



# Foster Care Project: Youth Listening Sessions

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# Youth Listening Sessions

The Department of Health Care Services (DHCS) has requested that California Institute for Behavioral Health Solutions (CIBHS) conduct a series of virtual focus groups with current and former foster youth to solicit feedback that would inform policy and practice for youth in foster care.



CIBHS, in collaboration with a workgroup comprised of various stakeholders, formulated the following categories to begin a dialogue with youth in each session:

Access and  
quality of care

Continuity of  
Care

Coordination  
of Care

Trauma-  
informed care

Transitioning  
out of foster  
care

Culturally  
inclusive and  
responsive  
care




# Access and Quality of Care

Difficulty accessing specialized care such as orthopedic /chiropractic care

Little to no relationship with primary care

Delays in accessing care during change of placements

Lack of electronic health records accessible by various providers that led to delayed care

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- “ For the first time, someone saw me for who I was....”
  - Former Foster Youth speaking about their therapist



# Continuity of Care

Retelling of one's story over and over again to every provider is deemed to add yet another layer of loss

Lockdowns and pandemic related complications have created additional disruption in continuity of care

Long term therapy with a competent provider results in positive outcomes

Specialty treatments recommended by the social worker/treatment team led to loss of relationships with current providers




# Coordination of Care

Treatment team members are not always in agreement about process and goals

Lack of certainty around confidentiality leads to distrust

Teachers are sometimes the only constant in youth's life

Lack of timely responsiveness on part of social workers leads to confusion and disappointment for youth

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- “ I felt that I was being set up for failure...”
  - Former Foster Youth speaking about transitioning out of the system





# Trauma-informed Care

Lack of training in trauma-informed care resulted in disengagement

Lack of choice and autonomy often led to further disappointment

Therapists who were trauma-informed and practiced a collaborative care that was based on trust and transparency led to better outcomes



# Transitioning out of the System

Not enough resources, skills and knowledge available prior to transition

No help finding affordable housing

Difficulty building relationships outside of system due to not having role models

Unaware of resources available to foster youth after they transition out of the system

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- “Thank you for taking the time to listen to our stories.”
  - Former Foster Youth speaking about the opportunity to share their story during the Listening Session

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# Culturally inclusive and responsive care

High level of need for trans-affirming providers

Lack of cultural humility by the provider led to erosion of trust

Youth felt seen & heard when providers respected their identity and culture

Lack of bilingual staff forced burden of communication onto youth



# Youth Wishlist

- Allow time to cultivate a trusting relationship prior to delving into exploration of youth discussing “serious issues”
- Strive to create an authentic relationship
- Attempt to keep same provider for as long as possible
- Increase number of providers who accept Medi-Cal, especially for dental and chiropractic care
- Provide more transportation resources
- Provide workshops for transition age youth
- Increase training for staff and providers to be culturally responsive/inclusive and trans-affirming
- Avoid overmedication
- Ensure youth are aware of their rights and how to seek help if their rights are violated
- Train staff to differentiate between trauma and “bad behavior”
- Provide more housing options