

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



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





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





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



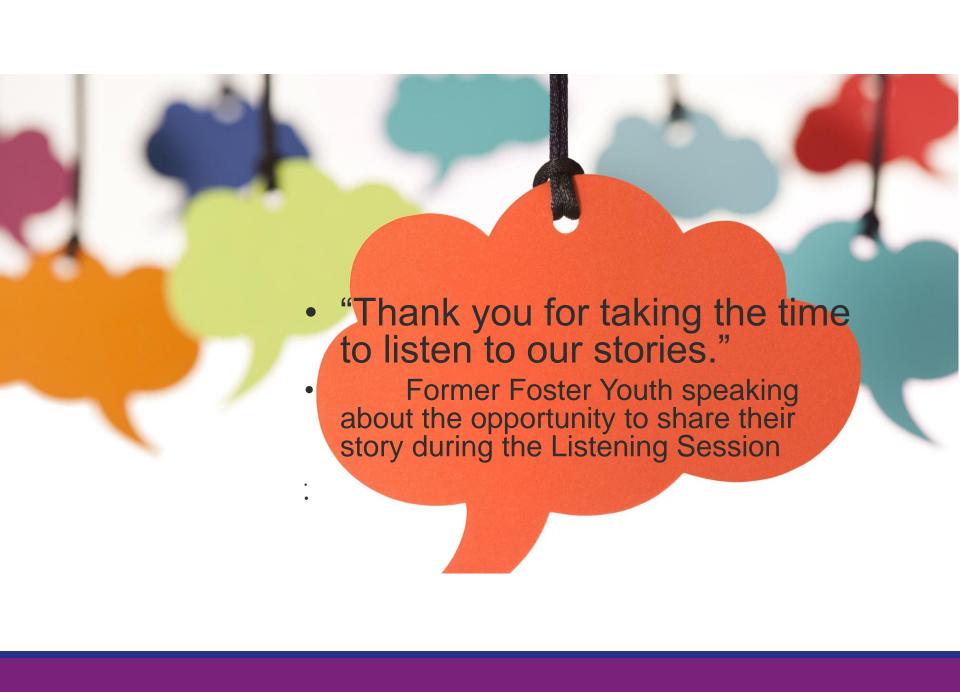
Transitioning out of the System

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





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