

HI-FYVE

Prioritized Needs

1. [Culture]Culturally appropriate/diverse services that represent demographic diversity (looking at who is here today). **8**
 - a. Need to support rural communities or county, situations tailored better to community
 - b. LGBTQ community support (outside of Tacoma) normalize overall health, including mental health,
 - c. Systemic racism in CPS, other reporting,
 - d. People who we are helping need to match helpers and decision makers – need more diversity in support agencies
 - e. Breaking cultural/religious silence around Behavioral health/mental health/substance abuse
 - f. Lack of cultural sensitivity
2. [Resources/funding] Funding would follow youth/family so they can maintain treatment relationships and services they want that work-not funding following providers/systems **8**
 - a. Local control of treatment/resources/systems
 - b. Decrease federal control
 - c. Time/Money (team-based)
3. [Family/youth voice] System that values families’ voices, work together similar priorities **8**
 - a. Families safe to express voice
 - b. How to engage parents and youth and get their input
 - c. Parent experience – share what went well and didn’t go well - Family was never dealt with and couldn’t get out of the cycle
 - d. Having a voice=voice their own experience= validity
 - e. Bring awareness to the table
 - f. Equitable relationship in decision-making process
4. [Access] Difficult system to navigate especially when in crisis. Knowledge is power. **7**
 - Easy access –know who to call, where to start, what to do in certain situations, an access line would help
 - More clear directions on how to access WISE
 - Barriers between substance abuse and mental health and what S. A. clients can access to reach their needs
 - Awareness and access to intensive services all the way down to peer support
 - Access improved and intake for services streamlined or made easier for families
 - Complex system to navigate (early peer support)
 - Lots of confusion – where to turn?
 - Levels of care, need to sort out needs are, clients should not have to do 2 or three assessments
 - Educating providers about other providers – getting directed to the right place
5. [Access] Not everyone qualifies for all the great programs (if they aren’t Medicaid, etc.) Or can’t access unless in a crisis. **6**
 - Separation between developmental disabilities and mental health services. Hard to access mental health when you have a disability.
6. [Access] Gap for people that are not “sick enough” or in need of “intensive” services, **6**



Family and Youth Voices for Empowerment

- Intervention before severe
 - Not serving homeless or pregnant teens or gang involved, early onset schizophrenia
 - Everyone should receive wraparound services starting sooner before needs are so intense, don't wait for emergency needs.
 - Families wait a long time to access services. Help them access services earlier.
 - Have to wait until families are in crisis before giving help
 - Early recognition
7. [Education] Community members (teachers, other programs) need more education to know what to look out for (substance abuse, mental health, etc.) **6**
8. [Peers] Collaborating more with peers **5**
- Peers are a big thing
 - Peers wake me up. Relationship. Trust
 - Access to peer programs.
9. [Culture] More language/culture sensitive services for bilingual families **5**
10. [Access] Transportation to/from outlying areas (Buckley, etc.) **4**
- Also need community options in rural areas.
 - Rural health – awareness and access is limited and so families go into crisis. Create partnerships and increase knowledge of families
11. [Services] Trained workforce is lacking, **4**
- Pay is inefficient to create the workforce market.
 - Workforce is too small.
 - More trained facilitators-teams often lack that (team-based)
 - Train as many screeners and intake workers as possible
 - Find more providers of Applied Behavioral Analysis for children and youth with diagnosis of Autism with MH diagnosis as well. -
<http://www.hca.wa.gov/medicaid/abatherapy/pages/index.aspx>
12. [Education/training] Therapists don't know what to look for or ask in assessments – education, partnership, collaboration, transition/warm hand off (integration) **2**
13. [Schools] Mental health services in schools (special education) **2**
- a. Every school need a mental health professional
 - b. Could work differently-district provide more advocacy resources (peers)
 - c. More parent partners in schools
 - d. District provide more access to peer advocates
14. [Collaboration] Need to develop a system for information sharing and breaking down silos **2**
- Better forums for contact-sharing
 - Not enough networking meetings
 - Still some disconnects in the community, e.g. doctors or schools not knowing all that mental health providers or can do.
 - Equitable, equal partners. Be on the ground floor
 - Lack of information sharing
 - Need to move to a blended perspective
 - Priorities within organizations
15. [Resources] Need more resources to keep youth in their home neighborhood/community **2**



Family and Youth Voices for Empowerment

- e. Need resources (MH and CD) in Washington State – not have to send youth out of state
 - f. Resources and funding constantly changing
16. [Collaboration] Relationship building is crucial to social service work **1**
- Need to work to have representatives from DDA (many youth referred have autism diagnosis).
 - Juvenile court doesn't play well with others.
 - Wants to play well with others, used to be like that with Shared Children. Work with other systems and improve linkages.
 - Relationship - building stronger families
 - Mary Bridge - Increase relationships with outside agencies. Help medical providers understand – language and education.
 - DCFS needs to be here and understand our youth and families
 - Persistence to create real relationships with mutual gain/support
 - Building of relationships
 - Need Intentional partnership development (more than just FYSPRT)
 - We would have a blended perspective and a place to continue the conversations
 - Separate goals in each system-need common goals
 - Open to other ways for us to go to “other groups” and respect what “others” are already doing
 - Creating partnerships out farther into the county
 - Work on inclusiveness
17. [Schools] Schools model used teams and family voice training curriculum for parents- how to mentor other parents (team-based) **1**
18. [Services] Focus is the family, how to partner with families **1**
- Treatment demands/commitments for youth/families involved with multiple systems are too high.
 - Child outpatient therapy – parents not much involved with adolescents
 - Lack of parental involvement or follow-through.
 - Engage parents in all phases of the outcomes: goal, strategies, identifying indicators, monitoring progress and revising plan.
 - Help parents understand that they have the answer. Shared expertise.
 - Collaborating with parents= services are accessible and useful
 - We value youth in control of their mental health treatment. A challenge to family involvement can be youth's choice not to involve them
19. [Services] Early intervention **1**
- Safe Babies/Foster care. Relationships. Who are infants attached to, parents or foster parents?
 - Frontloading services – increase attachments. Child-Family Psychotherapy
 - If 0-3 children removed from home, get them back home asap – Build strong families
 - Better “first touch”
20. [Services] Service coordination **1**
- Lack of community systems that coordinate on treating co-occurring disorders.
21. [Services] More home and community based services. **1**



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Family and Youth Voices for Empowerment

- Programs for youth in community there they can connect based on strengths and interests (e.g. Hilltop Artists for their interest in art.) Tacoma community, Boatbuilders, SeaScouts for those interests.
 - Boarding youth in ERs – medical providers don't know what to do.
 - Lack of resources for children being detained in a hospital or waiting for CLIP
 - Include services for pregnant and parenting teens and infant MH.
 - Limitation to services – office bound, 50 minute sessions, can't meet higher needs, level of care doesn't meet need
 - More SUD/Co-occurring services – how we help these youth?
 - SUD doesn't have wraparound
 - Pressure from court to be in services and not necessarily meeting wants and needs.
 - It's not about services for youth but about people that are involved in mentorship and not agencies
 - (Natural Supports/informal supports) valued as a resource (ACV can partner with any family – the whole spectrum)
22. [Services] Concerns with 24/7 response **1**
- Lack of boundaries “clarity”
 - Compassion fatigue with “24 hour response” and boundaries for support (expectations clear for providers and families)
 - Boundaried, realistic expectations and support at all levels that are clear to both providers and recipients of care

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