



**NE Family Youth System Partner Meeting Minutes  
NE FYSPRT  
October 20, 2022**

**Introduction**

**Increasing Tribal/Diverse Community/Family/Youth Involvement**

**Davina Akiu, System Partner Co-Lead**

The NE FYSPRT met on October 20, 2022. Davina Akiu convened the meeting via Zoom and welcomed 33 attendees with 11 family, tribal and youth members, and 22 system partners. Ashley James, Youth Tri-Lead, Gail Kogle System Partner Co Tri-Lead, and Liz Lafrance, Family Tri-Lead were present. Davina began the meeting by sharing the acknowledgement that we are living and working on land that originally belonged to the Tribes.

**General NE FYSPRT Business**

**A. Needs Assessment – Shirley Maike**

Shirley provided a synopsis of the results of the Needs Assessment Survey. Thank you to all the NE FYSPRT members who completed the survey and shared it with their clients/stakeholders.

**2022-23 NE FYSPRT NEEDS ASSESSMENT**

60% of respondents attend NE FYSPRT meetings; 35% who responded that they attend are providers, 17% are youth/parents. Most of the respondents live and receive services in Spokane County. 75% of respondents said they receive services the way they want to receive them (telehealth, in person, etc). Most of the respondents live in urban settings; of those who live in rural settings, most said their behavioral health needs are being met. 82% of the respondents were Caucasian and 100% female with most being between 27-45 years of age. Majority agreed with the format of the meetings.

Most respondents have heard that individuals experience long wait times; most of those who are family members answered they had not been offered a family peer. Those who answered they were youth were evenly split in the responses as to whether they'd been offered a youth peer. Most responded that they had not been given information about the Statewide Family Network. Evenly split that they had been told about the COPE project.

Most respondents said that language, sexual orientation, transportation, hours of operation, and culture sensitivity were not barriers but we'll see in Question 22



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there were some comments regarding these items. 70% said that lack of appropriately trained staff were a barrier.

Comments:

- My son waited four months to get into services;
- The COPE project is excellent;
- Family peer was so helpful;
- Lack of qualified staff is especially acute in rural areas.
- Many therapists don't provide services on Fridays
- More after-school hour services/activities needed
- Insufficient staff trained in LGBTQA+ issues

Responses to the narrative questions:

Q10 – how can we increase family and youth attendance?

- Go where the kids are (schools/rural)
- Have NE FYSPT as an extracurricular activity at schools
- Activity-based events
- Engage with something fun then present speakers
- Later times
- What's in it for the youth
- Advertise
- More in person meetings
- Talk to them and let them know we need their voice

Q11 If you don't attend NE FYSPT, why and what are some options to get you to attend?

- Conflicting schedules
- Not enough time
- Never heard of this entity
- Childcare; after business hours

Q12 what is the most critical need/gap regarding the provision of behavioral health services?

- Psychiatric care and medication management
- Sufficient providers
- Access to care in a timely manner (both outpatient and inpatient)
- Funding incentives for providers
- Inpatient beds for younger kids



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- Youth experiencing homelessness
- Respite and services for 9 and under
- Inpatient child services
- Engagement of parents in the WISe programs.
- For youth, transportation and privacy (don't want to engage in a therapy session when caregiver/parent is right there listening to everything)
- Adequate salaries for providers

Q13 what do you see as the strengths of the behavioral health system of care?

- Providers remain committed
- Individual choice
- WISe teams
- Amount of resources
- Good collaboration and communication among providers
- Collegial group who know the barriers and work together to provide services
- CEU opportunities
- Telehealth and phone appointments and flexibility in how we provide services

Q22 comments regarding barriers

- Providers who are obviously very religious and that clouds the care we received
- Getting tested and then getting in for services; turnover of staff
- Transportation
- Feel they cannot share their sexual identity with providers
- Lack of sufficient providers
- Attending training and becoming more aware of our biases.

The Needs Assessment Survey results will guide the work plan for the next year.

**B. Contract/Compliance – Community Education/Regional Issues/Work Plan  
Davina Akiu & Kayla Barringer – Excelsior Respite Services**

Excelsior is starting their MOVE Weekend youth respite program again. Youth ages 11-17 are able to spend the night in an inclusive environment focused on whole-person wellness and participate in activities at Excelsior's campus on Indian Trail Rd. Youth participate in community outings and campus



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activities designed to foster personal development. Contact Excelsior at 509.559.3160 or email: [admissions@excelsiorwellness.org](mailto:admissions@excelsiorwellness.org).

**C. Contract/Compliance – Community Education/Regional Issues/Work Plan  
Ashley James, Youth Tri-Lead – Greg Dailey, Spokane Regional Health District**

Ashley introduced Greg Dailey, Program Manager with the Spokane Regional Health District. Mr. Dailey provided the NE FYSPT group with valuable information about the fentanyl epidemic that Spokane and the entire country are experiencing. He stated that the United States uses more opioids than any other country. There is a difference between medical fentanyl that was introduced in 1960 and the clandestine fentanyl that is on the streets now. Currently you can only get medical fentanyl if you are on end of life care or briefly for surgery. You cannot get prescriptions for medical fentanyl for pain. Spokane is considered a trafficking hub and because there is a heroin shortage in Spokane, individuals are turning to fentanyl and it is being added to all other illicit drugs. Some pills may have fentanyl in them and some may not. Narcan works somewhat with fentanyl overdose but it is better than nothing.

There are over 200 deaths per day due to fentanyl overdose. Everyone is affected by overdoses. Even if not personally, it is our community. We must shut down the demand. He asked members to visit the [drugpreventionspokane.org](http://drugpreventionspokane.org) website and asked that members emphasize to their clients that first responders are there to help, not arrest.

You cannot be exposed to fentanyl by touching/assisting a person who is overdosing. Narcan does not work with meth but does with all other drugs and cannot hurt a person. Even if it has expired, it still works, just a little bit less potent. Everyone is encouraged to go to a pharmacy and get Narcan to have on hand. Talk to everyone you know, the soon we start to have discussions with youth, the sooner they can get treatment.

Mr. Dailey was thanked for his very informative presentation. His contact information was included in the agenda.



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**D. Contractual WISE Data Report**

**Davina Akiu, System Partner Co Tri-Lead**

Davina indicated that there are only a few organizations that have openings for WISE children/youth, almost all are having interest lists again.

**E. Washington State Community Connectors (WSCC)**

**Liz Lafrance, Family Tri-Lead**

Liz attended the 1<sup>st</sup> in person meeting in a couple of years of the WSCC several weeks ago and their primary focus was the 4<sup>th</sup> quarter wrap up and planning for the Behavioral Health Summit which will be held in the spring. WSCC contracts with the Health Care Authority to provide training to parents, including parenting classes, self-care, a parent portal, and website for parents. They have a Facebook page and calendar of events on the website. They are currently recruiting for board members, volunteers and committee members.

Website: [wccsupport.org](http://wccsupport.org)

Workgroups/committees: [wccsupport.org/committees-and-workgroups](http://wccsupport.org/committees-and-workgroups)

Calendar of events:

[wccsupport.org/calendar/month/?tribe\\_eventcategory%5B0%5D=15](http://wccsupport.org/calendar/month/?tribe_eventcategory%5B0%5D=15)

**F. Regional Issues**

Liz heard another region speak about an Elks Lodge program called Tall Man Program, which is a national program for young kids with behavioral health challenges/autism. She wondered if they might be invited to speak about the program at a future NE FYSPRT meeting.

In November, there will hopefully be a presentation on Frontier Behavioral Health's 1<sup>st</sup> Episode Psychosis program. In December or January, there will be a presentation on a support group for youth who have lost a parent.

**Meeting Evaluation/Next Meeting**

Members attending today's meeting were asked to complete the NE FYSPRT evaluation. The next meeting will be November 17, 2022 via Zoom. Davina indicated there will be discussion about resuming in person meetings after the first of the year.