



Fall

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Colin Bettis and Shamiel Kiel.

Partnership Program Helps Local Family Thrive



Eureka mom Tricia Silvey (pictured with her son Taylor and daughter Faith) enrolled in the NFP program when she was pregnant with Faith in 2010.

► Tricia Silvey didn't plan to have children and had no experience with babies, but in 2010 she became pregnant.

"I had no idea what I was doing. I hadn't even babysat," Silvey said.

Looking for guidance and support, she enrolled in Nurse-Family Partnership (NFP), a national program offered locally by DHHS, and geared toward income-qualifying first-time mothers. The program pairs the mother with a nurse who visits regularly starting early in the pregnancy and continuing through the child's second birthday.

DHHS Supervising Public Health Nurse Kathryn O'Malley, who runs the NFP program in Humboldt County, said new and expectant parents have a lot of questions.

"They ask, is this normal? Am I doing this right?" O'Malley said. "As nurses, we get the opportunity to become that trusted mentor in the lives of first-time parents from the beginning. This relationship lasts for over two years and truly helps support the family in visualizing a healthy future for themselves and their children."

Silvey said, "I didn't even know what questions to ask, but my nurse was by my side for everything."

Her nurse was there for prenatal visits and met her at the hospital shortly after she gave birth to her daughter, Faith. And following her birth, Silvey said her nurse was there to support her to breastfeed and learn how to parent.



Director's report by Connie Beck

► This month's newsletter is book-ended by two different kinds of success stories. On the front cover is Eureka mother Tricia Silvey who had a baby before she was ready and was helped by DHHS's Nurse-Family Partnership program, which paired her with a Public Health nurse during her pregnancy and throughout the first two years of her child's life. We learned Tricia's story after posting information about the program on Facebook. She commented to let us know how helpful the program had been to her, and so we reached out and found that she is now a full-time mother of two, a volunteer in her church and her community, who credits her success as a mother to her own mom and to her participation in this program.

When we hear the term "success

stories," when we think of the positive effect DHHS can have in people's lives, this family's smiling faces are the kind of picture we see in our heads. We see healthy babies, loving parents. We see people who once relied on services with good jobs and stable housing. We see wellness, self-sufficiency and sobriety. What we don't often see, however, is just how hard-won and incremental some of those successes can be.

On the back cover of this newsletter is a story about our homeless outreach services and some of the lengths our employees will go to to get people in housing and then keep them there. Supervising Mental Health Clinician Kelly Johnson talks about a man she spent a lot of time with trying to get him off the streets. After a year of work that did not at all look like success, he began participating in Mental Health services and

was eventually able to move into permanent supportive housing.

But relapsing is often part of the process. "Clients do decompensate," Kelly said. "They have increases in symptoms. That's a normal part of mental health recovery." This particular man's path to success took him through a complete breakdown and a forced hospitalization before he was stabilized and returned home, where staff once again engaged him in the hard work of recovery.

We don't have any glossy pictures of the man on the back cover. I can't tell you his name. But I'm as proud of him as I am of Tricia Silvey and her beautiful family for the effort he has made to change his life, for the fact that he gets up in the morning and keeps trying, and that even when he fails, he's brave enough to try again. That, I think, is a good definition of success for all of us. ◀

Safety focus of car seat event

► Ten-month old Izabella Freitas and her mom Amberlee were just two of the people who took advantage of the Sept. 22 free car seat checkup at the Target parking lot. The event was coordinated by the Humboldt County Child Passenger Safety Program in partnership with the California Highway Patrol, Target and Lisa Fryrear of State Farm Insurance. Certified child car seat technicians were on hand to show infant and child-sized car seat installations. ◀



From left: Teolinda Salas Meza and Soledad Torres demonstrate proper procedures for Izabella and Amberlee.

I like Humboldt



by Mark Lamers, Mental Health Senior Program Manager

► I was recently having a conversation about the issue of recruiting for doctors, nurses and clinicians here at DHHS Mental Health, and I remarked, “I’m not sure why this is so challenging, I don’t know why folks wouldn’t want to work here!” Well, I was then asked to put my reasons for loving Humboldt County and my job here into a newsletter article, so, here goes...

I grew up in Northern California but ended up in Los Angeles for graduate school and my training as a psychologist. I worked in the L.A. County non-profit mental health system, which was sprawling and huge, but was still overwhelmed by the sheer numbers of mentally ill persons needing to be served. I felt like there was a gigantic tsunami of unmet mental health needs towering over the city, and it was pretty exhausting to work in that environment. In addition, I usually had to drive at least 45 freeway minutes to my work sites—a drive that

could turn into a three-hour nightmare due to accidents or weather.

So, coming to Humboldt with my family was really a positive life change. Now I drive about 10 minutes to work, and I give a wave to Danniell, the world’s tallest cow, as I come into town down Old Arcata Road. I get to work with dedicated, skilled colleagues whom I genuinely like.

One of the real strengths of being within the county system is that many of our folks are union members with strong benefits, including a pension. These care providers are in it for the long run, this is their career, and they will be here next week and next year. This kind of institutional stability enables all of us to establish relationships across our system of care, so we are able to better help one another when challenges and problems arise.

This is another one of the things I most appreciate about Humboldt County: the issues we face here have a reasonable scale. When we are trying

to solve a problem, we can get people to address it to sit around one table. We are also able to see the outcome of the decisions we make pretty immediately. This is especially clear to me when I see one of our consumers make significant progress in recovery. The good things we frequently do in our agency have an immediate, visible benefit to our consumers and our community.

I know our community has its challenges, but everywhere one might want to live these days has them. I appreciate that my children are in excellent and safe schools here, I appreciate that I never have to sit fuming in traffic, that I can drive 15 minutes and be alone on a beach or out in the wild woods, and that I am surrounded by one of the most beautiful places I’ve ever been everywhere I go in Humboldt. Before I finally moved here, I always felt bad when I came to visit and had to leave. Now, wherever else I go, I always feel good coming home to Humboldt. ◀

Longtime public health nurse retires

► Public Health Nurse and Immunization Coordinator Susan Wardrip retired after 23 years of service. Susan helped in the creation of the California Immunization Registry, the database used statewide by nurses, doctors and pharmacies to track individual immunization records. She also administered around 8,000 vaccines a year to local residents, a big part of keeping Humboldt County healthy. ◀



Supervisor Virginia Bass and Susan Wardrip.



Above left, Public Health’s Emergency Preparedness Coordinator Adam Brudney is also moving on. Thanks to both for their hard work, Susan and Adam.

SafeCare helps parents make positive changes

► SafeCare parenting program participants in Humboldt County are seeing positive changes in the way they parent.

The nationally recognized, evidence-based program is geared toward parents and caregivers of children from birth to 5 years old who are at risk of or have been reported for physical abuse or neglect.

DHHS Public Health Director Michele Stephens said home visiting programs are one of the keys to preventing child abuse and neglect.

“This is a parenting curriculum that teaches parents how to positively interact with their young children, recognize hazards in the home and respond to illness and injury,” Stephens said. “Having a SafeCare worker meet with parents in their homes improves parent-child communication and problem solving and reduces the risk of abuse or neglect.”

Since the program started in the county in 2013, 104 families have successfully completed it.

The program focuses on three key themes: Parent-Child Interaction, Health and Home Safety. For a period of between 15 and 20 weeks, participating parents receive a weekly visit with their certified SafeCare provider.

“SafeCare has been a big success in Humboldt

County since we implemented it,” said Susan Lashbrook, Senior Public Health nurse and SafeCare coordinator. “Parents really love the one-on-one teaching in their homes by our certified SafeCare home visitors. Not only do they get the benefits of a useful curriculum, they also receive a lot of general support.”

The Parent-Child Interaction mod-

ule teaches parents about age-appropriate activities they can do with their child including play, meals and outings. Parents of babies are shown how to interact with their baby to improve development and bonding. Providers observe the daily routines and parent-child play and address problematic behaviors while also reinforcing positive behaviors.

The goals of the Health module are to train parents to use health reference materials, prevent illness and identify symptoms of childhood illness or injuries. Through role-play with their provider, parents are taught how to assess situations and determine whether they can be treated at home, or medical or emergency medical treatment needs to be sought.

Finally, the Home Safety module helps parents identify safety and health hazards and how to make their home safer for their child.

Once graduating from the program, Stephens said many parents report feeling less stressed and seeing their child’s behavior as less problematic. “They learn better coping skills to manage their child’s behavior.”

Participants are referred to the program by staff from local hospitals and medical clinics, as well as through DHHS. Participants can also self refer.

For more information about the program, call 707-441-5075 or visit humboldt.gov/361/SafeCare. ◀

SAFECARE BY THE NUMBERS



Help Wanted

► DHHS is currently recruiting qualified applicants for a variety of positions. For a list of job opportunities, visit humboldt.gov/hr and click **Job Opportunities**, or contact Employee Services at 707-441-5510. ◀



Staff competition provides school supplies to local children



Crouching in front, Bodie and back row from left, Social Services staff Nancy Koval, Pam Forbes, Nancy Allen, Plato Clifford, Brianna Dustin, Katelyn Walsh, Lena Borden, Chloe Brown, Caitlyn Newman, Sabrina Boschee, Kelly Hampton and Sarah Ireland.

► School supplies filled the hallway at DHHS's Koster Street facility where Social Services programs had competed to see who could collect the most donations for local children. The competition started when CalWORKs staff began gathering supplies and invited Health & Nutrition Services (HNS) to join in. It spread to General Relief and Welfare-to-Work. More than 30 backpacks were collected, filled with paper, pencils and notebooks. At final tally, HNS was declared winner. "These items are literally going to get kids to school,"

said Alex Bodie of the Family Resource Centers (FRC) network. Her team distributed the supplies at 17 FRCs throughout the county. Her first problem, however, was figuring how to get the dozen boxes of goods into her vehicle. ◀

Day of Hope to focus on foster parenting information

► The Day of Hope is coming to the Sequoia Conference Center on Saturday, Oct. 14, and organizers Dale and Jill Maples presented an outline to the Board of Supervisors at a September meeting. Members of The Forgotten Initiative, the Maples used the time to invite people who have considered foster parenting to learn about the process and things to expect. An orientation will be included as well as foster parent training hours. For more information and to register for the event, visit adayofhopehc.eventbrite.com. ◀



From left: Jill, Dale and DHHS Director Connie Beck following the Sept. 12 presentation. DHHS is a co-sponsor of the event.

Suicide Prevention Month



Back row from left: Marian Strong, Kristen Smith, Rob England, Heather Freitas and Alissa Leigh. Front row from left: Shanley Masten, Linda O'Hara-Scott, Kris Huschle and Sarah Scott.

► The Suicide Prevention Network, made up of members of United Indian Health Services, K'ima:w Medical Center and DHHS gathered outside the courthouse after their presentation to the Board of Supervisors. ◀

Program helps house homeless families

► A mother with a long history of homelessness and poor credit was unable to access low income housing and was living in a local shelter with her new baby. She was able to get assistance through the DHHS Housing Action Program (HAP).

HAP, which uses the rapid rehousing model, is funded by a Housing Support Grant from the California Work Opportunity and Responsibility to Kids (CalWORKs) program. HAP serves qualified applicants who are homeless or have been legally evicted, helping them find housing and get connected to other services

and supports.

The program uses Housing Action Teams made up of the family, a social worker, social services aide and representatives from CalWORKs Welfare-to-Work, the Employment Training Division, Mental Health, Public Health, Child Welfare Services and other community partners. Specific services are based on each family's needs.

The woman's Housing Action Team worked with a local property management company, helped her apply for unsubsidized, affordable housing and provided her security deposit and basic housing supplies. Once settled, the team connected her to a Family Resource Center, and she enrolled in CalWORKs employment services.

Since the program's launch in October 2015, 120 families (393 people) have been housed, and two families were able to avoid eviction.

"These Housing Action Teams are great because they are able to provide a variety of customized necessary services to not only help get families into housing, but to keep

them there," said Marti Hufft, CalWORKs program manager at DHHS.

The team assists each family in developing an action plan to obtain and retain permanent housing. During frequent visits, team members provide a range of services including housing search and rental application assistance, credit report and/or repair services (if necessary to remove barriers to housing) and landlord recruiting and liaising. Assistance with first and last month's rent and security deposits, moving expenses and utility deposits, and application or credit check fees may be available.

Once housing is secured, services remain open for up to six months to allow families time to stabilize.

It worked for her, and after receiving subsidized child care for her baby and transportation assistance, she was able to secure a job in customer service.

For more information about this and other CalWORKs programs, and to see if you qualify, visit humboldt.gov/525/CalWORKs or call 877-410-8809. ◀



From left: Housing Action Team members Allan Daniel, Lisa Patterson, Pamela Fishtrom and Rosy Provino.

HAP BY THE NUMBERS*

120
families

393
participants



STARTED
OCTOBER
2015

*as of September 2017

Services to local transition-age youth expand

► Nearly 100 visitors stopped by the TAY Division's new center during its Sept. 19 open house. The M Street space is approximately three times the size of the program's former facility, readily accessible and near public transportation.

"We're finally getting some breathing room," said Humboldt County Transition-Age Youth Collaboration (HCTAYC) Social Worker Leah Lamattina. "I think this will really increase the usefulness of TAY services for young people."

The TAY Division serves youth and young adults ages 16 to 26. The program was established in 2008 to help young people progress toward independence, and serves transition-age youth with lived experience in foster care, behavioral health, homelessness, alcohol and drug treatment and/or the juvenile justice system.

According to Lamattina, transition-age youth are often hindered by past abuse, mental health problems and substance use disorders. Most

have to piece together financial, social, academic, mental health and employment without traditional family supports.

The TAY Division provides counseling services, as well as employment training and the Independent Living Skills program, which includes every-

the involvement of the true experts—the young people who have been impacted by it. Key to their work is the participation of the 11-member Youth Advisory Board (YAB). Frequently, the office simply serves as a refuge where young people can relax and chat with friends.

"The world can seem like a scary place when you're a kid and it feels like nobody is on your side," said participant and YAB member Elijah Beiser. "The TAY center is a place where I felt like I could belong, where my success really mattered and that made all the difference when I needed it most."

There can be anywhere up to 120 TAY youth, Lamattina said. The new space allows for a larger meeting room for workshops and get-togethers. There is a kitchen, a produce garden, and participants have access to the neighboring laundromat.

The TAY Division is now located at 433 M St, Eureka (between Fourth and Fifth streets). ◀



TAY Division staff gather outside their new location at 433 M St., Eureka.

thing from budgeting, job-retention skills, high school graduation incentives and college campus tours.

Also under the program's umbrella is HCTAYC, an advocacy wing working on policy change and providing training to young people, staff and community partners. HCTAYC is built on the principle that changes to the existing foster care system require

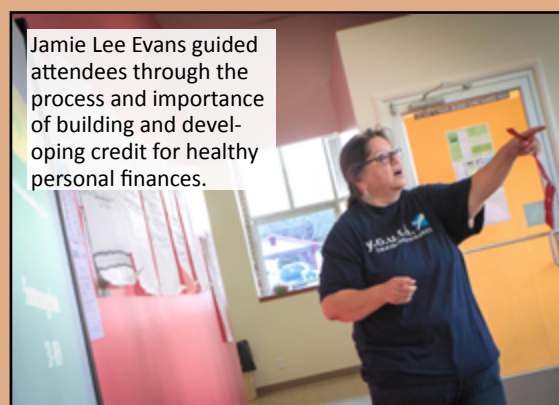
Wellness and excellence rewarded at HCTAYC



from left, HCTAYC staff Leah Lamattina, Calla Peltier-Olson, Draven Keller and Sonya Levy-Boyd.

► The Humboldt County Transition-Age Youth Collaboration (HCTAYC) recently received a Silver award in the 2017 Excellence in Community Communications and Outreach (ECCO) Recognition Program.

The national Substance Abuse and Mental Health Services Administration-sponsored award recognized HCTAYC for its work on the 2016 Directing Change Youth Film Contest, which helps young people create films addressing suicide prevention and mental health. HCTAYC held its annual film screening at the Eureka Theater, inviting the public to see all the entries. ECCO credited HCTAYC for helping advance the efforts of National Children's Mental Health Awareness Day. ◀



Jamie Lee Evans guided attendees through the process and importance of building and developing credit for healthy personal finances.

► In addition to fun events and community building, HCTAYC's Wellness Week in August featured important life skills workshops for local young people. Events and workshops included budgeting, personal organizing, higher education, exercise and cooking classes. ◀



Tricia Silvey says her NFP nurse helped shape her as a mom.

NFP BY THE NUMBERS*

96 families

71 children

25 pregnant mothers



STARTED
JULY
2009

167 graduates

"I was a really awkward first-time mom. She helped me venture out into the community with my baby. She helped me get my confidence back."

NFP is one of the most rigorously tested parenting programs of its kind. Mothers and children who have participated in the program consistently demonstrate significantly improved prenatal health, fewer subsequent pregnancies, increased maternal employment, improved child school readiness, reduced involvement in crime, and less child abuse and neglect and fewer injuries.

There are currently 96 local mothers enrolled in the program. Twenty-five are awaiting the birth of their child. Nationally, the evidence-based program serves families in more than 570 counties. Since the program was brought to Humboldt County in July 2009, 167 families have graduated.

DHHS Public Health Director Michele Stephens said NFP helps provide women with needed support starting at pregnancy. "Nurse-Family Partnership provides a unique opportunity for new mothers in Humboldt County through home visiting, which is a wonderful way to support the development of both mom and baby."

Silvey said her time in the program was positive, and her nurse was dependable

and helpful. "I really lucked out." She added that her nurse was her biggest advocate and provided her with the support she needed.

These days, Silvey is a stay-at-home mom to 5-year-old son Taylor, and Faith, who is almost 7. She spends time volunteering in the community, including at her church's nursery, and shuttling Faith and Taylor to their school in Eureka, appointments and activities.

She credits her success as a mother to being a part of the program. "My nurse and my own mom, honestly, were the ones that really shaped me as a mom. Nurse-Family Partnership was incredibly helpful to me. I have nothing but good to say about this program."

For more information about the program, call 707-268-2105 or visit humboldt.gov.org/578/Nurse-Family-Partnership. ◀

*Enrolled as of September 2017

Homeless outreach team puts ‘more feet on the ground’

► “I always tell my clients, I’ll work with you no matter what. I’m gonna do what I can to stick with you. Wherever you’re at, I’ll do what I can,” Colin Bettis said. Bettis is a community health outreach worker, on the front lines of the DHHS’s evolving homeless outreach efforts.

Recently, DHHS combined its Street Outreach Services (SOS) with the Mobile Intervention and Services Team (MIST) under a single Mobile Outreach umbrella in order to improve assistance to the county’s homeless population.

“It allows us to have more feet on the ground,” DHHS Senior Program Manager Sally Hewitt said. “This is a very, very hard job to do. This allows us to redouble our efforts with a single team.”

According to Supervising Mental Health Clinician Kelly Johnson, who oversees the team, there was some inefficiencies with separate staff working with the same clients. “The SOS RV was operating as a catchall,” said Johnson. It would park in locations frequented by homeless people and wait for visitors. MIST still maintains ride-a-longs with the Eureka Police Department (EPD) and the SOS RV can be found at St. Vincent de Paul’s weekday free lunches, but now two-person teams travel beyond Eureka to impacted areas in McKinleyville, Arcata and Fortuna.

Johnson meets with staff every morning to discuss clients, identify problem areas and strategize client plans. Functioning as a single unit ensures workers are on the same page.

The merger created a roster that includes two mental health clinicians, three mental health case managers, two community health outreach

workers and four peer coaches. Peer coaches have lived experience with substance abuse, homelessness or mental illness themselves or with family members. “A peer coach is much better able to engage people because of their lived experience” said Johnson. “A peer coach is able to relate on a street level—‘I get your experience.’”

“We really can relate to our clients,” said Peer Coach Shamielka Kiel, adding that previous jobs in retail and food service have taught her how to talk to people. “I’ve also learned to shut my mouth and just listen. It’s about

have increases in symptoms. That’s a normal part of mental health recovery,” said Johnson. “We try to prevent that and to minimize damage to landlords. When we see it heading that way we try to figure out alternative solutions.”

Bettis knows the transition to permanent housing isn’t always smooth. “A frustrating part of outreach is that push and pull, when you hear, ‘I’m ready today’... and then tomorrow is a bad day. Outreach takes a lot of time. On the other hand, yesterday a dude came up to me and said ‘I’m

really, really tired of this. I want to try to get some housing and get off the streets.’” Bettis said that he’d seen the man for years and he’d always rebuffed offers of assistance. “He came up and said ‘I don’t have this handled, and I really want to change this,’” said Bettis. The next step will be to have him assessed by a mental health clinician and assist him in finding housing.

Bettis said he’s aware of the public’s frustrations over homelessness as he feels them himself. He’s also aware that people on the streets are more than just stereotypes. “People cast a wide net,” he said, by objectifying the homeless population. “And then you talk to a person and learn they lived this entire life before with success and family and they’re experiencing a really tough time.” Kiel and Bettis agree that helping those folks and making incremental progress keeps them coming back each morning.

“I was born and raised here,” Kiel said. “I realized with this work that I’m really helping my community. A lot of my heart goes into this. This is my way of giving back.” ◀



Part of the Mobile Outreach team, from left: Tom Nash, Colin Bettis, Kelly Johnson, Kevin Thompson, Anna Anguiano, Bryan Spinas and Shamielka Kiel.

establishing trust.”

There are wins and losses, good days and bad. Johnson’s were the first MIST feet on the ground, walking Old Town and the Palco Marsh with EPD. She had worked for over a year to connect with a man who had become a difficult, sometimes combative Old Town fixture. He wasn’t always lucid, Johnson said, and concerned passersby called the police regularly. She got him talking and convinced that he could have some shelter and safety. She helped him connect to mental health services and eventually housing at Arcata Bay Crossing. Initially, things were quiet. But months in, his symptoms worsened.

“Clients do decompensate. They