



## Director's Report

by **Connie Beck**



► As we head into the new fiscal year, doing less with less is something we are continuing to face. As I mentioned in the Spring newsletter article, 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 and more to identify where we can make reductions.

After extensive planning, in April we moved our Public Health Field Nursing and WIC staff to the Community Wellness Center on Seventh Street in Eureka, making it possible for us to

### HIGHLIGHTS

Director's Report .....	1
Social Services 'Reorg' focuses on expertise, mandates .....	2
SV holds unique 'Super' Psychiatric Health Facility distinction .....	3
CWS time study focus helps utilize needed funding .....	5
It's important to keep pets vaccinated for rabies .....	5
Safety Snippets: Focus on Safety Committees, IIPPs .....	9

give up the lease on their previous location in Old Town.

We have also been looking closely at space in our administrative location, the Professional Building on F Street, and have started shuffling staff and utilizing office sharing for staff who work from home part time to make room for additional staff from our 605 K St. location. Between that and reworking empty space at the Plaza on Sixth Street, we hope to be able to give up our lease on K Street by the end of the year and realize another cost savings.

We have also set up new processes and fine-tuned existing processes to make sure we are utilizing our surplus items before buying new, whenever possible. In addition to saving money on the front end, as we empty some of our storage facilities, we will be able to save money storage costs as well.

As I've been saying a lot lately, we appreciate staff's continued effort to identify cost savings measures and will continue to do what we can to prevent spending. And, while it is not going to be easy, we will get through this. ◀

## Twenty new families graduate Nurse-Family Partnership program

► At a recent graduation event, 20 local families were celebrated for their completion of DHHS's Nurse-Family Partnership (NFP) program. Participants in the program are partnered with a registered nurse by week 28 of their first pregnancy and receive support and guidance through the child's second birthday. Since launching locally in 2009, more than 970 families have completed the program.

Speaking with admiration for each NFP participant, Supervising Public Health Nurse Kathryn O'Malley said, "The big journey into parenthood starts with a single step.



Nurse-Family Partnership nurses and staff back row from left, Nikki Mahouski-Cruz, Amy George, Debra Judeikis, Alice Olliff, Dawn Rossman, Carrie Schreiber and Michelle Mirallegro. Middle row from left, Jeanne Vaudiau, Kathryn O'Malley, Holly Baker, Erin Jacobsen and Amy Neff. Front row from left, Andrea Armin, Amelia Gonzalez and Sydnee Stanton.

**continued on page 2**



# Social Services Report

by **Monique Upshaw-Smith**,  
Interim Deputy Branch Director

► Our Alignment and Prioritization Project, aka “The Reorg,” is underway. Social Services went live on July 7. Through this reorganization we aim to enhance our efficiency and cost-effectiveness by streamlining processes and strategically allocating staff.

Last year, in preparing for our project, managers in conjunction with the deputy branch director, got together and prioritized programs according to critical mandates, program goals, funding and community impact. We evaluated staffing levels needed to meet mandates, calculated staffing deficits and identified assignments to elimi-

nate or reassign to reduce workloads. We reduced the variety of tasks that staff are responsible for to improve focus and expertise so we can better meet mandates and key performance indicators (KPIs). It is expected these changes will have positive impacts on budget deficits that currently exist for Social Services programs.

Through “The Reorg,” Health and Nutrition Services (HNS) division title was eliminated. HNS is no longer. Our Social Services Eligibility and Employment programs are now considered Social Services Self-Sufficiency units. We have separated out responsibilities of CalFresh, Medi-Cal and CalWORKs programs, each program being managed by a Program Manager II.

In the past, both CalFresh and Medi-Cal programs were managed by one Program Manager II. By separating

CalFresh and Medi-Cal, we aim to provide focus to these top priority mandated programs, improve innovation within the programs, further define accountability within all programs and workload equity. Updated org charts have been posted to the DHHS BulletinBoard.

We are three weeks into “The Reorg” and soon will start planning a series of post-reorganization assessment meetings. In these meetings analysts, supervisors and managers will review data, newly created processes and the impact of “The Reorg” to community and partner agencies making changes and tweaks where necessary. Simultaneously, we continue to revamp our monthly reports that assist us in tracking performance and progress on mandates and KPIs.

There is a lot going on over here in Social Services Self-Sufficiency! ◀

## Nurse-Family Partnership, continued from page 1

In NFP we are motivated by being witness to families building a strong foundation and thriving in our community.”

The graduation, held at the Jefferson Community Center and Park in Eureka, was attended by dozens of program participants including newly enrolled families, families who are partway through the program and recent graduates. To learn more about NFP, visit [humboldt.gov/NFP](http://humboldt.gov/NFP). ◀



Colorful graduation caps presented to each young Nurse-Family Partnership participant upon completion of the program.



From left, Senior Public Health Nurse Michelle Mirallegro and Nurse-Family Partnership participants Michael Verbich II and Amber Culbert celebrate the completion of the program with a graduation cap and scroll.



Public Health Nurse Erin Jacobsen makes bubbles for families to enjoy at graduation ceremony.



## Public Health Director's Report

by Sofia Pereira

► You've probably heard lots about the federal budget bill, HR 1, also known as the "One Big Beautiful Bill Act," that was passed by Congress and signed by the President. Most notable are the impacts to Medicaid, or as we call it in California, Medi-Cal. Additionally, there are other provisions that defund Public Health and dismantle the safety net for seniors and low-income individuals in our community.

The impacts from the passage of HR 1 are being felt immediately in Humboldt County as our community loses critical funding. The elimination of SNAP-Ed, known as CalFresh Healthy Living (CFHL) in California, as of Oct. 1, 2025, is the first of many shocks

to community health to come under HR 1.

Humboldt County Public Health typically receives a \$250,000 annual allocation in SNAP-Ed funding which is then spread throughout the region to improve the overall health and nutrition of vulnerable members of our community.

Critical local programs funded by SNAP-Ed to be eliminated Oct. 1 include:

- Senior Falls Prevention
- Safe Routes to Schools
- Rethink Your Drink
- Nutrition and physical activity education in schools and the community.

Public Health partners that will lose funding include the Humboldt County Association of Governments, Eureka City Schools, Redwood Community Action Agency, Area 1 Agency on Aging, Humboldt Senior Resource Center, Open Door Community Health Centers, K'ima:w Medical

Center, Southern Humboldt Community Healthcare District, Cal Poly Humboldt, Alder Bay Assisted Living, Comunidad Unida del Norte de Arcata (CUNA), Making Headway for Brain Injury Recovery and Jefferson Community Center.

While many of the impacts of HR 1 are yet to be determined, the elimination of SNAP-Ed is immediately upon us. We are grateful to our Healthy Communities team who responded swiftly, communicating with partners about the cuts and their local impact. We are reassigning staff to other programs in Healthy Communities funding to adapt to this loss of funds. We appreciate our community partners who were key in delivering these programs to the community, increasing physical activity and nutrition. While this is a setback for our community, we at Public Health continue to work to improve our community's health in whatever ways we can. ◀



## Behavioral Health Report

by Paul Bugnacki, Deputy Branch Director



► Before I came to work in Humboldt County, my colleagues in Butte County often spoke about Sempervirens (SV) with a certain degree of reverence. I often wondered why they spoke so fondly of SV as something unique, compared to other Psychiatric Health Facilities (PHF) around the state. While I knew that every county Behavioral Health Plan in the state did not operate a PHF (less than half of the 58 counties do) I wasn't entirely sure why SV was so special. I later learned that SV has the unique distinction of being a "Super" PHF or "S-PHF". In fact, I was surprised to learn that Santa Barbara and Humboldt County are the only county-run S-PHFs in the state.

So, what is a S-PHF? A S-PHF is a psychiatric health facility that is

licensed by the Department of Health Care Services (DHCS) and follows state rules under California Code of Regulations title 9 and 22, as well as federal rules under the Centers for Medicare & Medicaid Services (CMS) Code of Federal Regulations (CFR) title 42.

These federal rules under CFR 42 are known as the "Conditions of Participation" (CoP). The same rules that govern hospitals.

Following these additional federal hospital regulations articulated in the CoP allows SV to also be licensed as an Acute Psychiatric Hospital. Being licensed as a S-PHF, Sempervirens is able to bill Medi-Cal and Medicare. Additionally, it allows for SV to bill at a higher rate compared to a regular PHF. Having the ability to bill at a higher rate comes with the increased responsibility to ensure we are operating in compliance with additional sets of regulations, better known as "TAGS" to those of us in the industry. This is why SV is regularly reviewed by state DHCS auditors and federal

CMS auditors.

The fact that SV operates under both state and federal rules allows us to treat a variety of people with different payor sources compared to a typical PHF. Typical PHFs can only bill Medi-Cal, whereas S-PHFs can bill Medi-Cal, Medicare and private insurance. This fact allows for a broader range of people to be treated in Humboldt rather than being sent out of county four-plus hours for acute psychiatric care. This is critically important in our area since we are so remote. To have this high level of care available to us is an incredible asset to the North Coast and surrounding counties.

I also used to wonder why PHFs and S-PHFs around the state were only 16 beds. The licenses for PHFs and S-PHFs are limited to no more than 16 beds due to something called the "IMD exclusion". The IMD exclusion is a Medicaid policy that prohibits federal funding for the care of individuals between the ages of 21 and 64 years old who are patients in psy-

continued on page 4



## Behavioral Health, continued from page 3

chiatric facilities with more than 16 beds.

Another factor that makes SV so unique are the people who operate and deliver the services. The staff at SV consistently demonstrate their dedication and commitment to providing quality specialty care to those patients who receive care there. This group of highly skilled professionals

are truly remarkable. They provide programming 24 hours a day, 365 days a year. Their teamwork and compassionate care for the patients they work with is reflected in the great outcomes of their work. Key indicators of quality programs for hospitals are measured by seven and 30-day readmission rates. SV consistently has lower readmission rates than the

statewide averages on both measures.

Very few counties are fortunate to have such a facility to provide acute psychiatric care for those who need it. Sempervirens continues to be a standout program within the state, and I am so grateful to be associated with the amazing work that occurs on this unit. ◀



### Equity Update

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

▶ The coming of summer and start of the new fiscal year always feels like a big transition point. Within DHHS Racial Equity we are gearing up for a new round of the Racial Equity Leadership Institute for supervisors and new sessions of the Foundations of Racial Equity training (for which we are training internal DHHS facilitators as part of our capacity-building effort) both beginning in September. Read on for details about the Racial Equity Strategic Plan revision as well as two new equity-oriented policies and procedures (P&Ps) DHHS Administration has recently rolled out to staff—one on Tribal Partnerships and another related to the DHHS Land Acknowledgment.

With the Racial Equity Strategic Plan revision, we are working to ensure that it creates structure and alignment for equity efforts across the department while representing the needs and current efforts of staff, programs and the department as a whole. Hearing from front line staff and leaders across DHHS is essential to under-

standing what has worked from the current plan, what hasn't and what might be missing. This spring, staff were invited to share input via a survey about the existing 2021-2025 plan. Survey responses indicate that staff are most interested in improving hiring, recruitment and retention practices, as well as the experiences of BIPOC staff. Ranking of future priorities fell along similar lines, with hiring, recruitment and retention first, and both training/coaching and improving experiences of BIPOC staff coming in close for second and third priorities.

Additional feedback emphasized the disconnect between the plan's goals and the everyday experience of staff. Some staff have seen impacts from the plan, but for many it's less clear how, or if, the plan has influenced the organization—this is something we are committed to remedying in the next plan!

Receiving honest feedback from diverse groups is invaluable to ensuring the revision includes relevant goals, bridges current gaps and supports ongoing accountability for DHHS as an employer, community partner and service provider. Thank you to everyone who's taken time to provide feedback thus far. This fall, I will co-fa-

cilitate a series of world-café style conversations about the plan revision, and I look forward to learning and sharing more as this process unfolds!

In other news, DHHS Administration rolled out two new policies related to how we acknowledge partners and engage with the local indigenous communities, Tribal Nations and Tribal-serving organizations. DHHS has finalized a Land Acknowledgment that can be used in email signatures, presentations, public-facing documents and reports. The final drafts incorporated feedback from the staff-led Indigenous Peoples Affinity Group, CWS's Cultural Coaches, the HCTAYC Youth Advisory Board and the DHHS Admin Team. The Tribal Partnership P&P provides staff with expectations for communication and timely involvement, data sharing and training. All of these resources are available on the DHHS BulletinBoard. Members of the public will likely see these in practice more and more as time goes on.

Questions, ideas and/or feedback can be directed to [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). ◀



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](http://humboldt.gov/jobs) and click Job Opportunities, or contact Employee Services at 707-441-5510. ◀



## CWS Report

by Stacy Reyes,  
Staff Services  
Analyst III



► In CWS, we felt it was time to understand, organize and actively engage in our time studies. CWS Director Amanda Winstead initiated a project to revitalize a culture of actively allocating hours to the appropriate codes within each staff's Time Study Buddy list. The CWS time study team formed to make this culture change including members of CWS and CWS Fiscal.

Initial start of the project brought forth staff who had attended trainings about time studies when they were paper based and allowed the time study team to bring forward communications that had been effective in the past (i.e. regular appearances at unit meetings), define what is different now (i.e. Time Study Buddy software) and revive a culture of active time study code allocation within CWS.

Time study and the need for conscious budgeting in this current financial atmosphere lent a curiosity and possible desire to get to know our time study a bit better.

The project received the "go" and was launched. It may have been ideal to have an outline and roll it out as a packaged implementation plan but not time studying was not an option. CWS had to shift a culture while learning and reviving time study

engagement.

Ensuring staff had the appropriate codes within their Time Study Buddy and knew how to allocate their time was the first step. We used the California Department of Social Services Program Description Guide for defining groupings of codes specific to CWS positions that would aid in easy digestion of what and how staff allocates hours. The goal was to keep the list specific to the staff and allow immediate addition and removal should staff move temporarily or permanently into a new classification or position.

CWS completed this milestone and now has a tracking mechanism organized by core codes for program areas (i.e. Emergency Response, Ongoing, Permanency Planning, etc.). A new hire, through completion of their training, is now followed with adding and removing codes to prevent legacy lists and confusion. This tracking on the back end allows staff to be confident that the codes in their Time Study fit the activities they do in their work.

The team's efforts have resulted in strengthening communication between the identified members who are benefitting CWS in areas beyond time studies.

The time study team has created visual roadmaps for each program area, presented in unit meetings and CWS All-Staff meetings, emailed to notify staff of new codes added and responded timely to questions. This

was and continues to be a team effort at every juncture.

We also had champions on staff lending a hand. Many brought forth knowledge of how to allocate codes from presentations past, provided input into how activities in everyday work could be allocated across multiple codes when it seemed more than one fit and helped spread the word during time study month to, "Do your time study!"

Moving into the new fiscal year we bring with us the success of having 100% of staff completing their time studies since last fiscal year's quarter two and increasing our draw down in quarter three by \$2.2 million.

We also learned that Time Study Buddy has an application for iPhones. In June, CWS requested it be added to our portal for download. In August, the CWS fiscal team and CWS program managers and supervisors will be using the app and providing feedback for the draft desk guide. In November, all CWS staff will have the knowledge to download and use the Time Study Buddy app on their iPhones. This will support our mobile approach to our work.

CWS has actively engaged in data-driven understanding of time study and looks forward to the new fiscal year of personal records in the completion and draw down of funding to support the amazing work our staff do every day. ◀



## Keep your pets' rabies vaccines up to date

by Benjamin W. Dolf, R.E.H.S.,  
Supervising  
Environmental  
Health Specialist

► Rabies is a deadly but preventable viral disease that affects the nervous system of mammals—including humans. Each year, the state health officer declares Humboldt County, and all of

California, a rabies area—meaning the disease is endemic throughout the state. Rabies continuously circulates in wildlife populations, especially in species like bats, foxes and skunks. Most recently, in June of this year, a bat was found in Arcata that tested positive for rabies—the first identified case in Humboldt since 2022. Fortunately, there was no human exposure associated with this bat, but DHHS's Division of Environmental Health (DEH) would like to take this opportunity to remind residents of the ever-present risk of this serious

disease.

Humboldt County's charm of lush forests and natural spaces offers an abundance of habitat for wildlife—which also results in frequent interactions between people, domestic pets and wild animals. Humboldt County experiences rabies epidemics in the wildlife population and serious outbreaks have occurred when populations peak. Between 1991 and 1993, there were 85 positive specimens—77 of which were wild animals (foxes, bats and skunks). The remaining eight cases were domestic animals—one cat

## Rabies, continued from page 5

and seven cows. Over 90% of rabies cases in the U.S. occur in wild animals, but our domestic pets bridge the gap between wild populations and risks to the public. Rabies is unique in that treatment is only effective prior to the onset of symptoms—recognizing an exposure is critical for timely treatment.

Rabies virus is transmitted through direct contact (e.g. through broken skin or mucous membranes in the eyes, nose or mouth) with saliva, tears and lacrimal secretions, or brain/nervous system tissue from an infected animal. The most effective way to protect yourself and your family from potential exposure to rabies is to keep your pets current on their rabies vaccinations.

California state law requires that dogs be vaccinated at four months of age with a booster 12 months later, and then every three years thereafter. For cats, there is no statewide mandate for vaccination. However, it is strongly recommended for both indoor and

outdoor cats as they frequently interact with wildlife and are statistically the most frequently reported domestic rabid animal in the U.S.

The vaccination status of any species of domestic animal is considered when pets are exposed to potentially rabid wild animals to mitigate risks to owners and the general public. A pet that is current on its vaccines must get a booster vaccination within 48 hours of the exposure and a strict 30-day isolation quarantine is required to monitor the pet for any changes in behavior or health. In the case of an unvaccinated pet, they too require immediate vaccination but the isolation quarantine and observation period is extended to 180 days.

The other key preventive measure against exposure to rabies is being safe and cautious around wildlife and stray animals. Rabies doesn't always present through aggressive behavior—it can affect the brain in ways that make animals docile, approachable or even appearing

tame. Never approach a wild animal, even if it is in distress—contact local wildlife care services, or local law enforcement if an animal is aggressive.

The wild animal of most concern is also one of the smallest—bats. According to the California Department of Public Health, statewide, 61 animals have tested positive for rabies as of June of this year, with 52 of them being bats. Bat bites can go undetected and can be difficult to notice. Bat-proofing homes by ensuring windows and vents are properly screened is the most effective way to prevent bats from entering a home. DEH strongly recommends having any bats tested for rabies if they have been in a home overnight or around people and pets.

For questions about rabies or to report a rabid or suspected rabid animal, call DEH at 707-445-6215 or toll free at 800-963-9241. To report a sick or injured animal, contact the Humboldt Wildlife Care Center at 707-822-8839. ◀

## Caregivers honored during appreciation month

▶ The Humboldt County Board of Supervisors recognized May as Caregiver Appreciation Month with a proclamation. Caregivers include resource parents, Tribally approved caregivers, relatives, non-related extended family members and caregivers working with youth living in Short-Term Residential Therapeutic Programs. ◀



From left, Second District Supervisor Michelle Bushnell, DHHS Social Worker II Joy Muhleck and foster parents Nicole and Jennifer Bice.

# Elder Abuse Awareness Month celebrated

► The Humboldt County Board of Supervisors declared June Elder Abuse Awareness Month with a proclamation. Locally, an average of 118 reports of elder and vulnerable adult abuse and neglect are received each month. People of all ages and abilities can be advocates and a voice for older individuals. If you suspect elder or dependent adult abuse, or want to report a phone scam, call DHHS Adult Protective Services (APS) at 707-476-2100 or toll free at 866-527-8614. For more information, visit [humboldt.gov/APS](http://humboldt.gov/APS). ◀



From left, APS Staff Services Analyst II Danielle Sherwood and Program Manager II Keri Schrock.

**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.**



## Regionalization Unit collaborates with senior-serving agencies to keep clients' health coverage up to date

by Sarah Ireland, Eligibility Supervisor

► We all know that Humboldt County is unique in many ways and the Social Services Branch of DHHS is no different. Did you know that we have a group of people specifically assigned and dedicated to collaborating with community partners to help our most vulnerable populations keep their Medi-Cal coverage? Our Regionalization Unit is comprised of all regional offices in Hoopa, McKinleyville, Fortuna and Garberville and also holds these dedicated Eligibility Specialists who collaborate on a regular basis with all of the Skilled Nursing Facilities in Humboldt as well as the Program of All Inclusive Care for the Elderly (PACE) and our In-Home Supportive Services (IHSS) program as well as the Humboldt

County Correctional Facility and the Behavioral Health Branch.

This collaboration comes in many forms. We have email boxes specifically for each partner to email us about cases, allowing necessary information to be provided to avoid a situation where the customers living in these facilities and enrolled in these programs lose their coverage. The Regionalization Unit makes every effort to “meet customers where they are” by exhausting all manners to contact customers and get all the necessary information to keep them covered.

One of the newest collaborations is with the Rio Dell Community Center, part of the Family Resource Center Network. Every other Monday, we have a bilingual Eligibility Specialist at the Community Center for two

hours, so that customers in the area can receive assistance there without having to travel or make phone calls. This helps the community members in many ways, including providing services in Spanish for the Spanish-speaking community members who sometimes find it difficult to navigate our systems.

In working with our Skilled Nursing Facilities and PACE program, we have learned that this is a unique collaboration that has not been found in other counties. We are dedicated to maintaining this collaboration and doing all we can to keep these populations aided. The Regionalization Unit staff feels like this is our favorite part of our job because it makes such a big difference for these vulnerable populations! ◀

## Long-time employee retires

► Earlier this year, the Humboldt County Board of Supervisors honored the retirement of Lila Lucero after nearly 28 years with the county. Lila was first hired in 1997 as a part-time Community Health Outreach Worker (CHOW) I and accepted a full-time position as a CHOW II in 2005. When accepting the resolution, Lucero shared her gratitude for the families and nurses she worked with at DHHS adding “working in Eastern Humboldt has been a great experience that I will take with me to retirement.” ◀



From left, Fifth District Supervisor Steve Madrone, Lucero's husband Christopher Jackson, retired Supervising Public Health Nurse Helen Culver, Lucero, Director of Public Health Nursing Megan Blanchard and Supervising Public Health Nurse Melinda McLarin.

# Safety Snippets

## ► Safety Committees

Every quarter, fellow staff are tackling potential workplace hazards through Safety Committee meetings. It can be a big lift as Safety Committee members field concerns from workers to discuss remedies with Facilities staff.

Issues can be as simple as correcting a daisy-chained surge protector or windows and mirrors in need of repair to proper maintenance of fire extinguishers, first aid kits and securing shelf mounts for earthquake preparation.

By tackling issues small and large and with Facilities staff in attendance, work orders can be generated with solutions brought back to Safety Committees. The goal is to have as safe a workplace as possible by including staff representation. It's also a good forum for general safety issues to be discussed.

Quarterly, Safety Committees at

Social Services, Behavioral Health, Public Health, the Pro Building, the Plaza and The Center at McKinleyville are meeting.

The groups also generate safety reports, which are required by the State of California Division of Occupational Safety and Health, better known as CalOSHA. If you don't know your Safety Committee rep or want to become involved, please talk to your supervisor.

## Injury and Illness Prevention Program

In the past several months, Facilities staff has updated and relocated to break rooms and reception areas at all DHHS locations the Injury and Illness Prevention Program (IIPP) binders. You can't miss the orange binders. The IIPP binder outlines procedures for staff to help reduce accidents, injuries and illnesses in the workplace. Importantly, the IIPP binders

provide actions for staff to take when and if accidents and injuries occur. Need to file a safety hazard incident report? Multiple copies are contained within. Supervisors also have access to employee injury or illness reports in the binder. Wildfire smoke protection guidelines, information about the COVID-19 prevention program and vehicle accident report forms can also be found in the binder.

When you have time, please take a look at your building's IIPP binder. Every employee is responsible for complying with all aspects of the plan. Employees are expected to learn and apply acceptable safety standards, use proper protective equipment while performing tasks and notify supervisors of any unsafe conditions, injury or illness.

Thanks for doing your part to keep yourself and your co-workers safe and healthy. ◀

## Peer Support Week recognized



► At a May meeting, the Humboldt County Board of Supervisors honored Peer Support Week with a proclamation. Nearly a dozen people including community members, staff and participants from the Humboldt County Transition-Age Youth Collaboration, Transition-Age Youth Division and the Hope Center showed up to show support for the proclamation.

Peer Support Specialists are trained providers who use their lived experience to encourage, engage with and support others with mental health, addiction or trauma to empower and assist their peers to live a life of their choosing and improve the likelihood of long-term recovery. ◀

