

2020

State of the Community Report: Transitional Age Youth



"NO MORE
Silence,

Reclaim,
YOUR VOICE"

A report created by
The California
Youth
Empowerment
Network



TABLE OF CONTENTS

Word Bank	04
About the California Youth Empowerment Network	05
First Year Partners	06
Executive Summary	08
“Asks” local solutions identified for youth by youth	12
State of Transitional Age Youth	15
The California Youth Empowerment Network Survey	18
Youth identified recommendations for adult allies	22
Acknowledgements	24
Overview of the project	26
Local Level Advocacy	30
Mental Health Association of San Francisco	30
The Village Project Inc.	32
The Muslim American Society- Social Services Foundation	34
The Mental Wellness Center	36
The Wall Las Memorias	38





Town Hall Series	40
State of Transitional Age Youth	42
Report Card of TAY Mental Health (table)	44
Negative Outcomes of Untreated Mental Illness	46
Suicide	48
Homelessness	52
Access	54
Barriers	56
The California Youth Empowerment Survey	58
Mental Health Issues	60
Barriers	63
Policy Recommendations	66
Summary	74
Data Sources and Data Landscape	76
References	78

WORD BANK

BIPOC	Black, Indigenous, and People of Color
CAYEN	The California Youth Empowerment Network, a program of Mental Health America of California
LGBTQIA+	Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community
LGBTQIA2S+	Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify
LLAG	Local Level Advocacy Groups that CAYEN worked with during year one of the project
MHSA	Mental Health Services Act was passed by California Voters in 2004, funded by a one percent income tax on personal income of \$1 million or more per year, designed to expand California's behavioral health system
MHSOAC	The Mental Health Services Oversight and Accountability Commission oversees the implementation of the Mental Health Services Act
TAT	TAY Action Teams that led advocacy efforts in their local communities
TAY	Transitional Age Youth, it is a term used to represent all young people between 15-26 years old



ABOUT

The California Youth Empowerment Network (CAYEN), a program of Mental Health America of California (MHAC), was formed in 2006 to lead and strengthen the voice of Transitional Age Youth (TAY, ages 15-25) in local and state-level mental health policy advocacy.

CAYEN engages the voices of youth in policy through outreach and education. CAYEN's all youth-board, is made up of driven individuals who have lived experience with mental health, juvenile justice, or foster care systems. The CAYEN board members' lived experience and expertise fuel their advocacy to influence change among mental health policy and decisions affecting TAY.

CAYEN's mission is to create community and mental health system transformation through youth-leadership and to promote culturally appropriate supports, services, and approaches that improve and maintain California TAY's mental health.



1st Year

Local Level Advocacy Groups:



State-Level Partners:



Other Partners:





TRANSITION AGE YOUTH

CHANGE FOR OUR YOUTH, GROWTH FOR OUR FUTURE

Project Logo Designed by: **CAYEN Board**
Graphic Design by: **Miguel G Miranda**

EXECUTIVE SUMMARY

In 2019, the Mental Health Oversight and Accountability Commission (MHSOAC) awarded the Transitional Age Youth (TAY) advocacy grant to the California Youth Empowerment Network (CAYEN), a program of Mental Health America of California (MHAC). For the next three years, throughout the project, CAYEN will collaborate with TAY across 15 different regions to enhance local participation, voice, and empowerment through advocacy. CAYEN believes that to create the best programs and policies, TAY must have a significant role in the development and implementation of the programs and policies. CAYEN recognizes there is a pivotal time in life when a child transitions into an adult (ages 15-26), when TAY-specific mental health services are crucial to health and wellness. For the next three years, CAYEN will elevate TAY voices in local and state-level mental health policy advocacy, to lead system change.

During the first year of the project, CAYEN collaborated with five different local level advocacy groups (LLAGs) across the state of California:

The Mental Health Association of San Francisco (MHASF), *San Francisco County*;
The Muslim American Society Social Services Foundation (MAS-SSF), *Sacramento County*;
The Village Project Inc. (TVP), *Monterey County*;
The Mental Wellness Center (TMWC), *Santa Barbara County*; and
The Wall Las Memórias Project (TWLMP), *Los Angeles County*.

The LLAGs recruited local youth leaders to participate in each organizations' TAY Action Team (TAT). The year 2020 brought several unforeseen challenges that tested TAY mental health and directly affected the original project design's logistics and foundation.



Corona Virus Disease of 2019 (COVID-19), racial justice activism, and California's largest wildfire season played a role in CAYEN quickly pivoting to reevaluate and reinvent the execution and rollout of the project. California and the world learned how to work within the limits and confines of COVID-19. COVID-19 soon became categorized as a pandemic resulting in community closures and lifestyle changes. People were prohibited from gathering in public and very limited to gathering in personal space. Additionally, travel was limited to essential travel only. These limitations specifically affected this project as the original project depended upon in-person meetings and events across California. The TATs, along with the world, transitioned into a new socially-distanced and virtual-world. COVID-19 prompted CAYEN to transition all advocacy efforts to virtual, online platforms.

Social isolation brought further mental health challenges of loneliness, anxiety, and depression to TAY. This resulted in TAY feeling less connected and less motivated to participate in advocacy and the project. In response, CAYEN collaborated with Psypher LA (a TAY-owned, led, and operated organization) and the All Children's Thrive (ACT) Initiative, the University of California at Los Angeles (UCLA) to empower TATs through community-building workshops, training, and education.

CAYEN had to take innovative steps to re-engage, re-connect and further empower TATs before moving forward with the project. The community-building workshops, training, and education were successful. The TATs moved forward with the project.

As part of the virtual workshops, TATs received Multimedia Voice training that resulted in each TAT member creating a Multimedia Voice piece, a community-based participatory research tool. The Multimedia Voice Pieces were crucial in identifying the local-level "advocacy asks." The "advocacy ask" is the proposed youth-led solution to the youth-identified issue.

**CALIFORNIA AND THE WORLD WERE AFFECTED
BY THE SOCIAL JUSTICE ACTIVISM OF THE**

BLACK LIVES MATTER MOVEMENT



After redesigning the project, TATS were actively meeting and defining their advocacy when California and the world were affected by the social justice activism of the Black Lives Matter Movement. The Black Lives Matter Movement is a movement against police brutality and racially motivated violence against Black Americans. **Momentum was gained and sparked worldwide activism after the killing of George Floyd on May 25, 2020.** The mental health of youth were impacted by these events, adding to the trauma and hurt caused by ongoing systemic racism and discrimination among youth of color.

This was a defining moment in history and the project lost participants who were moved to be activists as part of the movement. The youth who remained on the TAY Action Teams were further motivated to advocate against racist systems.

CAYEN and Local Level Advocacy Groups recruited more members to rebuild some of the TAY Action Teams.

CALIFORNIA FIRES, ADAPTING AND RESPONDING

In addition to COVID-19 and the BLM Movement, California TAY mental health continued to be exacerbated by further unforeseen challenges which also directly affected the project. Starting in the late spring of 2020, California entered into what would become the largest wildfire season in the history of the state. **By the end of 2020, California endured over 9,000 fires.** The fires rained ash over much of California for many weeks, making it difficult to breathe, forced some TAY out of their homes, and kept others on notice for potential evacuation. All these variables further caused TAY anxiety and depression. The fires burned down towers, caused rolling electrical blackouts and loss of power – temporarily causing the TAY to lose internet connection and electricity they needed to participate in the project.

"ASK's"

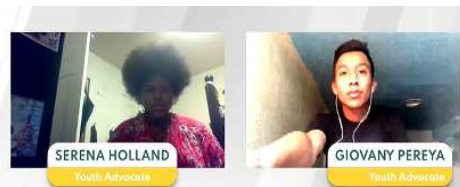
Local Solutions Identified FOR YOUTH BY YOUTH

After each TAY Action Team identified an "ask," the TATs strategized a plan to achieve their advocacy ask. Then, began virtually advocating in front of local-level decision-makers. Additionally, the TATs planned and led local-level virtual town halls to uplift their advocacy "ask," while educating decision-makers on TAY-identified mental health challenges.

The Mental Health Association of San Francisco	The Muslim American Social Services Foundation	The Wall Las Memórias Project	The Village Project	The Mental Wellness Center
"advocating for a TAY-led and TAY-specific wellness center in San Francisco County"	"advocating for a TAY-led and TAY-specific wellness center that provides services to the Muslim and Refugee youth in Sacramento County."	"advocating for more TAY-led mental health supports and resources that serve the LGBTQIA2+ TAY community in Los Angeles County"	"advocating for a TAY-led and TAY-specific wellness center in Monterey County"	"advocating for mental health education to be a part of the school curriculum in Santa Barbara County"

Town Hall Series

The TATs streamed successful town hall virtual events on YouTube and Facebook in August and October 2020. The virtual events educated decision-makers and uplifted the local-level advocacy "ask" through conversations with local-decision makers and youth leaders.



EVENT

Tay Action Team

DATE

COMMUNITY IMPACT (views)

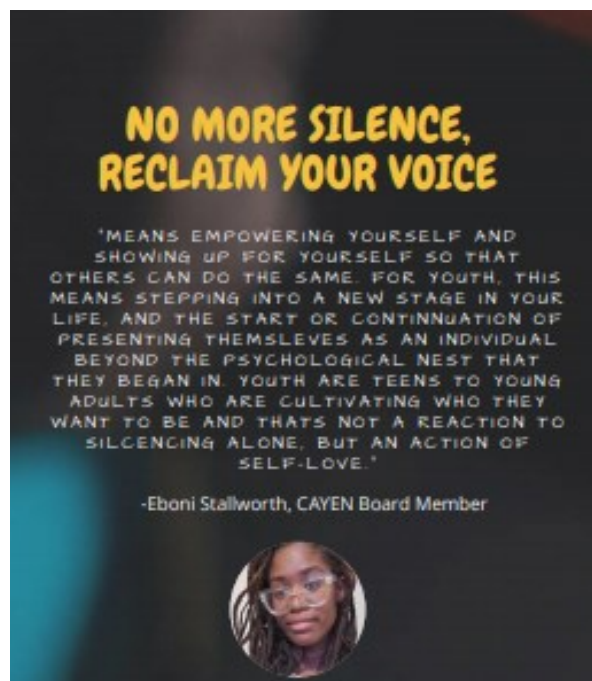
"Youth-Specific Wellness Center for SF"	The Mental Health Association of San Francisco	08/26/2020	375
"Voices for Hope: De-Stigmatize Mental Health for Muslim Youth"	The Muslim American Society of Social Services	10/19/2020	661
"Finding Strength in Unity and Community"	The Village Project Inc.	08/29/2020	582
"Mental Health, Let's Talk About It"	The Mental Wellness Center	08/24/2020	751
"TAY Opportunities for Change"	The Wall Las Memorias Project	08/27/2020	429

TAY Action Teams will continue their efforts throughout the five different counties throughout 2022. The Muslim American Society-Social Services Foundation, The Mental Health Association of San Francisco, and The Village Project TATs will continue to advocate for a TAY-led wellness center. The Mental Wellness Center TATs will continue to advocate for mental health education as part of high school curriculum. The Wall Las Memorias Project TATs will continue to advocate for LGBTQIA2+ mental health resources & supports for youth.

TAY DAYS

"No More Silence, Reclaim Your Voice"

CAYEN led the virtual 2-day state-level event, TAY DAYS at The Capital: "No More Silence, Reclaim Your Voice," on August 5-6, 2020. The event included TAY-led panels and discussions, TAY speakers, TAY advocacy through artful expression, and TAY-led breakout advocacy meetings with legislators. Throughout the event, CAYEN and the TATs advocated for Assembly Bill 2112 authored by Assembly Member Ramos. The bill would create California's first Office of Suicide Prevention. TAY DAYS - "No More Silence Reclaim Your Voice" was a success. There were 300 confirmed registrations for the virtual two-day event. The event was viewed by 938 people on day one and 1,607 people on day two. TAY DAY participants successfully advocated for AB 2112 which was signed into law by the governor in September 2020.



TAYDAYs Virtual Event:

Day 1: <https://www.youtube.com/watch?v=vXx58sbTKvI&t=8728s>

Day 2: <https://www.youtube.com/watch?v=NW0UMFvGi0s>

State of Transitional Age Youth

Current Data & CAYEN Survey

Transitional Age Youth is defined as any individual ages 15-26. The data collected in this report illustrates and further emphasizes the need for more youth-identified mental health supports and services and youth-led solutions to meet the needs of TAY.

7 Negative Outcomes of Untreated Mental Illness among TAY

The seven negative outcome report card is a community metric the Mental Health Services Act (MHSA) identifies as resulting from mental illness that is left undertreated, untreated, or inappropriately treated among TAY. The 7 Negative Outcomes include suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. This report card provides an overview and comparison of the state of TAY relative to the general population in California and the U.S. (*the full report card is available on pg.44)

Of the seven negative outcomes, areas of need for California TAY were demonstrated by higher than national averages:

30.5% have feelings of distress

5.6% school dropout rate (ages 15-26) (per 100,000);

11,993 youth under the age of 25 are homeless;

Foster care count of 6,162 for those ages 16-17; and the rate of children in foster care (per 1000) is 6.0 for those ages 16-17

22.1% (ages 16-19) and 14.6% (ages 20-24) rate of unemployment (per 100,000);

Overall, California TAY experience worse mental health outcomes than the general population in California and across the United States.

Data Shows:

More high school students are feeling sad or hopeless.

Black youth at **higher risk** of attempting to take their own life.

California TAY and Access to Supports and Services

Access means having the timely use of mental health supports and services for TAY to achieve the best outcomes (IOM, 1993). In California, more than one-third of TAY need help for emotional and mental health challenges. Data shows that more than half of TAY who need help are not receiving it. TAY are more likely to not have health insurance.

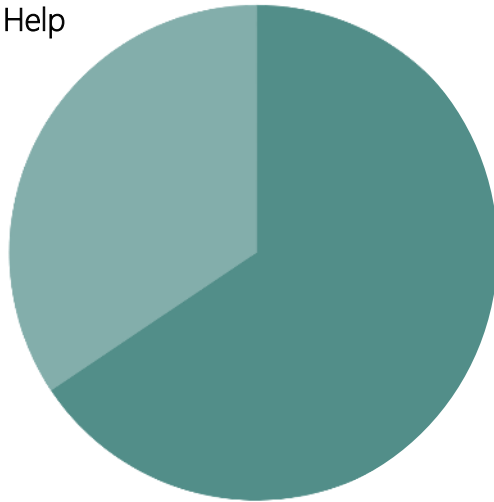
LGBTQIA-2S+ youth are at **higher risk** for **mental health issues** than heterosexual youth

California **TAY** are more likely to experience **psychological distress** than the general population in California.

Individuals ages 18 to 25 are much **more likely to have serious thoughts of suicide** than the general population.

Access to Supports & Services:

Needed Help
34.4%



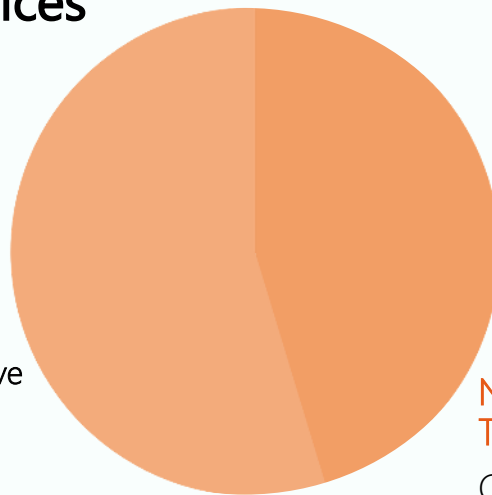
TAY in Need of Services

Did Not Need Help
65.6%

Needed Help, Age 18-26
California (CHIS, 2019)

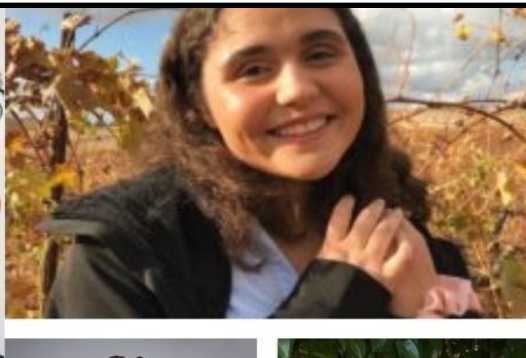
TAY Utilizing Services

Did Not Receive
54.7%



Did Receive
45.3%

Needed Help, Did Not Receive
Treatment Age 18-26
California (CHIS, 2019)



The CAYEN Survey

Priority Issues of Transitional Age Youth

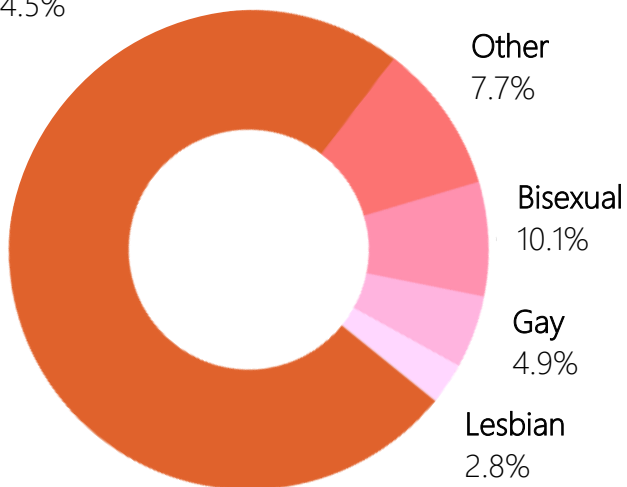
The CAYEN Survey was distributed statewide and gathered 286 unique responses on demographic information and priority issues of Transitional Age Youth across California.

The CAYEN survey gathered demographic information regarding the participant's gender expression, sexuality, race/ethnicity, and the highest level of schooling.

Transitional Age Youth respondents self-identified with the following demographics:

Sexuality

Heterosexual
74.5%

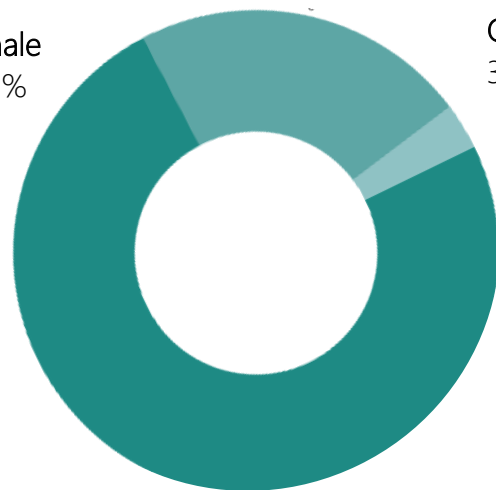


Gender Expression

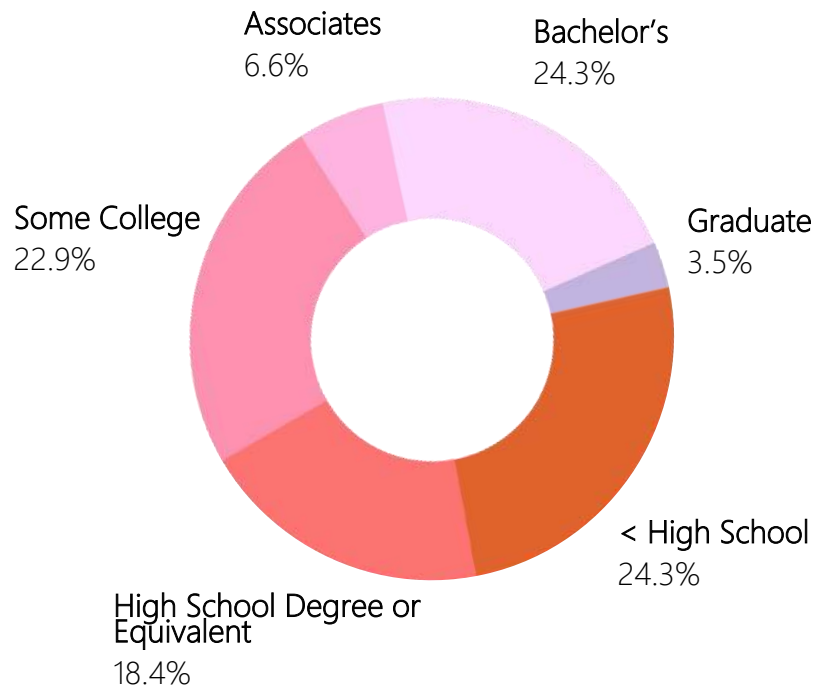
Male
22.4%

Female
74.5%

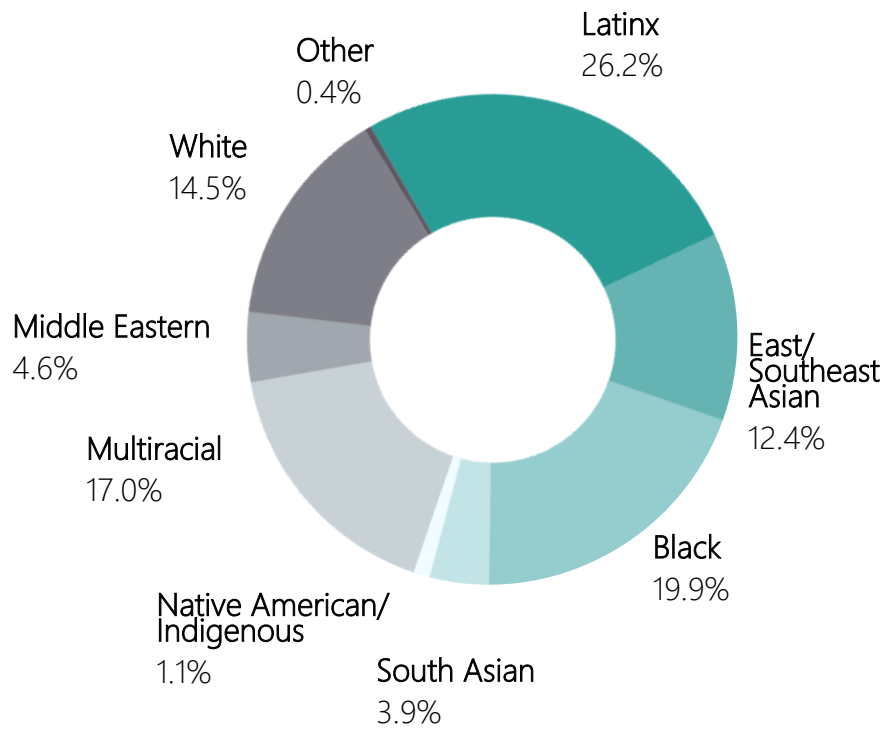
Other
3.1%



Highest Level School



Race/Ethnicity

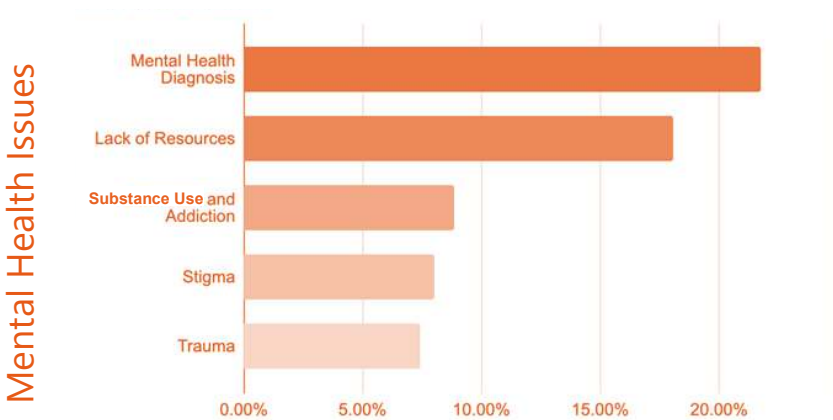


The CAYEN Survey

YOUTH IDENTIFIED - Mental Health Challenges:

Transitional Age Youth named the top mental health issues in their communities as: traditional mental health diagnoses, lack of resources, substance use and addiction, mental health stigma, and trauma (CAYEN, 2020; full survey analysis on pg. 58).

Top Mental Health Issues in Your Community



Barriers to Access:

Transitional Age Youth reported financial accessibility, stigma, knowledge of available resources, family, and resources availability as the top barriers to accessing services among TAY in their community (CAYEN, 2020).

“My school did not have adequate mental health services for their large population of students and did not actively educate students about the services available, if any.” – Age 17

Youth-Driven Solutions:

Transitional Age Youth expressed the need for more resources, increased outreach, accessible services, culturally appropriate options, and diversity in options available to them.

Multimedia Voice Project:

YOUTH- Led Efforts

Multimedia Voice Piece is a community-based participatory research tool. Multimedia Voice Pieces were created and used by youth to identify local mental health issues and youth-driven solutions within their respective regions. The TAY Action Teams (TATs) research guided their local advocacy efforts. The pieces are representative of TAY-needs throughout California. Each piece presents a form of multimedia, that represents a place, or concept that youth feel is relevant to identifying mental health in their community and answers to the questions:

What do you see?

How does it impact youth?

What does it symbolize? What is the proposed solution?

COMMUNITY SUPPORT FOR GRADUATING TAY



WHAT YOU SEE

This is Tracy, she is coming from Florida back to our community to support other Transitional Age Youth (TAY) with therapy and programs.

HOW IT IMPACTS YOUTH

There isn't as much community support and it creates a cycle of not being together and supporting each other. Older TAY are not passing down the mentorship they have been given to younger people and there is a disconnect between the generations. Younger youth end up having to try to learn these things by themselves that are not taught in school like financial literacy, credit cards and taxes. It's not good for older TAY because they end up walking away from the connectivity of the community when they have to leave to find jobs because there aren't enough in their community. It's an ongoing cycle, if you don't support each other it becomes harder to support yourself.

WHAT IT SYMBOLIZES

We need community support and encouragement for older youth coming out of college who have some experience to help bridge the gap. There are a lot of 17 year olds who could learn from 22 year olds.

PROPOSED SOLUTION

Having youth advocate for businesses to give opportunities for older youth as an incentive to come back because people constantly tell younger people they're the future but our voice is not often heard. We can help mend the gap where 22-25 year olds are supporting younger students 16 and up and support TAY in our community with therapy and community programs.

Piece by *Anna Isabel Mejia Contreras*



Youth-Identified

RECOMMENDATIONS - For Adult Allies

The TAY have identified the following policy, program, and service recommendations. Transitional Age Youth cannot emphasize enough the need for TAY voices to be heard, for the TAY voices to lead change, and for TAY innovative solutions to be supported by adult allies.

Recommendations:

Increased Outreach:

Youth need to know about existing resources already available to them, and how to access them, through increased outreach information and communication intentionally directed at TAY. Youth also want to be reached out to by adults in their community regarding their mental health.

Accessible Services:

Youth report difficulty in accessing existing mental health services, particularly regarding affordability, ease of accessing and navigating the system, and being able to physically access the services they need.

Youth emphasized the need for accessible services within schools. While few schools do have options for youth, they are often challenging to use or youth feel they are not trustworthy.

Culturally Relevant Options:

Youth expressed the need for services and providers that they can relate to. Specifically, youth want providers that represent and relate to youth of color, LGBTQ+ youth, and youth of varying religions.

Youth would like to see more peer support groups and services, as well as youth-informed resources that young people can relate to. Youth don't always trust adults or feel that adults can relate to their experiences.

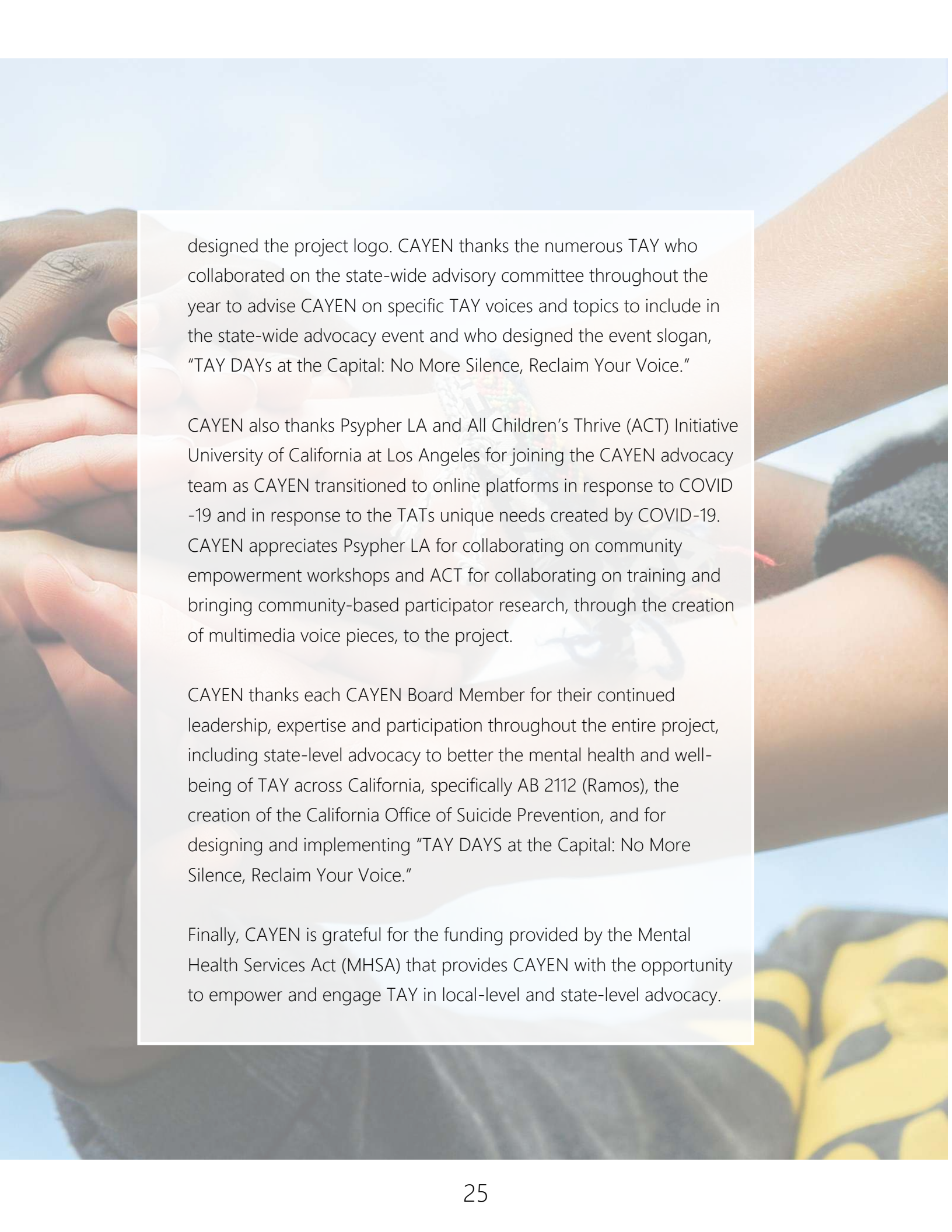
Through listening, uplifting, and acting on youth voice across California, stakeholders have the opportunity to implement solutions that are relevant and effective for youth specifically. Through youth advocacy, it becomes clear that there is an opportunity to meet youth where they are, to overcome many of the barriers faced in accessing services, and to set up youth to experience improved wellbeing despite the unique challenges faced by transitional age youth.

Acknowledgements:

CAYEN would like to express great appreciation to the youth who showed resiliency and took steps toward advocating for change in the services and programs that directly affect them and other youth alike. CAYEN thanks the youth and young adults for their willingness to share their stories, time, and expertise. CAYEN will continue to provide opportunities to uplift youth voices because *TRANSITIONAL AGE YOUTH VOICE MATTERS*.

CAYEN also expresses deep gratitude to our Local Level Advocacy Groups (LLAGs) and State-Level partners who played essential roles in this TAY Advocacy Project. The LLAGs and State-Level partners were essential in supporting and cultivating leadership among the TATs. The LLAGs provided space, shared their expertise, and supported the youth as they led their advocacy efforts. Year-one LLAGs were The Santa Barbara Wellness Center (Santa Barbara County), The Village Project (Monterey County), The Mental Health Association of San Francisco (San Francisco County), The Wall Las Memórias Project (Los Angeles County), and The Muslim American Society-Social Services Foundation (Sacramento County). The State-Level partners were The Racial Ethnic Mental Health Disparities Coalition (REMHDCO) and Stars Behavioral Health Group.

CAYEN thanks the many TAY across California who served in a variety of capacities throughout the project. CAYEN thanks the TAY who



designed the project logo. CAYEN thanks the numerous TAY who collaborated on the state-wide advisory committee throughout the year to advise CAYEN on specific TAY voices and topics to include in the state-wide advocacy event and who designed the event slogan, "TAY DAYS at the Capital: No More Silence, Reclaim Your Voice."

CAYEN also thanks Psypher LA and All Children's Thrive (ACT) Initiative University of California at Los Angeles for joining the CAYEN advocacy team as CAYEN transitioned to online platforms in response to COVID-19 and in response to the TATs unique needs created by COVID-19. CAYEN appreciates Psypher LA for collaborating on community empowerment workshops and ACT for collaborating on training and bringing community-based participator research, through the creation of multimedia voice pieces, to the project.

CAYEN thanks each CAYEN Board Member for their continued leadership, expertise and participation throughout the entire project, including state-level advocacy to better the mental health and well-being of TAY across California, specifically AB 2112 (Ramos), the creation of the California Office of Suicide Prevention, and for designing and implementing "TAY DAYS at the Capital: No More Silence, Reclaim Your Voice."

Finally, CAYEN is grateful for the funding provided by the Mental Health Services Act (MHSA) that provides CAYEN with the opportunity to empower and engage TAY in local-level and state-level advocacy.

OVERVIEW OF THE PROJECT

The Transitional Age Youth (TAY) 3-year advocacy grant was awarded to the California Youth Empowerment Network (CAYEN), a program of Mental Health America of California (MHAC), in 2019 by the Mental Health Oversight and Accountability Commission. With this grant, CAYEN will collaborate with TAY across 15 different regions to enhance local participation, voice, and empowerment through advocacy. CAYEN believes that to create the best programs and policies, TAY must have a significant role in the development and implementation of the programs and policies. CAYEN recognizes there is a pivotal time in life when a child transitions into an adult, (ages 15-26), when TAY-specific mental health services are crucial to health and wellness. For the next three years, CAYEN will elevate TAY voices in local and state-level mental health policy advocacy to lead system change.

YEAR ONE: "YOUTH TAKE THE LEAD"

"No More Silence, Reclaim Your Voice," is the project's theme. CAYEN advocated:

"To give TAY a powerful voice, to prevent people from silencing them and telling them they aren't 'old' enough to know what they are feeling."

–CAYEN Board Member

During the first year of the project, CAYEN collaborated with five different Local Level Advocacy Organizations (LLAGs) to uplift youth voice in mental health advocacy across five different counties. The collaborations included: The Santa Barbara Wellness Center (Santa Barbara County), The Village Project (Monterey County), The Mental Health Association of San Francisco (San Francisco County), The Wall Las Memorías Project (Los Angeles County), and The Muslim American Society-Social Services Foundation (Sacramento County). The LLAGs recruited local youth leaders,



ages 15-26, to be a part of TAY Action Teams (TAT) to lead local advocacy efforts. TAY Action Teams started their local advocacy work at the beginning of 2020. CAYEN had to quickly pivot to reevaluate and reinvent the execution and rollout of the project as California and the world learned how to work within the limits and confines of the Corona Virus Disease of 2019 (COVID-19). The United States publicly recognized COVID-19 in January 2020 and was officially categorized as a world pandemic in March 2020 by the World Health Organization ([WHO, April 2020](#)). As Covid-19 positive-case numbers rose in the United States, public health experts and leaders started implementing closures and stay-at-home orders. The California Government implemented the first stay-at-home order on March 19, 2020, closing all nonessential businesses and restaurants ([AP, July 2020](#)). The TATs, along with the world, transitioned into a socially-distanced and virtual-world. During these uncertain times, death rates increased, many people lost their jobs and livelihood, and unemployment skyrocketed. Schools closed. Education, communication and interactions were limited to virtual platforms. The world was filled with daily uncertainty. The country's health and mental wellbeing was compromised.

During the first quarter of 2020, there were many unforeseen events. CAYEN had to quickly pivot to reevaluate and reinvent the execution and rollout of the project as

California and the world learned how to work within the limits and confines of Corona Virus Disease of 2019 (COVID-19). COVID-19 soon became categorized as a pandemic, resulting in community closures and lifestyle changes. People were prohibited from gathering in public and very limited to gathering in personal space. Additionally, travel was limited to essential travel only. These limitations specifically affected this project as the original project depended upon in-person meetings and in-person events across California. The TATs, along with the world, transitioned into a socially-distanced and virtual-world.

"Youth are facing higher rates of depression and anxiety because they are at home"

-LLAG Adult Ally

CAYEN adapted and adjusted to the new circumstances caused by the pandemic. CAYEN proceeded with the advocacy project by incorporating virtual platforms. The pandemic also brought new challenges to TAY's mental health and the ability to support the TATs, CAYEN created a virtual workshop series in partnership with UCLA All Children's Thrive and Psypher LA.

As part of the virtual series, TATs received self-empowerment workshops, advocacy training, and Multimedia Voice training.

VIRTUAL	WORKSHOP SERIES	MAY 21, 2020	—	"Social Empowerment Circle"
		MAY 28, 2020	—	"Developing an Online Presence"
		JUNE 4, 2020	—	"Intro to Multimedia Voice"
		JUNE 11, 2020	—	"Power Workshop"
		JUNE 17, 2020	—	"Virtual Advocacy Workshop"
		JUNE 18, 2020	—	"Privilege Workshop"
		JUNE 25, 2020	—	"Strategic Planning"

Multimedia Voice is a community based participatory research tool that allows youth to creatively think about and identify community issues and develop youth-led solutions.

Each piece presents a form of multimedia, such as a photo or drawing, along with answers to the questions relating to any issue or problem that youth feel is relevant to mental health in their community.

These Multimedia Voice Pieces were created and used to help guide each TAT in identifying their local-level advocacy efforts, coined as their "Advocacy Asks." The advocacy ask is the youth-identified issue and youth-led solution each TAT group identified within their communities.

The youth thought critically about their "Advocacy Ask," first identifying the mental health challenges that existed in their communities, and further identified **what?** Solutions would be needed, **where?** The change would be advocated for, and **who?** had the decision-making power to influence change.



What are we looking at?

The image above depicts a former sport store which shut down in 2014. It has been sitting empty since then because there have been many disagreements as to what should occupy this space.

What does it symbolize?

I am proposing for this site to become a one stop shop for TAY to receive wrap around services. Often TAY have to travel to multiple sites to receive a variety services and this can be difficult at times. The building has two floors and I envision the floors being divided by needs. For example, one floor is dedicated receiving services based on physical and mental well being and the second is a space dedicated to recreational activities. In addition, this location is easily accessible by multiple public transit lines.

How does it impact us?

This space is a place of convenience for TAY to get multiple needs met at once. While there are multiple designated spots for TAY, a "headquarters" has yet to be established - partially because the general population haven't been exposed to who TAY are and the needs accompanied. Creating a space for TAY in this building would allow outsiders to recognize the importance of having a safe space for TAY and address specific needs that aren't currently being met.

What can we do about it?

Appeal to the District Supervisors as for some reason they have been inclined to let the building sit empty as the public cannot agree as to what the building should be. It would take a lot of advocacy in the neighborhood which is near the Tenderloin and Nob Hill, two different social classes that must unite marginalized communities and the upper class people in order for this project to become a reality. We can appeal to the public and write letters. Involving TAY is also significant as advocating is important for gaining momentum.

Destination TAY

Zabreen Shaikh MHASF TAT

LOCAL LEVEL ADVOCACY AT THE COUNTY LEVEL



San Francisco County

CAYEN collaborated with the Mental Health Association of San Francisco (MHASF) to lead TAY advocacy efforts in the County of San Francisco. MHASF gathered a core group of TAY Action Team members (TATs) between the ages of 15-26 to drive change in their community.

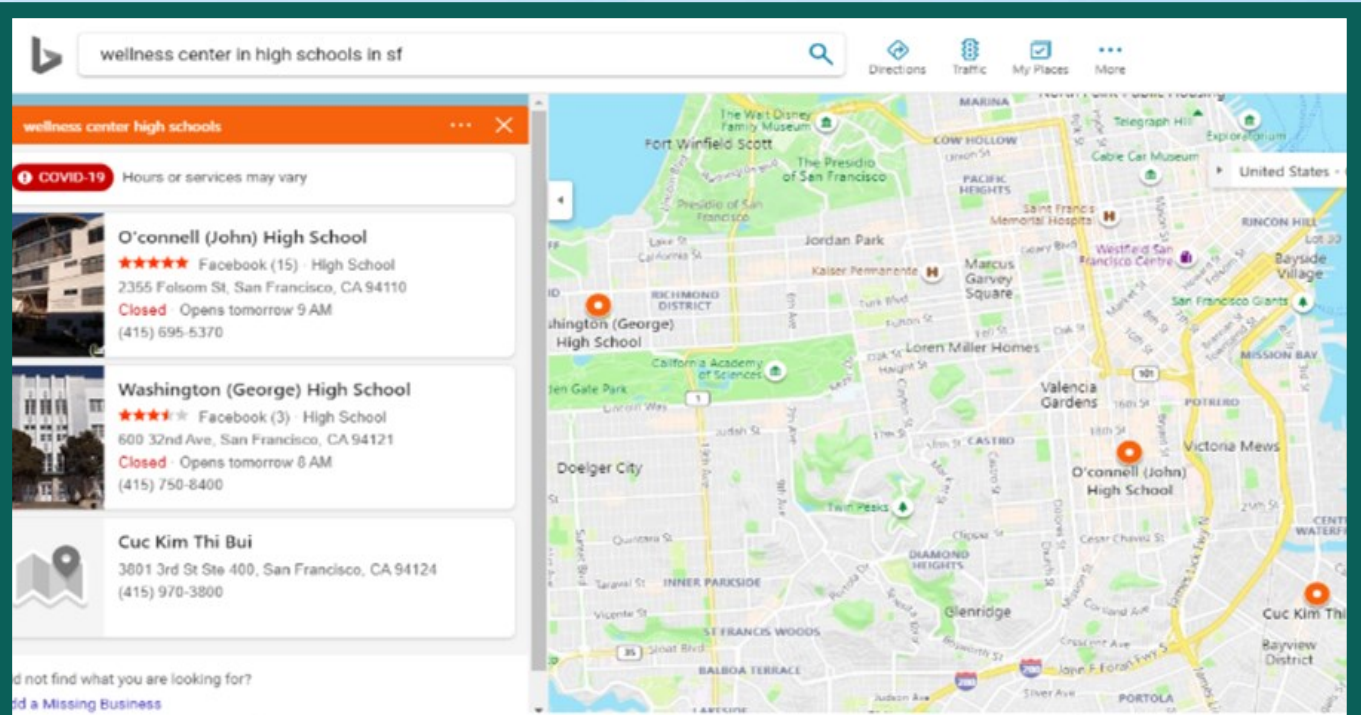
The Multimedia Voice Pieces guided the TATs in determining their advocacy “ASK” toward *developing a TAY-led and TAY-specific wellness center* in San Francisco County.

The youth identified the need for more supports and services specific to TAY in San Francisco. The youth identified several issues and problems often faced by youth and their communities and found no TAY-specific and TAY-led center’s in San Francisco County.

The MHASF TATs mobilized to identify areas of opportunities and adult allies who would be supportive of their vision. The MHASF TATs began to advocate to local decision-makers for support, direction, and guidance to create a youth-led wellness center in San Francisco County.



MHASF TAT members



WELLNESS CENTER'S IN ALL HIGH SCHOOLS

WHAT YOU SEE

In the picture, it shows a search bar of which high schools in San Francisco offer wellness centers.

In the picture, it shows a search bar of which high schools in San Francisco have wellness centers for teens. The search engine narrows down that John O'Connell and George Washington High School(s) offer these resources to teenagers.

HOW IT IMPACTS YOUTH

This affects young teens because most teens are not educated on wellness centers. When an individual is not educated about wellness it is hard for them to properly take care of themselves and this can lead to unhealthy choices in their life.

WHAT IT SYMBOLIZES

The San Francisco School District are not offering wellness centers within all SF high schools. Only two out of eighteen offer a wellness center program. This shows that most teenagers are not being educated about wellness centers.

PROPOSED SOLUTION

We can create a petition and gather as many signatures for students to have wellness centers in all of the high schools in San Francisco.

Piece by Vivian Leon, MHASF TAT member



View Youth Town Hall:
 "Youth-Specific Wellness Center for San Francisco"
https://www.youtube.com/watch?v=Wx_r1g2R6eY&t=7045s

LOCAL LEVEL ADVOCACY AT THE COUNTY LEVEL



Monterey County

CAYEN collaborated with The Village Project (TVP) to lead TAY advocacy efforts in Monterey County. TVP gathered a core group of TAY Action Team members (TATs) between the ages of 15-26 to drive change in their community.

The Multimedia Voice Pieces guided the TATs in determining their advocacy “ASK” toward *developing a TAY-led and TAY-specific wellness center* in Seaside, CA. The youth identified ongoing issues faced by black and brown youth in Monterey County. They identified mental health struggles and a lack of services to support the diversity and ongoing mental health needs of BIPOC youth in their community.

This need mobilized the TVP TATs to begin identifying areas of opportunities and adult allies who would be supportive of their vision. The TVP TATs began to advocate to local decision-makers for support, direction, and guidance to create a youth-led wellness center in Monterey County.



TVP TAT members



By:
Leonardo
DelToro

REPURPOSING LAND FOR AFFORDABLE HOUSING

WHAT YOU SEE

The photograph depicts one of many abandoned military buildings on Fort Ord in Marina, California. The military base has been out of service for many years, and the buildings currently serve no purpose.

HOW IT IMPACTS YOUTH

This land and the buildings were constructed there with taxpayer money many years ago, and currently, all the acres are rendered useless. The lack of low-income housing in our community poses a threat to everyone, because it is our social responsibility to help the vulnerable populations that need access to better living situations that are also reasonably priced.

WHAT IT SYMBOLIZES

The buildings are in terrible condition, and the government owns the land yet chooses to do nothing with it, while Marina and neighboring cities are experiencing increasingly worse living conditions and access to affordable housing has become very limited.

PROPOSED SOLUTION

I propose that local and state governments launch projects that will remodel and repurpose the land and buildings in Fort Ord. These clean and affordable living complexes will allow low-income families to feel safe and comfortable in their new homes, so that they can dedicate more time to other aspects of their lives, and don't have to worry about basic necessities like housing.

Piece by Leonardo DelToro, TVP TAT Member



View Youth Town Hall:
"Finding Strength in Unity and Community"
<https://www.youtube.com/watch?v=fEdsVsY0sQ8&t=5180s>

LOCAL LEVEL ADVOCACY AT THE COUNTY LEVEL



Sacramento County

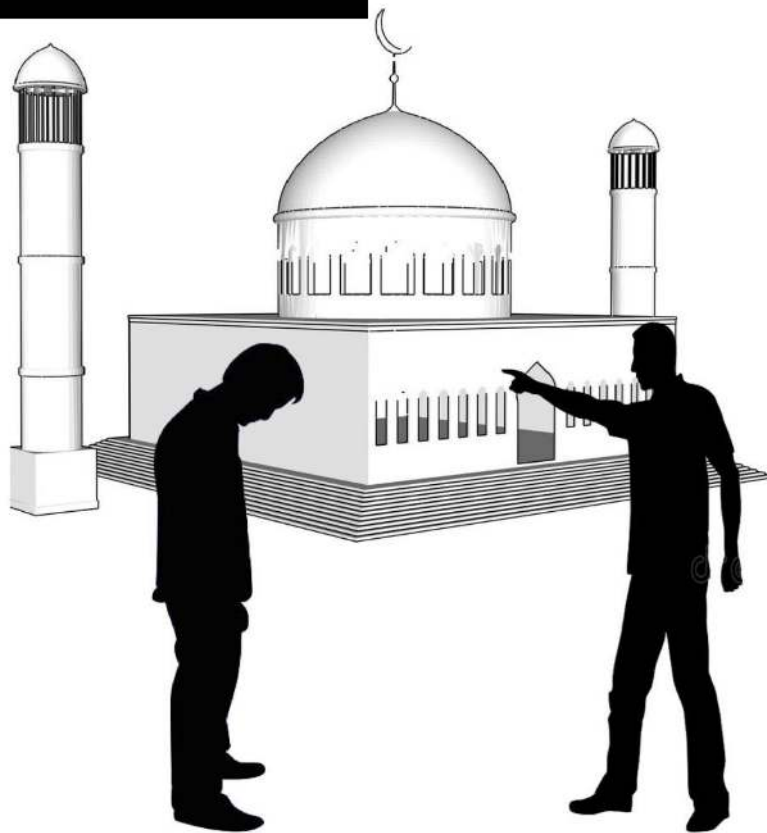
CAYEN collaborated with the Muslim American Society- Social Services Foundation (MAS-SSF) to lead TAY advocacy efforts in the County of Sacramento. MAS-SSF gathered a core group of TAY Action Team members (TATs) between the ages of 15-26 to drive change in their community.

The Multimedia Voice Pieces guided the TATs in determining their advocacy “ASK” toward *developing a TAY-led and TAY-specific wellness center in Sacramento County* that would serve the Muslim and Refugee populations in Sacramento. The MAS-SSF TATs identified issues like stigma, lack of resources from Muslim Peers, and mental health supports on school campuses.

MAS-SSF mobilized TATs to identify areas of opportunities and adult allies who would be supportive of their vision. The MAS-SSF TATs began to advocate to local decision-makers for support, direction, and guidance to create a youth-led wellness center in Sacramento County.



MAS-SSF TAT members



Piece by *Zakiya Bangura, MAS-SSF TAT Member*

WHAT YOU SEE

A man who is experiencing mental health issues being directed to a religious institution

WHAT IT SYMBOLIZES

picture symbolizing how when depression, anxiety, and suicide comes up it is attributed to the lack of faith.

HOW IT IMPACTS YOUTH

Already having mental health is really hard on youth, when they are told that it has to do with lacking faith, it makes the situation worse. When youth are told that their mental health struggles are not real, it deters them from seek out the help that they need.

PROPOSED SOLUTION

Our youth need a safe space within our religious spaces to talk about mental health issues. We need a team of youth that constantly advocates for mental health within in our community. A conversations between this team and community leaders needs to take place so they can discuss and work together on this issue.



View Youth Town Hall:
"Voices for Hope: De-Stigmatize Mental Health for Muslim Youth"
https://www.youtube.com/watch?v=Y_657HTcki8&t=900s

LOCAL LEVEL ADVOCACY AT THE COUNTY LEVEL



Santa Barbara County

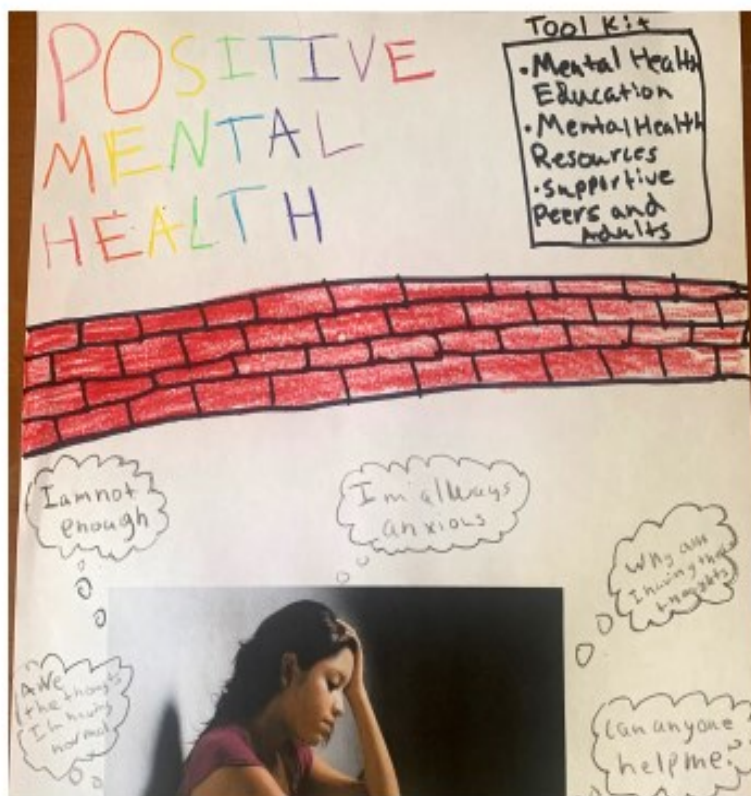
CAYEN collaborated with The Mental Wellness Center (MWC) to lead TAY advocacy efforts in Santa Barbara County. MWC gathered a core group of TAY Action Team members (TATs) between the ages of 15-26 to drive change in their community.

The Multimedia Voice Pieces guided the TATs in determining their advocacy “ASK” toward *developing mental health education as part of high school curriculum*. Many of the youth in this group emphasized the need for mental health education to prevent crisis mental health situations. The TATs recognized the importance of providing the language and knowledge around mental health in schools because it can combat stigma and provide a pathway to supports and resources when youth need them.

The MWC mobilized TATs to identify areas of opportunities and adult allies who would be supportive of their vision. The MWC TATs began to advocate to local decision-makers for support, direction, and guidance to create a mental health curriculum in high schools in Santa Barbara County.



MWC TAT members



WHAT ARE WE LOOKING AT?

We are looking at an individual going through some mental health struggles but they do not understand their thoughts. The wall above their head symbolizes this lack of understanding because they don't have the resources, mental health education, or ideas on how to interpret what they are going through. The tool box is shown to represent the resources that will break down the wall so they can achieve positive mental health.

What does it symbolize?

It symbolizes the lack of mental health education which leads to a lack of understanding one's own feelings and emotions when they are experiencing mental health struggles. It shows how if they get mental health education that they will be able to better understand their struggles and how they can get support.

How Does it impact us?

It makes it harder for youth to know and understand that they are going through mental health struggles. It makes individuals feel alone, unable to seek help, and unable to understand the extent of what they are going through. Their emotions and feelings become normalized.

What can we do about it?

We can make mental health education a required course for graduation. Mental health education can break down that wall and help youth understand what they are going through so that they can get the help they need. Mental health education courses can provide resources and have curriculum that is designed by the youth, because they are most qualified as the decision makers.



View Youth Town Hall:

"Mental Health, Let's Talk About It."

<https://www.youtube.com/watch?v=CNTIyIFV5nE&t=7685s>

Local Level Efforts

TAY at the county level



Los Angeles County

CAYEN collaborated with the Wall Las Memórias Project (TWLMP) to lead TAY advocacy efforts in the County of Los Angeles. TWLMP gathered a core group of TAY Action Team members (TATs) between the ages of 15-26 to drive change in their community.

The Multimedia Voice Pieces guided the TATs in determining their advocacy “ASK” *toward developing inclusive LGBTQIA-2S+ mental health services*. Many youths in this group expressed the need for more safe spaces on school campuses, inclusive LGBTQIA-2S+ education, and more LGBTQIA-2S+ mental health supports.

TWLMP mobilized TATs to identify areas of opportunities and adult allies who would be supportive of their vision. The TWLMP TATs began to advocate to local decision-makers for support, direction, and guidance to create more LGBTQIA-2S+ specific mental health resources in Los Angeles County.



TWLMP TAT members



EXPLORING GENDER BY JONATHAN LOPEZ

TWLMP TAT Member

WHAT YOU SEE

It symbolizes how one may be non binary, transgender, or more at a young age without even realizing it. Simply because that's just who they are. The issue is when their rainbow is turned from the positive colors they love, to darker toned colors. The shadow their parents cast over their child's rainbow is a threat to themselves and their child.

HOW IT IMPACTS YOUTH

When we ignore a child's identity, we are giving into censorship and ignorance. We are adding to the setback of our country and the world overall for members of the LGBTQIA+ community. In addition, when the time comes for the child's parent to kick them out since they are considered "old enough," it will be too late. Not only will that TAY get mixed up in drugs, but also homelessness, sex work, and theft. With no one to look after them, guide them, or accept them for who they truly are. By ignoring the issue of violence in a household due to parents disapproving of their child's identity, we are affecting the entire nation.

WHAT IT SYMBOLIZES

The mixed media painting is a representation of how young "male" and "female" children act in ways that may be associated to their opposite sex. In the image, a young child with male-like features has his hands in a flamboyant manner and is dressed as a flower. This can be seen unmanly in the eyes of his parents. The overall message is to showcase that many children may like dressing up and acting more feminine and that's okay.

PROPOSED SOLUTION

We need to create housing for TAY who identify as transgender and homeless. In turn, a safe home and shelter with the addition of resources and programs, therapy, group counseling and more, we can shape these individuals to become contributing members of society and teach them the ways of life, and their identity. Eventually, they can be suitable for living on their own. This will reduce homelessness, sex work, the spread of sexual infection and viruses, and more.

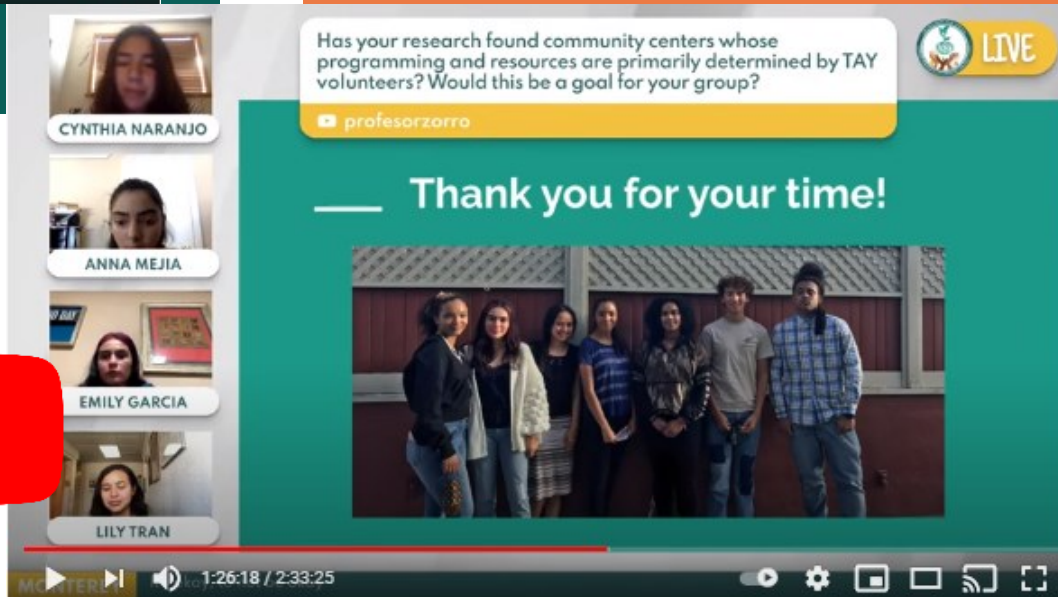
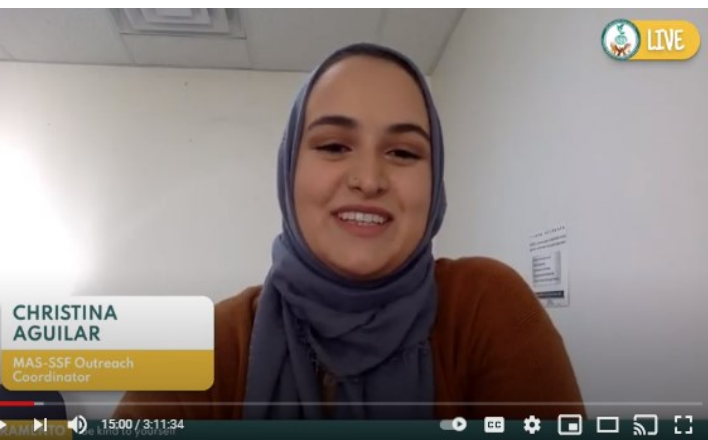


View Youth Town Hall:
"TAY Opportunities for Change"
https://www.youtube.com/watch?v=WUwbSa2_ykc&t=6535s

WEEK OF ADVOCACY TOWN HALL SERIES

The youth continued to meet and advocate virtually for the remainder of the first project year. The pandemic's effects also meant that they had to transition their previous youth-led in-person event to a virtual one. The TATs planned for CAYEN's Week of Advocacy: Town Hall Series, where each TAT highlighted their work and "Advocacy Asks."

The youth town hall series took place during August and October 2020 and was live-streamed on Facebook and YouTube. These interactive events were youth-led and youth-centered, including youth keynote speakers, advocacy through artful expression by youth, educational sessions, and a panel discussion with the TATs and key stakeholders from their counties.



LIVE



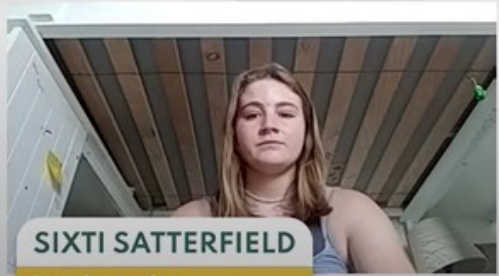
SASCHA ROSE-SMITH
Youth Leader



DAIRA RAMOS-MONTER
Youth Leader



DAWSON KELLY
Youth Leader



SIXTI SATTERFIELD
Youth Leader



MISHELL
Youth Leader

▶ 🔊 1:06:15 / 2:54:36 Be kind to yourself [video controls]

August 26, 2020  **TAY-SPECIFIC WELLNESS CENTER FOR SAN FRANCISCO**

August 29, 2020  **FINDING STRENGTH IN COMMUNITY & UNITY**

October 19., 2020  **VOICES FOR HOPE: DE-STIGMATIZE MENTAL HEALTH FOR MUSLIM YOUTH**

August 24, 2020  **MENTAL HEALTH, LET'S TALK ABOUT IT**

August 26, 2020  **TAY OPPORTUNITIES FOR CHANGE**

STATE OF TRANSITIONAL AGE YOUTH: STORY OF TAY MENTAL HEALTH

Demographic Overview

The definition of Transitional Age Youth varies depending on context; the age range in various literature encompasses various groupings including ranges anywhere from 14 to 29 years of age, and the term may refer to individuals experiencing mental health issues, individuals transitioning out of the foster care system, or all individuals in this age group. In this report, Transitional Age Youth (TAY) is defined as any individual aged 15 to 26.

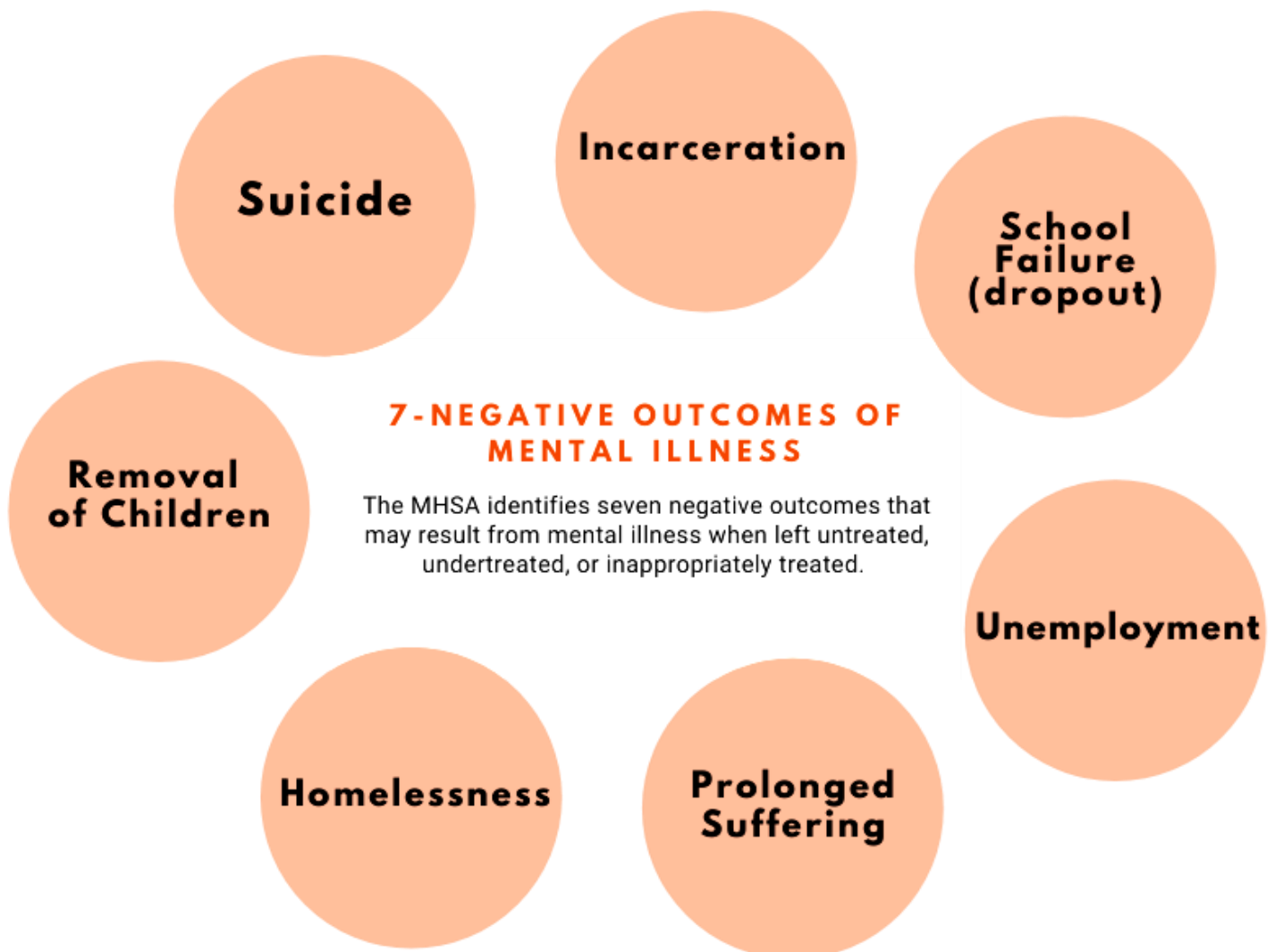
In California, racial/ethnic backgrounds of TAY 15-26 include 2.2% American Indian/Alaska Native, 17.4% Asian, 6.6% African American, 56.3% White, 12% other single race, and 5.5% two or more races. ¹ While the census reports approximately 50% female and 50% male among those age 15-26 in California, 2.4% of individuals 18-26 reported transgender or gender non-conforming. ^{1,2} Individuals 18-26 identify as 82.5% heterosexual, 3.1% gay, lesbian, or homosexual, 11.4% bisexual, and 2.9% not sexual, none, or other. ²



Mental Health

Negative Outcomes of Untreated Mental Illness

The MHSA identifies seven negative outcomes that may result from mental illness when left untreated, undertreated or inappropriately treated. These include suicide, incarceration, school failure, or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. Of those, suicide and homelessness were specifically identified as issues by TAY surveyed by CAYEN and highlighted in this report. The following report card provides an overview and comparison of the state of TAY relative to the general population in each category, in California and the U.S.



REPORT CARD

TABLE 1.

	CALIFORNIA TAY	CALIFORNIA	THE U.S. TAY	THE U.S.
OVERALL Percent, youth with feelings of sadness or hopelessness	32.3% Age: Grade 11 Source: CHKS Year: 2019		36.7% Age: Grade 9-12 Source: CHKS Year: 2019	
Percent, Individuals with feelings of distress	30.5 Age: 15-26 Source: CHKS Year: 2019	14.6% Age: 12+ Source: CHKS Year: 2019		
Percent, Serious Mental Illness (SMI)			7.5% Age: 18-25 Source: NMH Year: 2017	14.6% Age: 18+ Source: NMH Year: 2017
SUICIDE Suicide Rate (Per 100,000)	8.2 Age: 15-24 Source: CDPH Year: 2017	10.9% Age: All Source: CDC Year: 2018	13.4% Age: 15-24 Source: CDPH Year: 2017	14.2% Age: All Source: CDC Year: 2018
HOMELESSNESS Count	11,993 Age: <25 Source: HUD Year:	151,278 Age: All Source: HUD Year:	35,038 Age: <25 Source: HUD Year:	567,715 Age: All Source: HUD Year:
Percent, youth transitioning out of foster care who were homeless in past 2 years	25% Age: 21 Source: NYTD Year: 2018		29% Age: 21 Source: NYTD Year: 2018	
INCARCERATION Count	4,941 Age: 15-20 Source: OJJDP Year: 2017	122,687 Age: 18+ Source: BJS Year: 2019	37,714 Age: 15-20 Source: OJJDP Year: 2017	1,430,805 Age: 18+ Source: BJS Year: 2019
Rate of imprisonment, Juvenile (per 100,000)	134 Age: 13-17 Source: OJJDP Year: 2017		138 Age: 13-17 Source: OJJDP Year: 2017	

*Note: Currently lacking sufficient data to capture and evaluate prolonged suffering

CALIFORNIA
TAY

CALIFORNIA

THE U.S.
TAY

THE U.S.

Rate of Imprisonment
(Per 100,000)

399
Age: 18+
Source: BJS
Year: 2019

107
Age: 18-19
Source: BJS
Year: 2019
520
Age: 20-24
Source: BJS
Year: 2019

539
Age: 18+
Source: BJS
Year: 2019

Percent, youth transitioning
out of foster care who
were incarcerated in past 2
years

16%
Age: 21
Source: NYTD
Year: 2018

19%
Age: 21
Source: NYTD
Year: 2019 8

UNEMPLOYMENT

Rate of unemployment
(Per 100,000)*

*Note: these reflect impact
of COVID-19 pandemic.

22.1
Age: 16-19
Source: BLS
Year: 2020
14.6
Age: 20-24
Source: BLS
Year: 2020

11
Age: 16+
Source: BLS
Year: 2020

18.5
Age: 16-24
Source: BLS
Year: 2020

7.9
Age: 16+
Source: BLS
Year: 2020

**SCHOOL FAILURE OR
DROPOUT**
Dropout Rate
(per 100,00)

5.6
Age: 16-24
Source: NCES
Year: 2017

5.4
Age: 16-24
Source: NCES
Year: 2017

FOSTER CARE

Count

6,162
Age: 16-17
Source: CCWIO
Year: 2020

52,964
Age: 0-17
Source: CCWIP
Year: 2020

426,749
Age: 0-20
Source: AFCARS
Year: 2019

Rate, children in
foster care
(Per 1,000)

6.0
Age: 16-17
Source: CCWIP
Year: 2020

5.9
Age: 0-17
Source: CCWIP
Year: 2020

5.8
Age: 0-20
Source: AFCARS
Year: 2019

Mental Health

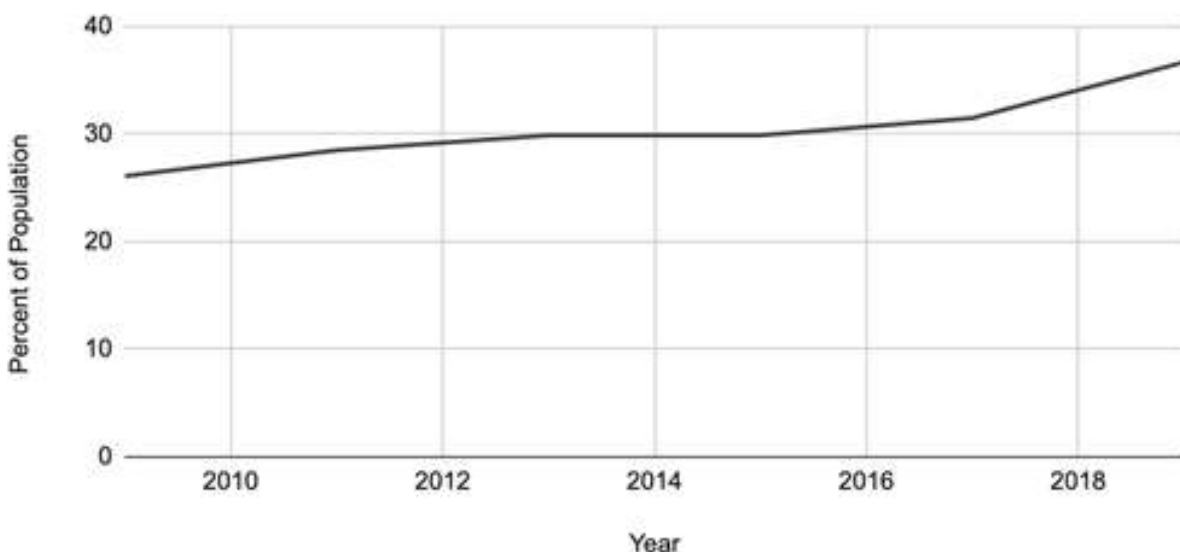
Negative Outcomes of Untreated Mental Illness

To provide an at-a-glance comparison, this table highlights the populations that demonstrate the strongest negative outcomes for each indicator. Notably, however, because this table consists of a compilation of various data sources that also incorporate various age ranges or years, this report card should not be used to draw conclusions about the state of the TAY population. Rather, it should provide an overview of how TAY in California fare in comparison to other populations and draw attention to areas of need and where future resources might be allocated. It may also draw attention to the benefit of further research and improved data collection focused on TAY. More detailed overviews of each data source can be found below.

Mental Health Overview

Overall, TAY age 15-26 experience worse mental health outcomes than the general population in California and across the US. By definition, this group of individuals faces unique circumstances at an important, transitional period of life from childhood to adulthood.

Experienced persistent feelings of sadness or hopelessness,
9-12th grade U.S. (YRBS, 2009-2019)



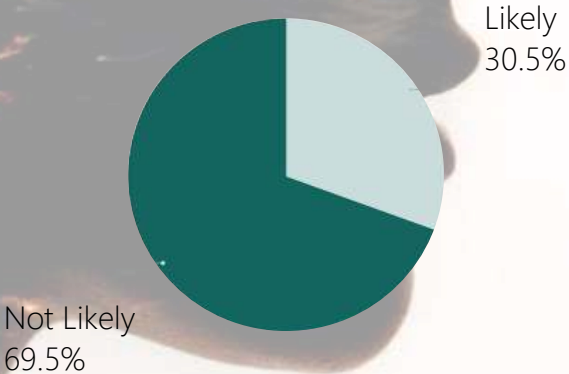
More high school students are feeling sad or hopeless. Many of them identify as female.

36.7% of high school students in the US experienced persistent feelings of sadness or hopelessness in the past year.⁴ This is an increasing trend from 26.1% of students experiencing persistent feelings of sadness or hopelessness in 2009.⁴ 46.6% of high school students identifying as female experienced persistent feelings of sadness or hopelessness, relative to 26.8% of students identifying as male, and 36.7% of all students.⁴

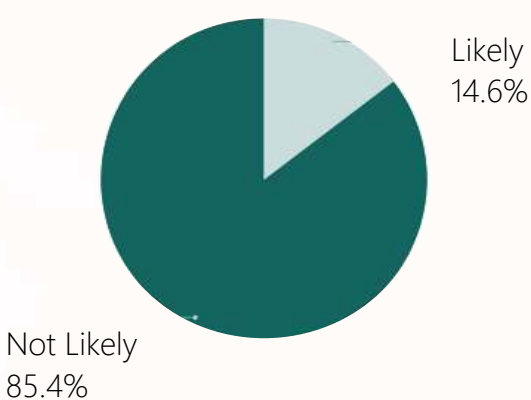
LGBTQ+ youth are at higher risk for mental health issues.

36.7% of high school students in the US experienced persistent feelings of sadness or hopelessness in the past year.⁴ This is an increasing trend from 26.1% of students experiencing persistent feelings of sadness or hopelessness in 2009.⁴ 46.6% of high school students identifying as female experienced persistent feelings of sadness or hopelessness, relative to 26.8% of students identifying as male, and 36.7% of all students.⁴

Serious psychological distress in past year, Age 16-26 California. (CHIS, 2019)



Serious psychological distress in past year, Age 12+ California. (CHIS, 2019)



California TAY are more likely to experience psychological distress than the general population in California.

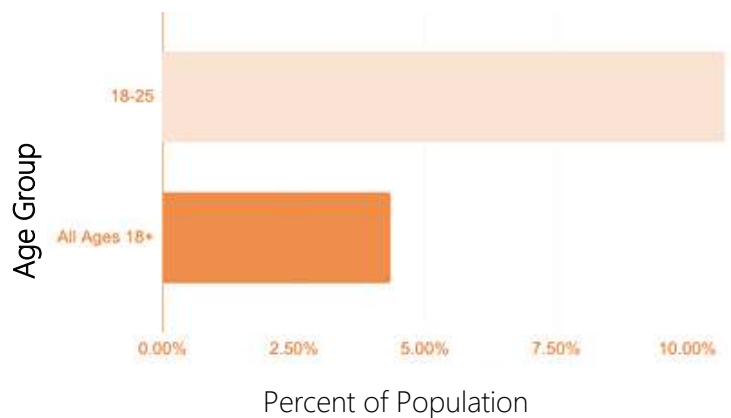
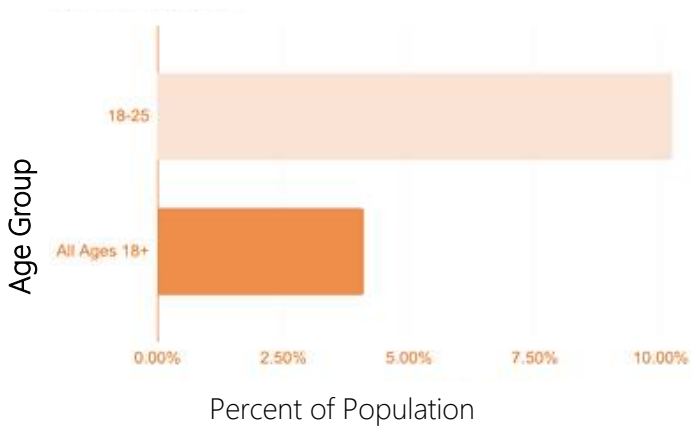
In California in 2019, an estimated 30.5% of individuals aged 15-26 were reported to likely have experienced serious psychological distress in the past year, relative to 14.6% of the general population.²

Suicide

Suicide is the second leading cause of death for TAY age 15-26 in the U.S..²¹

Had serious thoughts of suicide in the past year California. (SAMHSA NSDUH, 2018)

Had serious thoughts of suicide in the past year all U.S. (SAMHSA NSDUH, 2018)

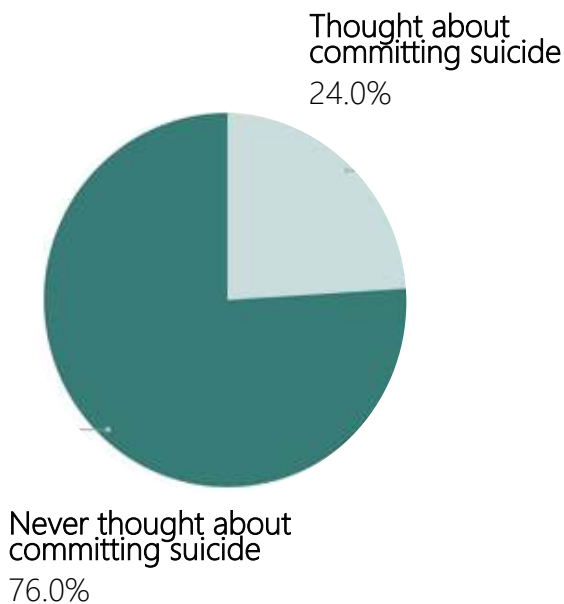


Individuals age 18-25 are much more likely to have serious thoughts of suicide than the general population.

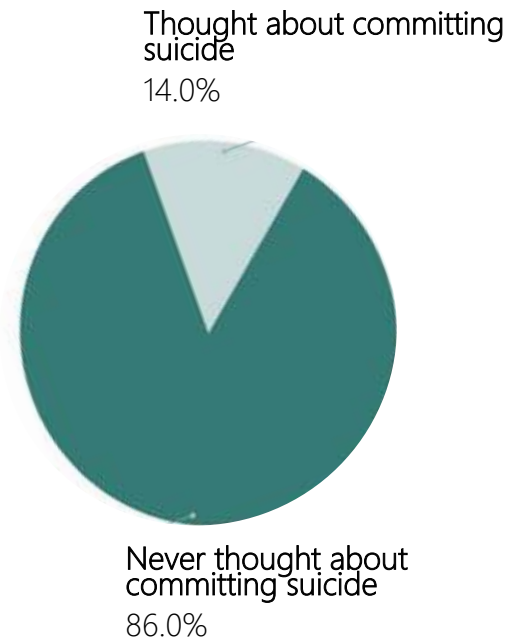


In the US and California, individuals age 18-25 report having serious thoughts of suicide in the past year, at a rate three times higher than in the general population over 18. In 2018, 10.23% of Californians 18-25 had serious thoughts of suicide in the past year, relative to 4.1% of all Californians over 18. These rates in California are similar to the rest of the US, where 10.73% of 18-25 year-olds had serious thoughts of suicide in the past year, relative to 4.34% in the general population.²² In 2019, these rates increased. Of 18-25 year-olds in the US, 11.8% had serious thoughts of suicide in the past year, relative to 4.8% in the general population.²²

Ever seriously thought about committing suicide 18-26 California (CHIS, 2019)



Ever seriously thought about committing suicide All ages 18+ California (CHIS, 2019)

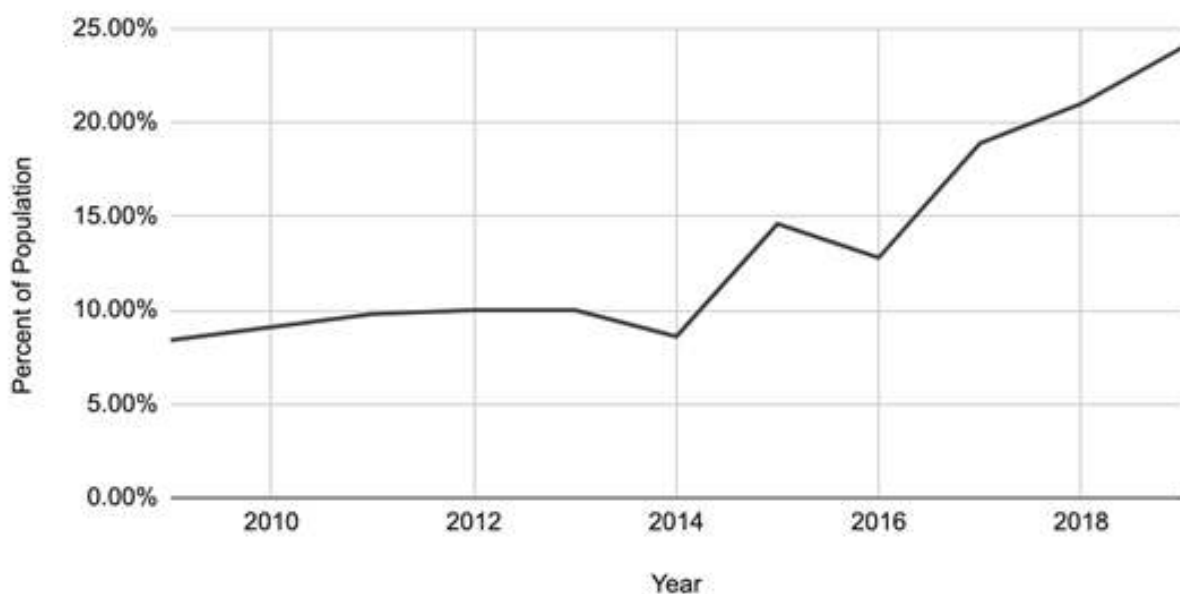


Young people are more likely to have ever had thoughts of suicide than the general population.

In California, 24% of individuals age 18-25 reported ever having had serious thoughts of suicide, relative to 14% of all ages 18+ in California.²

Ever seriously thought about committing suicide, ages 18-26

California (CHIS, 2019)

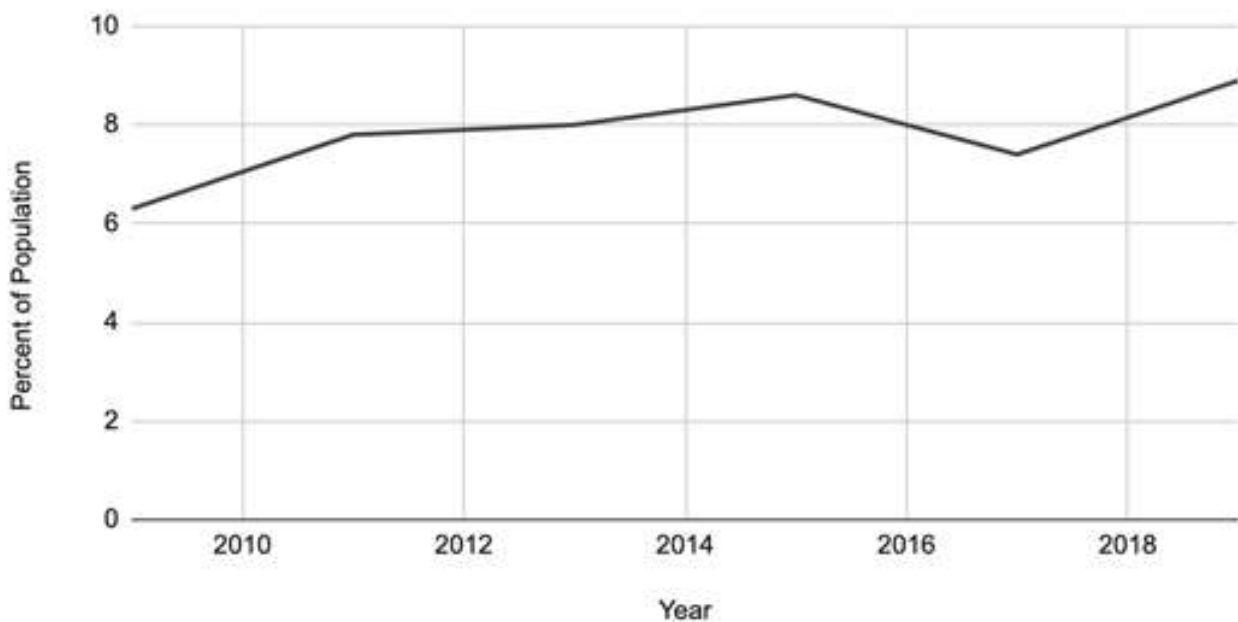


Thoughts of suicide are trending upwards.

Among 18-26 year-olds in California, the percent of individuals who reported ever having seriously thought about committing suicide increased 185% from 8.4% in 2009 to 24% in 2019.²

Attempted suicide, 9th-12th grade

U.S. (YRBS,)



More high school students are attempting suicide.

In the US in 2019, 8.9% of high school students attempted suicide in the past year, increasing from 6.3% in 2009.⁴

Females, LGBTQ+, and Black youth are at higher risk for attempting suicide.

23.4% of high school youth reporting their sexual identity as lesbian, gay, or bisexual, and 16.1% reporting “not sure” attempted suicide, relative to 6.4% of youth reporting heterosexual identity. 11.8% of Black youth attempted suicide relative to 7.9% White, and 8.9% Hispanic. 11% of females attempted suicide relative to 6.6% of males.⁴

Homelessness

GROUP	POPULATION	PERCENT OF HOMELESS POPULATION
CALIFORNIA UNACCOMPANIED YOUTH	11,993	7.93%
AGE 18=24	11,002	7.27%
AGE <18	991	0.66%
CALIFORNIA ALL AGES	151,278	100.00%
US UNACCOMPANIED YOUTH	35,038	6.17%
AGE 18=24	31,062	5.47%
AGE <18	3976	0.70%
US ALL AGES	567,715	100.00%

Table 2. Homeless Population Count, HUD, 2019^{9,10}

California experiences the most homelessness of any state in the U.S., and a higher percentage of TAY who are homeless compared to the US overall.

Unaccompanied youth encompass 7.96% of California’s homeless population and 6.17% of the US homeless population. The term unaccompanied youth in this HUD data includes all individuals under 25 years of age who are not accompanied by a parent or guardian and is not specific to TAY. More specifically, Unaccompanied youth age 18-24 encompass 7.27% of California’s homeless population and 5.47% of the US homeless population.^{9,10}

Many unhoused TAY in the U.S. live in California.

More than a third (34.23%) of unaccompanied youth in the US reside in California.^{9,10}

Individuals with severe mental illness are disproportionately impacted by homelessness.

23.1% of Californians and 20.4% of all Americans experiencing homelessness are severely mentally ill, relative to 4.5% of Americans with severe mental illness.^{9,10,22} In the US, 10,602 youth with severe mental illness age 18-24 receiving state services are reported as homeless, which is 30.26% of unaccompanied youth in the US.^{10,23}

LGBTQ+ youth are disproportionately impacted by homelessness. Of California’s large population of youth experiencing homelessness, 33% identify as LGBTQ+.²⁴

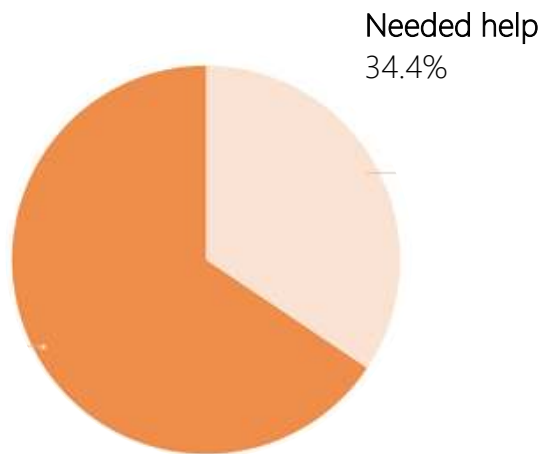




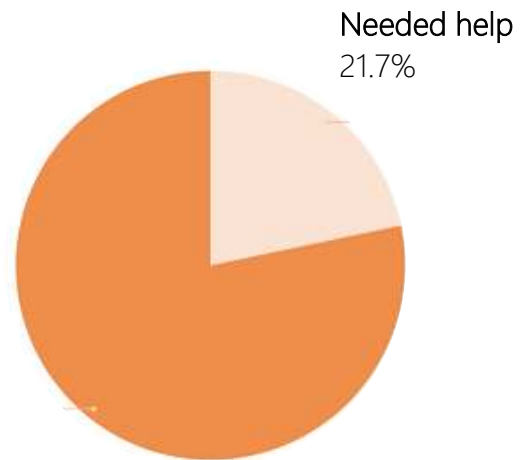
Access

TAY in Need of Services

Need Help, age 18-26
California. (CHIS, 2019)



Need Help, all ages 18+
California. (CHIS, 2019)



Did not need help
65.6%

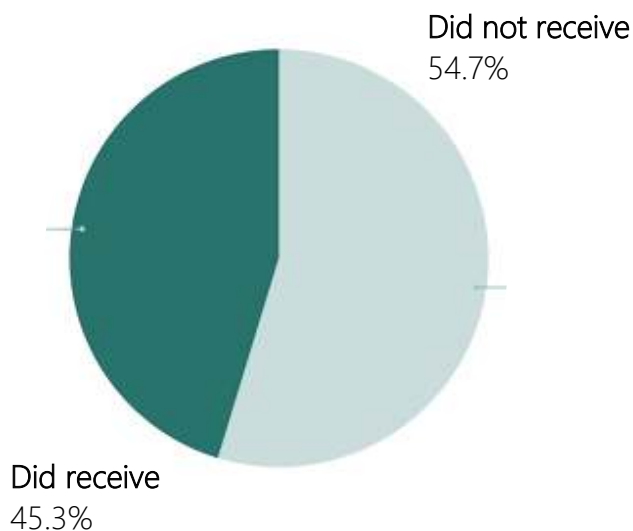
Did not need help
78.3%

More than one third of TAY in California need help for emotional and mental health problems.

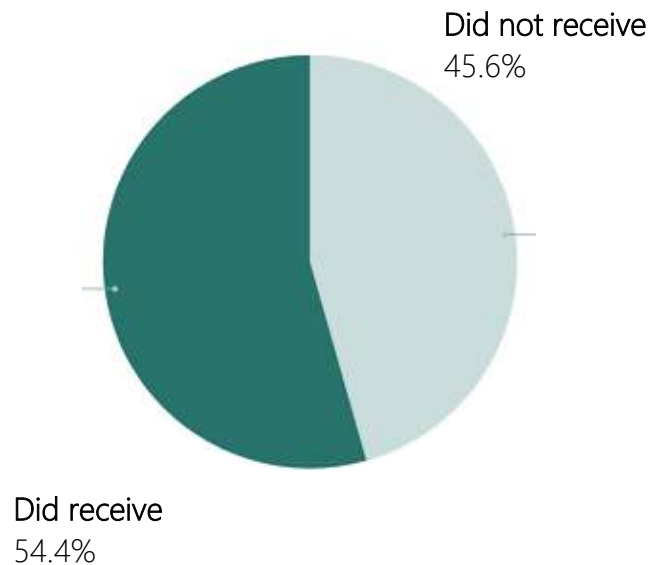
In California in 2019, 40.8% of individuals age 15-18 reported needing help for emotional/mental health problems. In another version of the same survey provided to adults, 34.4% of individuals age 18-26 reported needing help for emotional/mental health problems or substance use, relative to 21% of all individuals over 18.²

TAY Utilizing Services

Needed help, did not receive treatment, age 18-26 California. (CHIS, 2019)



Needed help, did not receive treatment, all ages 18+ California. (CHIS, 2019)



More than half of TAY who need help are not receiving it

Of individuals who felt they needed help with mental/emotional or substance use, 54.7% of individuals 18-26 did not receive treatment in the past year, relative to 45.6% of the general population in California.²

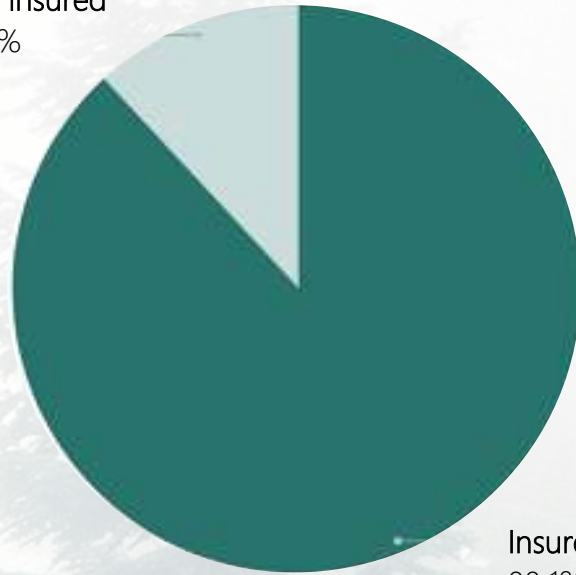
Though 40.8% of youth age 15-17 reported needing help, only 22.7% received psychological/emotional counseling in the past year.²

Barriers

Top barriers to receiving services among children and adolescents include individual seeking factors such as knowledge of mental health and recognizing need, social factors such as stigma, relationship to service providers, and structural issues such as financial barriers and availability of services.²⁵ For youth receiving mental health services, particularly in public systems, the unique experience of TAY aging out of child services is a barrier to continuing treatment as they transition into the adult mental health system.²⁶ Among those aging out of foster care, perception of need, self-efficacy, psychosocial support, and access are prominent barriers to receiving care.²⁷

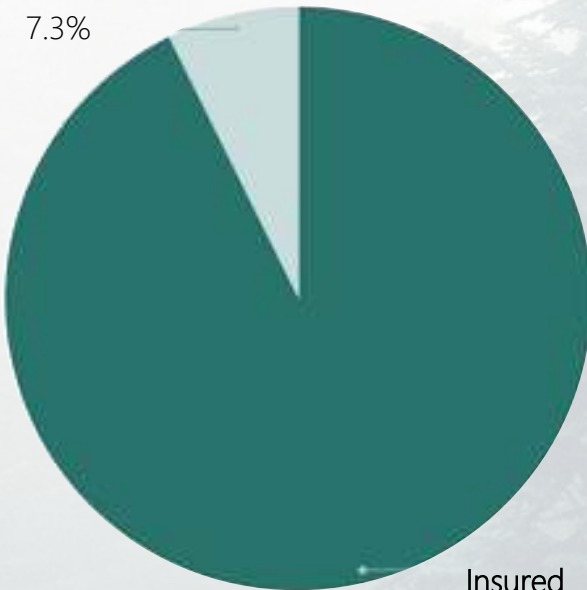
Health Insurance, not currently insured
age 15-26 California. (CHIS, 2019)

Not insured
11.9%



Insured
88.1%

Not insured
7.3%



Health Insurance, not currently insured
all ages 0+ California. (CHIS, 2019)

Insured
92.7%

TAY are more likely to not have health insurance.

In California, youth aged 15-26 are more likely (11.9%) to be uninsured than the general population of all ages 0+ (7.3%).

Priority Issues of Transitional Age Youth

Data was collected directly from transitional age youth across the state of California through advocacy events and programming.

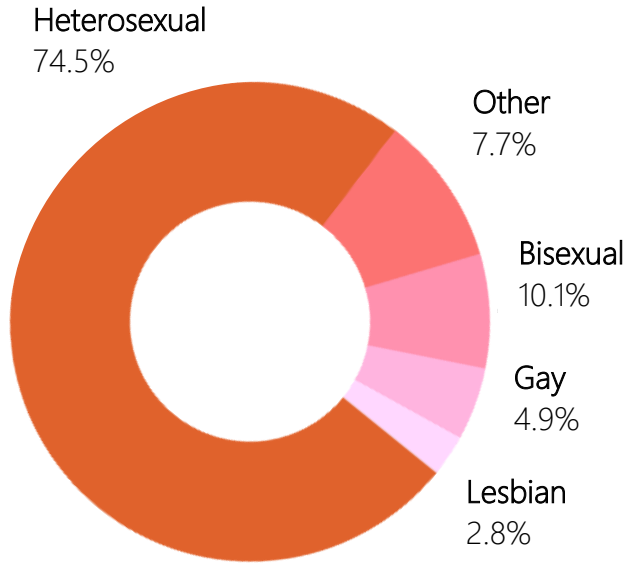
The CAYEN Survey

YOUTH IDENTIFIED - Mental Health Challenges:

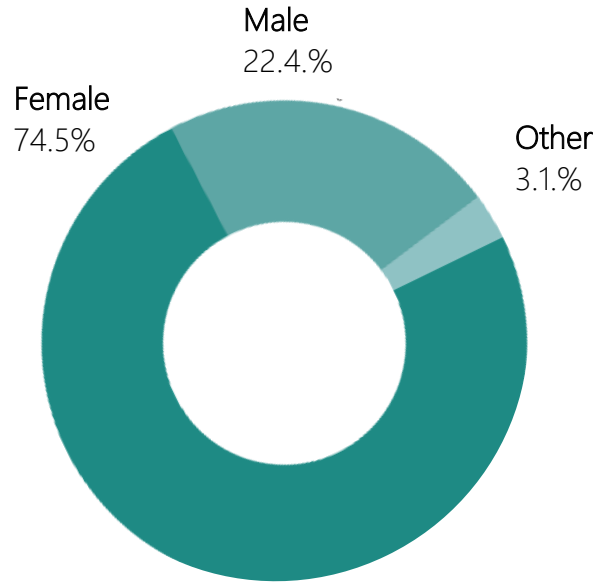
The CAYEN survey received 286 unique responses from TAY age 15-26 across California. Responses were collected at CAYEN related events in Santa Barbara, Los Angeles, Sacramento, San Francisco, and Monterey, in addition to a statewide survey.

Respondents identified their gender expression as 74.5% female, 22.4% male, and 3.1% other, and reported their sexuality as 74.5% heterosexual, 10.1% bisexual, 7.7% other, 4.9% gay, and 2.8% lesbian. The racial/ethnic background of respondents includes 26.2% Latinx, 12.4% East/Southeast Asian, 19.9% Black/African-American, 3.9% South Asian, 1.1% Native American/Indigenous, 17% Multiracial, 4.6% Middle Eastern, 14.5% Caucasian and 0.4% Other. Appropriately reflecting the diversity in age across the TAY age range, respondents reported a wide range of highest level of schooling, including 24.3% Less than High School, 18.4% High School Degree or Equivalent, 22.9% Some College, 6.6% Associate Degree, 24.3% Bachelor Degree, and 3.5% Graduate Degree.

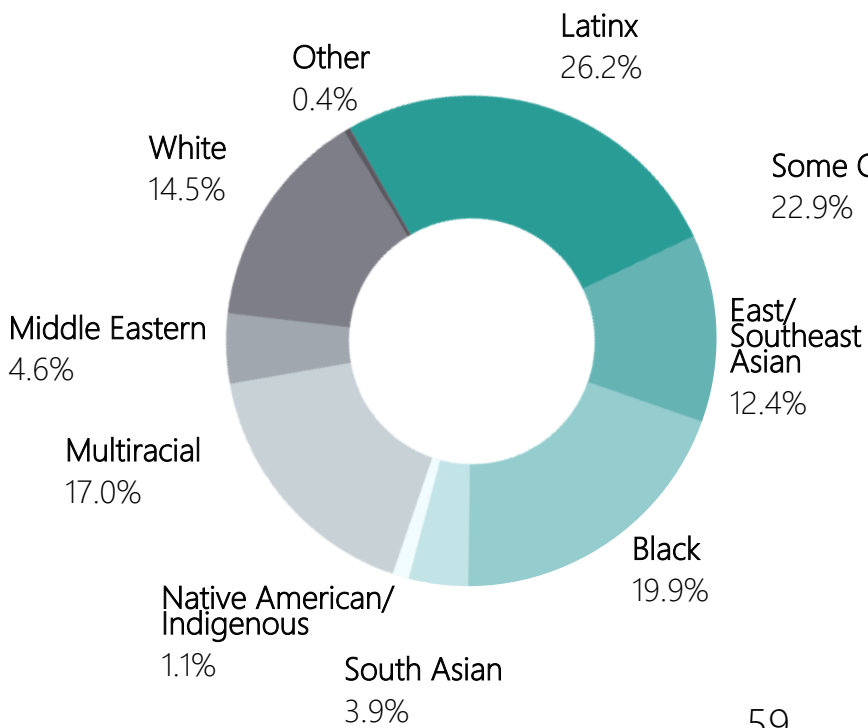
Sexuality



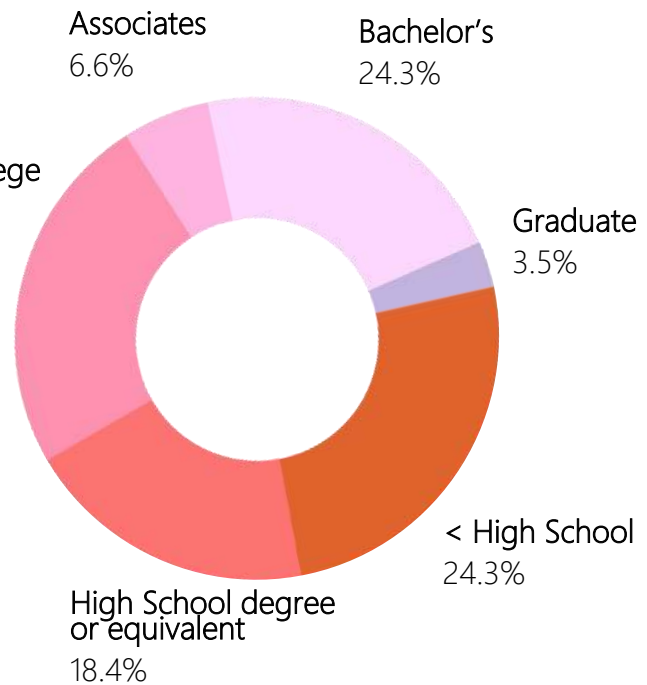
Gender Expression



Race/Ethnicity



Highest Level School

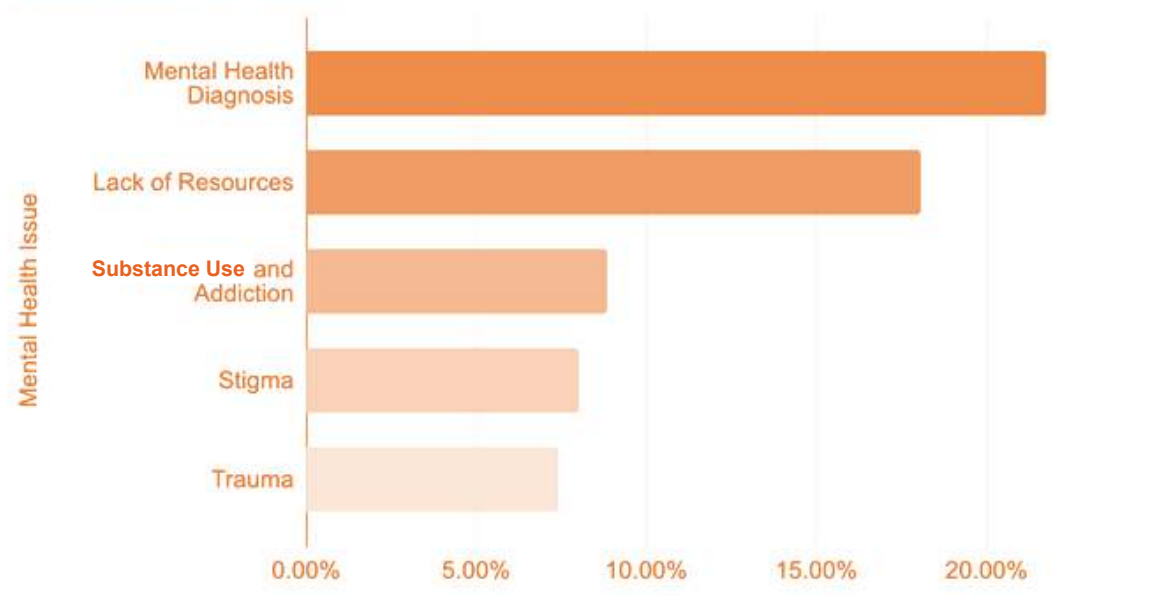


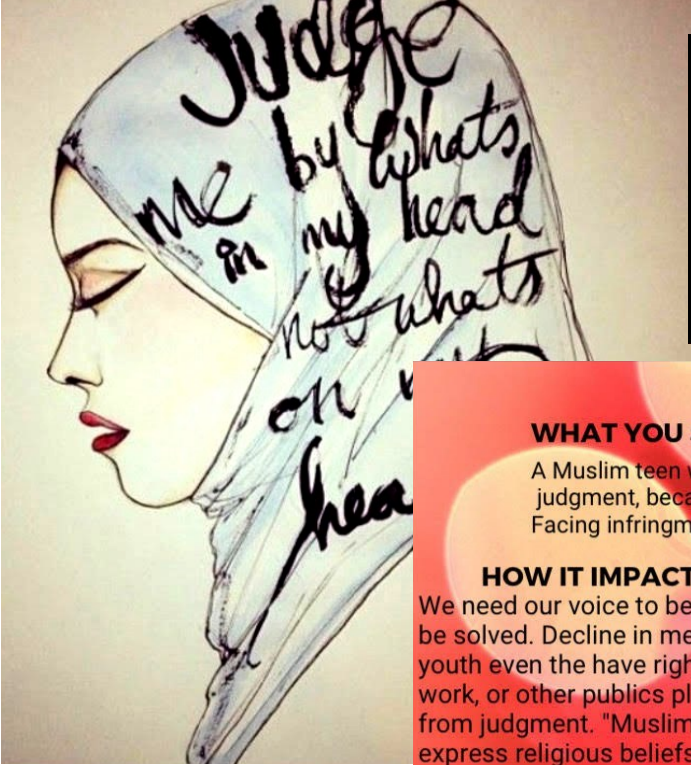
Multimedia Project:

Multimedia Voice pieces are created by youth age 15-26 across the state of California during peer innovation labs to explore and advocate for change in their communities. Each piece presents a form of multimedia, such as a photo or drawing, along with answers to the questions “what do you see?,” “what does it symbolize?,” “how does it impact youth?,” and “what is the proposed solution?” relating to anything, place, or concept that youth feel is relevant to mental health in their community.

Mental Health Issues:

Top mental health issues in your community
California (CAYEN, 2020)





Piece by **Sadiyah Mahmood**

ISLAMOPHOBIA AND HIJAB MISCONCEPTION

<p>WHAT YOU SEE</p> <p>A Muslim teen who's tired of getting judgment, because of wearing hijab. Facing infringement on their rights.</p>	<p>WHAT IT SYMBOLIZES</p> <p>Ignorance religion, Stressed, Harm, Depressed, Judgment, Misconception, discrimination, and refusal.</p>
<p>HOW IT IMPACTS YOUTH</p> <p>We need our voice to be heard and our problems to be solved. Decline in mental health the Muslim youth even the have right equally to go to school, work, or other public places. We want to be free from judgment. "Muslim youth should be free to express religious beliefs including whether or not to wear scarf free from discrimination." On the other hand it cause overwhelming, suicide, and violence</p>	<p>PROPOSED SOLUTION</p> <p>Provide culturally competent resources for everyone in public. Higher level of education to student, and communities about Islam and why Muslims wear hijab.</p>

TAY named the top mental health issues in their community as traditional mental health diagnoses, lack of resources, substance use and addiction, stigma of mental health, and trauma (CAYEN).

Mental Health Diagnosis

Depression and anxiety were cited by a majority of youth who responded to the CAYEN survey as problems they see in their communities, and other mental health diagnoses such as schizophrenia, bipolar, and eating disorders were described as well.

Lack of Resources

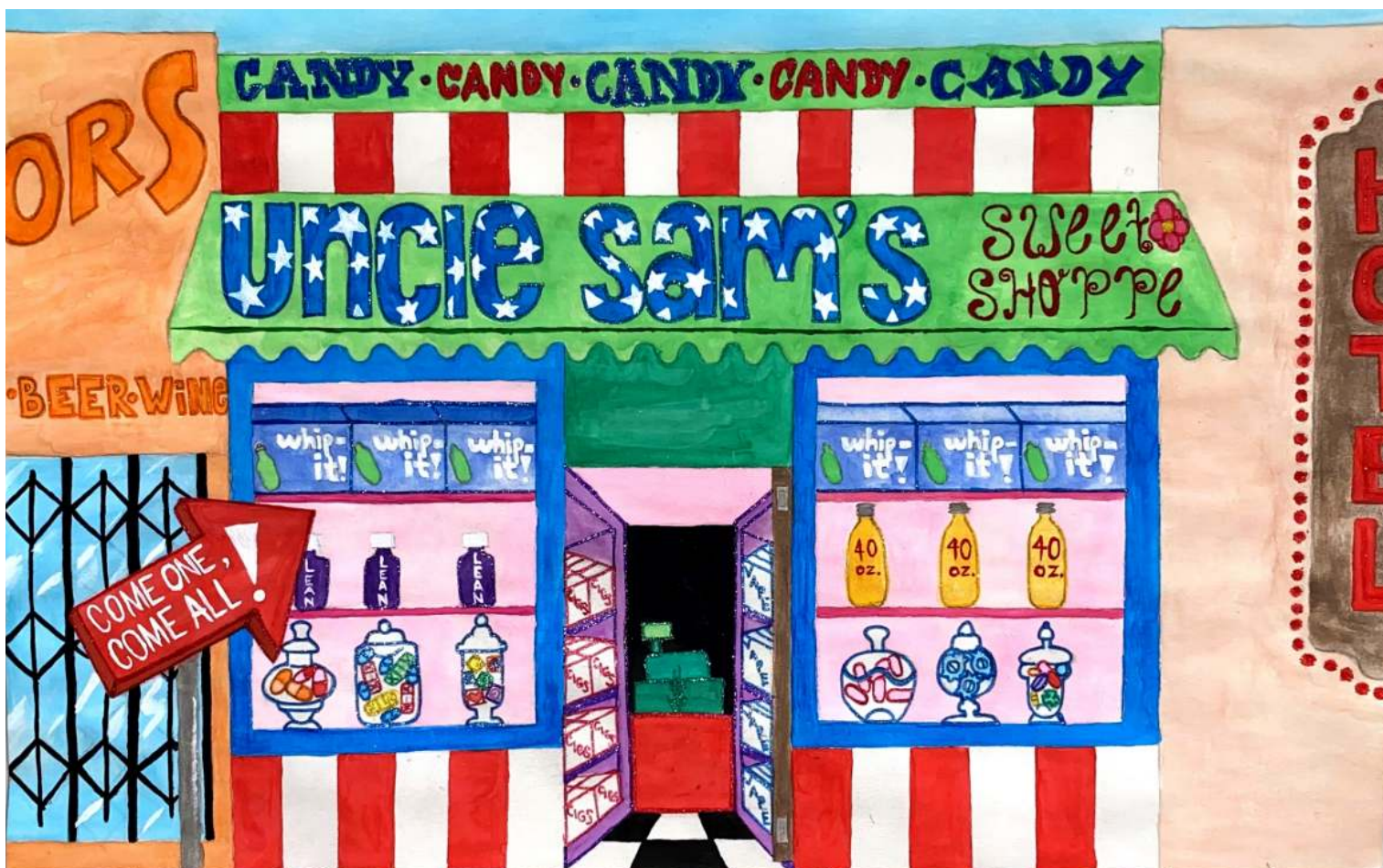
Resources, including education, services, and support are lacking, and TAY express this as a major issue in their communities. Feeling unsupported and unable to receive help not only makes it harder for youth to receive treatment, but also contributes to their negative mental health experiences. In addition to mental health-specific resources, youth note that lack of resources to achieve success is a problem that contributes to their stress and feelings of pressure.

Trauma

Intergenerational trauma, sexual trauma, domestic violence, abandonment, and PTSD are all specifically named as experiences of TAY in their communities.

Substance and Addiction

In particular, in communities across California, youth point to Puff Bars, a disposable flavored-tobacco product, as an issue specifically impacting youth.



Art by **Maria Mier-Rosales** (Mimi) "Uncle Sam's"

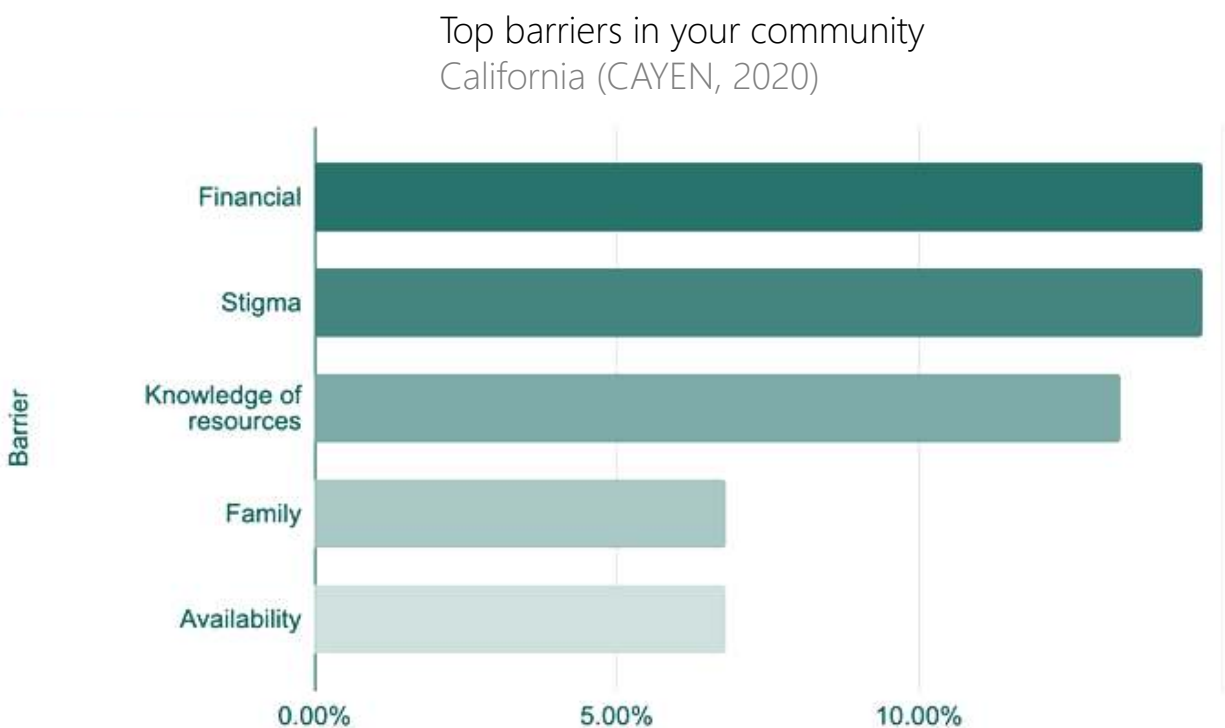
Stigma

The stigma around mental health has an important impact on the experience of TAY in California. Many express feelings of fear or judgment around their experiences, and a desire for more openness around their mental health. In addition, individuals described stigma specific to their experiences within cultural, racial, and ethnic communities.

“Mental illness in general is a very taboo topic in my community. People aren't open about their mental health and when there [are] issues, the youth are either left to silently deal with it or told by families that they are dealing with the "evil eye." When youth are dealing with issues such as depression or schizophrenia they oftentimes don't address it or get help because trying to get their families to understand what they're going through can seem close to impossible.” -Age 24

Barriers to Access

TAY reported financial accessibility, stigma, knowledge of available resources, family, and availability of resources, as the top barriers to accessing services among TAY in their community (CAYEN, 2020).



TAY CREATED PROGRAMS FOR OUR FUTURE BY LUKA FERNANDEZ



WHAT YOU SEE

An illustration that shows a clear pathway to college but an uncertain pathway toward other life/career/job destinations (elsewhere). Teenagers and young adults face the challenge of making this life changing decision.

HOW IT IMPACTS YOUTH

Not having support programs and services impacts youth on so many levels. Some youth know that college is not for them and the pressure to enroll and complete traditional higher education creates more uncertainty in what is already a challenging moment in life. Many youth who go to college because of outside influence and not because of personal desire drop out and end up with substantial debt. If you don't go to college there are many other challenges that you go through and the constant fear of not knowing if you have a future ahead of you. In addition, youth who have or end up with mental health issues due to an unforgiving academic environment can't thrive in our education system, especially when there are no holistic supports available.

WHAT IT SYMBOLIZES

The lack of resources and job development services for youth who want to take alternative routes and not go to college. Youth struggle with inner conflict when they are making these big decisions. There are a lot of challenges during this age: societal pressures, financial limitations, and mental health struggles that happen when you transition out of high school and into adulthood.

PROPOSED SOLUTION

We need to tackle this issue holistically. Extensive mental health resources are needed on college campuses, high schools, and for TAY who are not in college. There needs to be more employment training programs, career counseling services, internships, and options for those not in university. Trade school and other manual job opportunities should be shown as viable career options, and entry level work positions need to be accessible for youth without previous experience. Teenagers and young adults must also be paid fair wages and provided with resources and information on unions to avoid workplace exploitation and wage theft. When our decision makers are creating these programs TAY must be involved and consulted to develop them. There needs to be more alternatives available for young people building their futures, and our government and society as a whole have to provide assistance for these challenges.

Financial Accessibility

Financial accessibility was the top-cited barrier to receiving mental health care and services among TAY in California. This included mentions of affordability of services as well as health insurance coverage.

Stigma

Youth across California expressed fear of judgment from their communities, families, peers, and providers.

Knowledge of Resources

Youth do not know where to go for help, who to speak to, what options are available to them, or how to access them.

“My school did not have adequate mental health services for their large population of students and did not actively educate students about the services available, if any.”

-Age 17

Family

For TAY under 18, requiring a parent/guardian to receive services is cited as a major barrier. Unfortunately, parents may not recognize or support the need for their child to receive help, and many youth fear opening up to their family members due to stigma. This is an added challenge when youth require a parent/guardian to provide transportation to seek services. Privacy issues for minors are also an important barrier, particularly in abusive homes.

“Parents not believing that there are issues that require services” -Age 16

*“Trying to break the toxic cycles and get help often results in backlash from family.”
-Age 24*

Availability of Resources

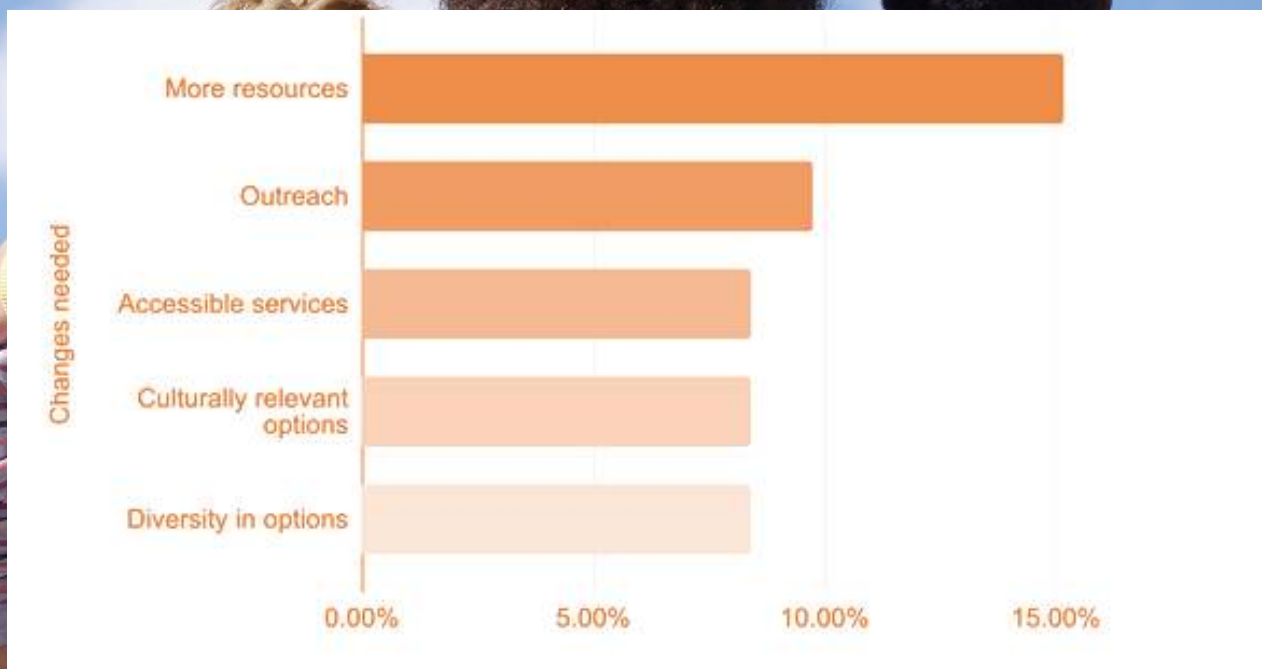


There is not a sufficient amount of services to serve all who need treatment. Of services that do exist, there are not enough providers; youth note that they experience long waitlists or a complete lack of availability of providers or school counselors. Youth also note that there are not sufficient trustworthy options, quality options, confidential options, and relatable options to meet the needs of a population diverse in cultural, racial, ethnic, and LGBTQ+ backgrounds. Beyond services, there is a lack of support or programming available that might prevent the onset of negative mental health outcomes.

IDENTIFIED NEEDS AND YOUTH-DRIVEN SOLUTIONS: POLICY RECOMMENDATIONS

Top needs in your community

California (CAYEN 2020)

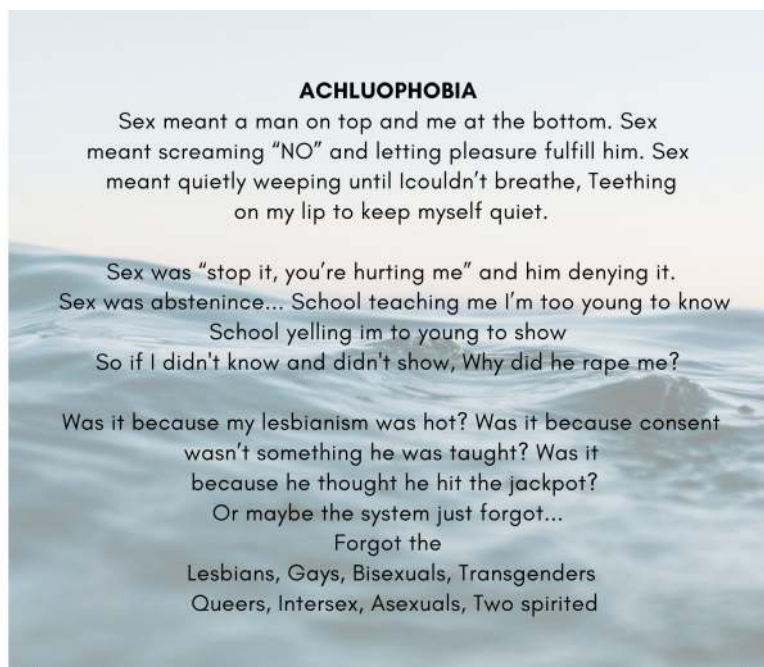


The CAYEN TAY project's work has resulted in the following policy, program, and service recommendations, which are identified by the youth. We cannot emphasize enough the need for their voices to be heard, for their voices to lead change, and for their innovative solutions to be supported by adult allies. TAY expressed the need for more resources, increased outreach, accessible services, culturally relevant options, and diversity in types of options available to them.

POLICY RECOMMENDATIONS

More Resources

Youth strongly expressed the need for more resources, including more providers, more services in schools, more services overall, more funding for existing resources, more education, more workshops, and more availability of existing resources. Further, youth point out a lack of trustworthy services, where they feel safe to speak about their experiences, where their interaction can be confidential, and where they feel that the person they are interacting with is relatable and will understand them.



LGBTQIA2-S+ SEX EDUCATION: QUEER SEX ED IS PART OF MENTAL HEALTH BY SAM ROSE

WHAT YOU SEE

The above poem is titled "ACHLUOPHOBIA," which is the fear of the dark. As a non-binary individual and lesbian identified part of the community, I was often faced with the barrier of being left to fend for myself. I was not educated on what sex was and wasn't.

HOW IT IMPACTS YOUTH

The people of the State of California are required by law to ensure sex education is integrative, unbiased, and properly executed by instructors trained in the appropriate courses. LGBTQIA2-S+ students should be, according to law, included within the spectrum of integrative sex education, but due to a lack of explicit text stating so, LGBTQIA2-S+ students are often left to figure it out for themselves.

WHAT IT SYMBOLIZES

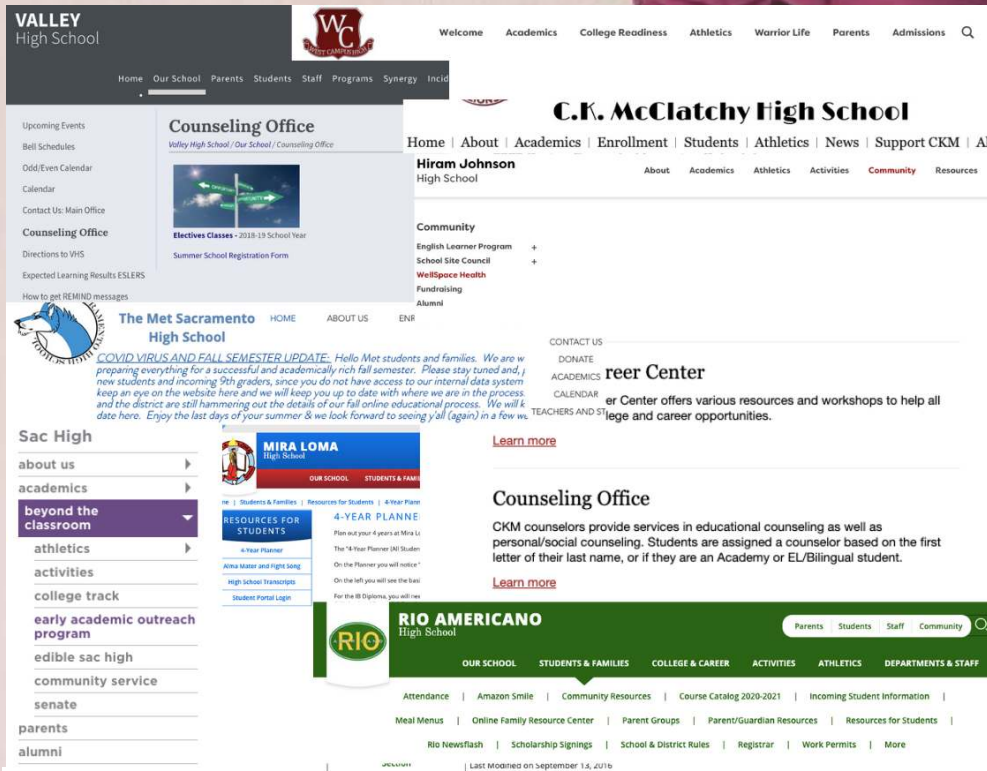
The poem symbolizes how my experience being sexually assaulted felt as if my school had also failed me because they did not educate me about sex (what it was and wasn't).

PROPOSED SOLUTION

We MUST call onto parents, youth, educators, and policymakers to aid us in developing an inclusive, empowering, and sex positive curriculum that is NOT founded on heteronormative practices. There are different ways we can begin and continue this initiative: (1) Becoming advocates for LGBTQIA2-S inclusive sex education, (2) Ensuring school is safe and accepting space for LGBTQIA2-S students, (3) Implementing LGBTQ-inclusive sex education in schools, community settings and online, (4) talking to children and teens about sex & sexuality, and (5) working to remove state-level legal and policy barriers to LGBTQ-inclusive sex education in schools and to require inclusive programs.



Piece by **Christina M Aguilar**



WHAT YOU SEE

The images above are screenshots of the home pages of the 17 main public high schools in Sacramento. On these home pages, students should be able to quickly find the resources they need to feel successful during their high school careers. Sadly, most of these homepages do not contain adequate information to counseling services or mental health resources for students.

HOW IT IMPACTS YOUTH

Students often don't even realize what counseling services they have available to them or how to obtain them. The fact that these homepages do not reflect an active counseling department or any mental health resources is a reflection of the lack of importance that schools place on educating students on how to manage and maintain their mental health. Counseling services that are available are often not talked about in detail with students and do not always provide culturally competent resources that can apply to all students on campus. Minority students such as (refugees, Muslims, children of immigrants) are often excluded from access based on the fact that they are discouraged from reaching out due to constantly having the pressure of educating their mental health professional on their background, faith and family dynamics when this isn't their job.

WHAT IT SYMBOLIZES

This impacts the students that have never been educated on what it means to maintain mental health and/or how to help their friends/family that they see struggling with their mental health. Students often find it very intimidating to reach out for help and often don't know where to go. They are afraid of losing face by going to a counselor and are often unaware of what counselors will do to help and whether or not they will be helpful.

PROPOSED SOLUTION

Having (at a minimum) resources available on a school homepage and having access to mental health resources in class and being able to be more active within their campuses' mental health department would help reduce stigma and make mental health education more accessible to those who would not be aware of what mental health means otherwise is necessary to achieving this goal. Feelings of isolation among high school students are often high due to students not knowing where to turn for guidance and help and thinking that they are the only ones that are struggling. We can do better. It is long overdue to push for our mental health professionals on campus to provide culturally competent resources that are inclusive, make sure that mental health professionals are diverse, and allow students to get involved in the process of mental health education. Teach students about the importance of mental health so that they can demonstrate to their peers the importance of mental health awareness. Allow students to make their concerns within their schools heard and allow these concerns to lead to change.

"WHERE CAN I
TURN?" SINCERELY
MINORITY STUDENTS

POLICY RECOMMENDATIONS

Increased Outreach

Youth need to know about existing resources already available to them, and how to access them, through increased outreach, information and communications intentionally directed at TAY. Youth also want to be reached out to by adults in their community regarding their mental health.

Accessible Services

Youth report difficulty in accessing existing mental health services, particularly regarding affordability, ease of accessing and navigating the system, and being able to physically access the services they need. Many youth emphasized the need for accessible services within schools. While some schools do have options for youth, these are often challenging to use or youth feel that they are untrustworthy.

“The hardest is growing up with certain mental health issues and not being able to address it, either because of stigma, accessibility, or economic status. All of these factors apply, the sad part is that it shouldn't especially at an early age. Dealing with the accessibility part, many students during school don't have the access to good counselors, programs, overall just a safe space to address problems and concerns. This needs to change.” -Age 16

POLICY RECOMMENDATIONS

Accessible Services



COUNSELORS WHO ARE ACCESSIBLE TO STUDENTS

WHAT YOU SEE

We are looking at a student who is confused and lost and doesn't know what to do and isn't getting enough help from people who are supposed to help him.

WHAT IT SYMBOLIZES

There's not enough guidance. What's wrong with the counseling system? Students shouldn't feel alone. A lot of students struggle on campus and would like a school counselor that they could talk to if they have a problem with school or mentally because you don't always feel connected with the teachers and they should be able to have a safe space to go.

HOW IT IMPACTS YOUTH

It could really make a difference if someone is feeling really alone and has no other option. Having someone to talk to could help them go through what they're going through.

PROPOSED SOLUTION

Get funding for counselors who are accessible to students. I don't know if there even is a therapist on our campus, they are not accessible. You're supposed to know them and meet with them at least once a year, if only they had more time to get to know their students. There are academic counselors we are supposed to see but they don't have enough time. They talk to you about your classes and they are not very helpful. We can talk to the commission who has the resources and decides where the money goes, getting other people's experience, seeing how they feel about it and getting their ideas.

POLICY RECOMMENDATIONS

Culturally Relevant Options

Youth expressed the need for services and providers that they can relate to. Specifically, youth want providers that represent and relate to youth of color, LGBTQ+ youth, and youth of varying religious and cultural backgrounds. Respondents also noted that in general, youth don't always trust adults or feel that adults can relate to their experiences. Many would like to see more peer support groups and services, as well as youth-informed resources that young people can relate to.

WE NEED MORE DIVERSE THERAPISTS!

"NO me siento comoda hablando esa therapista. Es americana, no me va entender."

"I feel uncomfortable going to that therapists. She's white, she won't understand where I'm coming from."

What are we looking at?
We are looking at a quote from a Latinx individual in my community voicing their experience in looking for a therapist of color.

What does it symbolize?
It symbolizes the struggle people in my community go through when they are trying to look for help. It symbolizes the lack of diversity in finding therapists that share the same background, race & ethnicity, language, and culture that they come from.

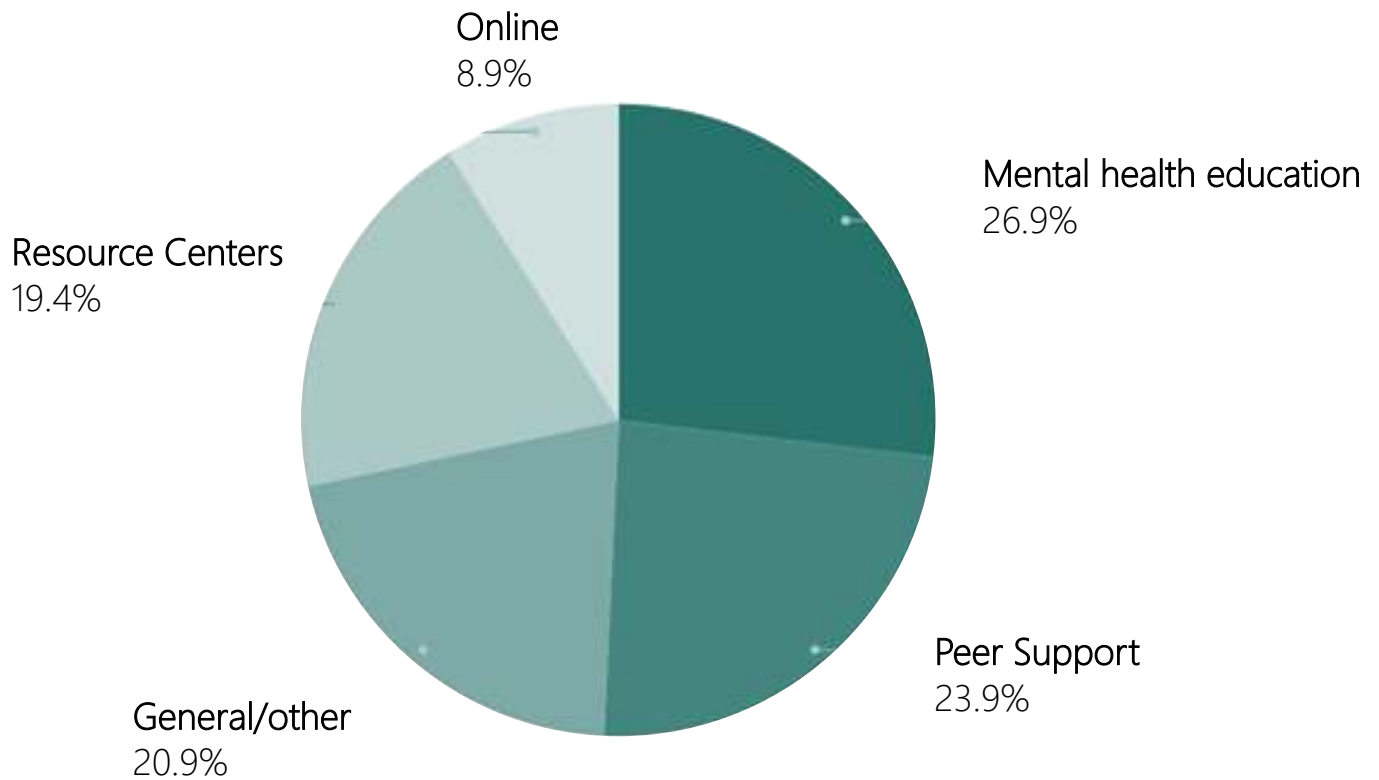
How does it impact us?
This negatively impacts youth and community who are trying to find a therapist with their same culture, identity, and language. It discourages youth of color from seeking help because there are no diverse therapists and the process in finding one takes time. This makes youth of color believe that therapy is a white topic only, because of how hard it is to find spaces that are inclusive.

What can we do about it?
We need decision-makers to engage with community. To open up spaces for not only youth but POC youth. We need to create more spaces that bring these youth to the table so that we can create diverse spaces. We need to not only make these spaces youth-led but ensure that they are in places of leadership, because they will help do it right.

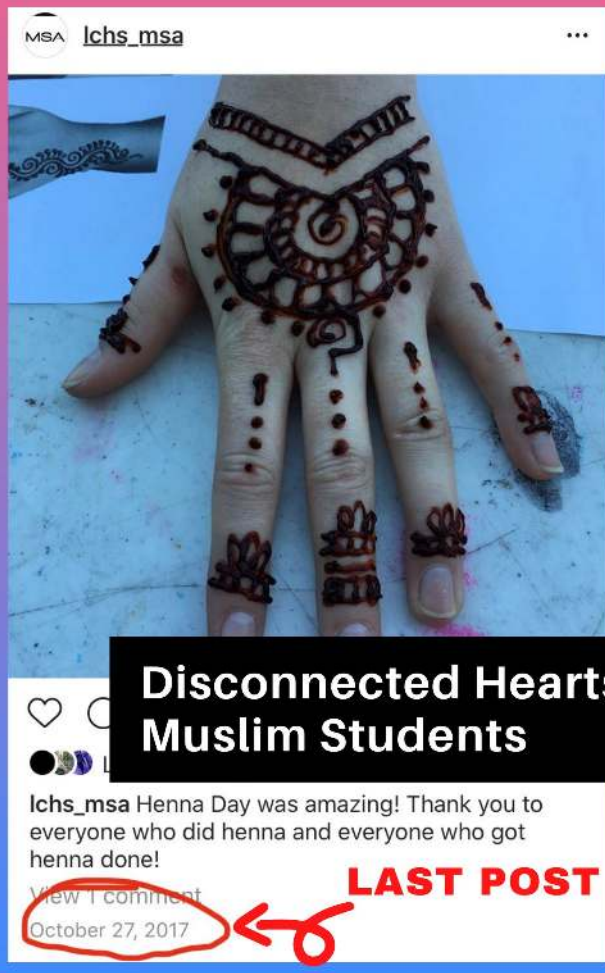
Piece by *Mishell Carcamo*

POLICY RECOMMENDATIONS

Diversity in Options



Youth want more ways to prevent mental health issues and to receive mental health services. Respondents suggested other options, including mental health education in schools, peer support options, resource centers, and online options. Some youth expressed generally that they want more diversity in options available to them, or that they want to be able to access different kinds of services that have fewer barriers and more privacy and safe spaces. Education in school, in extracurricular workshops, or via social media would enable opportunities for youth to learn how to recognize symptoms, seek help, and care for themselves. Resource centers would provide an opportunity outside of traditional service seeking to speak to a trusted adult. Online services provide an opportunity for privacy, increased accessibility, and entirely remove some barriers such as transportation.



Disconnected Hearts: Muslim Students



WHAT YOU SEE

An image that symbolizes one of many inactive Muslim Students Association (MSA) clubs in schools within the Sacramento area.

WHAT IT SYMBOLIZES

it symbolizes a lack of space for Muslim youth to gather on campus, feel represented, and voice their concerns regarding personal / religious challenges, and their mental wellness.

It represents a need for active MSAs where discussions, cultural events, workshops, and regular gatherings allow youth to have a sense of belonging and seek support from their peers.

HOW IT IMPACTS YOUTH

Not having MSAs for youth to talk to their peers makes them feel disconnected. When the youth cannot voice their needs, they feel pressured to find all the answers by themselves. This can lead more youth to isolation, depression, and even suicidal thoughts.

PROPOSED SOLUTION

MSAs need to be active on school campuses so youth can gather, feel included, and voice their concerns. MSAs can be a system where youth represent the youth voice in their community and community centers. In order to create services for these youth, the youth voice needs to be represented



Piece by *Basit Choudhary*

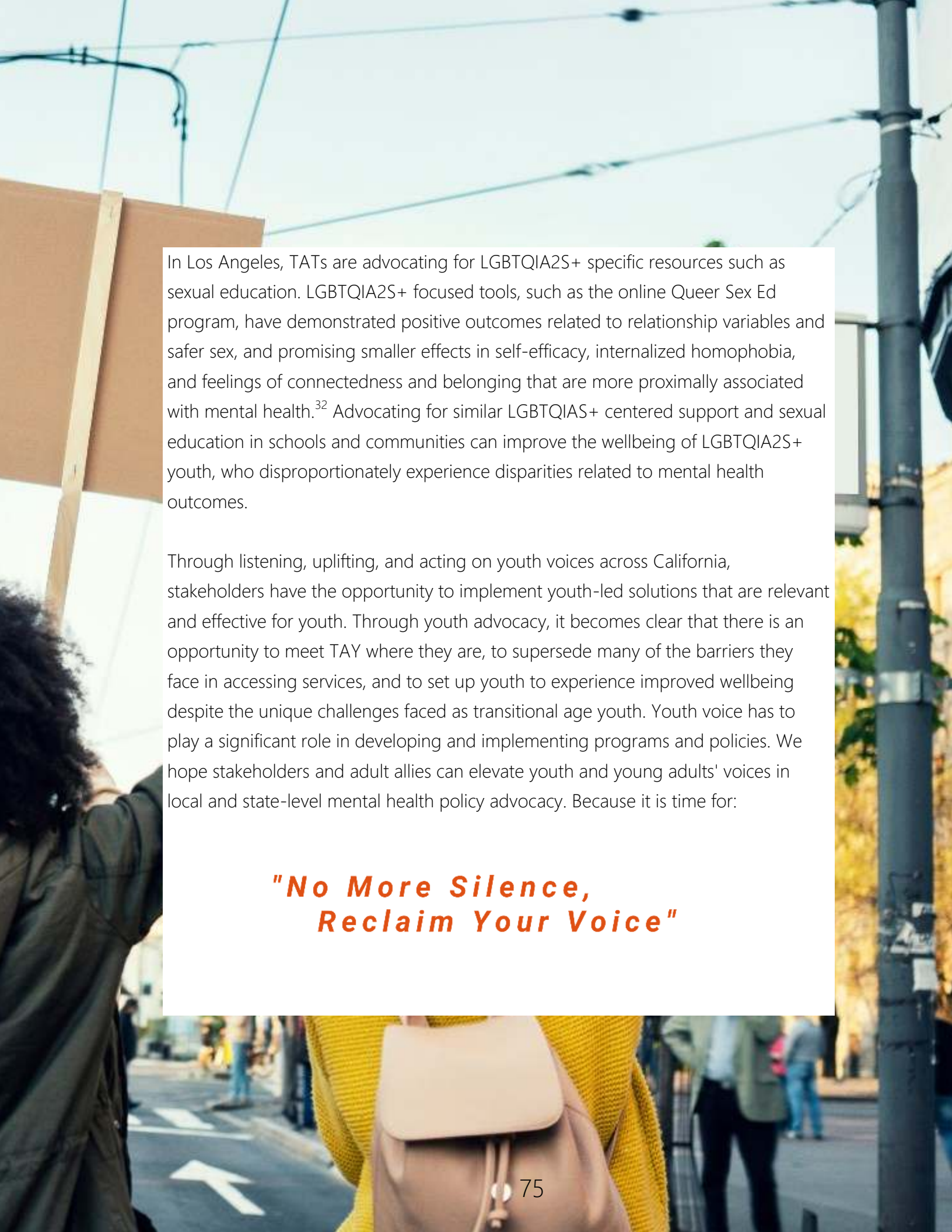


State of Transitional Age Youth Summary

The CAYEN survey, the TATs advocacy work, and other data show that there are ongoing mental health needs for California TAY. Throughout this report, mental health themes emphasized stigma, family, lack of resources, and financial and accessibility as barriers to mental health supports. Potential solutions identified by youth and throughout the surveys included- resources that are more accessible, available, culturally-relevant, and diverse in nature. The TATs have also identified these needs and solutions as they continue to advocate for better mental health supports in their communities.

In Santa Barbara, TATs are advocating for mental health curriculum on school campuses to combat stigma, prevent crisis, and connect youth to community resources. Effective mental health education interventions in schools have included skills education, positive mental health, universal whole-school approaches integrated into curriculum, training for teachers and school administrators, and coordination with families and other community resources.²⁸⁻³⁰

In San Francisco, Monterey, and Sacramento, TATs are actively advocating for wellness centers that specifically serve TAY in their communities. These youth have identified that there is a need for TAY-led and TAY-specific wellness centers. TAY-led meaning, that youth have a say in the decisions and programs in those wellness centers.



In Los Angeles, TATs are advocating for LGBTQIA2S+ specific resources such as sexual education. LGBTQIA2S+ focused tools, such as the online Queer Sex Ed program, have demonstrated positive outcomes related to relationship variables and safer sex, and promising smaller effects in self-efficacy, internalized homophobia, and feelings of connectedness and belonging that are more proximally associated with mental health.³² Advocating for similar LGBTQIAS+ centered support and sexual education in schools and communities can improve the wellbeing of LGBTQIA2S+ youth, who disproportionately experience disparities related to mental health outcomes.

Through listening, uplifting, and acting on youth voices across California, stakeholders have the opportunity to implement youth-led solutions that are relevant and effective for youth. Through youth advocacy, it becomes clear that there is an opportunity to meet TAY where they are, to supersede many of the barriers they face in accessing services, and to set up youth to experience improved wellbeing despite the unique challenges faced as transitional age youth. Youth voice has to play a significant role in developing and implementing programs and policies. We hope stakeholders and adult allies can elevate youth and young adults' voices in local and state-level mental health policy advocacy. Because it is time for:

***"No More Silence,
Reclaim Your Voice"***

DATA SOURCES AND DATA LANDSCAPE:

California Healthy Kids Survey (CHKS), 2019

The California Healthy Kids Survey, cited on www.kidsdata.org, a program of the Lucile Packard Foundation for Children's Health, in partnership with WestEd and the California Department of Education, collects data from high schoolers enrolled in public schools and non-traditional schools in the state of California.

California Health Interview Survey (CHIS), 2019

The California Health Interview Survey (CHIS) is sampled from individuals who have residential addresses within California. This is noteworthy given that it cannot capture information regarding homelessness nor the experiences of individuals who are unhoused. There are three versions of survey questions asked for different age groups. Some data reflects questions that were asked of both adults (18+) and teens (11-17) while some questions are not identical across the two surveys; information included in this report will specify which group is relevant.

Youth Risk Behavior Survey (YRBS), 2009-2019

The Youth Risk Behavior Survey (YRBS) implemented by the U.S. Centers for Disease Control & Prevention (CDC) provides biannual data on high school students across the U.S..

The National Institute for Mental Health (NIMH)

The National Institute for Mental Health (NIMH) provides data on severe mental illness, using data from the Substance Abuse and Mental Health Services Administration NSDUH.

California Department of Public Health (CDPH), 2020

Youth suicide rate, as cited on www.kidsdata.org, a program of the Lucile Packard Foundation for Children's Health, was determined using data from: California Dept. of Public Health, Death Statistical Master Files (May 2020); California Dept. of Finance, Population Estimates and Projections (Apr. 2020); CDC WONDER Online Database, Underlying Cause of Death (May 2020).

Leading Causes of Death Reports, CDC, 2018

Provided by the National Center for Injury Prevention and Control, this report provides data on suicide rates across the U.S..

HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2019

The Homeless Populations Count provided by The Department of Housing and Urban Development report utilizes data provided by Continuums of Care applying for the 2019 CoC Program Competition. It provides count information regarding homeless populations and subpopulations across the U.S. and in each state.

National Youth in Transition Database (NYTD), 2018

The National Youth in Transition Database (NYTD), provided by the Children's Bureau, an Office of the Administration for Children and Families in the U.S. Department of Health and Human Services, provides data from all states in the U.S. regarding youth transitioning out of foster care.

Easy Access to the Census of Juveniles in Residential Placement; OJJDP, 2017

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), in the U.S. Department of Justice provides data regarding rates of juvenile imprisonment. The National Center for Juvenile Justice, funded by OJJDP, provides *Easy Access to the Census of Juveniles in Residential Placement: 1997-2017 (Sickmund, et. al)* to provide this data to the public.

Bureau of Justice Statistics (BJS) - Prisoners in 2019 (BJS), 2019

The U.S. Bureau of Justice Statistics, in The U.S. Department of Justice provides data collected through the National Prisoner Statistics Program and calculates rates based on the U.S. Census Bureau.

Bureau of Labor Statistics (BLS), 2020

The U.S. Bureau of Labor Statistics in The U.S. Department of Labor publicly reports unemployment rates monthly.

National Center for Education Statistics (NCES), 2018

The National Center for Education Statistics in the U.S. Department of Education provides dropout rates for individuals age 16-24 - the percent of students who have not enrolled in school and have not earned a high school credential.

California Child Welfare Indicators Project (CCWIP), 2020

The California Child Welfare Indicators Project at University of California Berkeley provides data on foster care in California using information in the California Welfare Services/Case Management System (CWS/CMS) through partnership with California Department of Social Services.

Adoption and Foster Care Analysis and Reporting System (AFCARS), 2019

Procured via a Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect.

SAMHSA NSDUH, 2019; SAMHSA NSDUH, 2017-2018

The National Survey on Drug Use and Health (NSDUH) produced by the Substance Abuse and Mental Health Services Administration in The U.S. Department of Health and Human Services provides mental health data across the U.S. California-specific data is sourced from the 2017-2018 report which is the most recent state-specific report available.

SAMHSA MH-CLD, 2018

The Mental Health Client-Level Data (MH-CLD) provided by the Substance Abuse and Mental Health Services Administration in The U.S. Department of Health and Human Services provides data regarding individuals receiving care through state administered services.

Data Landscape and Limitations

Data regarding the TAY age range pose multiple challenges that are noteworthy for the purposes of this report.

Data is not collected or presented with TAY in mind, so drawing comparisons is a challenge. There is little uniformity around the term Transitional Age Youth, and it can refer to a variety of age ranges depending on context and purpose. Data that does specifically represent TAY may report based on a variety of definitions. For example, in the Juvenile Justice system, data will likely only be captured until age 21. Meanwhile, the housing system refers to all under 25 years of age without a parent or guardian as “unaccompanied youth,” and while TAY 15-24 do encompass the vast majority of this group, the terms cannot be used interchangeably given the population of unaccompanied youth who are under 15. Ultimately, this variation leads to a lack of standardization in data collection and reporting, making it challenging to compare across and within populations.

There are sensitivities around data collection regarding youth. The types of questions asked may be different across ages, posing challenges for comparing data across the lower and upper ends of the range. For example, questions related to suicide are often not asked of those under 18.

By definition, TAY may not be captured in the data because they are transitioning between systems. In many circumstances, the term TAY specifically refers to a group of individuals who are transitioning between child services and adult services, a definition that explicitly highlights the problem with capturing data of this age group - many individuals in this age group are not captured in the data because they are not receiving the services that they need, that also would capture their data. Further, it is rare for data to be collected intentionally for this age range *because* these individuals should be captured in child data and adult data, even though this group faces unique circumstances.

REFERENCES:

1. *2019: American Community Survey 1-Year Estimates Subject Tables*. U.S. Census Bureau; 2020. Accessed November 2, 2020. <https://data.census.gov/>
2. *California Health Interview Survey*. UCLA Center for Health Policy Research; 2019. Accessed November 1, 2020. <http://ask.chis.ucla.edu>
3. *Depression-Related Feelings, by Grade Level: WestEd, California Healthy Kids Survey (CHKS) as Cited on Kidsdata.Org.*; 2019. Accessed November 2, 2020. <https://www.kidsdata.org/>
4. Youth Risk Behavior Survey Data Summary & Trends Report: 2009-2019. Published online 2019:108.
5. NIMH » Mental Illness. Accessed November 2, 2020. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154788
6. *Youth Suicide Rate: CDPH, CDF, CDC as Cited on Kidsdata.Org*. CDPH, CDF, CDC Accessed November 2, 2020. <https://www.kidsdata.org/>
7. Stats of the State - Suicide Mortality. Published May 15, 2020. Accessed November 2, 2020. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>
8. Xu J, Murphy S, Kochanek K, Arias E. *Mortality in the United States, 2018*. National Center for Health Statistics, Centers for Disease Control and Prevention; 2020:8. <https://www.cdc.gov/nchs/products/index.htm>
9. *HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Sub-populations: California*. U.S. Department of Housing and Urban Development; 2019. Accessed November 2, 2020. https://files.hudexchange.info/reports/published/CoC_PopSub_State_CA_2019.pdf
10. *HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Sub-populations*. U.S. Department of Housing and Urban Development; 2019. Accessed November 2, 2020. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2019.pdf
11. *NYTD: Percent Reporting Experiences with Homelessness*. Children's Bureau, Administration for Children & Families; 2018. Accessed November 2, 2020. <https://www.acf.hhs.gov/cb/resource/nytd-services-and-outcomes-reports>
12. Sickmund M, Sladky TJ, Kang W, Puzzanchera C. Easy Access to the Census of Juveniles in Residential Placement. Published 2019. Accessed November 2, 2020. <https://www.ojjdp.gov/ojstatbb/ezacjrp/>
13. E. Ann C. *Bureau of Justice Statistics (BJS) - Prisoners in 2019*. Bureau of Justice Statistics, U.S. Department of Justice; 2020. Accessed November 18, 2020. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=7106>
14. *NYTD: Percent Reporting Experiences with Incarceration*. Children's Bureau, Administration for Children & Families; 2018. Accessed November 2, 2020. <https://www.acf.hhs.gov/cb/resource/nytd-services-and-outcomes-reports>
15. *Labor Force Statistics from the Current Population Survey*. U.S. Bureau of Labor Statistics; 2020. data.bls.gov
16. The Condition of Education - Preprimary, Elementary, and Secondary Education - High School Completion - Status Dropout Rates - Indicator May (2020). Accessed November 18, 2020. https://nces.ed.gov/programs/coe/indicator_coj.asp
17. Webster D, S. Lee, W. Dawson, A. Gonzalez, E. Briones. California Child Welfare Indicators Project (CCWIP). CCWIP reports. Published 2020. Accessed November 1, 2020. <https://ccwip.berkeley.edu>

18. *State-Level Data for Understanding Child Welfare in the United States: AFCARS Foster Care FY2019*. Child Trends; 2020. Accessed November 1, 2020. <https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>
19. Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), 2018. Published 2020. Accessed November 2, 2020. <https://datacenter.kidscount.org/data/tables/6244-children-in-foster-care-by-age-group?loc=1&loct=2>
20. Watkins KE, Burnam MA, Okeke EN, Setodji CM. Evaluating the Impact of Prevention and Early Intervention Activities on the Mental Health of California's Population. Published online October 9, 2012. Accessed November 1, 2020. https://www.rand.org/pubs/technical_reports/TR1316.html
21. *National Center for Health Statistics: 10 Leading Causes of Death, United States*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2018. Accessed November 1, 2020. <https://webappa.cdc.gov/cgi-bin/broker.exe>
22. Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.; 2020. Accessed November 1, 2020. <https://www.samhsa.gov/data>
23. Substance Abuse and Mental Health Services Administration. *Mental Health Annual Report: 2013-2018. Use of Mental Health Services: National Client-Level Data*. Substance Abuse and Mental Health Services Administration; 2020.
24. *2020 California Children's Report Card*. Children Now; 2020. <https://www.childrennow.org/portfolio-posts/20-report-card/>
25. Radez J, Reardon T, Creswell C, Lawrence PJ, Evdoka-Burton G, Waite P. Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies | SpringerLink. *Eur Child Adolesc Psychiatry*. Published online 2020. Accessed November 2, 2020. <https://link.springer.com/article/10.1007/s00787-019-01469-4>
26. Mandarino K. Full article: Transitional-Age Youths: Barriers to Accessing Adult Mental Health Services and the Changing Definition of Adolescence. *J Hum Behav Soc Environ*. 2014;24(4):462-474.
27. Sakai C, Mackie TI, Shetgiri R, et al. Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. *Acad Pediatr*. 2014;14(6):565-573. doi:10.1016/j.acap.2014.07.003
28. Weare K, Nind M. Mental health promotion and problem prevention in schools: what does the evidence say? *Health Promot Int*. 2011;26(suppl_1):i29-i69. doi:10.1093/heapro/dar075
29. Eberhart NK, Burnam MA, Berry SH, et al. Evaluation of California's Statewide Mental Health Prevention and Early Intervention Programs. *Rand Health Q*. 2015;5(1). Accessed November 21, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5158248/>
30. Wells J, Barlow J, Stewart-Brown S. A systematic review of universal approaches to mental health promotion in schools. *Health Educ*. Published online August 1, 2003. doi:10.1108/09654280310485546
31. *LA-Trust-Five-Year-Wellness-Center-Impact-Report-091120.Pdf*. The Los Angeles Trust for Children's Health, Los Angeles Unified School District Board of Education; 2020. Accessed November 21, 2020. <https://thelatruster.org/wp-content/uploads/2020/10/LA-Trust-Five-Year-Wellness-Center-Impact-Report-091120.pdf>
32. Mustanski B, Greene GJ, Ryan D, Whitton SW. Feasibility, Acceptability, and Initial Efficacy of an Online Sexual Health Promotion Program for LGBT Youth: The Queer Sex Ed Intervention. *J Sex Res*. 2015;52(2):220-230. doi:10.1080/00224499.2013.867924



CAYEN IS A PROGRAM OF MENTAL HEALTH AMERICA OF CALIFORNIA
WWW.CA-YEN.ORG -INFO@MHAC.ORG
(916)-557-1167
PO BOX 567 - SACRAMENTO, CA 95812-0567

