



## Partner Feedback Surveys 2015 and 2019

# DHHS Partner Feedback Survey

## History

In 2016, W. Brown Creative Partners (WBCP) conducted surveys of and focus groups for stakeholders as part of its preparation for the Transition Organizational Assessment Study, commissioned by the Humboldt County Board of Supervisors and published in September 2016.

In 2019, DHHS wanted to collect partner feedback asking the same questions of the same people and organizations to get an idea of what partners currently felt about DHHS. DHHS did not conduct focus groups for two primary reasons: 1) cost, staffing and resources and 2) a desire to avoid “partner fatigue” (DHHS has been asking partners to participate in numerous efforts and meetings, including the CWS HCSO Community Task Force, Sequential Intercept Mapping, Eastern Humboldt Services group, FRC meetings, and more).

## Process

The original online survey asked 21 questions ; the follow up survey asked 7 of those questions, plus allowed one additional open-ended text comment. The intent was to compare “apples to apples” in order to reduce the burden on community partners and be able to easily evaluate feedback. The wording of the questions remained the same in order to not influence answers.

The survey was sent to the same community partners in the original e-mail list provided by WBCP. In many instances the contact person at the organization needed to be updated. Both times the survey was sent to over 150 e-mail addresses representing over 100 organizations (contract providers, community-based organizations/non-profits, law enforcement, other county departments, tribal leaders, medical providers, etc.).

- 2015: 34 responses
- 2019: 62 responses

The survey was sent October 10, 2019, the day after the first Public Safety Power Shutoff (PSPS), and some of the responses to the survey were specific to DHHS’s actions during that event. The October 2019 PSPS events and communication were admittedly chaotic and many departments and agencies were affected. Community members were receiving conflicting information from the office of Emergency Services, PG&E, and other sources, or receiving correct but rapidly changing information. Had DHHS been aware of the timing it might have altered the survey schedule.

## Survey questions

Four of the survey questions were scaled; a partner could choose strongly disagree, disagree, don’t know/neutral, agree or strongly agree.

- 1) The existing structure of DHHS promotes the integration of mental health, public health and social service programs in order to provide comprehensive, client centered services.
- 2) DHHS regularly communicates with the community to improve programs, services and client outcomes.
- 3) DHHS client services are easily accessible.
- 4) As a DHHS provider/partner, I/we are engaged.
- 5) As a DHHS provider/partner, my/our opinions matter.

Results and a comparison for all five questions follow.

# DHHS Partner Feedback Survey

## Question One: Integration

The existing structure of DHHS promotes the integration of mental health, public health and social service programs in order to provide comprehensive, client centered services.

Year	Strongly Disagree	Disagree	Don't know or neutral	Agree	Strongly Agree	TOTAL	Overall Positive response	Overall Negative response
<b>2015</b>	9	6	3	12	3	33	45%	45%
	27%	18%	9%	36%	9%			
<b>2019</b>	8	10	19	21	3	61	39%	30%
	13%	16%	31%	34%	5%			

Notes: Significant improvement in the percentage of respondents who strongly disagreed.



## Question Two: Communication

DHHS regularly communicates with the community to improve programs, services and client outcomes.

Year	Strongly Disagree	Disagree	Don't know or neutral	Agree	Strongly Agree	TOTAL	Overall Positive response	Overall Negative response
<b>2015</b>	7	10	4	10	1	32	34%	53%
	21%	30%	12%	30%	3%			
<b>2019</b>	6	17	14	18	6	61	39%	38%
	10%	28%	23%	30%	10%			

Note: Increased positive response and significantly decreased negative response.



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## Question Three: Services

DHHS client services are easily accessible.

Year	Strongly Disagree	Disagree	Don't know or neutral	Agree	Strongly Agree	TOTAL	Overall Positive response	Overall Negative response
<b>2015</b>	6	10	8	8	0	32	25%	50%
	18%	30%	24%	24%	0%			
<b>2019</b>	8	20	18	14	1	61	25%	46%
	10%	28%	23%	30%	10%			

**Notes:** The surveys were anonymous. By looking at entire response for each correspondent in 2019, it appears that many of the respondents with negative responses to this question *may* have been being specific to mental health services.



## Question Four: Partner Engagement

As a DHHS provider/partner, I/we are engaged.

Year	Strongly Disagree	Disagree	Don't know or neutral	Agree	Strongly Agree	TOTAL	Overall Positive response	Overall Negative response
<b>2015</b>	3	5	5	15	2	30	57%	27%
	9%	15%	15%	45%	6%			
<b>2019</b>	4	7	13	24	13	61	61%	18%
	7%	11%	21%	39%	21%			

**Notes:** Significantly more partners report being engaged, and significantly fewer gave a negative response.

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## Question Five: Opinions Matter

As a DHHS provider/partner, my/our opinions matter.

Year	Strongly Disagree	Disagree	Don't know or neutral	Agree	Strongly Agree	TOTAL	Overall Positive response	Overall Negative response
<b>2015</b>	4	5	6	10	4	29	48%	31%
	12%	15%	18%	30%	12%			
<b>2019</b>	3	16	11	22	10	62	52%	31%
	5%	26%	18%	35%	16%			

**Notes:** This question may have yielded the most disappointing results, as the percentage of respondents who disagreed or strongly disagreed remained the same. In the open-ended text questions, some partners did indicate a high level of collaboration with DHHS, while others did not.

## Summary

DHHS admittedly had anticipated seeing greater improvement in these scores. Something that became clear in the open-ended text answers is that different partners were having markedly different experiences. As DHHS is three branches, over 100 programs, and almost 1,200 employees, it is possible for a partner to interact with very different “parts” of DHHS. Some partners have seen significant improvement, while others have not. The anonymity of the survey does make it more difficult to do follow up and understand what areas of DHHS need more specific attention.

# DHHS Partner Feedback Survey

## Open Ended Questions

In 2015 and 2019 partners were asked to name DHHS's two greatest strengths and two opportunities for improvement.

In both surveys there was significant variation in the feedback, with some very complimentary feedback alongside strongly negative feedback. Answers were broadly categorized in order to determine the frequency of different types of positive and negative feedback, to see if there were general trends.

Reading the full set of answers (see appendix), one would not be surprised if the answers were about two different organizations. Greatest strength? "Communication." Greatest opportunity to improve? "Communication."

### Strengths

In looking at reported strengths from 2015, many were related either to DHHS's funding/size (ten respondents, example "They have a large budget") or structure/role (eight respondents, example "Can bring to the table a wide variety of services under one organizational structure." Only one out of 47 reported strengths related to organizational culture.

"DHHS has set expectations of inclusiveness, respect and engagement with staff and community." 2019

Strengths	2015 47 responses		2019 85 responses	
	#	%	#	%
<b>Collaboration/partnership</b>	3	6.4%	14	16.5%
<b>Culture</b>	1	2.1%	21	24.7%
<b>Employees</b>	9	19.1%	18	21.2%
<b>Funding/size</b>	10	21.3%	14	16.5%
<b>Leadership</b>	2	4.3%	2	2.4%
<b>Services</b>	12	25.5%	12	14.1%
<b>Structure/role</b>	8	17.0%	1	1.2%
<b>Other</b>	2	4.3%	3	3.5%

In contrast, in 2019, 24.7% of responses reflected favorably on organizational culture, as opposed to 2.1% in 2015. Further, the proportion of responses related to collaboration and partnership almost tripled, from 6.4% to 16.5%.

### Opportunities for improvement

DHHS appreciated that partners took the time to provide feedback, including critical feedback. DHHS knew that in providing this anonymous forum to a listing of partners not of its own choosing that some feedback would be pointed.

"Work on inefficiencies across the board to streamline processes (everything from hiring, progressive discipline, paperwork, etc. It takes too long to do anything!)." 2019

Many of the responses for suggested improvements were not surprising, for example "recruitment and retention," "training," "more local services to outlying areas," and, regarding integration, "There are still elements of multiple (friendly) organizations."

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Some of the feedback was very specific to the October 2019 Public Safety Power Shutoffs (PSPS). Conflicting communication about changing circumstances strained the communication resources of all local agencies. DHHS has done extensive work post-PSPS to make sure “lessons learned” are truly learned. DHHS anticipates that in future public safety events or disasters the lessons from October 2019 will lead to improved communications and operations.

Opportunities for Improvement	2015 48 responses		2019 79 responses	
	#	%	#	%
<b>Bureaucracy</b>	0	n/a	5	6.3%
<b>Communication</b>	3	6.3%	11	13.9%
<b>Culture</b>	6	12.5%	9	11.4%
<b>Funding</b>	0	0.0%	3	3.8%
<b>Integration</b>	2	4.2%	3	3.8%
<b>Leadership</b>	14	29.2%	2	2.5%
<b>Collaboration/partnership</b>	7	14.6%	10	12.7%
<b>Services</b>	10	20.8%	18	22.8%
<b>Staffing</b>	0	0.0%	7	8.9%
<b>Other</b>	6	12.5%	3	3.8%

In reviewing some of the responses from 2019, including suggested improvements, DHHS would have liked to have been able to reach out to respondents and address individual concerns. For example, DHHS received this comment about increasing the number of beds at Sem-pervirens: “For years DHHS has had too few beds in SV. When do you plan to increase the numbers to better ad-

dress the needs? “ The 1965 Social Security Act which restricts most in-patient mental health treatment programs that serve Medicaid/Medi-Cal patients to 16 beds. This rule is a federal rule that affects all 50 states and it is the reason facilities serving Medi-Cal/Medicaid patients are 16 beds or fewer.

At a minimum, DHHS would have liked to know what branches or divisions the partners were working with to pinpoint the issues. For example, “respond in a more timely manner” was a suggestion for an improvement. If a particular staff person or division is not responding timely, the anonymous nature of the survey makes it impossible to identify. The survey needed to be anonymous in order to solicit honest feedback, unintentionally leading to a situation where comments couldn’t be addressed. The DHHS Director encourages partners who had some of the more serious suggestions for improvement to contact her directly with more details.

# DHHS Partner Feedback Survey

## Additional comments from 2019

Since the 2019 set of questions was much briefer and there were no focus groups, the survey gave partners the opportunity to provide “any other comments” in the survey. As with the other questions, answers were mixed, and again, could appear to be comments about different agencies. While one person stated, “The agency can not [sic] respond quickly and does not work well with others at all...[it’s] worsening over the years” another respondent stated, “We are all very grateful for the support that we have received from DHHS. I feel that we are all rowing in the same direction and that we are on the cusp of creating a streamlined and functioning social services system in Humboldt.”

Some comments were not surprising and efforts are already underway: one respondent noted the need for more CWS trainings just as CWS is completely re-organizing, enhancing and adding staff to training efforts. A few comments are about bureaucracy. DHHS has been working towards reducing bureaucratic layers where regulations and law allow, to better serve the community as well as increase retention. For example, certain hiring paperwork that used to need sign off by DHHS Admin staff is now approved at the branch director level. In other cases, bureaucratic processes are inherent as a county department administering State and Federally funded programs.

DHHS supports many community organizations to serve the community through contracting, and DHHS is aware that the contracting process can be challenging, especially for smaller organizations. The alternative of not funding partners is not an option, leaving DHHS in the position of being the “face” of bureaucracy in order to meet county, state and federal requirements on contracting processes. For example, in the last four fiscal years the Board of Supervisors has allocated \$400,000 to DHHS in its budget for Adverse Childhood Experiences (ACEs) prevention, mitigation and education. DHHS passes on \$200,000 to First Five Humboldt for its extensive work on ACEs prevention and works with First 5 Humboldt to award the other \$200,000 to community partners through mini-grants. DHHS organizes the RFP process for the minigrants, develops and executes the contracts (11 in FY 19-20) and retains none of the funds. DHHS focuses on the end result, valuable ACEs work, though it may be more criticized for the bureaucracy than praised for performing administrative support without funding.

The DHHS executive leadership team is working incorporating Humboldt Practice Model leadership and system behaviors, including “listen, engage, and explore.” The survey responses will be added to the other feedback executive leadership is seeking and receiving from staff, partners and community.

I hear more and more that staff are experiencing a positive culture shift of inclusiveness, that they matter, and that their voices are being heard. I hear this in the community and that is improvement.



# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Please provide DHHS's two greatest strengths: 2015

- A desire to keep abreast of new research and developments in the state and nation.
- Ability to respond comprehensively to a range of health and welfare issues
- Access to complex funding streams.
- Access to funding
- Adding services....media
- Assets and resources available to them
- Attempt to coordinate services within department is good, but still isn't completely successful.
- Beginning patterns of decentralization of service delivery.
- Can bring to the table a wide variety of services under one organizational structure.
- Can generate a good deal of money (for services) for the county via grants and other sources of dollars.
- Case managers for CYFS have been so incredibly awesome!
- clients are happy that they are having phone interviews instead having to come to the office.
- Commitment to making lives better for citizens.
- Decent employee benefits
- DHHS has formed many successful collaborative relationships with community partners.
- DHHS is committed to using evidence base programs and are focused on positive client outcomes.
- DHHS is industrious in seeking solutions to on going issues and needs and through its lead position, is seen as a credible leader.
- DHHS takes a lead position in addressing needs in our community.
- Effective and innovative leadership
- Financial resources
- funding
- funding abilities and track record well respected throughout the state
- People.
- Highly educated line staff who really want to make a difference
- Integration of Services. Each department is usually well-versed in what other departments offer.
- Leadership's knowledge of the local community movement towards regionalized services
- Many employees are very dedicated
- Organizational response to lack of transportation by increasing field offices and web based applications
- Personnel quick and caring
- power and potential to dictate large scale health and human services improvements in our County
- Public health leadership.
- Recent CalFresh outreach partnerships with CBO's have strengthened relationships, improved collaboration and have resulted in better client service.
- Seasoned professionals on the ground and a Great community.
- Size
- Successful at securing funding for key projects.
- The 800 # for TANF/cal Fresh/Medi-Cal has been a huge strength. Families have had a much easier time getting info about their cases.
- the agency has worked to be user friendly
- The integration of its departments.
- Their care and compassion
- There are people who work within the organization who care.
- There is room for children to play in the waiting room.
- They have a large budget
- They provide good trainings.
- they support tons of poor people in getting benefits
- tremendous staff, well trained and dedicated to social services
- Willingness to engage dialogue
- work very well with the community

# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Please provide DHHS's two greatest strengths: 2019

- A willingness to get things done
- Accessing funding
- Action with housing homeless Legislative analysis and prioritization for Board of Supervisors
- Budget size
- Caring dedicated people.
- caring folks who I believe want to meet needs of community
- Collaboration
- Collaborative spirit
- Commitment desire to accomplish programs
- Communicative
- community minded approach
- Contracts out a lot
- Creativity
- Dedicated staff
- Dedicated staff. [second respondent]
- Dedicated, hard-working staff committed to children, youth, families, and individuals in Humboldt County.
- Dedication to the community Partnering with other community organizations and non-profits
- Dedication to transparency in change management, even if that transparency is to say "we can't be transparent and here is why"
- Desire to partner with Community Based Organizations.
- DHHS actively provides opportunities for partners to connect with them.
- DHHS has a relative army of capital (both human and financial) to support our community at large
- DHHS has comprehensive programs.
- DHHS has set expectations of inclusiveness, respect and engagement with staff and community.
- DHHS is also strong in its established history as a social safety net, and continues to be relied heavily on for ensuring that people at, near, and below poverty have a fighting chance to maintain a basic quality of life.
- DHHS is exploring ways of improving cultural responsiveness, equity and connection both with staff and in the community.
- DHHS is showing a renewed interest in investing in long-range preventive solutions over crisis intervention.
- DHHS is trying to improve relationships and collaboration with Tribal partners.
- Donna Bullard does an exceptional job in the jail.
- don't know
- Employee passion and competence.
- extensive knowledge of partners
- Funded well
- Hiring more folks
- i am not sure?
- Innovative programs.
- Integration
- Intent to improve.
- Intention
- Interest in improving.
- interest in serving individuals and families
- Leaderships willingness to listen and make rapid change.
- Many employees which should be able to cover all of Humboldt County Needs.
- Meaningful and consistent engagement with partner organizations.
- Mobile outreach
- Most MH clinicians are engaging with the clients
- New leadership
- open to looking at their processes
- Openness to feedback/suggestions.
- opportunity to interagency partner exist and are improving
- Our community partners
- partnering with the community in social services and public health
- Passion for the mission

# DHHS Partner Feedback Survey

**Appendix A:** Full text of all open-ended text questions responses as written by partner

## **Please provide DHHS's two greatest strengths: 2019 continued**

- People working in the field or ground level - they care, desire to do good work, and are passionate about helping others
- Personnel who really care and want to assist their partners with clients.
- Professional
- Resources
- Resources [second respondent]
- "Resources and resources" [third respondent]
- Responsiveness to community
- Seek strategies for integration with community partners.
- Sense of mission from staff
- service
- service [second respondent]
- Size
- Size [second respondent]
- some really caring staff
- Strive to meet the extraordinary needs of our homeless and mentally ill population.
- The attempt to integrate and offer services in Humboldt County.
- The department has a number a well intentioned case workers who want to provide service to the community.
- The large number of staff able to work with partner programs in the community
- The public health assessment is very informative.
- The willingness to partner regarding strategies to improve the accessibility of Mental Health in Humboldt County.
- There are amazing people working at various levels within DHHS.
- They are now more receptive to outside communication and feedback than they were 10 years ago.
- They do try to listen to their partner
- They have a large budget to support services for low to very low income clients.
- Transparency regarding CWS and the work being done to meet the Attorney General's stipulations.
- willingness for change and accountability
- willingness to collaborate with stakeholders
- Willingness to work on improving service
- You have lots of people, some of whom are quite competent.
- You have some staff who really care and try not to get tangled in the web of politics
- they are the major provider to the community for social services in our county.
- wide ranging services
- Solution-oriented programs

# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Please provide DHHS's 2 greatest opportunities to improve 2015

- A truly integrated department where MH and works with PH and SS. Branches need to coordinate better around client services and prevention.
- build a leadership team that is more transparent with services and out in community on a regular basis.
- Can assist getting people mental health care
- Can use influence to get housing built throughout county
- Communication of services
- Connections with families/parents ,TAY and communities, Hearing every voice incl. tribal.
- Connections with schools/districts.
- continue to build on the unified approach to social service needs, i.e. break out of silos.
- County Mental Health for adults needs to be better. I know that they have been working on it. If an adult comes in for same day services, doesn't meet criteria for 5150, it shouldn't take another 4-6 weeks to see a doc for medication. Clearly if they went to same day services, they are in need of immediate help.
- DHHS has had good leadership; the transition provides the opportunity to build upon existing strengths and make the organization stronger.
- Establish greater rapport and increase frequency of MEANINGFUL communication with the other community organizations
- Find a leader who has the trust of the Board of Supervisors and the community
- Find ways to improve their openness to communication and ways of addressing both internal and external communication without judgement or retaliation
- Find ways to solve problems longer than a small dose of psychotropic drugs.
- Fire the people whose leadership has consistently been an impediment to program improvements and better relationships with all sectors of the community.
- Follow through with services and not allowing clients to fall between the cracks.
- Fresh ideas
- Give other agencies the opportunity to use their talents to create well rounded leadership.
- Greater availability for people who need immediate help. [context = MH]
- Hire a positive and forward-thinking Director.
- Hire more bilingual staff and have bilingual staff in the front desk and answering the phones
- Hiring qualified leadership and supervisors and effectively training staff
- Learn to be a team player vs. believing they are the only game in town.
- Less control from the top.
- Less micro management.
- Mental health needs help. The staff there are cut throat. They are so busy getting clients 'gone' they don't help them. The staff HATE working there due to lack of support, mean gossip managers and burn out. Many staff have bailed. Support staff.
- Needs to improve relationships with the tribes
- Opportunity to repair admin/line staff relations to effect better outcomes for those served
- Opportunity to repair DHHS/community partner relations to effect better outcomes for those served
- restructure the leadership positions
- Should have a lead team instead of one person in charge.
- Streamlining some bureaucratic policies would be helpful.
- Take the time to gather input from the recipients of services and reps from the CBO's that work with them to learn more about where the problems are

# DHHS Partner Feedback Survey

**Appendix A:** Full text of all open-ended text questions responses as written by partner

**Please provide DHHS's two greatest opportunities to improve 2015 *continued***

- The first and easiest action would be to remove [name redacted]. Staff and CBOs would rejoice.
- There is an opportunity for DHHS and HCOE to resolve differences and move forward.
- There is an opportunity to evaluate the entire system with a "new set of eyes".
- To address how this county addresses mental health and addiction issues
- To augment the emergency housing services.
- To change the management structure and culture at the DHHS for the future and to change how and where services are delivered so that they are more open and easier for the general public to access throughout the entire county
- To develop a coordinated county approach to rehousing
- To have a leader be proud of the work they do and encouraging helping agencies to work together within the branch
- To identify inspired leadership
- To improve the mental health branch.
- Transform the culture to match the challenges/opportunity of a community in need
- Use your study to better respond to the needs of the community
- utilize the staff network to assess current operations and make recommendations
- We need coordinated system for caring for homeless individuals and families and we need a drug treatment facility.
- When engaging with tribal partners, listening to their feedback and being responsive to concerns

# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Please provide DHHS's two greatest opportunities to improve 2019

- active listing to all programs/organizations
- Budget limitations
- Celebrate employees who are strong leaders and inspire their co-workers.
- Change in structure of how programs are run and \$ is executed into services locally
- child welfare
- Child welfare families should have designated mental health clinicians. As soon as a family enters CWS, a mental health clinician should be assigned for the parent to access as well. ....DHHS needs to re-look at collective bargaining agreements around time off, sick time, and all the travel that administration goes to. Employees need to be easily available to provide the best services for the families of Humboldt county.
- Collaboration with community partners and client focused services set in a comprehensive, easy to access and non-punitive system with no backlog.
- Communication
- Communication-there was no communication during the power outage; we were told that DHHS would be setting up a respite site in our community and then were told that PG&E was doing it themselves...after that we didn't hear from anyone.
- community and youth services
- Connie is passionate and has a great vision for the agency, but this vision does not seem to trickle down to those on the ground floor who want to do good work.
- Consistent communication
- Continue to create a positive work culture that attracts talented, well-informed candidates passionate about the work.
- Continue to evaluate and upgrade/update physical spaces where clients/families are served and where staff work. Too often the spaces are crammed with staff, poor work conditions, old/poorly functioning buildings, and are not comfortable and inviting to clients. Improved spaces can
- aide with client engagement and staff retention.
- continue to work on improvements.
- continued assessment of programs & services
- continued partnerships with stakeholders
- Creating more housing
- decentralization of services throughout the county.
- decentralize and minimize bureaucracy capitalize on potential for deeper inter-agency partnerships
- Departments need to better communicate and collaborate with outside agencies in ways to help them further their goals and those of the community.
- DHHS demonstrates a willpower to change as an organization (as many organizations, departments, programs) in the face of needing to do so. CWS is doing that now in a transformative way, but it's time for other branches of DHHS to do the same, namely CalWORKs and Public Health.
- DHHS needs desperately to work on changing practices so that there are not cliffs and major barriers to escape poverty. ...People are afraid to make beyond a certain \$ amount when they are on CalWORKs, Medi-Cal, SSI, etc. We need to change that. ....This will require fundamentally restructuring how DHHS interacts with clients who are looking to escape poverty, and will need to result in local and likely higher level policy change.
- DHHS needs to partner with Tribal entities so Tribal families can be served by DHHS in culturally sensitive and appropriate ways.
- DHHS needs to provide significantly more and better training for CWS workers on how to work with Tribes.
- DHHS staff stability
- Difficult to keep fully staffed
- Educating the community on how to access services



# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Please provide DHHS's two greatest opportunities to improve 2019 *continued*

- Educating the community on what services are available
  - Emergency services support and mental health support to youth
  - Exercise protocol/plans-need to work with communities to exercise protocol so we know strengths and weaknesses.
  - Fiscal process is stuck and difficult at best. Nothing is consistent from one department to another. Things also vary from analyst to analyst. Contract turnaround is often times long and difficult.
  - Focus on bolder approaches to dealing with homelessness and emergency services.
  - Have more community engagement
  - Helping DHHS staff to feel safe and empowered.
  - Hiring on more contracted workers for more male representation within coaching staff and a deeper bench for when current coaches chose to step away.
  - Hiring on more leadership staff (supervisors and managers and line staff) so that the teams are larger and workload is decreased.
  - improve mental health services by expanding SV.
  - improve relationships between foster care community and social workers.
  - Increase local juvenile AOD options for residential treatment.
  - Increase mental health services a
  - Increased communication between departments.
  - Increased communication from top to bottom. Often there is a disconnect between what those at the top think and what is actually happening on the ground.
  - Innovation, long-term problem solving / planning, outside the box thinking - remove barriers, empower employees.
  - It feels like the agency as a whole is deceptive, self serving, and more interested in the agency rather than the people and community you serve
- Restrictions are often put on resources that inhibit partner agencies from being proactive when providing services. Non profits are the more nimble partners yet funding restrictions are limited because of rules that dont let us do our jobs
- launching initiatives and apparent lack of bandwidth to move forward in a meaningful way before launching new initiatives; asking partners to the table for many projects simultaneously- there is a perception of "partner invitation fatigue/implementation fatigue"
  - Leadership needs to Match actions/behaviors with statements that they make. Secondly, take the input they ask for and put into action.
  - limiting fear based reactionary responses to feedback.
  - Make DHHS a workplace where people want to stay. As they gain experience, they can mentor other newer employees. This will increase the ability of staff to do their jobs in a quick and efficient manner. Make DHHS a workplace where initiative is valued and decision making is encouraged. Currently, most employees are afraid to make a decision and it get passed up the chain of command to people who know less and less about the problem. This leads to poor, but politically correct, decisions that are not made in timely manner. It also encourages your employees to pass their decision making off onto other departments and agencies.
  - mental health
  - MH services
  - More communication and meetings with partners in Southern Humboldt Social services-address and phone number verification for clients
  - More local services to outlying areas.
  - Need more providers and services in the outlying areas for clients who haven't transportation.

# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Please provide DHHS's two greatest opportunities to improve 2019 *continued*

- Need to have more M.D's and clinicians to meet the extraordinary needs of those in need, less focus on administration.
- None.
- not in your loop at all.
- Outreach
- Promote your services
- Providing the services DHHS says they will provide.
- Pursue as many outside funding opportunities as possible
- Recruitment and retention.
- Respond in timely manner
- sometimes enters into new projects without reviewing internal capacity to provide existing services
- Speed up approvals of outreach materials and subcontractors
- Staff development- providing more flexibility and better communication for community-based trainings relevant to the work.
- Staff support- normalizing reflective practice/reflective supervision to better support those who are doing such tough work.
- Staffing and retaining employees.
- staffing to build capacity
- strengthen relationships with community based organizations and more collaboration
- The goal of integration seems lost on the current system. Each department still seems to be self-serving and unable to work across department lines. DHHS is too big to be effective. No fault of the current director - each department is so ingrained in the past way of doing things that it seems they can't move forward so services and innovation are stalled. Not just restricted by funding but by infrastructure, rules, and restrictions. When working with DHHS it seems it is more about what you CAN'T do rather than what you can do. Small agencies tend to not work with DHHS so the restrictions and limitations don't impede our work. We want to but as long as DHHS is too big to succeed and has an attitude of our way is the best - then small agencies on the ground will not be able to successfully partner with you and provide services that actually respond to community needs in a way that this larger, less efficient, DHHS can't. Either partner with small agencies and let us do our work or stop pretending that you value what we do for the community and call it what it is, a self-serving system too big to succeed.
- The sub-departments of DHHS do not communicate well with each other, much less outside agencies. There is little off hour support and no consistent system for outside agencies to reach contacts. worker goes on leave or vacation but there is no one to assist outside providers or clients.
- There are still elements of multiple (friendly) organizations. Often, it is hard to understand who is making a decision.
- There does not seem to be a system for case over lap. i.e. case worker goes on leave or vacation but there is no one to assist outside providers or clients.
- Timeliness of assistance.
- To do less talking and more doing
- Too much bureaucracy, red tape, and inefficiency above the line-level.. Unnecessarily complex, difficult process to get things done--frustrating.
- Training.
- Work on inefficiencies across the board to streamline processes (everything from hiring, progressive discipline, paperwork, etc. It takes too long to do anything!)



# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Other comments, 2019

- APD appreciates the relationship we have with all DHHS staff. You have a difficult job. We support you and appreciate your commitment to the public safety community.
- Changes over the past several years have been monumental under the direction of Connie Beck. She and her staff have forged strong working relationships with community partners and the community at large, engaging a diverse range of people to provide insight, ideas and helpful criticism when it's needed. They've created an environment in which partner agencies don't need to feel hesitant to share their thoughts and concerns. What a great way to promote continuous improvement!
- Continue to develop more formal partnerships with Tribes, community based services and public education entities to co-deliver services.
- I felt that the communication structure completely broke down; PG&E did not contact us about respite sites and DHHS backed out after PG&E said they were taking over. There was a complete lack of communication during the power outage.
- I generally do not feel that we are "partner agencies". I often hear "we" the county don't have to work with other agencies if we don't want to. So you do it our way or we won't work with you or give you funding. . Not a good attitude to have
- I have witnessed first hand the improvements locally and am eternally grateful to the DHHS director, Connie Beck has gone above and beyond to find community wide solutions
- I hear more and more that staff are experiencing a positive culture shift of inclusiveness, that they matter, and that their voices are being heard. I hear this in the community and that is improvement.
- Impressive organization
- It is very important for top leadership to be at most public venues to hear directly from Boards and clients in order to improve services and sustain the most essential ones.
- It takes too long to complete a plan with them due to needing more meetings than necessary. Looking for results and actually implementing it takes too long getting lost in the scheduling of more meetings.
- Keep creating political will for more funding for health and human services
- More outreach and support to clients, providers and support systems.
- More staff does not actually equate to better services for people. Following through with providing services would be nice. For years DHHS has had too few beds in SV. When do you plan to increase the numbers to better address the needs?
- No
- None.
- Outside perspective looking in is that an outside, independent forensic audit of DHHS's processes, structure, procedures, allocation of finances and resources etc. could be very helpful in helping the Director to streamline and improve the organization. Internal surveys where employees at all levels could speak safely, frankly and constructively about their concerns and recommendations could also help guide this process. Also, a question I've heard asked is has DHHS become too big? Is a reorganization and/or bifurcation needed. DHHS faces immense challenges and work is needed, but there are many great caring people and leaders there.
- See above
- Shorten the wait time for mental health services.

# DHHS Partner Feedback Survey

## Appendix A: Full text of all open-ended text questions responses as written by partner

### Other comments, 2019 *continued*

- thank you
- thank you for all that you do in this county:)
- Thank you for asking but if these issues are not addressed DHHS will go on making decisions in a vacuum and making it difficult for community partners to provide support. There is also a huge issue regarding administrative overhead with local non profits. DHHS sometimes, depending on the department wants only to pay admin on salaries and benefits, but not the other operational costs. Sometimes they want to pay 5%, 10% or something else, but nothing consistently or that adequately supports the infrastructure for an agency's overhead costs.
- Thank you for the wiliness to partner for better health outcomes in Humboldt County.
- Thanks for asking
- Thanks for asking!
- Thanks you for the continued reflection, keep up the good work, you are making progress and we appreciate it!
- The county lacks cultural competency. They do not provide enough training to all branches. They dont employ a diverse range of talent, mostly white workers. They do not advertise or come out to surrounding areas enough. The majority of populations experiencing issues are in the rural areas, but services are all in eureka and mckinleyville. Child welfare services needs to make vast improvements in regards to training. They should partner with an outside source, such as HSU, to get training for their workers. The training workers have does not prepare them to work with families or with Tribes or tribal families.
- The department lacks good integrated field support, in agencies like APS/CWS/ and some mental health programs. Outside agencies are most times referred to a report based system, which creates case back log, when simply responding to the field could solve the problem. The complete lack of after hours support from APS is shocking, and places a burden on SV, who are not really meant support the same mission.
- the process of engagement for the Wendi Brown report and now this follow up is superior to other counties we work with and other partners (even our own process as an agency). This action is demonstration of "walking your talk"
- There are many people working for DHHS who do care about the people who need assistance but as a whole the agency can not respond quickly and does not work well with others al all. This pervasive attitude seems to be worsening over the years. We would like to partner with you but it seems the restrictions are more and more difficult for small agencies to consider.
- We have struggled to partner because we will be asked to prepare documents, such as proposals and budgets, with input from within DHHS and then the proposals get shot down. I think this happens sometimes because the folks we begin the process with move to other positions and the new folks do not have knowledge regarding all of the work that went into the partnership.
- We are all very grateful for the support that we have received from DHHS. I feel that we are all rowing in the same direction and that we are on the cusp of creating a streamlined and functioning social services system in Humboldt.