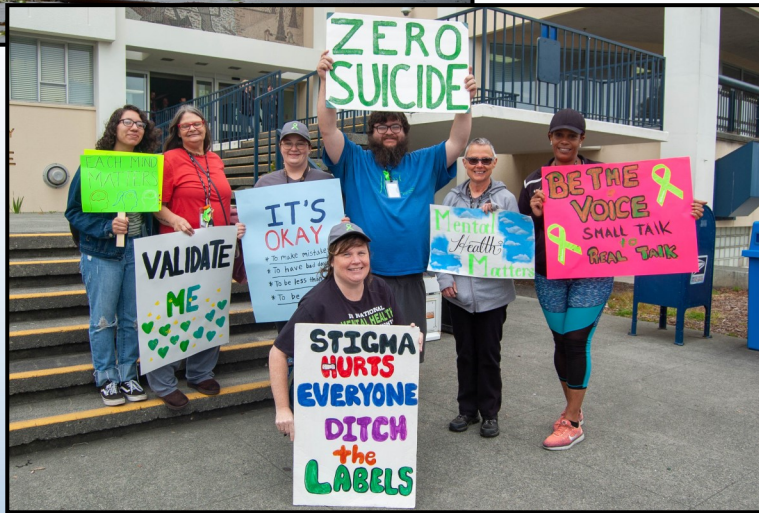




Humboldt County
Department of
Health & Human
Services

HUMBOLDT COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2022-2027



Produced by the
Humboldt County Department
of Health & Human Services
Public Health Branch



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Acknowledgements

The 2022-2027 Humboldt County Community Health Improvement Plan (CHIP) reflects contributions from many partners across the community. The contents of this plan are meant to serve as a guide for community health improvement work in Humboldt County. The Live Well Humboldt (LWH) backbone team would like to thank the partners listed below who have taken part in developing this CHIP—we look forward to continuing our collaborative work.

- Big Brothers Big Sisters of the North Coast
- Cal Poly Humboldt
- California Center for Rural Policy
- Changing Tides Family Services
- City of Eureka – UPLIFT program
- City of Trinidad
- Cooperation Humboldt
- Humboldt County Department of Health & Human Services—
 - Public Health staff
 - Child Welfare Services
 - Behavioral Health Branch
 - Social Services Branch
 - Racial & Cultural Equity Manager
 - Administrative staff
- First 5 Humboldt
- Housing and Urban Development - Veterans Affairs Supportive Housing
- Humboldt Area Center for Harm Reduction (HACHR)
- Humboldt County Association of Governments (Regional Transportation Planning Agency)
- Humboldt County Office of Education
- Humboldt County Planning & Building Department
- Humboldt County Probation
- Humboldt County Superior Court – Juvenile Court
- Humboldt Independent Practice Association
- McKinleyville Family Resource Center
- NorCal 4 Health
- Northcoast Children’s Services
- North Coast Health Improvement and Information Exchange
- Open Door Community Health Centers
- Providence St. Joseph Health
- Redwood Conecta
- Striving for Zero Technical Assistance Team
- United Indian Health Services
- Veterans Affairs
- Yurok Tribal Court

Thank you to the people of the following coalitions, initiatives and projects who participated in the first round of key informant interviews to help build an understanding of the current state of collaborative work happening across the county to address our CHIP priority areas (Behavioral Health, Housing and Homelessness, and Health Beginnings and Adverse Childhood Experiences (ACEs):

- 0-8 Mental Health Collaborative
- Affordable Homeless Housing Alternatives
- Alliance for Infant Mental Health
- Allies for Substance Use Prevention
- Equity Arcata
- First 5 ACEs Resilience Project
- Humboldt Community Health Trust
- Humboldt Harm Reduction Coalition
- Humboldt Housing & Homeless Coalition
- Humboldt RISE Project
- Network of Family Resource Centers
- Niwho:n Warriors for Change
- Rx Safe Humboldt
- Suicide Prevention Network
- Westside Community Improvement Association
- Yurok Tribal Wellness Coalition

Message to Community

February 7, 2023

It is with gratitude and excitement that we share the 2022-2027 Humboldt County Community Health Improvement Plan (CHIP). Humboldt County Public Health is honored to provide backbone support to this collaborative process known as Live Well Humboldt. Live Well Humboldt is a communitywide initiative guided by the partnership, expertise and passion of individuals and organizations from multiple sectors across our county working to increase equitable opportunities for health and well-being in our community. Thank you to all who have participated in and provided support for the collaborative process so far. If you are new to Live Well Humboldt, we encourage you to join in as we start the next phase of the CHIP and continue to take action as a community.



This plan was informed by the most recent Community Health Assessment (CHA) and builds on the partnerships and progress made since the 2014 CHIP. The priorities were selected based on CHA data, several community engagement activities and input from the diverse organizations involved in Live Well Humboldt and the CHIP. It is important to recognize that the work of partners across many sectors is necessary to make an impact on the complex issues shaping health and well-being in our community.

The priority areas for the 2022-2027 CHIP are:

- Behavioral Health (suicide and substance use)
- Housing Instability and Homelessness
- Healthy Beginnings and Adverse Childhood Experiences (ACEs)

These priority areas are large, complex issues in Humboldt County and understandably rose to the top through data review and community input.

The choice of these priority areas is also affirmed by the multiple organizations and collaborations already working to improve outcomes in these areas. We hope that the CHIP process will help coordinate the activities happening in each priority area and identify shared measurable health outcomes that community partners will use to track progress toward equity and improved health for all in Humboldt County. The CHIP also highlights the connections between these priority areas and reinforces working across sectors to address upstream inequities that impact multiple downstream health outcomes.

As a community, we recognize that the conditions in which people are born, live, learn, work, play and age directly impact their health and well-being, and that no single organization or sector can improve the health of the community alone. This CHIP provides the framework for continued community action through partnerships to improve the health of all Humboldt County residents, particularly those most impacted by inequities.

The emergence of COVID-19 in 2020 impacted the work we set out to do with this CHIP. The work we accomplished together in the last nearly three years, despite the pandemic, gives us a strong starting place for the 2022-2027 CHIP and speaks to the commitment and resilience that exists throughout Humboldt County. Despite the barriers of working across virtual platforms, over 28 organizations participated in Live Well Humboldt meetings to brainstorm data, goals and strategies to make an impact on the three priority areas. This is remarkable, especially considering that the COVID-19 pandemic response is ongoing for many community partners.

The pandemic also underscores Public Health's commitment to health and racial equity. We push to address, alongside our community partners, discriminatory policies and practices that result in significant and unfair health outcomes for some communities. We are committed to this effort, improving the way we provide backbone support, ensure transparency and share power.

We are deeply appreciative of the efforts of the Live Well Humboldt partners and many other community members who have supported the CHIP work so far. It is an honor to partner with so many passionate and creative organizations and individuals. We look forward to the continued collaboration ahead. Thank you for your commitment to our community's health—your partnership makes change possible.

Thank you,



Sofia Pereira
Public Health Director
Humboldt County Department of Health & Human Services

Executive Summary

The Humboldt County Community Health Improvement Plan (CHIP) is a communitywide action plan that outlines how multiple partners, working together, are collectively addressing priority health issues over the next five years to reduce health disparities, promote health equity and improve overall population health in our county. While the creation of a CHIP was launched and guided by Humboldt County Public Health, the plan is a product of the collaborative efforts of Live Well Humboldt (LWH). LWH is a collective impact initiative guided by the partnership, expertise and passion of individuals and organizations from multiple sectors across Humboldt County working to improve health and well-being in our community.

LWH and the CHIP are grounded in the core value of health equity and focus on: identifying upstream approaches to address the root causes of health outcomes; increasing access to data and information; and supporting transparent community health planning processes.

The process of developing the CHIP included:

- Selecting priority areas for communitywide health improvement work
- Gathering input from local coalitions, organizations and individuals about current goals and strategies connected to each priority area
- Defining population outcome measures for monitoring progress
- Applying an equity lens to all aspects of the work.

The development of this plan was informed by population health data from the 2018 Humboldt County Community Health Assessment (CHA), several community engagement activities and input from the over 28 partner organizations involved in LWH. Over the last year, community partners participated in the process by taking part in working sessions to brainstorm data, goals and strategies to make an impact in the CHIP priority areas.

The priority areas for the 2022-2027 CHIP are:

- Behavioral Health
 - Suicide
 - Substance Use
- Housing Instability and Homelessness
- Healthy Beginnings and Adverse Childhood Experiences (ACEs)

This CHIP lays out a baseline understanding of shared goals, strategies and population health measures for Humboldt County when it comes to these priority areas. Several strategic initiatives are identified for each priority area, but this is not an exclusive list of all the work happening to improve health in these or other areas throughout Humboldt County. This is a living document, meaning that as work on these strategic initiatives continues, the plan will evolve to adapt and respond to the community's needs.

The next steps include:

- Building a robust LWH leadership team that is representative of our diverse community partners and members
- Developing specific objectives, measures, and action plans for each priority area that LWH partners will focus on together to make a collective impact for our community

- Creating opportunities for community partners to review progress on and make updates to CHIP strategies, activities and health data
- Outreaching to partners who offer essential perspectives for advancing health equity and improving collaboration
- Building a public-facing dashboard to increase accessibility of the CHA, CHIP and other community health improvement resources.

As a community-owned plan, the ultimate success of this CHIP depends on the active support and commitment of those individuals and organizations that play a direct or indirect role in affecting lasting impacts on health outcomes across Humboldt County. LWH welcomes new partnerships and ideas from all sectors. Whether you're an interested community member, or represent a business, community-based organization, school or government agency, your involvement is needed to make lasting improvements in health outcomes for all.

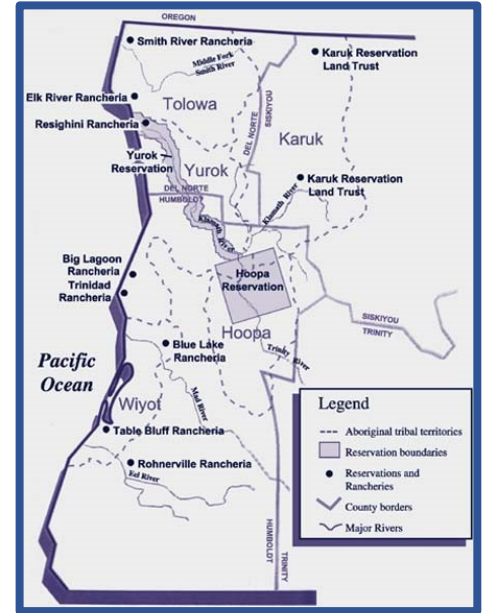


Photo Credit: Bob Doran

Humboldt County Background

Located in northwest California, Humboldt County is the southern gateway to the Pacific Northwest. The rural county is approximately 300 miles north of San Francisco, bordered on the north by Del Norte County, on the east by Siskiyou and Trinity counties, on the south by Mendocino County and on the west by the Pacific Ocean with 110 miles of coastline. Humboldt County is the 14th largest county in California by total area and encompasses 2.3 million acres, 80% of which is forestland, protected redwoods and recreation areas. There are seven incorporated cities in Humboldt County: Arcata, Blue Lake, Eureka (county seat), Ferndale, Fortuna, Rio Dell and Trinidad.

According to the Indian Health Service, there are eight federally recognized Tribes in Humboldt County including the Wiyot, Hoopa, Yurok, Karuk, Big Lagoon Rancheria, Trinidad Rancheria, Blue Lake Rancheria and Rohnerville Rancheria. According to the First Nation Medical Board, the Hoopa Valley Tribal Reservation is the largest reservation in California. In addition, there are tribes that have not been federally recognized across the state. Some of the people who belong to or are affiliated with these tribes reside and/or seek services within Humboldt.



Source: BIA edition 2000, California Indian Trust Land, William Bright, 1957. The Karuk Language. UCPL 13. From the Northern California Indian Development Council, ncidc.org.

HUMBOLDT COUNTY DEMOGRAPHIC PROFILE

Sources: U.S. Census Bureau American Community Survey 2020 and County Health Rankings and Roadmaps

Demographic	Humboldt County	California
Population, 2020	136,101	39,345,023
Population, percent change, 2010 to 2020	1.40%	6.10%
Persons under 5 years old, percent, 2020	5.20%	6.10%
Persons under 18 years old, percent, 2020	19.10%	22.80%
Persons 65 years old and over, percent, 2020	17.80%	14.30%
Female persons, percent, 2020	50.60%	50.70%
American Indian and Alaskan Native (includes persons reporting only one race)	4.50%	0.80%
Black or African American persons, percent, 2020 (includes persons reporting only one race)	1.10%	5.70%
Native Hawaiian and Other Pacific Islander persons, percent, 2020 (includes persons reporting only one race)	0.40%	0.40%
White persons, percent, 2020 (includes persons reporting only one race)	78.70%	56.10%
Persons reporting two or more races, percent, 2020	7.90%	7.90%
Persons of Hispanic or Latino origin, percent 2020 (Hispanics/Latinos may be of any race, so also are included in applicable race categories)	11.90%	39.10%
Foreign born persons, percent, 2020	5.40%	26.60%
Language other than English spoken at home, percent age 5+, 2020	11.80%	43.90%
Veterans, percent, 2020	7.70%	5.00%
Land area, 2020 (square miles)	3,568	155,858
Person per square mile, 2020	38.2	253.7
Population living in a rural area, 2010 ("rural" is defined as groups of census tracts with a population under 2,500)	29.80%	5.0%

According to the U.S. Census Bureau’s American Community Survey, between 2010 and 2020, the population of Humboldt County increased by 1.4%, this was slower than the rate of growth for California overall (6.1%). As of 2020 estimates, 136,101 individuals are living in 54,120 households across Humboldt County.

Hispanic or Latino/Latinx of any race are the second largest group of residents (11.9%) followed by American Indian and Alaskan Natives (4.5%). Approximately 5% of community members were born outside the U.S. and almost 12% speak a language other than English at home. Following English (88.2%) and Spanish (7.7%), the top two languages spoken at home are Asian and Pacific Islander languages (2.3%) and other Indo-European languages (1.2%).

The median age in Humboldt County (38.9 years) is slightly older than California overall (36.7 years). More than two-thirds of the community is comprised of adults ages 18 and older (80.9%), and children under 18 years represent about one-fifth (19.1%) of the population.

Military veterans are important members of the Humboldt County community and make up 7.7% of the overall population, compared to 5% in California overall.



Photo credit: Bob Doran

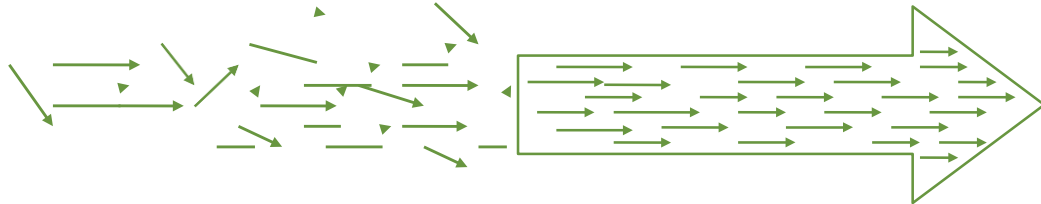
What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a communitywide action plan for reducing health disparities, promoting health equity and improving overall population health. In 2018, DHHS published a Community Health Assessment (CHA), which summarizes information from a variety of data sources to create a snapshot of health in Humboldt County. Based on priorities identified in the CHA, the CHIP lays out long-term strategic efforts to address health-related issues in the community. CHIPs look beyond individual organizations' priorities and actions and outline the ways multiple organizations and community members working together will address the community's top priorities to improve overall health and well-being.

The purpose of the CHIP is to ensure coordinated and measurable health improvement in these priority areas throughout the county, with community partners working together toward shared goals by making the best use of resources and aligning initiatives and programs. The first Humboldt County CHIP was developed in 2014 and had six priority areas. To see the progress made in those areas, please go to the Public Health web page for the [2017 CHIP Annual Report](#).

What is Collective Impact?

Improving community health is not something that any one agency or organization can do alone. It involves collaborative planning and collective action to generate solutions to complex community problems. Collective impact is a framework that brings people together in a structured way to achieve population and systems level change, according to the Aspen Institute/FSG Forum for Community Solutions.



Collective impact initiatives are guided by the five conditions below. LWH strives to be a collective impact initiative and will continue to use this framework, together with considerations of health equity, to guide next steps and CHIP implementation.

The Five Conditions of Collective Impact

Common Agenda	All partners have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all partners ensures efforts remain aligned and partners hold each other accountable.
Mutually Reinforcing Activities	Integrating the partners' many different activities to create a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate partner organizations and agencies.

Social Determinants of Health & Health Equity

Improving the lives of all Humboldt County residents requires addressing many factors that impact the health and well-being of all communities. A population's health is largely influenced by the social and environmental conditions in the places where people are born, live, work, learn, play and age. Social determinants of health (SDOH) affect a wide range of health outcomes, like risk behavior, disease, injury and death.

Health outcome data has demonstrated that factors such as education, economic stability, built environment, racism and discrimination continue to have significant impacts on individual and community health. The presence of SDOH reinforces the importance of working collaboratively with multisector partners to address complex issues.

Healthy People 2030, a program of the U.S. Department of Health and Human Services, organizes SDOH around five key domains:

- (1) Economic Stability: employment, job opportunities, income and poverty
- (2) Education Access and Quality: educational attainment, language and literacy skills
- (3) Health Care Access and Quality: preventative health care visits, screening and intervention services
- (4) Neighborhood and Built Environment: safe housing, transportation, toxic pollutants, safe drinking water, tobacco use, access to nutritious foods and physical activity opportunities
- (5) Social and Community Context: racism, discrimination, isolation, food security, connectedness, abuse and violence.

These drivers of health are often overlapping and interrelated and are the major drivers of health inequities—preventable differences in the distribution of disease and death that are systematic, patterned, unjust and associated with imbalances in power and systems of oppression. The section below describes these SDOH in more detail and provides some examples impacting the Humboldt County community.

Economic Stability—Poverty

Poverty contributes to housing stability issues and can make it more difficult to access and afford physical and behavioral health care. Children living in poverty may experience lasting effects on academic achievement, health, and income into adulthood. People from some racial and ethnic minority groups, and other historically marginalized groups, also face greater challenges in getting higher paying jobs with good benefits because of less access to high-quality education, geographic location, language differences, discrimination and transportation barriers. People with limited job options often have lower incomes, experience barriers to wealth accumulation and carry greater debt. According to the U.S. Census Bureau:

- In 2020, 19.7% of people in Humboldt County were living below the federal poverty line.
- In 2020, 1 in 5 young people, ages 18 and under, in Humboldt County were living in poverty.

Social Determinants of Health



Education Access and Quality—Education

The positive relationship between education and improved health outcomes is well established, with a high school degree connecting strongly with longer life expectancies and improved quality of life. Research shows that adults with high school degrees are more likely to have jobs and earn more, on average, than their less-educated counterparts. A policy paper published by the U.S.

Department of Education established that diversity in schools, including racial diversity among teachers, can provide significant benefits to students. A report published by Education Week revealed that, “when taught by teachers of color, students of color have better academic performance, improved graduation rates, and are more likely to attend college.”

- According to the U.S. Census Bureau, in 2020, 91% of adults over age 25 in Humboldt County had a high school diploma or higher.
- According to Kidsdata.org, 4.5% of students in Humboldt County come from households where English is not the primary language spoken at home.
- According to the Humboldt County Office of Education’s (HCOE’s) enrollment data from 2018-2019, in Humboldt County, white educators make up roughly 79% of the total, while white students make up about 57% of the total enrollment.



In 2020, the ACLU of Northern California issued a report, “Failing Grade: The Status of Native American Education in Humboldt County,” highlighting historical and current inequities experienced by Native American students in the educational system. Specific data illustrate disparities in academic outcomes, disproportionate rates of exclusionary discipline and a lack of access to school-based mental health professionals. The report states: “These data reflect a system that poorly equips Native American students with the skills and tools they need to succeed in primary or secondary education, as well as in college and the workforce. This has lasting ripple effects, including overrepresentation in the criminal justice system, disparities in life-long health outcomes, and limited access to economic opportunities.”

Health Care Access and Quality—Access to Care

Access to affordable, quality health care is important to physical, social and mental health. Health insurance helps individuals and families with financial coverage for health care but does not ensure access on its own. It’s also necessary to have providers who are available to treat patients and practice in accessible locations. People with disabilities and people from some racial and ethnic minority groups, rural areas, and people with lower incomes are more likely to face multiple barriers to accessing health care. For example, structural barriers related to socioeconomic status, such as lack of insurance, transportation, childcare or ability to take time off work, can make it hard to go to the doctor. Cultural differences between patients and providers as well as language barriers affect patient-provider interactions and health care quality.

- According to the U.S. Census Bureau in 2020, roughly 92% of people in Humboldt County had health insurance.
- According to County Health Rankings and Roadmaps, in 2019, the ratio of population to primary care physicians in Humboldt County was 1,590:1. The ratio overall for California was 1,240:1.

While “Let’s Get Healthy California” has not currently set a target for the primary care physicians ratio, they define a primary care shortage area as having a population greater than 2,000 per provider. According to their report, 36% of residents in Humboldt County do not have sufficient access to health care.

Neighborhood and Built Environment—Housing

Factors related to housing have the potential to help or harm our health in major ways. The Robert Wood Johnson Foundation has reported that physical conditions within homes affect a family’s overall ability to make healthy choices— issues such as indoor air quality and exposure to lead paint, and conditions in the neighborhood’s surrounding homes like access to grocery stores, tobacco or alcohol retailers and exposure to violence and housing affordability. Poor housing quality and stability and experiencing homelessness are considered adverse community and childhood experiences, respectively. Housing instability and homelessness are CHIP priority areas. Find more information on local data and strategies in the Housing Instability and Homelessness section of this report, page 40.

- According to the U.S. Census Bureau, in 2020, 62% of renters and 40% of homeowners in Humboldt County were housing “cost-burdened” – meaning they paid 30% or more of their gross household income on housing.
- In 2022, an estimated 1,656 community members were experiencing homelessness during the Humboldt County Point-in-Time (PIT) Count.

Social and Community Context—Food Security

Food insecurity can create stress that impacts physical and mental health. Access to healthy and affordable food is associated with positive health outcomes. There is strong evidence that access to supermarkets and the ability to afford healthy foods connects to a lower rate of obesity, diabetes or diet-related deaths. According to the California Department of Public Health (CDPH), in 2018, 17% of the overall population and 22% percent of children experienced food insecurity in Humboldt County.

Social and Community Context—Discrimination

Healthy People 2030 states that “discrimination is a socially structured action that is unfair or unjustified and harms individuals and groups.” Discrimination can take place at both a structural level (e.g., policy that creates residential segregation, disparities in incarceration) and an individual level (e.g., health care provider to patient, salesperson to customer). Discrimination serves to protect power and privilege of certain groups at the disadvantage of others. Research from the Centers for Disease Control and Prevention (CDC) Health Equity program shows that stressful experiences related to discrimination can have a negative impact on health and well-being. This can be seen in differential access to the goods, services and opportunities of society by race, ability, sexual identity, etc. These inequities are compounded among those who identify with one or more of these groups, such as women of color or a disabled queer person. Limiting access to housing, education, food, clean air or employment are some ways discrimination can impact our health and quality of life.

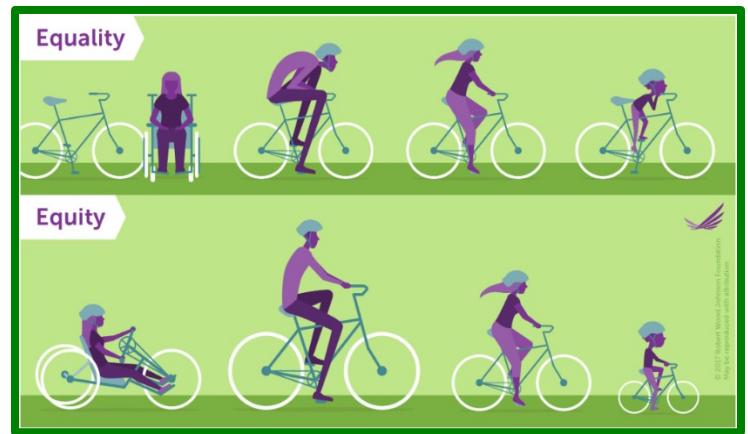
- According to the California Department of Justice, between 2001 and 2019, 45 hate crimes were reported in Humboldt County; and of those crimes, 30 were reported as “violent crimes” including aggravated assault, simple assault, intimidation, and robbery.
- According to the California Healthy Kids Survey, between 2017 and 2019, 57% of transgender students in the 9th grade in Humboldt County public schools reported that they were bullied or harassed on school property in the past 12 months.

Health Equity

Focusing on Social Determinants of Health (SDOH) and health equity is vital to addressing the root causes of the CHIP priority areas and related disparities that are experienced in Humboldt County. Health inequities are the preventable differences in the distribution of disease and death that are systematic, patterned, unjust, and associated with imbalances in power and systems of oppression. The Bay Area Regional Health Inequities Initiative (BARHII) Public Health Framework for Reducing Health Inequities demonstrates the impact that upstream social inequities like racism and institutional structures have on our living conditions, and ultimately on downstream health behaviors and outcomes. To learn more about the BARHII model, visit <https://www.barhii.org/barhii-framework>.

The CDC and the National Academy of Sciences agree that the fundamental root causes that create differences in SDOH include historic and ongoing inequitable structures, policies, and norms that result in the unequal distribution of money, power, and resources across lines of race, gender, class, sexuality, gender expression, ability, and other dimensions of individual and group identity.

Health equity is achieved when all people have “the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance,” according to the CDC. Furthermore, the Robert Wood Johnson Foundation has stated, “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”



As noted in the 2018 CHA, Humboldt County experiences a higher death rate overall when compared to California, and Humboldt rates for nearly all of the leading causes of death are 2 to 3 times that of the state. This disparity is similar in many other poor, rural communities like ours across the nation. Contributors include a complex mix of inequitable factors unique to remote, rural areas that ultimately impact the social determinants of health described above.

Also discussed in the 2018 CHA are the pronounced disparities in health outcomes experienced by Native Americans: “Native Americans in Humboldt County will die an average of 12 years sooner than Caucasians, and their rates of infant mortality, motor vehicle fatalities, cardiovascular disease, liver disease, drug-related deaths and diabetes-related deaths are far higher than the total Humboldt County rates.” The cause of these disparate health outcomes for indigenous communities is understood to be rooted in the historical experience of colonialization, intergenerational trauma and ongoing inequities due to the persistence of structural racism in policies and practices throughout society and systems. It is also acknowledged that tribal people are diverse and have demonstrated powerful resiliency and unique community assets that promote health and wellness. This context is tied to all of the priority areas of focus in this CHIP. Input from tribal members and diverse community partners is essential to focus on honest and accurate descriptions of the inequities, together with an understanding of community assets to help steer us toward effective policies and solutions for health improvement.

The World Health Organization asserts that advancing health equity requires action across systems, including public health, tribal governments, education, transportation, housing, criminal justice systems, health care, and beyond to

address the inequities in health outcomes and to collectively change policy to improve the SDOH. The SDOH can influence health equity in positive and negative ways, create unfair and avoidable differences in health status, and have a greater impact than health care or lifestyle choices in influencing health outcomes. According to the World Health Organization, addressing SDOH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society.

In Humboldt County, many collaborative community efforts have engaged individuals, groups and organizations to advance equity. Local organizations have worked in strategic cross-sector partnerships to build infrastructure, provide education, engage community members, and address the root causes of systemic inequity. Some programs and organizations working in our community include: the Equity Alliance of the North Coast, Humboldt Area Foundation, The Center at McKinleyville, Equity Arcata, McKinleyville Alliance for Racial Equity (MARE), Humboldt County Office of Education Equity and Inclusion Learning Support Services, Cal Poly Humboldt Office of Diversity, Equity, and Inclusion, Humboldt County Diversity, Equity and Inclusion, and DHHS Racial Equity Teams. Many community-based organizations focus on culturally responsive and linguistically appropriate services and programs targeting marginalized and vulnerable populations.

The LWH partners took an equity approach to identifying the data and context (historical and current) that should be used in the CHIP to describe the problems and related strategies and solutions addressing suicide, substance use, healthy beginnings and ACEs, and housing instability and homelessness. The group discussed how to disaggregate or break down the data to identify inequities and promote health equity-informed action. It is encouraging that some sectors have begun to commit resources focusing on equity and establishing dedicated units and/or positions with that focus. LWH will seek to continue and improve outreach to partners who offer essential perspectives for advancing health equity and to improve collaboration.

COVID-19 Impacts

The COVID-19 pandemic has dramatically impacted life across Humboldt County, the U.S. and globally. As the pandemic progressed, longstanding systemic inequities in health care were exposed and brought SDOH, like social and racial injustice, to the forefront of public health. The CDC acknowledges that pandemic conditions demonstrated how health affects every aspect of our community and that all people do not have access to the same lifesaving interventions and protective factors. This led to glaring inequities in COVID-19 health outcomes between population groups.

For example, where and how people live impacted their level of risk for COVID-19. Increased risk was seen in communities with inadequate or overcrowded housing. This, combined with employment as an essential worker and living in a neighborhood with a higher poverty rate, led to higher rates of COVID-19 infection. With higher infection rates, some community members were unable to work, resulting in loss of income. The economic impacts of the pandemic then resulted in evictions, which lead to continued housing insecurity and higher risk of infection. Additionally, how people access and understand information influenced their risk level. Risk of infection increased for those with little or no access to information, including language barriers or lower levels of education. Also, remote schooling during the COVID-19 pandemic disproportionately impacted educational outcomes for children whose families could not be home with them to guide their learning. In many instances, this was due to their role as an essential worker providing income to maintain secure housing and food for the family.

During the pandemic, increased access to public health data has helped communities understand information about spread of the disease and resulting hospitalizations and deaths. Humboldt County Office of Emergency Services and Public Health provided regular data updates through the media and a community-facing COVID-19 data dashboard.

Review of this data showed that rates of COVID-19 have varied across community groups by factors, such as age, race, ethnicity and place. Communities of color in California experienced a disproportionate number of COVID-19 cases and related impacts. Data in Figures 1 through 4 below describe similar patterns in Humboldt County.

Figure 1. Humboldt County Deaths and Hospitalizations – COVID-19

This chart reflects changes in the total count of COVID-19 hospitalizations and deaths during the period between Jan. 4, 2020, and Aug. 7, 2022, indicating the peak period for each during the summer of 2021 in Humboldt County.

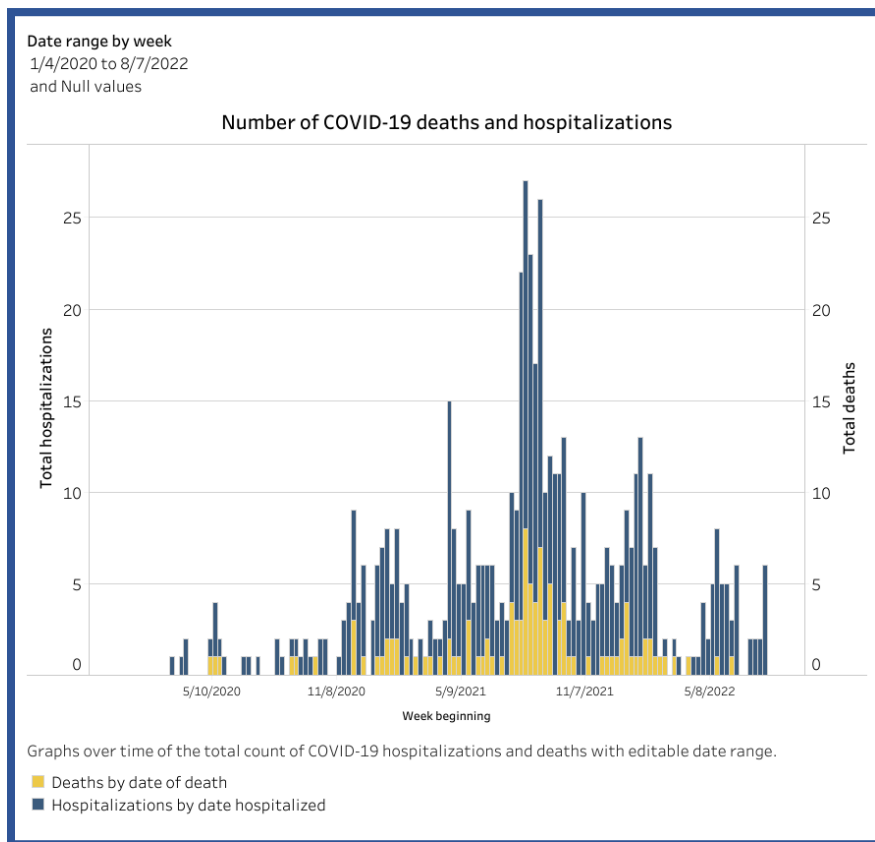


Figure 2. Humboldt County Hospitalizations by Race – COVID-19

In reviewing the effects of COVID-19 on different racial and ethnic groups, it is important to see not only the number of hospitalizations by race and ethnicity, but also the rate of hospitalizations per 100,000. By calculating the rate per 100,000 people, we can see the impact of hospitalization is much higher for those in communities of color.

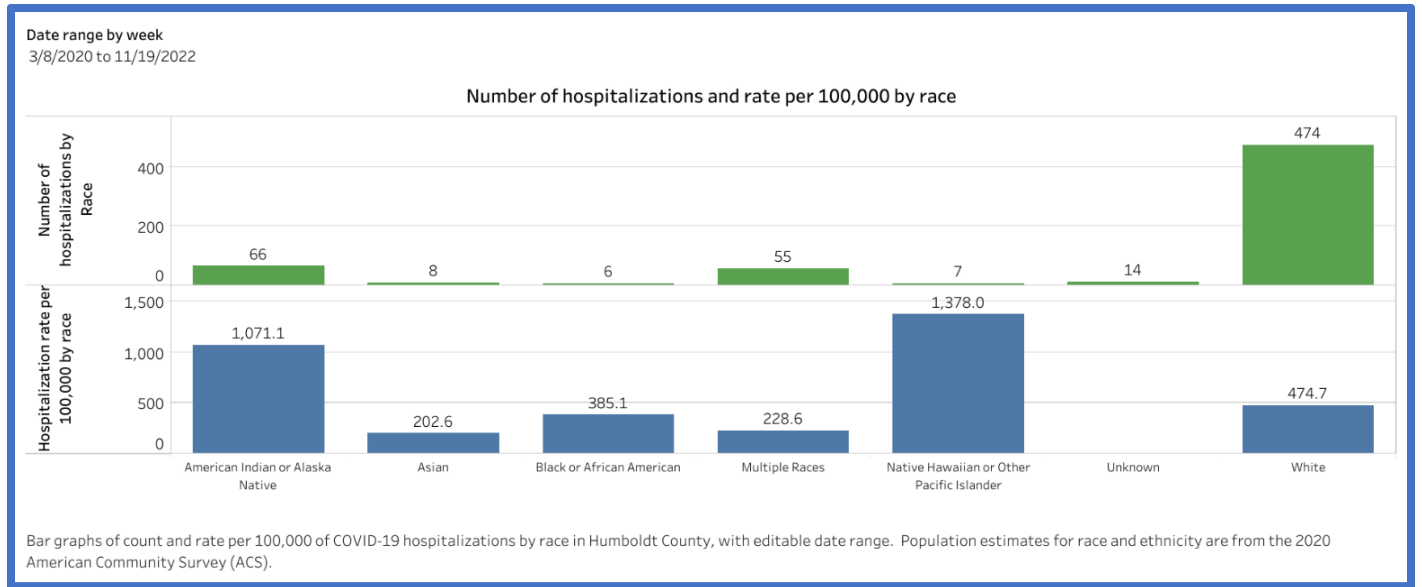


Figure 3. Humboldt County Deaths by Race – COVID-19

The chart below reflects the number of deaths and mortality rate per 100,000, identified by race for the period between May 17, 2020, and Aug. 6, 2022.

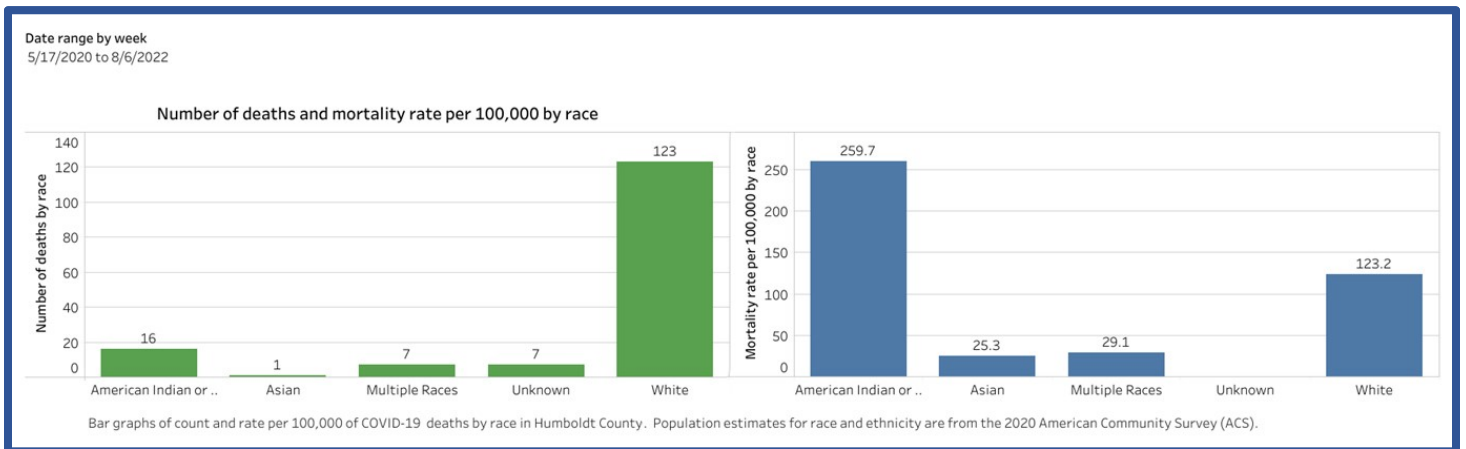
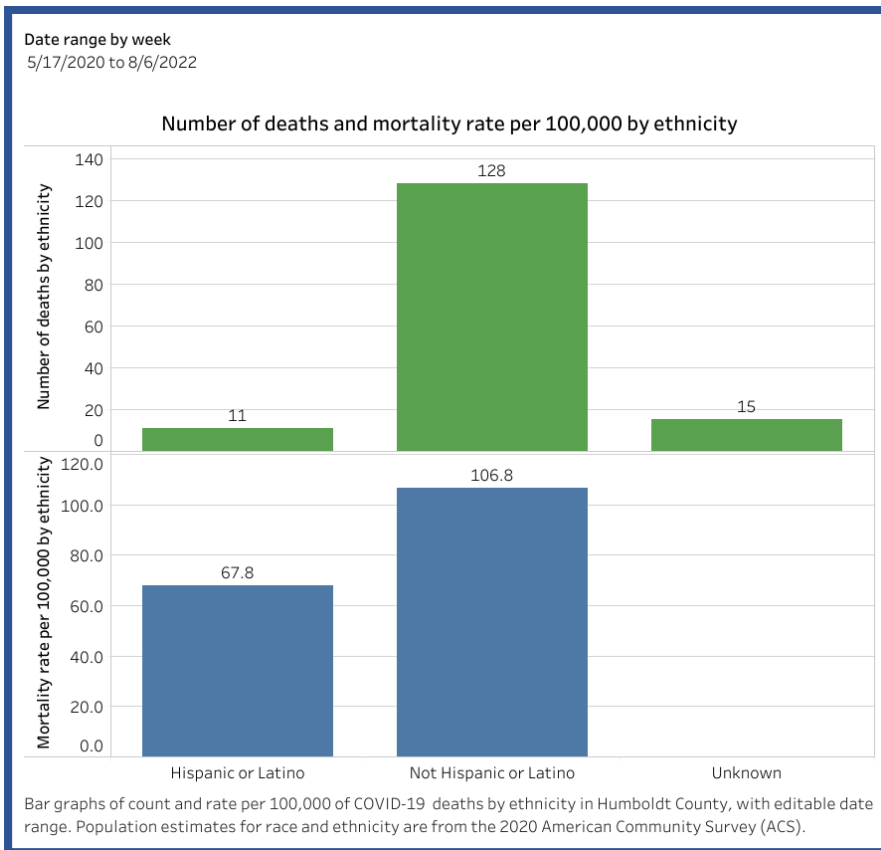


Figure 4. Humboldt County – COVID-19 Deaths by Ethnicity

This graph reflects the number of deaths and mortality rate per 100,000, identified by ethnicity for the period between May 17, 2020, and Aug. 6, 2022.



According to the CDC, people living with chronic health conditions (e.g., heart disease, asthma, diabetes and obesity), some types of disabilities, mental health conditions and substance use disorders are also at greater risk of poor outcomes from COVID-19. These disparities have further highlighted systemic issues that contribute to unfair and unjust differences in health outcomes and barriers to achieving health equity.

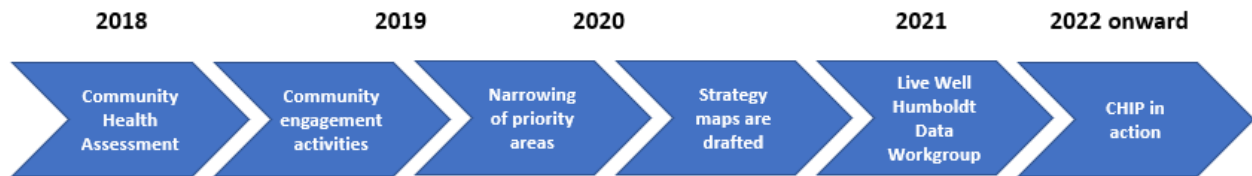
Throughout the pandemic, Public Health has prioritized collaborations with strategic community partners across multiple sectors to increase access to vaccinations, testing and information. To improve vaccination rates across all vulnerable residents of Humboldt County, data review has guided equitable resource allocation, focused target population priorities and determined effective outreach strategies.

The impacts of COVID-19 are likely to affect community health and well-being beyond what is shown by current publicly available data. Efforts to address the priority areas of Behavioral Health, Housing Instability and Homelessness and Healthy Beginnings and ACEs will continue to be impacted by COVID-19, and such efforts will provide co-benefits to our community's capacity to recover. While the response to the pandemic is ongoing, LWH will continue to focus on upstream work related to these health issues to improve health equity and overall community resilience. The CHIP is intended to reflect the community's needs, and it is possible that goals and strategies will be adjusted as more data about the impacts of the pandemic become available.

Approach

The first CHIP was developed in 2014 and had six priority areas. To learn more about the 2014 CHIP and the progress made in those areas, visit the [Humboldt County Public Health Data page](#).

The 2022-2027 CHIP process has undergone several stages of planning and information-gathering to develop a thoughtful plan that is intended to be responsive to the needs of our community. The steps in the timeline below are explored in further detail in this section.



Community Health Assessment: Humboldt County’s most recent CHA was published in 2018 and was the result of collaborative efforts by a team of community partners called the Community Strategies Team (CST). The CST met monthly for one year with a focus on data, how to use it to tell a compelling story about health in our community and how to inspire the community to take collective action. The team included representation from: California Center for Rural Policy, Changing Tides Family Services, Equinoss Consulting, First 5 Humboldt, Humboldt Area Foundation, Humboldt County Department of Health & Human Services, North Country Clinics Network, Open Door Community Health Centers, Providence St. Joseph Health, Redwood Community Action Agency and United Indian Health Services. The partners brought their own primary and secondary data to contribute to the overall picture of health in Humboldt County.

The CST used the Bay Area Regional Health Inequities Initiative (BARHII) framework to identify what data was needed for the CHA to describe the upstream factors, or root causes, that impact downstream health outcomes like risk behaviors, disease, injury and death in our community. To learn more about the BARHII, see the Social Determinants of Health section or visit <https://www.barhii.org/barhii-framework>.

Once the 2018 CHA was complete, it was made readily available to the community by sending it out to community partners and posting it on the Humboldt County Public Health web page. To view the 2018 CHA and additional data reports, please visit the [Humboldt County Public Health Data page](#).

Community Engagement and Narrowing Priority Areas: The CHIP priority areas emerged through multiple approaches.

The 2019 Humboldt County Budget Roadshow process engaged more than 300 people through in-person workshops and nearly 1,000 people via online voting opportunities. The top three priorities identified by the community were: 1) Housing, 2) ACEs and 3) Behavioral Health. Similar priority areas were identified through other quantitative and qualitative data collection in the county.

Providence St. Joseph Hospital and Redwood Memorial Hospital produced an updated Community Health Needs Assessment (CHNA) in 2020. Providence St. Joseph Health conducts a CHNA process every three years to support the hospital system to make informed and thoughtful decisions about how best to serve and provide resources to the community. Through analysis of public health data, community listening sessions and stakeholder interviews, the 2020 CHNA prioritized the following areas: 1) Mental health and substance use services, 2) Homelessness / Lack of safe, affordable housing, 3) Racism and discrimination and 4) Access to health care.

Providence St. Joseph and Redwood Memorial hospitals developed a three-year CHIP to respond to these priority areas in collaboration with community partners. To view Providence St. Joseph and Redwood Memorial's CHNA and CHIP, please visit: <https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/community-support>. The importance of these priority areas continued to be evidenced by the robust work already in action across the county.

For example, in 2019, First 5 Humboldt partnered with California Sen. Mike McGuire and Dr. Nadine Burke-Harris (California's former Surgeon General) to host a town hall meeting focused on improving children's lives on the North Coast. This meeting provided an opportunity for the community to talk about progress being made toward reversing the trend of Humboldt County's high rate of ACEs, like child abuse, neglect and trauma.

Based on the data collected via the Humboldt County CHA and Providence St. Joseph Health's CHNA, in connection with the community input provided through the County's Budget Roadshow and ACEs town hall event, the Public Health Branch identified the following priority areas for the 2022 CHIP:

- Behavioral Health
 - Suicide
 - Substance Use
- Housing Instability and Homelessness
- Healthy Beginnings and ACEs.

There are multiple organizations and collaborations already working to improve outcomes in these areas. The CHIP process will help coordinate the activities in each priority area and identify relevant measurable health outcomes that community partners will use to track progress toward equity and improved health for all in Humboldt County. It's also important for the CHIP to connect the dots between these priority areas. For example, if children experience trauma, they are more likely to grow into adults who experience substance use issues, which could lead to difficulty maintaining economic health and stable housing. The connection between these priority areas reinforces our need to work across sectors to take action and focus on upstream inequities that impact multiple downstream health outcomes.

Strategy Map Development: The CHIP strategy maps were created to help support alignment between the existing work happening across the county in each priority area. Starting in late 2019, stakeholders from LWH and the North Coast Health Improvement and Information Network (NCHIIN) partnered to conduct a series of key informant interviews to understand local collective impact initiatives, coalitions and shared projects in the areas of behavioral health, ACEs and housing and homelessness. Nineteen interviews were conducted in the first round of discovery work. High-level themes were identified and were used to develop draft strategy maps for each priority area. These maps were taken to coalitions and community groups for continued conversation, feedback and edits. Thank you to all community partners that provided input.

The strategy maps in this CHIP are a snapshot of the good work happening in Humboldt County and do not represent the full spectrum of efforts and partners working to improve local population health. They are intended to highlight some of the amazing work that already exists, support alignment and awareness of this work, build capacity for identifying and implementing new strategies and track collective progress toward our goals. The strategy maps are subject to change as we continue to engage stakeholders in this work and learn more about the impact that COVID-19 has had on our community. To view the strategy maps, please see the priority area sections of this CHIP.

Live Well Humboldt: LWH was established by the CST in 2018 with the goal of creating an enduring partnership that would align community efforts that impact health across Humboldt County, identify common targets for improvement, inform the public about issues related to the health of the community and mobilize public support for policy, systems and environmental changes that support improved community health and wellness. A small core team of community partners worked together to identify the best way to launch LWH as a community-wide initiative. LWH progress was

slowed in part due to the COVID-19 pandemic and the need for Humboldt County Public Health and community partners to focus on emergency response.

In 2021, the LWH Data Workgroup was launched. The purpose of the workgroup is to:

- Make local **health data more accessible** (easy to obtain and understand) for our community so that we can track progress toward achieving our collective goals
- Ensure that **health equity** is a focus in prioritizing data and in telling the stories behind the numbers so that every person in our community has the opportunity to attain their full potential for health and well-being
- Strengthen **alignment** of work across and within sectors.

Following the kick-off meeting in October 2021, LWH partners met over the course of nine months in two-hour working sessions for each priority area. The goals of these working sessions were to identify the data and shared strategies to include in the CHIP. The group applied an equity lens to this work by discussing how best to disaggregate or break down the data to highlight inequities and what context was needed to tell the stories behind the numbers and elevate the voice of those most impacted by these health outcomes. The Data Workgroup discussed limitations to some of the data sources, which are shared in more detail in the following section of this document. LWH recognizes the ways that data has been used, in the past and present, to mislead, misrepresent and harm communities that already experience inequity and discrimination. The Data Workgroup understands that data represent real people and that doing good data means centering the voices of those most impacted while focusing on communities' strengths as part of the overall context.

Implementation Plan/Next Steps: This CHIP lays out a baseline understanding of shared goals, strategies and measures for Humboldt County when it comes to behavioral health, housing instability and homelessness, and healthy beginnings and ACEs. The next steps include:

- **Build Live Well Humboldt leadership structure.** Build a robust leadership team and workgroups that are representative of our diverse community partners and members.
- **Identify Collective Impact objectives, measures and targets.** Identify what specific strategies, action steps and progress measures LWH partners would like to focus on together to make a collective impact for our community.
- **Provide CHIP progress updates.** Provide opportunities for community engagement in and dialogue about CHIP work, including reviewing progress on and making updates to CHIP strategies, action plans and data to measure impact.
- **Improve collaboration.** Build relationships with partners who bring essential perspectives for advancing health equity and improving collaboration.
- **Develop and launch a data dashboard.** Build a public-facing dashboard to increase accessibility of the CHA, CHIP and other community health improvement resources.

The more community members and partner organizations that engage with these health improvement efforts, the more successful we will be. To ensure that this plan works for all communities within Humboldt County, Live Well Humboldt will continue gathering community feedback and recruiting new partners throughout the life of this CHIP. If you are interested in being part of LWH and/or CHIP implementation, please reach out to our CHIP Core Team at Livewellhumboldt@co.humboldt.ca.us. This plan and our collective action are the catalyst for changing SDOH and improving health for all in Humboldt County.

Data Limitations

There are limitations to using current data to support suicide prevention efforts at the state and local levels. The Data Workgroup identified systemic challenges to accessing some of the information that we want and need to build equitable solutions.

Misclassification and Underreporting

Some LWH partners spoke of situations in which race data on death certificates is determined by the person recording the data (e.g., coroners and funeral directors) and is based on their interpretation of the decedent's appearance or by next of kin. This can result in American Indian/Alaskan Native (AI/AN) people sometimes being misclassified as white or in ways that do not reflect how the decedent would have self-identified. Additionally, the category of "Two or more races" is often used in data collection when someone is multiracial, which can make it challenging to understand exactly how a person identifies, or a decedent would have identified. When racial misclassification happens, the data may not accurately reflect the number of health events in specific groups and can lead to underestimates of population-based rates.

Small Numbers/Sample Size

Humboldt County, like other rural communities, faces the challenge of looking at health data because of our small population. Smaller numbers or sample sizes can make it challenging to detect trends and patterns within specific groups and increases the possibility of identifying individuals. One way to address the issue of small numbers is to pool data from multiple years and combine demographic groups, like creating a category called "All other races/ethnicities." Some LWH partners raised interest for more tribe-specific data. The "AI/AN" category does not tell the story of health outcomes for individual tribes, which can make it more challenging to plan prevention efforts that are tailored to the unique culture, geographies and resources of specific tribes.

There is more work to do to address data equity. LWH will continue to support community conversations about equity and data and looks forward to partnering with other groups that are invested in and leading this work.

"There's a need to understand this data in the context of colonization and that this categorization can make people 'disappear' and misrepresent these deaths."

– Live Well Humboldt Partner

"Native people are not well represented in the available datasets, so [it's] hard to trust results."

– Live Well Humboldt Partner

"Hard to find meaningful data specific to sub-populations."

– Live Well Humboldt Partner

Priority Area: Behavioral Health - Suicide

Why is this important?

Suicide has been and remains a serious public health concern for Humboldt County. Every life lost to suicide has immediate and long-term impacts on individuals, families and entire communities. Suicide is one of the leading causes of death in the U.S., particularly among young people. During the period 2017-2021, suicide was the third leading cause of death in Humboldt County for people ages 15-44, according to Humboldt County Vital Records. The rate of death by suicide in Humboldt County (19.6 per 100,000 people) is consistently higher than the statewide mortality rate (10 per 100,000 people) and the Healthy People 2030 national target rate goal (12.8 per 100,000 people). While suicide is a significant public health issue in our county, there is hope. The evidence for effective suicide prevention practices is growing daily and this CHIP represents the local action being taken to support all community members and to save lives.

Suicide is a complex public health challenge involving many biological, psychological, social and cultural factors. According to the U.S. Surgeon General, factors which affect suicide risk occur across individual, relationship, community and societal levels. Risk factors are associated with a higher chance of suicidal thoughts, attempts or deaths. Protective factors provide protection against suicide. Some examples of risk and protective factors specific to suicide, include:

Figure 5. Definitions of some suicidal behaviors referenced in this document

Suicide is death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Self-directed violence is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Behavior can be non-suicidal or suicidal.

Suicide attempt is a non-fatal, self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal ideation is having the desire to die or thinking about engaging in behaviors to die.

Source: Striving for Zero – California’s Strategic Plan for Suicide Prevention 2020-2025.

Risk Factors		Protective Factors	
<ul style="list-style-type: none"> Adverse childhood experiences Historical trauma Cultural loss Un/under treated mental health issues Un/under treated substance use problems Physical health problems Relationship/family problems 	<ul style="list-style-type: none"> Geographic and social isolation Financial/job/school issues Criminal or legal problem Housing issues Loss of a friend or loved one to suicide Grief/loss Prior suicide attempts Easy access to lethal means Discrimination/Racism 	<ul style="list-style-type: none"> Sense of purpose and hope Sense of belonging High self-esteem and sense of worth Social connectedness and support Connectedness to land and culture Opportunities to contribute Problem-solving skills 	<ul style="list-style-type: none"> Access to appropriate and affirmative health, mental health, and substance use disorder care Religious affiliation or spiritual community membership Healing practices

Source: Mental Health Services Oversight & Accountability Commission. *Striving for Zero: California’s Strategic Plan for Suicide Prevention 2020-2025*; U.S. Surgeon General and the National Action Alliance for Suicide Prevention. “The Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention.” (2021); Johns Hopkins Center for American Indian Health. “Culture Forward: A Strengths and Culture Based Tool to Protect our Native Youth from Suicide.”

Factors associated with the COVID-19 pandemic such as social isolation, economic decline, family stressors, new or worsening mental health symptoms, increased substance use and disruptions to work and school have raised concerns about suicide risk in communities across the nation, including Humboldt County. In December 2021, the U.S. Surgeon General issued an advisory on the urgent need to address the youth mental health crisis that was intensified by the pandemic. A survey conducted about substance use in Humboldt County by Humboldt Allies for Substance Abuse Prevention (ASAP) in 2021 showed that over half (57%) of youth respondents ages 12-25 reported that their mental health feels worse than before COVID-19. This is concerning as mental health issues are an established risk factor for all our CHIP priority areas—suicide, substance use, ACEs and housing insecurity. Additionally, some youth survey respondents reported an increased use of substances like cannabis, alcohol, vaping (any substance), tobacco and

prescription drugs during the COVID-19 pandemic. When asked what would be most helpful for them right now, general mental health information (52%) and suicide prevention information (21%) were the top two requests from youth.

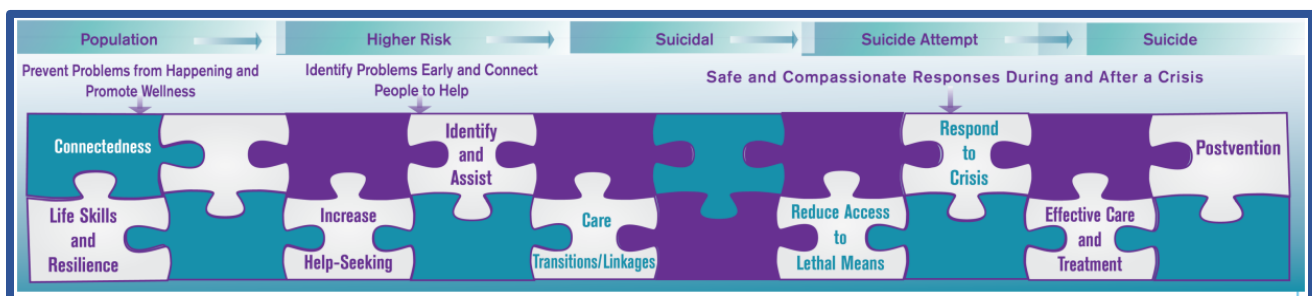
While all people can experience suicide risk, certain groups experience unequally high rates of suicidal behaviors and death. It's important to note that despite this increased risk, most people in the groups described below will not die by suicide or engage in suicidal behavior.

According to California's Strategic Plan for Suicide, some populations with higher-than-average risk include:

- Veterans
- Older and middle-aged adults
- American Indian/Alaska Natives
- People who live in rural areas
- Workers in certain industries and occupations
- People who identify at lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+)
- People in correctional settings.

For many of these groups, inequities are produced by historic and current-day policies, laws, practices and procedures that systematically impact the factors, including community conditions and discrimination, that undermine well-being, impede access to care, and can increase risk, as reported by the Prevention Institute. Additionally, those who identify with more than one of these categories may face combined health impacts. Nationally and locally, many communities that experience higher risk are taking action to address suicide in ways that are relevant to their cultures and acknowledge the resilience and power of the people most impacted.

The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach is comprehensive, including a range of strategies at the population, community and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes. The Suicidal Crisis Path model below helps conceptualize a public health approach within the context of an individual's suicidal experience. It is a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway.



Additional resources regarding suicide prevention can be found on the Suicide Prevention Resource Center website at: <https://www.sprc.org/>.

Although suicide is a complex behavior that can be influenced by many different factors, research has shown that many suicides can often be prevented. Given the multiple factors associated with suicide, multiple opportunities for prevention and intervention exist. Many of these opportunities require addressing the other CHIP priority areas, as they are connected through shared risk and protective factors. California's strategic plan for suicide prevention, "Striving for Zero" calls for an approach that "seeks to increase the health of the community in order to reduce the risk experienced



by each person and, likewise, to increase the health of each person to reduce risk in the community.” This will include looking upstream at the inequities, systems and SDOH that impact communities’ abilities to live long and live well. The following sections outline some of the local data related to suicide and the incredible work being done in Humboldt County to reduce the rate of suicide across the community.

Goals and Measurements

This section of the CHIP describes a select number of goals and strategies for this priority area as well as some of the key population health indicators that will be used to track our collective progress toward reducing suicide in our community. In cases where comparable data is not available, that cell has been left blank.

The data shared below are some of the population health indicators that illustrate the reason that suicide was chosen as a focus area for the CHIP. Not only does Humboldt County experience higher rates of death by suicide than California and the U.S., but significant disparities also exist between subpopulations within the county. The LWH Data Workgroup met to determine the data to be tracked throughout the course of the CHIP cycle (2022-2027). We will use these indicators as a community to measure our collective progress and to guide our suicide prevention strategies—all toward reaching the ultimate goal of zero suicides in Humboldt County.

Key Health Indicators—Behavioral Health—Suicide Prevention

Population Health Outcomes					
Health Indicator	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Suicide rate (2021); Humboldt County Vital Statistics	19.6 per 100,000 population	17.6 per 100,000 population	10.0 per 100,000 population (2020); CDC	14.0 per 100,000 population (2020); CDC	Gender <ul style="list-style-type: none"> Female: 24% Male: 76% Veterans <ul style="list-style-type: none"> 67.3 per 100,000 pop. Race/Ethnicity <ul style="list-style-type: none"> AI/AN: 28.2 per 100,000 pop. White: 29.3 per 100,000 pop. All other races: 12.0 per 100,000 pop. (This category includes Black or African American, Hispanic, Multi-Race—one or more races—and Pacific Islander persons.)
Rate Years Potential Life Lost (YPLL) due to suicide (2005-21); Humboldt County Vital Statistics (YPLL is a measure of premature death and emphasizes deaths of younger persons.)	575 years of life lost before age 75	517.5 years of life lost before age 75	N/A	N/A	Race / Ethnicity <ul style="list-style-type: none"> AI/AN: 904.8 years of life lost before age 75 White: 616.8 years of life lost before age 75

Population Health Outcomes

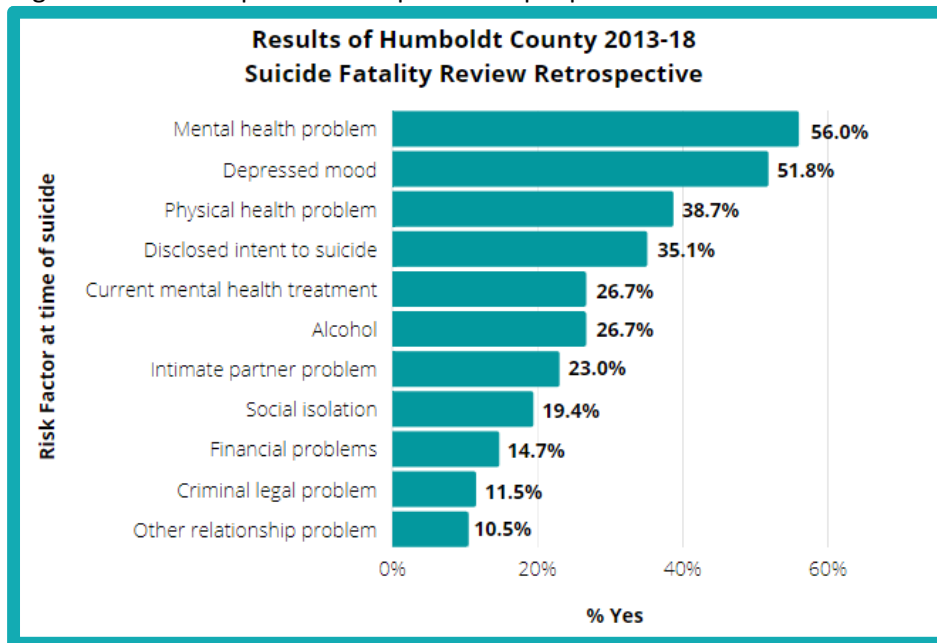
Health Indicator	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Rate of Emergency Department visits due to non-fatal self-inflicted injury (2016-20); CDPH EpiCenter	163.5 per 100,000 population	130.0 per 100,000 population	81.9 per 100,000 population	182.7 per 100,000 population	<p>Gender</p> <ul style="list-style-type: none"> Female: 183.3 per 100,000 pop. Male: 83.8 per 100,000 pop. <p>Age</p> <ul style="list-style-type: none"> 18 and Under: 174.8 per 100,000 pop. 19-24: 241.6 per 100,000 pop. 25-44: 188.1 per 100,000 pop.
Percent of 11th graders reporting chronic sadness / hopelessness in the last 12 months (2017-19); CA Healthy Kids Survey	39%	35%	35%	N/A	<p>School Type</p> <ul style="list-style-type: none"> Non-Traditional: 47% (Community Day, Continuation, Court, and County Office of Education Schools) <p>Gender</p> <ul style="list-style-type: none"> Female: 46% Male: 31% <p>Race/Ethnicity</p> <ul style="list-style-type: none"> AI/AN: 57% Asian: 27% Latinx: 33% White: 39% Mixed (two or more races): 40% <p>Sexual Orientation</p> <ul style="list-style-type: none"> Lesbian, Gay, Bisexual: 70% Heterosexual: 32% Not sure: 46%
Percent of 11th graders reporting seriously considering ending their life by suicide in the last 12 months (2017-19); CA Healthy Kids Survey	20%	18%	18%	N/A	<p>School Type</p> <ul style="list-style-type: none"> Non-Traditional: 25% <p>Gender</p> <ul style="list-style-type: none"> Female: 22% Male: 17% <p>Parent/Guardian in Military</p> <ul style="list-style-type: none"> Yes: 30% No: 19% <p>Race/Ethnicity</p> <ul style="list-style-type: none"> AI/AN: 35% Asian: 13% Latinx: 14% White: 19% Mixed (two or more races): 28% <p>Sexual Orientation</p> <ul style="list-style-type: none"> Lesbian, Gay, Bisexual: 50% Heterosexual: 13% Not sure: 22%

Population Health Outcomes					
Health Indicator	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Percent of adults reporting 14 or more days of poor mental health per month (2018-2019); CDC Places Data	15%	13%	13%		Zip Code <ul style="list-style-type: none"> • 95546 (Hoopa & Weitchpec): 22.2% • 95521 (Arcata): 18.3% • 95551: (Fortuna & Loleta): 17.1%
Percentage of adults who ever seriously thought about ending their life by suicide (2019-2020); CA Health Interview Survey	22.3%	20%	20%		Gender <ul style="list-style-type: none"> • Female: 30.4% • Male: 15.9%

Risk Factor Analysis for Suicide in Humboldt County

In December 2018, Humboldt County Public Health, in cooperation with the Humboldt Coroner’s Office, reviewed nearly 200 suicide coroner reports from 2013-2018, using the Suicide Consolidated Risk Assessment Profile form (a data collection tool to determine risk factors for suicide). Some of the most prevalent documented risk factors are listed from highest to lowest frequency in Figure 6. These data are instrumental in understanding the baseline suicide risk factor profile in Humboldt County and have been used by the Humboldt County Suicide Fatality Review (SFR) Team that began in 2019.

Figure 6. Factors reported to be present in people’s lives at the time of suicide

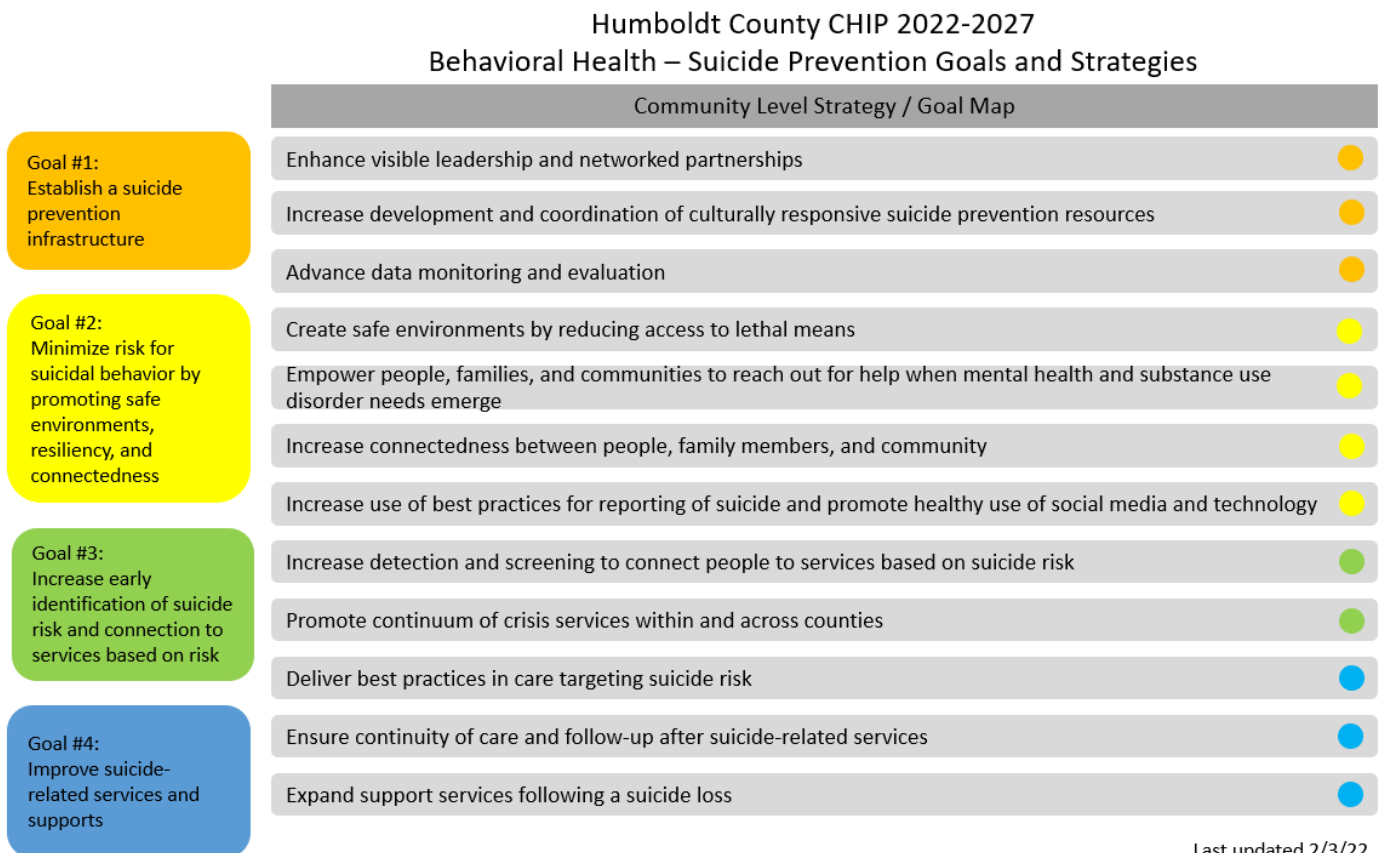


Strategy Map—Behavioral Health—Suicide

The strategy map below aligns with “Striving for Zero: California’s Strategic Plan for Suicide Prevention (2020-2025).” To learn more about “Striving for Zero,” please visit:

https://sprc.org/sites/default/files/CA%20Suicide%20Prevention%20Plan_2020_2025.pdf.

This map in no way represents the full spectrum of efforts and partners working to improve population health in Humboldt County. Rather, listed strategies serve as a highlight of areas where collective impact work is happening across the county among local community-based organizations, private and public sectors and community residents.



Collective Impact—Behavioral Health—Suicide

Below are some examples of how organizations in Humboldt County are working together to prevent suicide. The efforts listed below are not exhaustive and are intended to serve as examples of how our community is putting some of the above-mentioned goals and strategies into action. Appendix D outlines some of the LWH partners that identified as engaging in these suicide prevention strategies.

Goal 1: Establish a suicide prevention infrastructure ●

- The Humboldt County Suicide Prevention Network (SPN) and the Yurok Tribe Wellness Coalition’s Suicide Prevention Task Force are two examples of networked partnerships that are providing community leadership for suicide prevention in Humboldt County.

- The Humboldt County SFR Team’s mission is to prevent future suicides in Humboldt County through identifying gaps in the existing system of suicide care and improving services for people at risk of suicide in Humboldt County. This multidisciplinary group reviews local data, identifies risk and protective factors for suicide that are unique to Humboldt County and makes recommendations for local policy and practice changes to help reduce suicide risk and promote safety.
- Several local agencies are focused on developing and using culturally responsive suicide prevention resources that resonate with targeted groups that may be at elevated risk. Some examples include social media posts and care packages aimed to reach and support Native youth, campaigns to provide suicide prevention education for firearms owners and resources that raise awareness about suicide prevention and mental health resources for veterans and their families.

Goal 2: Minimize risk for suicidal behavior by promoting safe environments, resiliency and connectedness ●

- Collaboration with firearm retailers presents a remarkable opportunity to reduce access to lethal means. This includes reducing access to those in households who are not the owner of the firearm, such as children, and reducing immediate access for firearm owners who are in crisis. Humboldt County’s Gun Shop Project is aimed at leveraging the trust and expertise of firearms retailers, safety instructors and range owners to act as distributors of “Keep It Safe Program” lockboxes and health education messaging. Firearm retail staff have also been educated on suicide prevention strategies and how to recognize risk for suicide.
- Local organizations share crisis line information through websites, social media, trainings, public service announcements and other prevention resources. Some agencies or programs run their own warm lines offering tailored local support for community members. Many programs also incorporate resources for support with substance use and mental health into service delivery for individuals and families.
- The North Coast Resource Hub is an online resource guide for Humboldt County that provides up-to-date information on local resources for a variety of health-related topics, including but not limited to, crisis, addiction and mental health services. The Hub also allows for the option to narrow a search based on categories like race, ethnicity, gender identity, age and veteran status—as well as by location and insurance type.
- Many organizations across the county have found creative ways to increase connectedness during the COVID-19 pandemic. Some examples include outdoor and virtual cultural and community activities, supplying materials and instructions for at-home activities for families and empowerment groups for youth offered both on campus and in virtual spaces.

Goal #3: Increase early identification of suicide risk and connection to services based on risk ●

- Several agencies provide suicide prevention training across the community. Some trainings are tailored to meet the needs of specific populations (e.g., clinicians, crisis service providers, youth, parents, etc.). Our community collaborates to ensure that trainings are made available across sectors, including health care, education, faith-based groups, government entities and beyond.
- Many efforts are made across the community to provide a continuum of crisis services. A couple of examples include mobile response teams that can provide support for youth and adults, school-based mental health intervention and support for students who are in crisis or at risk of crisis and a multi-disciplinary team run by and serving a local tribe.

Goal #4: Improve suicide-related services and supports ●

- Many local health and behavioral health care agencies have embedded evidence-based suicide prevention screening and assessment tools in their workflow and in their Electronic Health Records. Examples include the Patient Health Questionnaire-9, SAFE-T and the Columbia-Suicide Severity Rating Scale (C-SSRS).
- The SPN has prioritized discussion around safety planning with lethal means reduction in the community through trainings and education, as well as encouraging evidence-based practices such as “Brief Intervention Safety Planning” in clinical settings. Many local agencies from health care to law enforcement, and veteran-serving organizations to firearms retailers, have partnered with the “Keep It Safe” campaign’s lockbox distribution program to offer lockboxes and cable gun locks to complement safety planning interventions.
- A local tribal health and behavioral health care agency has trained the majority of their clinical staff in the evidence-based training “Counseling on Access to Lethal Means” (CALM) in an effort to better prepare them in having discussions with their patients about minimizing easy access to potentially lethal means in time of elevated suicide risk. This agency, and others, have also taken steps to implement strategies in the [Recommended Standard of Care for People with Suicide Risk](#) such as offering “Caring Contacts,” a practice proven to reduce isolation, which is a risk factor and possible precipitant of suicide.
- The Yurok Tribe Suicide Prevention Task Force and the SPN are currently focusing efforts on expanding support services following a suicide loss. The Yurok Tribe recently developed and launched a grief support training called “Natives Supporting Natives.” This innovative work brings an indigenous lens to the process of training grief support people and the type of support to be offered to survivors of suicide loss who are also Native.
- North Coast Care Connect is Humboldt County’s Community Information Exchange (CIE). A CIE is a network of cross-sector partners that are committed to coordinating care to improve access to care and health outcomes for the clients they serve. This coordination takes place through a secured technical platform which allows for activity like closed-loop referral, case management tools, shared assessments and communication among multi-agency care teams. Supported by NCHIIN and community partners, North Coast Care Connect went live in 2022 and is working to build its network of participating providers. The CIE is an intervention for continuity of care and coordination of resources intended to address multiple areas of clients’ health and well-being. The CIE is not a specific intervention for suicide prevention.

Priority Area: Behavioral Health - Substance Use

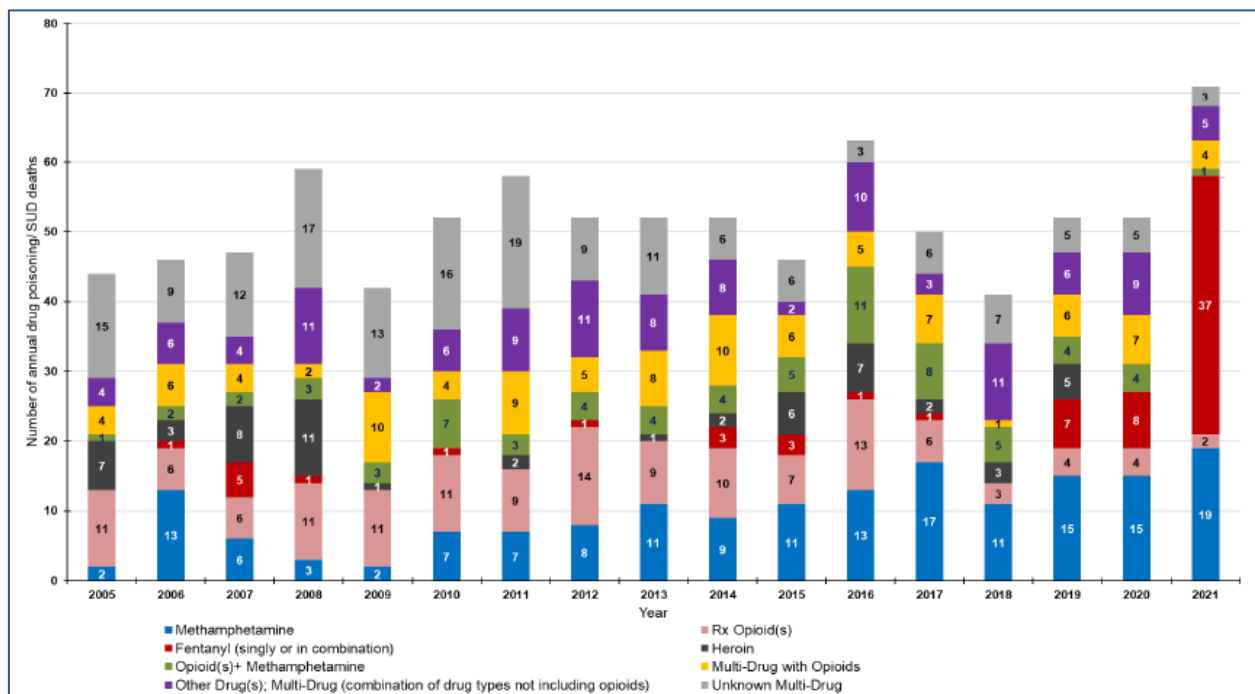
Why is this important?

Drug poisoning or overdose, and substance use disorder (SUD) deaths resulting from short- or long-term substance use have been and remain significant public health concerns for Humboldt County. Drug overdose deaths are also a national and state-level public health emergency and priority. In California, drug overdose death was the leading cause of years of potential life lost (premature death) in 2020. According to the CDPH, the rate of deaths from drug overdoses in California increased by more than 158% in the last decade—faster than any other cause of death in the state.

Humboldt County's rate of drug overdose deaths remains higher than state and national rates. In 2021, the rate of unintentional drug overdose deaths increased in Humboldt County by 67% from the previous year. This included a 363% increase in drug overdose deaths involving fentanyl, a potent synthetic opioid that is increasingly being mixed—sometimes unknowingly—with other drugs like cocaine and methamphetamine. The DHHS-Public Health epidemiology program determined that between 2020-2021, fentanyl-related drug-overdose deaths accounted for 64% of all drug-overdose deaths in Humboldt County. This resulted in the highest mortality rate recorded during the reporting period.

Drug overdose and SUD deaths from non-opioids, either singly or in combination, are also a significant public health concern in Humboldt County, with a continued increase in overdose and SUD deaths involving methamphetamine.

Figure 7. Humboldt County Drug Poisoning and Substance Use Disorder Deaths by Drug Type/Category, 2005-2021



While people of any age, sex or economic status can develop a SUD, certain groups experience unequally high rates of substance use and drug overdose death. In Humboldt County, between 2005-2021, the average drug overdose mortality rate for American Indian/Alaska Natives (AI/AN) (64.7 per 100,000 population) was approximately twice the rate of White, non-Hispanics (36.0 per 100,000 population). Efforts to prevent the tragic loss of life represented in the data about overdose in Humboldt County relies on understanding the complex risk and protective factors that surround this problem.

It can be helpful to view substance use along a continuum that can range from no use at all to excessive use. Excessive use may lead to a substance use disorder, which the Substance Abuse and Mental Health Services Administration (SAMHSA) describes as occurring “when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.” An individual’s substance use may change throughout their life, for a variety of reasons.

Figure 8. Continuum of Substance Use



Modified from source: Centre for Addiction and Mental Health. Understanding Substance Use Problems and Addiction. Available at: <https://moodle8.camhx.ca/moodle/mod/book/view.php?id=113&chapterid=213>

Many factors can add to a person’s risk of SUD. Factors that increase and decrease risk occur across individual, relationship, community and societal levels. Risk factors can increase a person’s chances for SUD, while protective factors can reduce the risk. Community conditions and social norms regarding alcohol and other drugs influence patterns of behavior. Prevention strategies take this into account, evaluating factors such as opioid prescribing practices, the density of alcohol sales outlets and adherence to laws limiting underage access to tobacco. According to SAMHSA’s [Strategic Prevention Framework Guide](#), “Prevention planners are pressed to put in place solutions to urgent substance misuse problems facing their communities. But research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts.”

Furthermore, health inequities add to the risk of substance use, SUD and overdose deaths, especially among groups that have been marginalized. The CDC states that “groups of people who may be disproportionately affected by the drug overdose crisis include, but are not limited to those:

- Disadvantaged by reduced economic stability
- Experiencing disabilities, homelessness, mental health conditions, or incarceration,
- Experiencing limited educational attainment, limited access to healthcare, limited health literacy, and/or limited access to substance use treatment
- From non-English speaking populations, Native populations, or rural communities and other geographically underserved areas
- From racial and ethnic minority groups
- From sexual and gender minority groups”

Many of these risk and protective factors for SUD, as well as the underlying inequities, overlap with those related to the other CHIP priority areas.

For many of these groups, historic and current-day policies, laws, practices and procedures systematically produce inequities that undermine well-being, impede access to care and increase risk. SDOH, like access to safe and stable housing, good jobs and quality education, living in safe neighborhoods and communities free of violence, racism and discrimination impact health inequities and can result in intergenerational risk for substance use and overdose. Nationally and locally, many communities that experience higher risk are taking action to address substance use, SUD and drug overdose in ways that are relevant to their cultures and acknowledge the resilience and power of the people most impacted. As with other diseases and disorders, the possibility of developing a SUD is different for each person. As the National Institute on Drug Abuse (NIDA) has reported, it is important to note that most individuals who experience risk factors do not start using drugs or develop a SUD.



There is a special concern for preventing and addressing substance use among youth. Substance use can have immediate and long-term negative consequences for young people, and evidence shows more long-term consequences for people who start using substances early in life. Preventing or delaying substance use initiation among young people can reduce later-life risks for substance use and SUD. Research reported by the CDC shows “the majority of adults who meet the criteria for having a substance use disorder started using substances during their teen and young adult years.” Data from the California Health Kids Survey suggests that more young people begin using substances at an earlier age in Humboldt County than in the California overall. Additionally, the data indicate that 7th graders who are AI/AN, Latinx or identify as lesbian, gay or bisexual (LGB) report using drugs or alcohol at a higher percentage than 7th graders overall (see Key Health Indicators on the following page).

In 2021, Humboldt Allies for Substance Abuse Prevention (now known as Allies for Substance Use Prevention [ASUP]) conducted a survey to capture community input about prevention of alcohol and other drug use. ASUP represents a community coalition of teachers, law enforcement, health care professionals and others who are interested in reducing SUD in the county. Coalition staff, part of the Substance Use Prevention Program of DHHS Public Health Branch and Healthy Communities Division, worked with the coalition to develop a survey that was completed by 220 community members, 61 of whom were youth ages 12-25.

The findings published in “Your Thoughts on Substance Use in Humboldt 2021 Survey Report” indicate concern about the impact of generational trauma and ACEs on alcohol and other drug use among people in Humboldt. This concern was primarily for young people. The most frequent responses to the question, “What would help the most to reduce youth use of alcohol and other drugs?” were reducing ACEs (13.72%), increased mental health support (13.19%), better access to treatment for young people with problematic substance use (10.87%), alternative activities for youth (10.12%), and help getting people out of poverty was frequently mentioned.

Factors associated with the COVID-19 pandemic have made some risk factors worse. Data from the National Institute on Drug Abuse show increases in substance use and drug overdoses in the U.S. since the COVID-19 pandemic was declared a national emergency in March 2020. Data from the Humboldt ASUP 2021 Survey Report mentioned above showed that over half (57%) of youth respondents ages 12-25 reported that their mental health feels worse than before COVID-19. This is concerning as mental health issues are an established risk factor for all our CHIP priority areas—suicide, substance use, ACEs and housing insecurity. Some youth survey respondents reported an increased use of substances like cannabis, alcohol, vaping (any substance), tobacco and prescription drugs during the COVID-19 pandemic. (This report of increased use is based on the 19 respondents who reported that they currently use alcohol/other drugs and provided information about their use and access points.)

Although SUD is complex and can be influenced by many different factors, it is possible for people to recover and/or manage their condition successfully. Given the multiple factors associated with SUD, multiple opportunities for prevention and intervention exist. Many of these opportunities require addressing the other CHIP priority areas, as they are connected through shared risk and protective factors. Strategies that support suicide prevention, healthy beginnings and the prevention of ACEs and housing security have the potential to impact SUD and reduce deaths due to drug overdose. This includes looking upstream at the inequities, systems and SDOH that impact communities’ abilities to live long and live well. The following sections outline some local data and highlight the incredible work being done in Humboldt County to reduce the rate of SUD and drug overdoses across the community.

Goals and Measurements

This section of the CHIP describes a select number of goals and strategies for this priority area as well as some of the key population health indicators that will be used to track our collective progress toward reducing SUD and drug overdose deaths in our community.



The data shared below are some of the population health indicators that illustrate the reason that SUD was chosen as a focus area for the CHIP. Not only does Humboldt County experience higher rates of death from drug overdose and SUD than California and the U.S., but significant disparities also exist between subpopulations within the county. The LWH Data Workgroup met to determine the data to be tracked throughout the course of the CHIP cycle (2022-2027). We will use these indicators as a community to measure our collective progress and guide our SUD and drug overdose prevention strategies. With respect to the drug overdose death rate, Healthy People 2030 has determined that maintenance of the baseline is the target: “Maintaining the baseline is the desired target because drug overdose deaths have been increasing precipitously. While a reduction in overdose deaths is ideal, halting the increase still confers great public health benefit.” In cases where comparable data is not available, that cell has been left blank.

Key Health Indicators—Behavioral Health—Substance Use

Population Health Outcomes	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Drug overdose death rate (2021); Humboldt County Vital Statistics	46.5 per 100,000 population	46.5 per 100,000 population	21.8 per 100,000 population (2020); CDC	28.3 per 100,000 population (2020); CDC	Race/Ethnicity <ul style="list-style-type: none"> • AI/AN: 64.7 per 100,000 pop. • White: 36.0 per 100,000 pop. • All other races: 33.6 per 100,000 pop. (This category includes Black or African American, Hispanic, Multi-Race—one or more races—and Pacific Islander persons.) Gender <ul style="list-style-type: none"> • Female: 41% • Male: 59%
All drug-related overdose Emergency Department visits (2020); CPDH	176.7 per 100,000 population	159 per 100,000 population	130.7 per 100,000 population		Age <ul style="list-style-type: none"> • 15-19 yr olds: 516.3 per 100,000 pop. • 30-34 yr olds: 269.5 per 100,000 pop. • 55-59 yr olds: 235.09 per 100,000 pop.
Opioid prescriptions by patient location (2020); CPDH	526.6 per 1,000 population	474 per 1,000 population	333.3 per 1,000 population		Zip Code <ul style="list-style-type: none"> • 95526 (Dinsmore & Mad River): 2,409.1 per 1,000 pop. • 95589 (Shelter Cove): 2,261.5 per 1,000 pop. • 95546 (Hoopa & Weitchpec): 1,672.9 per 1,000 pop.
Percentage of 7 th graders who used drugs or alcohol one or more days in the last 30 days (2017-19); CA Healthy Kids Survey Percentage of 7 th graders who used drugs or alcohol one or more days in the last 30 days (cont'd)	12%	11%	7%		Race/Ethnicity <ul style="list-style-type: none"> • AI/AN: 24% • Asian: 4% • Latinx: 15% • White: 11% • Mixed (two or more races): 10% Sexual Orientation <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual: 21% • Heterosexual: 12% • Not sure: 5%

Population Health Outcomes	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Percentage of 11 th graders who used drugs or alcohol one or more days in the last 30 days (2017-19); CA Healthy Kids Survey	41%	37%	23%		School Type <ul style="list-style-type: none"> • Non-Traditional: 58% (Community Day, Continuation, Court, and County Office of Education Schools) Race/Ethnicity <ul style="list-style-type: none"> • AI/AN: 37% • Asian: 29% • Latinx: 36% • White: 44% • Mixed (two or more races): 37% Sexual Orientation <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual: 48% • Heterosexual: 42% • Not sure: 31%
Percentage of 11 th graders who smoked cigarettes one or more days in the last 30 days (2017-19); CA Healthy Kids Survey	3%	2%	2%		School Type <ul style="list-style-type: none"> • Non-Traditional: 23% Race/Ethnicity <ul style="list-style-type: none"> • AI/AN: 9% • Asian: 0% • Latinx: 3% • White: 3% • Mixed (two or more races): 3% Sexual Orientation <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual: 10% • Heterosexual: 2% • Not sure: 6%
Percentage of 11 th graders who used electronic cigarettes or vape products in the last 30 days (2017-19); CA Healthy Kids Survey	15%	13%	11%		School Type <ul style="list-style-type: none"> • Non-Traditional: 28% Race/Ethnicity <ul style="list-style-type: none"> • AI/AN: 13% • Asian: 4% • Latinx: 14% • White: 17% • Mixed (two or more races): 15% Sexual Orientation <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual: 19% • Heterosexual: 15% • Not sure: 19%

Strategy Map—Behavioral Health—Substance Use

This map in no way represents the full spectrum of efforts and partners working to improve population health in Humboldt County. Rather, listed strategies serve as a highlight of areas where collective impact work is happening across the county among local community-based organizations, private and public sectors and community residents.

Humboldt County CHIP 2022-2027
Behavioral Health – Substance Use Disorder Goals and Strategies

Community Level Strategy / Goal Map		
Goal 1: Prevent and reduce substance use and misuse	Provide education and promote awareness on risks associated with substance use	●
	Promote safe opioid prescribing practices	●
	Increase protective factors for youth (e.g. positive life skills and cultural connectedness)	●
	Improve access to information about local SUD resources and services	●
	Advocate for policies that advance substance-free norms and reduce youth access to substances	●
Goal 2: Enhance SUD system (treatment and recovery support services) access, integration, and coordination	Increase SUD screening for at risk populations	●
	Provide treatment and support services for SUD	●
	Improve coordination of care for people with SUD (ED, Primary Care, Crisis Units, Criminal Justice system, etc.)	●
	Increase availability of and access to Medication Assisted Treatment (MAT)	●
Goal 3: Reduce harm associated with substance use	Promote culturally-appropriate SUD treatment options	●
	Promote education, awareness, and access to harm reduction practices	●
	Increase data collaboration	● ● ●

Last updated 3/4/22

Collective Impact—Behavioral Health—Substance Use

Below are some examples of how Humboldt County is working together to prevent SUD and drug overdose. The efforts listed below are not exhaustive and are intended to serve as examples of how our community is putting some of the above-mentioned goals and strategies into action. Appendix E outlines some of the LWH partners that identified as engaging in these prevention strategies.

Goal 1: Prevent and reduce substance use and misuse ●

- ASUP, Rx Safe Humboldt, Yurok Tribe Wellness Coalition, the United Indian Health Services Opioid Awareness Coalition (OAC) and the Humboldt Harm Reduction Coalition (HHRC) are examples of networked partnerships that are providing community leadership to prevent substance use and misuse, SUD and overdose and promote life-saving harm-reduction practices in Humboldt County. These multi-sector coalitions have focused on various strategies from developing and disseminating safe opioid prescribing practices, hosting youth-engagement activities, promoting policy development, raising awareness about local SUD resources and services, hosting trainings on and distributing naloxone and reducing stigma around substance use and SUD. The COVID-19 social distancing protocols pushed many of these networks to meet in virtual spaces, like Zoom, which made them more accessible to a wider audience than the in-person meetings arranged prior to the pandemic.
- Several local agencies distribute information about local SUD and harm-reduction resources and services as part of their regular service delivery. Social media is also used to share this messaging more broadly.
- The North Coast Resource Hub, supported by NCHIIN, is an online resource guide for Humboldt County that provides up-to-date information on local resources for a variety of health-related topics, including but not limited to crisis, addiction and mental health services. The Hub also allows for the option to narrow a search based on categories like race, ethnicity, gender identity, age and veteran status—as well as by location and

insurance type.

- Many organizations across the county focus on supporting young people to build positive life skills, connect to culture and community, and take an active role in determining how to address substance use in Humboldt. Some examples include targeted activities for Native youth to connect to traditional tribal cultures, outdoor and virtual cultural and community activities and affinity groups, supplying materials and instructions for at-home activities for young people and families, empowerment groups for youth offered both on campus and in virtual spaces, skill-building support, youth advocacy and leadership development opportunities.

Goal 2: Enhance SUD system (treatment and recovery support services) access, integration and coordination ●

- Screening is available in a variety of ways across Humboldt County. The NIDA risk screening tool has been built into the North Coast Resource Hub. This is an anonymous tool that anyone can use through the Hub to check the riskiness of their use. Depending on the results, the Hub will provide corresponding resources for the person who screened. Some programs are using screening tools developed specifically for pregnant people and people of childbearing age to facilitate discussion about substance use. Additionally, Medi-Cal-eligible adults and adolescents may call Beacon alone, with a caregiver or other service provider for an SUD screening at (855-765-9703).
- Several organizations provide SUD treatment programs and support services. A variety of support is offered across the county, including but not limited to residential and outpatient treatment services and recovery support, Medication Assisted Treatment (MAT), education and counseling for individuals and families and referral to other services. Some programs provide tailored support to specific groups, like pregnant women and women with young children, the Native American population, people with co-occurring mental health disorders and adolescents.
- North Coast Care Connect is Humboldt County's CIE. A CIE is a network of cross-sector partners who are committed to coordinating care to improve access to care and health outcomes for the clients they serve. This coordination takes place through a secured technical platform which allows for activity like closed loop referral, case management tools, shared assessments and communication among multi-agency care teams. Supported by NCHHIN and community partners, the CIE is an effort of the Humboldt Community Health Trust, a cross-sector collaboration focused on holistically addressing SUD. North Coast Care Connect went live in 2022 and is working to build its network of participating providers. The CIE is an intervention for continuity of care and coordination of resources intended to address multiple areas of clients' health and well-being. The CIE is not a specific intervention for SUD and overdose prevention.
- Some local organizations utilize a Substance Use Navigator (SUN) to coordinate care between settings, like hospital emergency departments, recovery housing programs and substance use treatment.
- Some providers and programs in Humboldt County provide Medication Assisted Treatment (MAT). SAMHSA describes MAT as the "use of medications, in combination with [counseling and behavioral therapies](#), to provide a 'whole-patient' approach to the treatment of substance use disorders." MAT is typically used to treat people with an opioid use disorder. Members of Rx Safe Humboldt are currently working on a project aimed at increasing access to MAT for young people in Humboldt County.



- Culturally adapted and relevant treatment and support services are an important part of a comprehensive approach to SUD. Some local tribal organizations offer a breadth of culturally based treatment and support services to Native communities in conjunction with services like MAT. One example of this support includes Native-led coalitions providing education on traditional ways of healing and wellness, pain management and building resilience. Work is ongoing to obtain and prioritize truly culturally responsive programs to better serve communities across Humboldt County.
- Access to national, state and local substance use-related data resources has improved for tribal communities over recent years, as they have received more resources to participate in local opioid coalition networks and organize their own projects addressing substance use within the community.
- Stigma reduction, trauma- and historical trauma-informed approach, and other “better practices” trainings have informed service providers across disciplines who encounter people with SUD. These trainings are intended to help with retention of clients, therefore improving the delivery of treatment and recovery services.
- The LWH partners noted that parenting classes and other community supportive services and programs are also part of the spectrum of treatment and support as they support families to be healthy and rebuild when needed.
- The Humboldt Community Health Trust hosts bi-monthly community huddles with Partnership HealthPlan of California or participating treatment providers and referring community partners in the Wellness and Recovery Program (formerly known as the Organized Drug Medi-Cal Delivery program). This is an opportunity to identify system challenges proactively and spread best practices among treatment providers and community organizations serving the Medi-Cal population.


Goal #3: Reduce harm associated with substance use ●

- Members of the Rx Safe Humboldt coalition and community partners recently developed a global harm reduction statement. According to the National Harm Reduction Coalition, harm reduction is a prevention strategy and “incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs ‘where they’re at,’ and addressing conditions of use along with the use itself.” Harm reduction approaches have been “proven to prevent death, injury, disease, overdose, and substance misuse.” The purpose of this statement is to develop community norms around harm reduction. Currently, the Humboldt Community Health Trust is a signatory to the document, and work is being done to have additional coalitions sign on to the statement.
- Several organizations provide trainings, on how to administer naloxone, for people who may encounter someone who is experiencing an opioid overdose. The CDC reports that naloxone is “a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications.” According to the CDC, naloxone is often given as a nasal spray and is safe and easy to use. A lot of effort is made to ensure that naloxone and associated trainings are available for a wide range of people across the community, including but not limited to community members, first responders, medical providers, law enforcement and probation officers and those who work with people who use drugs.
- Community partners recently began collecting and compiling data to track the number of local overdose reversals and the dissemination of naloxone. This data monitoring will support the ability to measure progress and tailor the local approach to this harm reduction and prevention strategy.
- Some local agencies and coalitions support access to harm reduction practices like safe drug disposal and self-storage options and access to clean injection supplies and syringe service programs for people who use drugs.



Organizations like HACHR and Public Health’s North Coast AIDS Project also provide support services like food, water, wound care kits, hygiene kits, Narcan/naloxone, linkage to MAT, mail services, etc. This is all part of a comprehensive approach to keeping people who use drugs alive and as healthy as possible.

Some local organizations collaborate to provide low-barrier Hepatitis C (HCV) treatment and care coordination. Screening for HCV takes place in brick-and-mortar clinic settings as well as through mobile clinics that travel throughout the county meeting people who use drugs in places they congregate, such as homeless encampments and free meal programs. Staff provide harm reduction services to reduce the risk of disease and overdose. Mobile clinics provide rapid HIV and HCV testing and counseling services. Those who test positive are offered care coordination, linkages to treatment, and assistance with medications, insurance, transportation and housing.




Aaron, Age 13
HCOE Court and Community Schools
Educational Resource Center (ERC)
Eureka, CA

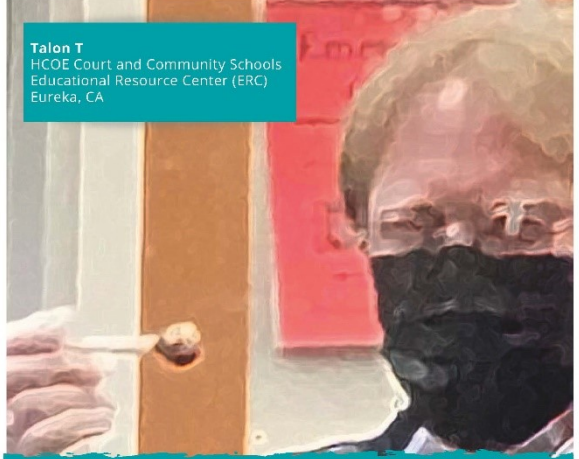
YOUTH PERSPECTIVES ON ALCOHOL AND OTHER DRUGS

I love the kind of things I can find in this strange town. This photo reminds me of emotions. Calm or sad to be exact. It reminds me of love and heartbreak. I can find trash and all kinds of stupid things in this neighborhood. I question all of the negative things and why it's so negative. We need to change the streets. They should be more clean, more bright, and less negative.

This poster was supported by the Office of National Drug Control Policy (ONDCP) and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award funded by ONDCP. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by ONDCP, CDC/HHS, or the U.S. Government.



These are two examples of a series of youth-created posters that were showcased at the Jefferson Center “J” Café in Eureka on a festive “Arts Alive” evening in October 2022. They were part of a Photo Voice invitation for young people to present their perspectives on alcohol and other drugs in the Humboldt community, sponsored by Humboldt Allies for Substance Use Prevention and DHHS-Public Health’s Healthy Communities Division.




Talon T
HCOE Court and Community Schools
Educational Resource Center (ERC)
Eureka, CA

YOUTH PERSPECTIVES ON ALCOHOL AND OTHER DRUGS

In this candid picture you can see my school's alcohol and drug counselor holding up a glass pipe that staff found outside my school. The city has found hundreds of needles and other drug paraphernalia in the gully outside my school. This is why we need safe use sites in town, to help keep the community safe & clean.

This poster was supported by the Office of National Drug Control Policy (ONDCP) and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award funded by ONDCP. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by ONDCP, CDC/HHS, or the U.S. Government.



Priority Area: Housing Instability and Homelessness

Why is this important?

Housing instability and homelessness are complex problems nationally and in Humboldt County. Safe, stable and affordable housing is part of the foundation for health and well-being—an important SDOH. Research cited by Change Lab Solutions, a health law and policy analysis nonprofit, shows that housing located near high-quality schools, good jobs, healthy food, safe parks and reliable transportation is essential for communities to thrive. In contrast, housing instability includes many challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives and spending most of the household income on housing. Healthy People 2030 points out that these circumstances, when compounded, can ultimately lead to homelessness. Access to housing is not equitable in the U.S. Historical and present-day discrimination has created barriers for some people to have safe, stable and secure housing. Experiencing housing instability, in any form, can have negative physical and mental health impacts for children, adults and the community. Addressing housing instability requires interventions at national, state and local levels. While there is a lot of work to be done, organizations across Humboldt County have been and continue to tackle these issues and look for solutions that work for our community.

Housing is considered affordable when all costs associated with housing, including basic utilities, is less than 30% of household income. People who can comfortably afford their housing have more money to spend on other expenses and are less likely to sacrifice basic needs like adequate food and health care. The 2020 U.S. Census shows that in Humboldt County over half (62%) of households that rented homes, and 40% of households with mortgages, were considered “cost-burdened,” paying more than 30% of their monthly income on housing. These data are not available broken down by race/ethnicity for Humboldt County, but national data from Healthy People 2030 show that Black, Hispanic and Native American households are almost twice as likely as white households to experience a cost burden for housing. Healthy People 2030 set a national target to reduce the rate of cost-burdened households to 25.5% in the next decade.

Housing quality and safety are also important factors which can be influenced by the age of housing in a community. In Humboldt County, almost half of the housing stock was built prior to 1960—the BARHII reports this increases the possible occurrence of substandard housing and exposure to things like “mold or pests which can trigger asthma... dangerous appliances, fixtures and chemicals that can lead to falls, burns and exposure to toxins, such as lead.” Data from County Health Rankings and Roadmaps, 2014-2018, show that roughly a quarter (24%) of households in Humboldt County reported experiencing at least one severe housing problem (incomplete kitchen facilities, incomplete plumbing facilities, crowded conditions or cost burden greater than 50% of their monthly income). As a result of the limited housing market with few affordable options, people with the lowest incomes may end up living in poorly maintained housing that exposes them to health and safety risks.

At its most extreme, housing instability can result in experiencing homelessness. Homelessness can take many forms. People experiencing homelessness might be unsheltered, living on the street or in encampments; others might be living in shelters or transitional housing programs. Like other forms of housing insecurity, there is a strong connection between health and homelessness. Poor health is a major cause of homelessness, as it can lead to unemployment and poverty. Experiencing homelessness can also create new health problems and make existing health problems worse. Policy analysis by BARHII has shown that the ability to recover from health issues is more difficult without housing, as well. According to the 2022 PIT count, 1,656 people were estimated to be experiencing homelessness on a single night in Humboldt County. This number is down from the 1,702 people counted in 2019 (a 2.7% decrease), which is the last time the count took place due to it being canceled in 2021 because of the COVID-19 pandemic. It’s important to note that the PIT count is not a perfect count of people experiencing homelessness and is considered by many to be an undercount. The data can be affected by things like changes in the way that the count is conducted between years and whether people are residing in places that are visible to the volunteers conducting the count. For now, the PIT count provides one of the best sources of data available for understanding the scope of homelessness and measuring progress toward



reducing it. The 2022 PIT count data show that 79% of people estimated to be experiencing homelessness were unsheltered, while the other 21% were residing in emergency shelters. According to California Policy Lab, a research institute associated with the University of California, national data show that those experiencing unsheltered homelessness were 25 times as likely to report having all three of the following conditions concurrently when compared to their sheltered peers: physical health condition, mental health condition and substance abuse condition. California Policy Lab reported national data indicating that significant portions of people experiencing sheltered and unsheltered homelessness reported experiences of abuse and/or trauma had caused their current bout of homelessness.

The National Alliance to End Homelessness uses the term “chronic homelessness” to describe people who have experienced homelessness for at least a year while struggling with a disabling condition such as a serious mental illness, substance use disorder or a physical disability. Humboldt County data show a 59% increase, between 2019 and 2022, in the number of people estimated to be experiencing chronic homelessness on a single night. Adults who agreed to be surveyed during the 2022 PIT count were asked if they have a disability that impairs their ability to hold a job or live independently. Based on their responses, it’s estimated that 48% of adults surveyed had a mental health disability and 49% had a SUD. Experiencing behavioral health issues can make it more challenging for people to find and maintain housing.

Housing instability is not randomly distributed. Systemic inequities, like historical and existing racism and discrimination, exclusionary housing policies and lack of access to other SDOH, like a stable income, quality education and health care, result in some populations being more impacted. Nationally, most communities of color experience a disproportionate impact from housing instability and homelessness, according to the National Health Care for the Homeless Council. The 2022 Humboldt County PIT Count data show that Black or African Americans (3.3% of people experiencing homelessness compared to being 1.1% of overall Humboldt population), people who identify as multiple races (6.6% of people experiencing homelessness compared to 6% of overall Humboldt population), and American Indian/Alaskan Natives (8.5% of people experiencing homelessness compared to 6.4% of overall Humboldt population) were experiencing homelessness at a disproportionate rate on the night of the count.

In Humboldt County, socioeconomic inequities among Native Americans impact housing and health. The Northern California Indian Development Council’s (NCIDC) 2021 Community Needs Assessment referenced the Housing Assistance Council’s Housing on Native American Lands report noting that local “Native housing conditions are some of the worst in the state. In general, these communities experience a lack of infrastructure, high housing costs, overcrowding, and substandard conditions, and it is difficult to get housing loans or interested investors due to the complex nature of land ownership agreements that exist on Native lands.” Additionally, the NCIDC assessment cites, “a 2015 survey conducted by the California Coalition for Rural Housing, tribal leaders and housing administrators estimated that between 15 and 20 percent of homes on tribal land require major physical improvements and need to be modernized, substantially rehabilitated, or completely replaced.” Native populations have additional factors which also contribute to some of the inequities observed in access to safe, decent and affordable housing, such as the epidemics of suicide and missing and murdered indigenous people, the discrimination and violence layered in several areas of indigenous women’s rights and an overall lack of autonomy and representation. The cumulative effects of these disparities and other factors directly impact housing security among the local Native population.

In their 2020 CHNA, Providence St. Joseph and Redwood Memorial hospitals also identified homelessness and a lack of safe, affordable housing as a priority need, further highlighting that families with mixed documentation status, young people and veterans are also of high concern when it comes to housing instability in Humboldt County. BARHII reports the health impacts of housing instability are particularly severe for children and can result in “behavioral problems, educational delays, depression, low birth weights, and other health conditions such as asthma.” Housing insecurity is considered an ACE and can have a negative impact on health further downstream in a person’s life. The local 2022 PIT count data identified an increase in the number of veterans experiencing homelessness between 2019 and 2022. Of the veterans experiencing homelessness, more than half (65%) were experiencing unsheltered homelessness and 48% reported that they were chronically homeless—living with a mental illness, substance use disorder or other physical disability. Veterans who are American Indian/Alaskan Natives (11.9%) or identify as multiple races (10.4%) accounted for a disproportionate number of veterans experiencing homelessness during the PIT count.



Access to safe, stable and affordable housing is a key SDOH that has a big impact on health and well-being for children, adults and the community at large. Housing instability and homelessness are complex issues that require combined expertise and resources from across sectors including ones not traditionally associated with health care. These issues are also connected to the other CHIP priority areas (behavioral health, healthy beginnings and ACEs). This interconnection can offer inspiration that addressing one area, like healthy beginnings and ACEs, may have a positive effect on another, like housing instability or homelessness. This work includes looking upstream at the inequities, systems and SDOH that impact a communities’ ability to live long and live well. The following sections outline some local data and highlight the incredible work being done in Humboldt County to address housing instability and homelessness across the community.

Goals and Measurements

This section of the CHIP describes a select number of goals and strategies for this priority area as well as some of the key population health indicators that will be used to track our collective progress toward reducing housing instability and homelessness in our community.

The data shared below are some of the population health indicators that illustrate the reason housing instability and homelessness was chosen as a focus area for the CHIP. Not only does Humboldt County experience high rates of housing instability and homelessness, but significant disparities also exist between subpopulations within the county. The LWH Data Workgroup met to determine the data to be tracked throughout the course of the CHIP cycle (2022-2027). We will use these indicators as a community to measure our collective progress and guide our prevention strategies. With respect to the number of people experiencing homelessness who exit to permanent housing, the target is maintenance of the current status, as access to permanent affordable housing is an ongoing challenge facing our county. In cases where comparable data is not available, that cell has been left blank.

Key Health Indicators—Housing Instability and Homelessness

Population Health Outcomes	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Percentage of households spending 30% or more of household income on rent (2020); U.S. Census - American Community Survey	62%	50%	54%	49%	
Percentage of households with a mortgage spending 30% or more of household income on mortgage (2020); U.S. Census - American Community Survey	40%	32%	38%	27%	
Percent of households reporting a severe housing problem (2014-18); County Health Rankings	24%	Has not yet been established.	26%	17%	
Number of people experiencing homelessness on a single night (2022); Point-in-Time Count (PIT)	1,656 people	981 people experiencing unsheltered homelessness			Homelessness Status <ul style="list-style-type: none"> Sheltered: 20% Unsheltered: 80% Chronically homeless: 46% Gender: <ul style="list-style-type: none"> Female: 28% Male: 71%

Population Health Outcomes	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
					<ul style="list-style-type: none"> • Transgender: 0.4% • Gender non-conforming: 0.4% <p>Race/Ethnicity</p> <ul style="list-style-type: none"> • AI/AN: 8.5% • Asian: 0.2% • Black: 3.3% • Multiple races: 6.6% • Native Hawaiian: 1.0% • White: 80.5% <p>Veterans: 12%</p> <ul style="list-style-type: none"> • Sheltered: 35% • Unsheltered: 65% • Chronically Homeless: 48% • Race/Ethnicity: <ul style="list-style-type: none"> ○ AI/AN: 11.9% ○ Black: 3.0% ○ Native Hawaiian: 1.0% ○ Multiple races: 10.4% ○ White: 73.8%
Number of people served within the homelessness system who exit to permanent housing (2020); HMIS	288 people	288 people			
Percent of people who return to homelessness within 6 months of exiting homelessness to permanent housing (2020); HMIS	12.79%%	11.79%			
Number of people served by street outreach programs who exit to emergency shelter, safe haven, transitional housing or permanent housing destinations (2020); HMIS	46 people	90 people			

Strategy Map—Housing Instability and Homelessness

This map in no way represents the full spectrum of efforts and partners working to improve population health in Humboldt County. Rather, listed strategies serve as a highlight of areas where collective impact work is happening across the county among community-based organizations, private and public sectors and community residents.

Humboldt County CHIP 2022-2027 Housing Instability and Homelessness Goals and Strategies

Goal #1:
Increase access to safe, decent and affordable housing for all.

Goal #2:
Increase access to supportive services for people who experience or are at risk of experiencing homelessness

Community Level Strategies	
Increase the supply of safe and affordable housing (production and maintenance)	●
Create direct and low-barrier pathways to housing:	●
Increase access to diversion / problem-solving support	●
Increase access to interim housing	●
Increase access to rapid re-housing	●
Increase access to permanent housing	●
Increase access to permanent supportive housing	●
Increase availability of a variety of affordable and safe homeless housing alternatives	●
Increase availability of supportive services for those unstably housed and experiencing homelessness	●
Promote strategies to increase housing equity	●
Increase access to respite and recuperative care for people experiencing homelessness	●
Improve quality and use of data to inform planning and track progress (HMIS, Coordinated Entry System, etc.)	●●
Increase outreach and engagement with landlords and property managers	●●

Last updated 4/7/2022

Collective Impact—Housing Instability and Homelessness

Below are some examples of how Humboldt County is working together to address housing instability and homelessness. The efforts listed below are not exhaustive and are intended to serve as examples of how our community is putting some of the above-mentioned goals and strategies into action to address local needs. Appendix F outlines some of the LWH partners that identified as engaging in these strategies to address housing instability and homelessness.

The Humboldt Housing and Homelessness Coalition (HHHC) was established in 2004 and is Humboldt County’s federally designated Continuum of Care (CoC). CoCs are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area or an entire state, as designated by U.S. Department of Housing and Urban Development (HUD). Members of the HHHC are involved in housing and homelessness work that spans most of the strategies listed below.

Goal 1: Increase access to safe, decent and affordable housing for all ●

Several local agencies are dedicated to increasing and maintaining the supply of safe and affordable housing. This work is carried out in a few ways:

- County- and city-level Housing Elements address the housing needs of the community across a wide economic and social spectrum. As part of the overall county- and city-wide General Plan, Housing Elements identify goals, policies and implementation plans for the preservation, improvement and development of housing. These plans support local jurisdictions to identify the communities' housing needs and strategize for how to address those requirements.
- County and city governments and local organizations (both private and nonprofit) are engaged in the creation of safe and affordable housing across Humboldt County. Some of this work takes shape through the development of new affordable housing for individuals and families. Other projects focus on supporting homeowners with low incomes and other public and private entities to fix up and repair health and safety items on existing properties. Humboldt County Planning & Building has developed tools to streamline the process for the development of Accessory Dwelling Units as the state of California is encouraging homeowners to construct rental units on their properties as a strategy to address the statewide housing shortage.
- The Housing Authority of the City of Eureka and County of Humboldt is the local public housing agency that receives federal funds from the HUD to administer housing choice vouchers. The housing choice voucher program is intended to support very low-income families, the elderly and people living with disabilities to afford decent, safe, and sanitary housing in the private housing market. Program participants are responsible for finding a housing unit of their choice where the property owner agrees to rent under the voucher program. Again, the limited number of housing units in Humboldt County poses a serious challenge even with the support of the Housing Authority and vouchers to offset the cost.
- Several property management companies offer affordable housing for qualified individuals and families with low to moderate incomes. A local nonprofit operates a Community Land Trust program that offers affordable homeownership opportunities to households with limited incomes that could not otherwise afford to purchase homes in the current real estate market. The limited number of affordable housing units in Humboldt County poses a serious challenge even with the support of local agencies.
- Local Housing Elements outline several housing policies for the preservation, improvement and development of housing. In 2016, Humboldt County and the City of Eureka adopted a Housing First model for addressing homelessness. Housing First, a policy promoted by HUD and endorsed by the California state government, is an approach intended to “quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.” Many people experience improvements in quality of life because of achieving stable housing, which provides the necessary foundation from which to address things like physical and mental health, substance use and employment.

Goal 2: Increase access to supportive services for people experiencing or at risk of experiencing homelessness ●

Several agencies work to provide a spectrum of pathways to housing across the county. Some examples include:

- Local street and mobile outreach programs engage with people by meeting them in the community with the goal of delivering support services to people where they are at and connecting people with referrals to other community-based services. In the City of Eureka, outreach workers also work closely with the police department to build relationships and work in partnership with people experiencing homelessness and local service providers to decrease the occurrence of criminal activity and increase community safety.
- Several agencies in Humboldt County provide interim (short-term) housing and emergency shelter for people experiencing homelessness. Most interim housing and shelters provide meals and connect people with additional support services. Housing is often provided to specific groups of people and in separate locations, for example: women and children, families, youth and people experiencing chronic homelessness—who might also have pets. The agencies that provide this level of housing or shelter have varying requirements for entry and continued occupancy of housing.
- Several agencies across Humboldt County offer rapid rehousing assistance. This support includes housing search assistance, short- to medium-term rental assistance to help people afford housing and supportive services to help stabilize people in housing.
- Organizations have collaborated across sectors to increase the development of, and access to, permanent housing and supportive services to maximize housing stability and prevent returns to homelessness in Humboldt County. Since 2015, over 80 permanent supportive housing units have been created for formerly homeless individuals and families with additional units to be developed in the next few years. Permanent supportive housing strategies provide people with long-term rental subsidies or permanent affordable units in combination with varied levels of supportive services. This is a more intensive intervention and is mostly appropriate for people who have experienced chronic homelessness and experience more severe mental health and/or substance use issues.
- Humboldt County offers housing assistance for specific populations who experience disproportionate challenges to securing housing. Examples of this are affordable housing for veterans, emergency housing assistance for people living with AIDS and rental assistance for people experiencing chronic homelessness who are also living with HIV. HCOE's Foster & McKinney-Vento Homeless Youth Education Services support the enrollment and education of homeless students and provide the same educational opportunities as housed students by removing as many barriers to learning for homeless students as possible. Recently collected data show homelessness and housing insecurity correlate to pockets of poverty in Humboldt County where there is lack of support, lack of housing units or other housing challenges due to poverty. Redwood Community Action Agency's Raven Project provides youth-focused, peer-to-peer street outreach programs and a drop-in center to support youth ages 22 and under who are experiencing homelessness. Support including connection to resources, guides for decision-making about housing, etc., also exists for students attending Cal Poly Humboldt who are looking for off-campus housing.
- A variety of options are also offered across Humboldt County with the goal of providing low-barrier emergency access to shelter for people experiencing homelessness. One example is safe parking programs. This approach has been taken in other major cities on the west coast that also experience high rates of homelessness. Humboldt



County recently adopted an ordinance for a Safe Parking–Safe Shelter Pilot Program that sets guidelines for site criteria and operating standards and creates a permit process to facilitate the development of this type of housing alternative. Another example includes the cross-sector collaboration in the City of Arcata that created emergency tent shelters for people experiencing homelessness during the beginning of the COVID-19 pandemic. This effort allowed for people to practice safe social distancing while living in a temporary shelter and having access to services like mobile showers, health care and meals.

Ke-mey-ek' Place



Ke-mey-ek' Place, meaning 'I am home,' is an 18-unit affordable housing site in Eureka, CA. The project is a collaborative effort between Arcata House Partnership and the Yurok Indian Housing Authority, funded by HomeKey 1, a California state initiative to expand housing for people experiencing homelessness.

- Several agencies across Humboldt County offer support services to people experiencing housing instability and homelessness, including but not limited to:
 - Case management
 - Behavioral health support
 - Mobile medical services
 - Meals, food bank and food distribution
 - Hygiene supplies, including mobile showers
 - Assistance with finding and applying for housing, including help obtaining IDs, birth certificates and mail services
 - Job skills training and employment workshops
 - Peer-to-peer education, coaching and outreach for transition-age youth
 - Youth-focused drop-in centers, temporary housing and support navigating the Coordinated Entry System.
- The county- and city-level Housing Elements have goals for equal housing opportunity. Following policy established by the HUD, California law requires cities and counties to include strategies and goals that are designed to reduce the disparities caused by decades of efforts by the U.S. government, private developers and mortgage lending institutions to segregate people of color in the least desirable neighborhoods. Some local organizations advocate for housing for people who experience disproportionate challenges to securing housing based on discriminatory

practices. Others support and promote inclusive housing models, like cooperatives.

- Stable housing plays an important role in one's ability to recover from health issues. In Humboldt County, a local hospital and nonprofit organization have partnered to provide a medical respite program for chronically homeless individuals who are discharged from the hospital and are not well enough to return to shelters or the street. The medical respite program gives individuals the opportunity to recover in a safe, healing setting while accessing needed medical care and other supportive services. The support team provides care coordination, case management and transitional support to clients throughout their stay.
- Work is ongoing to increase the community's ability to collect quality data that can be used to accurately track progress toward housing goals and ensure that people are being connected with resources, like supportive housing, based on level of need.
- Several local agencies engage with landlords and property managers to maintain positive relationships in support of clients' housing needs. One example is the Humboldt Tenant Landlord Collaboration (HTLC). The HTLC is an educational series designed to promote best practices for both tenants and landlords in the community with the goal of building positive and equitable relationships.

Priority Area: Healthy Beginnings and ACEs

Why is this important?

Healthy Beginnings and ACEs interconnect with the other CHIP priority areas of suicide, substance use, and housing, and is another area of public health concern for Humboldt County. Promoting healthy beginnings and preventing and addressing the impact of ACEs and toxic stress are national and state-level priorities, as well. There is increasing recognition that experiences and exposures in childhood provide the foundation for lifelong health, learning and well-being. Many adult health outcomes have their beginning in childhood or adolescence. Research shows environments that promote early childhood and adolescent physical and mental health help to create resilient adults in the future. In contrast, exposure to ACEs without sufficient buffering protections is associated with an increased risk of negative health outcomes in adulthood, according to the state Surgeon General's Office.

Healthy beginnings start before a child is born. The CDC program, Let's Get Healthy California, states that "Women's health before and during a pregnancy including access to health care, economic stability and social support, along with health of family and community, all contribute to a healthy start." Infant mortality rate is a high-priority indicator for Healthy People 2030, as it's an important marker of both maternal and infant health and the overall health of a society. From 2020-2022, the average infant mortality rate in Humboldt County was 4.3 per 1,000 births. Humboldt County's rate met the Healthy People 2030 objective of no more than 5.0 infant deaths per 1,000 births. Moms or birthing people who receive early prenatal care in the first trimester have improved birth outcomes. In 2021, 81% of births in Humboldt County had prenatal care in the first trimester. Humboldt County meets the Healthy People target of 80.5% but is lower than the percentage of births with early prenatal care in California overall (86.8%). According to both KidsData and Healthy People 2030, inequities in infant mortality and access to prenatal care by race/ethnicity, income and geographic location have existed for decades, "with the greatest burden of poor maternal and infant outcomes experienced by African American/black and American Indian/Alaska Native families." Like the health inequities described in the other CHIP priority areas (suicide, substance use and housing instability and homelessness), the factors driving disparities in maternal and infant health are complex and involve multiple factors. SDOH, like access to insurance and quality health care, social and economic factors, and historical and ongoing structural and systemic racism and discrimination all impact health and health inequities. The Kaiser Family Foundation further states that, "(I)n maternal and infant health specifically, the intersection of race, gender, poverty, and other social factors shapes individuals' experiences and outcome(s)."

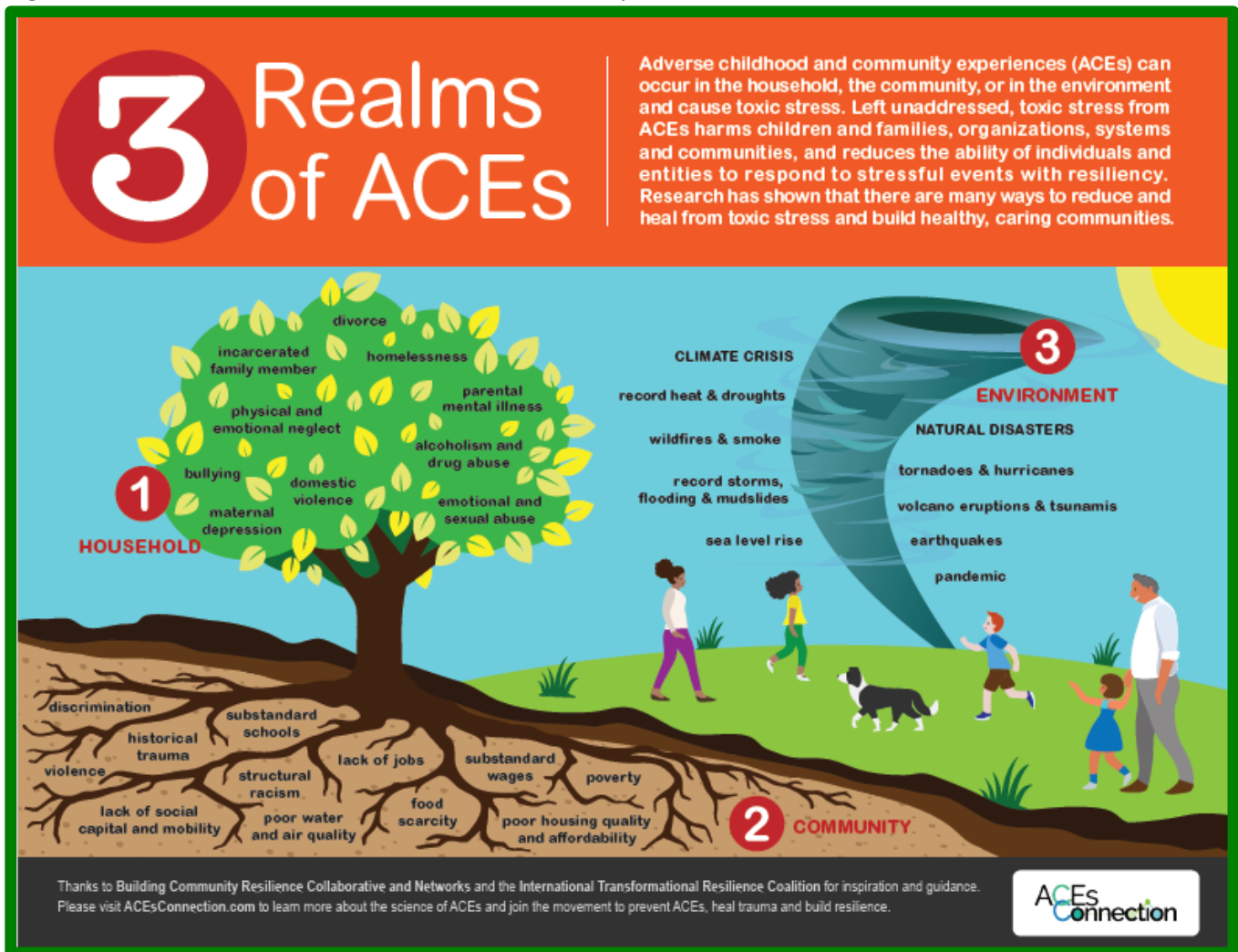
A person's well-being before and after birth is also an important factor in giving a child a healthy start. Data from 2013-2015 indicate that the rate of substance use diagnosis among pregnant women ages 15-44 was roughly four times higher in Humboldt County than in California overall. Programs and services such as Providence St. Joseph's case management services and United Indian Health Services' Road to Resilience program aim to support pregnant people and mothers with children under 1-year-old, who are at risk of substance use disorder. Between 2013-2015, the incidence of mood disorder hospitalizations among women ages 15-44 was 18% higher in Humboldt County than in California. Research shows that a healthy beginning sets the foundation for health and well-being for a person's life. A lot of work is happening across Humboldt County to support all children to have a healthy start and to mitigate the risk and impact of ACEs. DHHS has programs such as California Children's Services (CCS), SafeCare and Nurse-Family Partnership tracking indicators with the same outcomes.

Positive and Adverse Childhood Experiences (PACES) Connection, a national collaborative, explains that "adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency." The



California Surgeon General states that, “ACEs are strongly associated, in dose-response fashion, with some of the most common and serious health conditions facing our society,” including mental health issues, chronic disease, disability and premature mortality. The landmark ACE study, conducted in 1998 by the CDC and Kaiser Permanente, identified 10 adverse experiences that were organized into three overarching types of abuse, neglect and household challenges. According to the California Surgeon General, this study was “conducted among a population that was largely White, middle class, college-educated and privately insured.” Many researchers now recognize that this study left out other factors that cause childhood trauma. Additional adversities and sources of toxic stress have been identified as the science of ACEs has evolved. The 3 Realms of ACEs in the graphic below (household, community and environment) are increasingly included in conversations about ACEs and toxic stress. The 3 Realms of ACEs are expanded to include adversities, like exposure to racism and discrimination, poverty, historical and intergenerational trauma, climate change, pandemics, lack of jobs and substandard schools. Identifying these additional risks is vital since they often co-occur with ACEs, add to their prevalence, and can worsen their impacts.

Figure 9. The 3 Realms of ACEs -- Household, Community and Environment



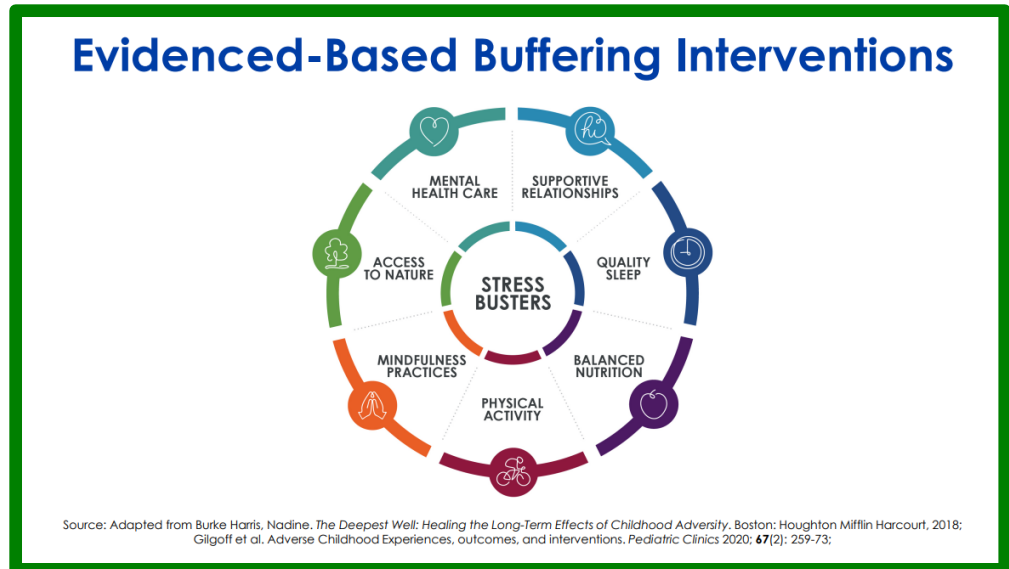
ACEs are common. Two-thirds of participants in the landmark ACE study reported experiencing at least one ACE. It’s important to note that ACE scores are based on the 10 original ACEs and do not include the additional factors that can cause toxic stress shared in the image above. Data from 2016-2019 show that Humboldt County had the highest proportion of children who have been exposed to two or more ACEs (29%), as reported by parents, of all other California counties. This is almost double the percentage of children who were reported to have been exposed to two or more ACEs in the state overall (15%). An ACEs score of four or higher suggests that a person is at high risk for toxic stress. ACE



Screening Claims data from 2020-2021 show a prevalence of 14%-30% high-risk ACE scores in Humboldt County. According to an ACEs Aware Quarterly Progress Report, prevalence of high-risk scores were even higher in neighboring Del Norte County (31%-70%). While there is a proven connection between ACEs, toxic stress, and the risk of negative health outcomes later in life, experiencing ACEs and toxic stress does not determine a person's future.

Research shows that risks associated with ACEs exposure are impacted by multiple factors including biology and protective or buffering factors, like supportive relationships, environments and community resources.

First 5 Humboldt's website shares information about a model developed by Tufts Medical Center that brings together the science of adversity and resilience: Healthy Outcomes from Positive Experiences (HOPE). The HOPE Model presents evidence to support the ability of positive childhood experiences to promote healthy childhood development and lessen the impact of adversity.



First 5 Humboldt explains that the four building blocks of the HOPE model are:

1. Relationships with other children and adults through interactive activities
2. Safe, equitable, stable, positive school and home environments
3. Sense of connectedness through social and civic activities
4. Opportunities for social emotional development, including playing with peers, self-reflection, and collaboration in art, physical activity, drama and music

Resilience science offers a way to support children who experience toxic stress. Research shows that caring adults can be the buffers who can help make toxic stress manageable and less likely to result in lifelong negative outcomes.

Like the other CHIP priority areas (suicide, substance use and housing instability and homelessness), factors connected to the COVID-19 pandemic, such as loss of a family member, social isolation, economic decline, family stressors, new or worsening mental health symptoms, increased substance use and disruptions to work and school, have been associated with increased risk for ACEs and toxic stress. The California Surgeon General's Office reports in the "Roadmap for Resilience" that, at a population level, a crisis like the COVID-19 pandemic tends to worsen already harmful social inequities and health disparities. As reported in KidsData, before the COVID-19 pandemic, "millions of families in the U.S. struggled with poverty, food insecurity, housing instability, mental illness, and difficulty accessing quality health care, education, and other resources." The pandemic made these issues significantly worse. Some families were especially impacted by the pandemic, including those already working hard to make ends meet, people who work hourly, and those with unstable jobs, families of color (who faced health and social inequities before the pandemic) and families with young children or children with special health care needs.



The “Roadmap for Resilience” reports that ACEs impact all communities, but “social and structural inequities disproportionately concentrate ACEs, toxic stress, their precursors, and their consequences in racially, socially, and economically marginalized communities.” Additionally, recent research recognizes that the impact of a parent or caregiver’s exposure to ACEs and toxic stress may be passed down through future generations. Acknowledgement of intergenerational trauma or intergenerational transmission of adversity allows for an expansion from a focus only on the transmission of ACEs from an individual to their children to that of historical trauma passed from one generation to the next. Further, “[b]ringing the lens of historical trauma to trauma work ‘creates an emotional and psychological release from blame and guilt about health status, empowers individuals and communities to address the root causes of poor health, and allows for capacity-building unique to culture, community, and social structure.’”

While ACE score data broken down by race/ethnicity or other demographics do not currently exist for Humboldt County, additional data show the inequitable impact of adversities and risk for toxic stress in communities in Humboldt. In an ACEs Aware Supplemental Training titled “Ka’m-t’em: The Impact of ACEs and Toxic Stress on Indigenous Communities” Dr. Kishan Lara-Cooper (Yurok/Hupa/Karuk) explains that Indigenous communities are disproportionately impacted by additional factors that can influence toxic stress. In Humboldt County, some of these factors include disproportionately high rates of substantiated cases of child abuse and neglect and Native children in foster care, and high percentages of Indigenous students reporting thoughts about ending their lives by suicide. The Ka’m-t’em training explains how intergenerational trauma connected to historical experiences, like genocide, boarding schools and removal from homeland, has impacted California Indigenous communities and resulted in present day social indicators and health disparities. Dr. Lara-Cooper explains that research has linked these disparities to social, economic, cultural and political inequities. This is the impact of intergenerational trauma compounded by present-day adversities. It’s important to note that health disparities, social indicators and struggles are not the whole picture of Indigenous peoples. The K’am-t’em training describes that Indigenous communities are thriving, flourishing and bringing back ceremony and language. Protective factors and resilience are also passed down through generations, and the training shares testimonials from local Indigenous youth and adults who describe the healing impact of connection to culture, family and homeland. To learn more, please visit the K’am-t’em Indigenous Knowledge website at <https://kamtem-indigenouknowledge.com/>.

The other CHIP priority areas (suicide, substance use and housing instability and homelessness) are connected to one of the 10 original ACEs and are also risk factors for toxic stress. This interconnection can offer hope that addressing one area, like healthy beginnings and ACEs, may have a positive effect in another, like substance use or suicide. All priority areas share protective factors and many primary prevention strategies and are impacted by the same historical and present-day social and structural inequities. The Humboldt County community has been and continues to work collaboratively across multiple sectors to prevent and address the impact of ACEs and toxic stress. This work includes looking upstream at the inequities, systems and SDOH that impact communities’ abilities to live long and live well. The following sections outline some local data and highlight the ongoing work being done in Humboldt County to address ACEs and toxic stress across the community.

Goals and Measurements

This section of the CHIP describes a select number of goals and strategies for this priority area as well as some of the key population health indicators that will be used to track our collective progress toward promoting healthy beginnings and reducing ACEs in our community.

The data shared below are some of the population health indicators that illustrate the reason that Healthy Beginnings and ACEs was chosen as a focus area for the CHIP. Not only does Humboldt County experience high rates of ACEs, but significant disparities also exist between subpopulations within the county. The LWH Data Workgroup met to determine the data to be tracked throughout the course of the CHIP cycle (2022-2027) and will use these indicators as a community



to measure collective progress and guide strategies for promoting healthy beginnings and reducing ACEs in Humboldt County. In cases where comparable data is not available, that cell has been left blank.

Key Health Indicators—Healthy Beginnings and ACEs

Population Health Outcomes					
Health Indicator	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Percentage of births with prenatal care in first trimester (2021); KidsData	82%	88%	87%	74.7% (2020)	
Rate of substance use disorder diagnosis among pregnant people ages 15-44 (2013-15); University of CA San Francisco (UCSF) Community Health Status Report	79.6 per 1,000 hospitalizations		19.9 per 1,000 hospitalizations		
Mood Disorder hospitalizations among women ages 15-44 (2013-15); UCSF Community Health Status Report	1350 hospitalizations per 100,000 women with a mood disorder diagnosis		1106 hospitalizations per 100,000 women with a mood disorder diagnosis		
Smoking during first or third trimester (2013-15); UCSF Community Health Status Report	10.2 per 100 females with a live birth		2.7 per 100 females with a live birth		
ACE Scores (2016-2019); KidsData	29% children with two or more ACEs	TBD	15% children with two or more ACEs		
Percentage of 11 th graders who report having a caring adult at school (2017-19); CA Healthy Kids Survey	67% of student respondents		60% of student respondents		Race/Ethnicity <ul style="list-style-type: none"> • Black/African American: no data • AI/AN: 62% • Asian/Pacific Islander: 58% • Latino: 64% • Mixed (two or more races): 66% • White: 70%
Reports of child maltreatment (2021); UC Berkeley California Child Welfare Indicators Project (CCWIP)	82.9 per 1,000 children		46.6 per 1,000 children		Race/Ethnicity <ul style="list-style-type: none"> • Black/African American: 131.3 • AI/AN: 177.2 • Asian/Pacific Islander: 29.7 • Latino: 35.6 • White: 41.8

Population Health Outcomes

Health Indicator	Current Humboldt County	Target	California	U.S.	Disparity in Humboldt County
Substantiated cases of child maltreatment (2021); UC Berkeley CCWIP	7.3 per 1,000 children		6.6 per 1,000 children		Race/Ethnicity <ul style="list-style-type: none"> • Black/African American: 0.0 • AI/AN: 32.8 • Asian/Pacific Islander: not available • Latino: not available • White: 4.5
Children in foster care (2021); UC Berkeley CCWIP	13.5 per 1,000 children		5.5 per 1,000 children		Race/Ethnicity <ul style="list-style-type: none"> • Black/African American: 44.7 • AI/AN: 63.9 • Asian/Pacific Islander: not available • Hispanic/Latino: 5.5 • White: 11
Domestic violence calls for assistance (2020); KidsData	7.4 per 1,000 adults		6.1 per 1,000 adults		

Strategy Map—Healthy Beginnings and ACEs

Below are some examples of how Humboldt County is working together to promote healthy beginnings and reduce ACEs. The efforts listed below are not exhaustive and are intended to serve as examples of how our community is putting some of the above-mentioned goals and strategies into action. Appendix G outlines some of the LWH partners that identified as engaging in these prevention strategies.

Humboldt County CHIP 2022-2027 Healthy Beginnings and ACEs Goals and Strategies

Community Level Strategy / Goal Map	
Goal #1: Promote a healthy start and ongoing protective factors for children and families	Increase access to culturally responsive parent education and family strengthening programs / services ●
	Increase protective factors for youth (e.g., cultural connectedness, positive life skills, mentorship opportunities, etc.) ●
	Increase level of awareness and education in the community about ACEs, trauma-informed care and resiliency ●
Goal #2: Increase capacity to identify and treat ACEs	Increase community coordination / collaboration around Healthy Beginnings, ACEs, and resiliency ●
	Increase # of people trained on and providing ACEs screening ●
	Increase # of children and adults screened for ACEs ●
Goal #3: Promote trauma-informed/responsive services and environments	Increase # of infant-family and early-childhood mental health certified providers ●
	Increase infant / early childhood mental health professional development opportunities for providers ●
	Increase # of people trained trauma-informed / responsive practices ●
	Advocate for policies that promote healthy beginnings, childhood mental health and integration of trauma-informed practices. ●

Last updated 6/10/22

Goal 1: Promote a healthy start and ongoing protective factors for children and families ●

- Several agencies across Humboldt County provide support for parents and families to foster a healthy start for children and reduce the risk and impact of ACEs. For example:
 - Home visiting programs provide support for families from pregnancy into the early years of a child’s life. The goal of these programs is to support healthy pregnancies, prepare families to bring babies home and empower mothers to become confident, skilled parents able to prepare for successful futures.
 - Paso a Paso offers preventative information and support to the Latino community. The program’s bi-lingual staff provide childbirth education, breastfeeding support, parenting classes, home visits, resource referrals and support groups to communities served by Providence St. Joseph Hospital and Redwood Memorial Hospital.
 - Perinatal service coordination and support is also available to improve the health of moms with low incomes and give their babies a healthy start in life. These services connect pregnant women with prenatal care providers and provide them with health and resource information.
 - Some programs offered in Humboldt County are intended to provide more tailored support to moms and families impacted by specific challenges, such as substance use (their own use or that of a family



member). Some programs provide substance use disorder treatment specifically for moms, and others provide critical support services, like parenting support, housing resources, home visiting services, care coordination, transportation to and from appointments and connection to substance use support. One example is the Road to Resilience, which connects pregnant and/or parenting women—who qualify and enroll with United Indian Health Services—with Community Healthcare Representatives who can connect families with resources and support them to reach their goals.

- Playgroups for children 0-5 and their caregivers are held across the county to provide a safe and supportive environment for building confidence, connection and community. Playgroups offer children and caregivers an opportunity to connect with community and provide access to developmental information.
 - Parenting classes are available in Humboldt County, in both English and Spanish, and aim to connect families with needed resources, promote skill-building (e.g., cooking, family goal-setting), and support parents to develop experiences and activities that support their child’s growth and development. Some programs offer one-on-one parenting support as well.
 - The Humboldt Network of Family Resource Centers (HNFRC) is an organization that focuses on providing families with needed resources and information including, but not limited to, accessing childcare, food security and nutrition programs, clothing, support groups, employment information, referrals to other services, help filling out applications and transportation assistance.
- Many organizations across Humboldt County focus on providing opportunities to increase protective factors for young people through things like building positive life skills, connecting to culture and community, and developing trusting relationships with supportive adults. Some examples include targeted activities for Native youth to connect to traditional tribal cultures, outdoor and virtual cultural and community activities and affinity groups, supplying materials and instructions for at-home activities for young people and families, mentor relationships, empowerment groups for youth offered both on school campuses and in virtual spaces and skill-building support. Youth advocacy and leadership development opportunities also exist across the community, some of which are specific to transition-aged youth (ages 16-26) who have been impacted by systems like foster care, juvenile justice, mental health and homelessness services. Additionally, several specialists in the county school system focus on belonging, and numerous community-building opportunities are offered for school staff to support their students.
 - Work is happening across sectors in Humboldt County to increase education and awareness in the community about ACEs, trauma-informed care and resiliency. Local nonprofits, tribal entities, educational organizations, government agencies and beyond are providing training to staff and parents on these topics. First 5 Humboldt launched an ACEs speaker’s bureau, which offers training on PACEs science and trauma-informed care to local Humboldt County organizations, including school districts, the Northern California Indian Development Council, health care clinics, city police and probation departments. Training on the Community Resilience Model (CRM) is also available by request. The First 5 Humboldt website explains that “CRM’s goal is to help to create ‘trauma-informed’ and ‘resiliency-focused’ communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach.”



- “Ka’m-t’em: The Impact of ACEs and Toxic Stress on Indigenous Communities” is a seven-module ACEs Aware supplemental training that has been certified by the Office of the Surgeon General of California and the ACEs Aware Initiative. This training was developed by local Indigenous educators and leaders and utilizes concepts from the book “*Ka’m-t’em: A Journey Toward Healing*” to change and save lives by helping providers understand the importance of screening for ACEs and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress. Goals for this training include the ability to:
 - Define ACEs and their prevalence, identify health disparities in the data and define toxic stress physiology and related impacts on health, including underlying biological mechanisms.
 - Describe how providing trauma-informed care for Indigenous communities of California must include an understanding of their histories and how these experiences relate to intergenerational transmission of adversity and protective factors from an Indigenous perspective.
 - Describe how the content of these modules support screening for ACEs and treatment of toxic stress in Indigenous communities.
- One example of efforts to increase community collaboration and coordination around healthy beginnings, ACEs, and resiliency in Humboldt is the 0-8 Mental Health Collaborative. The Collaborative is a network with multi-disciplinary and multi-agency leaders and practitioners working with young children and their families in the community. As described on the 0-8 Mental Health Collaborative website, the purpose of this group is to share resources and upcoming training opportunities related to infant-family and early childhood mental health and to work together to support free and low-cost training events with the purpose of building a highly qualified workforce capable of supporting young children and families utilizing infant-family and early childhood mental health knowledge, practices and principles. Additionally, a UCSF SAMHSA grant supported the ability to focus on increasing capacity and cross-system care around mental health services.
- Another example of an effort to reduce ACEs—by increasing community collaboration, education, coordination and increasing access to the SDOH—is the Family First Prevention Services Act. This combination of federal and state legislation aims to reduce the number of families entering the Child Welfare System and the number of children and youth entering foster care through the provision of primary and secondary prevention services and programs to community-based organizations and tribes.

Goal 2: Increase capacity to identify and treat ACEs ●

- The ACEs Aware Initiative prioritized identifying and treating ACEs and toxic stress through increasing the number of medical providers trained to screen for ACEs and the number of children and adults screened in Humboldt County with funding to the Open Door Community Health Centers.
- One example of efforts to increase the number of infant-family and early childhood mental health certified providers is HCOE’s work to offer a career tech option focusing on mental and behavioral health classes at two to three local high schools to try to increase exposure to career paths in this area.
- The 0-8 Mental Health Collaborative focuses on efforts to increase infant/early childhood mental health professional development opportunities for providers through supporting free and low-cost training events with the purpose of building a highly qualified workforce capable of supporting young children and families utilizing infant, family and early childhood mental health knowledge, practices and principles.



Goal #3: Promote trauma-informed / responsive services and environment ●

- Work is happening across sectors in Humboldt County to increase the number of people trained in trauma-informed/responsive practices. Nonprofits, tribal entities, government-run programs, education, law enforcement and other groups are offering trainings and other educational opportunities for staff, community partners and members to create a more trauma-responsive county.
- Advocating for policies that promote healthy beginnings, childhood mental health and integration of trauma-informed practices is a strategy that impacts all goals in all the CHIP priority areas. Some policy examples include:
 - Smoke-free multi-unit housing policies that protect children and families from second-hand smoke at home.
 - Tobacco Retail License ordinances that restrict where licensed retailers may operate, reduce illegal sales to youth, expand the definition of a “tobacco retailer,” reduce the sale of flavored tobacco products and restrict advertising and promotion of them, and increase the penalties for violations.
 - The County of Humboldt has dedicated general fund dollars to ACEs prevention and resilience promotion grants since 2017 to fund community-driven projects by community-based organizations. In addition, recently \$4.8 million was allocated to support childcare infrastructure, bolstering family and business support of essential services.
 - The Humboldt County 2021 State and Federal Legislative Platform, states support for “increased funding to prevent and address the impacts of ACEs, including care coordination, home-visiting programs, behavioral health services, trauma informed practices and health education programs that promote positive childhood experiences.”
 - Additionally, the county Platform “supports legislation to reduce child poverty, expand child tax credits and increase access to affordable, high-quality childcare and early learning programs...federal investment in mental health and substance use disorder workforce, training, prevention and treatment.”



Next Steps

This CHIP lays out a baseline understanding of shared goals, strategies and measures for Humboldt County when it comes to behavioral health, housing instability and homelessness, healthy beginnings and ACEs. While there is a lot of great work already underway across the county to address these priority areas, our community is aware that disparities still exist and that there are opportunities to enhance our collective approach to health equity.

With the launch of the 2022-2027 Humboldt County CHIP, next steps include:

- **Build LWH leadership structure.** Build a robust leadership team and workgroups that are representative of our diverse community partners and members.
- **Identify true collective impact objectives, measures and targets.** Identify what specific strategies, action steps and progress measures LWH partners would like to focus on together to make a collective impact for our community.
- **Provide CHIP progress updates.** Provide opportunities for community engagement in and dialogue about CHIP work including reviewing progress on and making updates to CHIP strategies, action plans and data to measure impact.
- **Improve collaboration.** Build relationships with partners who bring essential perspectives for advancing health equity and improving collaboration.
- **Develop and launch a data dashboard.** Build a public-facing dashboard to increase accessibility of the CHA, CHIP and other community health improvement resources.
- **Sharpen the focus on equity.** Use an equity lens across the strategies to prioritize efforts that reduce unfair differences in outcomes among vulnerable populations in our community.

The more community members and partner organizations that engage with these health improvement efforts, the more successful we will be. LWH's goal is to make this work transparent and accessible. LWH welcomes feedback on how we can continue to improve our work to ensure that this plan promotes health for all communities within Humboldt County. If you are interested in being part of LWH and/or CHIP implementation, please reach out to our CHIP Core Team at Livewellhumboldt@co.humboldt.ca.us.

This CHIP and our collective action are the catalyst for changing the SDOH and improving health for all in Humboldt County. We look forward to ongoing partnership, learning together and celebrating our successes as we work toward health equity in Humboldt County.

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Appendix B: Glossary

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness and substance misuse in adulthood.

Community Health Assessment

A Community Health Assessment (CHA) is a systematic examination of the health status indicators that offer a snapshot of our community's health and the factors that influence it, including behaviors, nutrition, policy and both the man-made and natural environment. The CHA informs the update to the Community Health Improvement Plan and is a resource for planning and policy making.

Community Health Improvement Plan

The Humboldt County Community Health Improvement Plan (CHIP) is a communitywide action plan that outlines how multiple partners, working together, are collectively addressing priority health issues over the next five years to reduce health disparities, promote health equity and improve overall population health in our county.

Cost-burdened

Cost-burdened households are defined as those that pay more than 30 percent of their income for housing, and may have difficulty affording necessities such as food, clothing, transportation and medical care.

Food Insecurity

Lack of consistent access to enough food for an active, healthy life because of a lack of money or other resources. Includes reduced quality, variety, and desirability of diet, in addition to disrupted eating patterns and reduced food intake.

Health Disparity

A measurable difference in health or opportunities between groups of people where one group is affected more than another. These differences are preventable and tend to be experienced by socially disadvantaged populations.

Health Equity

Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

Health Inequities

Preventable differences in the distribution of disease, and death that are systematic, patterned, unjust and associated with imbalances in power and systems of oppression.

Healthy Beginnings

Healthy beginnings start before a child is born. A healthy beginning sets the stage for health and well-being for a person's entire life. Let's Get Healthy California states that, "women's health before and during a pregnancy including access to health care, economic stability and social support, along with health of family and community, all contribute to a healthy start."



Housing Insecurity

Housing insecurity is an umbrella term that encompasses several dimensions of housing problems people may experience, including affordability, safety, quality, insecurity and loss of housing.

Live Well Humboldt

Live Well Humboldt (LWH) is a collective impact initiative guided by the partnership, expertise and passion of individuals and organizations from multiple sectors across Humboldt County working to improve health and well-being in our community.

Point-in-Time Count

The biennial Point-in-Time (PIT) count takes place in communities across the U.S. on a single night during the last 10 days of January, as required by the U.S. Department of Housing and Urban Development (HUD). Numbers from the count are used by the State of California to allocate funding to counties to address homelessness and housing. The PIT is not a perfect count of people experiencing homelessness, but for now, these one-night “snapshot” counts are the best source of data available for understanding the scope of homelessness and measuring progress toward reducing it.

Population Disparity

Population-specific differences in the presence of disease, health outcomes or access to health care. These disparities are often linked to social determinants of health impacting these populations.

Population Outcome Measure

Indicator which helps to quantify health improvement progress within a priority area.

Priority Area

Broad, health-related areas for CHIP work identified through the prioritization process using CHA data.

Protective Factors

Conditions or attributes of individuals, families, communities or the larger society that mitigate or eliminate risk.

Risk Factors

A condition, behavior or other factor that increases risk.

Social Determinants of Health

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. SDOH are grouped in five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment and social and community context.

Years of Potential Life Lost

Years of Potential Life Lost (YPLL) involves estimating the average time a person would have lived had they not died prematurely.

Appendix C: Acronym List

ACEs	Adverse Childhood Experiences	HOPE	Healthy Outcomes from Positive Experiences
ACS	American Community Survey, U.S. Census Bureau	HTLC	Humboldt Tenant Landlord Collaborative
AI/AN	American Indian/Alaskan Native	HUD	U.S. Department of Housing of Urban Development
ASUP	Alliance for Substance Use Prevention	LGB	Lesbian, Gay, Bisexual (aka LGBTQ)
BARHII	Bay Area Health Improvement Initiative	LWH	Live Well Humboldt
CCS	California Children’s Services	MAT	Medically Assisted Treatment
CCWIP	California Child Welfare Indicators Project	NCHIIN	North Coast Health Improvement and Information Network
CDC	Centers for Disease Control and Prevention	NCIDC	Northern California Indian Development Council
CDPH	California Department of Public Health	NIDA	National Institute on Drug Abuse
CHA	Community Health Assessment	OAC	Opioid Awareness Coalition
CHIP	Community Health Improvement Plan	PACEs	Positive and Adverse Childhood Experiences
CHNA	Community Health Needs Assessment	PIT	Point-In-Time Count
CIE	Community Information Exchange	SAMHSA	Substance Abuse and Mental Health Services Administration
CRM	Community Resilience Model	SDOH	Social Determinants of Health
C-SSRS	Columbia-Suicide Severity Rating Scale	SFR	Suicide Fatality Review
CST	Community Strategies Team	SUD	Substance Use Disorder
DHHS	Department of Health & Human Services	SUN	Substance Use Navigator
HCOE	Humboldt County Office of Education	YPLL	Years [of] Potential Life Lost
HCV	Hepatitis C		
HHHC	Humboldt Housing & Homelessness Coalition		
HHRC	Humboldt Harm Reduction Coalition		

Appendix D: Suicide Data Workgroup Partners

Note: This list includes most of the organizations that participated in the process of data needs identification.

- Big Brothers, Big Sisters of the North Coast
- Cal Poly Humboldt - Student Health & Wellbeing Services
- City of Trinidad
- DHHS – Child Welfare Services
- DHHS – Public Health Epidemiologist
- DHHS – Public Health - Health Equity
- DHHS – Public Health - Healthy Communities Suicide Prevention Network
- DHHS – Quality Management Services
- HCOE
- Humboldt County Probation Department
- Humboldt Independent Practice Association
- NCHIN
- Open Door Community Health Centers
- Redwood Conecta
- Rx Safe Humboldt
- United Indian Health Services - Suicide Prevention Program
- United Indian Health Services - Health Promotion Program
- Veteran’s Administration
- Yurok Tribe - Hoh-ke-pek’ Program
- Yurok Tribe - Noh-sue-no-wow’ Suicide Prevention Program
- Yurok Tribe - Public Health
- Yurok Tribe - Victim Wellness Program
- Yurok Tribal Court Suicide Prevention Program



Appendix E: Substance Use Data Workgroup Partners

Note: This list includes most of the organizations that participated in the process of data needs identification.

- Big Brothers, Big Sisters of the North Coast
- California Center for Rural Policy (CCRP)
- Changing Tides Family Services
- DHHS – Child Welfare Services
- DHHS – Public Health – Healthy Communities Substance Use Prevention
- DHHS – Public Health – Healthy Communities Suicide and Violence Prevention Program
- DHHS – Public Health – Healthy Communities Tobacco Free Humboldt
- First 5 Humboldt
- United Indian Health Services – Health Promotion and Education
- ASUP
- Humboldt Area Center for Harm Reduction (HACHR)
- Humboldt Independent Practice Association
- Rx Safe Humboldt Coalition
- Yurok Tribal Court
- Yurok Tribe – Hoh-ke-pek’ Program
- Yurok Tribe Wellness Coalition



Appendix F: Housing Insecurity & Homelessness Data Workgroup Partners

Note: This list includes most of the organizations that participated in the process of data needs identification.

- Big Brothers, Big Sisters of the North Coast
- DHHS – CalWORKs
- DHHS – Behavioral Health
- DHHS – Public Health – Environmental Health
- DHHS – Public Health – Office of Performance Improvement and Accreditation
- DHHS – Social Services
- Humboldt Area Center for Harm Reduction
- Humboldt County Association of Governments (Regional Transportation Planning Agency)
- Humboldt County Office of Education
- Humboldt County Planning & Building Department
- Humboldt Independent Practice Association
- Providence St. Joseph Hospital
- UPLIFT Eureka
- U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing
- Yurok Tribe Health and Human Services
- Yurok Tribe, Hoh-ke-pek' Program

Appendix G: Healthy Beginnings/ACEs Data Workgroup Partners

Note: This list includes most of the organizations that participated in the process of data needs identification.

- Big Brothers Big Sisters of the North Coast
- California Center for Rural Policy
- Child Abuse Prevention Coordinating Council of Humboldt
- City of Eureka Mayor's Office
- DHHS – Public Health - Maternal, Child and Adolescent Health Program
- DHHS – Public Health - Field Nursing Program
- DHHS – Public Health - Healthy Communities
- DHHS – Public Health - Office of Performance Improvement and Accreditation
- DHHS-PH Oral Health Program
- First 5 Humboldt
- HCOE Prevention and Intervention Services
- Humboldt Area Center for Harm Reduction
- Humboldt County Office of Education
- Humboldt Independent Practitioners Association
- Humboldt Superior Court – Juvenile Court
- NorCal 4 Health
- Northcoast Children's Services
- Open Door Community Health Centers

