

Submitter: Jim Wikel

On Behalf Of:

Committee: Joint Committee On Addiction and Community Safety
Response

Measure, Appointment or Topic: HB3197

Hello, and first off thank you Rep. Sanchez for writing this bill. I am a person in long-term recovery and a person who has worked in the SUD/Behavioral Health field since 2008. I have been a certified peer support specialist since 2015 and I currently serve as a regional director for a Native peer ran organization. While my work has been primarily with adults, over the course of my career, my experience has been that services for young people under the age of 18 have always been woefully underfunded and in many instances non-existent. For example, I began my career working for an agency in Everett, WA that housed the county detox. When young people under the age of 18 were admitted they were kept isolated from the other patients in a room by themselves. Needless to say, every young person who was admitted left against medical advice before the detox process was complete. We had no staff who were specifically credentialed to work with youth. During my five years with that agency I saw youth who had been admitted and who had left AMA several times before they age of 18 return as young adults aged 18-22 and almost always leave AMA, often several times in the space of a few months. Once again, we had no staff who were qualified or able to work with these young people from a place of lived-experience, meaning young people providing services to young people. I believe that had there been staff trained to provide services you young people who were under the age of 18 that perhaps would not not seen the rates of AMA and recidivism that we saw and nor would we have seen these people returning for services as young adults.

I began my addiction at the age of 13 as a freshman in high school, It started with alcohol, but during my school years it progressed to include just about every substance known to man at that time. During those years I was in trouble with the law and incorrigible in school. In the 70's there was no trauma informed care, let alone specialized services for youth. I am also Native American and there were certainly no culturally specific services for youth at that time. I was court ordered into my first treatment program at the age of twenty and throughout the 1980's, cycled through three more programs as well as many trips to detox, jail, or the psychiatric ward as well as through many jobs and a marriage before finally entering recovery in 1991. I wonder if, had there been youth and culturally specific services available to me during those formative years if I would have spent an entire decade searching for an answer to a question that I couldn't articulate. All kids need nurturing and meaning during the years when they too have a question that they can't articulate. We are seeing tribes that are funding their own youth prevention programs with staff that are trained to work with youth on cultural level begin to see results. Young people are

stepping into culture and leadership positions as they mentor other youth. Native people believe that children and youth are our future. Perhaps this should be the view of the larger society, because with youth specific services we can build a strong and healthy future society. Thank you for giving me this space to voice my support for HB 3197.