federal policies that led to the breakup of Native American families.

To improve understanding of local native cultures, traditions and history in order to provide culturally responsive services for the families, adults and youth CWS staff work with, discussions focused on:

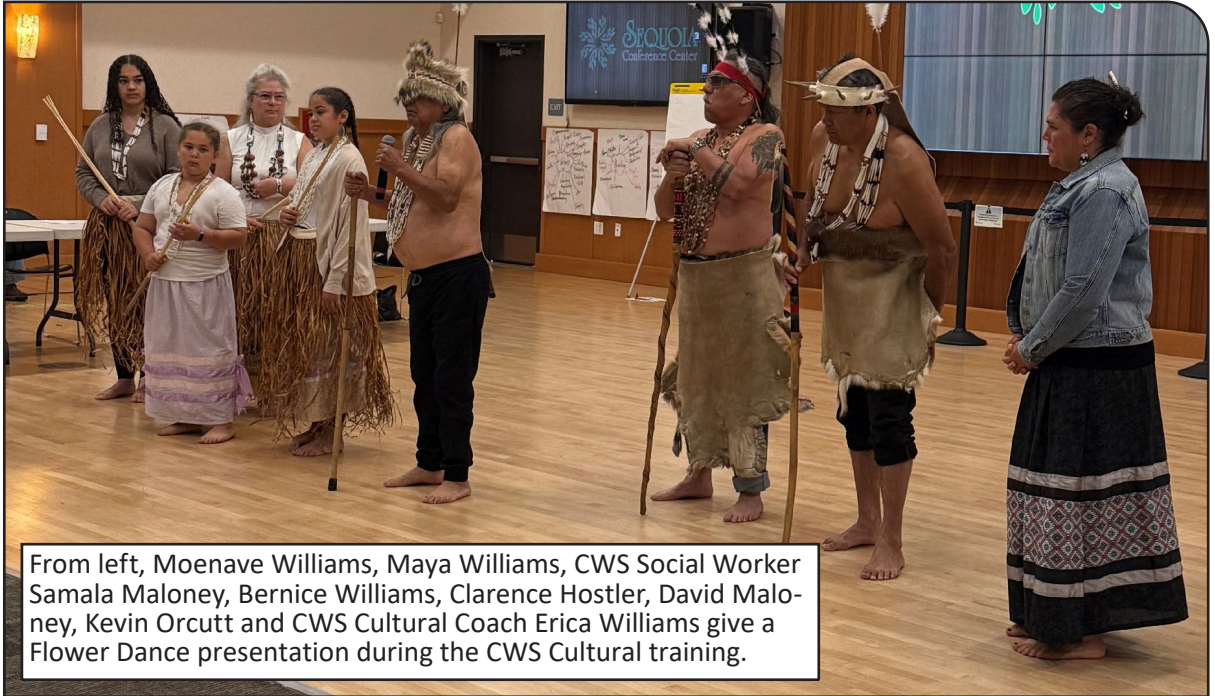
- Personalizing the historical experience of local Tribal Nations
- Enhancing understanding of colonialism, assimilation, board-

ing schools and their impact on Native communities

- Recognizing how local history helps staff better appreciate and empathize with the stories of the families we work with
- Identifying how past government actions impact current interaction with modern government agencies and educational systems
- Enhancing trust, respect and understanding, and creating deeper listening to what people and their communities state they need
- Understanding how families come from differing communities with varying values, affiliations, traditions, ceremonies and pro-

ocols

- Experiencing some of the strengths, talents and “giftedness” that are not always visible and how everyone can contribute
- Enhancing knowledge that the first goal of trauma recovery should and must be to improve the quality of life on a daily basis
- Identifying and examining specific risk factors and protective factors within Native cultures
- Understanding how culture, tradition and ceremony have healing qualities
- Increasing knowledge of local cultural healing services to be utilized in case plans, interventions and restorative justice. ◀



From left, Moenave Williams, Maya Williams, CWS Social Worker Samala Maloney, Bernice Williams, Clarence Hostler, David Maloney, Kevin Orcutt and CWS Cultural Coach Erica Williams give a Flower Dance presentation during the CWS Cultural training.



Clarence Hostler from the Hoopa Valley Tribe tells the story of “Frog’s Song, Story of a Child Healing.”



Gay-yu’ (Baby Basket) Presentation by Ruby Tuttle-Bommelyn (Yurok, Karuk, Yuki).

## Public Health visits state Capitol

DHHS Public Health Director Pereira (center) was welcomed on the Assembly floor by Assemblymembers Chris Rogers and Damon Connelly during an event with other County Health Executives Association of California members.



## Social Workers Appreciated

► In honor of March being Social Worker Appreciation Month, the Humboldt County Board of Supervisors acknowledged social workers crucial efforts protecting children, elders and dependent adults as well as their ongoing work with Tribes. ◀

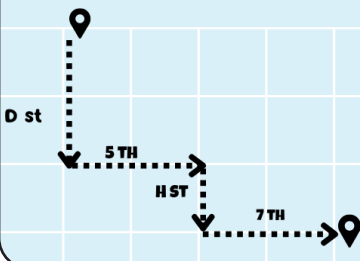
From left, DHHS Assistant Director Michele Stephens, Social Worker Supervisor Melinda Lewis, Fourth District Supervisor Natalie Arroyo, CWS Deputy Branch Director Ivy Breen, Program Manager Kim Schneider, CWS Deputy Branch Director Cherie VonSavoye and Program Manager Pamela Miller.



# WIC HAS MOVED!

The Eureka WIC clinic is now located at the  
**Community Wellness Center**  
**908 Seventh St., Eureka.**

### Former Eureka WIC Clinic



### Office hours:

**Monday - Thursday 8:30 a.m.-4:30 p.m., closed for lunch noon-1 p.m.**  
**Fridays 8:30 a.m.-3 p.m., closed for lunch noon-1 p.m.**  
**Closed holidays and the first business day of the month.**

**Phone: 707-445-6255**  
**Email: [WIC@co.humboldt.ca.us](mailto:WIC@co.humboldt.ca.us)**  
**TXT: 888-416-6984**

## HCTAYC pop-up museum featured at local gallery



► Humboldt County Transition-Age Youth Collaboration (HCTAYC) Peer Coach II and co-event organizer Alex Childers (second from right) and Lead Peer Coach and co-event organizer Jessica Coats (far right) talk to the crowd about the artwork on display at HCTAYC’s pop-up museum. The event, which took place in mid-April, at the Schlueter Gallery in Old Town Eureka, included artifact, art and photography submissions from participants representing “the Humboldt County Youth Experience: Struggle, Connection and Empowerment.” To learn more about DHHS’s Transition-Age Youth Division and HCTAYC, visit [humboldt.gov/TAY](http://humboldt.gov/TAY). ◀



HCTAYC participant Leo Peerson.



HCTAYC participant Aven Branson.

## Humboldt County Veterans Service Office

The Veterans Service Office (VSO) assists veterans, their dependents and survivors, and the general public in obtaining benefits from federal, state and local agencies administering programs for veterans.

- Stop by: 1105 Sixth St., Suite F, Eureka
- Call: 707-445-7611
- Visit for more information: [humboldt.gov/VSO](http://humboldt.gov/VSO)



## Longtime employees say goodbye

At an April meeting, the Humboldt County Board of Supervisors celebrated the retirement of Payroll/Personnel Supervisor Tami Hunter, after nearly 33 years with the county.

At the meeting, some of Tami's colleagues who were in attendance shared stories of appreciation for her, saying she was someone they could always count on to make sure payroll was processed "rain, shine or earthquake."



**Tami Hunter**



**Jet DeKruise**

Behavioral Health's Jet DeKruise was joined by co-workers and well-wishers after a career with the county spanning 38 years. The Senior Program Manager started in 1987, joining the county as a Mental Health Clinician II and becoming involved in numerous departmental functions. DeKruise was recognized for her advocacy of those needing support throughout the community.

Behavioral Health Case Manager II Diny King recently retired after 28 years with the county. Diny was hired as an Extra Help Mental Health Worker II in the summer of 1996 and later became the first person to take the position as Case Manager in the Humboldt County Correctional Facility after it was newly opened. One of her colleagues summed up her career by saying Diny's "legacy of empathy, professionalism and resilience will live on in the countless lives she has touched."



**Diny King**



**Melissa Chilton**

In March, the Humboldt County Board of Supervisors celebrated the retirement of Budget Specialist Melissa Chilton and honored her for her nearly 23 years with the department. Melissa represented the county in various statewide committees and work groups and is credited as the chief financial architect of the first regional Drug Medi-Cal Organized Delivery System in the state, opening access to substance use disorder treatment for thousands of people across northern California. County Supervisor Mike Wilson thanked her for her "integrity and vision," adding, "We're going to feel you in this community for a long time."



## County receives funding award for new Sempervirens

► DHHS has been awarded more than \$43.5 million to help construct a new Sempervirens (SV) psychiatric health facility after county staff submitted a grant application that was approved by the state.

At a mid-May news conference, California Gov. Gavin Newsom announced the award which comes from Proposition 1 funding.

Prop. 1, the Behavioral Health Services Act, was passed by California voters in March 2024 and replaces the Mental Health Services Act of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders, expanding housing interventions and increasing the behavioral health workforce.



Funding has been awarded to build a new Sempervirens psychiatric health facility on Fifth Street across from the Humboldt County Courthouse. **Renderings by Boulder Associates.**

The new ADA-accessible facility, which will be housed on Fifth Street across the street from the Humboldt County Courthouse, will be more than 21,000 square feet, include 16 psychiatric health facility beds and four crisis stabilization unit beds, and will make it possible to expand access to children and youth, as well as patients who are not ambulatory.

DHHS Director Connie Beck said, "Building a new SV will be one more puzzle piece in our local behavioral health continuum of care. This new facility will make it possible for us to provide crisis stabilization and improved trauma-informed intensive in-patient services for individuals living with serious and/or severe mental or behavioral health conditions, in a more therapeutic environment than the current facility. I am very grateful



to the Governor's Office and to staff for all the time spent on the grant application. This new facility will ensure these services remain locally available for decades to come."

The new facility is expected to be completed by 2030. ◀

