

# NE FYSPRT Needs Assessment Survey September 2021

NE FYSPRT Needs Assessment Goals, Strengths, Challenges and Solutions

**Goal #1 Family and Youth involvement in the NE FYSPRT is consistently at 51% or higher.**

## Strengths

- Time on every agenda for youth and families to introduce topics
- 70% family and youth at interactive resource/self-care fair in June
- Time and virtual platform youth friendly
- WISe program staff share NE FYSPRT information with families
- Everyone is open to hearing what one another has to say
- Collaboration amongst agencies in regards to advocacy for the populations we serve.
- While we have not quite had the 51% we have seen new faces both parent and youth in the last few months
- Open and accepting of all input, have seen changes made in our system
- Have had some families participate

## Challenges

- Families not referred to NE FYSPRT
- Zoom or telehealth fatigue
- Cost/Benefit – is it worth the time of a family or youth to be involved
- May be overwhelmed by a sense of us vs them - so many providers vs so few families
- Families feel nervous to attend a meeting with providers
- Low youth and parent attendance in regular meetings.
- Time of meeting may not be suitable for youth in school and working parents now that summer is over.
- Zoom, family burn out on meetings
- Could be more families

## Solutions

- Ask individual provider agencies to "host" the meeting with an introduction to their organization and introduce some families/youth
- A meet and greet informal meeting to let families get to know providers
- Family peers meeting together on a FYSPRT zoom to discuss challenges and barriers to families attending
- Meeting time changing to 4-5:30 or what other members feel would be sufficient
- Host a parent/family only info session, or something else that would be less intimidating than a room full of systems partners.

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**Goal #2 The NE FYSPRT engages in a culturally responsive manner to family, youth, and system partners from tribal, minority, and rural communities within the NE FYSPRT catchment area.**

## Strengths:

- In 2021 the NE FYSPRT leadership has made positive connections with tribal and rural communities
- The Self- Care/Resource Fair reflected diverse providers
- Making the effort to allow all to attend
- Efforts made.
- Utilizing a land acknowledgment
- Continued reach out
- Has made inequities that impact the populations listed a priority. I.e., transportation challenges

## Challenges:

- Separate system for AI/AN
- Cost/benefit for tribal, minority, and rural communities
- Tribal representatives/families/youth don't feel connected
- Tribal voice is minimal.
- We have a limited voice from our more rural areas
- We do not live in a very diverse region
- Lack of diversity represented at FYSPRT meetings

## Solutions

- Ask a Tribal representative to "host" such as a session at the Healing Lodge of the 7 Nations for them to present their program and have families/youth present
- Invite more indigenous community members to present.
- More outreach from tri leads in the rural areas and tribal connections
- Targeted outreach to BIPOC and LGBTQIA populations to represent at meetings

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## **Goal #3 The NE FYSPRT recognizes and responds to Access to Care issues within the behavioral health system.**

### Strengths:

- The NE FYSPRT has addressed issues with provider capacity, respite, and Medicaid reimbursed mobility services
- MCOs not as involved/helpful as they could be.
- They listen and report back on progress made
- Focused on real challenges our community faces i.e. transportation, etc

### Challenges:

- Willingness of families and youth to bring issues forward
- Sense that after issues are raised at the State level, state representatives do not take action
- Families are tired of more meetings.
- The system is very complex and will take time to mitigate these issues

### Solutions:

- Possible revision to State processes that closes the loop by responding back to local FYSPRTs on the status of their referral
- Have families take surveys anonymously to see what needs need to be addressed
- Ask MCOs to discuss how they serve families and providers to gain a better understanding of how to utilize/collaborate with them to ensure ease of access to care.
- Offer anonymous ways to bring issues forward

## **Goal #4 The NE FYSPRT engages in consistent quality improvement**

### Strengths:

- Survey is sent out after each meeting All participants are consistently encouraged to offer feedback regarding the NE FYSPRT
- They offer \$25 to fill out the survey
- Surveys sent

### Challenges:

- General interest of participants to become involved in the meeting logistics
- Evaluation questions seem outdated - such as conflict resolution - that's not applicable to NE FYSPRT

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- Continue having guests come and talk about their programs
- Low feedback amongst community providers.
- People often leave early and don't have a reminder to complete the survey
- Lack of participation perhaps?

## Solutions:

- Create a more NE FYSPRT centered evaluation, such as was the presentation of importance/worth to the attendee
- Include time at the end to fill out survey link before closing out the meeting.
- Focus groups
- Ask attendees how this could be a more effective tool for them?

## **Needs I have identified specific to NE FYSPRT (e.g. meeting time)**

- Getting more families and youth to attend and actively participate
- None now that it is virtual
- Need more agency and MCO participation in collaborating to assist families in attending FYSPRT.
- Meeting time changed now that youth are back at school
- A hybrid zoom/in person
- Even a little earlier in the day would be better, Thursday afternoons are tough

## **Needs I have identified specific to service gaps for children, youth, and families receiving behavioral health services in our area**

- Kids are in sports now after school making the 3pm hard
- Transportation when back in person.
- Transitional age living skills programs for youth. Advocacy programs for youth.
- WISE for Medicaid families only. No private pay options.
- Non-Medicaid children and access to behavioral health services