



TRANSFORMATION:

ELEVATING YOUTH VOICE AND ENGAGEMENT IN TAY MENTAL HEALTH SERVICES

STATE OF THE COMMUNITY REPORT • YEAR ONE

Submitted JUNE 2017
by No Stigma, No Barriers, a TAY Mental Health Collaborative to
The Mental Health Services Oversight and Accountability Commission

ACKNOWLEDGMENTS

The No Stigma, No Barriers Collaborative partners, listed below, wish to thank the Mental Health Services Act Oversight & Accountability Commission for funding this three-year project, which seeks to facilitate the engagement of transition age youth (TAY) ages 16–25 with California’s state and local mental health systems.

The Collaborative also extends enormous gratitude to the young people from around the state who share their experiences and perspectives in quotes throughout this report.

California Youth Connection (CYC) is a statewide nonprofit organization comprised entirely of youth ages 14–24 with direct experience of our state’s foster care, mental health, and juvenile justice systems. CYC facilitates youth-led organizing, education, and advocacy, providing a transformational experience of community and individual empowerment.

www.calyouthconn.org

Youth In Mind (YIM) is a nonprofit organization founded and steered by youth affected by the mental health system. Youth In Mind members participate in multiple levels of leadership and advocacy, including member leadership summits, mental health conferences, and local advocacy activities with the purpose of promoting positive change through authentic youth engagement. www.yimcal.org

Young Minds Advocacy (YMA) is a nonprofit organization founded to address the number one health issue facing young people and their families—unmet mental health needs. Using a blend of policy research and advocacy, impact litigation, and strategic communications, YMA works to change attitudes towards mental illness and break down barriers to quality mental healthcare for young people and their families. www.ymadvocacy.org

VOICES brings together more than 40 partnering agencies to provide housing, education, employment and wellness services to transitioning youth, ages 16–24. Created and run by youth, each year VOICES serves more than 1,500 youth transitioning to adulthood from foster care, mental health, and juvenile justice settings. www.voicesyouthcenter.org



“Regardless of identity or specific system involvement, mental health connects all youth populations because we’re all humans who have faced this adversity. And something we all share is an independent spirit, a strong will, and a tendency to not rely on anyone else or ask for help...It’s that common ground that makes peer engagement such an effective way to get through to people.”

—J. CORTEZ III, CYC ADVISORY BOARD CO-CHAIR, MEMBER, NSNB GOVERNANCE BOARD

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“I hope the No Stigma, No Barriers project shuts down the stigma. I’m really for having individuals be independent, and seeing their disorders are not who they really are. So I hope the training and education and advocacy builds a community of individuals who are able to send that message to other young people: that you can live with these disorders. My disorder doesn’t define me but it gives me something special to live with.”

—SUSAN PAGE, 25
YMA BLOGGER AND CYC SF CHAPTER MEMBER

OVERVIEW

Approximately 5,500,000 Californians are between the ages of 16 and 25. During these years—a time of intense neurological, emotional, and social development—young people transition from adolescence to adulthood, and so are often referred to as “transition age youth” or “TAY.” In addition to achieving or being thrust into independence, many young people experience the initial onset of serious mental illness during these years.

During this time, the one in five TAY with mental health conditions also transition from the robust children’s mental health service system to the adult system, which offers fewer services overall and requires more self-advocacy to access. Thus, depending on which part of the nine-year TAY age span youth are in, the services available to them and their access of them vary greatly.

Guided by a group of young people ages 16 to 25, the No Stigma, No Barriers Collaborative aims to ensure that California’s many local and statewide systems provide access to high quality, responsive supports and services to improve mental health outcomes for transition age youth and their families.

Drawing on their personal and professional experience with California’s mental health systems, the young people guiding the Collaborative affirm the importance of supports that go beyond the traditional medical, illness-based model. **They advocate for asset-based approaches, peer-led models, and full support for a range of paths to mental wellness.** These should include supports for engaging or persisting in employment, education, housing, and vital relationships.

The Collaborative aims to reach TAY at all stages of the age span to reduce feelings of stigmatization that may prevent these young people from accessing services when they need them.

California’s Mental Health Services Act (MHSA), approved by voters in 2004, plays a major role in funding innovative mental health services, mental health treatment, prevention and early intervention, education and training to people of all ages affected by mental illness throughout the state. The **Mental Health Services Oversight and Accountability Commission (MHSOAC)** oversees the investment of MHSA dollars, and provides vision and leadership to California’s public mental health systems, in collaboration with clients, their families, and underserved communities. The act requires that MHSOAC utilize transparent and collaborative processes to determine the mental health needs, priorities, and services for California mental health consumers. Contracting with the No Stigma, No Barriers Collaborative partners ensures that these values are upheld for transition age youth.

This is the first of three annual reports on the state of the community of transition age youth with mental health needs in California and the TAY leaders, providers, and systems engaged in serving them.

ABOUT THE COLLABORATIVE

The No Stigma, No Barriers Collaborative, directed by transition age youth (TAY) ages 16 to 24, was formed to end stigma towards mental illness and break down barriers to care for young people in California.

We do this through trainings, outreach, and advocacy at the county and state level. The collaborative is a three-year project funded by the Mental Health Services Act (MHSA). Project partners include California Youth Connection, Youth In Mind, Young Minds Advocacy, and VOICES.

www.nostigmanobarriers.org



INTRODUCTION

The years extending from adolescence to early adulthood are a time of **profound neurological, emotional, and social development**. Young people in this age range—around 16 to 25 or so—are often referred to as transition age youth or TAY. In addition to achieving or being thrust into independence, many young people experience the initial onset of serious mental illness during these transitional years. According to the National Institute of Mental Illness (NAMI), one in five teens and young adults live with a mental health condition, with half developing the condition by age 14 and three-quarters by age 24.¹

As they cross into adulthood, California’s approximately 5,500,000 transition age youth face the **daunting challenges of paying rent, entering and persisting in college and/or employment, and developing significant adult relationships**. For those who are transitioning out of the foster care or juvenile justice system, these tasks are even more formidable. For all TAY struggling with mental illness, the challenges typical during this

“How do I feel when I’m well? I’m a person who has a lot of anxiety sometimes, so when I’m in a good state, I feel at peace and a lot calmer ... **There’s a sense of feeling content and like you belong and you’re doing what you love to do.**”

—**CECILIA TORRES, 21, MEMBER, NSNB GOVERNANCE BOARD & YOUTH ADVOCATE, VOICES YOUTH CENTER**

time period are exacerbated many times over. Young people who need mental health services, and who have been able to access them during adolescence, must figure out how to navigate the transition to the adult system of care, which provides a significantly less robust array of services.

WHAT DO TAY NEED TO THRIVE?

In order to thrive, young people first need their basic needs met: shelter, food/water, safety. They also need the support and love of at least one caring adult and strong connections in the community. **Connections build self-worth and resilience, but also provide opportunities for mentorship and can help break down barriers to treatment, housing, employment, and education for young people in need.**

Choice and voice are also important to the health and wellbeing of young people. Choice means having a say in key decisions in your life—in terms of mental health, it means helping to define what wellness means to you and what services and supports you need to reach your goals. Voice means having the support, opportunities, and confidence to share your experiences with others. It also means that young people have a seat at the table and a substantial role in decision-making about policies and programs that impact youth across the state. **Mental health systems can better serve young people by listening and treating youth and families as partners—putting young people’s needs ahead of the “system’s” needs.** This would go a long way in developing programs and services that address the challenges transition age youth face, while also celebrating their strengths and natural supports.

While California has been a leader in statewide youth-led policy advocacy in areas such as foster care and the impact of incarceration on families, **TAY mental health services in most of our 58 counties are still largely planned and implemented by adults.** Experience shows that these services are not effective for many of the youth who need them and who suffer long term disconnection from education, employment, and relationships as a result. The No Stigma, No Barriers (NSNB) Collaborative was formed to help change this, and joins hands with TAY-led organizations around the state working to provide mental health services and supports to change the trajectory of young people's lives. Part four of this report highlights several of these organizations.

Described by one young person as “having no hope or empowerment, thinking that you are just the way you are forever and you're doomed,”² untreated mental illness can halt a student's progress in school, cause a youth to be fired from a needed job, and damage personal relationships. The long-term impact can be devastating.

Directed by a group of young people ages 16 to 25, the No Stigma, No Barriers Collaborative aims to ensure that California's many local and statewide systems provide access to high quality, responsive supports and services to improve mental health outcomes for transition age youth and their families. Drawing on their personal and



After a strategic storytelling training, a Youth In Mind member shows peers one of her favorite spots.

professional experience with California's mental health systems, the young people guiding the Collaborative affirm the importance of supports that go beyond the traditional medical, illness-based model. They advocate for asset-based approaches, peer-led models, and full support for a range of paths to mental wellness. These should include supports for engaging or persisting in employment, education, housing, and vital relationships.

Over the three-year project, youth will direct efforts **to improve the effectiveness of mental health services and supports, reduce stigma, increase equity, and ensure TAY voices become central to the planning and oversight of California's mental health system through:**

- Community engagement and education
- Training for TAY and other community stakeholders
- Local and statewide advocacy



PART ONE: CALIFORNIA'S MENTAL HEALTH SYSTEM FOR TRANSITION AGE YOUTH

Throughout the country, there is an increasing awareness of the pervasiveness and complexity of mental health issues among adolescents and young adults. While most media coverage focuses on tragedies and extreme cases, youth-serving agencies have progressively developed a more nuanced and sophisticated understanding of how social, emotional, behavioral, and mental health needs shape young people's experiences and opportunities.

The past two decades have also seen the emergence of the concept of transition age youth, generally thought of as minors and young adults ages 16 to 25. The general consensus—as recognized by advocates, researchers, and policymakers—is that this formulation is useful and necessary because it recognizes the profound neurological, emotional, and social development that takes place during this time, within a cultural and legal context that recognizes the additional rights and responsibilities of emerging adulthood.

The TAY concept is particularly relevant for children, youth, and families involved with one or more of our nation's systems of care, including the healthcare, foster care, education, and criminal justice systems. Until we started talking about TAY, the development and design of our service systems and policies were driven by the stark—but developmentally arbitrary—line of legal adulthood: age 18.

In one sense, the American mental health system is more developmentally attuned than are other child serving systems: Medicaid, through its Early, Periodic Screening Diagnosis and Treatment (EPSDT) program, provides access to a robust set

"When I hear the phrase 'mental health,' I think of psych wards and the inflexible system that made me sicker and rarely met the needs of my peers or the young people in systems of care who I worked with at VOICES. My personal experience as a young person in two different California juvenile halls, the probation system and residential treatment left me feeling hopeless and angry about the phrase 'mental health' for years. **Now my own true understanding of mental health and wellness is a mind at ease, having peace in mind, body, and spirit.**"

—IRIS HOFFMAN, 21
HOLISTIC WELLNESS ADVOCATE, AVP FACILITATOR, VOICES
SONOMA, FORMER YOUTH ADVOCATE, CYC MEMBER

"I think TAY do experience mental health differently [from older adults], partly because of the access to services and partly because of the stigma of services. TAY tell their peers, who make it seem like being in therapy or counseling of any sort is a bad thing ...**It's hard to identify what the difference between each emotion is or how you're supposed to react** because it's different for everyone so if you don't fit into this category then you're looked as or seen as different. Mental health isn't normalized yet in the TAY population."

—MARIAH CORDER, AGE 18
MEMBER OF NSNB GOVERNANCE BOARD

of mental health services through age 21, rather than age 18. In comparison, until recently, children in foster care faced the complete withdrawal of supports and services on their 18th birthday; youth faced much stiffer penalties for crimes committed on their 18th birthday than the day before; and youth who hadn't finished high school were shuffled towards a system of adult schools and community college courses they weren't prepared to complete.

Research has recognized many significant developmental milestones that occur during the TAY age range—from the profound impact of cultural constructs like leaving home, to changes in the composition of one's primary peer group, to neurological development.

Research has also recognized a more challenging aspect of development that takes place during this time—the initial onset of serious mental illness.

In contrast to an adult system that focuses primarily on serious mental illness generally considered to be neurological in character, the children's mental health system is designed to address a broad range of social, emotional, behavioral, and mental health needs. Diagnoses are made based on an assessment of symptoms and impairments that can arise from a range of factors—from experiential factors like childhood trauma, to neurological or biochemical conditions. Treatment services are intended to achieve symptom reduction, promote healing, and build internal skills and resilience.

The resulting children's mental health system, particularly the aspects financed by Medicaid, provides for (and indeed requires) a broad range of services to advance these goals—from case

“When you're under 18 and struggling, someone is going to notice at some point—your mom and dad, or if you're in foster care, a staff member or social worker. You're going to end up receiving some sort of support, whether you want it or not. After turning 18 and especially after turning 24, for a lot of young people there's not necessarily anybody looking out for them. Unfortunately, most of our communities aren't at that stage yet where support is something that's built in to everyday living and we all look out for each other as a way of being in the world. **So a lot of young people between the ages of 18–24 do slip through the cracks because they don't have mom and dad looking out for them, and they may not even realize that they need the support.** Plus, they're probably pissed off about the way they experienced the mental health system before they turned 18. So that's often the last place I see people going for help.”

—IRIS HOFFMAN, 21
HOLISTIC WELLNESS ADVOCATE, AVP FACILITATOR, VOICES
SONOMA, FORMER YOUTH ADVOCATE, CYC MEMBER

planning and management to individual therapy to facilitating access to non-clinical community resources.

Regardless of whether or not “children's mental health needs” arise from experiential or biological factors, what's clear is that the challenges and suffering that the system is designed to address—and the concerns of their parents and caregivers that lead to them sometimes being recognized—are extremely common. Nationwide estimates consistently establish rates of diagnosable mental health conditions among children of over 20 percent.³

Furthermore, this high prevalence of diagnosable mental health conditions is concentrated among adolescents—the older end of the 0–18 age range included in reports about “children.” Behavioral challenges and substance use are also concentrated during the teenage years; thus, mental health issues and mental illness are often co-occurring with other problems and stressors.

APPROXIMATELY **5,500,000**
TRANSITION AGE YOUTH LIVE IN CALIFORNIA.



Advocates and NSNB participants Matt Gallagher, Annabelle Gardner, Mariah Corder, Aisa Villarosa, Nisha Ajmani, and Wyatt Stokes at the 2017 CMHACY conference.



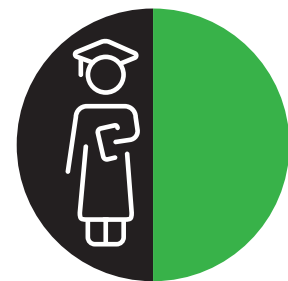
1 IN 5 YOUTH HAVE MENTAL HEALTH CONCERNS.



ONLY 20%
OF YOUNG PEOPLE WITH
MENTAL HEALTH
EXPERIENCES RECEIVE
SERVICES.

THE AVERAGE DELAY
BETWEEN ONSET OF
SYMPTOMS AND
INTERVENTIONS IS

8-10 YEARS.



APPROXIMATELY
50%
OF STUDENTS
14 AND OLDER WITH
MENTAL HEALTH
EXPERIENCES DROP OUT
OF HIGH SCHOOL.



Matt Gallagher and Mariah Corder presenting on increasing youth voice and power within Mental Health Boards at CMHACY

THE STRUCTURE AND FUNDING OF CALIFORNIA'S MENTAL HEALTH SYSTEM

As will be further explored below, there are significant challenges when it comes to data about TAY—essentially, despite the change in consciousness about TAY as a developmental category useful for program development and policymaking, most available population-level data is still formulated on the preceding categories of children ages 0–18, and adults 18 and over.

Regardless, even a conservative back-of-the-envelope estimate illustrates the scale of the issue: approximately 5,500,000 transition age youth live in California today. If the national estimate of the prevalence of mental health issues holds, some 1,100,000 of them are likely to have a diagnosable mental health condition.

While these are rough estimates, it's clear that there is a **sizable population of transition age youth in California, and that a significant number of them may be in need of mental health services.** Yet estimates and statistics regarding actual service access paint a portrait of a **system that reaches only a fraction of the youth in need.**

Children and youth in California receive mental

health services funded from a number of sources. Those who are covered by private insurance, primarily through a parent's plan, generally have access to some mental health benefit, though many parents report that navigating the benefits schedule and provider network can be a challenge. Those children and youth with private insurance coverage are in the minority, as over half of California children are eligible for or receive their healthcare from public benefits programs.

By far the largest source of mental health funding is

Medicaid, referred to as Medi-Cal in California. Medi-Cal is available to low income Californians and those with disabilities. Over 5.5 million children in the state are enrolled in Medi-Cal, a rate of over 50 percent.⁴ Through its EPSDT program, Medicaid provides all enrollees with an entitlement to "Specialty Mental Health Services," including case management, assessment, medication, individual and group psychotherapy, and other benefits.

In 2014–15, some 250,000 children and youth ages 0–21 received at least one Medi-Cal billable mental health service, compared with a Medi-Cal population of 5.5 million and a total child (0–18) population of 9.1 million.⁵ It is important to note that publicly available Medi-Cal service receipt data provides only a rough estimate of access. Reports from the External Quality Review Organization only differentiate youth who in a given year received a single billable service and those who received five or more billable services; these figures do not sufficiently illustrate service appropriateness, quality, or effectiveness.

There are a number of other systems and funding streams that can and do provide TAY with access to mental health supports. Youth whose mental health condition constitutes a disability under federal law are entitled, through the Individuals

with Disabilities Education Act (IDEA), to the school-based mental health services necessary to facilitate their access to public education. Section 504 of the Rehabilitation Act of 1973 further underscores this right by prohibiting discrimination against students with disabilities.

Under federal law, children in California's public schools who are eligible for special education services due to a disability are guaranteed access to ameliorative or rehabilitative services as necessary to ensure that they are able to benefit from a free, appropriate public education. The qualifying disabilities include mental illness and mental health conditions.

Special education students with a mental health disability may have an Individualized Education Plan (IEP) that calls for a range of mental health services, from case management to individual or group counseling and even placement in a residential treatment program. These youth are served by a program currently called Educationally Related Mental Health Services (ERMHS). In 2011–12, some 100,000 California children received mental health services through ERMHS.⁶ The program has been the subject of significant legislative and administrative change over the past several years, with responsibility (and funding) for

"A lot of young people I talk to know they're stressed out and know they're on the brink of exploding or doing something crazy, and that's what pushes them toward the point of no return mentally or emotionally. That's what we want to prevent. Mental wellness to relieve that stress is important, and **hopefully one thing to come out of this project is young people will know about counseling or other options** instead of loading themselves up so much that they can't take the stress."

—WYATT STOKES, 22, STUDENT AT CSU
MONTEREY BAY & CYC MEMBER

providing mental health services called for in an IEP transferring back and forth between education agencies and county mental health departments. Unfortunately, there is some evidence that these various changes have resulted in a reduction in the total number of youth being served through the program, despite there being no evidence of a reduction in underlying need.⁷

In 2004, California voters recognized the need for additional funding to provide mental health services and supports when they voted to pass Proposition 63, the Mental Health Services Act (MHSA). MHSA levied a tax on very high earners to create a fund to enhance existing programs and address gaps in the service array. MHSA funds are overseen by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

MHSA funds provide for an array of direct services to individuals with significant mental health needs and specifically to transition age youth. These include intensive programs referred to as Full-Service Partnerships (FSPs). In FY 11–12, nearly 8,000 transition age youth received services through an FSP.⁸

Some of the young people most in need of mental health services are those who have suffered significant trauma due to abuse, neglect, or abandonment. There are over 60,000 children and youth in out-of-home care through California's foster care system, with hundreds of thousands more coming to the attention of child protective services every year.⁹ Another 15,000 youth are detained in county and state facilities through the juvenile justice system.¹⁰ Estimates of the incidence of diagnosable mental health conditions among these very vulnerable youth run as high as 70 percent.¹¹

An array of additional, smaller programs also provide some mental health services, including Regional Centers that serve youth with disabilities, substance abuse programs, federal block grants, early childhood education programs, and victim of crime funds. These programs are administered by a number of different agencies or departments.

SERVICE ACCESS

Regardless of the funding source, a defining factor of young people's interaction with California's mental health systems is their ability to access providers and services. California has a county-administered system of social and health care services. **All major sources of funding for mental health services are planned, provided or purchased, and overseen by county-level agencies.** For young people in need of services, as well as for advocates, this means that services can vary greatly from county to county. However, it is important to remember that federal protections and mandates apply to the entire state, and are in no way diminished by the policy or administrative choices of a particular local agency.

Many children and youth with the most intensive need for mental health services or other supports have been identified by their schools or have had some interaction with a public system—whether through psychiatric hospitalization, involvement with the criminal justice system, or referral to child welfare or probation. For youth who have been identified as needing mental health services, administrators, social workers, or medical personnel are legally responsible for facilitating their access to appropriate services.

For example, county departments are required to ensure that youth in foster care are enrolled in healthcare coverage, receive regular medical care, and are provided with all medically necessary treatments, including mental health services. Foster youth do in fact receive mental health services at a higher rate than do children in the general population, though their rates of service access don't match estimates of need.¹² Furthermore, **California's county-operated system elicits extraordinary variation in local policies and resources.** Among the impacts are significant inequities regarding mental health service access among foster children living in different parts of the state.

Talking directly with foster youth provides additional evidence of room for improvement. In a survey of 105 Alameda County foster youth between the ages of 15 and 22 conducted by CYC for its "Other Side of Mental Health" project in 2015, 44 percent of respondents said they were not familiar with the types of mental health services available to them. Thirty-eight percent said they were only "somewhat familiar," and only 18 percent said they were "very familiar" with the types of mental health services available to them. Similarly, of 83 Contra Costa foster youth surveyed for the same study, 32 percent said they were not familiar, and 37 percent said they were somewhat familiar with the types of mental health services available to them.¹³

Children and youth in the community who have not been engaged with a public system, or who have not been identified as needing special education services, may have a significantly harder time accessing mental health services.

Under California's county-administered system, local mental health departments are responsible for building out a system that provides children and youth with the services they are entitled to under Medicaid law. Yet a cursory review of spending data reveals that counties'





Youth In Mind member at CMHACY conference

spending on children's mental health doesn't track levels of Medi-Cal enrollment, or of underlying child poverty, which research has consistently correlated with higher levels of mental health need. And no county comes anywhere near serving the 20 percent that epidemiological estimates would suggest might be in need.¹⁴

This variation in the performance among counties results from a number of factors. **Some areas have a significant provider network and structures in place to facilitate access, while in others the mental health infrastructure is less developed.** Costs vary from county to county, as well, as, of course, do the resources available to local government. In some counties, the county department itself provides service through community clinics or by referral through an access line; in others, the local mental health department may contract with a community-based organization to provide mental health services in schools. In the former case, youth and families have to go out and actively seek mental health services, while in the latter teachers and school staff who recognize a need may have resources near to hand.

Some counties have focused on increasing TAY engagement in existing mental health services as a way of encouraging TAY to access the services they need. Sonoma County Behavioral Health Division recently partnered with VOICES to launch a peer-to-peer youth engagement project in which Youth Advocates at VOICES work directly with TAY in the county mental health system to help them understand resources available to

them and to support the TAY in visiting the local network of mental health supports. Early indicators demonstrate that overall engagement by TAY has increased, and more TAY are actively seeking and receiving the services to support their mental health.

Medicaid law is clear: mental health services are medically necessary, and part of the entitlement; every child who is eligible and in need is to be provided with the services they require.¹⁵ The administration of that mandate may be complex in a state as diverse and complex as California, but there is a legal—not to mention, an ethical—mandate to actively work to expand and facilitate access.

As noted above, a primary reason for focusing on transition age youth as a category that spans the age of legal majority (18) and the upper age limit for mental health services provided by Medi-Cal (21), is that young people who need mental health services, and who have been able to access them during adolescence, must figure out how to navigate the transition to the adult system of care, which provides a significantly less robust array of services.

TAY-focused investments such as MHSA FSPs may support young people in bridging the two systems, but administrators, advocates, parents, and youth all recognize the need to continue to focus on ensuring that youth are able to connect with and benefit from services, regardless of the developmentally arbitrary age limits that define our service systems.

As will be further explored in this report, there are broad trends regarding the structure and performance of California's mental health system that suggest the need for continued advocacy, programming, and policy development. **The good news is that the combination of public entitlement programs (Medi-Cal, special education, foster care) and a robust source of flexible funding (MHSA), provides a solid foundation on which to build a system of care for young people that supports them through the many transitions that define their life stage.**

THE TAY DATA PROBLEM

As noted throughout this report, though the concept of “transition age youth” (TAY) has gained wide acceptance and understanding over the past several years, our public systems are still primarily structured around the legal definitions of “child” and “adult.” This creates the very “transition” that gives the concept its name, but also results in significant difficulties in accessing data in order to better understand challenges and potential solutions.

Currently, whether looking at Medi-Cal spending or MHSA investments, we have found little to no hard data that spans the full age range of the TAY population as we’ve defined it. Data about smaller sets of youth can be found, such as foster care data about youth ages 16 to 18 or 18 to 20, or special education data about children by grade, but nothing that spans the entire TAY age range from 16 to 25.

The richest source of mental health data is about systems-involved transition age youth, particularly foster youth. Less data is available on TAY at large. Foster youth have both a higher level of need due to trauma, and have higher rates of service access due to advocacy and supervision by social workers, advocates, and the courts. It is unclear, however, how the experience of this population—for example, with regards to service outcomes—can and should be applied to the broader TAY population.



Youth In Mind members at CMHACY conference

The No Stigma, No Barriers Collaborative plans to work with MHSA and a range of partners over the next two years to continue to develop data-based analysis of the experiences of California’s transition age youth with mental health needs.

The least detailed data is about 21–25 year olds, as these young people are not often differentiated in records kept about the adult mental health system’s population. Unfortunately, this means that it is extremely difficult to understand the case- or population-level impact of the transition from the children’s system funded primarily by EPSDT, and the adult system that relies on other Medi-Cal and MHSA programs.

Currently, no government agency or other entity is charged with the specific responsibility of collecting information about the characteristics, experiences, or outcomes of transition age youth. **California’s young people between the ages of 16 and 25 straddle the children’s service system and the adult system**, and as they move from one system to the next, some of their needs change while others persist.

In 2004, at the request of Assemblymembers Manny Diaz and Marco Firebaugh, the California Research Bureau published a report, “Profile of the Young Californian (Age Group 16–24): How Has It Changed Over the Last Three Decades?”¹⁶

An updated study of this sort would be useful to transition age youth service providers and advocates as well as policymakers.

Given the lack of data about the state’s 16 to 25-year-old youth, this report makes use of existing data sources which are all imperfect for the task. **Over the coming years, the Collaborative will seek to develop additional data that can help illuminate the experiences and needs of TAY**, and will include its findings in future State of the Community reports.

PART TWO: INFUSING YOUTH VOICE AND ENGAGEMENT INTO TAY MENTAL HEALTH SERVICES

In 2016, California Youth Connection and its partners Young Minds Advocacy (YMA), Youth In Mind (YIM), and VOICES submitted a collaborative proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to facilitate transition age youth stakeholder engagement with California's mental health systems. Drawing on the partners' long histories of youth-led outreach, training, organizing, and advocacy, and deep knowledge of the state's child serving systems, the Collaborative proposed a **youth-directed program designed around elevating youth voice as a strategy to improve and transform systems.**

The Collaborative was awarded a three-year contract with MHSOAC, and, in November 2016, began building a coordinated program of TAY-stakeholder engagement, education, and advocacy activities.

The Collaborative is guided by a governance board comprised of TAY representatives as well as non-TAY staff of the partner organizations. The partners are all firmly committed to youth-led advocacy and have extensive experience working together to improve services and supports for transition age youth.

Members of the board were selected by the executive directors of the partner organizations for their experience and enthusiasm. One partner organization that does not have TAY staff referred adult staff to serve on the board, making the board intergenerational.

The youth-driven and youth-focused governance board meets monthly to provide strategic guidance and oversight

"I'm really excited about the No Stigma, No Barriers team. We're intergenerational, and that gives us a lot of different perspectives and ways to find better solutions."

—CECILIA TORRES, 21, MEMBER, NSNB GOVERNANCE BOARD & YOUTH ADVOCATE, VOICES YOUTH CENTER

on the project while the project activities are carried out largely by other staff (many of whom are TAY) of the partner organizations.

The board focused initially on creating collective identity for the project through naming, branding, and communications, and then began drafting a charter to provide operational guidance for the board and the Collaborative. Following extensive deliberation, the youth board named the Collaborative "No Stigma, No Barriers" (NSNB) to reflect their aim to end stigma towards mental illness and break down barriers to care for young people.



A meeting of the No Stigma, No Barriers Governance Board

OVERCOMING THE HARMFUL EFFECTS OF "OH, IT'S NOTHING"

When she was in high school, Cecilia Torres hit a rough patch. She found it hard to get up in the morning, she says, and when she managed to do so, she didn't want to be around anyone and found it hard to face the day. She began to miss school.

"I was very unhappy with myself and my life," Cecilia says. "It went on for a while. **I was having all these feelings and I wasn't quite sure what it was.**"



Eventually, Cecilia went to her school counselor, and opened up about her experience. Instead of counseling Cecilia or referring her to mental health services the counselor brushed her off, telling her, "All teenagers go through this." **"The counselor basically just gave me a pep talk and sent me along,"** says Cecilia. "I didn't feel like he was interested in knowing what was really wrong. It kind of felt like, 'Oh, it's nothing.' I was really discouraged."

Cecilia eventually got the support she needed, but that experience of not being heard has stuck with her and is one reason she eagerly joined the No Stigma, No Barriers Collaborative governance board. She wants every young person who experiences depression in high school to have access to a counselor who will **"actually try to see what the issue is and not just assume it's something that happens to everyone."**

Equally importantly, Cecilia says, all counselors should be knowledgeable about the resources in their community so if they can't personally help the youth, they'll be able to connect them with a professional who can. When it came time to choose a name for the TAY Mental Health Collaborative, Cecilia wanted a name to reflect the need for eliminating stigma as well as internal and external barriers to receiving help.

"There's a lot of stigma around mental health," says Cecilia, "so **youth experience barriers not only in the community but also in themselves.** I put barriers on myself—I wouldn't allow myself to seek help again because of one bad experience that I had. There are barriers in the community but also internal barriers within ourselves."

The guiding strategy of NSNB is to **infuse youth voice and engagement into TAY mental health services.**

The partners' own missions are well aligned with the goals set out for the project by MHSOAC to engage diverse communities to provide TAY-led outreach, education, training, and advocacy activities to improve the systems and supports that address the mental health needs of TAY.

With most of the partners' work centered on youth voice and leadership, the Collaborative embraces the **goal of ensuring TAY voices become central to the planning and oversight** of California's mental health system.

To ensure that California's local and statewide systems provide better and more responsive supports and services to improve mental health outcomes for TAY and their families, the Collaborative engages in local and statewide:

- **Training and Education**
- **Outreach, Engagement, and Communication**
- **Advocacy**

"It's important to note the therapeutic value of making a difference in one's community, like the work that CYC and VOICES do. **Being in service is one of the most healing things we can do.** It really helps heal trauma."

—IRIS HOFFMAN, 21
HOLISTIC WELLNESS ADVOCATE, AVP
FACILITATOR, VOICES SONOMA, FORMER
YOUTH ADVOCATE, CYC MEMBER



NSNB Governance Board members Nathan Woolbright and Mariah Corder at the Mental Health Matters Day in Sacramento in May

"There was a time I realized that the services I was getting were not providing any personal growth for myself. I went online and looked up **how to share my real story with the world.** I love to write, and I found Young Minds Advocacy and started blogging about my personal experience with bipolar disorder. **So I found a way to paint a picture of myself** that wasn't the stigmatized bipolar picture because it's really hard to get diagnosed and to start looking at things that are typically bipolar and thinking, "Wait, that's not me," and so I found a way to **stand up for myself through advocacy.**"

—SUSAN PAGE, 25, YMA BLOGGER AND CYC SF CHAPTER MEMBER

TRAINING AND EDUCATION

Our youth-led training and education activities are designed to equip TAY around the state to participate meaningfully in the planning and administration of California's mental health systems. Drawing upon the partners' many years of experience providing TAY-led training and education, the Collaborative engages, trains, and helps TAY advocate for their mental health needs.

Youth-delivered workshops, trainings, presentations, materials, and curricula for TAY are being presented in the five regions of the state: The Superior Region, Bay Area, Central Region, Southern Region, and Los Angeles. Training materials are adapted to be accessible across the full range of TAY diversity—including addressing differences in cultural norms and attitudes; intersectionality of mental health needs and services with race, class, gender, and sexuality; and the structural and cultural differences between child and adult service systems. The project partners collaborate with stakeholder and advocacy groups that focus on unserved and underserved populations to ensure all training activities are accessible to the broadest possible range of TAY.

"Too many people these days, when they talk about mental health, it is a diagnosis, a disorder, or a barrier. It is something that you have to fix—with therapy, pills, or institutions. Mental health is viewed as an individual struggle for a single person; something wrong or different about that one person.

As an Indigenous person, I feel that those beliefs about mental health are wrong. **What is labeled as a disorder or barrier is actually a tool or gift from Creator.** Often, on this colonized continent, we don't understand these gifts, but if we took the time as a people, a community, a village, we could work together to make sure that everyone's gifts are used, and that no one is made to be an isolated disorder."

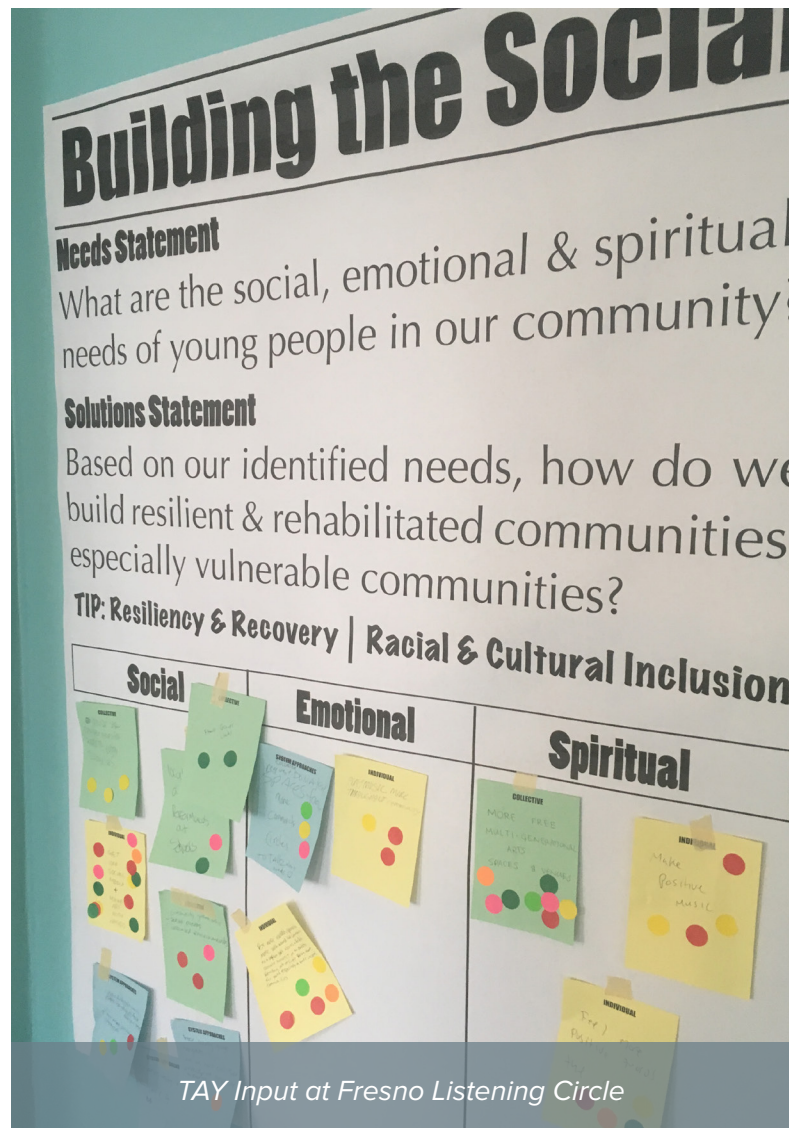
—TRISTIN SEVERNS, 19, YOUTH ADVISORY BOARD MEMBER, HUMBOLDT COUNTY TRANSITION AGE YOUTH COLLABORATION



Staff and volunteers of Young Minds Advocacy, including youth blogger Susan Page, with San Francisco Mental Health Board Members after YMA's presentation on youth voice and "No Stigma, No Barriers"

The 2016-17 NSNB trainings have so far included:

- **Listening Circle and Strategic Sharing** in the central region using Youth in Mind’s “Stomp Out Stigma” toolkit:
 - Participants at Fresno State identified signs of internal or external stigma resulting from personal experiences with trauma, and engaged in a group meditation and sharing exercise.
 - At the conclusion, several TAY participants reported an interest in learning more about how to improve and maintain their mental wellness as well as how to advocate for themselves within systems serving their needs.
- **Structure and Purpose of the California Public Mental Health System** in the southern region using “Mental Health 101” training materials from YMA:
 - Two TAY advocates were trained on this topic as well as on basic facilitation skills, and subsequently conducted a content knowledge workshop centered on the mental health system at a service provider in Camarillo. Attendees filled out system maps that illustrated the interaction between different local and state level entities involved in the delivery of mental health services.
- **How to Craft Public Narrative** workshop in the northern region:
 - TAY advocates held a workshop for TAY in Arcata to learn how to craft public narrative and develop youth-driven policy change recommendations that were later delivered to the Humboldt County Board of Supervisors.
- **The Many Faces of Youth Mental Health: Fostering Solutions, Resiliency & Hope** conference in the Bay Area region:
 - Collaborative partner VOICES, including TAY staff, presented a training that addressed intersectionality and the importance of using a client-centered approach when working with TAY and various types of mental health symptoms which may be situational or chronic/clinical. The training included ways to connect with youth and how to reduce stigma by tailoring language. Participants learned the importance of respecting TAY voice as part of the service delivery model as well as how to work in partnership with TAY to ensure they receive the mental health care they need.



OUTREACH, ENGAGEMENT, AND COMMUNICATION

Recognizing a need for broad and diverse community outreach strategies, as well as youth-led efforts to help shape the public conversation about mental health, the NSNB Collaborative has also begun conducting a series of youth-designed outreach and educational events to identify and empower young people and their supporters throughout the state. Resources for TAY will be distributed through the NSNB website at www.nostigmanobarriers.org.

The 2016-17 NSNB Outreach, Engagement, and Communication Activities have so far included:

- **Outreach Event in Kings County**

TAY advocates introduced the goals and overall vision of the No Stigma, No Barriers project to TAY and supporters and solicited their input on how the California public mental health system struggles with or succeeds at serving TAY.

- **Presentation to Humboldt County Board of Supervisors**

- Collaborative partner Youth In Mind (YIM) traveled to Humboldt County to facilitate a “Listening Circle,” a 3-hour interactive community circle combining trauma-informed principles and the eight dimensions of wellness. The goal was to create a visual map of suggested changes to the mental health system and to highlight and promote community-driven solutions.
- The youth learned the S.U.N. (Self, Us, Now) method of sharing as

“Youth are either not being heard about what they’re struggling with, or they don’t know where they can go to get any kind of help or resources relating to mental health. That’s why youth aren’t receiving the help that they need.”

—CECILIA TORRES, 21, MEMBER, NSNB GOVERNANCE BOARD
& YOUTH ADVOCATE, VOICES YOUTH CENTER

described below.

- The Story of Self (connecting their individual experience to the recommendation)
- The Story of Us (connecting their collective experiences)
- The Story of Now (based on their personal connections, exploring what action steps they can take for policy shifts)
- The listening session was followed by a “policy prep camp” the next day, in which TAY prepared to speak to the Humboldt County Board of Supervisors. They practiced strategic sharing of their personal stories within a public narrative.
- After preparing to strategically share their stories in making recommendations about the mental health system, the youth presented to the Humboldt County Board of Supervisors the following day.



ADVOCACY

Collaborative partners met in March 2017 with the California Association of Local Mental Health Boards and Commissions (CALMHB/C) and the California Mental Health Planning Council (CMHPC). CALMHB/C assists local mental health boards and commissions in carrying out their mandated functions and advocates at the state level on behalf of the county entities. CMHPC, a majority consumer and family member advisory body to state and local government, the legislature, and residents of California on mental health services in California, chose “youth and adolescents” as their issue for 2017. County mental health boards will be focusing on this issue as well, making it even more important that youth are a central voice in the conversations around the state.

In San Francisco, the MHB has chosen children’s advocacy as a priority for 2017. The Collaborative presented about youth mental health to the San Francisco MHB in March, and that board has since created a Children’s Advisory Committee. Susan Page, age 25, was appointed to a three-year term on the board in June 2017.



YMA's Annabelle Gardner, member of the intergenerational NSNB Governance Board, gives a presentation on Mental Health Boards at the CMHACY conference.

“When you have mental health issues, things can hit you ten times harder than other people. Sometimes you can’t get a hold of yourself and you feel lost within yourself. When you’re well, you feel at ease with yourself, you feel like life is good even though we all experience sorrow and pain. When you’re well, you move through it more quickly than someone who is experiencing mental health issues.”

—CHRISTINA PARKER, 22, CYC MEMBER AND STUDENT AT CAL STATE SAN BERNARDINO

JOIN US!

THERE ARE THREE WAYS TO SUPPORT THE WORK OF THE COLLABORATIVE:

1. Sign up for our email list to stay connected at www.nostigmanobarriers.org/sign-up.
2. Learn more about our MHB campaign by visiting www.nostigmanobarriers.org or by emailing info@nostigmanobarriers.org.
3. Request a training or workshop for your staff by NSNB TAY Advocates. Email info@nostigmanobarriers.org for more information.

The Collaborative’s Recommendations to the SF Mental Health Board:

- ✓ Include youth voice and participation in San Francisco’s Mental Health Board decision making processes.
- ✓ Encourage other departments and committees to do the same.
- ✓ Increase awareness about mental health resources for youth in San Francisco.

PART THREE: ADVOCACY PRIORITY: BRINGING YOUTH VOICE TO CALIFORNIA'S MENTAL HEALTH BOARDS

While only sparse data exists about the mental health needs and experiences of California's youth ages 16 to 25, certain key trends and dynamics are evident. In any given county, programs funded to provide mental health services to youth are doing so. Some counties have an abundance of services while others have one or two.

While thousands of Californians ages 16-25 receive needed mental health services, many thousands more do not. Too many youth are referred to services that are inappropriate to their needs or inaccessible geographically, developmentally, and/or culturally.

Yet no matter where a young person lives in California, they are near too few services that are appropriate and accessible. A number of organizations, including those highlighted in section four of this report, are working to change this.

When a young person is referred for treatment, often as a result of a mental health crisis, they are typically referred for “talk therapy,” often in places or at times that are inconvenient. Many of those who do manage to make it to their appointments say talk therapy does not work for them; yet, it is all they are offered.

The youth directing the No Stigma, No Barriers Collaborative apply their personal and professional experience to the questions: **What do young people need in order to thrive, and how can our mental health systems better serve them?**

“For me, the ‘sit down and talk in a dark room’ type therapy does not work. I got referred to that at least like 20 times, and I’d show up for that first session, and then just not go back.”

—MARIAH CORDER, 18
MEMBER OF NSNB GOVERNANCE BOARD

They are bringing their answers to these questions to venues around the state—to youth so they can be aware of what’s possible and share their own perspectives; to policymakers so they can help make it happen; to service providers and others who engage with young people so they can implement the bold yet simple vision of **listening to young people and providing them with individualized, culturally appropriate services they can access.**

One of the first steps toward this vision is getting more youth to more tables where decisions are made on their behalf. In fact, the Collaborative



partners hold true the notion that decisions affecting TAY should never be made “on their behalf” but should be made with and alongside TAY. To this end, the board chose as their first advocacy priority a campaign to create formalized structures within county mental health boards to allow for meaningful representation and participation of TAY in decision-making processes.


“Having different perspectives is gold. There are so many things that can be learned if you have multiple perspectives and forgotten if you don’t. When you have a roomful of adults talking about youth, they think the youth are experiencing things in a certain way, and they’re interpreting those things without a youth there to share their perspective about what it’s like to be hospitalized or be on three different medications at a young age. What is that like and how can we be more sensitive to the youth’s experience?”

—SUNSHINE HARTWELL, 23, LGBTQ YOUTH ADVOCATE, VOICES

No Stigma, No Barriers partner Young Minds Advocacy has attended the San Francisco County Mental Health Board for nearly two years. In all that time, the unique experiences and challenges specifically facing transition age youth were largely not discussed or addressed in that forum until the Collaborative presented to the board in March 2017. Since then, the San Francisco Mental Health Board has formed a Children’s Advisory Committee, and added a 25-year-old to the board.

The Collaborative partners operate from the premise that TAY should be part of any decision-making entities whose work directly impacts TAY. California has led the way in effective youth-directed policy advocacy in foster care and the impact of incarceration on families, yet TAY mental health services in most counties are still largely planned and implemented by adults. It is no surprise then these services are ineffective for many of the youth who need them and who experience poor outcomes in education, employment, and relationships as a result. County mental health boards (MHBs) are responsible for championing their local community’s mental health needs with their local boards of supervisors, which make local determinations about funding. Behavioral Health Directors often attend their local board of supervisors’ meetings.

Increasing Youth Presence + Power on California’s Mental Health Boards | CMHACY May 2017



Each county in California has a **Mental Health Board (MHB)** that serves as a community-led hub for mental health. MHBs are responsible for reviewing and evaluating a county’s mental health needs, services, facilities, and challenges. *Welfare & Institutions Code 5604(a)(1).*

What does a MHB do? Mental health boards influence and impact policy and decision-making around mental health: Each MHB advises a county’s Board of Supervisors and the Behavioral Health Director on local mental health programs, issues, and treatments. Overall, MHBs must advocate for their community’s mental health needs as an official body working toward an accessible, appropriate and effective mental health system. Meetings are open to the public.

Who can sit on a MHB? Each county’s Mental Health Board typically consists of 10 to 15 members. Under the law, MHBs must represent their county’s mental health community in a culturally competent, diverse, and consumer-focused way: At least half of a county’s MHB members must be current or former mental health consumers, or, a current or former consumer’s parent, spouse, sibling, or adult child.

How did MHBs start? MHBs were first created in 1957 through the Short-Doyle Act, when the State of California shifted the responsibility for providing mental health care from a state to county-based system.

THE STATE OF YOUTH VOICE AND POWER ON MENTAL HEALTH BOARDS

Across California, only a handful of counties have institutionalized youth-focused representation. Fewer still have a youth or Transition Age Youth (TAY) member. Without adequate youth voice, MHBs lack creative, bold, essential youth representation – and, young people miss out on key opportunities to promote change, growth, and improvements to their community’s mental health system.

Barriers to Youth Voice:

- Meetings occur during the work or school period.
- Meeting content and format are not youth-friendly and lack youth perspective.
- Young people lack support to navigate the MHB structure and procedures.

Strategies for Youth Inclusion:

- Petition your MHB to host meetings that work with a young person’s schedule.
- Join your MHB Children’s committee, or, if your county doesn’t have one, advocate for its formation.
- Find out when and where your local MHB meets, and how to get children’s issues on the MHB agenda.
- Identify allies within your community to join the call for greater youth voice.
- Encourage youth to be Board MEMBERS!

Representation is POWER.

DOES YOUR COUNTY HAVE A CHILDREN’S ADVISORY BODY?
Not many of California’s 58 counties do. Alameda, Fresno, Humboldt, Kern, Riverside, Santa Clara, and Ventura have Children’s Advisory Committees.

What else can YOU do to increase youth voice within your Mental Health Board? Turn the page!

Flyer presented by the Collaborative at the May 2017 CMHACY conference to promote the Mental Health Board Campaign. The Collaborative will continue to build upon messaging from events such as CMHACY as it deepens its MHB advocacy. While this flyer was circulated as part of NSNB advocacy, the San Francisco Mental Health Board formed a children’s committee.

TRUSTING YOUTH TO HELP BUILD THE SYSTEM

“Under the current statutory scheme for MHBs, California counties are not required to have a youth representative seat, though they are required to have seats for consumers, family members, and public interest. Youth applicants, therefore, must compete with adults for appointment to one of the existing categories. It is thus unsurprising that, even when youth apply to be on a MHB, the County Supervisors instead appoint adults for that seat. This is troubling. **For years I have heard counties, providers, and advocates all encourage youth representation in the local mental health planning process, but there has been no effort to translate this rhetoric into reality.**

When a young person speaks in a meeting, or on a board largely governed by older adults, an aroma of cynicism sometimes overtakes the room. Eyes roll, cell phones emerge, and people disengage. This is not an atypical problem at meetings, but it seems a constant occurrence when youth speak in these settings. **Adults, including myself, sometimes think we know everything, and we perceive youth as inexperienced.** This assumption is often incorrect, which is particularly evident in considering youth who may serve on the MHBs. For example, an eighteen-year-old Transition Age Youth (“TAY”) may have only have eighteen years of life experience, but if they spent those entire eighteen years in foster care, would that not make them an expert on children’s experiences in the Child Welfare System? I suggest it does. That lived personal experience is invaluable to the creation of systems, programs, and policies. This voice of experience is currently absent in the decision-making process in almost all California counties.

I believe that youth voices in decision making are lacking because there is general distrust of the youth perspective. Decision makers often overlook the value in having youth at the table. In some cases, people will purport to value the youth perspective, but will tokenize the youth voice. Tokenization occurs when one youth attends a meeting, someone says, “look we have youth participation,” and the room bursts into applause because a single youth is in attendance. Such tokenization does not actually value or integrate the youth voice, but is rather perceived as patronizing, demeaning, and condescending. **Resolving these problems begins by valuing the youth perspective and by trusting youth to be experts on youth-related issues.** California’s public mental health system currently serves children, youth, and adults; yet, youth are not involved in the creation of the system that serves their population. Then, when youth are critical of the system that has dismissed their input, they are frequently scorned for their criticism. On one hand, youth are told to trust the system to fulfill their mental health needs. On the other hand, youth are not trusted with positions that would allow them to provide meaningful insight about the system. Trust is a two-way street; if you want youth to trust the public mental health system of care, begin by trusting youth to help build that system.”

Excerpt from a written statement by Matthew Gallagher, 27, District 3 Consumer Representative, Sacramento County Mental Health Board

Despite their capacity to drive change, most of the state's MHBs lack institutionalized, meaningful youth participation.

Established in 1957 to give mental health consumers the opportunity to provide insight to decision makers, California's county mental health boards by and large do not currently include or reflect the voices of transition age youth despite the fact that TAY make up a sizable portion of the consumer base in any county. According to the [Welfare and Institutions Code Section 5604.2](#), "fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services."

Yet out of all the MHB's in California—one in every county plus a few additional boards in cities such as Berkeley—it appears only two currently have TAY members. (Just before this report was completed, the San Francisco Mental Health Board added a TAY member.) A few others have children's or youth committees but no seated TAY members. Thus, in nearly all of California's 58 counties, **youth voice is absent from decision-making processes that impact the funding, quality, and focus of their mental health services.**

With CMHPC having chosen "youth and adolescents" as their issue for 2017, as noted above, there appears to be a growing willingness and even desire among MHBs to engage with youth. Thus, now is an opportune time to amplify



youth voice to shape systems and hold them accountable.

Having TAY seated on the MHBs brings greater value to the decision-making processes because it brings a perspective that does not yet exist at those tables. Other members will no longer have to put themselves "in the shoes" of a TAY, or hark back a few decades to their own transition age years when discussing TAY mental health needs and services because those shoes will already be filled.

"I noticed that there was a gap within mental health services just because of how hard it was for me to find a pathway that wasn't just therapy or prescription medications and instead was more about finding out how you want to live in this world, and the way you want to take care of yourself, and just bringing more awareness and education to it. That wasn't really present while growing up in the system. So I found that becoming a health and wellness advocate gave me the opportunity to bring that awareness and mentorship and the ability to teach others to find their way to a method of self-care. Because if you can take care of yourself even after aging out—that's ultimately what we would like to help people do.'

—ANGELICA DE LA TORRE, 22
ALCHEMY HEALTH AND WELLNESS YOUTH ADVOCATE, VOICES

Goals of the No Stigma, No Barriers Mental Health Board Campaign include:

- **First:** To get a structured, meaningful process in place to involve TAY on MHBs where they're not already involved.
- We will use the models of the MHBs that have youth seated on their boards or have children's or youth committees that involve youth somehow. The overarching goal is to make sure that TAY are involved in these MHBs—not just brought in to make a presentation but embedded into the framework, ideally seated on the board. Second best would be having a youth committee that meaningfully involves youth.
- **Second:** To ensure authentic engagement of TAY on these boards.
- Because TAY have not been part of these structures, the structures are typically not prepared to draw the value out of TAY participation. Once TAY do get a seat at the table, they should be treated as equal participants who provide value and get value from their participation in the same way that the other members do-- in a way that isn't tokenizing. To this end, the Collaborative will embark on an education campaign with the MHBs about authentic youth engagement, drawing in large part on this very sort of work that CYC has been doing for its 30-year history.
- **Third:** To create and provide resources for counties who want to bring TAY onto their boards.
- An offshoot benefit is that the TAY who are involved can teach the skills they learn to their peers and encourage them to get involved with civic engagement.

Several MHBs appear eager to bring TAY on as members but whether that is true throughout the state remains to be seen. How many boards bring TAY on and how authentically they want to engage youth also remains to be seen. The Collaborative will periodically assess the success of the campaign, and may need to consider

"The effect of untreated mental illness is huge. It's suicide. Not having hope or empowerment, thinking that you are just the way you are forever and you're doomed. I was there at one point. I started spiraling down. I was in a pretty good place—employed in a good position but because my mental health wasn't being taken care of the way it should have been, I lost my hope and spiraled into a depression. It was really, really hard to build myself back up to the point where I could feel like I could handle what was going on in my life. **Leaving it untreated is so unfair to young people because everybody that has a typical family gets the opportunity to learn how to maneuver through school and through life's challenges, and their parents are there for them.** It's not fair to leave it up to us to learn how to maneuver through a world we're so unfamiliar with, especially when things come up and it gets challenging for us, and we don't know why. **It's like an invisible threat** that you have to figure out some way on your own even though you don't have the experience to do it or the mentorship to learn how."

—ANGELICA DE LA TORRE, 22
ALCHEMY HEALTH AND WELLNESS YOUTH
ADVOCATE, VOICES

advocacy to standardize the process for including TAY consumers on the MHBs.

What will success look like? Ideally over time, all MHB's will meaningfully include TAY on their MHBs or will be moving toward doing so, either through seats on the board or other meaningful engagement through youth committees. It is equally important that these TAY report feeling meaningfully involved and not tokenized. The partners' past experience predicts that this step will take longer, and involve ongoing education.

SUPPORT FOR GETTING BACK INTO LIFE

Although she didn't know what to call it at the time, Susan Page began having symptoms of bipolar 1 disorder when she was 13 years old. Now 25, Susan was 22 before she was diagnosed, and it took a "huge manic episode and suicidal ideation" to land her in the hospital, where she finally received a diagnosis and a referral to therapy.



Susan found therapy helpful for learning "how to deal with personal problems that come up with your disorder," she says, "but **there's not much support for getting back into life after your diagnosis.**" What's needed, says Susan, especially for transition age youth who are just gaining their footing in independence, are **connections to education and employment.**

"After my diagnosis at 22, I got talk therapy and group therapy that taught me how to deal with being bipolar," says Susan. "But the services I got gave me no support to get back into life, which was really dependent on getting back to school and getting my confidence back, and simple things like how to get a place to live and do money management."

While therapists often make recommendations about school or work, Susan says young people need their therapists to help them make those connections. Susan shared this with the San Francisco Mental Health Board during a presentation with No Stigma, No Barriers. "I told the mental health board there really needs to be a connection to life skills," she says. "There's not a holistic approach to recovery for young people. **The goal of talk therapy is to get you stable, and I don't think they should leave you hanging there. There should be more advocating for the patient.**"

Of the SF MHB, Susan says, "I saw in that meeting that there is a push to have those services available to young people, and they just don't know how to present those services and get them to young people."

Susan applied for a position on the San Francisco Mental Health Board so she can continue to advocate for more holistic services to help TAY with mental health needs "get back into life." On June 30, 2017, Susan was appointed to serve a three-year term on the San Francisco Board (Seat 1, District 11). With her appointment, Susan joins a small but growing cohort of youth advocates from Humboldt and Sacramento counties currently serving on their local boards. In expanding the MHB campaign and growing collaborative partnerships, members of No Stigma, No Barriers will work to ensure that successes like Susan's are duplicated across the state.

PART FOUR: CALIFORNIA'S YOUTH-LED MENTAL HEALTH ORGANIZATIONS

California has been a leader in developing organizations led or influenced by transition age youth. Lead partner CYC was founded 30 years ago by a group of transition age youth who had experienced the foster care system. Partners VOICES and YIM have many years of experience as well in youth-led advocacy, training, education, and outreach. Arising out of the call to decide “**nothing about us without us,**” these and other TAY-led organizations have transformed transition age youth services throughout our state, and provide a model for others.

The Collaborative is looking at the **activities and roles** of public and private mental health organizations throughout the state that are either youth-led or meaningfully integrate youth voice into their governance, planning, and/or administration. **In this section, we highlight some standout organizations, several of which were founded by youth and continue to be led by youth, and all of which meaningfully involve youth in their governance and/or operations.** The list is not exhaustive but is intended to provide an instructive look at what makes TAY-led organizations tick.

Young people who have participated in TAY-led organizations indicate that programs operate best when they provide a youth-friendly drop-in environment, supports provided by TAY peers both on site and in the community, and connections to employment, housing, and other supports. Common offerings include wellness and recovery support, mindfulness, life skills, and support groups. These organizations draw TAY who have not typically accessed services through the traditional clinic system.

“TAY should be viewed as a unique culture, therefore having a unique set of needs. Systems of care and their providers must **tailor approaches and services in ways that support young people’s needs and their development** as they transition into adulthood. This can only be done by respecting and fostering young people’s culture, goals and hopes for the future.”

—NATHAN WOOLBRIGHT, MEMBER, NO STIGMA, NO BARRIERS GOVERNANCE BOARD, YOUTH IN MIND CLINICAL SERVICES TECHNICIAN II, STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

A scan of these organizations reveals **a number of valuable attributes:**

- Youth on staff
- Youth involved in hiring of other staff
- Youth peer support
- Youth on governance boards
- Youth involved in the planning of the organization, ideally even having founded it

In the coming years, the Collaborative seeks to partner with youth-led organizations around the state on all of our advocacy initiatives. In addition to those highlighted here, the Collaborative has identified a number of other youth-led projects addressing TAY mental health needs, and we look forward to collaborating with as many of them as possible. We also look forward to documenting their strategies and successes, and helping this vital part of the community advocate for what they need to be most impactful.

Know a TAY-led organization engaged in mental health work or a model we should know about? We’d love to connect! Find us at www.nostigmanobarriers.org or email info@nostigmanobarriers.org.

NATIONAL ORGANIZATIONS WITH CALIFORNIA PRESENCE

TEENZTALK

www.teenztalk.org

Let's create a global teen community where we share our experiences, inspire each other to chase our unique ambitions, and embrace the valuable growth that stems from facing difficulty. We focus on teen mental health and wellness, harnessing peer connections as a source of strength. Our vision is of a world where teens join together, start conversations, and tackle new challenges to better society, while embracing the contagion of happiness and compassion.

Programs/Services

- Online teen forums; advocacy campaigns
- Resource sharing



YOUTH MOVE



www.youthmovenational.org

The mission of Youth 'Motivating Others through Voices of Experience' (M.O.V.E.) National is to work as a diverse collective to unite the voices and causes of youth while raising awareness around youth issues. We will advocate for youth rights and voice in mental health and the other systems that serve them, for the purpose of empowering youth to be equal partners in the process of change.

Programs/Services:

- Youth leadership and personal development
- Youth program and chapter development
- Youth voice in systems change and quality improvement
- Development of formal and informal youth peer support



founded
by youth



youth
on staff



youth
on
board



youth plan, direct or implement
programs/services, including
advocacy

NATIONAL ORGANIZATIONS WITH CALIFORNIA PRESENCE

MENTAL HEALTH AMERICA OF CALIFORNIA

www.mhac.org

The mission of Mental Health America of California is to ensure that people of all ages, sexual orientation, gender, ethnicity, etc. who require mental health services and supports are able to live full and productive lives, receive the mental health services and other services that they need, and are not denied any other benefits, services, rights, or opportunities based on their need for mental health services. Through advocacy and education we strive to achieve these goals.

PROGRAMS INCLUDE:

CALIFORNIA YOUTH EMPOWERMENT NETWORK (CAYEN)

<http://ca-yen.org/>

The California Youth Empowerment Network (CAYEN) was formed to develop, improve and strengthen the voice of Transition Age Youth (TAY) in local and state-level policy. CAYEN's mission is to empower TAY to be leaders in community and mental health system transformation and to create positive change through the promotion of culturally appropriate supports, services and approaches that improve and maintain the mental health of California's TAY. CAYEN envisions a community in which Transition Age Youth in need of mental health services have access to resources and supports so they can lead self-fulfilling lives and be contributing members of society.

CAYEN influences policy and legislation by engaging youth and young adults from across the state. We engage in policy discussions and participate in state level committees to ensure youth voice and youth needs are included in all policy decisions around mental health services for TAY. We also empower and train youth to advocate within their local communities. Our active 100% TAY Board members are also actively involved in their local communities, by working in mental health agencies, engaging in their county stakeholder process, and chairing TAY mental health policy groups.

Programs/Services:

- Training and education
- Personal advocacy
- Legislative advocacy program development
- Technical assistance
- Youth leadership development



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LARGE NONPROFITS

CALIFORNIA YOUTH CONNECTION

www.calyouthconn.org

California Youth Connection (CYC) is a statewide organization comprised entirely of youth ages 14–24 with direct experience of our state’s foster care, mental health, and juvenile justice systems. CYC facilitates youth-led organizing, education, and advocacy, providing a transformational experience of community and individual empowerment. CYC develops leaders who empower each other and their communities to transform the foster care system through legislative, policy, and practice change. Our vision is that foster youth will be equal partners in contributing to all policies and decisions made in their lives. All youth in foster care will have their needs met and the support to grow into healthy and vibrant adults.



Programs/Services:

- Youth development and leadership
- Trainings and sharing of best practices
- Outreach and community education
- Statewide and local advocacy

NO STIGMA, NO BARRIERS PARTNER



“CYC is most successful when youth are at the center of identifying issues and creating solutions for legislative, policy, and practice transformation.”

—HAYDÉE CUZA, EDD, EXECUTIVE DIRECTOR

TAY TUNNEL

www.pacificclinics.org

The TAY Tunnel, developed and run by peers, provides a drop in young-adult friendly environment for those who have experienced mental health and/or substance abuse issues.



Supports are provided by peers and offer resources to community supports. The program is a portal for service access, by offering supports commonly utilized by young adults with a serious mental illness without the pressure of enrolling in services. It is located in Oxnard, Ventura County, and outreaches to underserved TAY throughout the county, offering an array of on-site supports and referrals to TAY who historically have not accessed services through the traditional clinic system. The TAY Tunnel also provides supports for TAY as they transition out of other mental health programs on their journey of wellness and recovery.

Programs/Services:

Weekly classes are offered including: wellness and recovery; mindfulness, life skills, physical wellness, diversity and awareness; parent education and support groups. The TAY Tunnel empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment. By creating stepping stones to independent living, we can all light the path to happier and healthier lives.



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LARGE NONPROFITS

PEERS

www.peersnet.org

Peers Envisioning and Engaging in Recovery Services (PEERS) is a diverse community of people with mental health experiences. Our mission is to promote innovative peer-based wellness strategies. We create culturally-rich, community-based mental health programs that honor diverse experiences and eliminate stigma and discrimination.

We envision a world where people can freely choose among many mental health options that address the needs of the whole person. We see a future where people with mental health experiences are valued for their essential contributions to society.

Located in Alameda County, PEERS delivers wellness tools through peer-led support groups and workshops. We are mental health advocates working to eliminate discrimination.

Programs/Services:

- Transition Age Youth (TAY) Leadership Program
- Speaker's Bureau
- Wellness Recovery Action Plan® or WRAP®



VOICES

www.voicesyouthcenter.org

Located in Sonoma and Napa Counties, VOICES' mission is to empower



underserved youth, ages 16-24, by utilizing holistic services throughout their transition from systems of care, while building a loving community and establishing a solid foundation for a healthy future.

A program of On the Move, VOICES' innovative Youth-Engagement Model focuses on empowering each youth, integrating resources and services, and working with the entire community to address the barriers that youth face as they leave various systems of care. VOICES youth are not only recipients of social services, they are active leaders in supporting their peers, guiding the evolving vision of program delivery at each site, conducting capacity building to enable growing numbers of social service agencies to become "youth-friendly," and advocating to the community at large to listen and respond to youth voice.

Programs/Services:

- College and career exploration and readiness
- Housing and independent living skills
- Health and wellness
- Youth leadership and advocacy

NO STIGMA, NO BARRIERS PARTNER



"VOICES is most successful in our work with TAY when we ensure that all the services we provide support the ultimate goal of VOICES which is to make sure that every young person believes they are capable, lovable, and worthy."

—AMBER TWITCHELL, DIRECTOR OF VOICES



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SMALL NONPROFITS

When is your organization most successful in its work with TAY? “When we allow the people we serve (TAY) to direct and guide the conversation, using creativity and art as means of exploration and collaboration.”

—CARY MCQUEEN, FOUNDER & EXECUTIVE DIRECTOR OF ART WITH IMPACT

ART WITH IMPACT

www.artwithimpact.org



Art With Impact has a powerful mission: to promote mental wellness by creating a space for young people to learn and connect through art and media. We are committed to a future where artists are revered as cultural icons of courage and change, enabling young people to communicate freely and fearlessly about their mental health.

Programs/Services

- Art-based, interactive workshops facilitated at high schools, colleges, and universities in the U.S. and Canada.
- OLIVE, the world’s most diverse library of short films about mental health, grows every month through an online film competition juried by TAY, filmmaking professionals, and mental health workers.



RESILIENT WELLNESS

www.resilientwellness.org



The mission of Resilient Wellness is to end multigenerational trauma and advance holistic health through policy advocacy, service delivery and health education. We envision a world where all beings can experience a fulfilling and healthy life free of trauma and have access to practices that heal them. Our program focuses on school age and TAY youth.

Programs/Services

- We provide access to culturally relevant mental health services in order to help participants understand historical events as a causative factor for their present day mental health challenges.
- We also provide access to workforce development for TAY who want to become health practitioners.



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youth on board



youth plan, direct or implement programs/services, including advocacy

SMALL NONPROFITS

RYSE CENTER

www.rysecenter.org

RYSE is a youth center born out of the organizing efforts of Richmond and West Contra Costa County young people who were determined to create safe spaces for themselves and their peers. RYSE creates safe spaces grounded in social justice that build youth power for young people to love, learn, educate, heal, and transform lives and communities.

We envision a movement led by young people that ensures dignity for youth, their families, and communities. We envision youth and adults working together in partnership to hold all public systems and the private sector accountable to serving the community and not exploiting its people. We envision communities where equity is the norm and violence is neither desired nor required, creating a strong foundation for future generations to thrive.

Programming at RYSE is anchored in the belief that young people have the lived knowledge and expertise to identify, prioritize, and direct the programs, activities, and services necessary to benefit their well-being.

Programs/Services:

- Community health and wellness
- Education and career
- Media, arts, and culture
- Youth justice
- Youth organizing and leadership



YOUTH IN MIND

www.yimcal.org

Founded and steered by youth affected by the mental health system, Youth In Mind (YIM) improves the lives of young people, ages 12–28, impacted by the mental health system through education, advocacy, and collaboration. “Nothing About Us, Without Us.” Youth In Mind envisions a mental health system that involves youth in decision making on individual, as well as local, statewide, and national policy levels, to provide all youth with developmentally appropriate psycho-education, empowerment, alternative health care, and peer support services. Youth In Mind members participate in multiple levels of leadership and advocacy.

Programs/Services:

- Leadership summits
- Mental health conferences
- Local advocacy activities



NO STIGMA, NO BARRIERS PARTNER



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SMALL NONPROFITS

THE EPICENTER

www.epicentermonterey.org

The Epicenter exists to empower at risk and system involved youth ages 16-24 to flourish by connecting them to community resources that provide opportunities for equity and hope in order to improve youth outcomes in Monterey County. The Epicenter is a replication of the VOICES centers in Napa and Sonoma Counties. We are a youth led and youth-run organization that works towards empowering at risk youth by providing them with a one-stop resource center. One of the ways we are able to provide multiple resources is by having co-located staff on site. Co-located staff are employees of other agencies that provide their services at our center. We provide the connection to resources like housing, education, employment, and mental/physical health and wellness.



Programs/Services:

Support with:

- Housing
- Education
- Employment
- Health and wellness



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FOR-PROFIT ORGANIZATION

VALLEY STAR COMMUNITY SERVICES ONE STOP TAY CENTER

www.starsinc.com/valley-star-behavioral-health/one-stop-tay-center

Located in Yucca Valley, the TAY One Stop, a program of Stars Behavioral Health Group, helps young adults ages 16-25 focus on their goals for employment and career, community life functioning, educational opportunities, and living situations. Amenities like showers, laundry, phone and internet services are also available on site. In addition to a staff of licensed and experienced professionals, the One Stop TAY Center employs peer mentors who are dedicated to helping other young people become confident and independent.



Programs/Services

- Community living skills
- Recovery from substance abuse
- Feeling empowered in their lives
- Developing supportive relationships
- Identifying and accessing community resources
- Obtaining and maintaining safe, stable housing
- Employment and career goals



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PUBLIC ORGANIZATIONS

THE HUB

www.fcsfosteryouth.org

The Hub is a youth-led and organized community in Santa Clara County, dedicated to supporting current and former foster youth, ages 15-24, by providing a safe, welcoming center where foster youth feel a sense of belonging, empowerment, and are offered a variety of services by their peers and other caring community members. Our vision is that because of The Hub, youth experience growth and empowerment in a place where they feel safe and are encouraged to accomplish their goals so that they have the confidence to become youth leaders. The community and system will value and be committed to youth and adult partnerships promising support, services, resources, connections, and a safe and welcoming atmosphere where doors are always open.

Programs/Services

- Wellness/mental health counseling
- Education, employment, housing
- Independent Living Program (ILP)
- Legal services
- Shower, washer/dryer



HUMBOLDT COUNTY TRANSITION AGE YOUTH COLLABORATION

www.humboldt.gov/542/Transition-Age-Youth-Programs

Humboldt County Transition Age Youth Collaboration (HCTAYC) is a youth engagement program for transition age youth, ages 16-26, created to improve county services by empowering youth who currently or formerly depended upon these services to provide thoughtful feedback directly to service providers. HCTAYC works to empower youth because it understands young people are experts in the systems that impact them, and this expertise is vital in system transformation. HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy, community engagement, and wellness. HCTAYC provides training to youth, staff and community partners related to more effectively engaging youth and developing youth-informed approaches.

Programs/Services:

- “Open Space” hours are available to meet the staff and/or schedule an appointment with TAY Behavioral Health, ILS, HCTAYC, our TAY partners/peer mentors, vocational counselor or an alcohol or other drug counselor.



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SCHOOL-BASED ORGANIZATION

NAMI ON CAMPUS

<http://www.nami.org/Get-Involved/NAMI-on-Campus/NAMI-on-Campus-Clubs>

NAMI works to keep family safety nets in place, to promote recovery and to reduce the burden on an overwhelmed mental health care delivery system. The organization works to preserve and strengthen family relationships challenged by severe and persistent mental illness. Student-led, student-run NAMI on Campus clubs work to end the stigma that makes it hard for students to talk about mental health and get the help they need. Clubs hold creative meetings, innovative awareness events, and signature NAMI programs through partnerships with NAMI State Organizations and Affiliates across the nation.

NAMI on campus programs are located in California at: California State University, Channel Islands; California State University, Los Angeles; California State University, Monterey Bay; California State University, Sacramento; California State University, Stanislaus; Chaffey College; De Anza College; East Los Angeles College; MiraCosta College; Modesto Junior College; Moorpark College; Santa Clara University; University of California, Berkeley; University of California, Davis; University of California, Los Angeles; University of California, Merced; University of Southern California; West Valley College, Saratoga.



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WHAT DO PROVIDERS NEED TO KNOW IN ORDER TO SUPPORT YOUTH IN AUTHENTICALLY YOUTH-LED WORK?

“One of the first things I tell people is that **this is hard work!** It is not fair or realistic to expect to be able to just hand a young person a leadership role without truly supporting their growth and development as a leader. I think there’s a misconception in the youth-led field that you can just jump into the work with no preparation or special training, and that’s not true. **It takes planning and it takes a commitment to program development like no other I’ve seen before.**

In truly supporting youth led services, we are obligated to provide the necessary coaching and the willingness to engage in really hard conversations with young people. To do it right, you have to be able to share power with young people. I wish more people could understand what authentic youth engagement and leadership looks like and understand that it’s not something that you just do. **It’s something that you live.** It’s something you design your entire agency around because it takes that level of commitment”

—AMBER TWITCHELL, DIRECTOR OF VOICES

WHAT DOES THIS WORK LOOK LIKE WHEN IT'S TRULY RUN BY YOUNG PEOPLE?

"Honestly, it's a beautiful thing because you have this group of young people who are on fire and super passionate. Everybody at the Epicenter wants to make some kind of change. We're all a little different. I'm more focused on foster care and systems involved youth, my coworker is focused on LGBTQ youth, and other colleagues have different focuses, but overall our main focus is to give other youth opportunities in the community to flourish and grow and take control of their lives. **So it looks beautiful. It's passion.** It can definitely be messy, too, because the coworkers are youth so they have baggage and things that they're working through, but it's even better because of that—I often see they use that to push them.

Epicenter is youth led and youth run. All but two of the Epicenter staff members are younger than 25—only the executive director and the program manager are older. **We hire, we fire, we plan programs—we decide what programs we want and what that's going to look like.** The center is our center. And that's really unusual because often in organizations youth aren't really heard because there's a hierarchy, and the older you are, the more prestigious you are, so youth are overlooked. They're not taken seriously. But that's the difference with the Epicenter. Just like CYC, the youth are at the forefront, and that's awesome. I was a member of CYC before I worked at the Epicenter, and CYC showed me that: I'm young but my words still matter. Now in my work at the Epicenter, when I have something to say, I'm going to say it."

**—SUMMER RAE WORSHAM, 22, YOUTH ADVOCATE,
THE EPICENTER & CYC MEMBER**



CONCLUSION

The over five million Californians between the ages of 16 and 25 deserve to have access to the mental health supports and services they need in order to thrive during these years of great neurological, emotional, and social development. As they transition from adolescence to adulthood, many of them will develop mental health conditions that threaten to disconnect them from vital relationships as well employment and education. Stigma about mental illness may prevent them from seeking help, and at the same time, internal and external barriers to accessing services may hinder them.

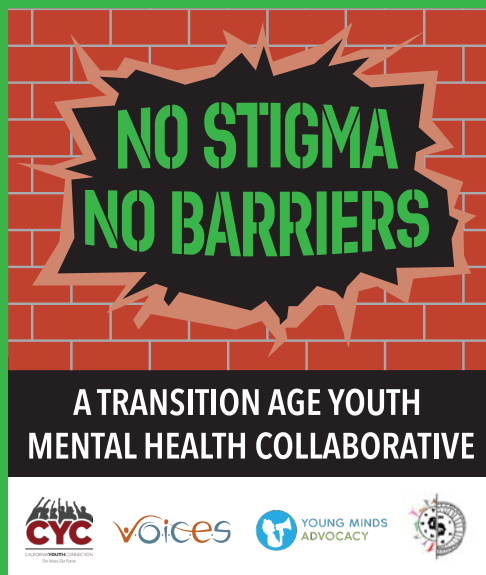
Over the course of the three-year project, the No Stigma, No Barriers Collaborative aims to ensure that California's local and statewide systems provide access to high quality, responsive supports and services to improve mental health outcomes for these young people and their families. Drawing upon the personal and professional experience of the young people leading it, the Collaborative will elevate youth voice and engagement in mental health services planning and delivery locally and statewide. The Collaborative looks forward to joining other TAY leaders around the state in advocating for the supports they know to be effective in helping young people with mental health needs "get back into life."

"You need to know who you are.
You need to know what you can do in life.
Having that, or not, really determines your future."

**—SUSAN PAGE, 25 YMA BLOGGER
AND CYC SF CHAPTER MEMBER**

ENDNOTES

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www.nostigmanobarriers.org