

# Youth and Families Work Group Planning - 2024

**Participants:** Brooke Sterns, Nicole Mathias; Ann Kee; Shasta Garrison; Ryan Jaramillo; Carissa Parsons, Juanita Carrdiiede; McKaye Treanor; JayDee Porras-Grant; Shasta Garrison; Nancy Rutherford; others?

## Challenges, Focus Areas, and Gaps:

- Existing issues to address would be substance use, violence, vaping tobacco cessation
- “Strengthening Families/Parental Engagement,” – challenge with engaging parents and youth, especially together.
- Get buy-in and engagement from youth and families and community backing and support.

## Programming:

- TINAD; drug and tobacco free events, earth day, Fall Festival; Second Steps (elementary), and other possible programs with the tribe in Schurs Elementary; 4H camps – basketball/youth sports, summer programming, camps, and baseball.
- Note *Project Magic youth take some of the work back into the families*. Project Magic (for truancy and delinquency) one or twice per quarter (Nicole).
- Community Chest (Brooke) and Extension (Ryan): working with Jr./HS youth. Would like to move to working with groups along with strength based, “too good for drugs/violence.”
- Coping skills and classes and engagement of youth and parents, e.g., parenting classes, home visiting (0-5), life skills for 6, 7, 8 grades, and the roll out of building developmental, strength-based assets for middle school youth.

## Goals and Objectives:

1. Extend an invitation to Boys and Girls Club, Chamber of Commerce, and faith-based/groups.
2. Connect and support current programs and existing work vs. starting with new programs.
3. Improve promotion and marketing and utilization of programs, e.g., school and community programs, Boys and Girls Club, After School and summer activities 4H.
4. Finding creative ways to increase utilization and connection between youth and opportunities to reinforce programming
5. Utilize community agencies and the new school websites for communication and mass notice and promotion of events through social media and apps.
6. Existing or new evidence-based programs and other areas around suicide screening and crisis intervention, behavioral health, and substance use-misuse.
7. Promoting NAMI Online Chat and Teen Text and “Ending the Silence” to support telehealth and in-person work. This peer support will assist youth, parents, and teachers.
8. Engaging the community in a common language to make adults and youth more aligned is important. Building unity and trust as a community issue results in changing the culture.

## Opportunities:

- Tobacco cessation program and funding were mentioned as well as abstinence programs (CNHD).
- Explore health district programs and Shasta will following up on that programming and funding. We also discussed using QR Codes, Swag, T-shirts, and bracelets.
- Violence prevention and conflict resolution are needed to address anger and trauma-informed aspects and the deeper work involving bullying. Note SAFE Talk
- Address gang-like culture by finding speakers with lived experience and peer support to change attitudes and the culture to increase belonging.  
Education/Event: parenting in the cyber age, use of technology and social media. Use mentors and role models and de-escalation, e.g., Youth Mental Health First Aid & enhance pro-social behaviors.

## **Behavioral Health Group Committee: Adults/Seniors – 2024**

### **I. Adults/Seniors Support (Rural Clinics, Hospital, Law Enforcement DA, Public Guardian; Transportation; Health District)**

#### **A. *Enhancing Transport/Transportation (medical, crisis, seniors)***

1. Reimbursement for emergency services, payment, short staff, overtime, and out of service due to transporting.
2. Gap in the ages that do not qualify for transportation.
3. Need creative ways to utilize transportation.
4. Transportation weekly to other towns would be helpful. Volunteers needed. RSVP, Good Neighbor (60 plus and older, disabled, vets).
5. ADSD (aging and disabilities) as support and resource.

#### **B. *Crisis intervention***

1. Qualified and trained staff needed
2. Gaps-Barriers: waitlists, openings, location, distance, and transition.
3. Travel and Transport- not be as much of an issue if facilities were available.
4. Virtual Crisis Care (VCC) Avel Tablet Program Status - deflection & diversion.
5. Mental health respite and components of specialty courts may be needed.
6. Assessments and Evaluations - court-ordered or self-referral differences.

#### **C. *Home health services do not currently exist aside from home aid/homemaking (Medicaid).***

1. Older residents, aging population, and grandparents raising grandchildren are in need of support and transportation, e.g., isolation and safety concerns.
2. People with disabilities often have difficulty finding support and transportation.
3. Some residents do not have family members to support them.

#### **D. *Increase community-based/in-home services and support .***

1. Review community meetings, e.g., Celebrate and Smart Recovery, twelve-step, and other faith and secular support for adults.
2. Meetings can benefit from support from agency providers if meetings are stable.
3. In-person, online, remote support and assistance, e.g., NAMI
4. Education and awareness -coordination with resources, transition, and transport.
5. Survey of local and regional services and clinicians including gaps and possible telehealth options or bringing in providers.