



2024 Strengths and Needs Assessment for the North Sound Behavioral Health System of Care

Acknowledgements:

This report would not have been possible without the dedicated team of individuals who lent their time, expertise, and insights. YFC owes a debt of gratitude to the following youth and family members, as well as to all those who filled out our surveys. Thank you!

C. Callahan, K. Foster, R. Grace, K. Lewis, and S. Maharaj-Lewis.

Methods

Research Questions

YFC's current research questions were amended by the group's leadership team after analyzing data from the 2022 survey. The first question reflects an ongoing interest in what youth and families believe is important in a young person's recovery journey, while the second question reflects an interest in taking a deeper dive into findings from the 2022 survey that suggested youth and families were struggling to access services.

1. What does mental health and substance recovery mean to children, youth, and families, and what barriers exist to keep them from accessing needed services?
2. What systemic barriers exist to keep children, youth, and families from accessing needed services?

Continuous Data Review

Per YFC's research plan, data is collected on an ongoing basis from many sources, including:

- Short surveys grouped by theme:
 - Recovery Questions
 - Navigation, Access, Benefits, and Types of Care
 - Trust and the System of Care
- Reports that contain information relevant to YFC's current goals and/or research questions,
- Information from presentations at monthly regional meetings, including WISe data,
- Information provided in trainings hosted or promoted by YFC,
- Evaluations of monthly regional meetings,
- Narrative Team Effectiveness exercises conducted quarterly in regional meetings,
- Demographic data about the region gathered in 2021 and every even year thereafter.

All data is discussed at the tri-lead meeting on a quarterly basis before it is posted to the website or shared with the larger membership at a monthly regional meeting. This includes any reports, survey responses, meeting evaluations, or other information that is relevant to YFC's operations. The tri-leads and the convener, or their delegate(s), determine the best way to package and share the information with YFC members and other interested parties.

Survey

The same survey originally developed by the team that worked on the 2022 Strengths and Needs Assessment was used in 2024. The full survey was broken up into three separate surveys which were distributed once per month. Survey-takers had the opportunity to win a \$25 gift card at the YFC regional meeting. Later, the survey was distributed as a whole, and survey

takers were offered \$25 gift cards for both completing the survey and attending at least one regional YFC meeting.

YFC endeavored to reach out to historically excluded communities by identifying school districts in the region with higher rates of diversity in terms of race, ethnicity, socioeconomic status, and disability using data from [Niche](#). Once districts were identified, the YFC team identified community partners located in the areas that those districts cover and asked them to help distribute the survey, which was also translated into Spanish. The following community partners were identified and contacted in this process:

Island – Oak Harbor School District

- Ryan’s House
- Sno-Isle Library System
- Opportunity Council
- The Hub Youth Central on Whidbey Island

San Juan – San Juan School District

- Lopez Island Family Resource Center
- Lopez Island Library

Skagit – Mount Vernon School District

- Skagit County YMCA
- Oasis Teen Shelter
- La Conner School District
- Boys and Girls Clubs of Skagit County

Snohomish – Marysville School District

- Snohomish County YMCA
- Cocoon House
- Snohomish County Children’s Wellness Coalition
- Boys and Girls Clubs of Snohomish County

Whatcom – Nooksack Valley School District

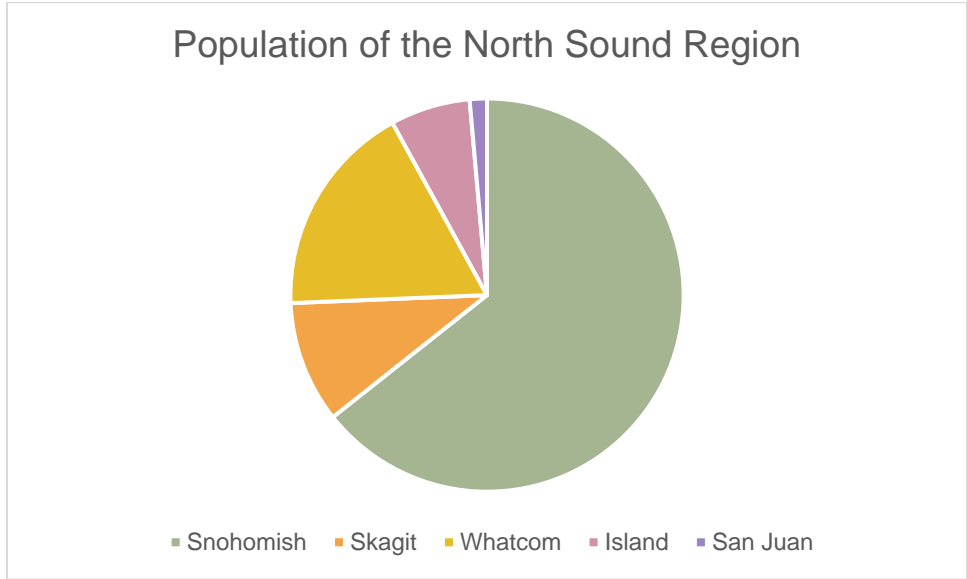
- NW Youth Services
- Ferndale School District
- Communities in Schools
- Partners for Schools

Results

A total of 85 responses were gathered – all of them in English. 30 responded to the *Recovery Questions* portion only; 33 responded to the *Navigation, Access, Benefits and Types of Care* portion only; and 32 responded to the *Trust and the System of Care* portion only. These results are not unduplicated, meaning the same individual could have filled out the full survey and/or a smaller survey more than once. Every version of the survey included a request for demographic information.

Demographic Information

The North Sound region in Washington State includes Snohomish, Whatcom, Skagit, Island, and San Juan counties:

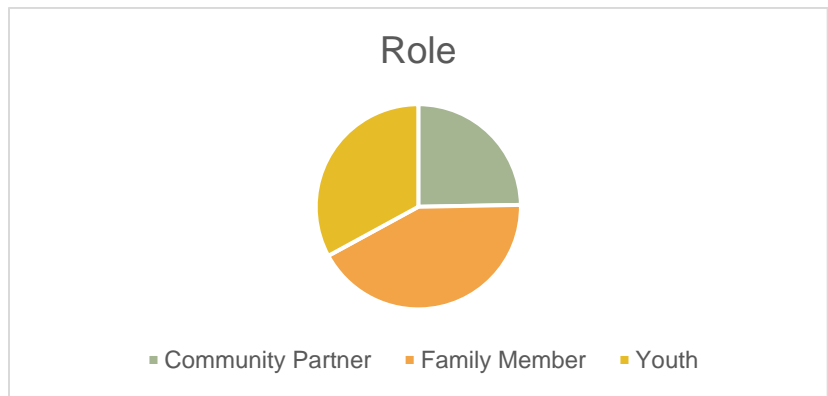


Snohomish	64.34%
Skagit	10.01%
Whatcom	17.66%
Island	6.57%
San Juan	1.41%

U.S. Census Bureau Quick Facts

61 of the total 85 (71.76%) respondents indicated where they live. 52.46% of those were from Whatcom County, while 16.39% were from Snohomish, and 9.84% were from Skagit. The other 21.31% of respondents indicated they live outside of the North Sound region.

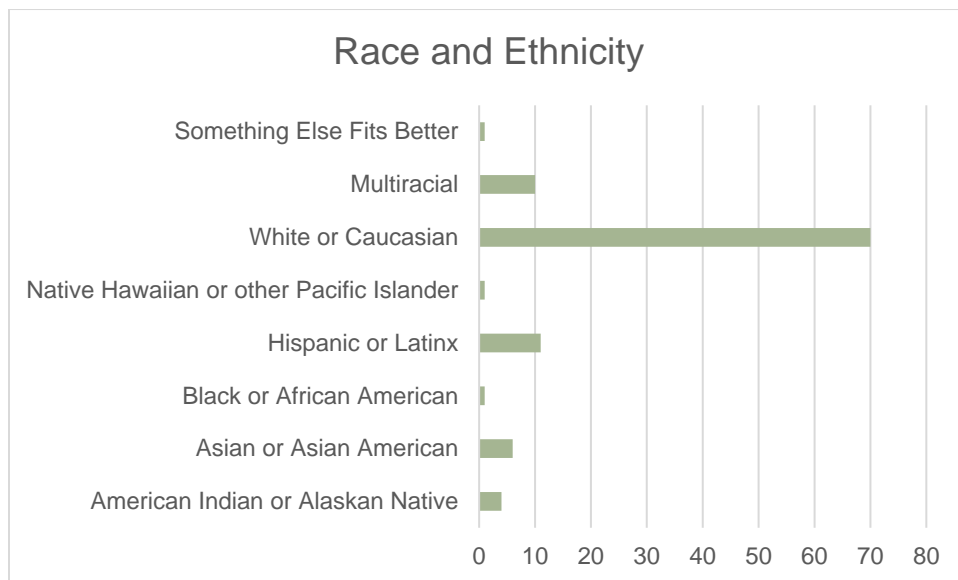
64 of 85 (75.29%) respondents indicated their role as a youth or family member. 42.35% identified as family members, 32.94% as youth, and 24.71% as community partners:



Many youth and family respondents identified as community partners with formal roles in the System of Care:

Family	Family & Community Partner	Youth	Youth & Community Partner	Community Partner
19	17	15	13	21

Respondents were permitted to select more than one answer regarding their racial and ethnic identities. There were 104 total selections for 85 respondents.

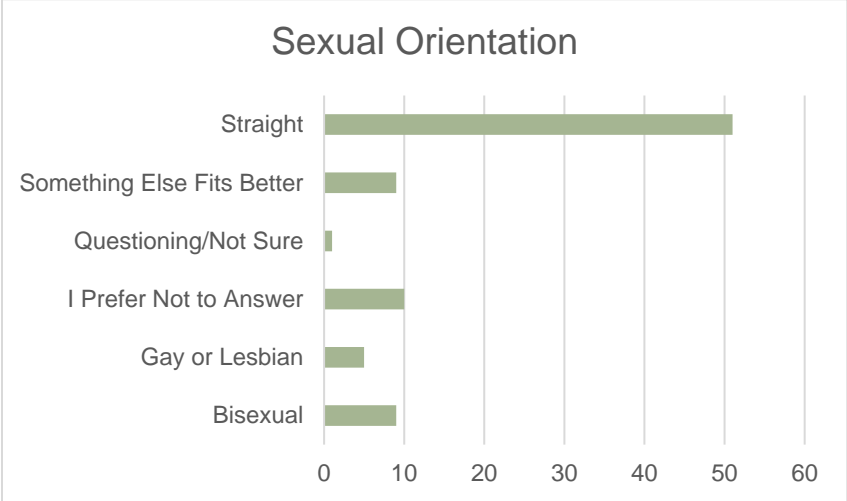


American Indian or Alaskan Native	Asian or Asian American	Black or African American	Hispanic or Latinx	Native Hawaiian or other Pacific Islander	White or Caucasian	Multiracial	Something Else Fits Better
3.85%	5.77%	0.96%	10.58%	0.96%	67.31%	9.62%	0.96%

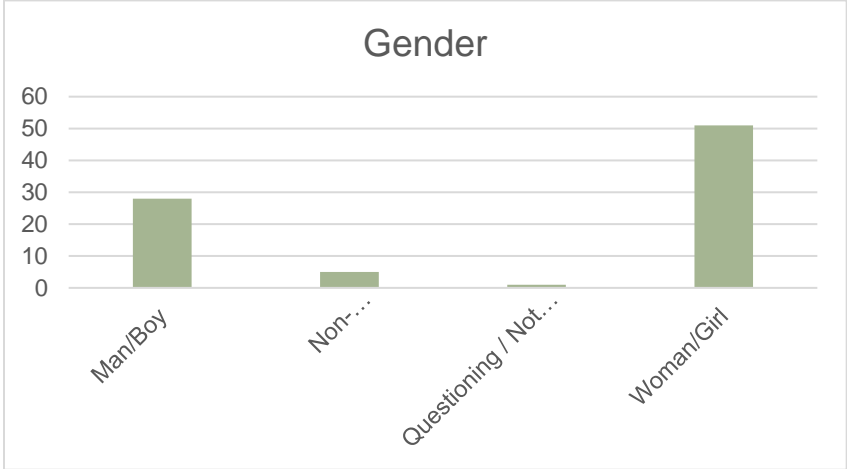
Though the categories do not line up exactly and the methods for gathering data vary, the U.S. Census Bureau’s statistics demonstrate that YFC survey data closely corresponds to population data. The exceptions are those who are overrepresented in YFC’s data, notably those who identify as American Indian or Alaskan Native. Those who identified as Black or African American and White or Caucasian are underrepresented in YFC’s data (Black or African American – YFC: 0.96%, Census: 2.26%. White or Caucasian – YFC: 67.31%, Census- White Alone: 85.08% and White Alone, Not Hispanic or Latino: 75.18%).

	White Alone	Black or African American alone	American Indian and Alaskan Native alone	Asian alone	Native Hawaiian and other Pacific Islander alone	Two or More Races	Hispanic or Latino	White alone, not Hispanic or Latino
Snohomish	72.80%	4.40%	1.60%	15.10%	0.70%	5.40%	12.30%	62.70%
Skagit	89.60%	1.20%	2.70%	2.60%	0.40%	3.40%	19.70%	72.60%
Whatcom	85.40%	1.40%	3.30%	5.10%	0.30%	4.50%	10.80%	76.70%
Island	84.40%	3.30%	1.10%	5.50%	0.50%	5.30%	8.90%	77.30%
San Juan	93.20%	1%	1.10%	1.70%	0.20%	2.80%	7.70%	86.60%
AVERAGE	85.08%	2.26%	1.96%	6.00%	0.42%	4.28%	11.88%	75.18%

85 respondents shared their sexual orientation.



85 respondents shared their gender identity.



Finally, when asked if they had ever sought behavioral health services, respondents answered as follows:

I Don't Know What This Question is Asking	4
I prefer not to answer	4
No	3
Yes, for Myself	44
Yes, for Someone Else	30

Recovery Questions

Using a weighted average to rank responses to the Recovery Questions (The Most Important = 5, Fairly Important = 4, Important = 3, Slightly Important = 2, Not Important at All = 1), respondents rated the following aspects in order of importance:

1. A stable and safe place to live (4.57)
2. Physical and emotional health (4.53)
3. Safe spaces to talk freely with others (4.33)
4. Having a sense of purpose, including meaningful activities, age-appropriate level of independence, income, and resources to participate in society (4.17)
5. Hope – the belief that challenges and conditions can be overcome (4.17)
6. Relationships with other people, animals, and nature (4.03)
7. Support from people around the same age, including friends and young family members (3.87)
8. Culture, including traditional healing practices (3.75)
9. Support from adults at school, including teachers, school counselors, office staff, bus drivers, food workers, etc. (3.67)
10. Support from older family members, including parents, stepparents, foster parents, grandparents, aunts, and uncles (3.5)
11. Support from faith communities, including churches, study groups, prayer groups, meditation groups, etc. (3.1)

Respondents were also asked to add anything else that might be important to someone in recovery. Themes included family companionship and understanding, a positive attitude, peer support from others who have been there, and forgiveness from others. Here are a few select responses:

1. Emergency intensive crisis response services for severe behavioral disabilities for children under 13 with persistent troubled behaviors not helped by existing resources. Ongoing intensive care for kids under 13 is a missing resource. WISE is not enough and CLIP cannot keep kids past a certain time even when severe violent behaviors continue. 911 legally will not come and hospitals won't admit when this is baseline behavior. My son and I, our lives ARE in danger and there's NO resources for this kind of severity.
2. Actually support people after their "recovery". I was i[n] Recovery, which was great. All the support was there....and then...poof gone. There is NO long term Recovery support. I

"graduated" my program 12.5 yes ago and have NEVER ONCE gotten any sort of contact, phone call, letter or support of any kind from my "support" team in the county. And I know plenty of others that were in my same situation that have gone back to the old lifestyle cuz there is no long-term support.

3. Healthy space. Where one can get some space from other people but not too much space to the point where it becomes unhealthy.
4. Understanding that relapse is a common thing, don't hold it against the person trying to get better. Everyone stumbles when learning to walk, the same goes for an addict, they're learning how to be clean.
5. Destigmatizing vocabulary around M[ental Health]

Navigation, Access, Benefits, and Types of Care

There were 33 total responses to this portion of the survey.

	Yes	No	Blank
If you were looking for resources for a young person struggling with a behavioral health concern, would you know how to find a provider?	68.42%	31.58%	0.00%
Do you feel you have adequate guidance on where to look and how to start?	66.67%	33.33%	0.00%
Have you ever received any education on what resources might be available for youth struggling with behavioral health?	57.89%	42.11%	0.00%
If you answered "no" in the previous question; would a short training or informational packet be something you would find helpful?	70.18%	10.53%	19.30%
Have you ever attempted to find behavioral health resources?	68.42%	31.58%	0.00%
Was the young person who needed services able to access them through their health insurance coverage?	70.18%	24.56%	5.26%
If you answered "yes" to the previous question; did insurance cover the services that were the best fit for the young person (i.e., if they had an eating disorder, they were able to access an eating disorder specialist; if they needed inpatient care, they were able to get into the hospital, etc.)	38.60%	7.02%	54.39%
Were the behavioral health providers you worked with willing to help you get started in care?	54.39%	7.02%	38.60%
Were providers able to assist you in the language you are most comfortable using?	59.65%	3.51%	36.84%
Did the provider bring in an interpreter fluent in your language?	3.51%	7.02%	89.47%

Trust and the System of Care

There were 33 total responses to this portion of the survey.

	Very	Sort Of	Not at All	Blank
How comfortable do you feel in reaching out for help with a behavioral health concern?	37.50%	56.25%	6.25%	0.00%
How effective do you believe behavioral health services are in general?	34.38%	62.50%	3.13%	0.00%
How effective do you believe behavioral health services are in meeting the needs of LGBTQ+ youth?	25.00%	75.00%	0.00%	0.00%
How effective to you believe behavioral health services are in meeting the needs of youth who are Black, brown, or Indigenous?	15.63%	65.63%	18.75%	0.00%
How much do you believe community partners youth might need help from have their best interests in mind?	53.13%	46.88%	0.00%	0.00%
How much do you believe community partners youth of color might need help from have their best interests in mind?	43.75%	46.88%	9.38%	0.00%
How much do you believe community partners LGBTQ+ youth might need help from have their interests in mind?	46.88%	50.00%	3.13%	0.00%
Do you trust that the professionals youth work with will help youth and families meet their needs in general?	21.88%	65.63%	12.50%	0.00%
Do you trust that professionals youth of color work with will help youth and their families meet their needs?	25.00%	65.63%	9.38%	0.00%
Do you trust that professionals LGBTQ+ youth work with will help youth and their families meet their needs?	21.88%	78.13%	0.00%	0.00%
Do you feel you understand how agencies and programs are connected with one another?	28.13%	43.75%	28.13%	0.00%

Respondents were asked what they think is working in the overall System of Care. Here are a few select responses:

1. I think the providers are trustworthy.
2. Works well for those not needing intensive services.
3. I think that professionals are doing the best that they can with what they have to work with currently.
4. I think that most agencies are good at telling you how long an appointment wait might be and if it doesn't fit your needs most places will refer you elsewhere. I also think that the services themselves are beneficial if people are intentional and committed.
5. Identifying the need is present and there is a willingness to connect/network to strengthen resources for the community.
6. If you can find someone who will support you then you will be helped.
7. In my experience, those who work within the overall System of Care are connected to each other and fairly knowledgeable about the resources that are offered by different providers and organizations, and can refer families and youth to those places if their needs are better met there.

Respondents were also asked what they think is not working in the overall System of Care. Here are a few select responses:

1. Failing families who need intensive services for kids under the age of 13 with severe ongoing mental/behavioral/emotional/developmental issues who have no real resources to cope with ongoing violent crisis. The existing pathways are not set up for this kind of baseline behavior.
2. One is not enough. We need these resources in our smaller communities as soon as feasibly possible.
3. I think that it's difficult for people to find a place where they feel comfortable enough to receive services. Intake processes are confusing for many agencies post pandemic, wait times are long, and there are not enough providers. There is also little cultural competence for brown, black, and indigenous folks. When we are able to receive services with folks that understand the experience of being brown, black, or indigenous it is more effective, but there are few providers that fit this need.
4. Bureaucracy, timelines and paperwork takes away from time/resources to actually serve clients. Not enough professionals to meet client needs. High turnover.
5. Not able to hire a professional from another state. we need a common license (for telehealth AND to recruit providers in person)
6. lack of equity in practice
7. CPS, this resource, I've heard, has been historically ineffective.
8. Kids languishing away while various providers require but can't agree on diagnoses to move forward.
9. More supports for those with not only mental health but with disabilities.
10. Application & Availability before crisis: it's okay to talk about the things that seem weird or make you feel kind of delusional or self-diagnosing (especially in this day and age with social media) so that you can have a talk about that stuff in a safe environment before it gets to the point where you can't function.