



NORTHEAST FYSPRT 2024 NEEDS ASSESSMENT

The Northeast Family, Youth, System Partner Round Table (NE FYSPRT) is a regional advisory group made up of parents/caregivers, youth, providers, agencies, and system partners. The NE FYSPRT provides feedback to the State Family, Youth, System Partner Roundtable regarding behavioral health services in NE Washington.

Percentages are based on number of respondents per question

1. Do you attend the NE FYSPRT Meeting?
15 Respondents- 1 skipped
 - Yes-67%
 - No- 33%
2. Please share how you identify at the NE FYSPRT meetings:
16 Respondents
 - Parent/guardian -13%
 - Youth -0%* Answer was based on identifying a youth as age 18 or younger
 - System partner – 87%
3. Race | Ethnicity (optional)
15 Respondents- 1 skipped
 - Alaska Native-0%
 - American Indian-7%
 - Asian or Pacific Islander-0%
 - Black or African American-0%
 - Native Hawaiian-0%
 - White or Caucasian-80%
 - Other-13%
4. Gender (optional)
5. 16 Respondents
 - Male- 6%
 - Female-88%
 - Transgender-0%
 - Non-binary-6%



4. Age (optional)

16 Respondents

- Under 18-0%
- 19-26 6%* Youth per SAMHSA definition
- 27-45 44%
- 46-64-38%
- 65+-12%

5. If you attend the NE FYSPRT, please answer the following:

15 respondents 1 skipped

- I like the format of the meetings- 73%
- I do not care for the format of the meetings 7%
- I would prefer the meetings to be in person-0%
- I like the Zoom option -100%

6. How can we increase family & youth attendance?

16 Respondents

- Grabbing youth and family voice. Allow them to tell you what they want and need and do what is possible to combine them into the experience.
- Check with schools to see who may be a good fit of youth/family?
- Child Placing Agencies?
- Send letters and emails to program supervisors, alerting them about wanting youth and families to join. Encouraging them to give us the okay to invite past and present clients we feel could contribute as well as benefit from joining the meetings.
- Offer it in the schools?
- Food options/light refreshments may be an opportunity for in-person. Are there multiple social media platforms that advertise this group?
- Continued advertisement in areas youth are at
- Incentives
- Less data talk, more interaction, training family and youth about FYSPRT and how they can participate.
- Go to CFT meetings at different agencies, give out fliers.



- Make the information a part of the intake.
- Throw a party at Christmas with dinner and gifts, ask agencies to put it on their websites.
- Have more resources available at the meetings and provide a snack/beverage
- I really do not know. Perhaps the ability for youth in particular to join for only part of the meeting? Although we meet in the afternoon, the time may conflict with school.
- What works for us at my organization is providing childcare for parents while they access services, provide gas cards, bud cards, food, etc. but also by understanding why they are not attending - maybe it is a scheduling thing, maybe they do not know, etc.
- Perhaps having meetings in the evenings, with dinner or snack provided. A room and activities for younger youth to keep them busy and have snacks for them as well.
- Change time, raffle, give certificates of attendance for CEs
- Incentives (gift card drawing quarterly where your name goes in for every meeting you attend (client/family only, not providers)
- I am unsure what is already being done to encourage participation
- Make access easier. More social media presence
- Do a presentation at high schools?
- Have a gaming event

7. If you do not attend the NE FYSPRT meetings, please share why and any possible solutions that would change your mind about attending.

12 Respondents

- Personal scheduling conflicts
- Better time



- When I am unable to make it, it is due to client appointments being unable to be rescheduled.

8. What do you identify as the most critical need/gap in NE Washington regarding the provision of behavioral health services to children and youth:
15 Respondents 1 -skipped

- Transportation
- Bed-based respite
- Adolescent and child medical detox.
- Mental health
- Tutoring
- Food security
- Lack of providers
- Long waiting list
- Lack of trauma informed counselors.
- Services are disappearing and providers are becoming overwhelmed. That tells me we are not providing quality care, especially since the acuity of WISE kids continues to increase.
- We need respite
- Medicaid psychiatrists
- Medicaid mental health testing resources, and early intervention services for parents and children exposed/using substances.
- 13–17-year-old children should be able to sign up for services and the parents of children 13-17 should be able to require that their youth engage in services.
- They are not seen as important. Programs are continuing to be cut within the community. They are difficult to access.



- The lack of robust respite services for youth remains a gap in service provision.
- Youth need accessible services (no cost, low barrier, in spaces they are at) and they need screened and identified early on so they can get services earlier on.
- Mapping out the Spokane County services that are available. Some people do not know where to go for help (in person help). List inpatient/outpatient, residential treatment facilities, transitional housing for youth (not sure myself if we have in Spokane area, detox services (if we do not have detox in our area, where can parents take their kids, inform the homeless youth where to go for help.
- There is no support post adoption for behavioral youth.
- There is not enough access to CLIP beds.
- There are not enough intensive hours with WISe or state mandated training-each agency varies so wildly
- Abandoned children do not have access to supportive, long-term housing. Homeless youth services exist in few spaces (Spokane has the CRC and Crosswalk, and Walla Walla has The Loft - none of which are long-term housing solutions). These agencies are also only able to take a small number of clients compared to the size of the issue - and abandonment is not considered a CPS finding if the child is couch surfing or at homeless shelters (including those listed above).
- Intensive behavioral supports, in patient care, access to care, medication management, competent workforce
- Inpatient beds for youth; there is a major lack of resources for youth in general but inpatient treatment for youth is so scarce.
- There are minimal services for a lot of clients who have co-occurring disorders, like autism and depression. A lot of clients with co-occurring disorders do not get the services needed for the second disorder.
- Child psychiatrists,
- Neuropsychologists
- Competitive salaries for publicly funded workers



9. What do you see as the strengths of the behavioral health system of care for children and youth in NE Washington?

15 Respondents 1 skipped

- more availability to the community
- There are many wonderful outpatient programs, however inpatient at BRS seem to have diminished in the last 10 years.
- One of the strengths I see is the option for telehealth appointments; it is making it somewhat easier to be seen and meets participants where they are at.
- A lot of resources
- The push towards improvement.
- Making gains if providing services for GLBTQA children, Services for families and family system issues, med management has come a long way, the courts are getting more involved (sometimes that is good and sometimes not), WISE was a big game changer.
- Once you are in, they follow through to ensure you are seen and taken care of.
- I believe that service providers across the board do their best to be as responsive to needs as possible.
- The system is a runaround that typically the youth do not know how to navigate so their parents have to know and navigate it for them and care enough or have enough trust in the system to navigate it for them.
- I am glad they built the N.W. Behavior Health Center that operates 24/7, can hold a youth up to 7 days if needed, as the Sacred Heart PCCA facility shut down. We are lacking enough BH, MH, SUD inpatient and outpatient facilities; especially since Spokane County has been declared "state of emergency with opioid and fentanyl epidemic.
- REACH meetings; WISE teams.
- The passion that I witness from providers in NE Washington is astonishing and heartening. These people clearly care deeply about engaging with their clients and supporting them.



- There is a good amount of therapy options for children. wait times can be long but there are many options for kinds of therapy.
- There are more services that are becoming available.
- Committed workforce

10. Family and Youth: Have you experienced long waits to access behavioral health services?

16 respondents

Yes- 44%

No-6%

System Partner that did not answer-50%

Comments:

- My sister had to wait almost two years for a provider for my nephew who needed an ADHD and autism assessment and diagnosis for the only provider her insurance would pay for
- I work at Healing Lodge of the Seven Nations, we are a residential treatment facility for youth 13-17 years old, female/male facility, we currently have over 100 youth awaiting a bed. The closing of the Day Break facilities in Spokane and Vancouver has made the problem worse. The Cowlitz County architects came to our facility last week, as they would like to build a facility like ours on the Westside of the State.
- Yes, when I was a youth and still now with my step son. He has been waiting for almost a year to get into a more intensive ABA therapy.

11. If you are the parent/caregiver of a child or youth who has accessed behavioral health services, have you been offered the support of a family peer?

16 respondents

- Yes-25%
- No-25%

12. If you are a youth who has accessed behavioral health services, have you been offered the support of a youth peer?



16 respondents

- Yes-75%
- No-25%
- Comments:
- Prior youth in my family has never been offered help from a youth peer

13. As a family member, has your behavioral health provider given you information about the Statewide Family Network- The Washington State Community Connectors?

16 respondents

- Yes-6%
- No-38%
- 56% not a family member

14. If you are a family member waiting on WISe services for a child or youth, has your provider told you about the COPES project?

16 respondents

- Yes-6%
- No-31%
- 63% not a family member

15. Please answer the following questions about barriers to service:

Has language been a barrier to service?

16 respondents

- Not a Barrier -88%
- Sometimes a Barrier-13%
- Often a Barrier

Cultural Sensitivity

16 respondents

- Not a Barrier-69%
- Sometimes a Barrier-25%
- Often a Barrie-6%

Sexual orientation

16 respondents

- Not a Barrier-75%
- Sometimes a Barrier-25%

Have limited hours of operation been a barrier to service?

Comments

15 respondents 1 skipped

Yes- 39%

No- 60%

N/A-1%

Yes

Yes, big time. when offices are only open till 5 maybe 6 if we are lucky. I work till 5:30 and my partner works till 4:30. It is nearly impossible to take him to appointments without him having to miss school and us having to miss work.

Has lack of transportation been a barrier to service?

15 respondents 1 skipped

Yes-42%

No-53%

N/A-5%

In your experience, has a lack of appropriately trained staff, including those cross trained on substance abuse/addiction issues, been a barrier to service?

15 respondents 1 skipped

Yes - multiple disabilities

Unknown. Training is ongoing and some WISE teams have a lot of turnover. How much training given before serving clients varies I am sure.

WISE team members here have been cross trained

There is a high need for adolescent SUD providers.

Unknown

Yes

N/A

Lack of providers who know how to intentionally engage youth (99% of providers have an office where youth have to go to them and they just sit there) - being intentional about how to engage youth based off their history, needs, culture, etc.

Staff that can treat co-occurring disorder is needed more in our community.

yes

No.

yes

not for our situation personally.

I have not heard that.

Additional Comments

6 respondents 10 skipped

Need more cross trained counselors - severe mental illness, trauma, developmental disabilities, and eating disorders can occur in a single person and all areas need to be addressed.

PCCA at Sacred Heart Medical Center in Spokane closed its doors in September. That is almost criminal and should not have been allowed to happen. I worry for our community being able to help our most vulnerable and fragile youth and families. We are throwing our kids away and sending them to jails instead of where they can get treated for mental health issues. Stop letting services disappear.

N/A

Building safe Transition Housing and Detox Center would be a game changer. Enticing more students in the surrounding colleges to go into mental health, SUDP, and clinical psychology programs, offering more internships would be most helpful. Preparing for the future better for this crisis.

Youth has not been able to find competent therapist that takes his (state and private) insurance. Pays out of pocket for therapy. Works part time to pay for therapy.
