

North Bend Youth and Young Adult Community Conversation

1. What type of trauma most impact youth and young adults in your community?
 - a. Domestic violence
 - b. Drugs
 - c. Living with family/parents/siblings who experience mental illness
 - d. Having to protect/care for younger siblings
 - e. Suicide of siblings/friends (6 youth suicides in the last 2 weeks)
 - f. Death of a parent
 - g. CPS situations (kids removed from family and there is minimal follow-up around the event)
 - h. Emergency medical calls
 - i. Family stress/poverty
2. What needs to be considered in developing a youth and young adult trauma response team?
 - a. Support for the schools, which is where kids spend a majority of their time and where symptoms of their trauma often manifest – teachers and staff are overwhelmed trying to meet educational goals as well as manage psychosocial issues and crisis
 - i. Training on how to identify/assess need; how to manage situation in the moment; and how to connect to ongoing services is essential
 - b. System that helps community identify YYAs that have experienced or are experiencing trauma because often adults in the community who could be helpful in providing support are not aware that trauma has occurred or is occurring
 - c. Language barriers impact ability to engage, connect, assess, etc. so interpreter/translation services and culturally responsive services are needed
 - d. Transportation assistance needed to facilitate ongoing linkage to services after immediate crisis is addressed to address ongoing needs and avoid future crisis
 - e. To address geographic issues, to the extent possible, services should go to the individual in need and not rely on the individual to go to the service; this is particularly true for follow-up services which rely on youth/family in crisis to navigate service system and link to services
 - f. Access to the trauma response system needs to be easy
 - g. Trauma response system needs to operate 24 hours a day and 7 days a week, and the response needs to be quick
 - h. Response needs to address acute issue and include follow-up and case management, including wraparound long-term support in the community when appropriate (symptoms of trauma may not manifest initially; individual may need assistance linking to services; etc.)
 - i. Currently, services are focused on helping YYA through initial phase of crisis
 - ii. Currently, there is a lack of resources available to provide YYA who have experienced trauma follow-up and long-term support and counseling services for youth are difficult to find
 - i. Response needs to include telephone crisis line model as well as a crisis team model that can be deployed when needed
 - i. Consider creation of a resource center with mobile units attached that could be deployed when needed

- j. Inventory of services is critical; inventory must be kept current and easily accessible
 - k. Response should be coordinated (currently, social service providers, first responders/law enforcement, schools, family, etc. are not coordinated which contributes to lack of follow-up and long-term support for YYA who have experienced trauma)
 - l. Response system should include resources that are currently available and working (e.g., Friends of Youth, CCORS, Chaplain Program, Crisis Clinic, Trail Youth Program)
 - m. More community education about Safe Place/Safe Haven program so YYA are aware of facilities they can go to in order to get help (fire stations, police stations, etc.)
 - n. Development of resource cards may be helpful for first responders to guide response and connection to services in the community
3. Who should play a key role in implementation of trauma response team?
 - a. First responders, schools, fire, EMS, police, YYA service providers, faith communities (chaplains), youth
 4. What could a response system look like if resources not an issue?
 - a. Response team with a social worker that can be deployed and on the scene within one hour – would allow for first responder team to hand off to social service provider to resolve the immediate crisis and provide case management and linkage to ongoing services
 - b. Need more chaplains (“at least 1 more”) and provide more training and support for chaplains
 - c. More support for or expansion of programs like the CARES program (Bellevue) and SAFE Place
 - d. Database for YYA services – coordinated entry/single portal model
 - i. Must include a case management function b/c database systems often rely on adults in crisis to navigate resources and make connections (or youth in crisis to do this)
 - e. Inventory of services and gap analysis needed to determine redundancies, fully leverage existing programs, and identify ongoing needs
 - f. Community coalition or collective impact model to prevent silos and redundancy and formalize partnerships among YYA social service providers, and other stakeholders and those in the community serving YYA in crisis
 - g. Training for youth on how to identify signs of crisis in friends/family/sibs/self
 - h. Legislative changes may be needed as there are barriers to sharing info related to suicide which impact ability to provide support and prevention services