

# Yurok Tribe Health and Human Services

## Prevention/Intervention Programs

<p>E'ko nor Plan of Safe Care E'konor@yuroktribe.nsn.us</p> <p>Kitty McCovey 707-445-2422 EXT 1902</p>	<p>Perinatal Plan of Safe Care Ages 0-5</p>	<ul style="list-style-type: none"> <li>• Early intervention/prevention program for perinatal mothers and families to support the health of Mom and Baby</li> <li>• Reduction of stigma and educate</li> <li>• Increase access to pre-natal health care</li> <li>• Medical assisted treatment</li> <li>• Safety planning for baby</li> <li>• Eat sleep and console methodology</li> </ul>
<p>Hoh-ke-pek' I train, I practice, I repair myself</p> <p>Jessica Cedillo 707-482-1350 EXT 1436</p>	<p>Youth 6-11</p>	<ul style="list-style-type: none"> <li>• Deliver information, services, and support to children ages 6-11.</li> <li>• Youngest Opioid Victim Advocate (YOVA) will provide one-on-one</li> <li>• Elder mentors and cultural teachers will mentor children under the supervision of the Advocate</li> <li>• Monthly group skills</li> </ul>
<p>YOR/SAMHSA Youth Opioid Response Suicide Prevention</p> <p>Melissa Mendoza 707-482-1350 EXT 1415</p>	<p>Youth 12-24 and their families</p>	<ul style="list-style-type: none"> <li>• Reduce Opioid Use Disorder (OUD) among Yurok youth ages 12-24 and their families</li> <li>• Increase access to OUD Prevention, intervention, Medical Assisted Treatment (AOD)</li> <li>• Access to culturally relevant treatment and recovery services</li> <li>• Referrals to cultural and appropriate agencies</li> <li>• Continuum of quality youth services that are Yurok culturally relevant</li> <li>• Breaking the stigma about Medication-Assisted Treatment and youth with Opioid Use Disorder</li> </ul>
<p>YOAYI Youth Initiative Project</p> <p>Melissa Mendoza 707-482-1350 EXT 1415</p>	<p>Youth and Young Adults Ages 12-24 Affected by opioid use disorder or at risk of being affected by opioid use disorder</p>	<p>Yurok Youth who are affected by the opioid crisis in some way, juveniles who are currently in the juvenile justice system (JJS) or at risk of becoming involved in the JJS, and/or youth who are chronically absent or truant from school.</p> <ul style="list-style-type: none"> <li>• Wraparound Case management</li> <li>• Education workshops</li> <li>• Cultural/resource classes</li> <li>• Family activities/prevention presentations</li> <li>• Youth leaderships/youth council</li> <li>• Life skill workshops</li> <li>• Family support</li> </ul>



*Yurok Health and Human Services*  
**YOUTH PREVENTION AND INTERVENTION SERVICES**  
**Interagency Referral**



Request for Youth Prevention Specialist Services



**CONFIDENTIAL**

Date:	Referring youth:	School:	Grade:
-------	------------------	---------	--------

Referring Agency:		Referring Name:	
Title:	Contact:	Email:	

Parent/Guardian name:		Relationship to youth:	
Contact:		Address:	
Is youth a Yurok Tribal Member/ Descendent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is youth in crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is youth or guardian aware of referral? Youth <input type="checkbox"/> Yes <input type="checkbox"/> No    Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please check all supports requesting for youth: <ul style="list-style-type: none"> <li><input type="checkbox"/> AOD Services</li> <li><input type="checkbox"/> Intimate Partner Violence Education/Intervention</li> <li><input type="checkbox"/> Substance Abuse Prevention Education</li> <li><input type="checkbox"/> Ongoing Case Management</li> <li><input type="checkbox"/> Cultural Enrichment</li> <li><input type="checkbox"/> Court or School Advocacy</li> <li><input type="checkbox"/> Academic Support Services</li> <li><input type="checkbox"/> Behavioral Health Assistance</li> <li><input type="checkbox"/> Language Classes</li> <li><input type="checkbox"/> Employment/ Career Counseling</li> <li><input type="checkbox"/> Youth Mentorship</li> <li><input type="checkbox"/> Community Service Options</li> </ul>	Additional Risk Factors: <ul style="list-style-type: none"> <li><input type="checkbox"/> Low Self Esteem or Negative Self-Perception</li> <li><input type="checkbox"/> Victim of Bullying</li> <li><input type="checkbox"/> Low Academic Performance/ Attendance</li> <li><input type="checkbox"/> Multiple Suspensions</li> <li><input type="checkbox"/> Suspected Substance Use</li> <li><input type="checkbox"/> Victim of Abuse</li> <li><input type="checkbox"/> Grieving</li> <li><input type="checkbox"/> LGTBQ+</li> <li><input type="checkbox"/> Homeless/Runaway</li> <li><input type="checkbox"/> Family Impacted by Opioid Crisis</li> <li><input type="checkbox"/> Foster Care</li> <li><input type="checkbox"/> IEP/504</li> </ul>
---	--

Yurok Tribe Agency use

Additional Comments:
----------------------

Date received:	Case #:	
Date assigned:	Coordinator:	Assigned staff:

**Please return to Cecilia Moore Youth Prevention Specialist at [cmoore@yuroktribe.nsn.us](mailto:cmoore@yuroktribe.nsn.us) or contact 707.951.8023**

**Yurok Health and Human Services South District 3400 Erie Street Eureka, CA 95501**

Formatted 5/2020