

Youth and Young Adult Continuum of Care  
Youth Voice – Listening Session with youth and young adults

September 21, 2020

Notes

**Listening session with youth and young adults**

**What kind of services did you receive?**

*Outpatient counseling – for depression, intensive outpatient for drug addiction and mental health, medication management, crisis counseling, crisis response services, school-based counseling, community organization, recovery high school, juvenile justice system counseling services, inpatient SUD treatment, SPARK (in-school support program).*

**What were the best parts?**

- SPARK program; support in school building.
- Peer support. We do contract with a licensed social worker. Have to be 18 to be a youth peer. Some of the WISE agencies and others hire at 18. Offer something so teens can graduate and be certified peer counselors.
- Opportunity to give back – pathway for teens to graduate and become certified peer counselors.
- When counselors said “tell me your story” rather than “this is what your file says”.
- Strength-based outlook from others when you don’t feel like you have purpose in your life.
- Becoming a peer counselor.
- First time I met anyone I could relate to, I was 17; he was white, but he’d been to prison.
- Finding youth like me. Places to go where there are other youth I can relate to. Youth peers with different stories.
- that I chose to go services, was able to decide where I went and when I started.
- Having access to education, including non-traditional pathways.
- Intensive outpatient – A structure where I had to show up 3 times a week, 2 hrs a day.
- Community Passageways program for youth and young adults up to age 25 – counseling, support, training, and everything in between - legal assistance, food and housing assistance, stipends - not only for us, but for our families. Help people getting back into high school, getting a GED, pursuing college/degree.

**What were the hardest parts/barriers?**

- Issues around counselors who “helped me blame me”, were out of touch with youth, more focused on documentation rather than allowing the youth to focus on their issues as they saw them or address what was really going on at home; lack of continuity of counselors; one size fits all medication management; parent-initiated treatment with incompatible counselor that “didn’t help me”.
- POC: not enough counselors that look like us and understand what we go through on the daily, why our mother acts the way she does. Lack of cultural awareness and sensitivity around cultural resistance to mental health treatment and asking for help in communities of color; being offered services in front of parents who may not approve rather than talking privately with youth.
- Counselors need to be more relatable.
- Insurance – not having coverage for services, delays in receiving services due to waiting for approval.
- Counseling – My mom was treated differently because she was low income.
- Counselors that look at you like a rap sheet and judge you.
- Not having enough resources to address the needs of young people.
- Hard for non-citizens to get support.
- Very little support in college for sober living.
- My counselors told me I would never be able to go to college, I was wasting money on education fees.
- Youth are super resilient and can just show up and put on a face.

- There are a ton of services in schools – and I never knew they existed. People don't know about them.

**Recommendations:**

- Reduce caseloads.
- Provide more quality services upfront to avoid paying for more expensive services when kids are older.
- You have to have some lived experience. Being culturally conscious. It shows our youth that people of color can be in power, can be role models – it is empowering. *If you can't see it, you can't be it.*
- More planning services for youth who are aging out of foster care, more planning about what youth want to do, strengths based perspective, mentorship, social work.
- All-youth Oxford House.
- Alternatives to abstinence, 12 step programs; they don't work for all youth.
- More recovery high schools.
- Offer opportunities to people of color that are available to white community.
- After-care – independent living services.
- Make activities that people can enjoy doing when they aren't enjoying life itself.
- If you just look at the diagnoses and think, that's the kid, you're only looking at 1% of the person. It's about the heart.

**Youth peers' experience:**

- Not a lot of support for peers to deal with the secondary trauma, not empowered.
- Frequently agencies hire one person – check that box.
- I am not my experience. We were in the system because of things that weren't in our control. If we come back to work in the system that did harm to us, please empower us. Nothing about us without us.
- I love my job, but they kind of just threw me out there. There's no training at the agency. Peers need more support, including supervisors who are peers.
- Barrier for youth peers: Background checks. Sometimes for very minor things.

*Thank you to the youth and young adults for their courage and honesty in sharing their experience and wisdom – Aliyah, Ayla, Brandon, DeShaun, Diana, Elvira, Gabe, Maranda, Maria, Masha, Teliesen, and Tyus. ♥*