

WBCP 2015 Recommendations Revisited 2020

#	Wendi Brown Report Recommendations	Prioritization	Status of proposed recommendation	Assessment and Accountability	Additional information
1	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.	HIGH On track	Work in Progress	CWS already being assessed and held accountable: SIP, AG Stipulated judgement	<ul style="list-style-type: none"> • CA Department of Social Services is implementing Continuum of Care Reform (CCR), introduced/formalized in AB403 approved by Governor in October 2015. • CCR-required Resource Family Approval unit formed in Fall 2016 for go live January 2017. • CWS has a System Improvement Plan • CWS is being monitored for adherence to the AG Stipulated Judgement. • CWS is undergoing significant re-organization and system change that is being closely monitored internally and externally.
2	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.	Medium On Track	Work in Progress	CalWORKs monitored by State	<ul style="list-style-type: none"> • The WPR in Humboldt has improved. • CDSS monitors the WPR rate in the counties. • CalWORKs 2.0 is being implemented, in part as acknowledgement that statewide efforts were not enabling counties to meet goals.
3	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.	HIGH On track	Continued work in progress; significant progress	Not Applicable	<ul style="list-style-type: none"> • Branch Directors report to DHHS Director Connie Beck. • Mental Health Director has supervision over children's, TAY and adult mental health. • All new executive leadership. • Humboldt Practice Model (HPM) implementation: 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 & 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.
4	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.	—————→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Branch Directors report directly Director. • The DHHS director meets regularly with branch directors. • Most weeks Wednesday morning meetings provide an opportunity for branch and administrative directors and deputies to discuss topics and make decisions as a team.

WBCP 2015 Recommendations Revisited 2020

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5	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.	→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Branch Directors report to DHHS Director Connie Beck. • In Social Services, CWS and Eligibility/Benefits re-organized with different reporting structure. • Mental Health Director has supervision over children's mental health, TAY and adult mental health. • All new executive leadership.
6	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.	→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Mental Health Director has supervision over children's mental health, TAY and adult mental health.
7	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.	HIGH On track	Work in Progress	Supervising staff accountable on evaluations; Director accountable to BOS	<ul style="list-style-type: none"> • The new Strategic Plan completed in 2018. • Expectations for Directors, Deputy Directors, Managers and Supervisors document issued: "Encourage decision making at the lowest possible level" is now an expectation of supervisors that they can be held accountable to and this document is embedded in the evaluation process. • Culture change a continuous work in progress. • HPM and HPO implementation.
8	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 receive, as well as how those funds will be used.	→	Resolved	County budget process	<ul style="list-style-type: none"> • DHHS follows the county budget development and review process. • DHHS is accountable to regulation, law, BOS, ACO and CAO oversight.

WBCP 2015 Recommendations Revisited 2020

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9	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 solution.	→	Resolved	County process	<ul style="list-style-type: none"> • DHHS follows the county budget development and review process. • DHHS is accountable to regulation, law, Board of Supervisors, Auditor-Controller's Office and County Administrative Office oversight • DHHS has been a willing and collaborative partner through the recent changes in budget, accounting and payroll practices and processes • DHHS, CAO and Auditor-Controller meet regularly to share information about DHHS funding.
10	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).	Not applicable	Do not plan to implement	Not Applicable	<ul style="list-style-type: none"> • DHHS staff including director attend and participate in finance meetings regarding all areas of DHHS. • Funding source for consultant not identified.
11	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).	HIGH Work to be done	Work in Progress	County process	<ul style="list-style-type: none"> • New MH Director hired August 2017. • In process of developing a scope of work for a contract to receive specialized assistance with MH budget shortfall which will bring back recommendations for your Board to consider. • Perception of need for more services means cutting services not an obvious solution.

WBCP 2015 Recommendations Revisited 2020

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12	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	—————>	Resolved	Not Applicable	New DHHS Director hired January 2016.
13	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.	Not applicable	Do not plan to implement	Not Applicable	Developed communication and teaming structure to foster feedback loops based on HPO model of "microbusinesses".
14	Board and CAO relationship to the DHHS Director – The Board of Supervisors should continue to appointment 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.	—————>	Resolved	Not Applicable	All appointed department heads in Humboldt are by definition appointed by the BOS, therefore report to the BOS.
15	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).	—————>	Resolved	Not Applicable	Task force formed, convened, created final report to BOS.

WBCP 2015 Recommendations Revisited 2020

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16	Health Data and Strategic Planning – Develop a new the 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.	High Part on track Part work to be done	Work in Progress	Implementation of Live Well Humboldt Outward facing data dashboards replace trends by 2022	<ul style="list-style-type: none"> • DHHS Public Health, an accredited PH department, works with community partners to prepare the Community Health Assessment and the Community Health Improvement Plan. • DHHS is addressing data: PH's Office of Performance Improvement and Accreditation is helping lead department wide efforts to move to a front-facing data platform.
17	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.	—————▶	Resolved	Not Applicable	Vendor secured; has not met needs and now working to secure another vendor.

WBCP 2015 Recommendations Revisited 2020

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18	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	→	Resolved	Not Applicable	<ul style="list-style-type: none"> DHHS Public Health, an accredited PH department, works with community partners to prepare the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). At the time of the Wendi Brown Report, the 2013 CHA and 2014 CHIP had been published, and were available to the public on the website. The Wendi Brown Report's lack of mention of the CHA or CHIP made clear that DHHS and the community would benefit from increased communication around existing documents and other efforts.
19	Quality Improvement – Implement an internal continuous quality improvement approach and philosophy throughout DHHS	Medium Part on track Part work to be done	Work in Progress	DHHS-PH maintain accreditation; AG Stipulated judgement monitoring	<ul style="list-style-type: none"> In November 2016 DHHS Public Health was awarded national accreditation by the 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. Public Health goes through the accreditation cycle every 5 years and an Office of Performance Improvement and Accreditation was created to support PI and accreditation. DHHS-MH has a Quality Improvement Division. DHHS-CWS has a mandated System Improvement plan that integrates Quality Improvement.
20	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.	→	Resolved	Not Applicable	<ul style="list-style-type: none"> DHHS does not determine whether PHC-administered MH services are reimbursable. At the time of the report, the introduction of Medi-Cal coverage for mild and moderate mental health needs was new. There is a process to effectively screen clients.

WBCP 2015 Recommendations Revisited 2020

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21	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.	High On track	Work in Progress	Housing will be in the CHIP; Continuum of Care/Humboldt Housing and Homeless Coalition; HOME Division formally created	<ul style="list-style-type: none"> • MHSA coordinator holds stakeholder meetings, reaching out to numerous existing community work groups and existing stakeholder groups (18 meetings for Winter 2019). • MHSA coordinator was assigned to report to Mental Health Director. • Housing and Assistance Coordinator position created. • HOME Division formally created. • DHHS published documents for both the consumer and the community member to better explain access to MH services.
22	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	High On track	Work in Progress	Not Applicable	<ul style="list-style-type: none"> • DHHS continues monthly meetings with Education Leadership, which has resulted in multiple MOUs and a successful grant application for BRIDGES to Success to co0loctae HCOE and DHHS staff in schools for crisis services.
23	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.	→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Humboldt BRIDGES to Success. • DHHS/Education leadership meetings.
24	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.).	Low	Work in Progress	Not Applicable	<ul style="list-style-type: none"> • As opportunities to work with faith-based organizations arise, DHHS will use them. A newly formed Medical Provider/Faith Leader group may provide increased opportunities. • DHHS supports the Eureka Rescue Mission with donations of food, as the ERM has respectfully declined to contract with the county. • Faith-based organizations have been awarded CalFresh outreach agreements and ACEs minigrants. • The low prioritization refers to solely active outreach; limited resources affect optional activities such as outreach. Collaboration with faith-based organizations is welcome.

WBCP 2015 Recommendations Revisited 2020

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25	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.	HIGH Part on track Part work to be done	Work in Progress	AG Stipulated Judgement	<ul style="list-style-type: none"> • Continue to work toward development of MOUs as directed by the AG Stipulated judgement; MOU with the Hoopa Tribe in place. • Continue work with tribal consultant that is required per the AG Stipulated Judgement. • Continue semi-annual Three-day Tribal Cultural Training. • Continue use of cultural coaches in CWS. • Continue to support structural change.
26	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.	HIGH Part on track Part work to be done	Work in Progress	AG Stipulated Judgement	<ul style="list-style-type: none"> • See above.
27	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.	—————→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Significant restructuring of executive leadership structure already occurred (branch directors report directly to director/no assistant director of programs, CWS and Eligibility split, CMH back under MH Director oversight). • Further changes depend on the CPS Class & Comp study.
28	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.	—————→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Leadership team worked with a consultant to draft the core tenets of an updated strategic plan; engagement of staff with strategic plan is currently in process.

WBCP 2015 Recommendations Revisited 2020

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29	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.	→	not in DHHS scope	Not Applicable	<ul style="list-style-type: none"> • The Board of Supervisors had these conversations in 2016 and 2017. • Environmental Health assigned a staff person to work half time out of the Planning Department to improve communication and service delivery. • EH would be one of the permitting-agencies to co-locate at a “one stop shop”
30	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.	→	Resolved	Not Applicable	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.
31	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.	Medium On Track	Work in Progress	MOU between County and DHHS for single chain of support for IT	The County commissioned a report from CPS HR Consulting that was published in 2018: “ IT, HR, Payroll and Accounts Payable Operations Review: Evaluation of Centralized Services.” As a result of that report, an MOU is in development between the CAO’s office/County IT and DHHS to develop a single chain of support for IT.

WBCP 2015 Recommendations Revisited 2020

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32	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.	—————→	Resolved	Not Applicable	<ul style="list-style-type: none"> • Time Study Buddy implemented. • DHHS participating in ExecuTime rollout .
33	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.	—————→	Resolved	Not Applicable	Human Resources significantly changed the hiring process in Nov. 2017.
34	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.	—————→	Resolved	Not Applicable	<ul style="list-style-type: none"> • 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 and Humboldt county implemented the changes.

WBCP 2015 Recommendations Revisited 2020

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35	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.	—————→	Resolved	Not Applicable	<ul style="list-style-type: none"> • The Board of Supervisors, County Administrative Office and DHHS Director discussed and reviewed the current structure.
36	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.	—————→	not in DHHS scope	Not Applicable	As a county department, DHHS utilizes ONESolution.
37	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.	HIGH On track Very broad recommendation	Work in Progress	Too broad for effective monitoring	<ul style="list-style-type: none"> • HPM Implementation continues. • Per DHHS Strategic Plan: "Use the department's Operating principles to guide decision-making." • Expectations for the branch directors, deputy directors, program managers and supervisors developed in 2017 are now attached to every evaluation of staff who supervise. The expectations focus on supporting staff as well as fiscal and program expectations.
38	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	—————→	Do NOT plan to implement	Not Applicable	<ul style="list-style-type: none"> • Workforce Development Staff Services Analyst III hired. • Full onboarding process rolled out. • The peer-led Introduction to DHHS introduced January 2018 has been very successful. • DHHS Had been participating in county-wide leadership training (provided staff as trainers); series not held 2019. • Employee Engagement and Retention workgroup developed a mentoring pilot that will be going into its second round with wider participation.

WBCP 2015 Recommendations Revisited 2020

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39	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.	Medium On track Very broad recommendation	Work in Progress	Too broad for effective monitoring; Center at McKinleyville opening will be a significant milestone	<ul style="list-style-type: none"> • The DHHS director and branch directors have worked both on relationship-building and on regular communication about services and programs including integration. The cooperation and collaboration being modeled by executive leadership sets the tone and expectations for managers and line staff. • Full ongoing integration is a work in progress. Differences in oversight and funding at the State and Federal level, multiple physical locations, the slowness of culture change in large organizations ensure incremental and ongoing progress is the goal. • The Center at McKinleyville will house private non-profit staff as well as employees from all three DHHS branches (Public Health, Mental Health, Social Services) and will be a model for delivery of fully integrated services. • The Introduction to DHHS peer-led orientation for new staff ensures all staff learn about all elements of the agency.
40	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.	—————→	Do NOT plan to implement	Not Applicable	APHSA tool not pursued.
41	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.	—————→	Do NOT plan to implement	Not Applicable	Partnership HealthPlan of CA (PHC), county-operated health system/managed care for Medi-Cal, administers mild-to-moderate behavioral health benefits for the Medi-Cal population.
42	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	Medium On track	Work in Progress	Continued SIM participation; Continued CCP participation; MRT increased hours/increased # of released 5150s	<ul style="list-style-type: none"> • Director Beck is a member of the Community Corrections Partnership executive leadership. • Director Beck is co-chair of the Sequential Intercept Mapping group which looks at gaps in the behavioral health system and/or criminal justice system that lead to the over-incarceration of persons experiencing mental illness. • Mobile Response Team, MIST and SOS efforts continue. • CIT training continues. • Director Beck and Chief Brenneman meet on a regular basis to discuss topics that intersect both of their departments.

WBCP 2015 Recommendations Revisited 2020

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43	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.	HIGH On track	Work in Progress	The Center opening; Fortuna site	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 might be very different).
44	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.	HIGH On track	Work in Progress	The Center opening	The Center at McKinleyville will house private non-profit staff as well as employees from all three DHHS branches (Public Health, Mental Health, Social Services) and will be a model for delivery of fully integrated services. Significant DHHS resources have been expended on project development and preparation.
45	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.	Medium Slow; delay not within DHHS purview	Work in Progress	Drug Medi-Cal Organized Delivery System implementation: DHCS compliance required	<ul style="list-style-type: none"> DHHS has joined with seven other small, rural northern California counties to opt-in the Drug Medi-Cal Organized Delivery System as a region with Partnership HealthPlan. Implementation date has been delayed multiple times due to factors beyond county control.
46	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.	Not applicable	Resolved (Not in DHHS scope to implement however active participant in current efforts)	North Coast Leadership Team participation	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.
47	Decentralized Services – DHHS' centralized administrative structure accompanied by the geographically decentralized service delivery model discussed above could easily be adapted to serve multiple counties.	Not applicable	not in DHHS scope	Not applicable	

WBCP 2015 Recommendations Revisited 2020

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48	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.	Not applicable	not in DHHS scope	n/a	