

# INTEGRATED PROGRESS & TRENDS REPORT

2025 QUARTER 4



PUBLISHED MARCH 2026



## our Mission:

to reduce poverty and connect people and communities to opportunities for health and wellness

## our Vision:

people helping people live better lives

## our Operational Principles:

Our integrated programs for children, families and adults deliver coordinated, efficient services.

These services focus on client and community strengths and emphasize prevention, resiliency, recovery and hope.

We collaborate with clients in their recovery and tailor our services to fit the values and needs they identify.

Our programs are evidence-based and outcome-driven to ensure quality and accountability.

We value and nurture our partnerships with community stakeholders.

# INTEGRATED PROGRESS AND TRENDS REPORT

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## INTRODUCTION

The Humboldt County Department of Health and Human Services (DHHS) is an integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB315 Berg) and includes the former Departments of Mental Health, Public Health, Social Services, Employment Training, Veterans Services, and Public Guardian. Since its integration in 2000, Humboldt County DHHS has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to: establishing consolidated administrative and program support infrastructures; developing governmental "rapid cycle" change management processes; implementing research- and evidence-based services; developing integrated, co-located and decentralized community based services concurrently; establishing stakeholder inclusion structures and processes that advise the Department in terms of policy and programming; focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health; and working with the State Health and Human Services Agency and various State departments to reduce or eliminate barriers that impede effective service delivery at the County level.

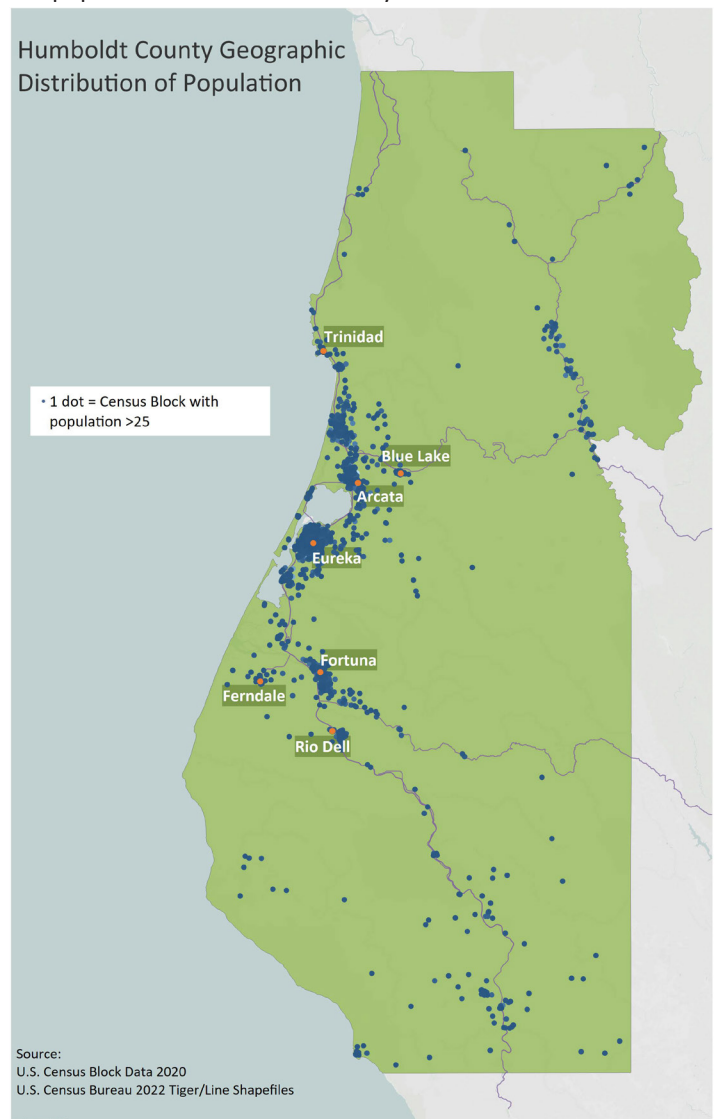
Rather than traditionally siloed systems, DHHS offers a client-centered "3x5 approach" focusing on five target populations (Community, Children and Families, Transition Age Youth, Adults, Older Adults) and three levels of approach (Universal, Selected, Indicated) moving investments from high-end focused treatment intervention for high-risk populations, toward more "upstream" selective and preventative strategies.

Presented in this Trends Report are comprehensive data on services provided by DHHS, as well as the status and trend of health related indicators. The Trends Report is a living document that will be released periodically, presenting updated data as well as developing trends. This cross program effort is linked to DHHS' commitment to move toward an accountable and outcome-driven system under the Integrated Services Initiative. These data represent an extension of the Integrated Services Initiative Strategic Plan.

While this edition of the Trends Report reflects new information through December 2025, intensive work continues to further develop and refine systems to collect data for monitoring trends, measuring outcomes, and ensuring data-supported decision making.

## HUMBOLDT COUNTY

Humboldt County, California is located on the far Northern Coast of California, approximately 75 miles south of the California-Oregon border. The County is densely forested, bisected by several rivers and the coastal mountain range, and bordered by the Pacific Ocean on the West. The County is rural in nature, with a population of 136,463 spread over 3,568 square miles, or 38.2 persons per square mile. Eureka is the largest community in the County, and is the County seat of government. There are eight federally recognized American Indian Tribes located in Humboldt County including the Yurok, Karuk, Hupa, Wiyot, Cher-Ae Heights Indian Community of Trinidad Rancheria, Bear River Band of Rohnerville Rancheria, Blue Lake Rancheria, and Big Lagoon Rancheria. The map below shows the geographic distribution of the population in Humboldt County.

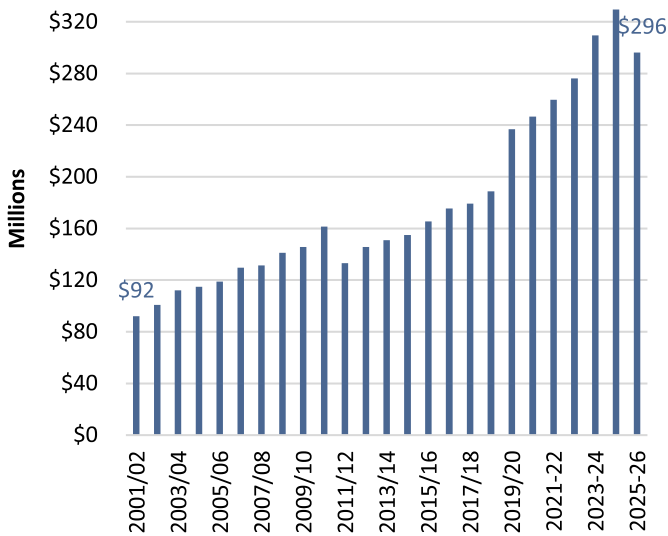


# INTEGRATED ADMINISTRATION AND BUDGET

## INTEGRATED ADMINISTRATION AND BUDGET

The Humboldt County Board of Supervisors approved the creation of the Department of Health and Human Services (DHHS) in July 2000. The first full fiscal year for DHHS was 2001/02. DHHS is currently in its twenty-fifth fiscal year. A total DHHS budget of \$296,244,499 (including General Relief) is approved for fiscal year 2025/26. The DHHS budget has increased by 222% since fiscal year 2001/02.

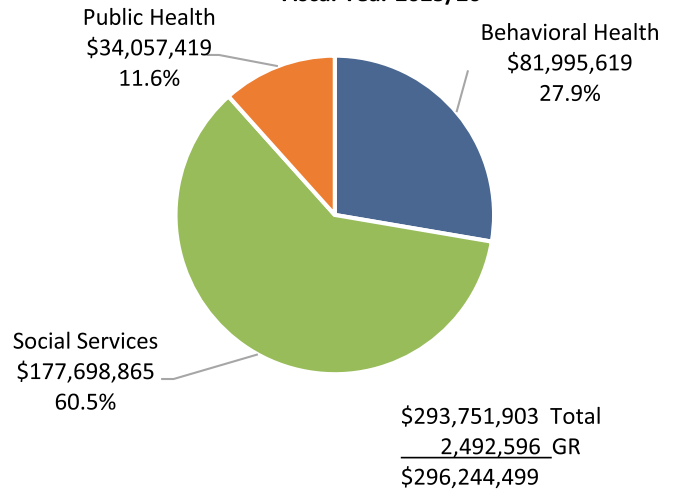
**DHHS Board Approved Budget  
Fiscal Years 2001/02 to 2025/26**



Source: Humboldt County Adopted Budget

The General Relief (GR) budget is included with the overall DHHS budget in the following chart, as the budget unit is administered by DHHS for the General Fund.

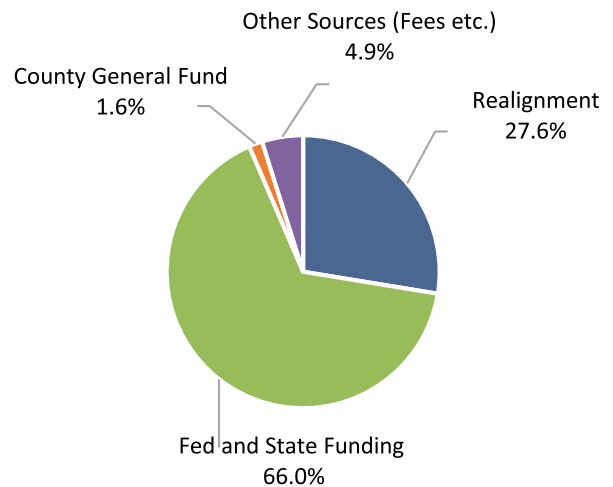
**DHHS Budgets  
Fiscal Year 2025/26**



Source: DHHS Proposed Budget  
FY 2025/26

Approximately 66.0 percent of DHHS funding comes from Federal and State sources. Realignment is the next largest source (27.6%) which comes from State sales tax and vehicle license fees (VLF).

**DHHS Revenue Sources  
Fiscal Year 2025/26**

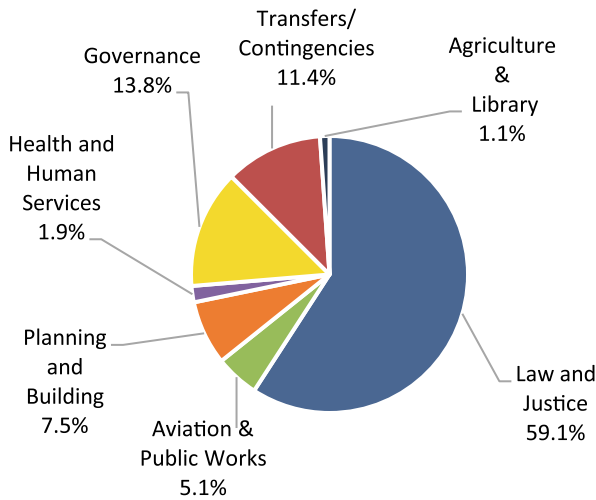


Source: FY 2025/26 Revenue projections based on the Governor's  
January Budget

By contrast, the chart on the next page illustrates the required contributions of General Fund money to support the various functions within the County.

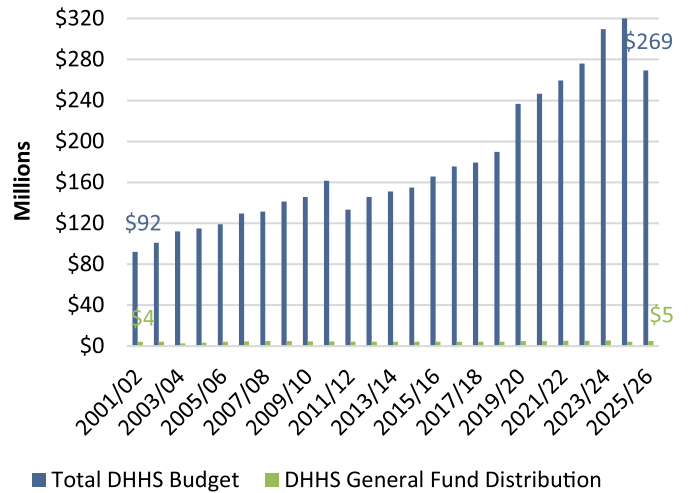
# INTEGRATED ADMINISTRATION AND BUDGET

**County General Fund  
Breakdown by Function Fiscal Year 2025/26**



Source: Humboldt County Adopted Budget FY 2025/26

**Humboldt County General Fund  
Contribution to Total DHHS Budget  
Fiscal Years 2001/02 to 2024/25**

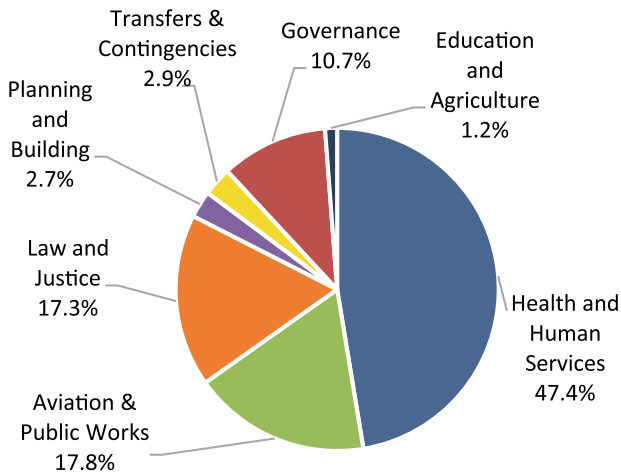


Source: Humboldt County Adopted Budget FY 2024/25

The total amount of Humboldt County's budget, reflective of all County funds, is \$629.74 Million. The chart below demonstrates that DHHS is the largest County department.

The budget data in the Trends Report give a point in time snapshot and is subject to change over the course of the fiscal year, causing it to differ from other county reports that may have been published at different points in time. Further, the county accounting system has been undergoing many changes this fiscal year which may also skew data.

**Humboldt County Expenditures by Function  
All Funds for Fiscal Year 2025/26**



Source: Humboldt County Adopted Budget FY 2025/26

Of the total DHHS budget, 1.8% comes from County General Fund. This calculation does not include the administered funds, GR. Although the total DHHS budget has increased by 222% since fiscal year 2001/02, the general fund contribution has remained steady, averaging \$4.48 million since inception. The general fund contribution to the DHHS budget has decreased from almost 5% of the total budget in 2001/02 to 1.8% in 2025/26, a decrease of 62%.

## COMMUNITY HEALTH

### SOCIAL DETERMINANTS OF HEALTH

Beginning even before birth and continuing through old age, the resources we have and the environments where we work, play, eat, and sleep impact our health. Resources such as quality jobs, family income, educational attainment, and the social characteristics of the neighborhoods we live in can all affect health.

Social determinants of health affect factors that are related to health outcomes and include:

- Family and Social Support
- Employment
- Income
- Education
- Community Safety

### FAMILY AND SOCIAL SUPPORT

Research has shown that people with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives. This is exhibited through lower levels of anxiety and depression and reduced tendencies toward stress-related behaviors such as overeating and smoking. Family and social support, or social connectedness, can also reduce the likelihood of other conditions and diseases.

### INCOME AND EMPLOYMENT

Employment impacts health not only through the income it provides, but also through its provision of health benefits, pension plans, and other pathways to financial security. Type of employment can also influence health. Better health is associated with more job control and security, less stress, and less exposure to danger or toxins. Ongoing, safe employment can lessen the likelihood of a number of conditions and diseases.

Income and health have a well-established reciprocal relationship that operates in both directions: higher income leads to better health and better health leads to higher income. Higher income can lessen the likelihood of a number of conditions and diseases.

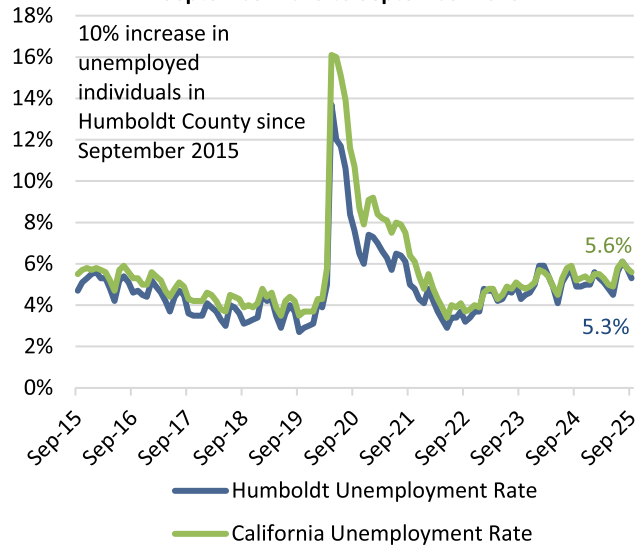
### UNEMPLOYMENT RATE

The September unemployment rate for Humboldt County of 5.3% was lower to the State rate of 5.6%.

When the COVID-19 pandemic hit, the state's unemployment rate in April 2020 of 16.1% and Humboldt County's rate of 13.7% were the highest they have been since January 2010.

Since April 2020, both the County and State unemployment rates have fluctuated.

County versus State Unemployment Rate  
September 2015 to September 2025



Source Data: EDD Historical Civilian Labor Force Board (12/17/2025)

Aid programs administered by DHHS reflect the overall state of the economy. The higher unemployment rates in bad economic times generally equate to an increase in demand for services. Assistance programs such as California Work Opportunity and Responsibility to Kids (CalWORKs), CalFresh, General Relief (GR), In-Home Supportive Services (IHSS) and Medi-Cal (MC) have different income eligibility requirements resulting in fluctuating case increases and decreases between programs.

Due to lack of federal data updates, information is not available after 9/2025.

### EMPLOYMENT TRAINING

The Department of Health and Human Services' workforce arm is known as Employment Training (ET) and provides an array of employment services to DHHS participants to help them back to work while building self-sufficiency.

### EMPLOYMENT RESOURCE CENTER

The Employment Resource Center (ERC) is a facility that houses 2 classrooms, a drop-in computer lab and is home to ET workforce development professionals. The ERC serves anyone connected to DHHS through its drop-in services and workshops. Additional in-depth employment supports are provided to DHHS participants referred from several Social Service sectors including CalWORKs/Welfare-to-Work (WtW), General Relief (GR), Transition Age Youth (TAY), and CalFresh Employment & Training (CFET) programs, in addition to those referred by the Probation Department. Through the ERC, ET staff provide both workshops and individualized supports to assist DHHS participants with vocational assessments, local labor market research, job search, career planning, and job retention skills. In addition to resources on-site at the ERC, remote job search supports, such as job search assistance, workshops, and case management are also offered.

## WELFARE-TO-WORK

Welfare-to-Work participants who are served within the CalWORKs program, are offered extensive support from an Employment Training Vocational Counselor (VC) to plan goals, develop resumes, prepare for job search and interviews, research careers, and plan education and training options.

## CALFRESH EMPLOYMENT & TRAINING

The CFET program is offered to individuals enrolled in CalFresh who don't receive CalWORKs. ET's CFET and Helping Humboldt programs work together to assist very vulnerable populations, including GR recipients, homeless, and individuals with behavioral health challenges. CFET offers case management, education and training support, job search assistance, employment retention support, and supportive services to qualifying individuals.

## HELPING HUMBOLDT

Helping Humboldt (HH) is a unique occupational empowerment program that provides day-labor opportunities for DHHS referred participants. With the guidance and support of a staff of VCs and Work Crew Leaders (WCL), individuals with significant barriers to securing work and in need of substantial work readiness preparation, are engaged in daily community work activities. Work activities can include woodworking, light grounds keeping, washing county cars, community engagement opportunities, litter removal, and other needs as they arise. Through this work, participants build confidence, skills, and capacity to sustain a regular job. Regardless of abilities, from day one, participants are able to engage in job readiness activities. The ultimate intent of HH is to prepare the long-term unemployed, marginally employed and/or possibly unsheltered individuals for viable jobs and self-sufficiency.

## BUSINESS SERVICES

ET's Business Services team of dedicated VCs support local employers with subsidized wage programs. Through the Work Experience (WEX) program, this team is able to assist employers by subsidizing participant wages for the duration of a training period. WEX placements provide short-term training opportunities, not long-term employment, and the County is the employer of record. ET also offers On-the-Job training (OJT), which provides employers a reimbursement of 50% during a limited training period. OJT placements provide participants with permanent employment. This team of VCs monitor participants in their first few months of work to support on-boarding and initial job training to assist with retention and ensure both employer and participant needs are met.

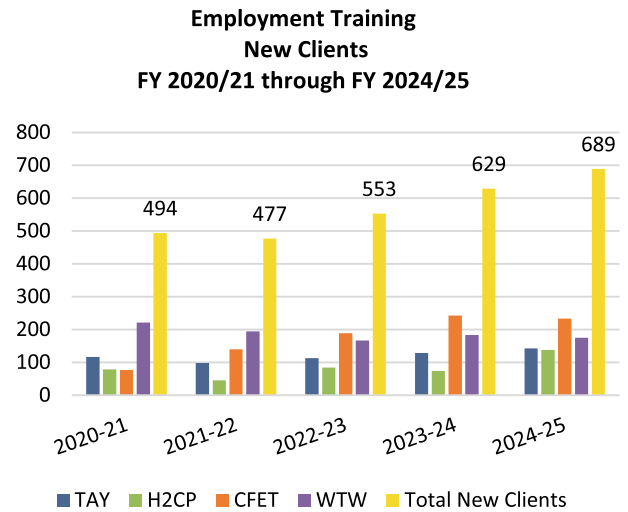
## TRANSITION AGE YOUTH

Transition Age Youth (TAY) is a multi-partnered service program geared for youth aged 16-26. ET assists with employment related services that include one-on-one vocational counseling, job search and readiness assistance, interview practice, goal setting, skill-development, vocational assessments, and transportation support as needed for employment related activities.

## HUMBOLDT SECOND CHANCE PROGRAM

The Humboldt 2nd Chance Program (H2CP) is designed to support individuals getting back to work after incarceration. With referrals for this program from Probation, the Sheriff's Offices, internal DHHS programs, and agency partners, ET provides initial assessments, full case management, system navigation, referrals to other indicated services, work readiness and vocational training, and support to participants and employers for job placement with subsidize wage incentives and ongoing retention supports.

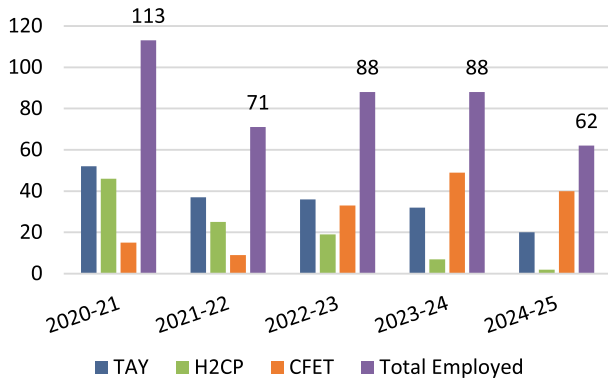
The following chart shows how many new participants were enrolled in ET programs. An individual may be enrolled in more than one program at a time. Participants utilizing our programs include those receiving DHHS benefits like Welfare-to-Work (WTW), justice-involved individuals referred from the Probation Department through the Humboldt Second Chance Program (H2CP), CalFresh Employment and Training (CFET), and Transition Age Youth (TAY) ages 16-26 in need of employment readiness activities.



Source: ET Monthly Data Report (01/04/26)

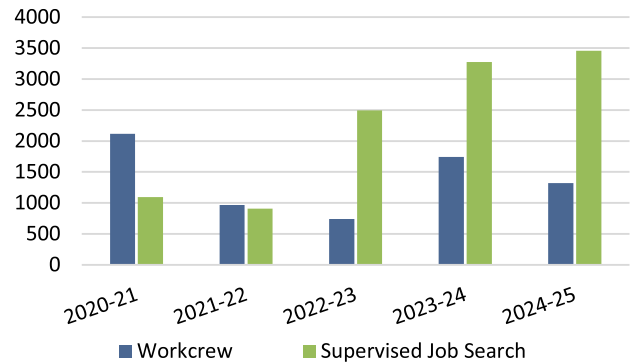
The following chart shows how many Transition Age Youth (TAY), Humboldt Second Chance Program (H2CP), and CalFresh Employment and Training (CFET) participants entered unsubsidized employment while receiving ET services over the last five fiscal years. Unsubsidized employment is regular, competitive, employment acquisition. Participants enter unsubsidized employment in a variety of fields, including but not limited to food service, retail, construction, assembly, warehouse, trucking, delivery, customer service, human services, health services, and clerical.

**Employment Training Entered Employment**  
FY 2020/21 through FY 2024/25



Source: ET Monthly Data Report  
(01/04/26)

**CalFresh Employment and Training/Helping Humboldt Participation Hours**  
FY 2020/21 through FY 2024/25

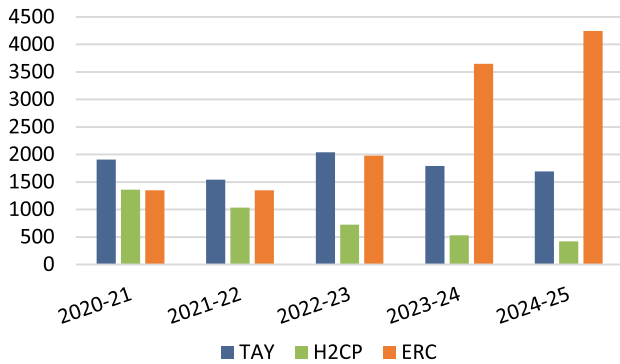


Source: ET Monthly Data Report  
(01/04/26)

The following chart shows, by type of activity, how many participation hours were completed by CalFresh Employment and Training (CFET)/Helping Humboldt (HH) participants, over the last five fiscal years. Supervised job search is supported by Vocational Counselors, who help with goal setting, resume development, online job search, interview preparation, training opportunities, transportation planning, and resource referral. HH work crew provides hands-on work experience and skills training to participants of all skill levels and abilities, through various county and community projects. HH Work Crew Leaders actively collaborate with other county departments and non-profit community partners to develop unique group-work opportunities. Past work crew activities include woodworking, car washing, groundskeeping, litter removal, window washing, clerical, and setup/breakdown of community events.

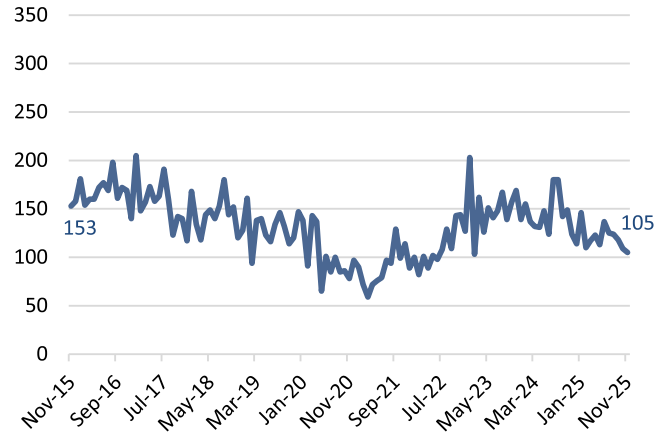
The following chart shows how many activities and services were provided to Transition Age Youth (TAY), formerly incarcerated populations through Humboldt Second Chance Program (H2CP), and to all populations utilizing the Employment Resource Center (ERC) over the last five fiscal years. As you can see, there is a large jump in ERC delivered services in the 23-24 fiscal year and another moderate increase in the 24-25 fiscal year. This continued growth can be attributed to streamlining efforts between our local General Relief and Employment Training programs, prompting robust referrals and outreach for ET programs. Services can include assistance completing job applications and resumes, mock interviews, job leads, and more. Participants may engage in more than one activity or service at a time and may return multiple times over several years to engage in activities and services.

**Employment Training Services Provided  
FY 2020/21 through FY 2024/25**



Source: ET Monthly Data Report (01/04/26)

**Humboldt County CalWORKs Applications Received per Month  
November 2015 to November 2025**



Source: State Report CalWORKs Cash Grant Caseload Movement Report - CA 237 (11/5/2025)

## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Temporary Assistance for Needy Families (TANF) was approved by Congress and signed into law in 1996. The TANF program changed welfare from an entitlement program to a time limited program that transitions families from welfare to work.

### CALWORKS

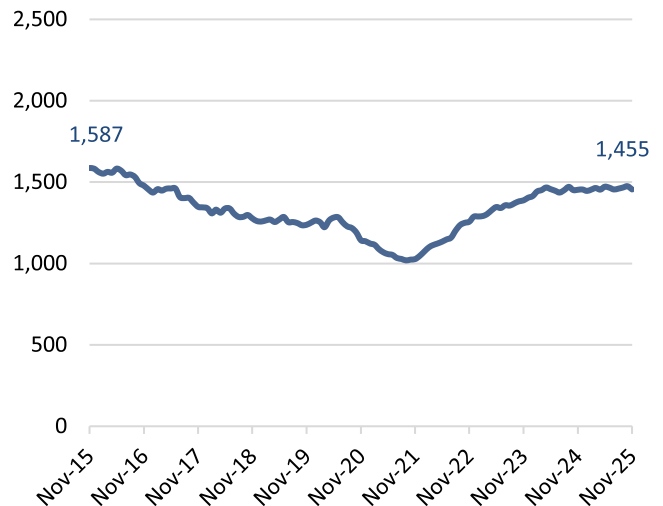
In California, families in need are eligible to receive TANF benefits through California Work Opportunity and Responsibility to Kids (CalWORKs) and Welfare to Work (WtW). CalWORKs provides temporary financial assistance and employment-focused services to families with minor children whose income and property are below the established State maximum limits set for their family size. Adults are limited to sixty months of CalWORKs and WtW. They may receive CalWORKs and WtW longer if they are exempt from WtW participation. Families may continue to receive aid for children after the adults reach the time limits.

As illustrated in the following chart, applications for CalWORKs fluctuate from month to month and year to year. The average number of applications received each month since November 2015 is 132 with 25% of those being approved. In the past 12 months, the monthly average number of applications received is 120 with 24% of those being approved.

It should be noted that all applications may not be new to the program. Rather, some reflect cases that were aided previously and had been discontinued for various reasons.

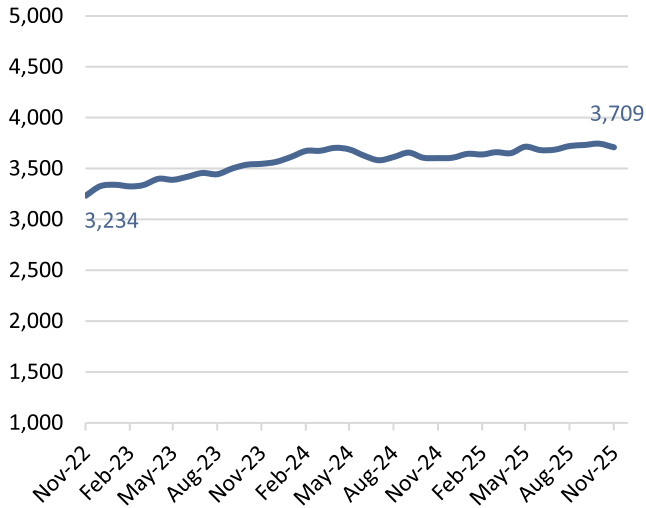
As seen in the following chart, the case count has declined 8.3% over the last 10 years, but has increased 0.1% since November 2024. The decrease and subsequent increase in CalWORKs enrollment may be attributable in part to economic conditions preceding and succeeding the COVID-19 pandemic including temporary economic stimulus programs and the rising cost of living. During the 3rd quarter of 2025, 66% of CalWORKs recipients were children 18 years old and under.

**Humboldt County CalWORKs Case Count  
November 2015 to November 2025**



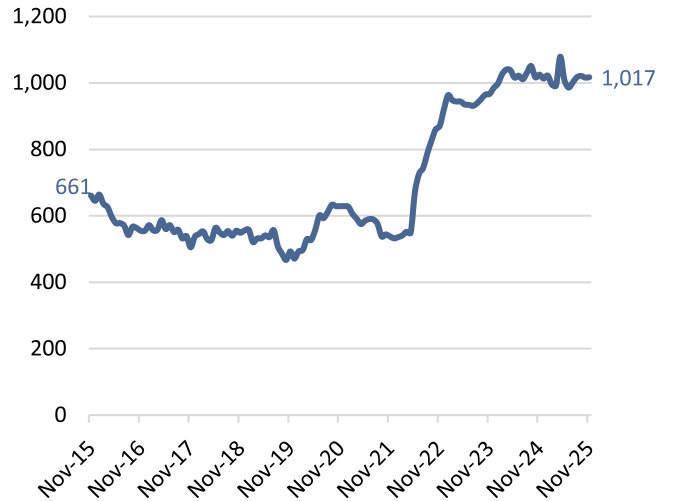
Source: State Report CalWORKs Cash Grant Caseload Movement Report - CA 237 (11/5/2025)

**Humboldt County CalWORKs Individual Count  
November 2022 to November 2025**



Source: State Report CalWORKs Cash Grant Caseload Movement Report - CA 237 (11/5/2025)

**Humboldt County CalWORKs WtW Participants  
November 2015 to November 2025**



Source: Humboldt County State Reports WtW 25, WtW 25A (12/17/2025)

## WELFARE-TO-WORK

Welfare-to-Work (WtW) was designed to assist families to work toward self-sufficiency. Training, childcare, transportation assistance, and employment related support services are provided to eligible families to meet this goal.

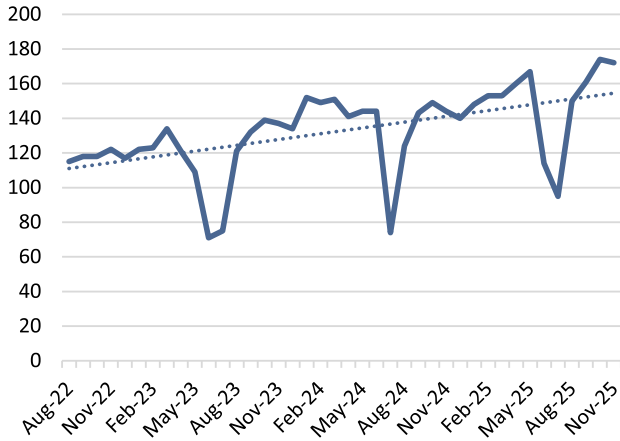
From November 2015 to November 2025, the WtW case count has fluctuated with an overall increase which may be attributable in part to economic conditions. The increase in enrollment since April 2022 for CalWORKs and WtW may be due partly to increased need created by the pandemic including the end of eviction protections and rental assistance. Additionally, in May 2022 the CalWORKs Time Clock changed from 48 months to 60 months expanding WtW enrollment.

The current case count includes adults with multiple barriers to securing employment such as mental health, substance abuse, homelessness, and domestic violence. These individuals are more difficult to engage in supportive services and subsequently find it more difficult to secure and retain employment.

In November 2015 there were 661 WtW participants and 1,017 WtW participants in November 2025 which is a increase in enrollment of 35%.

There are three Welfare to Work (WTW) educational activities: Vocational Education, for participants attending publicly funded postsecondary educational programs; Education Directly Related to Employment, for adults who are pursuing their High School Diploma or General Education Development (GED) certificate; and Adult Basic Education, typically for those who are learning English as a Second Language (ESL). This chart reflects total enrollment in all three activities, with Vocational Education averaging 86% of total enrollment. Vocational Education has seen an increase in the number of participants following implementation of Senate Bill (SB) 1232 in 2021 which impacted those in publicly-funded education, streamlining enrollment, removing requirements for some initial activities, and introducing the advance standard payment (ASP). The ASP is a payment for required books and school supplies that ranges from \$175 to \$500 depending on the number of units and the length of the school term. Dips in enrollment numbers are due to summer breaks.

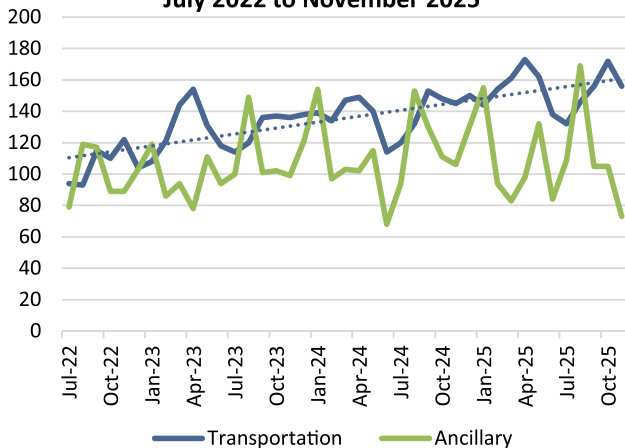
**WTW Educational Activity Enrollment**  
August 2022 to November 2025



Source: WTW/WTW 25A Reports  
(12/18/2025)

Welfare to Work (WTW) issues supportive service payments to participants to remove barriers to transportation and other expenses directly related to program participation. Transportation payments may cover mileage at a standard rate or bus fare to and from the activity and can be issued before or after attending. Ancillary payments cover work or school related needs. The increase for all issuances reflects an increase in case numbers, a post-Covid rebound in participation, and subsequent need for barrier removal services.

**WTW Supportive Services Issuances**  
July 2022 to November 2025



Source: WTW 25/25A Reports  
(12/18/2025)

Clients not participating in WTW without an exemption can be subject to financial sanction. There were 15 sanctioned cases as of November 2025. From November 2015 through November 2025, the monthly average for sanctioned individuals is 116.

During the reporting period, the number of people in sanctioned status shows constant change. Beginning in the end of 2013, the number of sanctions began to increase. In May 2015 the number of sanctions began a downward trend. Staff continually work to engage participants at every opportunity and have received training that shifts focus from strict compliance to goal-achievement coupled with intentional service selection in an effort to increase engagement, thus decreasing sanctions. Due to the COVID-19 pandemic, California Department of Social Services implemented blanket Good Cause decreasing sanctions. This ended May 2021 and staff started to reengage clients. Those not participating faced sanction increasing overall numbers. In May 2022 WTW changed methodology to reduce sanctions by offering streamlined sanction cures and refocusing on intentional service selection using new Good Cause flexibilities encouraged by the state.

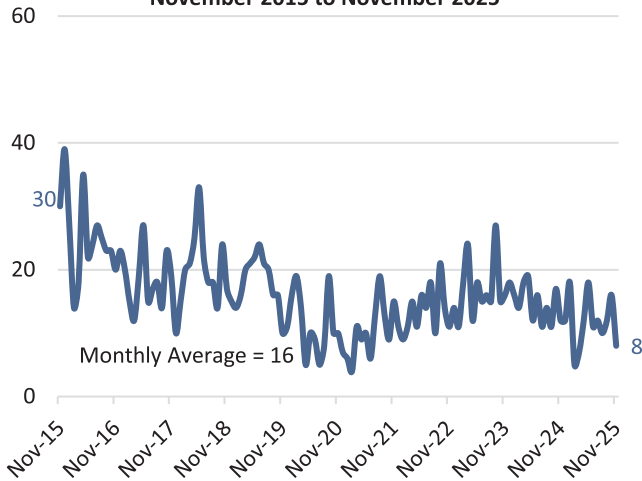
**CalWORKs WtW Sanctioned Cases**  
November 2015 to November 2025



Source: Humboldt County State Reports  
WtW 25, WtW 25A  
(12/17/2025)

The chart on the next page shows that the monthly average of enrolled WtW participants who have entered employment since November 2015 is 16. There were 8 WtW participants who entered employment; 3 were discontinued due to employment in November 2025.

**CalWORKs WtW Count of Individuals Who Entered Employment November 2015 to November 2025**



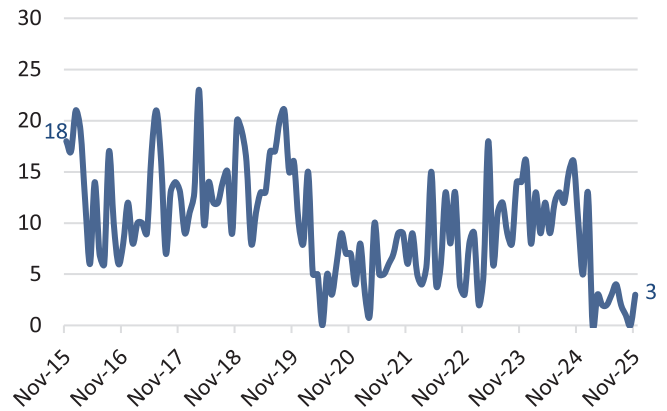
Source: Humboldt County State Reports  
WtW 25, WtW 25A  
(12/17/2025)

The overall success of linking persons to employment is linked to economic factors and the availability of entry level positions. When participants enter employment, it is often a result of WtW staff working with participants to assist them getting over the barriers that may affect them in securing employment.

Social Services works closely with many partners who can assist CalWORKs clients with their employment goals. Some of these partners include America's Job Center of California (AJCC), Employment Development Department (EDD), the Humboldt County Workforce Development Board, College of the Redwoods, and the Eureka Adult School. Close collaboration with Employment Training, Behavioral Health, Public Health and Child Welfare Services is also integral to client success.

The next chart shows the number of people who secured employment and no longer needed CalWORKs assistance. Over the last ten years, the monthly average number of discontinuances due to employment is 10. In November 2025, 3 people were exited due to employment.

**CalWORKs WtW Exits Due to Employment November 2015 to November 2025**



Source: Humboldt County State Reports  
WtW25, WtW25A  
(12/17/2025)

## CALWORKS CHILD CARE

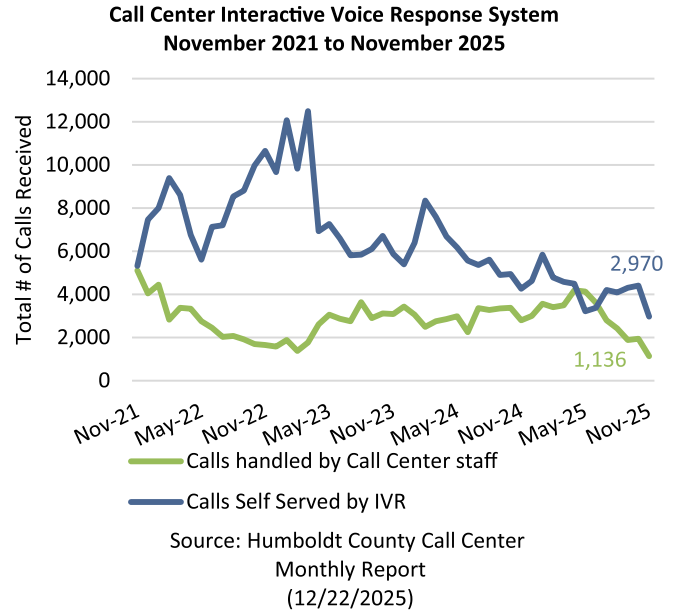
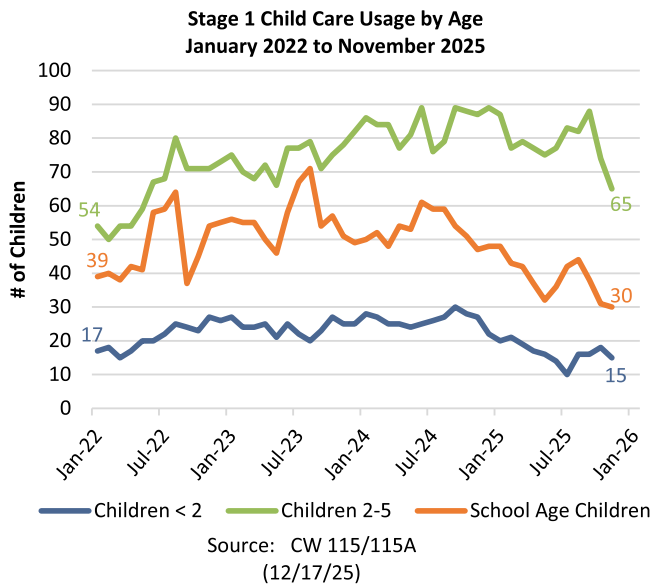
The CalWORKs Stage One Child Care program provides child care support to eligible CalWORKs families in partnership with Changing Tides Family Services. Early engagement is critical for participation in Welfare-to-Work activities. Families are informed of child care services at their CalWORKs intake interview and provided an opportunity to request child care prior to program participation. Eligible families receive 24-month authorization allowing them to maintain continuous care before re-establishing eligibility. Those consistently using care and engaged in eligible stable activities such as employment are transitioned to Stage 2 Child Care for continued care. Child care usage has increased over time for all age groups since implementation of Immediate and Continuous Child Care authorization 12-month authorization in 2019 and now 24-month authorization effective January 1, 2025).

From January 2022 to November 2025, the number of children served overall in Stage 1 Child Care has fluctuated with a marginal increase in usage.

In January 2022 there were a total of 17 children under the age of 2 and 15 children under the age of 2 in November 2025 which is a marginal decrease in usage.

In January 2022 there were a total of 54 children age of 2-5 and 65 age of 2-5 in November 2025 which is a 17% increase in usage.

In January 2022 there were a total of 39 school age children using care and 30 school age children in November 2025 which is a 30% decrease in usage.

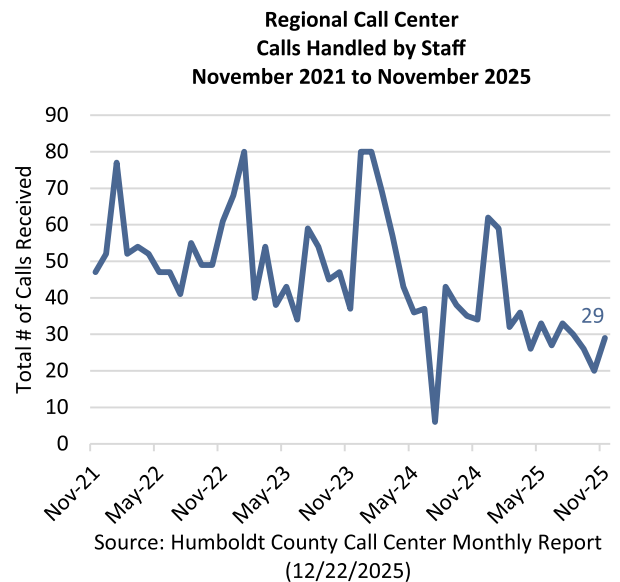


## DHHS CALL CENTER

The local DHHS Call Center opened in December 2012 to provide direct and efficient customer service for CalFresh and Medi-Cal, and in 2023 expanded to include CalWORKs and General Relief. Incoming calls are directed by an Interactive Voice Response (IVR) automated system to specialized queues for the specific programs or general inquiries. The Call Center hours are from 7:30am to 5:30pm Monday - Friday. Callers may also use the IVR system to obtain basic information about their application or case 24 hours a day, seven days a week.

The chart in the next column shows the total number of calls handled by Call Center agents and the number of callers that were able to use the IVR system for self-service. The number of calls handled by IVR vs. staff significantly changed in October 2021 due to staffing levels during the COVID-19 pandemic and the increased number of customers.

The Regional Call Center (RCC) operates within the larger Call Center and serves as the hub for region 3 for Humboldt, Mendocino, Lake, Colusa, Glenn, Nevada and El Dorado counties, providing services specifically related to the Affordable Care Act (ACA). The chart below shows the number of calls handled by RCC staff. Enrollment for ACA coverage is open from November through January each year. Enrollment in Medi-Cal, with its expanded eligibility criteria, continues year round.



## ACCESS TO HEALTHCARE

While medical care is not a primary determinant of health, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. Access to health care can impact overall physical,

social and mental health status, by contributing to the prevention, detection, and treatment of health conditions. Health insurance coverage helps people get access to the health care they need and can reduce the burden of large medical bills.

## MEDI-CAL

The Medi-Cal program was initially established in 1965 to respond to the health care needs of a select uninsured group. Over the years, the program has been expanded to encompass a growing number of families, disabled and elderly individuals seeking a means to pay for their medical care. In January 2014, California chose to add the expanded adult group authorized by the Affordable Care Act extending coverage to income eligible adults.

Social Services also manages the eligibility for the County Medical Services Program (CMSP) which is a health care program for uninsured, low-income adults who are ineligible for Medi-Cal.

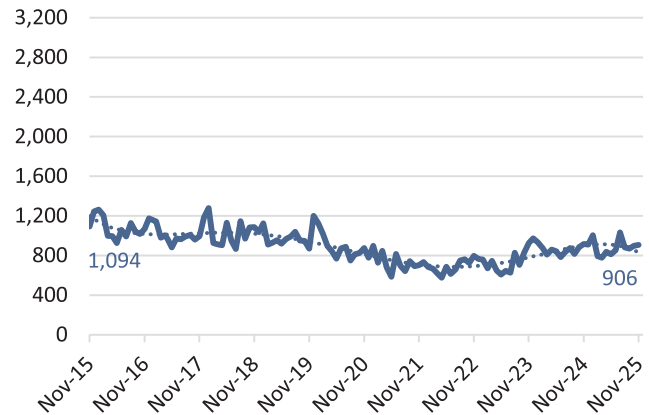
California Advancing and Innovating Medi-Cal (CalAIM) is a broad set of initiatives meant to transform MC into a more coordinated, person-centered, and equitable health system. At Social Services, the CalAIM components that we are focused on include formalizing MC Pre-Release applications with the county jail, improvement of processes regarding beneficiary contact information, and Oversight and Monitoring of County Performance Standards.

The implementation of the state healthcare exchange, Covered California, has fundamentally changed the way Medi-Cal applications are received. For Covered California health plans, applications are limited to enrollment periods, except for special life events, set around the end of the year and start of the next year. This period is represented by the spikes in the chart in the next column. Because efforts are made to provide continuous coverage, as more customers are granted the pool of potential customers decreases. This can explain the downward trend line in the chart.

While changes at the federal level such as shortened enrollment periods affect access to health care nationwide, California remains steadfast in its dedication to reduce the number of uninsured Californians. The local affects of these changes appear minimal at this time.

Throughout the COVID-19 Public Health Emergency, the county was prohibited from discontinuing Medi-Cal cases except under limited circumstances. Discontinuances resumed beginning 7/1/23 which has contributed to an increase in applications.

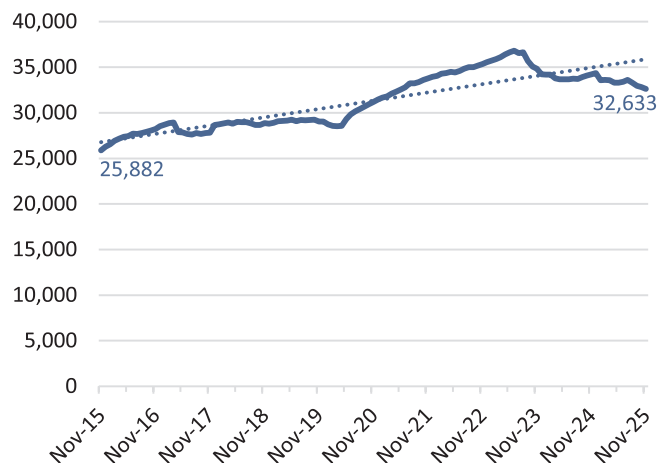
**Medi-Cal Applications Registered per Month  
November 2015 to November 2025**



Source: CalSAWS Medi-Cal Caseload Report - Mock MC 237 Summary, Medi-Cal Applications Received During the Month (12/18/2025)

The Medi-Cal Program Case Count chart below shows the open Medi-Cal cases from August 2015 to August 2025. It is important to note that a case may include multiple beneficiaries with different Medi-Cal and Covered California programs. These case counts only include those cases controlled by the county. Additional active cases are present in the county but administered by the State. During the COVID-19 pandemic the county was delaying renewals and negative actions. This accounts for the uptick and continuing steady rise in cases as of April 2020. This continuous coverage requirement ended on 3/31/23 and Medi-Cal Renewal processing and negative actions resumed effective 7/1/2023 and has resulted in a decrease in the number of active cases.

**Humboldt County Medi-Cal Program Case Count  
November 2015 to November 2025**



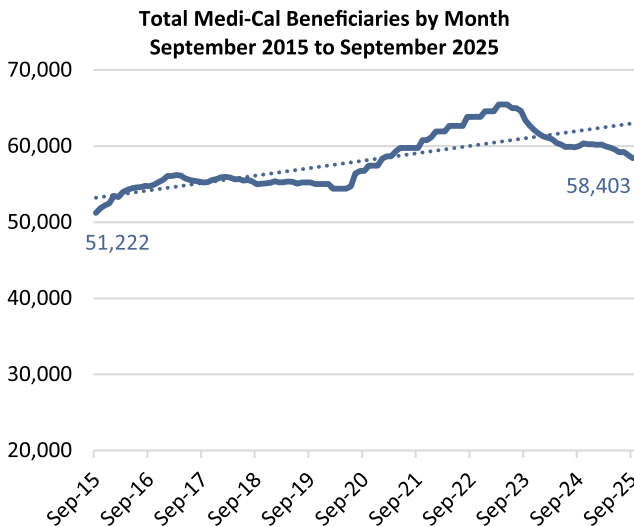
Source: CalSAWS Medi-Cal Caseload Report - Mock MC 237 Summary, Cases Carried Forward from Last Month (12/18/2025)

The Medi-Cal Beneficiary Participation Rate chart in the next column includes all certified eligible Medi-Cal recipients in Humboldt County. The reporting of State data is always later than the data month meaning the most current information

stems from January 2025. Beneficiary counts rose steadily between March 2020 and June 2023. Due to the COVID-19 Public Health Emergency, the county was generally prohibited from discontinuing MC beneficiaries. Applications were granted so we continued to add new beneficiaries but were not discontinuing most cases. Discontinuances were resumed July 1, 2023 so the total number of beneficiaries has decreased.

The beneficiary total includes the following program counts

Most beneficiaries (45,863) receive their MC through a Modified Adjusted Gross Income Program. These are the programs created by the Affordable Care Act. Pre-ACA or Non-MAGI MC is available for eligible customers who do not qualify for MAGI. Some Aged, Blind, or Disabled beneficiaries (6,855) are receiving coverage through these programs. Long Term Care (LTC) MC covers individuals (246) who are residing in a Skilled Nursing Facility. The County Medical Services Program (CMSP) covers adults who are ineligible for MC. There are 14 individuals on CMSP.



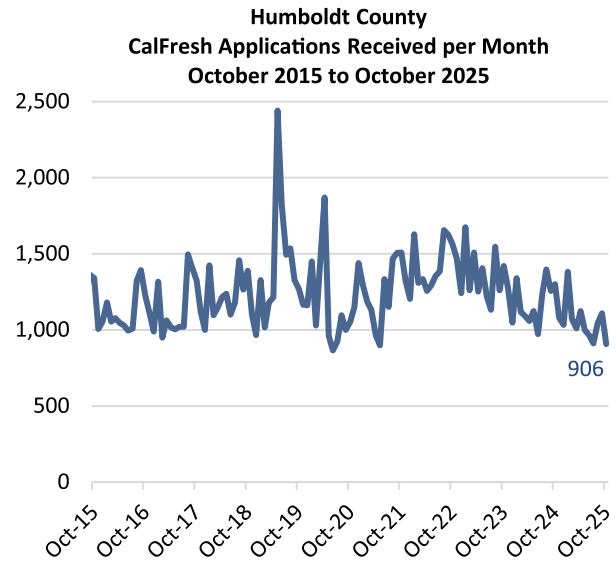
Source: State of California, Department of Health Care Services, Continuous Coverage Unwinding Dashboard (12/18/2025)

## CALFRESH

CalFresh, the California name for the federal Supplemental Nutrition Assistance Program (SNAP), is a federal food assistance program that assists low-income households to purchase nutritious food items. Applications for CalFresh vary from month to month. Applications received have decreased by 32.3% since October 2015. This trend may be attributable in part to current economic conditions.

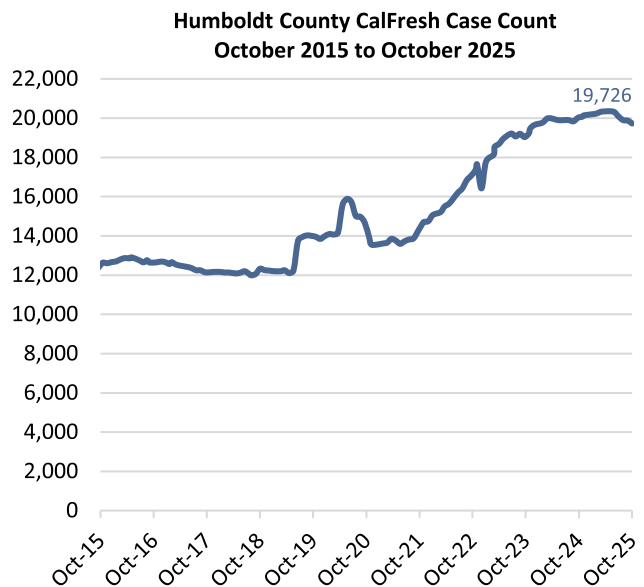
CalFresh expansion to SSI recipients was effective June 1st 2019, prior to this change SSI recipients in California were ineligible to receive CalFresh benefits. This change in policy has resulted in an increase in applications beginning May 2019, and an increase in case counts and participation by the 60+ population beginning June 2019.

Beginning in April 2020 and continuing through February 2023, all CalFresh recipients were receiving the maximum benefit amount for their household size due to the PHE. This resulted in a sustained increase in applications resulting in an increase in the number of cases.



Source: Humboldt County State Report CF296 - CalFresh Monthly Caseload Movement Statistical Report (11/14/2025)

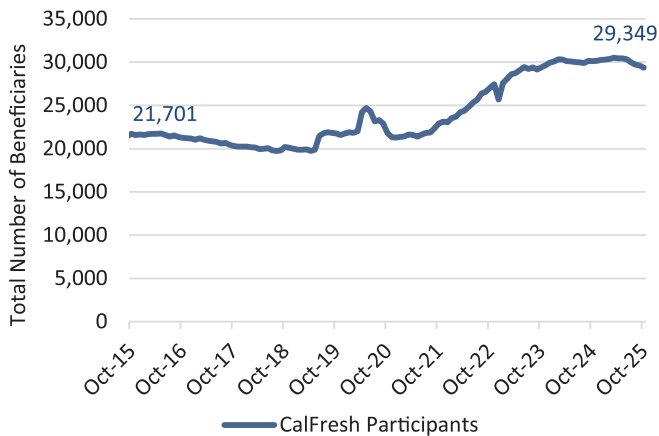
Since October 2015, CalFresh case counts have increased 56.2% which equates to 7,094 more households. The increase in CalFresh participation is likely due to the community outreach that DHHS and the CalFresh Task Force promotes and changes to eligibility standards. There are currently 24 Community Based Organizations (CBO) participating in CalFresh Outreach activities throughout the County.



Source: CalSAWS Ad Hoc Report (11/13/2025)

This lists the total number of individuals receiving CalFresh. From October 2015 through October 2025 there has been an increase in participation of 35.2%. In October 2025 there were 29,349 in CalFresh benefits issued in Humboldt County. This amounts to a change of 91.4% since October 2015. The increase in participation is due in part to the 2019 SSI/SSP cash out reversal, where people receiving SSI and SSP became eligible to CalFresh. Then beginning in April 2020 and continuing through February 2023, all CalFresh recipients were receiving the maximum benefit amount for their household size due to the PHE. This resulted in a sustained increase in applications resulting in an increase in the number of participants. The increase in benefits issued is due to the increase in participation as well as increases to the benefit amounts that happen annually on October 1st when the CalFresh Cost of Living Adjustment goes into effect.

**Total CalFresh Beneficiaries by Month  
October 2015 to October 2025**



Sources: US Census 2010-2017 American Community Survey  
SS CalSAWS Ad Hoc Reports and State CF 296 Reports  
(11/14/2025)

## LABORATORY SERVICES

The Humboldt County Public Health Laboratory is one of 38 local city and county microbiology laboratories in California. Operating under the laws and regulations of California's Health and Safety Code and Title 17 of the California Administrative Code, each local Public Health Laboratory provides diagnostic testing services in support of its local health department's programs. In addition, many also provide testing services to non-governmental entities to address disease issues of importance to their respective communities. Such services may include the analysis of various environmental samples or specimens aimed at assessing and/or mitigating local community health hazards.

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

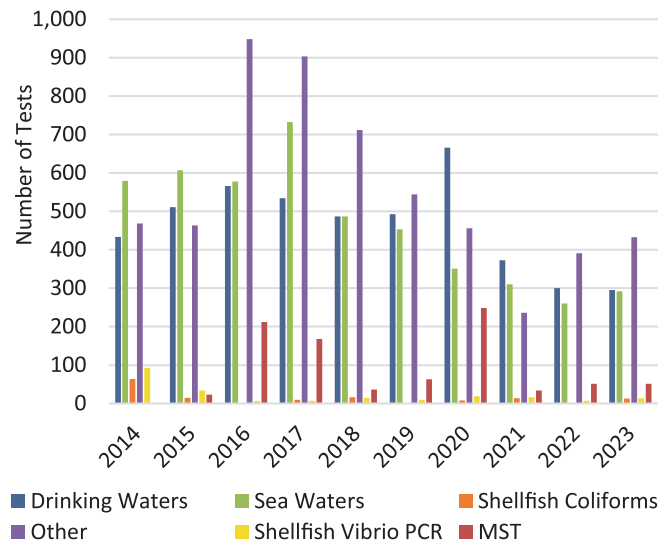
Shellfish testing resumed in Spring of 2010. Shellfish are tested for the presence of *Vibrio*, a genus of bacteria that in certain forms

can be harmful to humans when consumed. This testing monitors and regulates our local shellfish industry and ensures public safety. Vibrio Polymerase Chain Reaction (PCR) testing, a more complete, quicker method to test shellfish, was added in 2012. Vibrio PCR testing reduces turnaround time by three days and also provides more detailed results to identify pathogenic *Vibrio* bacteria that are harmful to humans when consumed.

In early 2018 the microbial source tracking (MST) project was completed and only local submissions from the Division of Environmental Health were tested, explaining the decrease of bacteroides (MST) testing. In 2019, MST testing increased due to a new project that attempts to identify the source of fecal contamination at Clam Beach, which is on the state's top 10 "Beach Bummer" list. State Parks surface water testing volume went down due to a change in the submitter interpretation of regulations. In 2020, an increase in MST testing was a result of continuation of the project to identify the source of fecal contamination at Clam Beach.

The "Other" category in the chart below includes bathing beaches, recreational waters and surface waters.

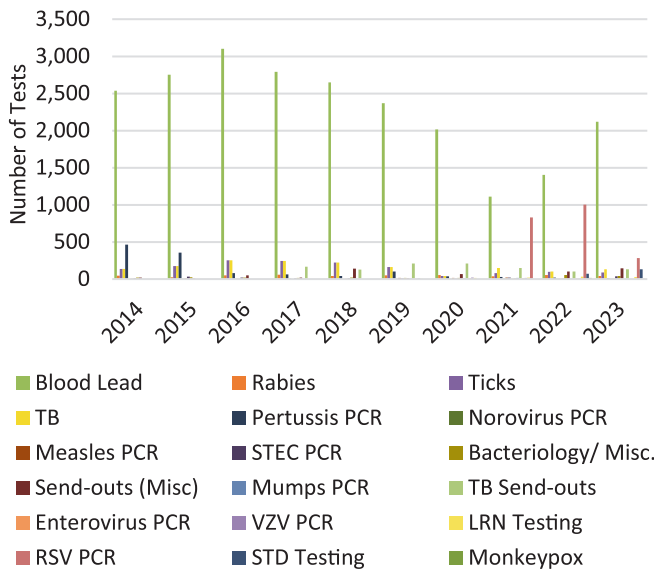
**ELAP Testing Comparison 2014 to 2023**



Source: Public Health Laboratory (January 2024)

Types of clinical testing change as different community needs arise. In 2010 PCR testing for pertussis, norovirus, and influenza were added as well as a viral respiratory panel (R-Mix). In 2012, PCR testing for measles was added. Shiga toxin-producing *Escherichia coli* (STEC) PCR was added in 2013 and has enhanced the laboratory's ability to detect Shiga toxin-producing bacteria and decreased diagnostic turn-around time. R-Mix testing was discontinued in 2021 and Zika PCR testing was discontinued in 2022. RSV PCR testing was first offered in 2021 and uses the GeneXpert 4-plex test with SARS-CoV-2 and Influenza. Note that Influenza testing was removed from the Clinical Testing Volumes Chart due to a significantly higher level of testing skewing the chart; 283 Influenza PCR tests were performed in 2022.

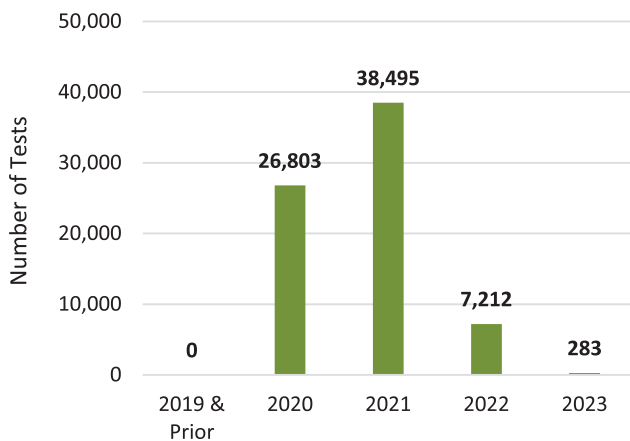
**Clinical Testing Volumes 2014 to 2023**



Source: Public Health Laboratory (January 2024)

The Public Health Laboratory's focus in 2020 was quickly diverted to response to the novel coronavirus, or COVID-19 pandemic. Response to the pandemic required additional testing equipment and extra laboratory staffing, as well as limiting the clinical testing the Laboratory could conduct. As a result, the number of send-outs increased in 2020 and a slight reduction of clinical testing, however the Laboratory maintained most testing levels compared to previous years. The Public Health Laboratory ran 26,803 tests for SARS-CoV2 from March through December 2020, 38,495 tests in 2021, 7,212 tests in 2022, and 283 tests in 2023. The Public Health Laboratory switched to the CDC Multiplex assay in 2021 that tests for both SARS-CoV-2 and Influenza A and B, which accounts for the large increase in Influenza tests for 2021.

**COVID-19 Testing Volumes 2019 to 2023**  
(N = 72,793)



Source: Public Health Laboratory (January 2024).

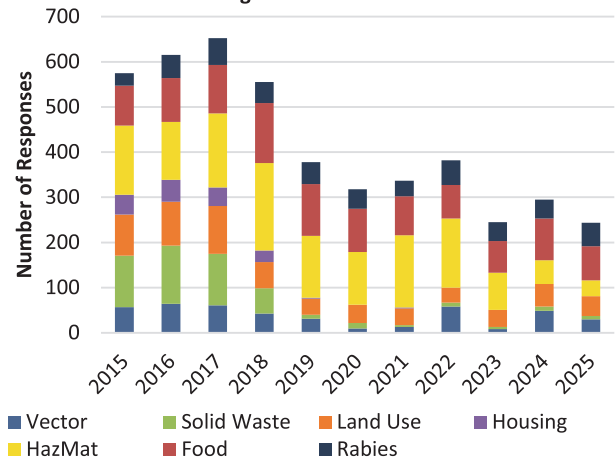
Sexually transmitted disease (STD) testing was implemented in 2022 in partnership with the Public Health Clinic, with Trichomonas vaginalis testing being added in 2023. 134 Syphilis, Gonorrhea, Chlamydia, and Trichomonas vaginalis tests were performed.

## ENVIRONMENTAL HEALTH

The Humboldt County Division of Environmental Health plays a critical role in disease prevention. Safe drinking water, pollution, proper sewage disposal, foodborne illness outbreaks, childhood lead poisoning, hazardous materials spills, and solid /hazardous waste management can present challenges to our communities. The goal of Environmental Health is to protect the health, safety, and well-being of the public, and to preserve and improve the quality of the environment by strengthening programs and continued professional development of staff.

Environmental Health received 244 consumer complaints in 2025 requesting investigation and/or staff review of the following: solid or hazardous waste handling and disposal complaints, food borne illness reports, failing on-site sewage systems, rabies investigations, rodent and other pest nuisances, and others. Rabies data were added to the existing chart beginning 2009. The total volume of consumer complaint calls has declined since 2017 due to the referral of some complaints to the Code Enforcement Unit and effects of the SARS-CoV2 pandemic.

**Environmental Health Consumer Complaint Investigations 2015 to 2025**



Source: Public Health, Environmental Health Division (12/31/2025)

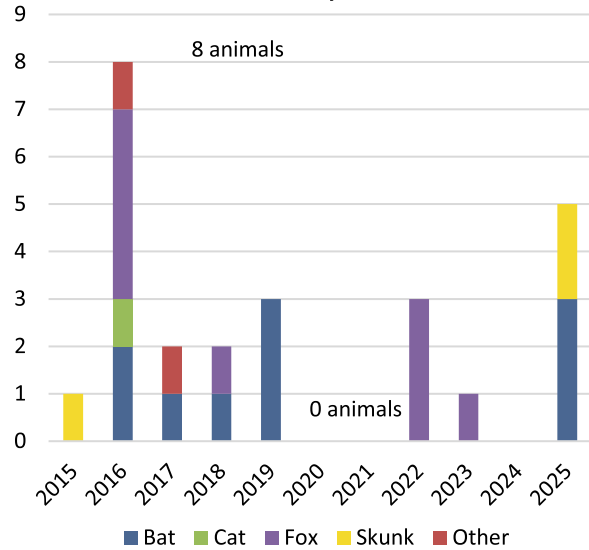
## RABIES

When people come into contact with suspected rabid animals, Public Health Nursing is involved to ensure proper evaluation and treatment. Environmental Health staff provides public outreach to alert and educate the public about rabies outbreaks, as well as prevention programs. These programs include public service announcements and visits to veterinary clinics, family assistance centers and animal shelters throughout the County to promote important prevention measures such as vaccinating pets, avoiding contact with wild animals, and contacting law enforcement to report aggressive or menacing animals.

Environmental Health staff responds to calls from the public, law enforcement, and veterinarians to investigate wild and domestic animal bites as well as possible human and domestic animal rabies exposure. Animals suspected of carrying rabies are tested by the Public Health Laboratory. The State Department of Public Health has made the annual declaration that every California county is a rabies endemic area.

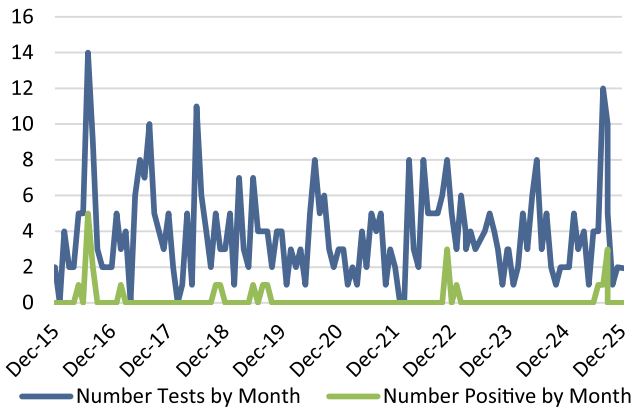
For the period of October 1 through December 31, 2025, eight animals were authorized for rabies testing. The laboratory testing was performed by Humboldt County Public Health Lab and the California Department of Public Health - Viral and Rickettsial Disease Laboratory. All eight of the animals tested were confirmed negative for rabies virus, one was considered unsatisfactory for determination. Of the eight animals submitted for testing, two were domestic animals (two cats), and six were non-domestic species (two bats, one fox, one raccoon, one otter and one gopher). Of the eight animals submitted for testing, two involved direct or potential human exposure. Total tests for whole prior years: 41 in 2024; 43 in 2023; 55 in 2022; 33 in 2021; 42 in 2020; 47 in 2019; 43 in 2018; 57 in 2017; 50 in 2016 and 27 in 2015.

**Animals Testing Positive for Rabies in Humboldt County 2015 to 2025**



Source: Environmental Health Database (12/31/2025)

**Humboldt County Rabies Testing by Month  
Total Tests and Number Positive  
December 2015 to December 2025**



Source: Environmental Health Database (12/31/2025)

In 2025, five of the 53 animals tested by the Public Health Lab or the California Department of Public Health - Viral and Rickettsial Disease Laboratory tested positive for rabies. The following reflects the recent history of positive animals: zero in 2024, one in 2023, three in 2022, zero in 2021, zero in 2020, three in 2019, two in 2018, two in 2017, eight in 2016, one in 2015.

## COMMUNICABLE DISEASE

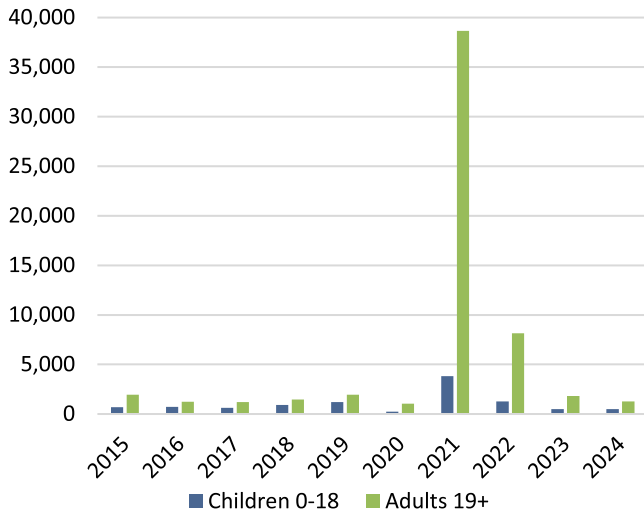
The Communicable Disease Program at DHHS-Public Health tracks, investigates and reports notifiable diseases. The program maintains a knowledge base of current disease trends as well as emerging infectious diseases to allow Public Health to rapidly identify and respond to local and national disease events. Because many communicable diseases are vaccine preventable, Public Health's immunization clinic works closely with the communicable disease program to provide evidence-based preventative care, especially during local outbreaks and during flu season.

The Communicable Disease program has Public Health Nurses available to address questions and concerns from both local health providers and community members. Examples include questions about needle stick exposures, treatment protocols for rabies if exposed to a dog bite, what to do if a family member has whooping cough, or questions about tuberculosis.

## IMMUNIZATIONS

Public Health Main Clinic increased its immunizations rate in 2021 due to re-opening the Immunization Clinic in August 2021. There was an overall decrease in Kindergarten immunizations from 95.6% in 2015-2016 compared to 94% in 2021-2022. Statewide progress towards providing universal insurance access contributed to the Clinic's overall adult immunization rate decrease. The Clinic's service numbers for tuberculosis testing and adults seeking travel immunizations increased when the Travel Immunization Clinic reopened in August 2021.

**Public Health Clinic Immunizations by Age and Year  
2015 to 2024**



Source: California Immunization Registry (CAIR)  
(January 2025)

Throughout 2024, Public Health clinics provided an aggregate total of 1,753 vaccinations to 1,115 unique patients; 487 for children 0-18 and 1,266 for adults 19+. There was a total of 665 flu vaccinations administered in 2024 to County and City of Eureka employees. Clinic staff also provided COVID vaccination clinics at the Public Health Main Clinic and community clinics. A total of 154 COVID vaccinations were provided by Public Health clinics in 2024 which was an 82% decrease from the prior year (849 vaccinations). The California COVID State of Emergency ended February 28, 2023, and the commercialization of COVID vaccine began in mid-to late September 2023. In response, the Clinic provided COVID vaccinations only to underinsured and uninsured adults in 2024 which significantly reduced the number of administered COVID vaccinations. In response to the Monkeypox outbreak, a total of 6 Monkeypox vaccinations were provided to the community in 2024. As there was a rise in Respiratory Syncytial Virus (RSV) cases across the nation in 2023, CDPH recommended that all infants and young children receive a Nirsevimab dose during the flu and cold season. However, the vaccine was not available because of supply issues caused by high demand. Due to the shortage in Nirsevimab in 2023, CDPH recommended pregnant people receive the RSV vaccine to build antibodies in the unborn fetus which are active for up to six months after birth. A total of six RSV vaccinations were administered in 2024.

## NEEDLE EXCHANGE

In 2001, the County of Humboldt approved sanctioned needle exchange programs and several community clinics began implementation. Needle (or Syringe) Exchange is a Harm Reduction strategy to prevent the spread of communicable diseases and provide access to other services like substance use disorder treatment, medical care, and mental healthcare.

Syringe Exchange studies show a significant decrease in transmission of blood borne pathogens. Studies do not show

increases in drug use or in the number of drug users. Harm Reduction in general allows services to reach people who are unserved or underserved because it provides an ongoing relationship that builds trust.

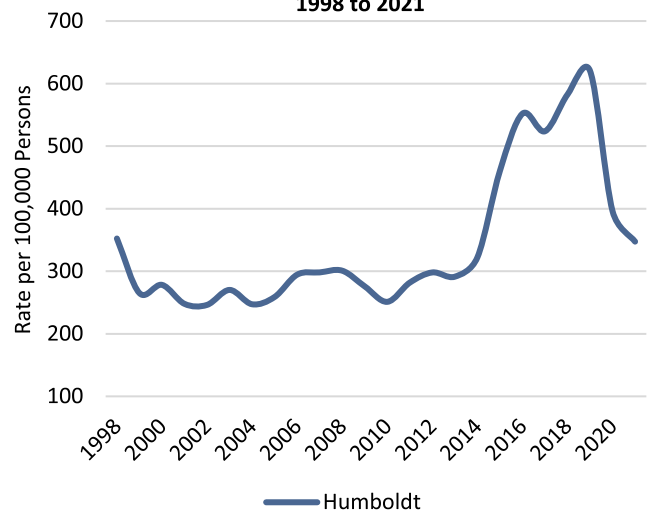
## CHLAMYDIA

Chlamydia (CT) is a sexually transmitted genital infection. Men usually exhibit signs and symptoms of the infection but up to 70% of women are asymptomatic after CT infection. Because of this, serious health conditions may occur if women are not identified and treated.

The DHHS-Public Health Clinic Sexually Transmitted Disease controller receives reports from all medical providers, allowing staff to track clients and their contacts and provide treatment.

The chart below demonstrates the Chlamydia incidence trend in Humboldt County compared with the State. New Chlamydia cases in Humboldt County decreased 11% in 2021. This decrease may be an indirect consequence of the COVID-19 pandemic, which could have impacted Chlamydia testing in 2021. DHHS-Public Health will continue to monitor Chlamydia incidence and implement appropriate interventions throughout 2022, as much as response to the COVID-19 pandemic will allow.

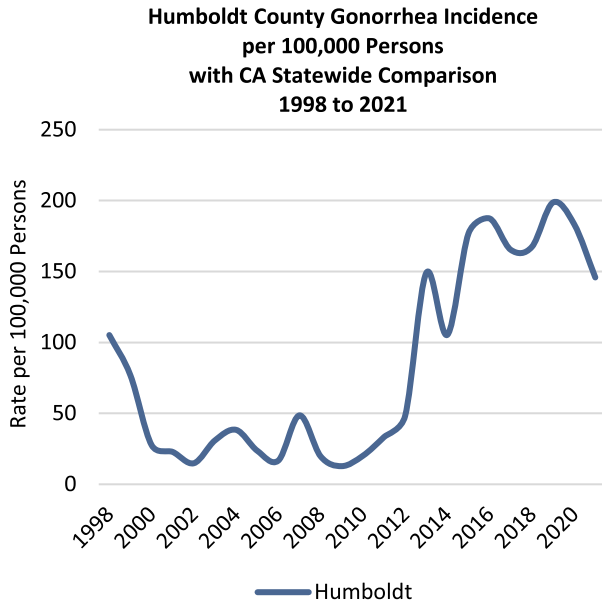
**Humboldt County Chlamydia Incidence  
per 100,000 Persons with Statewide Comparison  
1998 to 2021**



Sources: County of Humboldt PH, CA DCDC (April 2022)

## GONORRHEA

Gonorrhea (GC) is a sexually transmitted bacterial infection that if left untreated can cause serious and permanent health problems in men and women.



Sources: County of Humboldt PH, CA DCDC (April 2022)

The DHHS-Public Health Clinic Sexually Transmitted Disease controller investigates reports of GC infection to track clients and their contacts, with the goals to reduce transmission and provide treatment.

DHHS-Public Health participates in the California Gonorrhea Surveillance System (CGSS), an enhanced GC tracking program intended to identify risk factors and health behaviors that may lead to GC infection.

The Humboldt County incidence rate for Gonorrhea has increased 637% between 2010 and 2021. New Gonorrhea cases decreased 16% from the previous year. DHHS-Public Health Communicable Disease Nursing and Epidemiology continue to conduct enhanced surveillance and outreach in response to this outbreak throughout 2022, as the ongoing response to the COVID-19 pandemic will allow.

# CHILDREN, YOUTH AND FAMILIES

## CHILDREN, YOUTH AND FAMILIES MATERNAL, CHILD, AND ADOLESCENT HEALTH (MCAH)

The DHHS-Maternal Child and Adolescent Health (MCAH) Division serves the health care needs of women of childbearing age, infants, children, teens, and their families. Activities include administration of federal, State, and County programs that provide planning, development, interagency coordination of services, data collection, problem analysis and priority setting, and policy development.

## WOMEN, INFANTS, AND CHILDREN (WIC)

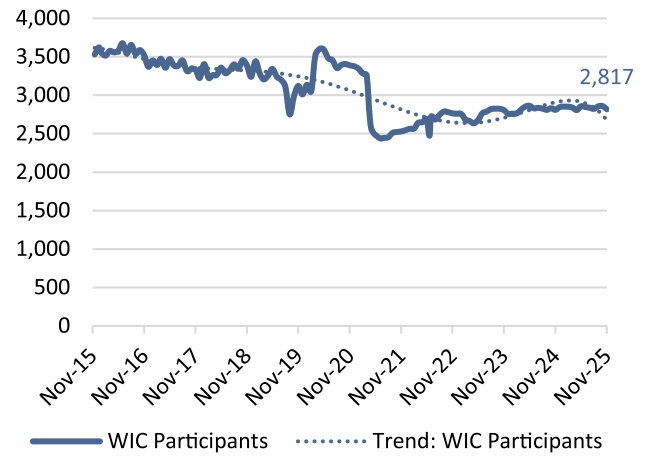
The federally-mandated Women, Infants, and Children (WIC) Nutrition Program provides preventive health services and supplemental foods for pregnant and breastfeeding women, infants and children up to five years of age.

The Humboldt County WIC Program serves four clinic locations; Eureka, Fortuna, Garberville, and McKinleyville. The participation rates in this chart include data from all of our clinic locations.

Humboldt County WIC Program participation rates, overall, have followed the statewide decreasing trend. A decrease in birth rates may be a contributing factor. As a reflection of this trend, WIC lowered caseloads of many local agencies throughout the State in October 2015. Humboldt's target WIC caseload was reduced from 4,475 to 3,780 clients served monthly. The target caseload increased to 3,900 in October of 2018. The Humboldt County WIC Program transitioned from paper checks to the WIC Card on September 3rd, 2019. With this transition, there was a dip in participation numbers that was expected and short-term. The target caseload was decreased to 3,390 in October of 2019.

In April 2021, the target caseload was decreased to 2,490 due to the transfer of the Crescent City WIC clinic and all Del Norte WIC participants to Del Norte Public Health. In October 2022 the target caseload increased to 2,840. In response to continued high participation rates, in May 2024, the target caseload was increased to 2,880, and in October 2024, the caseload was increased again to 2,900. In October 2025, due to lower participation rates in the previous year, the caseload was reduced to 2,870.

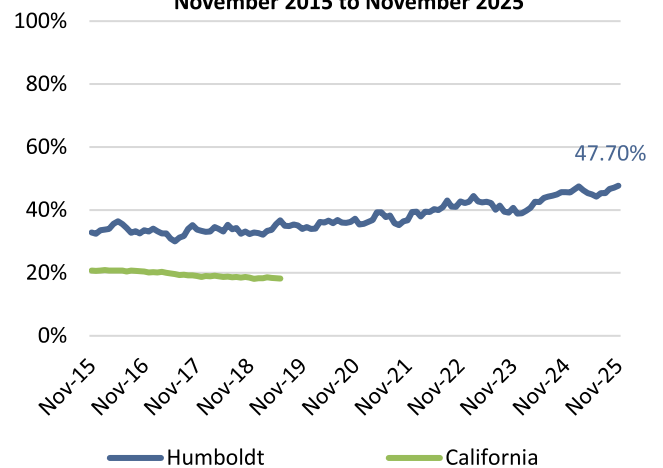
DHHS WIC Participation  
November 2015 to November 2025



Source: California Department of Health Services  
WIC Branch: WIC MIS and WIC WISE  
(January 2026)

The Women, Infants, and Children (WIC) Program promotes and supports breastfeeding in order to safeguard the health of women, infants, and children. For the purposes of this report, exclusive breastfeeding is defined as breastfeeding infants (age 0-1 year) receiving no formula. The breastfeeding rates in this chart are from all sites within our agency. The Humboldt County WIC Program's record for highest breastfeeding rate was set in November 2025, with 47.7% of all infants exclusively breastfed. Staff promote breastfeeding as the normal way of providing infants with the nutrients they need. They are available to assist mothers who encounter difficulties in establishing breastfeeding. Breastfeeding has been proven to offer powerful health benefits for the infant and the mother. Statewide breastfeeding rates continue to be unavailable since July 2019.

California and Humboldt County Comparison of  
Exclusively Breastfed WIC Infants  
November 2015 to November 2025



Source: California Department of Health Services  
WIC Branch: WIC Management Information System (WIC MIS)  
(January 2026)

# CHILDREN, YOUTH AND FAMILIES

## INFANT MORTALITY

There are many risk factors that impact infant mortality, including late or inadequate prenatal care, maternal alcohol, tobacco and other drug use, prematurity, low birth weight, and Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death Syndrome (SUIDS).

The DHHS MCAH Division has prioritized increasing the early entry into prenatal care rate, and maternal substance use disorder and other risk factors, such as safe sleep.

## NURSE-FAMILY PARTNERSHIP (NFP)

Nurse-Family Partnership (NFP) is an evidence-based program which provides home visits by public health nurses to first-time, low-income individuals, beginning during pregnancy and continuing through the child's second birthday. Humboldt County initiated its NFP program in July 2009. As one of 13 original counties in California to implement NFP, Humboldt County was the smallest and most rural county to initiate the program at the time.

In mid-2012, the California Home Visiting Program (CHVP) was implemented in California with federal assistance from the Maternal Infant Early Childhood Home Visitation Program (MIECHVP) to expand home visiting services. Humboldt County formed a tri-county consortium with Del Norte and Siskiyou Counties to expand the northern California NFP service area and to add client capacity. The consortium began enrolling CHVP clients in September 2012, and reached its target enrollment of 100 clients by May 2014. In July 2017, the consortium became a tri-county consortium between Humboldt, Del Norte and Siskiyou Counties. In 2019, the consortium disbanded and the partner counties now offer other Home Visiting Programs. Humboldt remains with NFP and continues to maintain the desired enrollment.

The NFP program has three primary goals:

- To improve pregnancy outcomes by promoting health-related behaviors
- To improve child health, development and safety by promoting competent care-giving
- To enhance parent life-course development by promoting pregnancy planning, educational achievement and employment

The program also has two secondary goals:

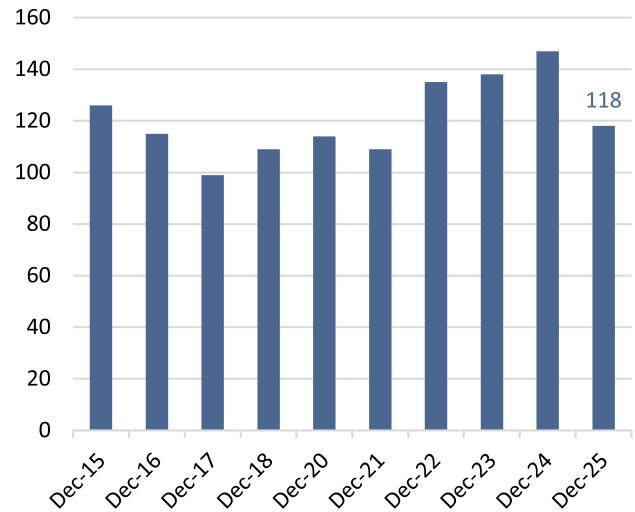
- To enhance families' support by providing links with needed health and social services
- To promote supportive relationships among family and friends

The Nurse Home Visitors begin seeing pregnant individuals before the birth of their first child and follow the family until the child reaches two years old. Eight Nurse Home Visitors have the capability to carry a combined caseload of up to 200 clients. NFP serves all of Humboldt County, with referrals increasing rapidly.

The current active caseload in Humboldt County is 118 clients,

and the maximum caseload per full time home visitor is 25.

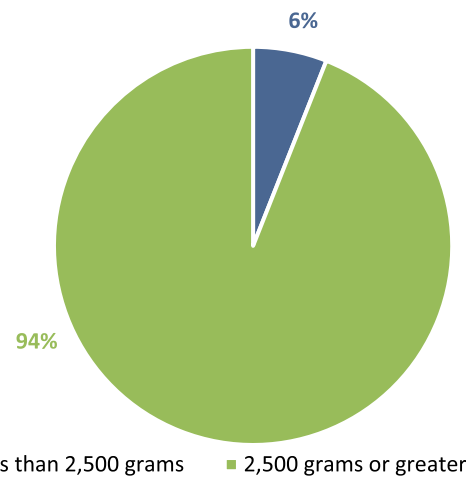
**Humboldt County  
Nurse-Family Partnership Active Cases  
December 2015 to December 2025**



Source: NFP Power BI Data (01/07/2026)

One goal of NFP is to guide individuals through their pregnancy to achieve a healthy birth of their child, with birth weight as just one of the factors addressed. Eight hundred and fifty-three (94%) of 911 NFP babies born by December 31, 2025 were born with a normal birth weight (total births include twenty sets of twins).

**Humboldt County  
Nurse-Family Partnership Birth Weights  
July 2009 to December 2025**



Source: NFP Power BI Data (01/07/2026)

## SAFECARE

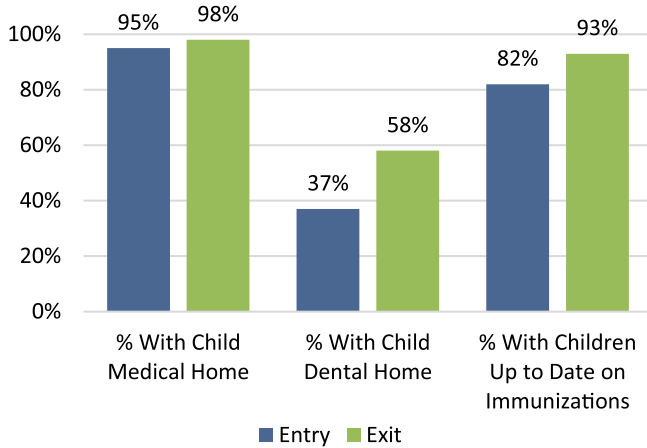
SafeCare is an evidence-supported behavioral parent-training program for families at-risk or reported for physical abuse or child neglect, which was implemented in Humboldt County in 2013. Certified SafeCare professionals provide in-home, module-based skills training targeting child health, home safety, and parent-child interaction to parents of children ages zero to five years.

# CHILDREN, YOUTH AND FAMILIES

Status on Health Related Indicators is recorded at entry and exit to track change over time. Indicators include whether or not the target child has medical care, dental care, and is up to date on immunizations. As seen in the chart below, participants show improvement for all Health Related Indicators after participating in the SafeCare program.

Further information on Humboldt County's SafeCare program is included in the Differential Response section of this report.

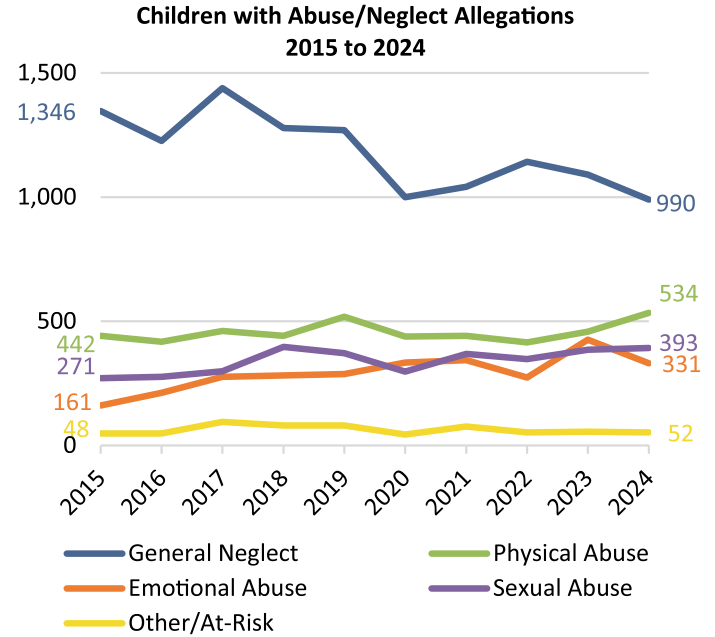
**Status of Health Related Indicators for Children in SafeCare January 2013 to September 2025**



Source: DHHS Quality Management Services SafeCare Outcomes Report (12/29/2025)

- Permanency Placement (PP)
- Supportive Transition (ST)

This chart shows the number of unduplicated children with allegations of abuse or neglect by allegation type. If a child had more than one allegation in a given year the child is only counted once in the category of the highest severity.



Source: CCWIP CWS/CMS 2025 Quarter 2 Extract (06/02/2025)

## CHILD WELFARE SERVICES (CWS)

CWS is a continuum of programs and services aimed at promoting the well-being of children and families in ways that strengthen and preserve families, protect children, encourage personal responsibility, foster independence, and ensure permanency for children and youth.

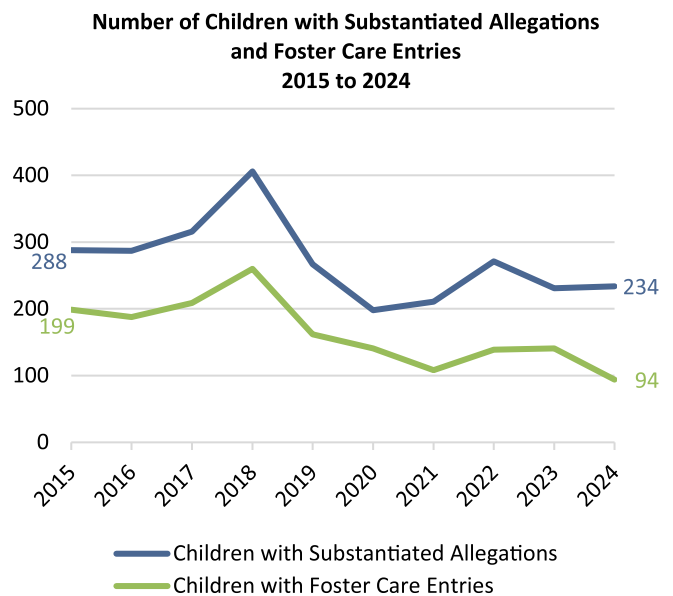
Services include:

- 24 hour child abuse and neglect reporting hotline
- Social worker response to allegations of child abuse and neglect
- Ongoing services to children (and their families) who have been identified as victims or potential victims of abuse and neglect
- Services for children in foster care (and their families) who have been temporarily or permanently removed from their families because of abuse and neglect
- Services for youth transitioning out of foster care, or opting-into extend foster care

There are five service components of the program, which include:

- Emergency Response (ER)
- Family Maintenance (FM)
- Family Reunification (FR)

The chart below shows the total number of unduplicated children with a substantiated allegation and the total number of children who entered foster care each year in Humboldt County.

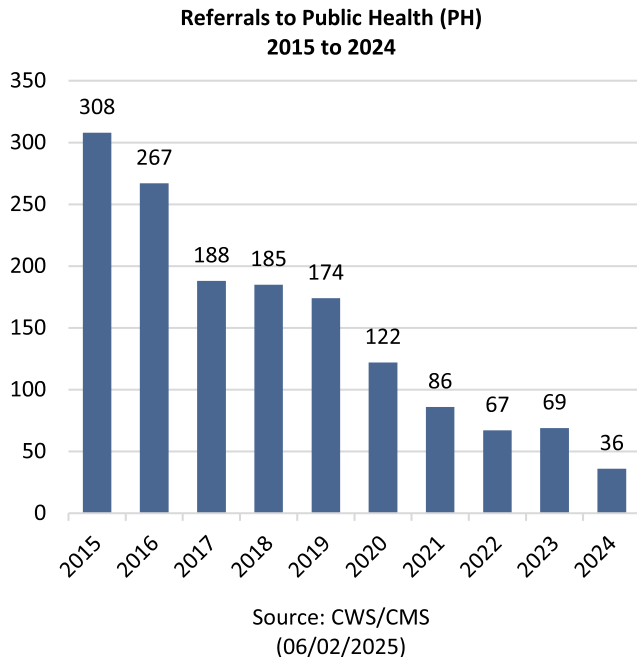


Source: CCWIP CWS/CMS 2025 Quarter 2 Extract (06/02/2025)

# CHILDREN, YOUTH AND FAMILIES

## REFERRALS TO PUBLIC HEALTH NURSING

Public Health Nursing (PHN) offers case management services to help reduce the risk of abuse and/or neglect. Referrals to PHN services are made by CWS either when there is no in-person CWS response or following a CWS investigation when PHN services are determined to be appropriate for the family's needs. This chart shows the number of referrals made to DHHS Public Health (PH) services.



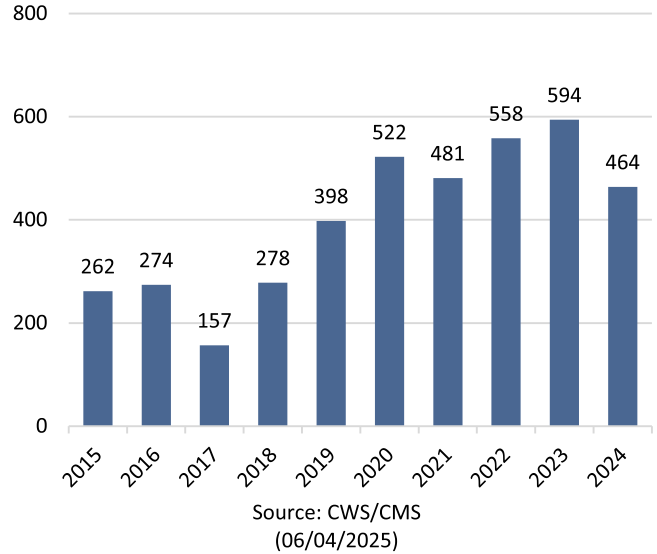
## CHILD AND FAMILY TEAM (CFT) MEETINGS

Meetings in which the families are present are an important part of case development for Child Welfare Services cases. Currently, CWS uses the CFT meeting model for these meetings, which can occur for a variety of reasons including removal decisions, placement decisions, case planning decisions, or to set up an extended team of family, friends and other supports.

CFT meetings involve the family and their identified circles of support in meetings for key decision points and case planning. CFT meetings may involve birth families, support people, case workers, tribal representatives, foster parents, and community members to support children and the adults who care for them. It is a collaborative effort, offering a flexible family meeting structure to help empower families to identify solution-based decision making and least restrictive, yet safe, placement for children.

This chart shows the number of family meetings held per year. The CFT meeting model replaced the Family Team Meeting (FTM) model in 2017, which may account for the subsequent increase in meetings.

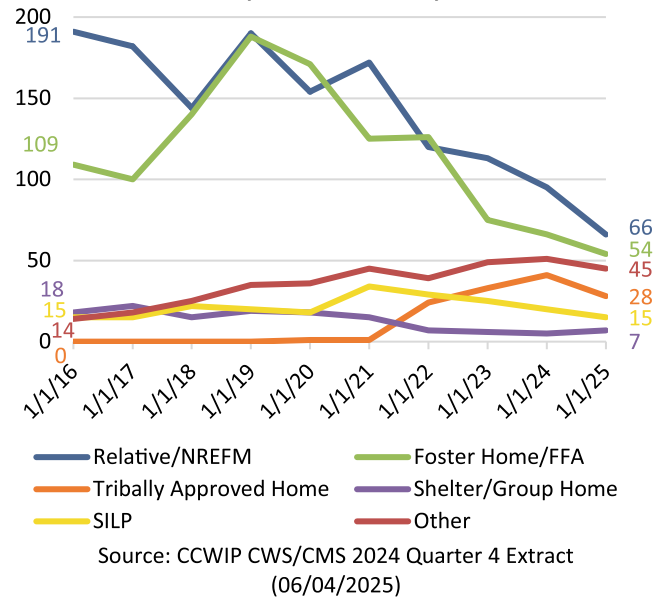
Child and Family Team Meetings 2015 to 2024



## CHILDREN/YOUTH IN PLACEMENT

Humboldt County is committed to placing children/youth in the least restrictive environment possible when they cannot safely remain at home. The following chart shows the placement type for children/youth in foster care on January 1st of each year. This does not include children/youth in a non-dependent guardianship placement.

Children in Foster Care Point in Time January 1, 2016 to January 1, 2025



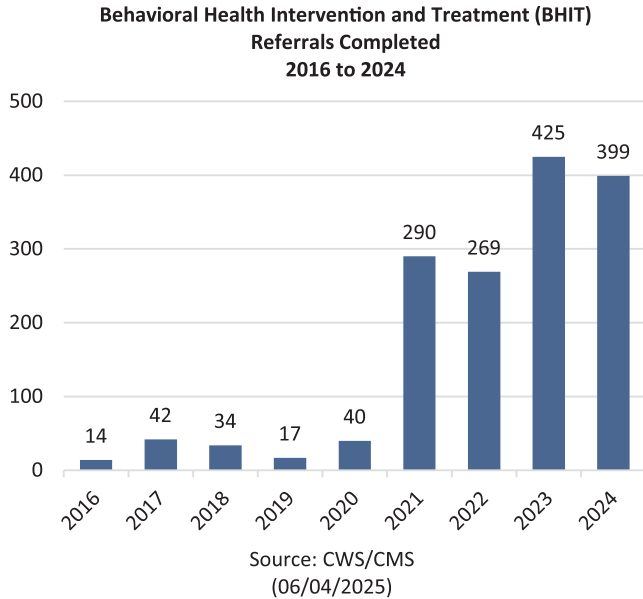
## BEHAVIORAL HEALTH INTERVENTION AND TREATMENT

The Behavioral Health Intervention and Treatment (BHIT) Referral form is used by social workers in CWS to refer children/youth for behavioral health services. The BHIT is completed when a CWS case is opened, and at least annually thereafter.

# CHILDREN, YOUTH AND FAMILIES

CWS submits all completed BHITs to the Humboldt County Children's Behavioral Health (CBH) Access unit to initiate access to behavioral health services as needed.

This chart shows the number of BHITs completed per year



## CHILDREN'S BEHAVIORAL HEALTH OUTCOME MANAGEMENT

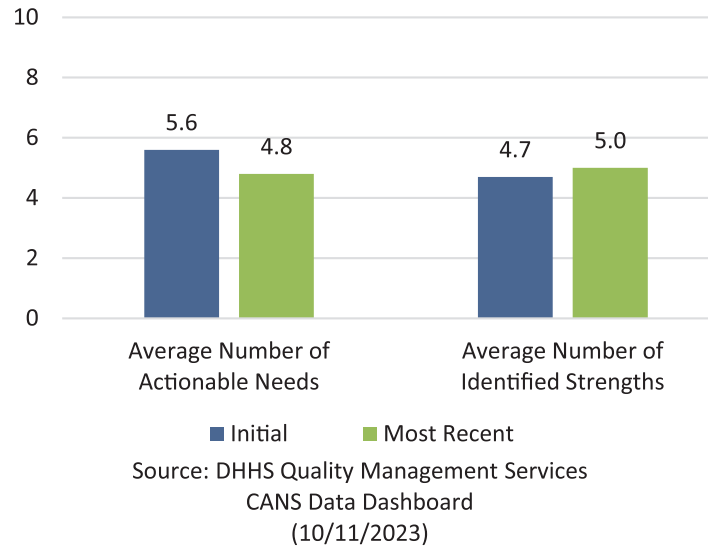
In early 2014, Humboldt County implemented the Child & Adolescent Needs & Strengths (CANS) assessment tool across the entire children's behavioral health system. Reporting for the CANS was updated in July of 2018 when a new version, the CANS-Humboldt, replaced the version previously in use. Prior versions of the Trends Report include historical CANS data from 2014-2018. CANS reporting is on hold this quarter due to data availability.

The CANS tool is a comprehensive assessment of psychological and social factors for use in treatment planning with children and adolescents with mental, emotional, or behavioral health problems and their families. CANS is intended to be used by child and adolescent service providers to support treatment planning as well as evaluation of services. Use of the CANS assessment aligns Humboldt County with the new state mandate for counties in California to have an outcome evaluation tool in use for the entire children's mental behavioral system.

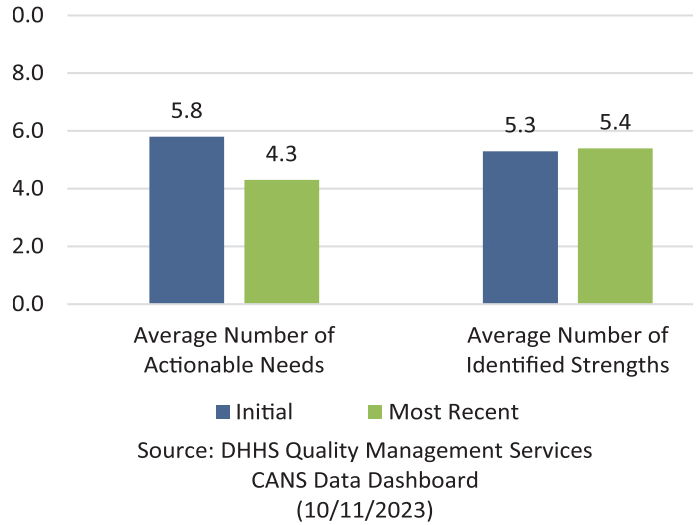
As of June 30, 2023 there are 100 children aged 0-5 and 1,338 youth aged 6-21 across all of Children's Behavioral Health with an initial and subsequent CANS assessment allowing for matched pair analysis. This includes only matched pairs with at least four months between entry and most recent assessment.

The following charts display the change in both the average number of actionable needs (rating of 2 or 3) and the average number of identified strengths (rating of 0 or 1), using the client's initial and most recent assessment. The length of time between the first and most recent assessment will vary from client to client, based on their length of engagement in service. Results show improvement in both of these areas.

**Average Number of Actionable Needs and Identified Strengths for Clients aged 0-5 with Paired Child and Adolescent Needs and Strengths Assessments July 2018 to June 2023**  
N=100



**Average Number of Actionable Needs and Identified Strengths for Clients aged 6-21 with Paired Child and Adolescent Needs and Strengths Assessments July 2018 to June 2023**  
N=1338



## RESOURCE FAMILY APPROVAL

Resource Family Approval (RFA) is a family-friendly and youth-centered caregiver approval process that includes a comprehensive psychosocial assessment, home environment check, and training for all families, including relatives that began in 2017. Families may also choose to be certified by a Foster Family Agency (FFA) instead of by the county. FFAs are private non-profit agencies that support Resource Families who take placement of youth with higher needs.

RFA staff support applicants throughout their assessment process, as well as providing ongoing supports to approved homes.

# CHILDREN, YOUTH AND FAMILIES

Applicants may choose to withdraw their application at any time, the county may cease review of an application, or the county may approve or deny the application upon completion of the assessment. Resource Family Approval is a multi-month process; some applicants' approval timeline may continue into the next calendar year depending on when the application was received.

Once a home is approved, the Resource Family can maintain their approval; they can also choose to surrender, or their approval can be forfeited or rescinded. If a home is certified by the county, and the Resource Family chooses to be supported by a FFA instead, they may port their approval to their chosen FFA. For applicants and approved homes that are denied approval or their approval is forfeited or rescinded, they receive a Notice of Action and are offered due process to contest the county's decision if they wish to.

The following chart shows how many Resource Family Applicants the county supported through the assessment process and how many approved Resource Family homes the county had each year. Due to data limitations, multiple applications/approvals for the same home over time are not represented.

## CHILDREN'S BEHAVIORAL HEALTH

Penetration rate is a numerical description that shows the percentage of an eligible population who accessed Mental Health services.

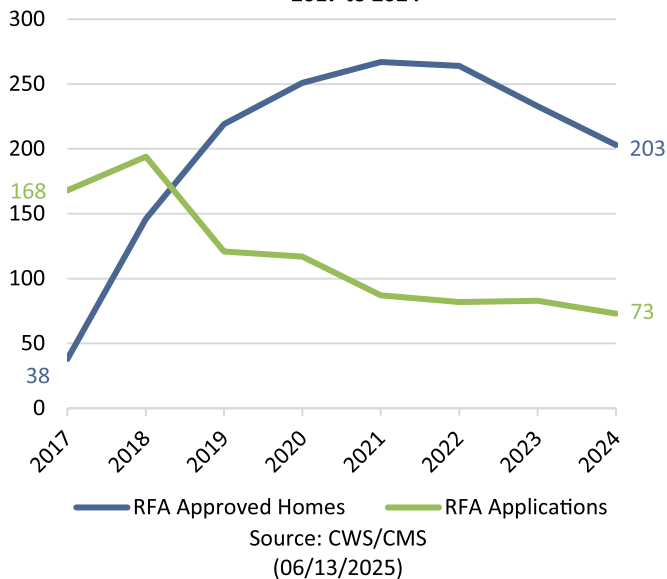
### THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Therapeutic Behavioral Services (TBS) is a supplemental community behavioral health service that may be offered to children or youth who receive full scope Medi-Cal under the age of 21 and meet the criteria for eligibility. TBS establishes a therapeutic contract between a behavioral health provider and a beneficiary for a specified short period of time which is designed to maintain the child/youth's placement at the lowest appropriate level by addressing target behaviors and achieving short-term treatment goals.

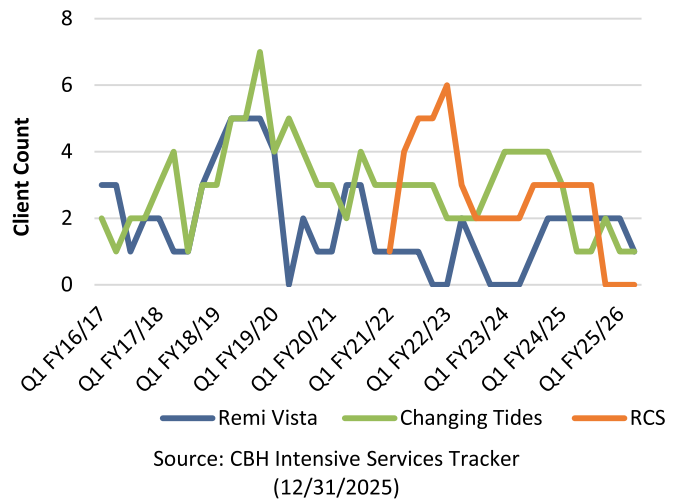
Therapeutic Behavioral Aides are available in the home to provide individualized one-to-one behavioral assistance with the youth's significant supports and interventions to accomplish outcomes specified on a written treatment plan.

This chart shows the number of clients served quarterly per TBS provider from July 2016 through December 2025. Redwood Community Services (RCS) was added as a TBS provider in September 2021.

**Resource Family Applications Received and Homes Approved by the County 2017 to 2024**



**Clients Receiving Therapeutic Behavioral Services by Organizational Provider July 2016 through December 2025**



## INTERAGENCY PLACEMENT COMMITTEE (IPC)

The Interagency Placement Committee (IPC) is a partnership between CWS, Children's Behavioral Health, Public Health programs and fiscal resources, Juvenile Probation, and other community partners as needed. The first level of the IPC process is called the Family Intervention Team (FIT), and is designed to proactively manage resources and supports for children and youth with high needs who often cross systems. The second level of the IPC process is called the Resource Allocation Committee (RAC), and it provides administrative oversight and approval for exceptional requests for support such as out of county high-end placements and urgent response teams for individual children.

# TRANSITION AGE YOUTH

## TRANSITION AGE YOUTH (TAY)

In 2011, DHHS Children & Family Services created a comprehensive Transition Age Youth (TAY) Division by combining Child Welfare Services Independent Living Skills Program (ILSP), Mental Health Services for TAY, Public Health Nursing support, Vocational Counseling, TAY Partners for Peer Support, and Humboldt County Transition Age Youth Collaboration (HCTAYC). All staff in the TAY Division have been trained in the Transition to Independence Process (TIP), an evidence-supported model for supporting youth into a healthy adulthood.

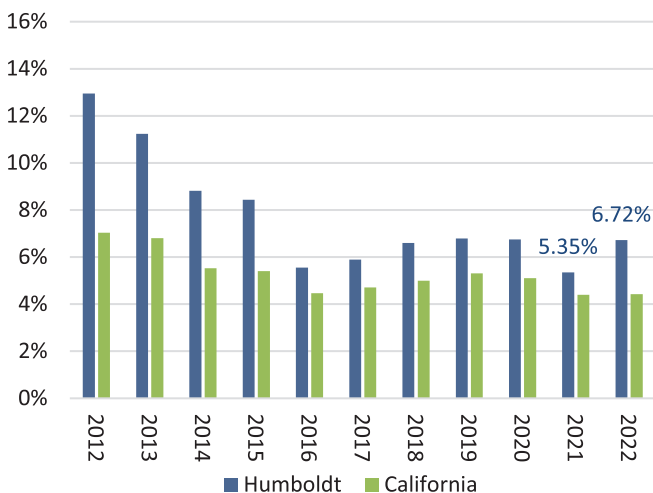
## TRANSITION TO INDEPENDENCE PROCESS (TIP)

The mission of TIP is to assist young persons in making a successful transition into adulthood, so that they achieve personal goals in the transition domains of employment, education, living situation, personal adjustment, and community life functioning. The target group for the TIP model is young persons (ages 14 to 25) who have emotional or behavioral difficulties. TIP is comprised of both a set of principles, or guidelines, and an organizational structure. Humboldt County initiated TIP in 2012.

## BEHAVIORAL HEALTH SERVICES FOR TAY

The first symptoms of mental illness often appear in young adulthood. Ensuring access to mental health services for this age group can help teach resiliency and recovery skills early on, assisting young adults in managing their mental health and avoiding preventable acute episodes. Since 2012, there has been a 6.23 percentage point decrease in Humboldt County's penetration rate for TAY, however it is still consistently larger than the State's. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) services have increased.

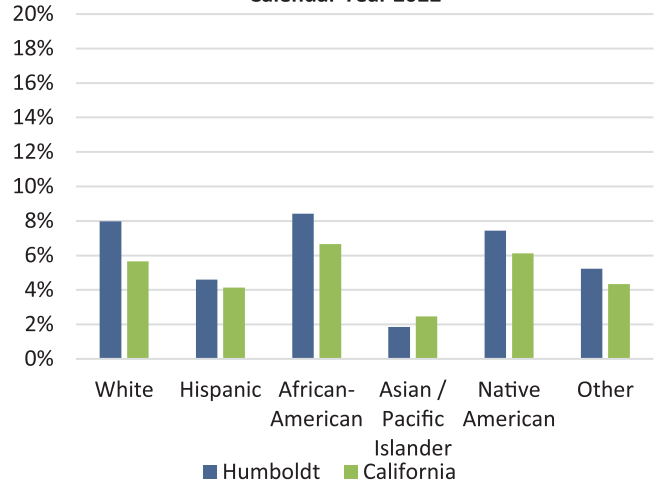
**Medi-Cal Mental Health Penetration Rate  
Transition Age Youth (TAY) 16-25  
Calendar Years 2012 to 2022**



Source Data: DHCS Systems Approved Claims and MEDS (Medi-Cal Eligibility Data System) Monthly Extract File Data (07/11/2023)

The following chart shows that Humboldt County mostly matches, or exceeds for African Americans, the statewide penetration rate in all ethnic categories.

**Medi-Cal Mental Health Penetration Rate for  
Transition Age Youth by Ethnicity  
Calendar Year 2022**



Source Data: Department of Health Care Services Approved Claims and MEDS (Medi-Cal Eligibility Data System) Monthly Extract File Data (07/11/2023)

Humboldt County historically spends less per youth on these services compared to the State of California overall. This may be related to efforts to provide services earlier, thereby avoiding out of home placements and hospitalizations.

## ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (A-CRA)

The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is an evidence-based behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery. A-CRA includes a set of 19 different procedures that clinicians are trained to use as appropriate with participants. The clinician has flexibility to decide when and if to use certain procedures depending on the youth's needs. These procedures address, for example, problem-solving skills to cope with stressors, communication skills, and participation in positive social and recreational activities.

A-CRA was initiated in Humboldt County in 2013 and sunset as of March of 2019.

## AGGRESSION REPLACEMENT TRAINING (ART)

ART is an evidence-based intervention strategy used to address aggressive behaviors that are a common characteristic of the youth incarcerated in the court ordered New Horizons program. New Horizons is an intensive inter-disciplinary treatment program for youth in the Juvenile Justice system. ART is one component of the New Horizons program, and it focuses on three areas:

# TRANSITION AGE YOUTH

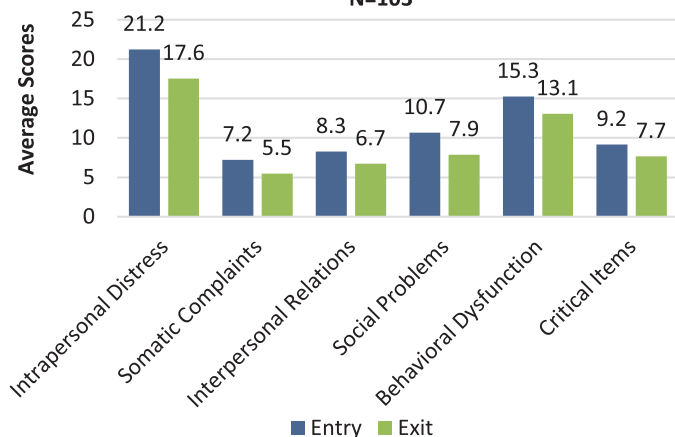
- Skillstreaming (the Behavioral Component targets skills selected by program staff)
- Anger Control (the Emotional Component uses situational role-playing)
- Moral Reasoning (the Values Component uses vignettes and discussion)

The Youth Outcome Questionnaire - Self Report (YOQ-SR) is completed by the youth at entry and exit from New Horizons, and is used to measure the youth's functioning across six subscales. Higher scores indicate higher levels of impairment.

The scores in functioning between entry and exit assessments show improvement for all YOQ-SR subscales.

Reporting for ART is on hold this quarter due to data availability.

**Average Youth Outcome Questionnaire-Self Report  
Subscale Scores for Adolescents in Aggression  
Replacement Training/New Horizons  
November 2010 to June 2023  
N=103**



■ Entry ■ Exit  
Source: DHHS Quality Management Services  
ART Outcomes Report  
(10/11/2023)

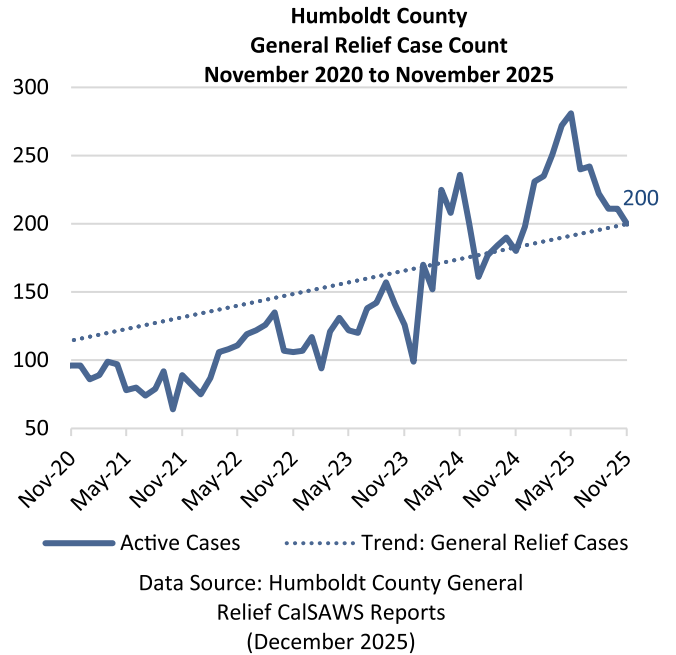
## ADULTS

### GENERAL RELIEF (GR)

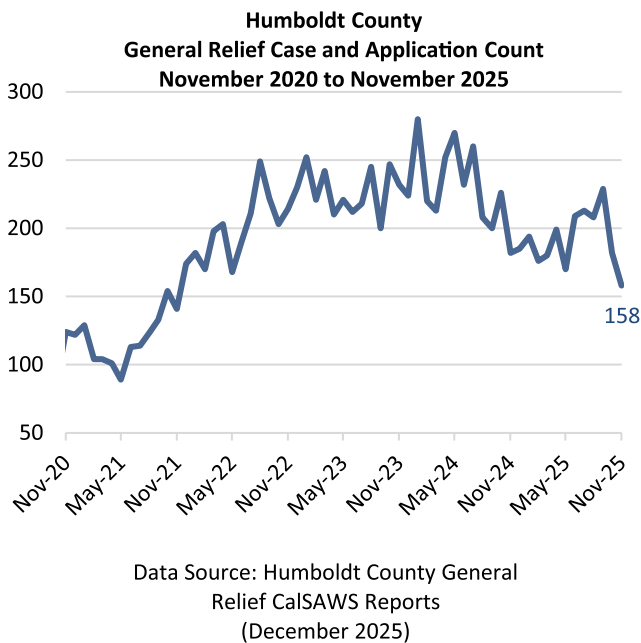
The General Relief (GR) program is a State-mandated, County-funded assistance program for indigent county residents which offers repayable benefits (loan). The GR program provides necessary assistance to eligible persons who are without resources to meet their minimum basic needs. The GR program acts as a safety net in that recipients of GR are, in most cases, ineligible for other types of cash assistance offered through the federal and state governments. The monthly GR benefit amount has been set at \$303 since 2003. GR benefits are issued directly to the recipient's landlord and/or utility companies, and any remaining funds are issued directly to the recipient's EBT card in the form of cash.

Unless disabled, GR recipients must participate in the General Relief work program and actively search for employment in order to continue to receive benefits. If the GR recipient reports any kind of disability, they may be required to apply for Supplemental Security Income (SSI) benefits, State Disability Insurance (SDI) or any other potentially available income. GR recipients may also be eligible to receive assistance from the CalFresh program and CMSP or Medi-Cal.

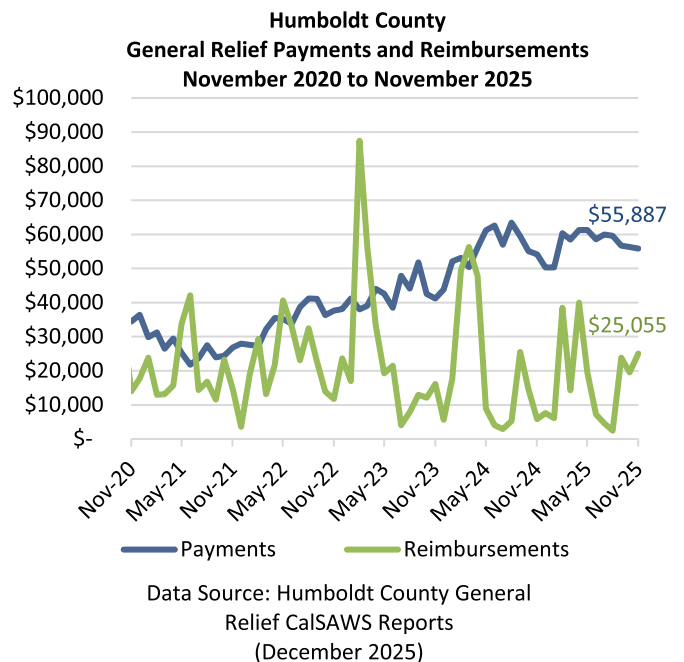
General Relief (GR) applications received experienced a substantial decrease beginning January 2020 due to COVID restrictions and stay-at-home orders. There was a significant increase in applications received beginning 2021 due to expanding the types of applications accepted to include telephone and online.



The total amount of General Relief benefits paid out has steadily increased since 2022. We would expect this type of increase as overall case counts have also increased during this time. The amount of General Relief benefits repaid is relatively consistent from year to year, with an annual spike due to tax intercept repayments. We see a larger than normal spike in 2023 due to California State COVID-19 stipends that were withheld for intercept.



General Relief (GR) active program participation experienced a decrease beginning January 2020 due to COVID restrictions and stay-at-home orders. An increase in applications received, along with other program changes to reduce barriers to services has led to a steady increase in overall case counts since 2023.



Supportive services are offered to both, employable and disabled General Relief clients.

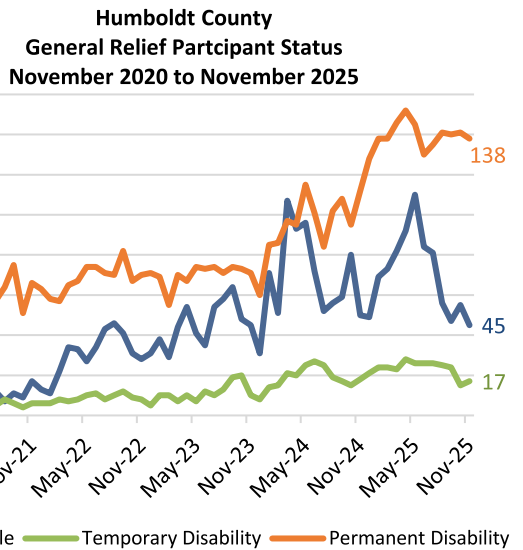
A majority of the GR caseload is comprised of verified disabled individuals with both permanent and temporary conditions and

are supported by the Disability Advocacy Program. If the client has a disability that will last 12-months or longer, they may be referred to a GR Social Worker who will assist them with an application for Social Security as well as coordinate ongoing case management with other DHHS departments. This demographic is increasing due to redefining the Social Worker referral process.

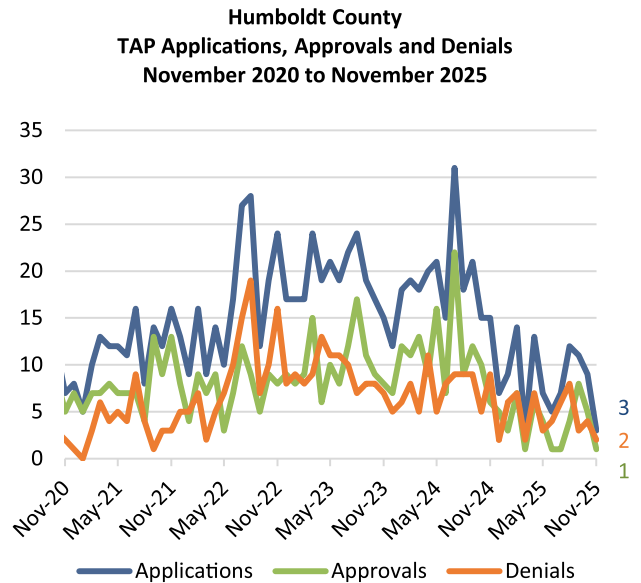
Employable clients make up approximately one-third the caseload and are supported by the Vocational Experts through the Helping Humboldt program. Employable clients will participate in guided workshops that include job searching and hand-on work site activities. This population is increasing as services have expanded to include flexibilities that previously would have left the client sanctioned to the program.

Once a beneficiary has reached their destination, Humboldt County staff follows up by contacting them or the person who was responsible to receive them to find out how they are doing. Many TAP participants who would have otherwise been granted aid in Humboldt County, have since reunited with family or started gainful employment.

TAP had an increase in applications received beginning June 2022 due to being able to resume routine outreach and approvals steadily increased to similar counts seen prior to the COVID-19 pandemic. As of November 2024 tap applications and approvals have decreased due to new program overview and staffing challenges.



Data Source: Humboldt County General Relief CalSAWS Reports (December 2025)



Source: General Relief Records (December 2025)

The purpose of this integrated multi-disciplinary team approach is:

- Improvement of client outcomes by offering behavioral health, physical health and employment services to move them toward self-sufficiency
- Proactive case management
- Engagement and retention of clients in the recovery process, which is a condition for continued GR eligibility.

## TRANSPORTATION ASSISTANCE PROGRAM (TAP)

The Transportation Assistance Program (TAP) provides relocation services for people who have housing or opportunities out of the area but lack the resources to get there. Before relocation assistance is offered, participants must have a family member or friend willing to offer living support or an employment opportunity with a start date. A majority of TAP denials are due to opportunities not being verifiable or complete loss of contact by the applicant and they can reapply at any time contact can be established.

## ADULT BEHAVIORAL HEALTH

Humboldt County DHHS-Behavioral Health is the Mental Health Plan (MHP) responsible for assuring that Medi-Cal beneficiaries in Humboldt County have access to services which meet their specialty mental health needs.

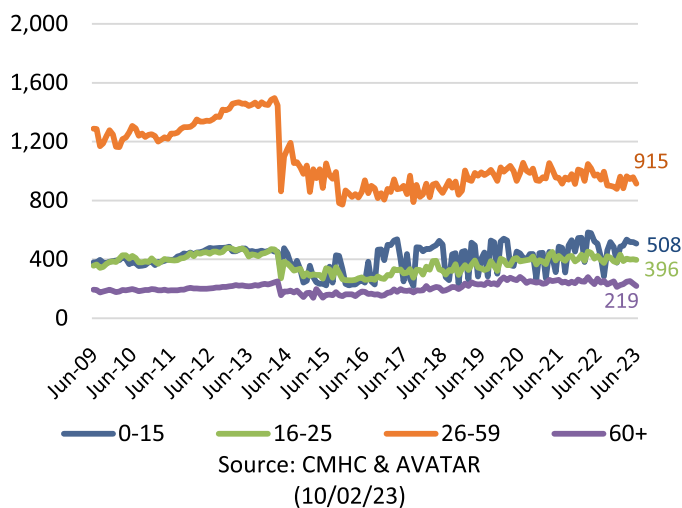
Mental health clinicians and case managers are integrated into other DHHS programs such as GR, IHSS, Adult Protective Services, and CWS to facilitate timely and appropriate access to mental health services and coordination of care.

Clients are screened and assessed upon entry into the system to determine eligibility for specialty mental health services and the appropriate level of services needed.

Humboldt County's average Medi-Cal Mental Health penetration rate for adults has been consistently higher than the State's.

The chart on the next page illustrates current clients receiving County mental health services according to age.

**All Open Behavioral Health Clients by Age Range  
June 2009 to June 2023**



The overall trend shows that the majority of clients are in the 26-59 age group.

## CASE MANAGEMENT

Case management services are provided to assist clients with serious mental illness and their families to access and maintain access to medical (including mental health), educational, social, pre-vocational, vocational, or other needed community services. Services are delivered following a clinical assessment and in accordance with a client plan which is developed with clients to meet the specific needs of the individual and to help that individual move towards independence.

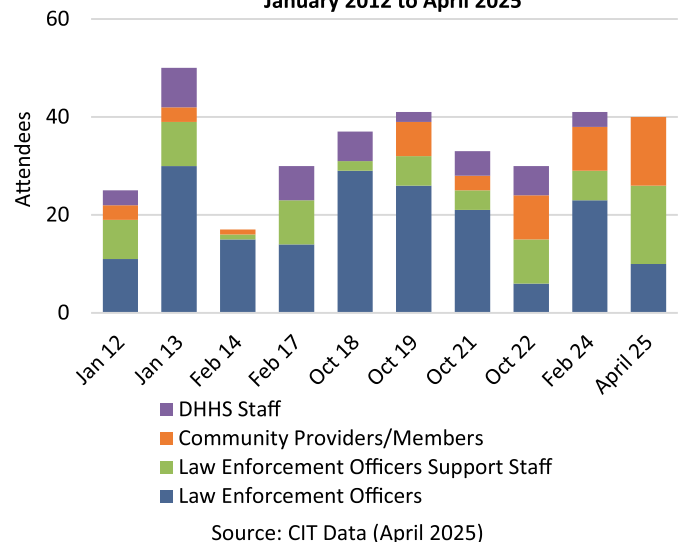
## MOBILE RESPONSE/EMERGENCY SERVICES CRISIS INTERVENTION TEAM (CIT)

Crisis Intervention Team (CIT) is a national model where partnerships between law enforcement, mental health systems, clients of mental health services, and their family members can help in efforts to assist people who are experiencing a mental health crisis and help them gain access to the treatment system where they are best served.

CIT is a collaborative, 36-hour Police Officer Secondary Training certified program that is conducted by Humboldt County DHHS-Behavioral Health, the Eureka Police Department, and the Humboldt County chapter of the National Alliance on Mental Illness (NAMI).

DHHS-Behavioral Health staff trained in the CIT model have sponsored and provided local CIT training for law enforcement and community members. To date, sixteen CIT sessions have trained 489 law enforcement officers and staff, 82 community providers/members, and 85 DHHS staff. The most recent CIT was held in April 2025.

**MHSA: Crisis Intervention Team (CIT)  
Number of Participants Trained by Profession  
January 2012 to April 2025**



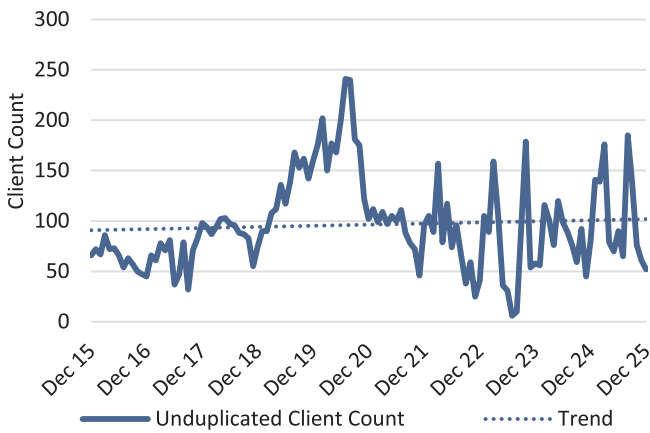
## MOBILE OUTREACH FOR HOME PROGRAM

The Mobile Outreach program has provided mobile access to behavioral health services throughout the County including the rural, remote, and outlying geographic areas since 2007. There have been over 10,000 appointments through Mobile Outreach since the program's inception. The program served an average of 96 clients per month from December 2015 to December 2025.

Two specially created recreational vehicles travel to outlying communities of Humboldt County in order to provide integrated outreach, education, access, intervention services, and service linkage not normally available in those locations. These vehicles are supported by four wheel drive Jeeps to access remote locations.

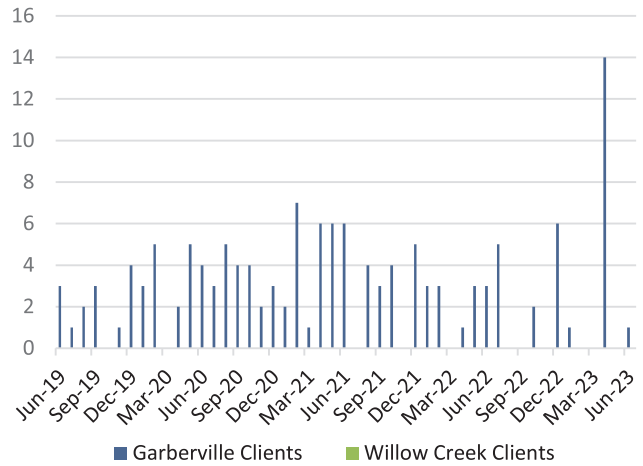
The chart on the next page shows the number of persons served per month by Mobile Outreach.

**Mobile Outreach Program**  
December 2015 through December 2025



Source: SmartCare  
(January 09, 2026)

**Telemedicine**  
Total Unduplicated Client Count  
June 2019 to June 2023



Source: CMHC - Avatar (June 26, 2023)

## ADULT OUTPATIENT

### OUTPATIENT SERVICES AND MEDICATION SUPPORT

Through Mental Health Services Act (MHSA) funding, DHHS initiated an Outpatient Telemedicine Medication Services Expansion in October 2007. Telemedicine provides medication support to people with a serious mental illness who reside in remote rural areas utilizing video conferencing equipment. This expansion offers psychiatric services through Telemedicine access in Garberville. Willow Creek began receiving services in April 2011. Telemedicine services stopped in April 2015 due to internet problems.

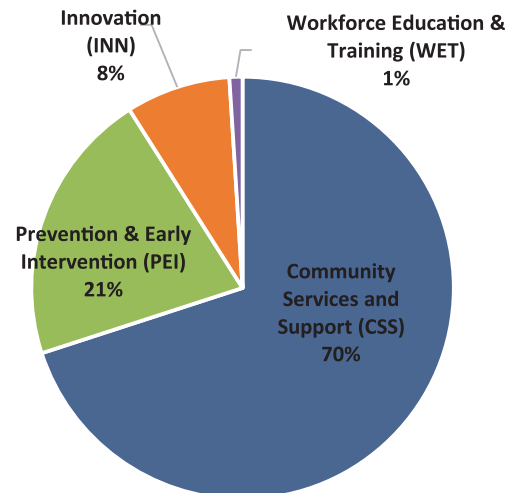
The chart in the next column shows the number of Telemedicine clients served per month in Garberville from June 2019 through present. The services for Willow Creek have not yet resumed but this chart will be able to show the data without a large overall gap when they do. In March 2020, the telehealth psychiatry equipment and data capacity at Willow Creek Clinic was upgraded, tested and improved. Staff were retrained on use of the equipment after the upgrade.

## MENTAL HEALTH SERVICES ACT (MHSA)

The Mental Health Services Act (MHSA), passed by the voters of the State of California in 2004, is a DHHS Behavioral Health funding source intended to:

- Expand across the State the new generation of best-practices, recovery-focused mental health programs that demonstrate their effectiveness for people with serious mental illness.
- Reduce the long-term negative impact on individuals, families, and State and local budgets resulting from untreated mental illness.
- Prevent mental illness from becoming severe and disabling.

**Mental Health Services Act Components**



MHSA consists of four core components, with three of these components supporting programs that directly serve children and

youth, transitional age youth, adults, and older adults. The fourth component promotes a more resilient Behavioral Health work force that can serve the populations mentioned:

**Community Services and Supports (CSS):** Programs that serve unserved and underserved populations, with an emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations and other unserved and underserved populations. CSS programs funded in part through MHSA are:

- Comprehensive Community Treatment/Full-Service Partnership
- Regional Services
- Older Adults Program
- Crisis Residential Treatment

**Prevention and Early Intervention (PEI):** This component supports the design of programs to prevent mental illness from becoming severe and disabling. PEI programs funded in part through MHSA are:

- The Hope Center
- Transition Age Youth (TAY) Advocacy and Peer Support
- Suicide Prevention Program
- Parent Partners
- Local Implementation Agreements
- School Climate Curriculum Plan/Multi-tiered System of Support (MTSS)
- Warm Line
- Early Treatment Childhood Certification



**Innovation (INN):** This component is intended to fund the development and implementation of promising practices designed to increase access to services by underserved groups, increase the quality of services, improve outcomes, and to promote interagency collaboration. Innovation program(s) funded in part

through MHSA are:

- Resident Engagement and Support Team (REST)

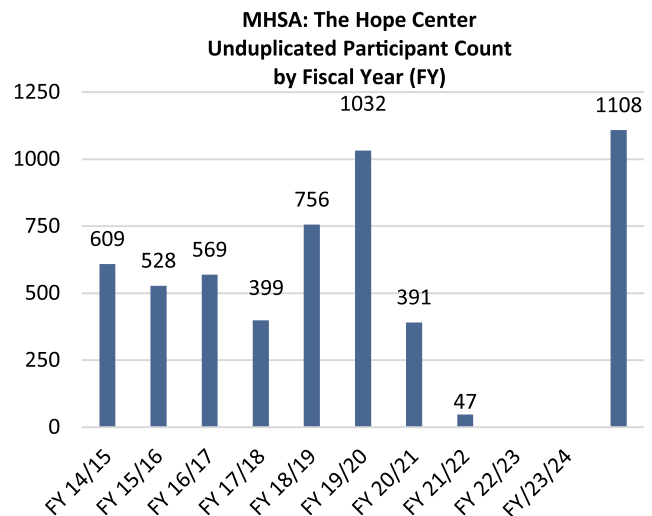
**Workforce Education and Training (WET):** This component provides staff development opportunities that promote wellness, recovery, resilience, culturally competent service delivery, meaningful inclusion of clients and family members, integrated service experience, community collaboration and employment of clients and family members within the mental health system.

## THE HOPE CENTER

The Hope Center opened in February 2008 and is a safe, welcoming environment based on recovery self-help principles.

The Hope Center provides recovery services including peer-to-peer education and support, system navigation, and linkage to services.

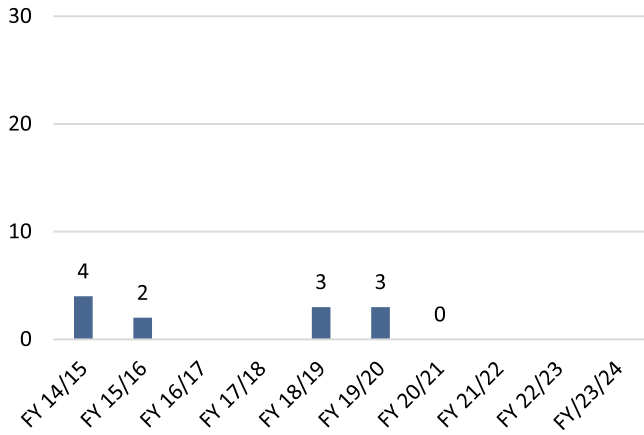
The number of participants shown in the chart below represents the number of unduplicated people who attended the Hope Center each fiscal year as indicated on daily sign in sheets. Fiscal Year 2023/24 had 1,108 unduplicated participants who came to the Hope Center.



Source: Hope Center (October 2024)

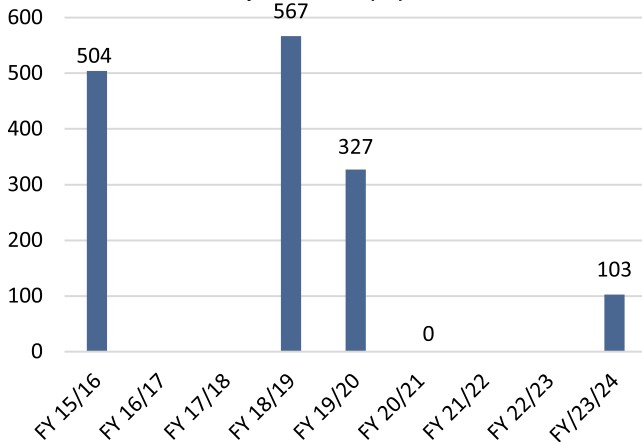
Volunteers at the Hope Center are consistent and active members of the community who contribute valuable services such as outreach, education, and coordination of special events. Volunteers provided 102.5 hours of time in fiscal year 2023/24.

**MHSA: The Hope Center  
Unduplicated Volunteer Count  
by Fiscal Year (FY)**



Source: Hope Center  
(October 2024)

**MHSA: The Hope Center  
Number of Volunteer Hours  
by Fiscal Year (FY)**

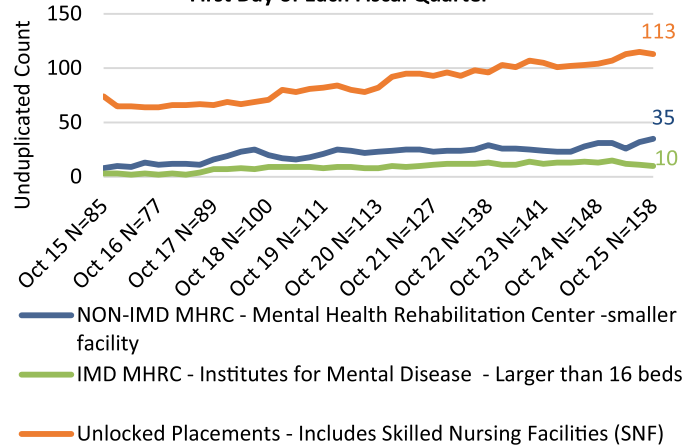


Source: Hope Center  
(October 2024)

## ADULT PLACEMENTS

This chart illustrates the number of individuals served per quarter in Institutes for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), and unlocked residential placements such as Skilled Nursing Facilities (SNF), Board and Care Homes (BAC), and Transitional and Supported Housing. Intensive, team-based outpatient services are provided. Clients are monitored by the Mental Health multi-disciplinary committee, Strategic Assistance For Adult Recovery Interventions (SAFARI). SAFARI authorizes services, determines appropriate level of care, plans for community-based supports, and monitors each client's needs. Upon initial IMD, MHRC, or SNF placement, transition plans for a least restrictive placement are created to plan step-down to community living. Mental Health services have a recovery focus.

**Adult Residential Placements of  
Mental Health Clients  
October 2015 to October 2025  
First Day of Each Fiscal Quarter**



Source: DHHS Mental Health Placements database (12/18/2025)

SAFARI Committee expected outcomes include:

- Reduced number of IMD, MHRC, and SNF placements
- Increased safe placement of high-risk clients in their community by utilizing intensive services to maintain community placements

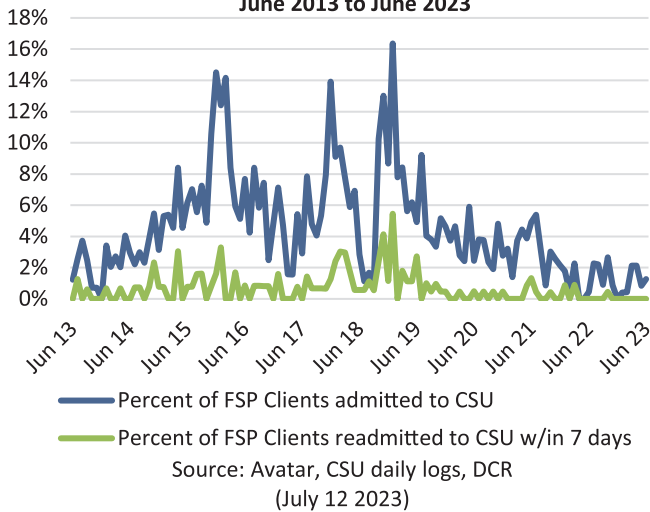
## FULL SERVICE PARTNERSHIP (FSP)

The Mental Health Services Act (MHSA) supports a practice called the Full Service Partnership (FSP), which offers a range of services and supports to persons impacted by severe mental illness. These services include medication management, crisis intervention, case management, peer support, family involvement, and education and treatment for co-occurring disorders such as substance abuse. It also provides for non mental health services such as food and housing. The term "Full Service Partners" refers to the commitment on the part of the client, the family, and their service providers to determine the needs of the client and family and to work together to support the client in their recovery.

The Full Service Partners are primarily served through the Comprehensive Community Treatment (CCT) program. Within the scope of this intensive program, clients are provided 24 hours a day, seven days a week crisis response service. The Crisis Stabilization Unit (CSU) provides this crisis response around the clock. When the client in crisis needs acute care treatment, they are able to access Sempervirens (SV), Humboldt County's psychiatric health facility. The CCT staff works closely with inpatient staff to address discharge planning needs in order to support the FSP client's return to the community and to avoid hospitalization.

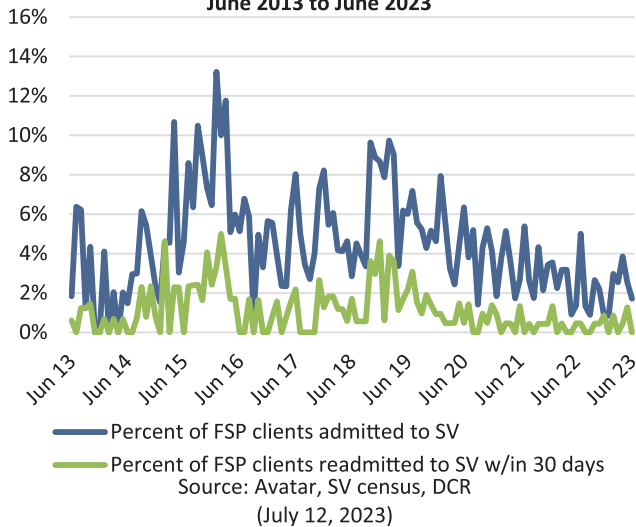
The chart on the following page shows that an average of 4.51% of the total number of FSP clients were admitted to the CSU from June 2013 to June 2023, and an average of 0.67% were readmitted to the CSU within seven days of their discharge.

**MHSA: Full Service Partnership (FSP)  
Crisis Stabilization Unit  
Admissions and Readmissions  
June 2013 to June 2023**



In Humboldt County, an average of 4.49% of the total number of FSP clients were admitted to SV Hospital from June 2013 to June 2023, and an average of 1.09% of FSP clients were readmitted to SV within 30 days during that same time period.

**MHSA: Full Service Partnership (FSP)  
Sempervirens Hospital  
Admissions and Readmissions  
June 2013 to June 2023**



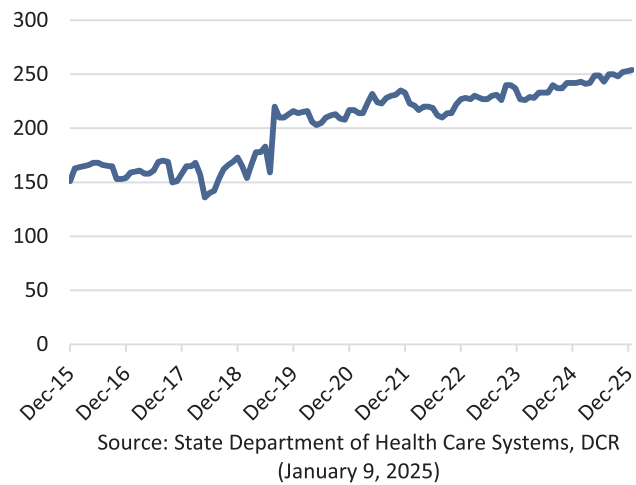
## COMPREHENSIVE COMMUNITY TREATMENT (CCT)

Comprehensive Community Treatment (CCT) is a Full Service Partnership (FSP) program that provides intensive mental health services and community supports to assist clients in their recovery. Services include access to housing, medical, educational, social, vocational, rehabilitative, or other needed community services for those with serious mental illness who are at-risk for psychiatric hospitalization, incarceration, homelessness, or placement in restrictive facilities.

The CCT program was initiated in September 2007; the chart below indicates the number of clients served each month. Some clients who were initially in CCT are now participating in the Dual Recovery Program (DRP), an evidence based practice which treats co-occurring substance abuse and mental health disorders. Some participants in DRP are also Full Service Partners.

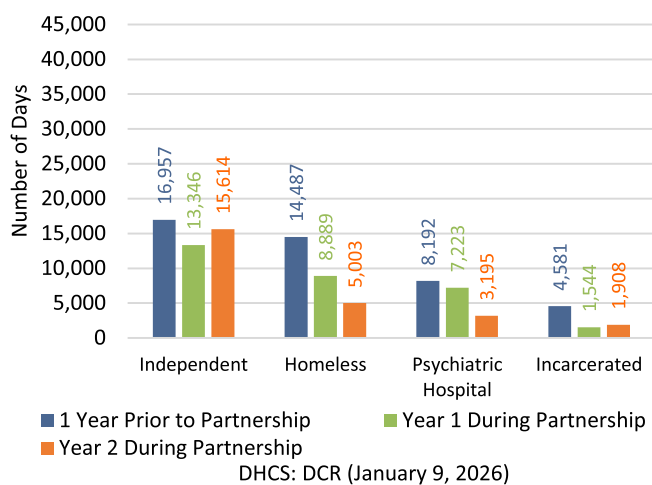
In July of 2019 there was an increase in CCT clients due to funding being lost for other programs and CCT working to absorb clients from those programs. The number of CCT clients plateaued after that due to staffing limiting the number of CCT clients able to be served.

**MHSA: Comprehensive Community Treatment (CCT)  
Unduplicated Clients Served  
December 2015 to December 2025**



As the following chart illustrates, of the 256 Partners that are currently enrolled and have completed at least two years in CCT as of December 2025, 130 had experienced stays at a psychiatric hospital prior to enrolling in the program for a total of 8,192 days. That number was reduced to 54 partners in their second year of the program for a total of 3,195 days.

**Comprehensive Community Treatment  
Number of Bed Days for Partners Enrolled for at Least  
Two Years As of December 2025**



There has been a 58% decrease in the number of Partners experiencing a stay at a psychiatric hospital and a 61% decrease in the number of days spent in a psychiatric hospital which is a cumulative reduction of over 13 years' time spent in a psychiatric hospital setting.

Similarly, 77 Partners had experienced homelessness or an emergency shelter prior to enrolling in the program for a total of 14,487 days. That number was reduced to 43 partners in their second year of the program for a total of 5,003 days.

There has been a 44% decrease in the number of Partners experiencing an emergency shelter or homelessness and a 65% decrease in the number of days, which is a cumulative decrease of almost 26 years spent homeless.

There were 62 Partners who spent 16,957 days living independently prior to enrolling in the program and 66 Partners who spent 15,614 days living independently in their second year in the program.

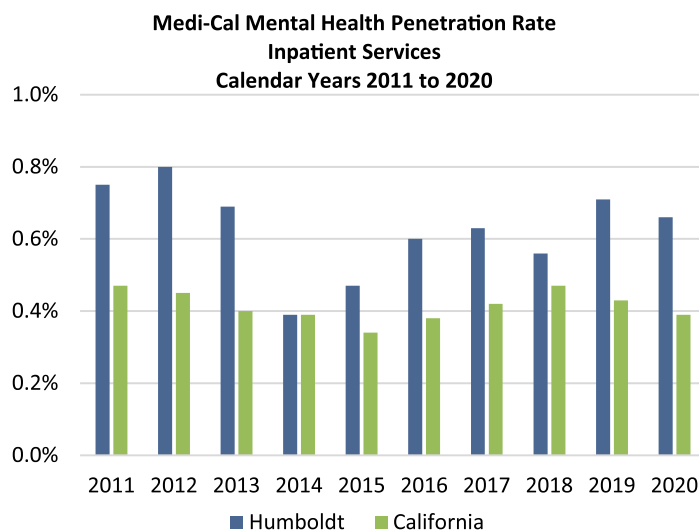
There was a 6% increase in the number of Partners living independently and a 8% decrease in the number of days in Partners living independently which is a cumulative decrease almost four years spent living independently.

There were 60 Partners who had experienced incarceration prior to enrolling in the program for a total of 4,581 days. That number was reduced to 13 partners in their second year of the program for a total of 1,908 days. This is a 78% decrease in the number of Partners experiencing incarceration and a 58% decrease in the number of days, which is a cumulative decrease of over 7 years spent incarcerated.

## RESIDENTIAL AND INPATIENT SERVICES

The following listed services constitute a continuum of care from the least to most restrictive. A lower level of care often offers more opportunities for clients to be supported by Humboldt County mental health outpatient staff and other community supports.

- Placement in an adult residential care facility
- Placement in a Mental Health Rehabilitation Center (MHRC) or an Institute for Mental Disease (IMD)
- Short-term inpatient care at Sempervirens, Humboldt County's free-standing Psychiatric Health Facility (PHF)
- Hospitalization at a State hospital



Source: DMH Approved Claims and MMEF Data (October 2021)

Humboldt County is one of 17 California counties to operate a free-standing Psychiatric Health Facility (PHF) and one of two "Super PHFs" approved by both Medi-Cal and Medicare. Statewide and nationwide shortages of psychiatrists and nurses have severely impacted counties' ability to operate such facilities within the parameters of State and federal rules and regulations.

A "Super PHF" is an intensive resource to maintain because it is staffed at all times in accordance with statewide staffing ratios for nursing and in accordance with the Code of Federal Regulation standards for acute care hospitals. Humboldt County continues to operate the facility in an effort to serve patients locally where they have access to significant supports to their recovery. The need to transition back into the community from an out of area facility can make it more difficult for an individual to work toward recovery.

## CRISIS STABILIZATION SERVICES

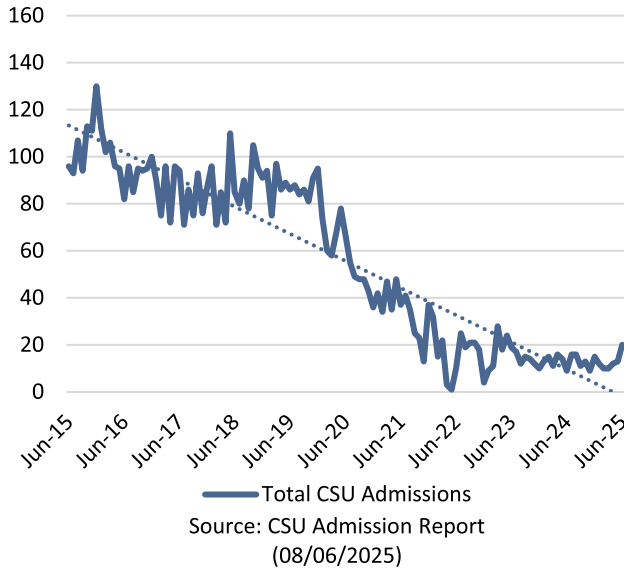
As shown in the chart on the next page, Humboldt County's penetration rate is 28% greater than the statewide average for crisis intervention and stabilization services.

## CRISIS STABILIZATION UNIT (CSU)

Crisis Stabilization Unit (CSU) is an outpatient program that provides crisis intervention and stabilization services to individuals in need of immediate crisis services. The maximum time allowable for this service is 23 hours. If the client has improved during this time, they are discharged to the community with linkages to other

outpatient services. If the client needs further services to be stabilized, they are admitted to the acute care psychiatric hospital.

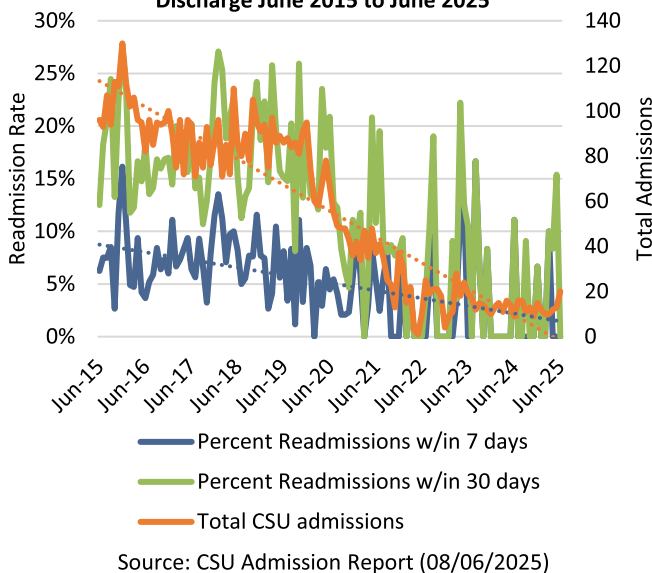
**Crisis Stabilization Unit (CSU)  
Total Admissions Per Month  
June 2015 to June 2025**



This chart reports the rate of readmission  $\leq 7$  &  $\leq 30$  days of discharge from CSU. Since the beginning of the Covid-19 pandemic, admissions and readmissions have significantly declined.

In addition, staffing issues have forced the closing of the unit at times. Since January 2022, CSU admissions have decreased even further mainly due to staffing issues including many/partial shutdowns.

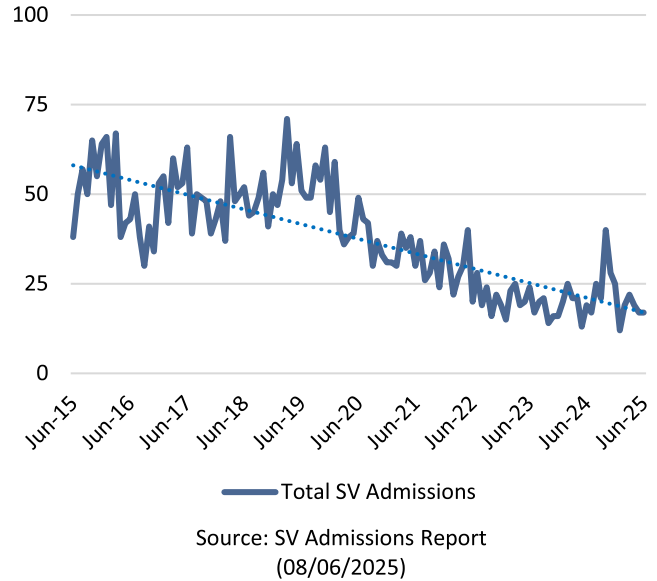
**Crisis Stabilization Unit (CSU)  
Readmission Rate Within 7 and 30 Days of  
Discharge June 2015 to June 2025**



## SEMPERVIRENS (SV) HOSPITAL ADMISSIONS

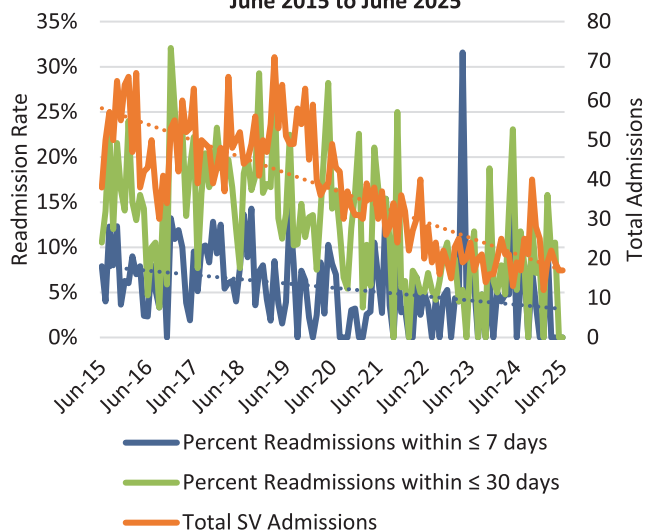
Sempervirens (SV) is a locked, acute care psychiatric health facility providing services to clients with acute psychiatric needs. Clients who present a danger to themselves or others or who are gravely disabled due to a psychiatric disability are provided treatment in this facility. Having a local psychiatric facility allows for clients who need this level of service to be provided care in or near their own community. The following chart shows SV admission rates.

**Sempervirens (SV) Admissions  
June 2015 to June 2025**



The SV readmission rates indicate clients who have returned to SV within seven (beginning July 2012) and 30 days of discharge. Unplanned hospital readmissions may or may not be related to the previous visit, and some unplanned readmissions are not preventable. Readmission rates are used as quality indicators for transition of care from inpatient to outpatient care. SV readmissions have been a continual focus of Behavioral Health staff and management resulting in a number of Performance Improvement Projects and inter-departmental focus teams. As with CSU, the onset of the Covid-19 Pandemic has resulted in significantly lower admission rates, including a partial shutdown of SV in June 2022. Many clients are being assessed and released from 5150's at local Emergency Departments, lowering the amount of SV admissions. Finally, the number of unhoused patient admissions have dropped which have formerly composed a majority of readmissions. However, there has been corresponding increase of the amount of Adult Clients sent to Out of County Hospitals.

**Sempervirens (SV) Readmission Rate  
Within ≤ 7 & ≤ 30 Days of Discharge  
June 2015 to June 2025**



Source: CSU Admission Report (08/06/2025)

Participants engaged in Seeking Safety learn how to:

- Recognize the warning signs for high risk situations for substance use
- Ask others for help
- Self care
- Cope with symptoms of PTSD

The primary goal of the practice is to help participants reach and maintain recovery goals in order to lead safe, healthy lives.

Humboldt County initiated Seeking Safety in 2012 and it is offered to participants involved in Healthy Moms and Mental Health Outpatient services.

One of the outcome tools used to measure the effectiveness of Seeking Safety is the Los Angeles Symptom Checklist (LASC), which is completed by the client at entry and exit. The LASC measures PTSD symptoms and associated features, with higher scores indicating higher levels of impairment.

As seen in the chart below, statistical testing shows that participants experienced improvement in both Total Score and PTSD Score between entry and exit.

Reporting for Seeking Safety is on hold this quarter due to data availability.

## ADULT BEHAVIORAL HEALTH RECOVERY PROGRAMS

### OUTPATIENT PROGRAMS: SUBSTANCE USE DISORDER TREATMENT

The chart in this section reflects information for Humboldt County Adult Behavioral Health Recovery Services Outpatient Substance Use Disorder (SUD) treatment. Data come from a client survey administered upon admission to outpatient treatment to Humboldt County Programs for Recovery (HCPR) and Healthy Moms, a perinatal outpatient program.

Healthy Moms and HCPR both provide ready access on-site for clients who also require mental health services.

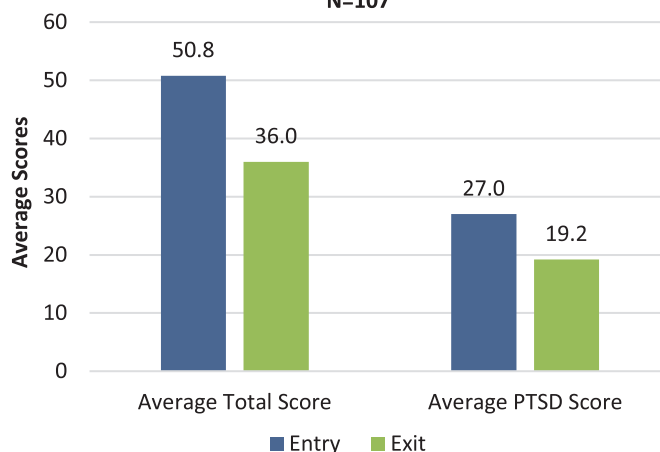
Clients can enroll in treatment multiple times, and the following chart reflects these multiple treatment admissions, as opposed to unduplicated individuals.

Humboldt County shows an overall prevalence of mental health diagnoses among SUD outpatient treatment participants at almost twice the rate statewide. Consequently, the frequency of more intensive services recommended and provided locally is higher than is common among statewide programs, with the majority of clients with a dual diagnosis receiving intensive SUD outpatient services.

### SEEKING SAFETY

Seeking Safety is an evidence-based practice developed specifically for individuals with Post Traumatic Stress Disorder (PTSD) and substance abuse problems. Treatment for the two disorders is integrated and flexible and consists of 12 cognitive behavioral group therapy sessions that teach people with PTSD and substance abuse problems new ways to deal with trauma related symptoms through a range of different coping skills.

**Average Los Angeles Symptom Checklist Scores for  
Participants of Seeking Safety  
December 2010 to June 2023  
N=107**



Source: DHHS Quality Management Services  
Seeking Safety Outcomes Report  
(10/11/2023)

### DUAL RECOVERY PROGRAM (DRP)

In June 2011, the Dual Recovery Program (DRP) was introduced to better address the treatment needs of people with co-occurring mental health and substance abuse disorders. Modeled after the evidence-based program Integrated Dual Diagnosis Treatment (IDDT), DRP utilizes an integrated dual diagnosis treatment approach for clients needing both substance abuse and mental health services. The program uses the principles and practices of IDDT as the foundation, and provides motivational-based

treatment designed to engage participants in the recovery process. Individualized case planning and time unlimited services are key features of DRP. The core value of DRP is shared decision making among critical stakeholders.

## GROUP COGNITIVE BEHAVIORAL THERAPY (CBT) FOR MAJOR DEPRESSION

This program uses group cognitive behavioral therapy for the treatment of depression using both psychoeducational and psychotherapeutic approaches. The group structure consists of four modules focusing on thoughts, activities, contacts with people, and health. A module consists of four sessions emphasizing each specific topic and its connection to mood. Humboldt County implemented Group CBT for Major Depression in 2012. Reporting for CBT-MD is currently on hold.

One of the outcome tools used to measure the effectiveness of the program is the Center for Epidemiologic Studies Depression Scale (CES-D), which is completed by the client at each group session. The CES-D measures the patient's symptoms of depression, with higher scores indicating higher levels of impairment.

Statistical testing shows that participants experienced improvement in CES-D average total scores between entry and exit assessment, but that it was not statistically significant.

**Average Center for Epidemiologic Studies Depression Scale Scores for Participants of Group Cognitive Behavioral Therapy for Major Depression December 2013 to June 2020**  
N=42



Source: DHHS Quality Management Services  
Group CBT for Major Depression Outcomes Report  
(10/14/2020)

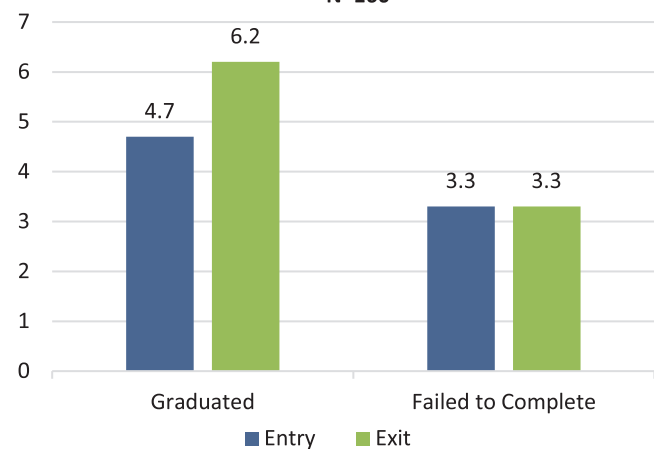
## MORAL RECONATION THERAPY

Moral Reconciliation Therapy (MRT) is an evidence-based systematic treatment strategy that seeks to decrease recidivism among adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego and social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. Reporting for the program is currently on hold.

One of the outcome tools used to measure the effectiveness of MRT is the Milestones Of Recovery Scale (MORS), which is completed by the counselor at each session. MORS is a single digit indicator used to represent the client's status in recovery over the past two weeks, with higher scores showing higher levels of coping and engagement. Because recovery is not linear, this score may move up and down or stay static.

The chart below shows that participants who completed MRT experienced improvement in MORS average total scores between entry and exit, while participants who did not complete the program averaged the same MORS score at entry and exit.

**Average Mothers' Object Relations Scale Scores for Participants of Moral Reconciliation Therapy December 2013 to September 2020**  
N=160



Source: DHHS Quality Management Services  
MRT Outcomes Report  
(01/04/2021)

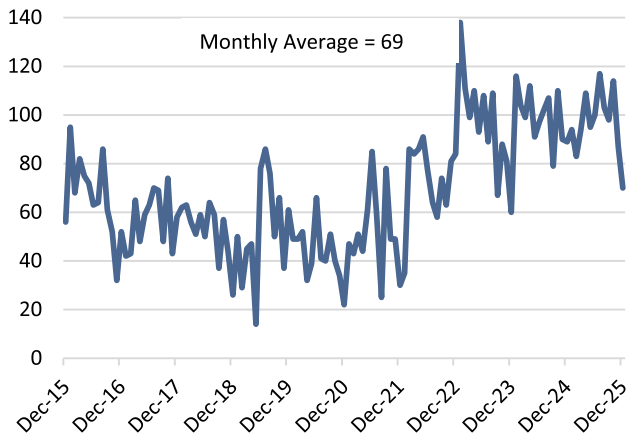
## OLDER ADULTS

### IN-HOME SUPPORTIVE SERVICES (IHSS)

In-Home Supportive Services (IHSS) allows Medi-Cal eligible persons who are aged, blind, or disabled to receive personal care and domestic services. The program enables participants to remain safely in their own home with support provided by care givers. Without this support, participants are at risk of placement in out-of-home care settings.

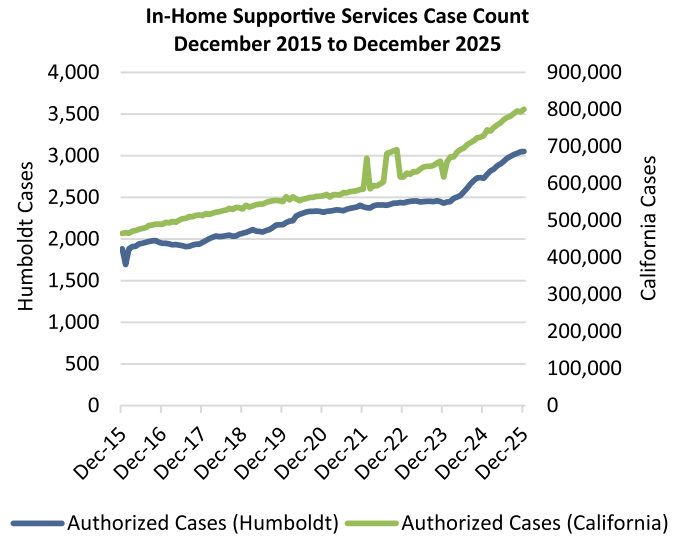
The number of Humboldt County applications received for IHSS vary from month to month, yet experienced an uptick at the start of 2024. This is due to Medi-Cal policy changes to increase potential eligibility requirements for more people. As Medi-Cal caseloads have increased due to these changes, there are now more applicants for IHSS. The average number of applications received per month to date in 2025 is 97, compared to our 10-year average of 69 applications per month, a 41% increase.

**In-Home Supportive Services  
Applications Received per Month  
December 2015 to December 2025**



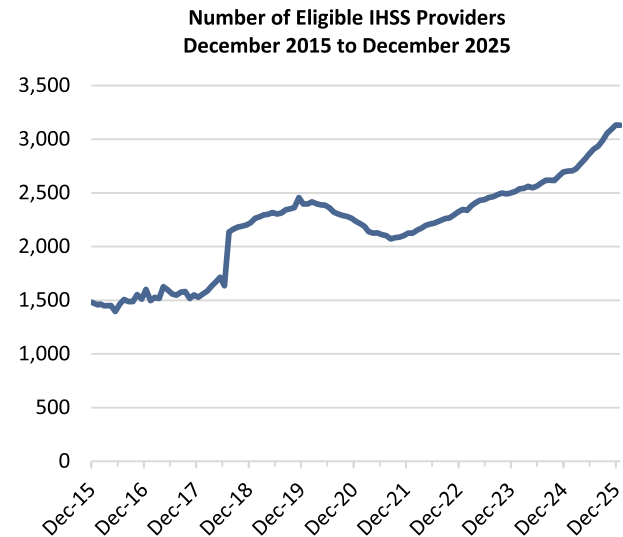
Source: CMIPS II Monthly Data Download (1/1/2026)

The chart in the next column shows that the Humboldt County IHSS caseload size increased 62% in the past 10 years due, in part, to Medi-Cal expansion efforts. These efforts have improved eligibility requirements based on income/property limits and documentation status. As a result, more people are now also eligible for IHSS services. For reference, the statewide caseload increased 72% during the same time period.



Source: Monthly Caseload, Hours Paid and Expenditures (1/1/2026)

The following chart shows the number of eligible IHSS care providers over time.



Source: CMIPSII Monthly Data Download (1/1/2026)

In December 2015, the number of eligible care providers was 1,483. Over the past decade, the number of eligible providers has increased 111% to 3,130. This may be due, in part, to increased caseloads and outreach efforts.

### ADULT PROTECTIVE SERVICES (APS)

Adult Protective Services (APS) is responsible, 24 hours a day, for investigating allegations of abuse, neglect, and exploitation of seniors (60 years and older) and dependent adults. Counties are required to investigate, intervene, and provide services to ensure the safety and protection of seniors and dependent adults.

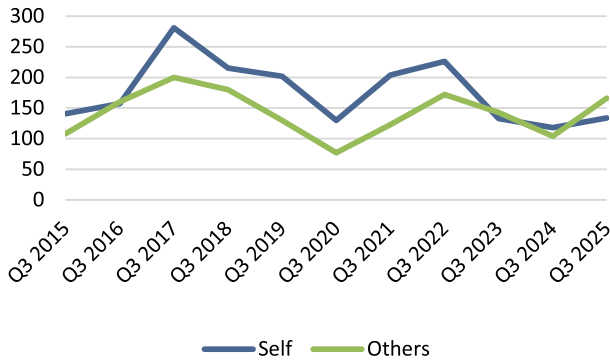
APS investigates allegations of abuse and neglect by self and others. In the 3rd quarter of 2025, of the investigations with

# OLDER ADULTS

an in-person response that were completed and closed, APS investigated 134 allegations of self-neglect and 166 allegations of abuse by others.

documented as “Information & Assistance” and are not counted in the total number of referrals received. The average percentage of assigned referrals each quarter since 2015 is 61%; 52% of reports were assigned in the 4th Quarter of 2025.

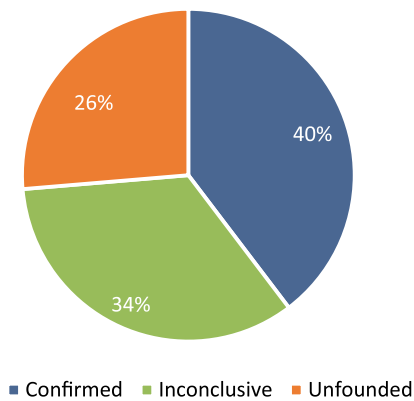
**Allegations Investigated by APS  
Totals by Quarter  
Q3 2015 to Q3 2025**



Source: Adult Protective Services and County Services Block Grant Monthly Statistical Report SOC 242 (10/15/2025)

Investigations can result in abuse allegations being confirmed, inconclusive, or unfounded. In the 3rd quarter of 2025, of the investigations with an in-person response that were completed and closed, 40% of allegations were confirmed, 34% were found to be inconclusive, and 26% were unfounded.

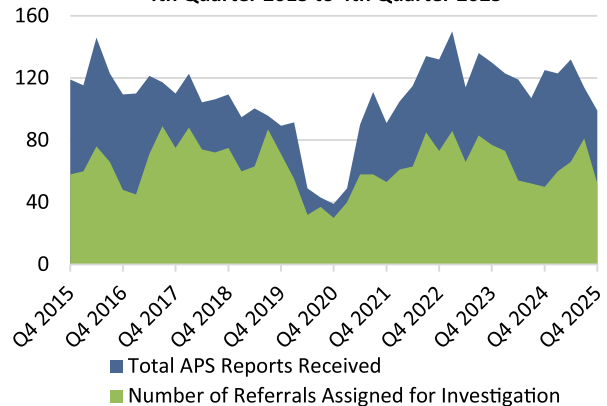
**APS Allegation Findings  
3rd Quarter 2025**



Source: Adult Protective Services and County Services Block Grant Monthly Statistical Report SOC 242 (10/15/2025)

The chart in the next column compares the average number of APS reports received per month with the average number of referrals assigned for investigation per month. The number of monthly reports received and assigned varies substantially from month to month. Only those reports that are within APS jurisdiction and meet the APS guidelines for abuse and neglect are assigned for investigation. Reports not meeting these guidelines are

**APS Referrals  
Number Received vs. Number Assigned  
Monthly Averages by Quarter  
4th Quarter 2015 to 4th Quarter 2025**

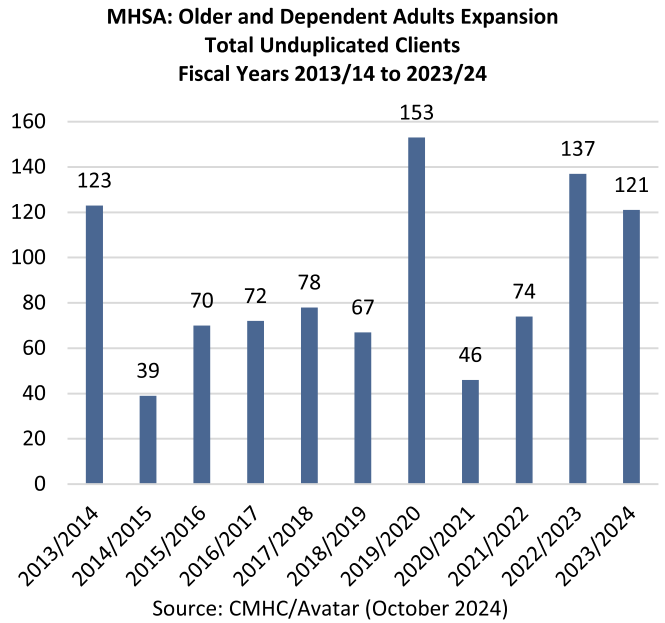
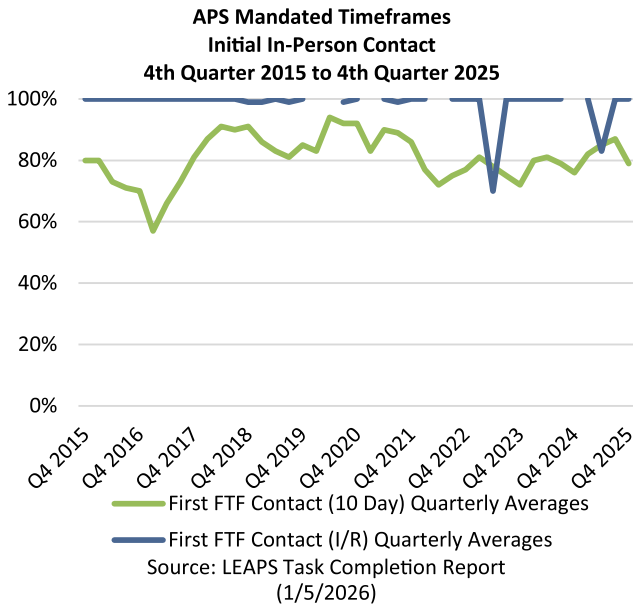


Source: LEAPS for Humboldt County Adult Protective Services (1/5/2026)

The chart on the next page shows the monthly average percentage of initial in-person contacts that were within mandated timeframes. These timelines of response are important safety measures and Humboldt County APS strives to achieve a compliance rate of 100%.

When Immediate Response data appears lower than 100%, it is the result of attempts made to contact the client, however staff were unable to locate them based on reported information. There is never a time an Immediate Response is not initiated timely. APS mandates include the following:

- Initial Face-to-Face Contact (Immediate Response): If a referral involves an immediate life threat, imminent danger, or a crisis in an existing case, an attempt to make an immediate in-person contact with the elder or dependent adult must be made for the purpose of intake or intervention
- Initial Face-to-Face Contact (10-Day Response): If a referral does not involve an immediate life threat or imminent danger, an in-person contact must be made as soon as necessary, but no later than 10 calendar
- days from the date of the initial report. Due to COVID, the California Department of Social Services temporarily expanded the No In-Person Response criteria in March 2020. In-person response was limited to those disabled or older adults who were in imminent danger and assigned when necessary to protect the health and safety of the disabled or older adult. Otherwise a “No Ten-Day” desk investigation was completed. Humboldt County APS continues to exercise caution with in-person assignments due to continued COVID risks.



During fiscal year 2023/24 there were a total of 121 unduplicated clients served by the Older Adults Expansion program.

## OLDER AND DEPENDENT ADULTS EXPANSION

The Older and Dependent Adults interdisciplinary teams include Social Services social workers, Public Health nurses, and beginning in October 2007, Mental Health clinicians and case managers. In order to holistically serve this vulnerable and underserved population, the team conducts multi-disciplinary team meetings, provides case management planning, performs investigation into suspected abuse and neglect, and provides linkage to the full range of services. Specifically, mental health staff remove barriers to access and provide mental health screening and assessment services, consultation, education, and wellness/recovery focused clinical services and supports.

MHSA goals and outcomes of this service expansion include:

- Increased intra-agency coordination
- Enhanced integrated service experience
- Reduction in involuntary care

This chart shows the unduplicated number of clients served through the MHSA funded Older and Dependent Adults Expansion for this specific fiscal reporting code since fiscal year 2013/14.

# HOUSING & HOMELESSNESS

## HOUSING & HOMELESSNESS

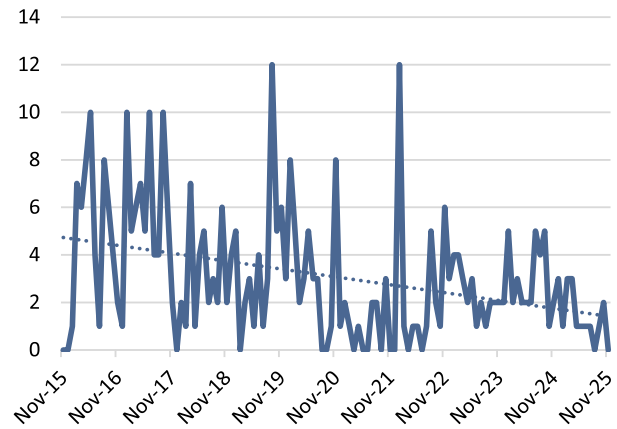
### CALWORKS HOUSING

The California Work Opportunity and Responsibility to Kids (CalWORKs) Program offers services to assist families who are homeless or at risk of homelessness. The CalWORKs Homeless Assistance (HA) Program was established to meet the costs of securing or maintaining permanent housing or to obtain emergency shelter when experiencing, or at risk of, homelessness. The HA Program includes both temporary HA and permanent HA, which eligible families may receive either or both, once in a 12-month period (with certain exceptions in which more frequent assistance is allowed). Expanded and streamlined eligibility for the HA Program is available to victims of domestic abuse. The CalWORKs Housing Support Program (HSP) fosters housing stability for families experiencing, or at risk of, homelessness for whom housing instability would be a barrier to self-sufficiency or child well-being.

CalWORKs Homeless Assistance is provided to families for temporary housing assistance (THA) and permanent housing assistance (PHA). THA can pay for shelter up to 16 days a year (exceptions can be made for domestic abuse, illness, unhabitability of the home, or declared natural disaster). PHA can pay for last month's rent and security deposits or up to two months of rent arrearages a year with guidelines based on income and sustainability. Expanded THA (up to 32 days) is available to eligible survivors of domestic abuse. Both THA and PHA application approval trends are increasing as the need for assistance paying for housing among CalWORKs families continues to grow.

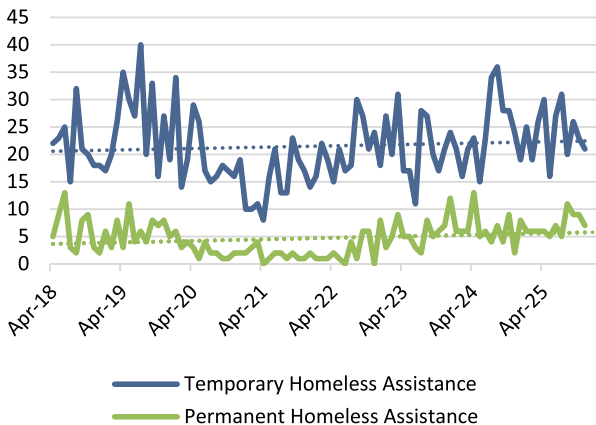
homelessness are offered homelessness prevention services to help regain stability in their current housing or move and achieve stability in a new housing location. Decreases in the number of families housed during recent fiscal years are due in part to decreases to program funding. The downward trend correlates with available units becoming increasingly scarce and far less affordable. Months when housing placements spike, are due, in large part, to partnerships forged with property managers.

**CalWORKs Housing Support Program  
Families Housed by Month  
November 2015 to November 2025**



Source: HSP14  
(12/18/2025)

**CalWORKs Homeless Assistance  
Approvals by Month  
April 2018 to November 2025**



Source: CA 237 HA  
(12/8/2025)

The CalWORKs Housing Support Program (HSP) is intended to foster housing stability for families at-risk of or experiencing homelessness. Using a rapid rehousing model to assist families in obtaining permanent housing, HSP provides temporary shelter, help with moving costs, short to medium term rental subsidies, and wraparound case management. Families at-risk of

## SUMMARY

The Humboldt County Department of Health and Human Services (DHHS) continues to refine the integration and transformation of services for individuals and communities across their lifespan. To this end, solid decision-making and partner education requires the continuous availability, review, and refinement of integrated service data.

This report continues to evolve to provide the information necessary for informed, outcome-based decision-making throughout DHHS. As integration of services evolves and more inter-disciplinary service delivery teams are formed, current reliable information will become increasingly essential for data-supported decision-making, program improvement, and the identification of service gaps in Humboldt County. This report contains the most current and available data-derived information of Health and Human Services Integrated Programs in Humboldt County.

# ACRONYM GUIDE

Acronym	Definition
2P	Two-Parent (WPR)
AB	Assembly Bill
ACA	Affordable Care Act
A-CRA	Adolescent Community Reinforcement Approach
AF	All Families (WPR)
AJCC	America's Job Center of California
APS	Adult Protective Services
ART	Aggression Replacement Training
ASP	Advance Standard Payment
BAC	Board and Care Home
BHIT	Behavioral Health Intervention and Treatment
BOS	Board of Supervisors
CalWORKs	California Work Opportunity and Responsibility to Kids
CANS	Child & Adolescent Needs & Strengths
CBH	Children's Behavioral Health
CBO	Community Based Organization
CBT	Cognitive Behavioral Therapy
CCT	Comprehensive Community Treatment
CDRT	Child Death Review Team
CDSS	California Department of Social Services
CES-D	Center for Epidemiologic Studies Depression Scale (CES-D)
CFET	CalFresh Employment & Training
CFT	Child and Family Team Meetings
CGSS	California Gonorrhea Surveillance System
CHVP	California Home Visiting Program
CIT	Crisis Intervention Team
C-IV	Statewide Automated Welfare System (SAWS) Consortium-IV
CMSP	County Medical Services Program
CSS	Community Services and Supports
CSU	Crisis Stabilization Unit
CT	Chlamydia
CWBH	Child Welfare Behavioral Health
CWS	Child Welfare Services
DHHS	Department of Health and Human Services
DR	Differential Response
DRP	Dual Recovery Program
EBT	Electronic Benefit Transfer
EDD	Employment Development Department
ELAP	Environmental Laboratory Accreditation Program

# ACRONYM GUIDE

Acronym	Definition
ER	Emergency Response
ERC	Employment Resource Center
ESL	English as a Second Language
ET	Employment Training
ETD	Employment Training Division
FDPIR	Food Distribution Program on Indian Reservations
FFA	Foster Family Agency
FFT	Functional Family Therapy
FFY	Federal Fiscal Year
FIT	Family Intervention Team
FM	Family Maintenance
FPL	Federal Poverty Level
FR	Family Reunification
FSP	Full Service Partnership
FTM	Family Team Meeting
GC	Gonorrhea
GED	General Educational Development
GR	General Relief
H2CP	Humboldt Second Chance Program
HCPR	Humboldt County Programs for Recovery
HCTAYC	Humboldt County Transition Age Youth Collaboration
HH	Helping Humboldt
ICC	Intensive Care Coordination
IDDT	Integrated Dual Diagnosis Treatment
IHBS	Intensive Home Based Services
IHSS	In Home Supportive Services
ILSP	Independent Living Skills Program
IMD	Institute for Mental Disease
INN	Innovation (MHSA)
IPC	Interagency Placement Committee
IVR	Interactive Voice Response
LASC	Los Angeles Symptom Checklist
MC	Medi-Cal
MCAH	Maternal, Child and Adolescent Health
MHP	Mental Health Plan
MHRC	Mental Health Rehabilitation Center
MHSA	Mental Health Services Act
MHST	Mental Health Screening Tool
MIECHVP	Maternal Infant Early Childhood Home Visitation Program

# ACRONYM GUIDE

Acronym	Definition
MORS	Milestone Of Recovery Scale
MRT	Moral Reconation Therapy
MST	Microbial Source Tracking
MTSS	Multi-Tiered System of Support
NAMI	National Alliance on Mental Illness
NFP	Nurse-Family Partnership
OJT	On-the-Job Training
PCR	Polymerase Chain Reaction
PEI	Prevention and Early Intervention
PH	DHHS Public Health Branch
PHF	Psychiatric Health Facility
PHN	Public Health Nursing
PP	Permanency Placement
PTSD	Post Traumatic Stress Disorder
RAC	Resource Allocation Committee
RCC	Regional Call Center
RCS	Redwood Community Services
REST	Resident Engagement and Support Team
RFA	Resource Family Approval
RSV	Respiratory Syncytial Virus
SAFARI	Strategic Assistance For Adult Recovery Interventions
SB	Senate Bill
SDI	State Disability Insurance
SIDS	Sudden Infant Death Syndrome
SNAP	Supplemental Nutrition Assistance Program
SNF	Skilled Nursing Facility
SSI	Supplemental Security Income
ST	Supportive Transition
STD	Sexually Transmitted Disease
STEC	Shiga Toxigenic Escherichia Coli
SUD	Substance Use Disorder
SUIDS	Sudden Infant Death Syndrome
SV	Sempervirens Psychiatric Hospital
TANF	Temporary Assistance for Needy Families
TAP	Transportation Assistance Program
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TIP	Transition to Independence Process
VC	Vocational Counselor

# ACRONYM GUIDE

Acronym	Definition
VLf	Vehicle License Fee
WEX	Work Experience
WCL	Work Crew Leader
WET	Workforce Education and Training
WIC	Women, Infants and Children
WPR	Work Participation Rate
WtW	Welfare-to-Work
YOQ-SR	Youth Outcome Questionnaire - Self Report