

Youth Listening Sessions

California Institute for Behavioral Health Solutions (CIBHS) has been conducting virtual youth listening sessions since October of 2020 with current and former foster youth to support The Department of Health Care Services (DHCS) in their efforts to understand current challenges experienced by youth in foster care. The information gathered during these listening sessions will be used to further support DHCS's framework for the upcoming waiver renewals to reduce health disparities and inequities experienced by youth and ultimately improve outcomes.

Overview

CIBHS met with a DHCS-run workgroup to collaborate on identifying youth and topic areas most germane to youth at this time. CIBHS conducted two virtual sessions with youth from urban settings in Northern and Southern California that have included current and former foster youth ages ranging from mid-teens to early twenties. The listening sessions were held via Zoom for one and a half hour.

Categories

The aim of the listening sessions was to address challenges in the following areas and move toward possible solutions for youth in foster care. Below is a summary of key points made throughout the listening sessions:

1. Access and quality of care

- a. Difficulty accessing specialized care such as orthopedic/chiropractic care
- b. Little to no relationship with primary care
- c. Delays to accessing care during change of placements
- d. Lack of electronic health records accessible by various providers leading to delayed care
- e. Not getting adequate and timely care if deemed stable

2. Continuity of care

- a. Difficulties with forming new relationships when providers change/leave
- b. Retelling of one's story leading to further trauma
- c. Sheltering-in-place and transitions making it difficult to maintain consistent care

- d. Long-term therapy is beneficial when there is finally a connection between youth and provider

Coordination of care

- e. Disagreements between team members creating hurdles in treatment
- f. Lack of certainty around confidentiality
- g. Teachers sometimes are the only constant in youth's life
- h. Lack of responsiveness on the part of social workers to youth

3. Trauma-informed care

- a. Lack of trauma-informed care for providers
- b. Positive outcomes when providers were trauma-informed
- c. Lack of training for providers who work with transgender youth who often have history of trauma

4. Transitioning out of foster care

- a. Not enough resources, skills, and knowledge prior to transitioning out
- b. Lack of affordable housing
- c. Unaware of resources that may be available once a youth turns 18

5. Culturally inclusive and responsive care

- a. Culturally unresponsive care often led to erosion of trust
- b. Youth often felt seen and heard when their gender and cultural identity was acknowledged and respected
- c. Lack of bilingual staff that led to youth having to translate for others in the family

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 in their work with youth



- 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