



BLUE RIBBON TASK FORCE RECOMMENDATIONS

Presented to Humboldt County Board of Supervisors

Bill Damiano, Chair and Connie Stewart, Vice-Chair

July 2018

A summary of the recommendations generated by the
Department of Health & Human Services Blue Ribbon Task Force

Blue Ribbon Task Force Recommendations Report Summary

Introduction

As you know, the Board of Supervisors contracted with W. Brown Creative Partners (WBCP), who made 48 recommendations to strengthen the Department of Health & Human Services (DHHS), many of which build upon work that was already initiated by the organization.

The overall summary of the WBCP 48 recommendations include: Build upon the existing infrastructure while continuing to move toward a fully Integrated Health and Human Services System.

- Improve communications with staff and community partners.
- Involve staff and community partners to develop a new strategic plan and an accountability strategy.
- Review the organizational structure to become more streamlined and accountable.
- Review the relationship and processes between DHHS and the other county departments, the CAO and the Board of Supervisors.
- Develop broader fiscal oversight regarding DHHS' budget and assess the risk to programs and to the County, especially with the State and Federal government shifting accountability to the Counties.
- Continue the strategy of looking for opportunities to collaborate with local and regional partners to deliver comprehensive and accessible services to clients in rural areas.
- Continue to gather critical data but use the data in a strategic fashion and include stakeholders internally and externally.
- Continue to protect and improve services to the populations that are most vulnerable.

In January 2017, the Blue Ribbon Task Force (BRTF) had its first meeting of eight meetings over the course of 14 months. In order to address the charge given to us by the Board of Supervisors, the BRTF decided to group the recommendations together by topic in order to focus the discussions.

Recommendations were grouped as follows:

- Organizational Culture
- Hiring & Personnel
- Partnering
- Regionalization
- Fiscal/Budget/CAO
- Mental Health
- Tribal Relationships
- Data and Miscellaneous Other recommendations

The Task Force reviewed and commented on 43 of the 48 recommendations and determined in conjunction with DHHS that 5 were not applicable, for example, because they were already done, such as create a Blue Ribbon Task Force, or required an additional working group with direct expertise or other internal county personnel.

Meeting Schedule

Below is the schedule of when each topic was reviewed:

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#	Date	Topic	Recommendations reviewed
1	Jan. 12, 2017	Introduction	Overview of WBCP report and the BRTF charge
2	Feb. 28, 2017	Organizational Culture	(3) Organizational Culture (4) Branch Director Engagement during Organizational Change (7) Staff Empowerment through Collaboration, Communication and Decision-Making Processes (12) Staff Delegation, Engagement and Empowerment (13) Strengthen Communication through Staff and Community Engagement (37) New Initiatives - Develop decision-making criteria for new projects and initiatives
3	March 29, 2017	Hiring and Personnel	(27) Reorganization and Staffing Changes (30) Management and Administrative Support Position Assessment (32) Payroll/Time Study (33) Time to Hire (34) Merit System and Selection Process (35) Legislative Analyst/Public Information Staff (38) Succession Planning, Hiring Practices and Training
4	May 18, 2017	Partnering, Regionalization	<i>Partnering</i> (22) Schools (23) Multi-service Contracts with Schools (24) Outreach to faith-based community (42) AB109 (43) Develop Contracts with Community-based Organizations <i>Regionalization</i> (44) Decentralize Services (45) Regional Approach to Addressing Challenges (46) Economy of Scale and Rural Challenges (47) Decentralized Services (48) Regional policy
5	July 27, 2017	Fiscal/Budget/CAO, Mental Health	<i>Fiscal/Budget/CAO</i> (8) The Board of Supervisors Should Set Budget Priorities for Realignment Funds (9) DHHS Budget Oversight (10) CAO and DHHS Staff Fiscal Management Training

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#	Date	Topic	Recommendations reviewed
			(14) Board and CAO relationship to the DHHS Director (31) Consolidation of IT Services (36) Budget Automation and Tracking System <i>Mental Health</i> (11) Mental Health Balanced Budget (21) Mental Health Services Act (MHSA)
6	Sept. 28, 2017	Data and the Miscellaneous Other recommendations	<i>Data</i> (16) Health Data and Strategic Planning (17) Health Data (19) Quality Improvement (20) Monitor and Inform re: Partnership Health Plan (PHC) of California (28) Strategic Plan Development (40) Develop Action Plan to Further Integrate Services (APHSA) <i>Other</i> (1) Foster Care (2) Work Participation Rate (WPR) (39) Continue Integration Efforts (41) Expand Capacity
7	Nov. 30, 2017	Tribal Relationships	(25) Tribal Cultural Competence (26) Build tribal relationships
8	Feb. 22, 2018	Wrap up and review report to the Board of Supervisors	

The scheduled topic was set and dates of meetings were advertised months in advance to allow concerned community members to attend meetings and give input.

Meeting Structure

Our format for the meetings was to start by having DHHS Director Beck provide the Task Force with an overview on the Department's response to each recommendation, changes that she and staff had considered in response and the status of implementing those changes.

Director Beck brought staff experts on the topics to each meeting and also invited DHHS staff that had input and concerns to attend. Director Beck would set the stage for discussion by asking key questions that she had around aspects of implementing recommendations, and every member of the task force would have an opportunity to give input.

For the first few meetings, we conducted small group work, but quickly adjusted the meeting to work together to allow every member to hear input from everyone which we believe produced a more fruitful conversation and

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greater understanding and engagement from the public attending. After members gave input, we would reopen public comment to allow the public to add additional input or comment on what they heard.

We then themed the input into our agreed upon recommendations and once again sought public input on our overall product.

The recommendations and feedback given includes input from every member and the BRTF. The feedback was not put in order of priority. We determined to respect and support every member's input.

Additional Availability for BRTF

Beyond scheduled meetings, Director Beck met with members of the committee who had expertise on a specific topic separately so the BRTF members could share more insight into ways to improve services.

Director Beck also had staff respond to a memo of specific questions from a member that had firsthand knowledge of programs. This memo provided insight to all of the members of the task force and the complexity around implementing meaningful change in some of the most needed service areas in our community.

Recommendations Beyond the Life of the BRTF

The BRTF recommends that DHHS prioritize the BRTF and WBCP feedback, report back to the Board of Supervisors with an action plan for the prioritized recommendations that has measurable outcomes; and that an assessment and accountability plan be established.

Report to the Board of Supervisors

The Blue Ribbon Task Force was charged with reporting back to the Board of Supervisors on DHHS implementation of the recommendations contained in the Transition Organizational Assessment Study, including:

- A synopsis of the recommendations
- Baseline data
- Efforts DHHS is taking to implement or alter the WBCP recommendation
- Evaluation of success (data based on comparison to baseline)
- Ongoing efforts planned

Attached is a document that provides that information.

Gratitude of the Committee

The BRFT members would like to express our sincere appreciation for the opportunity to work closely with each other and DHHS staff.

A lot of time, passion and hope for improved recruitment, retention, workplace satisfaction, interagency collaboration, and the improved health and welfare of all the people throughout our community is in this report. We look forward to a better future for all.

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Members

- Bill Damiano, Chief of Probation
- Chris Hartley, Superintendent of Schools
- Connie Stewart, California Center for Rural Policy
- Drew Redden, Labor
- Dale Maples, The Forgotten Initiative
- Lance Morton, community member
- Cole Vanwey, transition-age youth
- Melissa Norwood, foster parent
- Angela Sundberg, Director of Social Services, Trinidad Rancheria
- Lisa DeMatteo, Human Resources
- Amy Nilsen, County Administrative Officer
- Tim Ash, Behavioral Health Board member

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Summary of the Wendi Brown Recommendation:

Organizational Culture – Some modifications to the existing executive management team structure may be necessary to strengthen the team and foster better communication from the bottom up.

Topic: Culture

Departmental Responses:

DHHS Leadership Team

DHHS hired Aspire Change-KLJ Consulting to assist with the building of a DHHS Leadership Design Team. The ongoing work of the consultant and this team includes supporting the branch directors, deputy directors, the DHHS director, and other DHHS management/leadership in working together to increase communication, build a team structure with trust, and explore and develop participatory styles of leadership. The Leadership Team incorporates Humboldt Practice Model (see below) values and practices as well as High Performance Organization values. Karen Lofts-Jarboe, president of Aspire Change, was instrumental in helping develop the HPM in Humboldt.

Branch Directors report to directors

In February 2016 the assistant director of programs took a position outside the agency. That position has not been filled and branch directors now report directly to the DHHS director. Most weeks, Wednesday morning meetings provide an opportunity for branch and administrative directors and deputies to discuss topics and make decisions as a team.

Humboldt Practice Model (HPM)

The HPM is a set of values, practices and tools to guide staff in engaging families, tribal communities and extended networks in a way that is responsive to culture and trauma. The practice model is a system-wide change to improve the experience and outcomes of children, families and the community over generations. HPM originated in Children & Family Services to address over-representation of Native American Children in Foster care, and DHHS leadership saw the opportunity to incorporate HPM values and tools into other DHHS branches and divisions, improving services to patients/clients/customers/community members and improving employee relationships with other employees.

Summary of Blue Ribbon Task Forces Insights:

Insight on how DHHS Director can identify areas where culture change is happening more slowly than others:

- (1) Identify the barriers that employees are facing to get their needs met (or the needs of their clients) and take action (e.g. hire staff to fill backlog)
- (2) Measure sick leave used – is it decreasing over time? Turnover?

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- (3) Identify resistant supervisors and managers and offer Leadership training, early retirement, accountability or other career options in county
- (4) Invite input early with feedback loop.
- (5) Have an internal liaison and an external liaison that is trusted by both staff and management.
- (6) Measure culture change - HSU utilizing interns for a survey; Outreach, go out to staff and talk with them, ask how things are going etc.

Status of change proposed:

Significant modifications made to executive management team, organizational culture changes are ongoing and there still remain challenges but progress is being made.

Baseline data/evaluation:

- (1) Branch Directors report to DHHS Director Connie Beck
- (2) Mental Health Director Emi Botzler-Rodgers was hired in August 2017 and has supervision over children's, TAY and adult mental health
- (3) Hiring County HR Director [county action]
- (4) Hiring consultant with history as a rural northern county mental health director
- (5) Administration organizational charts reflect change in organizational structure
- (6) Expectations for Directors, Deputies, Program Managers and Supervisors released in 2017; "Encourage decision-making at the lowest possible level" is now an expectation of supervisors that they can be held accountable for.
- (7) Connie Beck is going to staff meetings when possible and making herself seen on various DHHS campuses. Connie has attended and continues to attend multiple CWS Social Worker meetings to better understand staff needs and frustrations.
- (8) Social Services recreational fund continues to increase in activity. Social Services doubled its recreational fund participation in 2017, both at planning meetings and events.
- (9) When the Wendi Brown team began evaluating DHHS, one branch director had been in her position only a few months. Since that time the other two branch directors are also new. All 8 members of the current executive management team are new to their roles since 2013.

Continued efforts:

- (1) A regular "Directors, Deputies and Managers Forum" has begun to allow for discussion of shared needs across the agency and will continue.
- (2) In February 2018, DHHS brought in a trainer from the UVA Weldon Cooper Center for Public Service to conduct a leadership training on emotional intelligence for managers and supervisors. Three full-day sessions were offered so that every manager and supervisor could be enrolled. The training was well received and training staff and Director Beck are discussing possible follow-up efforts.

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- (3) An HPM practice coach and a cultural coach have been attending many meetings at the branch level to help management and supervisor teams foster better communication with each other as well as provide tools for improved communication with line staff. A focus is on two-way communication and ensuring feedback loops. Coaches attend some meetings with line staff as well as coaching managers and supervisors to help facilitate truly effective meetings with staff.



Summary of the Wendi Brown Recommendation:

Branch Director Engagement during Organizational Change – At the onset of any reorganization, it is important that the Branch Directors be full partners in the Department’s decision-making process.

Topic: Culture

Departmental Response:

Branch Directors report to directors

In February 2016, the assistant director of programs took a position outside the agency. That position has not been filled and branch directors now report directly to the DHHS Director. Most weeks, Wednesday morning meetings provide an opportunity for branch and administrative directors and deputies to discuss topics and make decisions as a team.

DHHS Leadership Team

DHHS hired Aspire Change-KLJ Consulting to assist with the building of a DHHS Leadership Design Team. The ongoing work of the consultant and this team includes supporting the branch directors, deputy directors, the DHHS director, and other DHHS management/leadership in working together to increase communication, build a team structure with trust, and explore and develop participatory styles of leadership. The Leadership Team incorporates Humboldt Practice Model values and practices as well as High Performance Organization values. Karen Lofts-Jarboe, president of Aspire Change, was instrumental in helping develop the HPM in Humboldt.

Summary of Blue Ribbon Task Forces Insights:

Identify resistant supervisors and managers and offer Leadership training, early retirement, accountability or other career options in county.

According to the BRTF: Director has been responsive to meeting with labor management and staff when issues arise.

Baseline data/evaluation:

Effective change in organizational structure:

- (1) DHHS has had Karen Lofts-Jarboe as a consultant for over two years. Skills and tools she has introduced with senior management are now making their way through the

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agency. As the culture of teaming and shared leadership develops more, deputies and managers are incorporating the skills and tools into work with staff.

Future efforts proposed:

Continued implementation of Humboldt Practice Model (HPM) and High-Performance Organizations (HPO).



Summary of the Wendi Brown Recommendation:

Staff Empowerment through Collaboration, Communication and Decision-Making Processes – The new Director should take steps to actively re-engage staff in the planning process going forward.

Topic: Culture

Departmental Response:

High Performance Organization

The County of Humboldt follows a High Performance Organization (HPO) model that emphasizes staff empowerment and decision-making. DHHS staff continue to attend HPO trainings, and the DHHS Leadership Design team is incorporating HPO values. (HPM and HPO align together; while the focus is different, there are no contradictions.) Some DHHS staff are partners in facilitating the Humboldt County Leadership Academy (HCLA) training series. In this HPO- inspired training series, employees are treated as leaders in their own areas, irrespective of whether they are line and support staff, supervisors or management.

Examples of ways in which HPO values supports WBCP recommendations:

“In an HPO, managers on all levels of the organization maintain trust relationships with employees by valuing their loyalty, treating people with respect, creating and maintaining individual relationships with employees, encouraging belief and trust in others, and treating people fairly.”

“Organizational members are always involved in important processes.”

“An inherent assumption of empowerment is that most, if not all, employees have the talent and capability to perform their jobs and responsibilities with the least amount of oversight and management.”

The DHHS Training Taskforce

There have been changes involving the Training, Education and Supervision (TES) Unit; supervision has been moved under the umbrella of Integrated Services and Supports team. Amy Cone from DHHS is working with the DHHS Training Task Force to support staff in new ways, as a robust training program for all staff to improve performance, retention and morale. Amy and the DHHS Training Task Force are working toward developing an employee onboarding program, a

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supervisor forum, a training tracking system and much more. The DHHS Training Task Force will take on the role of advisory group around training efforts. The membership of DHHS Training Task Force consists of employees from all branches as well as representatives from Employee Services, Research and Evaluation, Compliance, branch-level training coordinators, Information Systems, etc. Staff is encouraged to become involved as there is a lot of work that needs support.

Summary of Blue Ribbon Task Forces Insights:

Insight on how DHHS Director can identify areas where culture change is happening more slowly than others:

- (1) Identify the barriers that employees are facing to get their needs met (or the needs of their clients) and take action (e.g. hire staff to fill backlog)
- (2) Measure sick leave used – is it decreasing over time? Turnover?
- (3) Identify resistant supervisors and managers and offer Leadership training, early retirement, accountability or other career options in county
- (4) Identify the barriers that employees are facing to get their needs met (or the needs of their clients) and take action (e.g. hire staff to fill backlog)
- (5) Measure sick leave used – is it decreasing over time? Turnover?
- (6) Invite input early with feedback loop.
- (7) Have an internal liaison and an external liaison that is trusted by both staff and management.
- (8) Measure culture change - HSU utilizing interns for a survey; Outreach, go out to staff and talk with them, ask how things are going etc.

Status of change proposed:

- (1) HPM is being incorporated into daily practice, notably in child welfare and children's mental health
- (2) According to the BRTF: Director has been responsive to meeting with labor management and staff when issues arise.
- (3) To support HPO efforts, DHHS brought in a trainer from the UVA Weldon Cooper Center for Public Service to conduct a leadership training on emotional intelligence for managers and supervisors in February 2018. Three full-day sessions were offered so that every manager and supervisor could be enrolled.

Baseline data/evaluation:

- (1) Staff training is ongoing
- (2) Several contracts now have HPM in the scope of work
- (3) HPM is informing development of the DHHS updated strategic plan
- (4) DHHS has made significant investments in new peer support positions to advance commitment to the recovery model
- (5) Expectations for Directors, Deputy Directors, Managers and Supervisors released: "Encourage decision-making at the lowest possible level" is now an expectation of supervisors that they can be held accountable for.

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Future efforts proposed:

- (1) HPM incorporated into scope of work of other contracts as renewals occur
- (2) Continue to incorporate HPM into ongoing strategic goals
- (3) Attach expectations for the evaluation of every supervisor, program manager, deputy and director to clarify the direction and directive of DHHS.
- (4) Hire and train more staff in the model.

Summary of the Wendi Brown Recommendation:

New Initiatives – Develop decision-making criteria for new projects and initiatives. Involve staff in the process to the extent it is practical. Key program managers who will be responsible for implementing initiatives should be included as early in the process as possible. Decisions should be communicated to all participants involved. Workload issues and a focus on positive client outcomes should be a priority.

Topic: Culture

Departmental Response:

Director expectations

Expectations for the branch directors, deputy directors, program managers and supervisors developed in 2017 are now attached to every evaluation of staff who supervise. This serves as a reminder that ideas in HPM and HPO are not only philosophical tenets of the organization, they are job expectations that staff can be held accountable for. The expectations focus on supporting staff as well as fiscal and program expectations. The document shows all staff what the expectation is and verifies that DHHS is pursuing a specific vision. Being told that DHHS believes in staff empowerment is one thing. Seeing that all who supervise are explicitly expected to “encourage decision-making at the lowest possible level” makes it more real.

Opportunities for early discussion

A regular "Directors, Deputies and Managers Forum" has begun to allow for discussion of shared needs across the agency.

Summary of the Wendi Brown Recommendation:

Staff Delegation, Engagement and Empowerment – The Board of Supervisors should select a new Director with strong fiscal management, a solid understanding of human services and organizational development leadership strengths to empower and enhance staff involvement in decision-making, accountability and career development.

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Topic: Culture

Departmental Response:

After the original interviews for a new DHHS director, a candidate from outside the area was selected in November 2015. The chosen candidate declined the position, and the Board of Supervisors named assistant director of administration Connie Beck interim director effective immediately after the retirement of Director Crandall on December 28, 2015. In January 2016 new interviews were conducted, and Connie Beck was named DHHS Director.

Director Beck agreed with many of the assessments about organizational culture and began efforts to address the issue immediately upon hiring. Her first week, Director Beck stopped having a security guard at the locked door of the 507 F St. Professional Building which houses DHHS administration. It was a small and simple step, but it immediately aided in changing staff's perceptions about their welcome at the "pro building."

In the past two years, numerous administrative and programmatic changes have taken place under Director Beck.

Status of change proposed:

Director Beck hired as interim director in December 2015 and named permanent in January 2016.



Summary of the Wendi Brown Recommendation:

Strengthen Communication through Staff and Community Engagement – Establish a cross-functional "Communications Committee," consisting of staff members from all levels within the Department and across all branches.

Topic: Culture

Departmental Response:

Newsletter and Other Communications

DHHS surveyed department staff for feedback on monthly DHHS newsletter. Based on feedback received, changes were made to the newsletter to provide more relevant information internally and externally. Newsletter changed from monthly to quarterly and is now online-only. Additionally, the DHHS Web Log enabled comments.

The DHHS Communications team works closely with staff at all levels in all branches, promoting robust cross-branch communication. The internal DHHS Web Log is a forum for information sharing that staff are encouraged to read and contribute to.



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Summary of the Wendi Brown Recommendation:

Develop Action Plan to Further Integrate Services (APHSA) - Once the new Director is hired, develop an action plan to guide further service integration. APHSA offers several tools for counties to utilize in assessing the degree of integration within their organization, and identifies areas for improvement.

Topic: Data

Departmental Response:

DHHS is utilizing HPM, HPO, the currently-in-development strategic plan and data via InsightVision to guide further service integration.



Summary of the Wendi Brown Recommendation:

Health Data and Strategic Planning – Develop a new DHHS Strategic Plan that includes DHHS and County Staff and community stakeholders. This Strategic Plan should prioritize desired critical outcomes and top strategic goals. The Department’s Trends Report should be transparent as well as useful to staff, to the community and to the Board of Supervisors. The Trends report should clearly articulate how well Humboldt County is doing on improving health outcomes. Solicit feedback on current reports by convening a group of community stakeholders who are already engaged with the Department to review the current report and identify its strengths along with suggested improvements needed.

Topic: Data

Departmental Response:

Trends

The WBCP report noted that the current 90 page Trends document identifies outcomes that are of importance to the community. DHHS Leadership has been discussing data, including the Trends report, over the last year.

There is a need for accessible data to be presented to the public and for actionable data to be available to staff. One question DHHS is addressing is how to determine what data meet one or both needs, including data made available by other partners and reports. The DHHS Research and Evaluation (R&E) team, working with program staff, is looking at various approaches to meet these needs such as internal and external data dashboards, online interactive tools, printable reports, etc. In 2018 DHHS R&E will be meeting with branch staff to discuss needs and approaches. Staff will receive performance management training which will help with these discussions.

To bridge the gap between the current Trends report and a final revised product and approach, for 2018 DHHS R&E will publish a shortened, friendlier Trends report for community and partner

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use. R&E staff have developed a proposed draft outline for a trends report for 2018. Partners will still be able to ask DHHS for data that may not be on the report.

Public Health and InSight Vision

DHHS Public Health has contracted with Insight Vision, a software system to support the monitoring and reporting of performance data. The Insight Vision software will also provide real-time external-facing dashboards of key public health data to the community. This effort is complementary to the above Trends project. Public Health is currently populating the software with Humboldt data and is working on a plan for roll out. Partners such as First 5 Humboldt, HCOE, California Center for Rural Policy and North Coast Health Information Network have been invited to demonstrations, with the idea of growing this to be a multi-agency platform.

Summary of Blue Ribbon Task Forces Insights:

- (1) Make the DHHS website more user friendly so that documents can easily be located.
- (2) Survey or interview the sources of information collected to verify the accuracy of the data.
- (3) Reflect on community's part regarding shared vision of outcomes.
- (4) Provide data that shows work towards community-led outcomes.
- (5) Share data among different agencies so that people have multi-access points to get the data. Use data to identify key initiatives.
- (6) Create a data book around the initiatives which would be the basis for creating next steps and making the data relevant.
- (7) Capture the data using best evidence-based practices.
- (8) Ensure data is distributed to line staff, and assist line staff in understanding data
- (9) Director's Monthly report given to media.
- (10) Use Town Hall meetings to disseminate information to the community
- (11) MOU's with partners to get raw data
- (12) Better linkage between relationship between policy and data
- (13) More clarity on the kind of data that is being collected
- (14) Better transparency around existing data reported on grants, i.e. Harm Reduction
- (15) More geographic based data
- (16) Clarity on methodology used to collect data, especially secondary data
- (17) Outcome driven data so that we are working on a specific solution
- (18) Analyze data to see what upcoming impacts current trends will have if they hold.
- (19) DHHS should ask communities and partners what data they need.
- (20) Consensus on data needs is a good way to successfully measure outcomes and goals

Status of change proposed:

DHHS Public Health has a strategic plan that, partnered with the Community Health Improvement Plan (CHIP), addresses community health. To acknowledge area expertise and not duplicate work, the Integrated DHHS Strategic Plan will refer to the PH Strategic plan, the Community Health

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Assessment (CHA), and the CHIP as far as specifics regarding community health. The integrated plan will also have key elements related to social services and behavioral health. The DHHS Strategic Plan will support multi-branch, integrated efforts to reach the goals in the CHIP.

Future efforts proposed:

- 1) Within the next few months, the draft strategic goals will be shared via managers and supervisors throughout the department to garner feedback and ideas from all levels. A draft plan for effective rollout to ensure all staff are reached was developed by HPM Coach Karen Lofts-Jarboe and presented to Leadership on January 31. At that meeting, changes were made to the plan and various units agreed to pilot the method of small group interactive meetings with staff. A follow-up meeting was held on March 7 to discuss how the pilot went, make any necessary changes, and then continue rollout and discussion through all branches, divisions and units, with the goal of every staff person participating.
- 2) Continue roll out of InSight Vision.



Summary of the Wendi Brown Recommendation:

Health Data - Secure Services for a vendor who provides Web-based Health Indicator Data and Reporting: DHHS should secure the services with a vendor who provides web-based health indicator data and reporting. There is a vendor who provides these services. This vendor can provide a review of health indicators and solutions, which should be presented in an open, transparent and accessible way to community and County stakeholders.

Topic: Data

Departmental Response:

Public Health has begun using InSight Vision software, a web-based platform enabling posting of and access to data. Partners such as First 5 Humboldt, HCOE, California Center for Rural Policy and North Coast Health Information Network have been invited to demonstrations, with the idea of growing this to be a multi-agency platform.

Status of change proposed:

Vendor secured.

Future efforts proposed:

DHHS has secured a vendor. Public Health staff are taking the lead on populating initial data and bringing in other agencies and stakeholders. The end goal is for this site to be available to the public.

Summary of the Wendi Brown Recommendation:

Quality Improvement – Implement an internal continuous quality improvement approach and philosophy throughout DHHS.

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Topic: Data

Departmental Response:

North Coast Health Improvement and Information Network (NCHIIN)

DHHS is a participant in the North Coast Health Improvement and Information Network (NCHIIN), a California non-profit health information exchange. Michele Stephens, Public Health Director, is on the board. This multi-organization effort is representative of the collaboration required on these big picture efforts. NCHIIN's data-sharing project enables multiple Humboldt County providers to provide better service to patients.

Public Health Accreditation

In November 2016, DHHS Public Health was awarded national accreditation by Public Health Accreditation Board. To reach the goal of accreditation, Public Health, among other activities, developed a performance management system and developed and implemented a strategic plan. Humboldt is the first California county of its size to become accredited. This significant achievement came as a result of years of work which included working with community partners to develop the Community Health Assessment (CHA) in 2013 and Community Health Improvement Plan (CHIP) in 2014 (see below). Public Health goes through the accreditation cycle every five years and an Office of Performance Improvement and Accreditation was created to support PI and accreditation.

Future efforts proposed:

New draft strategic plan is being rolled out to staff for input and review, and will further this concept. The PH Office of Performance Improvement and Accreditation continues its efforts. Continued implementation of Humboldt Practice Model (HPM) and High-Performance Organizations (HPO). DHHS should develop and consider baseline data and evaluation to help drive quality and improvements. Baseline data on most recommendations was not provided to the BRTF.

The Research and Evaluation team and Training, Education and Supervision teams are now under one umbrella, the newly designated Quality Management Services. This reflects knowledge that training and data are intrinsically tied to quality.



Summary of the Wendi Brown Recommendation:

Monitor and Inform re: Partnership Health Plan (PHC) of California – Ensure the Quality Assurance team is routinely monitoring visit data to ensure services provided are reimbursable. DHHS needs to ensure that the protocol between PHC and DHHS for screening clients is clear and workable and that there is a reasonable process to ensure clients receive services, especially if they cross over between the two systems.

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Topic: Data

Departmental Response:

Regarding Medi-Cal's new benefit of behavioral health for mild to moderate, and how it interacts with the Mental Health branch: Patients in need of mental health services are screened and linked to the appropriate level of care wherever they enter the health system. More information can be found under the heading "Medi-Cal Process" at this [Beacon Health Options link \(https://www.beaconhealthoptions.com/providers/forms-and-resources\)](https://www.beaconhealthoptions.com/providers/forms-and-resources) (select CA as the state and PHP as the plan).



Summary of the Wendi Brown Recommendation:

Strategic Plan Development – The director and the executive team must work together to strengthen the strategic plan and prioritize goals based on the needs of the community and the Department's capacity to effectively deliver services.

Topic: Data

Departmental Response:

The integrated DHHS Strategic Plan is currently in development. DHHS Public Health also has a strategic plan that, partnered with the CHIP, addresses community health. To acknowledge area expertise and not duplicate work, the Integrated DHHS Strategic Plan will refer to the PH Strategic plan, the CHA and the CHIP as far as specifics regarding community health. The integrated plan will also have key elements related to social services and behavioral health. The DHHS Strategic Plan will support multi-branch, integrated efforts to reach the goals in the CHIP.

Status of change proposed:

Leadership team worked to draft the core tenets of an updated strategic plan; engagement of staff with strategic plan is currently in process.

Future efforts proposed:

Within the next few months, the draft strategic goals will be shared via managers and supervisors throughout the department to garner feedback and ideas from all levels. A draft plan for effective rollout to ensure all staff are reached was developed by HPM Coach Karen Lofts-Jarboe and presented to Leadership on January 31. At that meeting, changes were made to the plan and various units agreed to pilot the method of small group interactive meetings with staff. A follow-up meeting was held in March 2018 to discuss how the pilot went, make any necessary changes, and then continue rollout and discussion through all branches, divisions and units, with the goal of every staff person participating.

Blue Ribbon Task Force Recommendations Report

Summary of the Wendi Brown Recommendation:

Consolidation of IT Services – An assessment, including County IT, should be considered to investigate potential opportunities for improved operations and efficiencies through consolidation or enhanced oversight of the DHSS IS function. County IT has been making extensive upgrades to systems and the County’s IT infrastructure, however, resources to do additional work are limited.

Topic: Fiscal/Budget/CAO

Departmental Response:

DHHS Integration with County Departments: Information Services

County Information Technology (IT), DHHS Information Services (IS) and Department of Child Support Services IS meet twice a month to plan and discuss projects. For example, in May 2017, all County e-mail migrated to a new system, requiring coordinated efforts. County IT has in the past requested assistance due to critical staffing issues and DHHS IS has been able to assist by taking on projects.

On January 9, 2018 the Board of Supervisors approved an agreement with Cooperative Personnel Services to conduct a study looking at the centralization of certain services and the classifications in human resources, information technology and accounts payable positions.

Summary of Blue Ribbon Task Forces Insights:

BRTF supports DHHS’ wish to go before the Board of Supervisors requesting a classification study and structure review for AFSCME and Management positions to improve efficiencies, match classifications to duties, identify duplication, achieve cost savings using CPS, and look at career ladders.

Status of change proposed:

Contract for study to proceed executed January 2018.

Future efforts proposed:

Review and implement CPS recommendations.



Summary of the Wendi Brown Recommendation:

The Board of Supervisors Should Set Budget Priorities for Realignment Funds – The Board of Supervisors should adopt a policy framework and establish its funding priorities related to 2011 Realignment to provide guidance to DHHS and the CAO. DHHS should prepare annual reports for the Board of Supervisors on the amount of Realignment funds that are projected to be received as well as how those funds will be used.

Blue Ribbon Task Force Recommendations Report

Topic: Fiscal/Budget/CAO

Departmental Response:

The DHHS Budget process is part of the overall county budget process, with involvement by CAO staff and oversight by the Board of Supervisors.

Future efforts proposed:

- (1) Increase transparency for mental health realignment funding.



Summary of the Wendi Brown Recommendation:

DHHS Budget Oversight – While DHHS has staff dedicated to managing their budget, and there appears to be adequate fiscal controls in place, the lack of knowledge and oversight regarding DHHS budget outside the Department is a concern. The lack of knowledge and oversight could be addressed through training of CAO and/or Auditor-Controller staff to take a larger oversight role. Although fiscal controls are monitored well by the Department, there should be an oversight reviewing process outside the Department. DHHS has already begun to work more closely with the CAO on these issues and they should continue to work together towards better oversight solutions.

Topic: Fiscal/Budget/CAO

Departmental Response:

Trainings

DHHS Fiscal is willing to develop training specifically for CAO staff and Auditor/Controller staff. This should be a first step to increasing knowledge about the DHHS budget prior to bringing in an outside consultant.

After the training, DHHS, the CAO and Auditor/Controller could discuss the best tools to share information. Currently the budget process involves significant sharing of masses of information. With some cross-training, DHHS could provide more specific or better compiled information to meet the needs of the CAO and Auditor/Controller.



Summary of the Wendi Brown Recommendation:

CAO and DHHS Staff Fiscal Management Training – DHHS should consider contracting with an outside consultant/expert in California human services fiscal management. This outside consultant will be able to immediately identify high risk funding issues and provide training for CAO and DHHS staff across the organization (identify staff across divisions who could take on more budget oversight responsibilities).

Blue Ribbon Task Force Recommendations Report

Topic: Fiscal/Budget/CAO

Departmental Response:

Trainings

DHHS fiscal staff participate in many statewide workgroups and trainings to become and remain experts in human services funding and budgeting. CAO staff have attended these trainings as well.

DHHS Fiscal Services "Finance 101"

DHHS Fiscal Services has been hosting "Finance 101" sessions for staff, covering county overview and the budget process, contracts, county revenues and expenditures, DHHS, Social Services, Public Health, Mental Health, 1991 and 2011 Realignment, and program integration.

DHHS Fiscal is willing to develop training specifically for the CAO and Auditor/Controller staff. This should be a first step to increasing knowledge about the DHHS budget prior to bringing in an outside consultant.

After the training, DHHS, the CAO and Auditor/Controller could discuss the best tools to share information. Currently the budget process involves significant sharing of masses of information. With some cross-training, DHHS could provide more specific or better compiled information to meet the needs of the CAO and Auditor/Controller.

Future efforts proposed:

- (1) Develop with the CAO's office ongoing training plan.
- (2) Increase budget transparency and ability for the public to understand.
- (3) Assure participatory budgeting includes how funding is allocated and expended.
- (4) Close feedback loop to assure that community partners understand what and how decisions about budget and expenditures are being made.



Summary of the Wendi Brown Recommendation:

Budget Automation and Tracking System – As the County moves forward with payroll automation, the County should also explore (ideally with the same vendor) automating budget development and fiscal tracking system.

Topic: Fiscal/Budget/CAO

Departmental Response:

ONESolution is a software program suite designed for public administration used by the County; many modules are available. DHHS has been collaborating with the CAO and funding efforts to expand the use of ONESolution from current use for payroll to use for budgeting and other functions. However, use of ONESolution for budgeting purposes has been difficult. In fiscal year 2018-19 the CAO in conjunction with County departments will implement SHERPA – a robust budgeting tool.

Blue Ribbon Task Force Recommendations Report

Summary of the Wendi Brown Recommendation:

Board and CAO relationship to the DHHS Director – The Board of Supervisors should continue the appointment of the DHHS Director, however, the Board of Supervisors should assign the CAO to “administratively” supervise the DHHS Department Director on a day-to-day basis.

Topic: Fiscal/Budget/CAO

Departmental Response:

County Administrative Office Collaboration

County Administrative Officer Amy Nilsen and DHHS Director Connie Beck meet regularly about options to integrate or otherwise improve systems. The CAO and DHHS Director have collaborated on integration in certain departments (see below) and will be coordinating together as Cooperative Personnel Services does its study (referenced above).

In Humboldt County, all appointed department heads are hired and/or terminated by the Board of Supervisors, and therefore report directly to the BOS.



Summary of the Wendi Brown Recommendation:

Reorganization & Staffing Changes – The new Director for DHHS should be supported in making staffing changes throughout the organization. It is further recommended that the new Director consider hiring professional support to assist with developing a plan, manage the organizational change process, and provide staff training.

Topic: Hiring & Personnel

Departmental Response:

Structure Review, DHHS and County Administrative Office (CAO)

In 2016, DHHS looked at what would be needed to conduct a comprehensive classification study for all DHHS employees (management and AFSCME) and had conversations with the CAO. On January 9, 2018, the Board of Supervisors approved an agreement with Cooperative Personnel Services to conduct a study looking at the centralization of certain services and the classifications in human resources, information technology, and accounts payable positions.

Further classification study and structure review would be dependent on the results of this initial study.

DHHS and Human Resources

The DHHS director and the Human Resources (HR) Department director meet to discuss hiring and personnel issues as DHHS employs a large number of county employees. The current HR director was appointed less than a year ago and is making significant changes to better serve county departments and the public. In November 2017 major changes to the hiring process decreased time to hire while increasing departmental flexibility. The DHHS director will continue

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to communicate with and get support from the HR director in ensuring continued improvements in hiring and personnel processes.

Mental Health

Emi Botzler-Rodgers became the Mental Health Director in August 2017. To support Director Botzler-Rodgers, DHHS hired a consultant to support efforts, develop a plan, and assist with organizational and process change management.

DHHS Leadership Team

As mentioned prior, DHHS hired Aspire Change-KLJ Consulting to assist with the building of a DHHS Leadership Design Team. The ongoing work of the consultant and this team includes supporting the branch directors, deputy directors, the DHHS director, and other DHHS management/leadership to work together to increase communication, build a team structure with trust, and explore and develop participatory styles of leadership. The Leadership Team incorporates Humboldt Practice Model values and practices as well as High Performance Organization values. A focus is on two-way communication and ensuring feedback loops. Karen Lofts-Jarboe and other coaches attend some meetings with line staff as well as coaching managers and supervisors in how to have truly effective meetings with their staff.

Hiring: Current needs reviewed before hiring

With any new hire and/or new program, DHHS leadership is looking at existing allocated positions and the org chart, and re-assigning or re-organizing when it makes sense rather than just hiring a new position. When a position becomes vacant, it is not filled before determining the position meets a current need. Example: In February 2016, the assistant director of programs took a position outside the agency. The assistant director of programs position limited DHHS director contact with branch directors, therefore that position has not been filled and now branch directors report directly to the DHHS director.

Summary of Blue Ribbon Task Forces Insights:

BRTF supports DHHS' wish to go before the Board of Supervisors requesting a classification study and structure review for AFSCME and Management positions to improve efficiencies, match classifications to duties, identify duplication, achieve cost savings using CPS, and look at career ladders.

Baseline data/evaluation:

- (1) Analyze career ladders
- (2) Peer coach and parent partner use increased to relieve some of the burden of hiring licensed professionals
- (3) Started hiring in the Social Worker I class which has helped CWS and APS.

Future efforts proposed:

- (1) Duplicate similar efforts with mental health case managers.
- (2) Review and implement CPS recommendations.

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Summary of the Wendi Brown Recommendation:

Management and Administrative Support Position Assessment – DHHS should request that Human Resources, through their staff or via consultant contract, review the DHHS management and administrative support positions to ensure that the positions are appropriately classified and appropriately allocated within DHHS to address the potential issue of too many supervisory or management layers.

Topic: Hiring & Personnel

Departmental Response:

County Human Resources hired a new director in 2017. Director DeMatteo is a member of the Blue Ribbon Task Force. Directors Beck and DeMatteo communicate often about possible and proposed changes to county processes, knowing that DHHS represents a significant portion of county personnel.

Status of change proposed:

On January 9, 2018, the Board of Supervisors approved an agreement with Cooperative Personnel Services to conduct a study looking at the centralization of certain services and the classifications in human resources, information technology, and accounts payable positions.

Further classification study and structure review would be dependent on the results of this initial study.

Baseline data/evaluation:

Representatives from various branches have started a "Career ladder" workgroup, to look at positions that currently do not have career ladders. Career ladders will likely lead to better service and retention.

Future efforts proposed:

Review and implement proposed CPS recommendations.



Summary of the Wendi Brown Recommendation:

Payroll / Time Study – Automate payroll and include DHHS time studies as part of the automation process. Form a user committee which includes representatives from HR, DHHS, Sheriff, and others identified by the CAO or the Board of Supervisors who will work with the Auditor-Controller (who is currently taking the lead on this project) to develop a plan, set timelines and work with departments to implement an automated payroll and time study system.

Topic: Hiring & Personnel

Departmental Response:

"Time Study Buddy"

Many DHHS staff are required to complete time studies which are an hourly accounting of time spent on various DHHS programs and activities. This is in order for the county to submit an

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accurate County Expense Claim (CEC) to the State. DHHS implemented an automated, online time study system in Spring 2015.

Automated Payroll

The county is in the process of implementing an automated timecard solution, ExecuTime. Using ExecuTime, staff complete timecards electronically and supervisors and ES review and approve electronically. Implementation date not yet known. DHHS is an active partner in supporting these efforts.

Future efforts proposed:

Continue using TimeStudyBuddy.

Continue being active supporter of HR's rollout process for automated time cards.



Summary of the Wendi Brown Recommendation:

Time to Hire – Conduct a workflow analysis of all steps in the hiring process to determine how the system can be improved to speed up time-to-hire. The workflow process should include user Departments such as DHHS, Sheriff, etc. The analysis should include a comparison of the time-to-hire for centralized recruitment as well as positions currently managed through CPS (Cooperative Personnel Systems, HR Consulting), Merit System Services.

Topic: Hiring & Personnel

Departmental Response:

Workflow analysis

DHHS Employee Services put together a workflow analysis of the recruitment and hiring process. While many identified steps are out of the span of control of DHHS, DHHS has worked to speed the process where it can, for example, reducing number of signatures needed on hiring documents by 40% (see below).

Reduced Number of Signatures Required for Hiring Document

A Personnel Request Form (PRF) is initiated by DHHS Employee services when an open position needs to be filled. After the recruitment and interview process is completed, an Employment Offer Form (EOF) is completed prior to offering the position to an applicant. PRFs and EOFs used to be signed by program manager, branch deputy director, branch director, DHHS assistant director and the DHHS director. EOFs additionally had fiscal signature. Upon appointment as DHHS Director, Director Beck reduced the number of signatures from five to three and the final signature is from the branch director. This increases branch director independence and allows sufficient oversight and checks and balances while removing unneeded steps.

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Time to hire

County HR has been making numerous changes to improve the hiring process. Changes are geared to simplifying and shortening the process for all departments. DHHS is working closely with County HR to support these efforts and is working on implementation. One of the changes puts the responsibility for Oral Exams on the hiring department, and DHHS ES is working with branch staff who hire to develop the best way to convene the exam panel, which can also serve as the interview panel in certain instances.

Summary of Blue Ribbon Task Forces Insights:

BRTF ideas to address time to hire:

- (1) HR staff and Employee Services should consolidate which would expand capacity across county, more staff capacity.
- (2) Rule of 10 (no longer rule of six) [this recommendation is now obsolete due to changes to the hiring process made in November 2017]
- (3) Oral Ad Hoc panel by categories, need subject matter experts, offer them a stipend (like Grand Jury)

Status of change proposed:

Workflow analysis of steps in hiring process created. County hiring processes significantly changed effective November 2017.

Baseline data/evaluation:

Workflow analysis of steps in hiring process created

Future efforts proposed:

Continue implementation of new county hiring process.



Summary of the Wendi Brown Recommendation:

Merit System and Selection Process – Human Resources should coordinate with affected County Departments, primarily DHHS, and provide a recommendation to the Board of Supervisors in the near future in anticipation of changes to Merit System Services.

Topic: Hiring & Personnel

Departmental Response:

Merit Rules

Local Agency Personnel Standards (LAPS) are the rules and regulations applicable to the administration of a Merit Personnel System for employees of the covered departments of Social Services. LAPS rules did change in 2016 as WBCP stated in their recommendation. Instead of maintaining separate rules for Merit covered positions, many rules defaulted to following current

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county Human Resources processes. This was not optional. This further decreased DHHS' ability to make changes on its own.

Status of change proposed:

New rules implemented.

Future efforts proposed:

n/a

Summary of the Wendi Brown Recommendation:

Legislative Analyst/Public Information Staff – Consideration should be given to the appropriate reporting relationship for DHHS Legislative Analyst and Public Information staff, and the roles and responsibilities of these positions should be reviewed.

Topic: Hiring & Personnel

Departmental Response:

In 2016, initial discussions were held by the Board of Supervisors regarding oversight of the major functions of public information and legislative functions; final action has not been taken. The CAO and DHHS director have been in communication about the supervision and function of these staff, and plan to return to the Board with options for the Board to consider.

Summary of Blue Ribbon Task Forces Insights:

A closer relationship would be of benefit.



Summary of the Wendi Brown Recommendation:

Succession Planning, Hiring Practices and Training – Hire a consultant to develop a succession plan which also includes training, coaching and mentoring components, and/or assign the Department's training coordinator to develop a succession plan, modeled after many already adopted by other counties within California. Additionally, DHHS staff should be encouraged to participate in the countywide leadership training program

Topic: Hiring & Personnel

Departmental Response:

The DHHS Training Task Force

There have been changes involving the Training, Education and Supervision (TES) Unit; supervision has been moved under the umbrella of Integrated Services and Supports team. Amy Cone from DHHS is working with the DHHS Training Task Force to support staff in new ways, and develop a robust training program for all staff to improve performance, retention and morale. Amy and the DHHS Training Task Force are working toward developing an employee onboarding program, a supervisor forum, a training tracking system and much more. The DHHS Training Task Force will take on the role of advisory group around training efforts. The membership of DHHS

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Training Task Force consists of employees from all branches as well as representatives from Employee Services, Research and Evaluation, Compliance, branch-level training coordinators, Information Systems, etc. Staff is encouraged to become involved as there is a lot of work that needs support.

Leadership Training

DHHS staff are involved in the countywide leadership training program. Some DHHS staff help teach certain courses. DHHS staff are well represented in registration; the limitation is that participation is limited to approximately 40 people per year out of over 2,000 county employees.

Summary of Blue Ribbon Task Forces Insights:

BRTF ideas to better address succession, retention and training:

- (1) Include a compensation study [in the proposed study on classifications]
- (2) Recruitment at Career Fairs in decentralized (outlying) areas
- (3) Training and opportunities and advanced career ladders
- (4) Flexibility (work hours, positions)/overlap.

Status of change proposed:

Effective January 2018, all new employees receive a peer-led DHHS Orientation that includes HPM, HPO, and other elements that address staff needs as well as WBCP recommendations.

Future efforts proposed:

Continue building on changes in Training, Education and Supervision (TES) Unit.

Staff will continue to be supported in participating in county leadership trainings.

Increase and recruit more culturally competent staff.

Outreach to Tribal partners and areas to recruit and hire. Increase funding for and opportunity for staff to participate in cross-training.

Increase opportunities for empowerment to help with retention. Consider flexible scheduling and wellness and self care options as part of the compensation package.

Summary of the Wendi Brown Recommendation:

MHSA - To help address the community's expectations regarding mental health services and residents living with mental illness (including those people experiencing homelessness who are also living with mental illness), DHHS should improve public awareness regarding available services, and help residents also understand barriers to solving the problem.

Topic: Mental Health

Departmental Response:

Increased Communication around Mental Health Services

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DHHS-Mental Health provides specialty mental health services to individuals with a diagnosis of serious mental illness. To assist in communicating the available services and limitations of the Mental Health Branch, the DHHS Director is looking at replicating some of the work done by a community liaison in Social Services. Beginning in 2013, a liaison in Social Services assisted in providing partners with information about accessing programs and working with staff to create a better experience for partner, customer and DHHS staff. Explaining programs clearly enables partners to have reasonable expectations and prevents miscommunication. Director Beck would like for some of those activities and communication to be done on behalf of Mental Health. While liaison functions would be valuable, considerations include the budget and priority of hiring staff that can provide direct service.

Mental Health Services Act (MHSA)

MHSA funds are mandated to be used for programs and services for people with a diagnosis of a serious mental illness: prevention of serious mental illness, reducing long-term impacts of serious mental illness, providing services for those severely affected by or at risk of psychiatric hospitalization and/or homelessness. DHHS continues to have robust stakeholder participation in MHSA planning. Stakeholder and community meetings were held November 2017 through January 2018 to collect input for the next three years. In the last set of stakeholder meetings, there continued to be support for existing MHSA programs such as the Hope Center, Mobile Intervention Services Team (MIST) and the Humboldt County Transition-Age Youth Collaboration.

Mobile Intervention and Services Team (MIST):

Beginning January 2015, DHHS Mental Health staff joined forces with officers from the Eureka Police Department (EPD) to coordinate in serving homeless people with severe mental illness. MIST works specifically with people who are homeless and need help stabilizing their mental illness and securing services and assistance they need to avoid further problems. In 2017, the EPD submission for the Herman Goldstein Award, "The Vacation of 'Devil's Playground'", specifically referenced MIST as a successful partnership: "EPD and DHHS MIST team made thousands of contacts with the homeless explaining services, making referrals and holding service fairs by the camps to bring the services to them.... MIST was successful as many individuals received help." The EPD submission placed third out of six finalists

Homeless Leadership Working Group

The Homeless Leadership Working Group membership is comprised of representatives from DHHS, the City of Eureka, Humboldt County Probation Department, Humboldt Housing and Homeless Coalition, Eureka Housing Authority, elected representatives and law enforcement. Creation of the group reflects an understanding of the need for a variety of approaches and partners to address various aspects of homelessness in Humboldt. DHHS is actively engaged in working on solutions, and is also able to educate partners about its mandates, funding and limitations.

Blue Ribbon Task Force Recommendations Report

Summary of Blue Ribbon Task Forces Insights:

BRTF supports DHHS' desire to better communicate its role, responsibilities and mandates regarding Mental Health, the MHSA and homelessness to partners, stakeholders and community members with the following suggestions:

- (1) Create and deliver DHHS 101 Training.
- (2) Improving relations with tribes, tribal communities and place-based stakeholders
- (3) Increase transparency of what DHHS' role is related to programs, feedback and budget.
- (4) Consider increasing and improving social media use (i.e. YouTube, Facebook, newsletter, etc.).
- (5) Develop communication strategies that are both targeted to the larger community and families impacted.

Baseline data/evaluation:

- (1) Many services for homeless individuals are provided via mobile outreach.
- (2) DHHS coordinates with non-profits and civic groups to link people to services wherever qualified that are leveraged to improve the health and wellness of homeless individuals who are not SPMI, i.e. CalWORKs, DHHS' largest anti-poverty program, including the CW housing program, Medi-Cal and CalFresh enrollment, NorCAP, a variety of public health prevention programs, TAP, and GR.
- (3) MHSA funds a variety of mental health and prevention and wellness activities throughout the department and community.
- (4) DHHS Communications team continues to add to social medial presence. The newsletter schedule was recently changed to six times a year with alternating internal and external publications approximately every other month.

Future efforts proposed:

- (1) Lessons learned during DHHS 101 orientation presentation, development, and delivery can be used when, in the future, developing an outward facing presentation.
- (2) MIST efforts are being expanded to regions outside of Eureka.
- (3) Increase transparency of what DHHS' role is related to programs, feedback and budget.



Summary of the Wendi Brown Recommendation:

Mental Health Balanced Budget – DHHS should continue on the path it has already begun, taking the necessary steps to achieve a balanced budget within the Mental Health branch (however, this could take 2–3 years to accomplish).

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Topic: Mental Health

Departmental Response:

Avatar and Mental Health Billing

Implementation of the Avatar electronic health records system was not as smooth as desired, perhaps in part because both inpatient and outpatient were implemented at the same time. Since the publication of the WBCP Report, Mental Health has continued to adjust the business practices to support the use of the electronic health records. The CORE team (made up of stakeholders from clinical programs, Information Systems, Medical Records, Quality Improvement, Fiscal and Claims Data Management) has continued to work on implementing changes in Avatar to improve charting efficiency and integrity. For instance, following stakeholder involvement, several forms in Avatar were modified to reduce redundancies and improve staff efficiency. Also, the Error Correction Team, along with several automated monthly reports and dashboards, have assisted with this effort to address errors, improve efficiency, and address charting and billing integrity throughout Mental Health and Substance Use Disorder delivery system. These teams continue to meet regularly to optimize the use of Avatar for the end user, to leverage the data through the use of reports to inform program of trends, drive system decisions and to improve the service delivery to those served.

As part of the development of the onboarding process, Training and Education staff will be looking to ensure a smooth process for new staff who document mental health services provided. The need for correct documentation to support client service and ensure correct reimbursement must be communicated early and often, and supported from day one.

Baseline data/evaluation:

New MH Director hired August 2017. Consultant with experience as rural MH director contracted with in August 2017 for expertise and support.

Future efforts proposed:

- (1) Education and implementation of the Specialty Mental Health waiver to expand services and billing for Children's Mental Health
- (2) Expand contracting with community health partners and tribes for mental health services.



Summary of the Wendi Brown Recommendation:

Health Data – Organize a committee of community and county health care stakeholders: Data should be reviewed and strategies to improve outcomes should be made by a committee of community and county health care stakeholders and county elected officials; this committee should not just include DHHS staff and contract representatives. The committee should prioritize what is most important in the community. Develop external and internal dashboard committees to prioritize and track success.

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Topic: Other

Departmental Response:

Live Well Humboldt (collective impact approach, includes Public Health's Community Health Assessment and Improvement Plan and St. Joseph Hospital Community Benefits Plan, Community Strategy Team including California Center for Rural Policy, RCAA, Open Door, UIHS, First 5 and more) contracted with a vendor, InSight Vision, for a community health dashboard and initiative tracking.

The 2013 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) (2014-2019) had significant stakeholder, partner and community member input. The data-rich CHA was the "first attempt to create a comprehensive overview of the health of our community. In addition to the traditional public health measures of illness, death rates, and access to care, this report includes information on economic vitality, nutrition and physical activity as well as other underlying social determinants of health." DHHS-PH is about to release its follow-up CHA so that it can begin the process of working with community to develop the next CHIP.

DHHS is also participating in many community initiatives that involve using county data to improve health outcomes in Humboldt County, including the Accountable Community for Health.

The Accountable Community for Health (ACH) effort: ACH is a model designed to improve population health and health equity through structured collaboration between healthcare, Public Health, and a variety of partners outside the healthcare system. The goal of an ACH is to improve health, safety, and equity within a defined geographic area through comprehensive strategies including clinical services, behavioral health services, social services, community supports, and community-wide efforts to improve community conditions that influence health. The Humboldt ACH is hosted by the North Coast Health Improvement and Information Network (NCHIIN), in partnership with every major community healthcare and human service organization and fully funded thanks to grants from the California Accountable Community for Health Initiative (CACHI) and the WellBeing Trust, a new national foundation formed out of the Providence-St. Joseph merger, and dedicated to advancing mental, social, and spiritual health. Initially, Humboldt ACH will be focused on addressing substance use disorder issues as this was identified in stakeholder groups to be one of the county's most urgent health problems. Director Beck is a member of the governance committee, which provides leadership and strategic direction and serves as decision-maker for the project.

Status of change proposed:

The CHA and CHIP process addresses this recommendation.

Future efforts proposed:

- (1) DHHS is looking to further community education efforts around the CHA and the CHIP.
- (2) Make sure other existing interagency workgroup discuss CHIP and CHA and other data available that can assist in decision-making.
- (3) Continue to build on use of InSight Vision software.

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Summary of the Wendi Brown Recommendation:

Environmental Health – This study identified that Environmental Health may be moved to another department. If there are specific communications or service delivery issues (not identified in this report), or the County is considering reorganizing other environmental programs (e.g., planning and zoning services), a study or task force should be created to further examine the issues.

Topic: Other

Departmental Response:

On February 9, 2016, the Board of Supervisors took action on this recommendation. The Board directed staff to discuss with department heads combining Environmental Health, Planning and Building, and most Public Works functions into a new department (tentatively titled "Development & Resource Management"). Ongoing discussions have been held regarding co-locating services. Environmental Health assigned a staff person to work half-time out of the Planning Department to improve communication and service delivery. The Board also created a goal to centralize permitting services during its annual review of the County's Strategic Framework.

Status of change proposed:

Board of Supervisors addressed.



Summary of the Wendi Brown Recommendation:

Oversight and Span of Control – As part of an overall review of the management structure at the senior level, the new Director should consider span of control and make adjustments as needed.

Topic: Other

Departmental Response:

Director Beck has made significant changes to improve oversight and span of control.

- (1) Branch Directors report to directors: In February 2016, the assistant director of programs took a position outside the agency. That position has not been filled and branch directors now report directly to the DHHS director. The DHHS director meets directly with branch directors and deputy directors.
- (2) Mental Health Director, Emi Botzler-Rodgers has supervision over Children's Mental Health as well as Adult Mental Health.
- (3) Social Services made significant changes: Deputy Director of Eligibility and Employment now reports directly to Director Beck, and the Social Services Director has been re-classified as Child Welfare Services Director, allowing for more effective oversight.

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Baseline data/evaluation:

Comparison of DHHS leadership organizational chart from January 2016 to January 2018 reflects significant change.

Future efforts proposed:

Consider if there are additional structural needs for expertise to assist with program integration.



Summary of the Wendi Brown Recommendation:

Mental Health Oversight and Disproportionate Workload – Given the department structure and state reporting requirements, the Mental Health Branch Director should be assigned responsibility for oversight of mental health clinical operations and fiscal management of both child and adult services.

Topic: Other

Departmental Response:

Emi Botzler-Rodgers became the Mental Health Director in August 2017 and has supervision over Children's, transition-age youth and Adult Mental Health.

Status of change proposed:

Completed.

Future efforts proposed:

n/a



Summary of the Wendi Brown Recommendation:

Blue Ribbon Task Force - The Board of Supervisors should appoint members to a Blue Ribbon Task Force (i.e., a task force that is developed for a single specific short-term purpose).

Topic: Other

Status of change proposed:

Done.

Summary of the Wendi Brown Recommendation:

Continuous Integration Efforts - DHHS should continue to move toward a fully Integrated Health and Human Services System. The present objective is to now build upon the existing infrastructure and take the next steps toward true integration of DHHS' human service delivery system.

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Topic: Other

Departmental Response:

Humboldt Practice Model (HPM)

The HPM is a set of values, practices and tools to guide staff in engaging families, tribal communities and extended networks in a way that is responsive to culture and trauma. The practice model is a system-wide change to improve the experience and outcomes of children, families and the community over generations. HPM originated in Children and Family Services to address over-representation of Native American Children in Foster Care, and DHHS leadership saw the opportunity to incorporate HPM values and tools into other DHHS branches and divisions, improving services to patients/clients/customers/community members and improving employee relationships with other employees.

High Performance Organization

The County of Humboldt follows a High Performance Organization (HPO) model that emphasizes staff empowerment and decision-making. DHHS staff continue to attend HPO trainings, and the DHHS Leadership Design team is incorporating HPO values. (HPM and HPO align together; while the focus is different, there are no contradictions.) Some DHHS staff are partners in facilitating the Humboldt County Leadership Academy (HCLA) training series. In this HPO-inspired training series, employees are treated as leaders in their own areas, irrespective of title.

Future efforts proposed:

Continued implementation of HPO and HPM models.



Summary of the Wendi Brown Recommendation:

Foster Care – Implement a Continuous Improvement process to increase the number of foster families in the county and to provide foster families with the support they need to improve permanency for children.

Topic: Other

Departmental Response:

Foster Care placements: Foster Homes Needed video

In August 2016, DHHS released a high-quality, well-produced video highlighting the need for more foster homes in Humboldt. The video shows both the challenges and rewards of opening one's home to a foster child or teen. Local foster families participated in the creation of the 8 minute video, which was made widely available on DVD and is also available on YouTube.

Foster Care placements: A Day of Hope

After months of planning, The Forgotten Initiative and DHHS held A Day of Hope, a foster care and adoption expo on October 14, 2017. Efforts by the Forgotten Initiative set the groundwork

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for a well-attended event that drew many people who would not otherwise be involved in a foster care/adoption event. A Day of Hope communicated that the shortage of placements was a community problem and the criticality of community efforts on behalf of the safety and wellness of our children.

Foster Care: Continuous Quality Improvement

Child Welfare Services (CWS) is in the process of developing a Continuous Quality Improvement (CQI) plan that is part of an overall system improvement plan which also includes changes that have recently been identified by the Attorney General investigation. Several efforts and strategies are underway along with other work plan goals. The following are a few of those efforts and actions taken since the WBCP report.

- (1) Licensing and the California Care Reform (CCR): Implementation of the new foster care licensing process and recruitment strategies are underway due to new mandates and regulatory changes. The CCR requires CWS to be responsible for full recruitment and certification of all placements. All caregivers are required to be certified through this new process that includes new trainings, standards and additional requirements.
 - Recruitment Efforts: Revised and Increased Recruitment Strategies for Substitute Care Providers (SCPs)
 - Partnering and targeting different populations through community activities including booths at Pride, chamber mixers, etc.
 - Media campaign with Resource Family Approval recruitment advertisements resulting in increased interest by community members in wanting to be SCPs
 - Enhanced trainings have been created in conjunction with College of the Redwoods to include topics more relevant to the support of SCPs. The curriculum has been revitalized and expanded to include: Infants in Care training for children under one year of age, Teen Training and Grief and Loss.
 - Partnering with and continuing to receive support from federal, rural, and tribal representatives
 - An improved and enhanced information night was developed.
 - A retired social worker supervisor was brought on as extra help to focus solely on foster care provider recruitment.
 - An increase from 76 to 109 foster homes
 - From January to October 2017, 92 RFA applications have been completed.
 - Head Start and other forums have served as an opportunity to educate the community on the agency and to spark recruitment interest.
 - There are three support groups for caregivers.
 - Work has continued to formalize the Upriver Caregivers group in the eastern county.

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- Spring Town Hall meeting was held to improve connections between caregivers and staff.
- A Meet and Greet event occurs to improve connections.
- A Foster Parent Recruitment, Retention and Support (FPRRS) plan was submitted to the state to obtain funding to provide more support for caregivers.
- Developing a plan to expand existing mentoring program
- Staff is being trained to implement Family Team Meetings using support networks for both the parent and child.
- A request for proposals was developed in collaboration with Mental Health for a Therapeutic Foster Care provider.
- Began early implementation of the Child and Adolescent Needs and Strengths (CANS) tool which will allow for better assessment of children's needs as they come into care and has expedited their connection to mental health care and other supportive services.
- Contracting with Red Deer Consulting to provide cultural mentoring services for tribal children, families and caregivers
- Provide and develop training for staff and caregivers on Indian Child Welfare Act (ICWA) and cultural childrearing with the National Indian Child Welfare Association (NICWA).
- Revised contract with Family Resource Centers to be performance based to provide Differential Response to parents.
- Contracts are in the process of being executed to expand placement options for transition-aged youth.
- Contracted with National Council on Crime and Delinquency (NCCD) to provide staff trainings on Structured Decision Making (SDM) tools and assessments, leadership development, policies and procedures, CQI, etc.
- The Short and Long Term Workgroup is a weekly CWS staff-driven recruitment and retention meeting between workers at all levels.
- Participating and partnering in the Quality Parenting Initiative (QPI) to develop goals for the year that include:
 - Improve, enhance and grow mentoring program.
 - Refine the child information form for placements including their routines and preferences.
 - Trainings subcommittee gathering information from caregivers and prioritizing what to work on with College of the Redwoods.

Summary of Blue Ribbon Task Forces Insights:

- (1) Increase communication with the social workers and the substitute care providers (SCP or Foster Parents)
- (2) Develop assessment process for need for a relative or a non-related family member to have a mentor

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- (3) CR was previously doing a lot of training, and only a few trainings are happening
- (4) Get input from care providers about what is occurring when workers and supervisors are not responding to the SCP's.
- (5) Follow up and disseminate information from the Town Hall meetings.
- (6) Look at Family Team meetings.
- (7) 24 hour/day assistance for foster youth to speak with (especially to help with crisis)
- (8) Increase options for child care and respite
- (9) Trauma-Informed Care Training for staff
- (10) Wrap Services for the children and the families
- (11) Connecting tribes and foster families who care for tribal children
- (12) Training for trainers to increase number of people that can assist families
- (13) Look at what other countries and states are doing
- (14) Explore any opportunity for partnership with educators to develop training programs for future providers
- (15) Process improvement to get rid of things with no added value
- (16) Have a public relations expert develop a communications plan
- (17) Retain social workers
- (18) Teach foster parents to build relationships with their children's teachers
- (19) Providing quality support for foster parents is critical
- (20) Assess whether there is an Ombudsman, troubleshooter, and the ability to hire mental health parent partners
- (21) A recruitment video showing the benefits of fostering an older youth and justice involved youth.

Future efforts proposed:

Continue efforts above.



Summary of the Wendi Brown Recommendation:

Work Participation Rate (WPR) – A low WPR (low income families) highly correlates with health status; low income individuals are more likely to have unhealthy lifestyles. Work closely with California Welfare Director's Association (CWDA) and California Department of Social Services (CDSS) towards a solution and/or strategic approach to improve WPR [for CalWORKs participants].

Topic: Other

Departmental Response:

Action Plan

While DHHS has always worked toward meeting or exceeding the Work Participation Rate (WPR) requirement, it reaffirmed its effort to increase WPR following the release of the WBCP Report. One result was the Plan to Improve the Work Participation Rate in Humboldt County. The plan

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compiled some existing efforts as well as incorporated new thinking and strategizing around the WPR.

CalWORKs 2.0

CalWORKs 2.0 is a multi-year statewide initiative being led by CWDA in partnership with counties to shift the service delivery culture from compliance-focused to family-focused. In April 2016, Humboldt County was one of six counties selected to participate in a pilot program for CalWORKs 2.0. Involvement with this project gives a unique opportunity to better assist families as well as to communicate with the State on what works and what doesn't.

Exemplar

Exemplar's Analytic Service is a subscription service that enables Humboldt County to access and utilize key performance management outcome data by providing daily alert dashboards for staff. DHHS contracted with Exemplar to provide staff with a tool to better monitor and increase the WPR. Prior to Exemplar, many staff hours were spent crunching data required by the State. Now that time can be spent on case management.

Clarification of Financial Risk

While not specifically a DHHS action or update, it's important to note that the California Department of Social Services (CDSS) has relayed that there will be no fiscal penalties for 2008-2012 as California met the "All Families" rate in 2015 and 2016, which fulfilled the requirements of California's Corrective Action Plan with the Federal Government. CDSS also stated they anticipate meeting the Corrective Action Plan for 2013 – 2014 as well by meeting 2016 All Family Rate. California has not met the 2-Parent rate of 90%. California and the Federal Government are in discussion on the 2-Parent rate. California may see a penalty in several years on 2-Parent but nothing has been finalized on this rate and California's compliance and/or Corrective Action. DHHS will be following these discussions closely and informing the Board of Supervisors about any potential impacts to the CalWORKs program.

Summary of Blue Ribbon Task Forces Insights:

- (1) Lack of staffing
- (2) Dedicated staff member regionally located
- (3) Expedited process for getting clients to WEX sites
- (4) Clarity of services available
- (5) Would stakeholders understand better using increased utilization
- (6) Target soft skills training to the jobs in our community
- (7) Greater links to the targets of opportunity
- (8) Reinforce the linkages between agencies for shared clients

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Status of change proposed:

Baseline data/evaluation:

Humboldt County CalWORKs clients WPR is 14.9%; near the bottom of the 58 counties in the state.

Future efforts proposed:

- (1) Continue participation with CalWORKs 2.0, which addresses many BRTF insights.
- (2) Continue with use of Exemplar.

Summary of the Wendi Brown Recommendation:

Expand Capacity – DHHS has been working with providers to expand capacity. This effort should be intensified and include medical providers serving the Medi-Cal population, as well as hospital outpatient programs.

Topic: Other

Departmental Response:

Regarding Medi-Cal's new benefit of behavioral health for mild to moderate, and how it interacts with Mental Health branch: Patients in need of mental health services are screened and linked to the appropriate level of care wherever they enter the health system. More information can be found under the heading "Medi-Cal Process" at this [Beacon Health Options link \(https://www.beaconhealthoptions.com/providers/forms-and-resources\)](https://www.beaconhealthoptions.com/providers/forms-and-resources) (select CA as the state and PHP as the plan).

Summary of the Wendi Brown Recommendation:

AB 109 – DHHS should continue to work cooperatively with its other partners regarding the types of services provided and discuss the merits of best practice models applied to a criminal justice population. Efforts should be made to find reasonable solutions so the goal of reducing recidivism can be achieved.

Topic: Partnering

Departmental Response:

Collaboration with Partners re: Jail/Recidivism

Former Chief Probation Officer Bill Damiano, Supervisor Virginia Bass, and DHHS Director Beck, along with staff from the Public Defender's office and DHHS-Mental Health, attended the Stepping Up Initiative's 2017 summit. The Stepping Up Initiative focuses on addressing the issue of incarceration of persons with mental illness. Participation in the Stepping Up Initiative supports efforts by partners in the county to work together, and by using Stepping Up resources a county can "develop and implement a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in local jails."

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Staff are attending National Association of Counties webinars focused on the role of counties in reducing recidivism and creating safer communities.

DHHS have actively participated in county discussions about potential jail expansion, joining the County Administrative Office, Sheriff's Department, Probation and other county departments to inform final decisions.

Community Corrections Partnership Executive Committee

Director Beck continues to participate on the Community Corrections Partnership Executive Committee. Assistant Director Paul Sheppard is working on an AB109 data project with the California Center for Rural Policy.

Summary of Blue Ribbon Task Forces Insights:

BRTF supports DHHS' desire to successfully create county partnerships with the following:

- (1) Identify common goals or concerns to ascertain natural partners in the system to increase common understanding and collaborative work.
- (2) Collaboratively develop partnering (both internal and external) standards, expectations, norms and behavior. Do regular check-ins regarding progress with change.
- (3) Create structure and environment that allows confidential feedback across staff and divisions.

Status of change proposed:

The CCP hosted a Sequential Intercept Mapping workshop in January 2018, and DHHS is participating in the follow up meetings scheduled to continue the work of looking at gaps in the behavioral health system and/or criminal justice system that lead to the over incarceration of people who are mentally ill.

Future efforts proposed:

Workgroups have been formed and work is continuing. Consider MHSA funding for diversion and recidivism reduction.



Summary of the Wendi Brown Recommendation:

Schools – The Director currently has regular meetings with all Humboldt County School Districts' Superintendents, and these meetings should continue. The DHHS Director should involve line staff in collaborative working groups at school sites and ensure staff is accountable to the concerns of the schools.

Topic: Partnering

Departmental Response:

DHHS/Education Leadership Working Group Continues to Meet

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DHHS Leadership and school superintendents began meeting in 2014 and continue to meet monthly to increase communication and improve working relationships and delivery of services. The working group hired consultants Resource Development Associates to evaluate mental health systems in both education and DHHS to identify gaps and help create a more integrated system to serve children's mental health needs. The one year contract ended in September 2017 and information gathered along with recommendations are being used to direct Working Group activities for 2018.

Status of change proposed:

DHHS continues monthly meetings with schools, in which all options are on the table.

Baseline data/evaluation:

Future efforts proposed:

Continue monthly meetings with transparency.



Summary of the Wendi Brown Recommendation:

Develop Contracts with Community-based Organizations – DHHS should continue to develop contracts with community-based organizations to include provisions for multiple services at single sites in different parts of the county. Services may be provided by more than one organization, but co-located to improve access.

Topic: Partnering

Departmental Response:

Family Resource Centers

Family Resource Centers and Community Resource Centers (FRC/CRCs) are non-profit, community-based agencies that provide support and resources to their local communities. DHHS provides funding for infrastructure, staffing and training, thus extending DHHS resources to remote areas in a place-based and holistic way. FRC Network members receive CalWORKs and CalFresh funding, enabling FRC staff to address employment readiness, nutrition and access to healthy foods for their communities. FRC staff are also funded to augment the work of DHHS-Children and Family Services through outreach to families who may be at risk of child neglect, offering support such as parenting classes and resource referrals. The Humboldt Network of FRCs now numbers 17 active sites.

The Center at McKinleyville

The Center at McKinleyville is a proposed one-stop location for services, information and activities for community members in the McKinleyville/Northern Humboldt area. Services currently provided by the McKinleyville Family Resource Center (MFRC), the Humboldt County Department of Health & Human Services (DHHS) and Open Door Community Health Centers will

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be located together so that community members have one place to go to access a wide variety of services.

Doing this well is a longer term process. Many staff are currently involved in planning for The Center at McKinleyville with numerous external partners. Lessons learned from The Center will be able to be carried forward (though regional needs and partners will be different). DHHS has formed a regional liaison workgroup; representatives from various branches/programs attend regional meetings held by FRCs and other community-based organizations, and meet to discuss regional needs and how DHHS is addressing them.



Summary of the Wendi Brown Recommendation:

Multi Service Contracts with Schools – Humboldt County should work more collaboratively with school districts to achieve optimal outcomes for the community. DHHS should contact Humboldt County School Districts to determine if schools are interested in multi service contracts at school sites.

Topic: Partnering

Departmental Response:

DHHS/Education Leadership Working Group Continues to Meet

DHHS Leadership and school superintendents began meeting in 2014 and continue to meet monthly to increase communication and improve working relationships and delivery of services. The working group hired consultants Resource Development Associates to evaluate mental health systems in both education and DHHS to identify gaps and help create a more integrated system to serve children’s mental health needs. The one year contract ended in September 2017 and information gathered along with recommendations are being used to direct Working Group activities for 2018.

A memorandum of understanding between DHHS and the Humboldt County Office of Education was executed in February 2018 to address coordination of educational support services for foster youth. Development of this MOU showed that the work and patience required from both parties was worth it and is enhancing services for children. A contract between HCOE and DHHS is under development for fiscal year 2018-2019 to support students and families with truancy issues.



Summary of the Wendi Brown Recommendation:

Outreach to Faith-based Community – DHHS should increase outreach to the faith-based community to enhance services. The faith-based communities could provide key services to help people reenter into the community successfully (e.g. foster care, TAY, reentry services, senior services, etc.).

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Topic: Partnering

Departmental Response:

Faith-Based Organizations

- (1) DHHS has recent/current CalFresh outreach contracts with Arcata United Methodist Church and Fortuna Adventist Community Services.
- (2) DHHS currently has a DHHS/First 5 Adverse Childhood Experiences (ACEs) partnership grant with The Forgotten Initiative, a faith-based group focused on services for foster youth and families.
- (3) DHHS worked with a faith-based organization to host an event, A Day of Hope, focused on the recruitment of foster families/resource families on October 14, 2017.

Future efforts proposed:

Continue to be open to working with faith-based organizations.



Summary of the Wendi Brown Recommendations:

Decentralize Services – Continue the DHHS initiative to decentralize services (e.g., McKinleyville Collaborative). However, expansion of decentralized services should be strategically coordinated to align with DHHS priorities and community needs.

Topic: Regionalization

Departmental Response:

DHHS Leadership Team: Focused Regionalization Meetings

DHHS deputies and directors meet regularly to discuss and share information about any regional implementation activities. These focused meetings allow the DHHS leadership team to discuss strategic expansion of decentralized services that aligns with DHHS priorities and community needs. Efforts related to The Center at McKinleyville are discussed in the context of applying lessons learned and developing a blueprint for working effectively in a region to understand community needs and partner with the right organizations.

Summary of Blue Ribbon Task Forces Insights:

BRTF supports DHHS Director by looking at the following regarding success and whether DHHS is moving in the right direction:

- (1) Ongoing data driven by a look at regional needs. Indicators should be agreed upon by stakeholders and the community, performance outcomes should be created, and goals should be set by the community (health outcome goals).
- (2) County owned campus style setting should be created in every region that can deliver a variety of services that have been identified by the data and the level of service. This provides easy access to facilities.

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- (3) DHHS in cooperation with regional stakeholders to figure out a reasonable level of service in all regions of our county. While all services cannot be available everywhere, region specific needs should be addressed.



Summary of the Wendi Brown Recommendation:

Regional Approach to Addressing Challenges – As previously referenced, a regional approach should be considered in developing plans to respond to the impact of the ACA and the requirement to provide a comprehensive Continuum of Care.

Topic: Regionalization

Departmental Response:

Drug Medi-Cal Organized Delivery System Regional Application

Humboldt County and nine other northern region counties submitted a regional Drug Medi-Cal expansion application with Partnership HealthPlan to the state in March. Plan under review by the CA Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS).

The draft plan to address substance use disorder is available on the partnership site at this [Drug Medi-Cal link \(http://www.partnershiphp.org/Providers/HealthServices/Pages/Drug%20Medi-Cal/Drug-Medi-Cal-Benefit.aspx\)](http://www.partnershiphp.org/Providers/HealthServices/Pages/Drug%20Medi-Cal/Drug-Medi-Cal-Benefit.aspx).

Summary of the Wendi Brown Recommendation:

Economy of Scale and Rural Challenges – Collaboration among healthcare providers and coordination with the County needs to be continued to address Economy of Scale and Rural County opportunities.

Topic: Regionalization

Departmental Response:

North Coast Health Leadership Team (CEO Roundtable)

The North Coast Health Leadership team is comprised of high-level decision makers in the health field in Humboldt, with representatives from DHHS, Mad River Community Hospital, St. Joseph Health-Humboldt, Independent Practice Association, Open Door Community Health Centers, Hospice of Humboldt, United Indian Health Services, North Coast Clinics Network and Humboldt Senior Resource Center. These executives meet regularly to discuss all aspects of health service provision in the county in order to prioritize and address regional issues.

Slingshot Initiative

The DHHS Director is a member of the North Coast Health Leadership Team, a group of top executives in the healthcare field in Humboldt. This team appointed a Healthcare and Human Services Workforce Workgroup in 2015 to address the critical issue of recruitment and retention

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of health care professionals in Humboldt, including those in the behavioral health field. The recommendations the workgroup developed over a year became the basis for Humboldt's Slingshot Initiative, a recipient of a \$1,000,000 in California Workforce Development Board funding. The Slingshot Initiative's goal is "creating a seamless health education pipeline from elementary through post-secondary and beyond that will increase the quality of healthcare and human services system, while growing the size of the workforce and strengthening the income and earning potential of the healthcare workforce."

Future efforts proposed:

Explore other options beyond Drug MediCal to address mental health issues regionally, especially for youth (e.g: youth crisis stabilization center and other youth mental health needs). Look at regional options to address issues that will help community members age in place.

Summary of the Wendi Brown Recommendation:

Decentralized Services – DHHS' centralized administrative structure accompanied by the geographically decentralized service delivery model discussed above could easily be adapted to serve multiple counties.

Topic: Regionalization

Departmental Response:

North Coast Health Leadership Team (CEO Roundtable)

The North Coast Health Leadership team is comprised of high-level decision makers in the health field in Humboldt, with representatives from DHHS, Mad River Community Hospital, St. Joseph Health-Humboldt, Independent Practice Association, Open Door Community Health Centers, Hospice of Humboldt, United Indian Health Service, North Coast Clinics Network and Humboldt Senior Resource Center. These executives meet regularly to discuss all aspects of health service provision in the county in order to prioritize and address regional issues.

Summary of the Wendi Brown Recommendation:

Regional Policy – It is important that county leadership provide policy direction to DHHS and other county departments regarding regionalization. By doing so, the county can engage in a coordinated and more cost effective effort to develop regional projects, rather than addressing each project on an individual basis.

Topic: Regionalization

Departmental Response:

DHHS welcomes county-wide multi-department coordination on regional policy and projects.

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Summary of the Wendi Brown Recommendations:

Tribal Cultural Competence – Partner with the Tribal communities to provide culturally competent, effective services and that achieve ideal outcomes for the county and tribal members. DHHS staff that are properly informed of tribal customs and possess knowledge of tribal mores, rules and regulations would be better able to serve these community members.

Build Tribal Relationships - The new Director will want to meet with tribal members and DHHS leadership to understand and address concerns and foster future effective and functional communications. Although communications have started, there is a lack of consistency to address current, new and ongoing issues.

Topic: Tribal

Departmental Response:

Director Beck wants to develop stronger relationships with tribal chairpersons and others in the Native American community. Director Beck supports agency efforts to provide training and support to ensure a diverse workforce that offers culturally competent services. Director Beck and the DHHS Leadership team are working on an updated Strategic Plan that will have clear language regarding this vision of a culturally-competent, trauma-informed agency and workforce, both in general and specifically in relation to tribal partners.

Reaching Out for Technical Assistance

Contractual agreements exist with several consultants to assist Humboldt County DHHS improve operations, types of services offered and service delivery systems, resource management, and reduce disparity of Native American population over-representation in the CWS and Probation systems. These contractors include: The National Council on Crime and Delinquency (NCCD), Red Deer Consulting and in-house cultural coaches. See some details below.

Humboldt Practice Model (HPM)

In 2010, CA Partners for Permanency (CAPP) was one of six projects nationwide funded by the Permanency Innovation Initiative to address the problem of long term foster care. DHHS participated in CAPP specifically to address the over-representation of Native American children in the foster care system. CAPP and participating counties developed the CAPP Practice Model which placed emphasis on exploration and engagement, the power of family, circle of support, and healing trauma. DHHS - Children and Family Services (C&FS) took the CAPP Practice Model and worked with tribal partners and families to further refine the model to meet the needs of families in Humboldt and created the Humboldt Practice Model (HPM). The HPM is a set of values, practices and tools to guide staff in engaging families, tribal communities and extended networks in a way that is responsive to culture and trauma. HPM implementation began in 2015 and implementation efforts will continue over the next many years. Changing the way C&FS works with families requires substantial shifts in culture, training, systems and processes which is why implementation is a multi-year effort.

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Cultural Coaches

DHHS contracts with cultural coaches to conduct one-on-one and group coaching sessions for C&FS staff, to advise on cultural matters and to facilitate training of internal and external partners. Cultural coaches help the county identify ways for social workers and supervisors to apply cultural best practices in working with families in their case planning, family team meetings, and case management. Coaches also provide education and training to C&FS staff on how to apply cultural responsiveness in Child Welfare Services.

Public Health Capacity Building

DHHS-Public Health was offered free technical assistance by a State contractor who also consults for the CDC. The consultant, who initially built a relationship with DHHS Public Health working on hepatitis C prevention in relation to tribal tattoos, offered capacity building services with the goal of reducing health disparities and improving engagement with Native American communities. Community meetings were scheduled in various parts of the county to facilitate agenda development by community members, understand community concerns and learn how DHHS Public Health can work with tribal partners in an effective manner. DHHS-Public Health will share lessons learned with Social Services and Mental Health colleagues.

Red Deer Consulting

Red Deer Consulting designs identity-based cultural intervention strategies for Native American youth and acts as a liaison between DHHS and local tribal partners. Red Deer Consulting has been working closely with DHHS administration, social workers, caregivers and clinicians to address the unique personal and cultural needs of Native American children and young adults. Red Deer assists members of the child's support team to design a cultural intervention strategy that can be incorporated into mental health and child welfare case plans to best meet the needs of the child.

National Indian Child Welfare Association (NICWA)

NICWA provided a systems-wide assessment of child welfare services provided to Native American children in Humboldt. The assessment examined policy supports and barriers, workforce training and capacity, data collection, case management, collateral support agencies role, and tribal-county relationships. The results of the NICWA review indicated that there was significant room for process and practice improvement in Humboldt, which was welcome information as C&FS specifically contracted with NICWA in order to identify issues to be able to make system improvements.

Public Health Native American Pilot Project

CA Department of Health Care Services selected DHHS-Public Health's Physical Activity and Nutrition team for additional funding to better serve tribal communities. The goal of the project is to reach out for community-identified solutions for community-identified obstacles to physical

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activity and good nutrition, such as lack of access to grocery stores (“food deserts”). DHHS-Public Health contracted with North Coast Indian Development Council which has almost finished with first round of 20 key informant interviews with representatives from all 15 Humboldt tribal entities.

Yurok Tribe State of Emergency

In December 2015, the Yurok Tribe declared a state of emergency in response to a suicide epidemic among youth centered in the Weitchpec area. Mental Health, Public Health and C&FS staff participated in meetings coordinated by the Yurok tribe and worked to deliver DHHS services for prevention and intervention regionally. While the initial increased collaboration was due to horrific circumstances, the new relationships and partnerships that originated have helped reduce barriers and increase trust.

Summary of Blue Ribbon Task Forces Insights:

- (1) Partner based on trust. What do the tribes feel is required for partnership? What does DHHS require for partnership?
- (2) Community dialogues to help define each tribe’s values, ideals, hopes, barriers, etc.
- (3) Assign department leaders/managers to work with specific local tribes.
- (4) Have tribal leaders ID key community/agency members to work with.
- (5) Consider public meeting where director meets with tribal members. Arranged by schools and tribes.
- (6) Feeling eminently unqualified to make recommendations. Need some type of BRTF-like (or best fit) to tackle this on its own.
- (7) Facilitate common learning opportunities around the key ideas of competency – understanding etc. Do we need a “summit”?
- (8) Teaming with tribal Social Services
- (9) Take time to get to know the population you are working with. Be open to difficult conversations without becoming defensive. Acknowledge privilege.
- (10) Direct advice and coaching, consulting for Director Beck now, early within tribal communities. Before missteps occur.
- (11) It all starts with humane interactions. The Humboldt Practice model offers ways of interacting.
- (12) Utilize Cultural Coaches to ID collaboration opportunities, offer another world view re: nutrition, healthy activities, better understand the sovereign relationships between tribes and government. Native American children disproportionately in foster care population.
- (13) Need to consider the bleak history and current experience, racism, no real easy fixes, structural changes required in department and society as a whole. Need to address/heal the earth – world renewal required to also heal people.
- (14) Competency – Mastery, It’s constantly growing, constant learning, listening required. How do they define the problem?

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- (15) Competency – it's not just studying the other... or offering something. How does whiteness show-up? Also need to show up with confidence... and emotional muscle/ability to know how I'm showing as part of my group identity and then partner with you differently.
- (16) Mandate cultural training across DHHS.
- (17) Offer cultural competence trainings to partners outside DHHS. Easier access to cultural coaches. Many are "lost" as to where to find "advice".
- (18) More ICWA training for staff. They are the ones who can help educate families. Lack of staff understanding only widens gaps with outside partners.
- (19) Setting the values, expectations for staff...regarding recommending these practices. Training, education (consultation/facilitation) bias, unconscious bias, etc. related to working with co-workers and not only of service to customers.
- (20) Development comprehensive plan for staff development. Need to look inclusively to understand and affect children's mental health ... It's also connected to adults, their wider community.
 - a. Consider the difficulty of 700 – 800 people all being "perfectly" culturally competent. Everyone should be exposed, but perhaps specialization?
 - b. ICWA Unit with specialized training
 - c. Utilize your SCP/Caregivers by educating them culturally. They can be a bridge in the gap.
- (21) Tribal Government to County Government relationships may need a different language
- (22) Are there other established relationships that could be used as a model?
- (23) Multi-level – Learn to sit with uncomfotability. Continue to show-up. Apologize for mistakes and keep working together. When you start something, you finish something.
- (24) It's a different way of thinking. A different mindset and paradigm.
- (25) Facilitated experience to help people understand "privilege" so all of us do it.
- (26) ID resources to bring to bear on each community's own ideas/recommendations.
- (27) Identify resources/opportunities to promote employment with county within tribal communities.
- (28) Delegate down in hierarchy to build and maintain relationships
- (29) Institutionalize and plan for succession. Be part of ongoing intentions... specific, direct in strategic plan – in policies, and integrate cultural coaches throughout DHHS. Government to government agreements. Direct government relationships -> BOS and tribes billing for holistic services
- (30) Build relationships through action/activity and follow through. Pick a project, do it right, celebrate success and duplicate. Acknowledgement of what has come before.

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- (31) Engage partners... Use a Project Management construct to meet milestones and measure steps and progress overtime.
- (32) Follow recommendations tribes have already brought to table through the multiple listening sessions that have occurred. We now need action with tribes and true partnership at table leading.
- (33) Establish regional Multi-Disciplinary Teams.
- (34) Start small, build trust, overtime. Then go bigger. (Behavior modification)
- (35) Attempt to address solutions to regulatory or legal barriers, if any, up front.
- (36) Intentional action/provoke action. Need to start with that perspective. Move beyond information gathering. Get to action, action-oriented people.

Baseline data/evaluation:

- (1) DHHS-CWS, working with NCIDC and Red Deer consulting, is working to improve processes including relationships with tribal social services.
- (2) DHHS is overall working on retention. It makes sense to have employees familiar with the region and people they serve.
- (3) Director Beck reaching out to develop relationships with a variety of tribal partners, including meetings where primary/sole goal is relationship building. Director Beck working with DHHS cultural coaches to work to avoid unintentional missteps.
- (4) DHHS has embraced the HPM.
- (5) DHHS cultural coaches are recognized by the agency as invaluable team members.
- (6) No easy fixes. DHHS believes that by fully adopting the HPM that the resulting fundamental shifts in processes and communication will support structural change.
- (7) In recent discussions including this BRTF meeting, Director Beck and other staff recognized that the phrase "cultural competency" was not fitting as the connotation of mastery does not align with goals or practices regarding increasing cultural awareness. "Cultural competency" is a required term in MH due to SAMSHA and PH due to accreditation; aside from required usage, DHHS plans to shift terminology to "cultural responsiveness" to better reflect goals.
- (8) CWS staff participate in a semi-annual 3 day Tribal Cultural Training. Last session took place in October 2017. The training is highly valued and well-received. Preparation and delivery of this training is very time intensive on the part of the tribal partners, making expansion of the training to other DHHS staff, even solely direct service providers, prohibitive. As DHHS further develops its training plans, it will be looking at ways to expand (applicable, quality, local lens) cultural training.
- (9) Agreed that continuing to show up and finishing what is started are both key to changing relationships and moving forward.
- (10) As a result of the Attorney General's investigation, CWS has and is making concrete changes that will result in changed processes/actions.
- (11) DHHS cultural coaches have been helpful in coaching staff on how to incorporate HPM and thoughtfulness into all interactions, and to not overlook the details.

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- (12) DHHS is working to revamp the way it delivers data to the public and staff. Plans include Public Health's InSight Vision dashboard planned for 2018 launch, a revised plan to implement public-facing online data dashboards
- (13) DHHS is relooking at its data collection and data dissemination, and any revamp will include discussion of cultural considerations.
- (14) DHHS has to follow civil service rules re: hiring, so cannot give preference to any particular demographic. That said, DHHS can certainly do a better job of informing various communities about open positions and ensuring applications from a wide groups of diverse, qualified applicants.
- (15) DHHS Recruitment Analyst will work on recruiting in various Humboldt regions and across various communities. Instead of waiting for people to come to DHHS, DHHS will be seeking out people.

Future efforts proposed:

- (1) Continue semi-annual Tribal Cultural Training.
- (2) Continue to support structural change.
- (3) Continue shift in language to acknowledge "cultural responsiveness" to better reflect goals as opposed to "cultural competency."
- (4) Continue to show up and finishing what is started.
- (5) Public Health's InSight Vision dashboard planned for 2018 launch, a revised plan to implement public-facing online data dashboards
- (6) Continue to include cultural considerations with any future changes.

Introduction

As you know, the Board of Supervisors contracted with W. Brown Creative Partners (WBCP), who made 48 recommendations to strengthen the Department of Health & Human Services (DHHS), many of which build upon work that was already initiated by the organization.

The overall summary of the WBCP 48 recommendations include: Build upon the existing infrastructure while continuing to move toward a fully Integrated Health and Human Services System.

- Improve communications with staff and community partners.
- Involve staff and community partners to develop a new strategic plan and an accountability strategy.
- Review the organizational structure to become more streamlined and accountable.
- Review the relationship and processes between DHHS and the other county departments, the CAO and the Board of Supervisors.
- Develop broader fiscal oversight regarding DHHS' budget and assess the risk to programs and to the County, especially with the State and Federal government shifting accountability to the Counties.
- Continue the strategy of looking for opportunities to collaborate with local and regional partners to deliver comprehensive and accessible services to clients in rural areas.
- Continue to gather critical data but use the data in a strategic fashion and include stakeholders internally and externally.
- Continue to protect and improve services to the populations that are most vulnerable.

In January 2017, the Blue Ribbon Task Force (BRTF) had its first meeting of eight meetings over the course of 14 months. In order to address the charge given to us by the Board of Supervisors, the BRTF decided to group the recommendations together by topic in order to focus the discussions.

Recommendations were grouped as follows:

- Organizational Culture
- Hiring & Personnel
- Partnering
- Regionalization
- Fiscal/Budget/CAO
- Mental Health
- Tribal Relationships
- Data and Miscellaneous Other recommendations

The Task Force reviewed and commented on 43 of the 48 recommendations and determined in conjunction with DHHS that 5 were not applicable, for example, because they were already done, such as create a Blue Ribbon Task Force, or required an additional working group with direct expertise or other internal county personnel.

Meeting Schedule

Below is the schedule of when each topic was reviewed: