

Youth Resiliency Committee

A Sub-Committee of the Los Alamos Community Health Council

Collaborating to Build an Engaged, Connected, and Thriving Community

Vision: We envision a community where **all adults are developing awareness and skills** and all youth are **becoming** connected, engaged, and resilient.

Mission: We support youth and family well-being by bringing awareness to strengths and challenges; connecting people, ideas, and resources; and promoting services and activities in our local and neighboring communities. **We aim to celebrate all community members and our interconnectedness and commit to removing barriers and increasing access and a sense of belonging for all.**

August 16, 2021

Welcome and Share – present - George Marsden (YMCA Los Alamos Teen Center Director), Brandi Seekins (LAPS Prevention Support Specialist), Mary Beth Bloser (Health and Wellness and SENG (Supporting the Emotional Needs of Gifted Children) Parent Coach), Eli Argo (Los Alamos Teen Center Assistant Director), Marie Vigil (Youth Activity Center Site Director), Kate Cleveland (Family Nutrition Coach, Family YMCA Health Coach, FSN Board Member), Desaree Jimenez (LA Cooperative Extension Service), Felicity Fonseca (Los Alamos County Library System Community Engagement Librarian), Jenny McCumber (LAPS Foundation Director), Don Casperson (Kiwanis Club and LAPS Foundation), Deni Fell (Los Alamos County Social Services Department Case Coordination Specialist), Rachel Mohr-Richards (Los Alamos JJAB Lead Resource Specialist), Cam Counters (CHC Member), Kristine Coblenz (LAPS Healthy Schools Director), Bob Dryja (CHC Member – picked up resources)

Updates – Brandi Seekins will be primarily supporting the middle school this year and will once again be hosting parent/caregiver book groups this fall (Peaceful Parenting for parents of elementary age students, Brainstorm: the Power and Purpose of the Teenage Brain for parents of tweens and teens). Mary is starting another SENG group for parents of Gifted and Twice Exceptional children in October. The Teen Center is working with the high school to coordinate activities around the Homecoming celebration. The Teen Center and both Youth Activity Centers in White Rock and Los Alamos are open for students. Family Strengths Network is also currently open. The Los Alamos County Fair and Rodeo took place last weekend. Desaree is preparing for another Women's Strong and Healthy Lifestyle Program. The 4H Youth Ambassadors are planning to raise awareness about mental health with a series of social media posts and a monthly info session with a local therapist. Felicity is summarizing the information collected in the library system's recent survey of community members and is willing to present to us when the results are ready. LAPS Foundation will soon open their Fall grant cycles for supporting teachers. Kiwanis is planning a September 4th Fireworks show at Overlook Park. There will be no entry or vendor fees this year but there will be a tent for receiving donations. Deni has been representing the County Social Services Department at the Farmer's Market on Thursday mornings this summer. Let her know if you have brochures or information for her to distribute or feel free to stop by and visit. Social services has printed a new rack card with a QR code linked to their website and resources. JJAB's Youth Mental Health First Aid Classes start in

September and are scheduled (in person and virtual options) monthly throughout the fall. JJAB's One Circle groups for children and youth are accepting referrals. Cam Counters is a member of the County Health Council and is chair of the newly formed committee working on a comprehensive health plan for the community.

Resilience Discussion –

Brief Review of LAMS YRRS 2019 Data – see full survey results attached to email and brief summary attached to the notes

Data represents a snapshot in time (pre-pandemic) of a random sample of 6th-8th grade students. It can be used to inform prevention programs, awareness campaigns, service projects and targeted interventions. Focusing on strengthening protective factors can mitigate risk and decrease multiple negative outcomes. The YRRS will be administered again this fall to students in grades 6-12. Previous years' results can be found at youthrisk.org.

Noted Highlights:

- Percentage of students wearing bike helmets has decreased
- Percentage of students reporting having been bullied has decreased
- Inhalant use, while low, is concerning due to negative effects, safety
- Percentage of students concerned about their weight/ trying to lose weight is concerning
- Only 2/3 of students get 8 hours of sleep
- Need new ecig data
- Suicidal ideation is high, especially in girls
- Note percentage of students who have ridden with a drinking driver
- Risk behaviors increase from 7th-8th grade

Discussion of Needs:

- More frequent and earlier discussion of mental health, suicide prevention, how to support a friend – some topics will be included in new LAMS Homeroom time lessons
- Guidance re: healthy relationships, consent, boundaries, more comprehensive sex ed
- Community awareness of the protective factors that buffer students from risk – a strong community network of care can move the fulcrum of risk for youth

100% Community Initiative Overview – Cam Counters and Deni Fell

Deni and Cam presented information about this initiative developed in New Mexico and now adopted by a number of counties across the state. Deni gave an overview of the concept: to assure that 100% of residents have access to the 10 vital services necessary to survive and thrive. The model was initially created to end childhood trauma and in turn the long-term health effects for adults, but has expanded to acknowledge that individual communities will adapt it to meet their unique conditions and needs. (See visuals attached below)

Cam has 30 years of experience as a social scientist working in program evaluation and policy. He explained how this framework might inform and provide structure to the County's process of developing a comprehensive health plan which will ideally be a living document that can be

updated as we assess, learn, and improve. This plan will be presented to County Council and used to inform funding requests and budget planning.

The founders of the 100% Community initiative initially published a book called *Anna Age Eight* to increase awareness of the effects of ACEs (Adverse Childhood Experiences) on children and communities. Deni has been facilitating a book group to discuss the more recent and comprehensive publication, *100% Community: Ensuring 10 Vital Services for Surviving and Thriving*, which serves as a detailed workbook to guide collaboratives interested in implementing the model through the entire process. (See presentation notes included below) Members of the Youth Resiliency Committee are interested in this opportunity to inform county planning from the perspective of our individual organizations and also to engage our clients and fellow community members in providing their input and priorities to the plan. We are especially interested in hearing from community members who have been historically excluded from this process.

The work will include building upon the previously completed gap analysis and determining not only what services are present, but who is accessing them, what the barriers to access are, and if they are indeed quality services. One of the possible outcomes would be to design and provide programs and services that clients are naturally drawn to because they are relevant and effective and feel welcoming as opposed to our usual way of pushing programs on clients and being frustrated with low attendance numbers. Another desired outcome is to help organizations and agencies collaborate more effectively locally and throughout the region and form a stronger working hub for services.

Summary of discussion points and possible action items:

- Engage physicians in becoming more trauma aware and potentially screening for ACEs
- Meet with representatives from CYFD and CASA to learn from their experience with barriers to local and regional services
- Meet with Los Alamos JJAB Resource Specialists to gather their input
- Continue to collaborate to create a working resource guide for the community
 - Consider printing guides with resources specifically for certain demographics, ie new parents, new residents, older adults
- Revisit the idea of a co-located space – one stop hub for services and perhaps office space for visiting specialists
- Reserve time on YRC agenda to receive progress updates and engage with the information gathering and planning process

Homework – Take a look at the proposed revisions (in bold above) to our committee’s Mission and Vision statements in preparation for a group discussion next month.

Send items for inclusion in the September newsletter.

Next meetings – September 13, October 4, 2021, 9:30 - 11:00 am at Los Alamos Teen Center

New Mexico Youth Risk and Resiliency Survey
Risk Behaviors at a Glance
Los Alamos Public Schools and New Mexico
Middle School (Grades 6-8)

Indicator	LOS ALAMOS		New Mexico	
Personal Safety	%	(95% CI)	%	(95% CI)
Rarely or never wore a bicycle helmet (of those who rode a bicycle)	25.8	(19.0-34.0)	73.0	(71.6-74.3)
Rarely or never wore a seatbelt	1.9	(1.0-3.5)	5.2	(4.7-5.7)
Ever carried a weapon	37.7	(28.5-47.8)	37.8	(36.4-39.1)
Ever in a physical fight	41.1	(33.3-49.3)	48.5	(47.5-49.6)
Ever bullied on school property	43.3	(36.9-49.8)	44.6	(43.5-45.6)
Ever electronically bullied	19.4	(14.5-25.5)	19.8	(19.1-20.6)
Mental Health				
Ever seriously thought about killing self	19.0	(14.7-24.2)	27.0	(26.2-27.9)
Ever planned to kill self	10.0	(6.7-14.5)	18.9	(18.0-19.8)
Ever tried to kill self	4.7	(2.7-8.2)	12.0	(11.3-12.7)
Tobacco Use				
Ever smoked cigarettes	4.5	(2.3-8.5)	13.9	(13.1-14.8)
Current cigarette smoking	0.3	(0.0-2.1)	4.3	(3.9-4.8)
Current cigar use	0.3	(0.0-1.8)	3.3	(3.0-3.7)
Current spit tobacco use	0.7	(0.2-2.8)	3.1	(2.7-3.4)
Current hookah use	0.7	(0.2-2.8)	4.2	(3.8-4.7)
Ever used e-cigarettes	13.7	(8.2-22.2)	28.9	(27.7-30.1)
Current e-cigarette use	5.5	(2.6-11.4)	15.1	(14.2-16.0)
In same room with cigarette smoker	19.7	(14.8-25.6)	24.8	(23.9-25.7)
Alcohol Use				
Ever had a drink of alcohol	11.2	(7.2-17.0)	26.9	(25.8-28.1)
Current drinker	6.1	(4.1-8.9)	11.5	(10.7-12.2)
Five or more drinks on a single occasion	1.4	(0.4-4.3)	5.9	(5.4-6.5)
First drink before age 11	4.9	(3.1-7.8)	12.4	(11.7-13.1)
Sexual Behavior				
Ever had sexual intercourse	0.7	(0.2-2.9)	7.2	(6.6-7.8)
First sexual intercourse before 11 years of age	0.7	(0.2-2.9)	2.0	(1.7-2.3)

New Mexico Youth Risk and Resiliency Survey
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Los Alamos Public Schools and New Mexico
Middle School (Grades 6-8)

<u>Indicator</u>	<u>LOS ALAMOS</u>		<u>New Mexico</u>	
Drug Use				
Ever used marijuana	3.3	(1.5-7.2)	17.7	(16.6-18.8)
Used marijuana before age 11	1.0	(0.3-3.1)	5.1	(4.6-5.6)
Current marijuana use	0.9	(0.3-2.6)	10.9	(10.0-11.7)
Ever used synthetic marijuana	4.9	(2.3-10.0)	7.4	(6.9-8.0)
Ever used cocaine	0.6	(0.2-2.0)	3.2	(2.8-3.5)
Ever used inhalants	7.5	(4.5-12.5)	9.5	(8.9-10.2)
Ever improperly used used Rx pain meds	5.7	(3.1-10.4)	12.6	(11.9-13.3)
Current improper use of Rx pain meds	2.1	(0.9-5.1)	6.1	(5.7-6.6)
Body Weight				
Described self as overweight	21.4	(17.0-26.5)	28.9	(28.0-29.7)
Trying to lose weight	31.5	(25.6-38.1)	49.1	(48.2-50.0)
Ever fasted to lose weight	10.8	(6.6-17.1)	23.6	(22.7-24.5)
Ever vomited or used laxatives to lose weight	3.6	(2.4-5.3)	6.8	(6.4-7.3)
Used diet pills, powders, or liquids	2.9	(1.4-5.6)	4.4	(4.0-4.8)
Physical Activity and Nutrition				
No days of physical activity in the past week	3.2	(2.0-5.1)	14.2	(13.3-15.2)
Physically active five days per week	70.4	(65.4-75.0)	55.8	(54.5-57.1)
Daily physical activity	38.8	(34.7-43.0)	33.8	(32.7-35.0)
Three hours of TV per day	13.6	(9.9-18.4)	27.4	(26.5-28.4)
Three hours of video or computer use per day	27.7	(20.3-36.4)	43.9	(42.8-45.1)
Daily PE at school	41.7	(25.1-60.5)	42.7	(40.3-45.0)
Participated in team sports	71.7	(66.6-76.4)	58.0	(56.9-59.1)
Daily breakfast	57.3	(49.5-64.7)	40.9	(39.8-42.1)
Other Characteristics				
Had a sports-related concussion	15.3	(12.3-19.0)	21.8	(21.0-22.7)
Saw a dentist in the past 12 months	80.3	(75.5-84.4)	67.4	(66.3-68.5)
Got 8 hours sleep/night	67.7	(62.0-73.0)	56.6	(55.4-57.7)
Gambled in past 12 months	17.8	(11.8-26.0)	23.9	(22.9-24.8)

Summary of 100% Community Initiative¹

August 16, 2021

Goal: All members of the community are able to survive and thrive including during a crisis (i.e., crisis resiliency)

Objective: The community ensures that people have what they need to survive and thrive

Strategy: The community provides the critical resources and services to enable people and families to survive and thrive.

Survival is the first priority.

Basic Survival Needs:

- Medical care
- Behavioral Healthcare
- Housing
- Food
- Transportation

Thriving is moving beyond mere survival and toward being a productive and stable member of the community.

100% Community is built on the premise that Adverse Childhood Experiences (ACEs) are a barrier to thriving. So, for 100% Community, the focus is on preventing and mitigating ACEs. In other words, the focus is on children and youth, not only surviving, but also thriving as they move into adulthood.

Thriving needs:

- Parental supports
- Early childhood learning
- Community schools
- Youth mentors
- Job training

For the LAC Comprehensive Health Plan, it is likely that we will have a broader scope to include everyone from infants to the elderly.

A community where more people are surviving and thriving will have measurable changes such as:

Decreased: Illness, injury, substance abuse, violence, ACEs, dropout rate, teen pregnancies, and lack of work readiness.

Increased: Overall public health, health equity, healthy family functioning, child safety, student achievement and graduation, readiness for employment, and entrepreneurship.

¹ Prepared by C. Counters and D. Fell. Source: 100% Community, Ensuring 10 Vital Services for Surviving and Thriving: 2020, K. Ortega Courtney and D. Cappello.

Continuous Quality Improvement approach:

1. Assess
2. Plan
3. Implement
4. Evaluate
5. Modify / Refine plan
6. Repeat steps 3 thru 5

Data analysis critical to the process.

The CHP is a living plan. By design it is never finished.

The CQI approach as applied to the 100% Community Initiative results in seven steps:

1. Community survey of access to 10 vital services
2. Review and analyze the survey results
3. Assess the status of the 10 vital services in the community for quality and viability
4. Develop county directory of services (curated by the county)
5. Compile research on how to fix access problems, address the gaps & eliminate barriers
6. Develop support for action among stakeholders, buy-in
7. Evaluate the effectiveness of and measure the increase in access of the implemented solutions



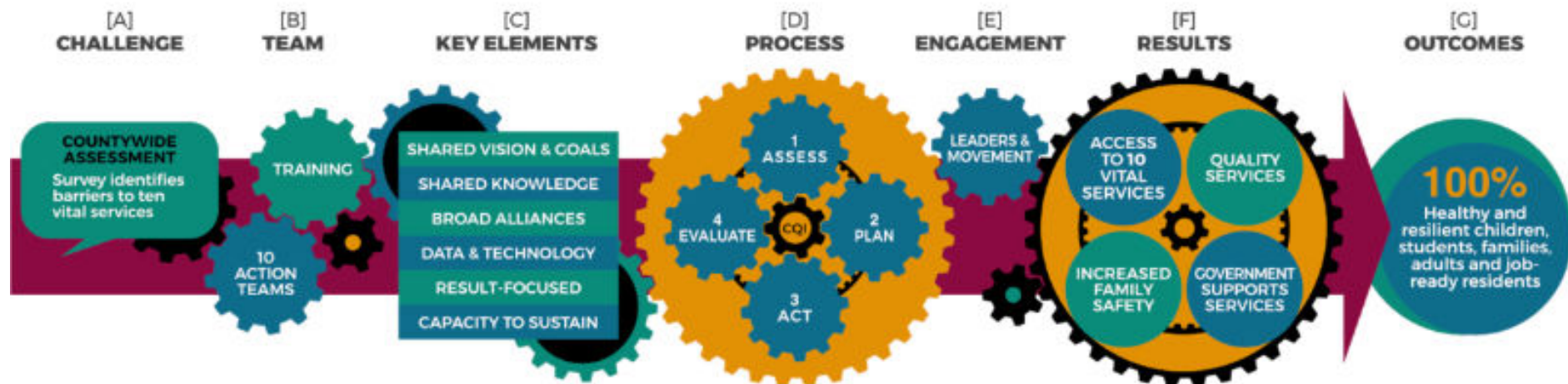
The 100% New Mexico initiative works to ensure 10 vital services

What are the
consequences of
of ACEs?



What are ACEs?





Which partners can support the Framework for Change?