

2021

State of the Community Report
Transitional Age Youth



“Healing Through Generations”



TABLE OF *CONTENTS*

Word Bank	2
Project Logos	3
Acknowledgements	4
About the California Youth Empowerment Network	5
Executive Summary	7
#StopAAPIHate	9
Overview of The Project	13
First Year-Local Level Advocacy	17
Second Year-Local Level Advocacy	20
Local Level Events	22
County Level Advocacy	23
TAY Days at The Capitol 2021	31
State of Transitional Age Youth	33
Table 1. Report Card - 7 Negative Outcomes of Mental Illness	35
California Youth Empowerment Survey	42
Overview of the State of TAY	13
Access	14
California Youth Empowerment Survey	16
Mental Health Issues	43
Barriers to Access	46
Identified Needs and Youth-Driven Solutions	50
Summary	55
Data Source and Data Landscape	57
References	60

Word Bank

BIPOC

Black, Indigenous, and People of Color

CAYEN

The California Youth Empowerment Network , a program of Mental Health of California

LGBTQIA+

Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersex, Asexual, and Ally Community

LGBTQ-IA2S+

Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify

LLAG

Local Level Advocacy Groups that CAYEN worked with during year one of the project

MHSA

Mental Health Services Act was Passed by California Voters in 2004, funded by a one percent income tax on personal income of \$1 million or more per year, designed to expand California's behavioral health system

MHSOAC

The Mental Health Services Oversight and Accountability Commission, oversees the implementation of the Mental Health Services Act

TAT

TAY Action Teams that led advocacy efforts in their local communities

TAY

Transitional Age Youth; is a term used to represent all young people between 15-26 years old

1st Year:



2nd Year:



Acknowledgements

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

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

CAYEN is grateful to the many TAY across California who served in a variety of capacities throughout the project. CAYEN thanks the numerous TAY who collaborated on the state-wide advisory committee throughout the year to advise CAYEN on specific TAY voices and topics to include in the state-wide advocacy event and who designed the event slogan, "Healing Through Generations." CAYEN also thanks Psypher LA and All Children's Thrive (ACT) Initiative University of California at Los Angeles for joining the CAYEN advocacy team as CAYEN transitioned to online platforms in response to COVID-19 and in response to the TATs unique needs created by COVID-19. CAYEN appreciates Psypher LA for collaborating on community empowerment workshops and ACT for collaborating on training and bringing community-based participatory research, through the creation of multimedia voice pieces, to the project. CAYEN also thanks each CAYEN Board Member for their continued leadership, expertise and participation throughout the entire project, including state-level advocacy to better the mental health and well-being of TAY across California, specifically Senate Bill (SB) 224 (State Senator Anthony J. Portantino) *Pupil instruction: mental health education*, and for supporting in the design and implementation of "TAY DAYS at the Capital: Healing Through Generations."

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

About



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

CAYEN engages the voices of youth in policy through outreach and education. CAYEN's all youth-board is made up of driven individuals who have lived experience with mental health, juvenile justice, or foster care systems. The CAYEN board members' lived experience and expertise fuel their advocacy to influence change among mental health policy and decisions affecting TAY. CAYEN's mission is to create community and mental health system transformation through youth-leadership and to promote culturally appropriate supports, services, and approaches that improve and maintain California TAY's mental health.

State-Level Partners:



REMHDCO
Racial and Ethnic Mental Health Disparities Coalition

Project Logo:



Executive Summary

CAYEN uplifts youth voices in mental health systems change.

In its second year, CAYEN continued engaging and uplifting youth voices through the Transitional Age Youth (TAY) grant awarded in 2019 by the Mental Health Services Oversight and Accountability Commission (MHSOAC) of California.

In 2021, amidst the second year of the Coronavirus SARS-COV2 (COVID-19) Pandemic, youth persevered in pursuit of better mental health outcomes for transitional age youth in California alongside CAYEN. In addition to continuing work in ***San Francisco, Santa Barbara, Sacramento, Monterey, and Los Angeles counties***, CAYEN partnered with youth from four new local level advocacy organizations (LLAG) in four additional counties in California:

Butte, Humboldt, Orange, and Sacramento

to identify mental health needs and advocate for youth in these

“Mental health needs to be brought to the forefront in conversations about health and wellness in schools and to connect students to potentially life-saving resources.”



Zofia Trexler,
CAYEN Board Member

counties and statewide. Advocacy goals for these new partners included the creation of a youth center for Native American youth, resources for Slavic youth in schools, peer support and mentorship program for Hmong youth, implementation of California’s Peer Certification Program on high school campuses, and the passage of a mental health education bill in California, *Senate Bill (SB) 224 (State Senator Anthony J. Portantino) Pupil Instruction: Mental Health Education*. SB 224 (Portantino) Pupil Instruction: Mental Health Education was successfully signed into law by Governor Newsom on October 8, 2021 and youth continue to organize around advocating for mental health resources for their communities.

Through youth-led advocacy, CAYEN and the LLAGs continue to demonstrate the power that youth have to generate systems change and improve well-being in their communities.

#StopAAPIHate

The COVID-19 pandemic has been a challenging time for so many reasons- sickness, fear, isolation, loss of support systems, and the magnifying effect that it has had on the inequities that exist in our communities. For the Asian American Pacific Islander (AAPI) community, the pandemic fueled and magnified the impact of racism and anti-Asian sentiments across the United States. After COVID-19 was first detected in Wuhan, China, an onslaught of harmful media and rhetoric was targeted towards Chinese people. Political leaders like former president Donald Trump referred to the virus as the 'Chinese Virus,' 'Wuhan Virus', or 'kung flu,' which contributed to a harmful narrative that Chinese people were responsible for causing the pandemic.¹ These types of narratives hurt not only people of Chinese descent, but continue to amplify discrimination against AAPI communities across our country.

"I hope to see more unity within my community so that we can approach our needs and develop a plausible solution together." - Pachia Vang (Hmong - American CAYEN TAY leader; Butte County TAY Action Team member)



Over the last 2 years, the AAPI community has witnessed this racism manifest as verbal insults, attacks on vulnerable Asian elders, and a massacre on Asian women, leaving many Asian and Pacific Islanders in a state of fear, disbelief, and numbness. According to the Stop AAPI Hate National Report, a total of 10,370 hate incidents against AAPIs were reported between March 19, 2020 and September 30, 2021. The number of reported hate crimes has increased from 4,599 (44.4%) in 2020 to 5,771 (55.7%) hate crimes reported in 2021, and about 1 in 5 AAPIs are estimated to have experienced a hate crime.² Recent media attention has shed light on the violence that the AAPI community has faced throughout this pandemic, popularizing the hashtag #stopasianhate. This hashtag helped so many people realize the extent to which racism has impacted the AAPI community recently. For many AAPIs though, the #stopasianhate movement provides a platform to address the reality that anti-Asian hate and racism has existed long before the COVID-19 pandemic.

“Because Vietnamese is a lesser-known ethnicity, I would like to see greater appreciation for Vietnamese culture, food, and people.” - Morgan Nguyen (Vietnamese-American TAY leader; CAYEN Board President)

Some examples of anti-Asian violence throughout American history include the Chinese Exclusion Act of 1882, massacres of Asian Americans living in Chinatowns across the United States, the unfair internment of Japanese families in 1942, the racially-motivated murder of Vincent Chin in 1982, and the hate crimes that targeted South Asian, Sikh, Muslim, and Arab Americans after the tragedy of 9/11.³ This historic pattern of racism continues to leave a deep wound in the collective mental health of the AAPI community as we see hate crimes continue to rise today. We need to recognize the extent to which racism impacts Asian American and Pacific Islander communities so that we can advocate for supports and services that are truly reflective of and support our communities' mental health and well-being.



California TAY Advocates

“I want to see supports and services that honor the cultural practices of our people, rather than ridiculing or dismissing their value as primitive.” - Matthew Diep
(Vietnamese/Chinese-American TAY leader; CAYEN Assistant Program Manager)

The mental health needs of Asian Americans and Pacific Islanders have been overlooked and misunderstood by a mental health system that has not been designed for or adapted to their needs. AAPI adults are the least likely of any racial group to seek mental health services (3 times less likely than white adults), and 73.1% of those who are diagnosed do not seek treatment compared to 56.7% of the general American population. According to Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drugs Use and Health, AAPI transitional age youth’s rates of serious mental illness, major depressive episodes, and suicide attempts are continuing to rise.⁴ Major influencers of these trends include culturally uninformed services, lack of language accessibility, mistrust of supports and services, and the stigma surrounding mental health. Additionally, most young Asian Americans tend to seek support from their inner circles, such as friends, family members, and other tight knit community spaces. On top of these trends, Stop AAPI Hate has found that Asian Americans who have experienced racism are more stressed about hate crimes than the pandemic itself, and they also have heightened symptoms of depression, anxiety, stress, and physical symptoms.⁵ There is a clear need to further support the mental health needs of the AAPI community, and we must center their voices and lived experiences in the process.

“I hope that more people are educated on the immigrant and the Asian-American experience and work to eliminate any micro aggressions or discriminations that many Asian Americans experience. Everyone should work to create an equal, equitable, and respectful environment. ” - Sophie Suh
(Korean TAY leader; Santa Barbara County TAY Action Team Member)

CAYEN is committed to bringing TAY voice and leadership into public policy decision making spaces where they can directly influence behavioral health policies that impact youth across California. We recognize the need to further include AAPI communities in these spaces and to empower AAPI TAY to help lead that conversation. On May 26, 2021, our TAY Action Team with the Hmong Cultural Center in Butte County hosted a virtual town hall to identify and uplift the need for peer-based mental health supports and services tailored specifically for Hmong youth.⁶

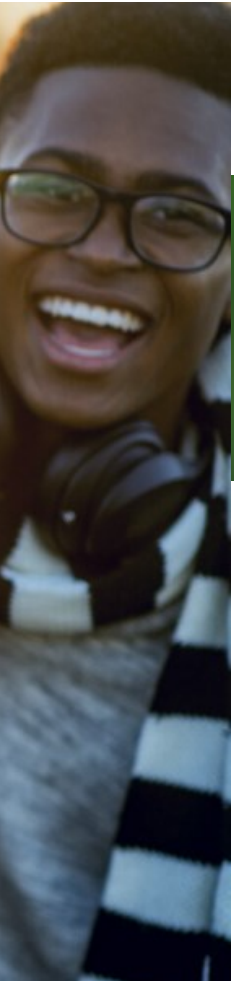
The Hmong TAY from this team meticulously compiled research from existing sources, in addition to conducting research directly with community members to supplement for the lack of representative data existing for Hmong youth. In August of 2021, CAYEN was appointed to the Mental Health Services Oversight and Accountability Commission's (MHSOAC) Anti-Bullying Advisory Committee to advise a \$5 million social media campaign to address hate, bullying, and victimization based on race, ethnicity, language, culture, and country of origin.⁷ We advocated for and successfully earned seats for 3 AAPI TAY on this Anti-Bullying Advisory Committee because this committee was originally formed in response to the national rise in reported AAPI hate crimes.

Our AAPI TAY leaders hope that the energy that has been mobilized around the Stop Asian Hate movement does not exist solely around this moment in time. AAPI communities have approximately 50 different ethnic groups, each with their unique mental health needs. This calls for a long-term commitment to represent AAPI youth, ultimately, to create representation for all marginalized TAY in behavioral health decision making spaces. CAYEN is committed to this journey because of the leadership, passion, and innovation that TAY bring to the table each and every time they are given a chance to share their expertise and lived experience.



Overview of the Project

The Transitional Age Youth (TAY) 3-year advocacy grant was awarded to the California Youth Empowerment Network (CAYEN), a program of Mental Health America of California (MHAC), in 2019 by the Mental Health Services Oversight and Accountability Commission (MHSOAC). With this grant, CAYEN has collaborated with TAY across various regions to enhance local participation, voice, and empowerment through advocacy. Throughout the duration of the project, CAYEN will have engaged a total of 15 different local level advocacy organizations across various counties in California.



Nothing About Us, Without Us.

CAYEN believes that to create the best programs and policies, TAY must have a significant role in the development and implementation of those programs and policies. CAYEN recognizes there is a pivotal time in life when a child transitions into an adult, ages 15-26, when TAY-specific mental health services are crucial to health and wellness. Over the course of this 3-year advocacy grant, CAYEN has continued to elevate TAY voices in local and state-level mental health policy advocacy to lead systems change.

CAYEN brings together youth ages 15-26 from across California to form Transitional Age Youth Action Teams (TATs) through partnerships between CAYEN and Local Level Advocacy Groups (LLAGs) in various counties. Youth participants gather, share experiences, engage in Community Based Participatory Action Research (CBPAR), identify issues and solutions, and advocate for mental health change in their communities.

Within each TAT, youth utilize CBPAR through Multimedia Voice as a tool to explore and advocate for change in their communities.

Each piece presents a form of multimedia, such as a photo or drawing, along with answers to the following questions:

**DIVERSITY
IN THE
CLASSROOM**



WHAT ARE WE LOOKING AT?
We are looking at an image of youth from all different walks of life, joining hands across the globe.

WHAT DOES IT SYMBOLIZE?
This image symbolizes what our classrooms **should strive** to look and feel like in schools all across city, county and state levels; not just in certain cities and areas based off income level.

PROPOSED SOLUTION?
We need the State Board of Education to make it an intentional point to make schools (elementary, middle and high school) to diversify classrooms and **curriculum**, making school a culturally inclusive place to be.

HOW IT IMPACTS YOUTH?
Kids deserve a place where they are lifted and celebrated, not just at home, but at a place they spend most of their time at as youth, **school**. Learning about cultures not only from a textbook but through peers, educators will help them thrive in their future workplaces.

“What do you see?”

“How does it impact youth?”

“What does it symbolize?”

“What is the proposed solution?”

Credit: Aliza Ahmed

Youth relate their pieces to any thing, place, or concept that they feel is relevant to mental health in their community. Examples of Multimedia Voice pieces from this years TAY are included throughout this report. The purpose of these Multimedia Voice pieces are to equip TAY with expressive tools to communicate youth-identified mental health needs and youth-created solutions they would like to see in their communities

During this process, youth come together to share their Multimedia Voice pieces with one another to identify issues and solutions to focus on as a group.

Ultimately, these pieces help guide the youth toward creating one primary “ask” which is the focus of their advocacy efforts in their communities.

“ASKs”
Local Solutions Identified
For Youth By Youth

TAT’s then uplift this goal through advocacy with presentations in front of key decision-makers and eventually through their virtual Town Hall Events. During the Town Halls TATs bring together youth, community members, community leaders, and decision-makers around their “asks” and topics of youth mental health in their communities. Youth involved with this project also convene at the annual TAY DAYS event to advocate for mental health systems change at the state level.

First Year- Local Level Advocacy



During the TAY advocacy project launch year of 2020, CAYEN partnered with five groups across California to improve youth participation in local, county, and state-level mental health policy advocacy. The first-year partners include the Mental Health Association of San Francisco, the Wall Las Memorias Project, the Mental Wellness Center, The Muslim American Society- Social Services Foundation, and The Village Project. Each group, consisting of TAY Action Team members (TATs) aged 15-26, identified an advocacy “ask” within their respective communities to focus their mental health advocacy efforts. Each group then identified areas of opportunities and potential allies, and in 2020 they began engaging with local decision-makers to uplift their mental health advocacy goals. The youth’s advocacy work took place across San Francisco, Santa Barbara, Sacramento, Monterey, and Los Angeles counties.

1st Year (2020)

Los Angeles County
Monterrey County
Sacramento County
Santa Barbara County
San Francisco County

2nd Year (2021)

Butte County
Humboldt County
Sacramento County
Orange County

Three TATs identified a need for and advocated for the development of a TAY-led and TAY-specific wellness centers, each with varying focuses. The Village Project specifically identified the need for a wellness center in Monterey County that centers BIPOC youth, while advocacy efforts by the Muslim American Society- Social Services Foundation focused on advocating in Sacramento County for a wellness center that centers Muslim and Refugee populations. San Francisco County youth identified a general need for a wellness center that serves the TAY population.

The Mental Wellness Center in Santa Barbara County identified a need for mental health education to be integrated into the high school curriculum. Finally, The Wall Las Memorías Project advocated for inclusive sex education that is inclusive of and center the LGBTQIA-2S+ youth population to support youth mental health in Los Angeles County.

The Mental Health Association of San Francisco

“advocating for a TAY-led and TAY specific center in San Francisco County”

The Muslim American Social Services Foundation

“advocating for a TAY-led and TAY-specific wellness center that provides services to the Muslim and Refugee youth in Sacramento County”

The Wall Las Memorías Project

“advocating for more TAY-led mental health supports and resources that serve the LGBTQIA2+ TYA Community in Los Angeles County”

The Village Project

“advocating for a TAY-led and TAY-specific wellness center in Monterey County”

The Mental Wellness Center

“advocating for mental health education to be a part of the school curriculum in Santa Barbara County:”

In addition to the youth's continued community advocacy for each group, all TATs led virtual town halls to educate and engage local decision-makers around the issues and mental health needs in their communities. Finally, as part of TAY Days at the Capitol 2020, the TATs advocated alongside CAYEN to support state-level Assembly Bill 2112 (Ramos), to create California's first Office of Suicide Prevention, which was successfully passed in September 2020.

The first year TAY Action Teams continued their advocacy during the year of 2021. Some highlights include:

Mental Health Association of San Francisco (MHASF)

The TAY Action Team continued their advocacy for a wellness center in front of thirteen different decision-making bodies, as well as launched a virtual wellness space. Their work was featured on an episode in the podcast, To Be Honest, and in the magazine The Decompress Constellation.

Muslim American Social Services Foundation

The TAY Action Team continued their advocacy for a Muslim and Refugee-serving wellness center in front of several decision-making bodies. Youth held a statewide workshop, "Bringing Mental Health to Families," and have continued to advocate for change in Sacramento County.

The Mental Wellness Center

The TAY Action Team advocated successfully for mental health education in California and continue their advocacy for youth mental health resources. One youth was elected to the Santa Barbara School board and another was elected to the statewide anti-bullying task force. The team is now supporting the creation of a Wellness Center being built on their school campus and is working with the Santa Barbara School Board to create information around wellness resources.

The Village Project

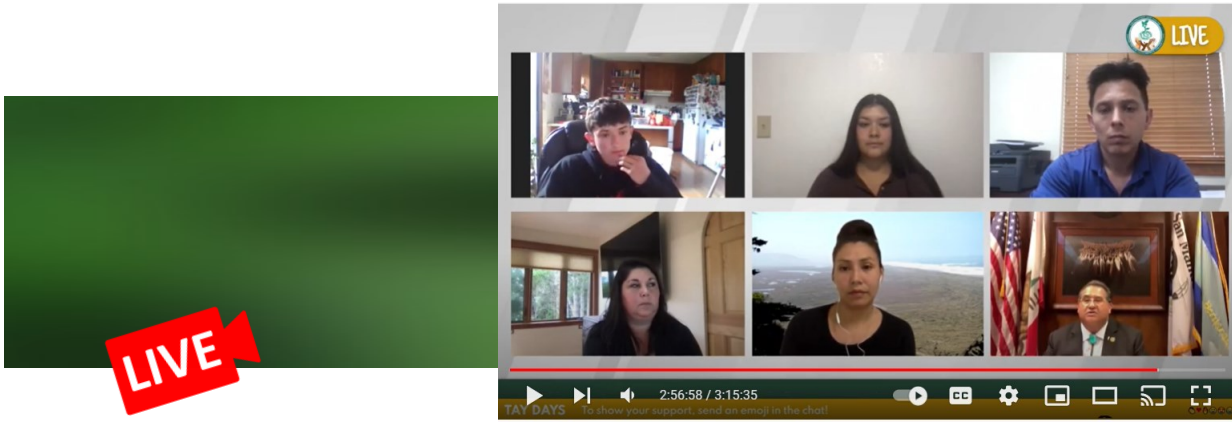
The TAY Action Team continued their advocacy for a mental health wellness center, planned a Youth Community Upliftment, and continue to meet with decision makers.

The Wall Las Memorias Project

The TAY Action Team continued advocacy to create more inclusive spaces on school campuses in Los Angeles County.

Second Year- Local Level Advocacy

In 2021, CAYEN partnered with four organizations to drive mental health systems change across four counties in California. These include the **Hmong Cultural Center of Butte County, the Slavic Assistance Center in Sacramento County, the Orange County Multi-Ethnic Collaborative of Community Agencies (MECCA), and Two Feathers Native American Family Services in Humboldt County.** Each group of youth advocated within their counties to create mental health programming and resources for youth in their communities, including conducting a Town Hall for local decision-makers, as well as contributing to advocacy at the state level. Each group identified a primary “ask” after coming together and sharing their experiences through their Multimedia Voice projects. Some examples of these individual Multimedia Voice pieces are shown in the report, along with each team’s finalized “ask.”



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



“advocating for peer supports and services in high schools in Orange County”

“advocating for the first Native Wellness Center in Humboldt County”

“advocating for Hmong-specific youth mental health mentorship programs and supports in Butte County”

“advocating for Slavic-specific mental health peer supports and services in Sacramento County”



Town Hall Series

The TATs streamed successful town hall virtual events on YouTube, Twitch, and Facebook in May 2021. The virtual events educated decision-makers and uplifted the local-level advocacy “ask” through conversations with local–decision makers and youth leaders.

<i>Event</i>	<i>TAY Action Team</i>	<i>Date</i>	<i>Community Impact (views)</i>
Peer certification and Me: Peer Specialist Through the Lens of TAY	Multi –Ethnic Collaborative of Community Agencies	May 18, 2021	131 views
A Home Away From Home- Xontah, 'o'lehl	Two Feathers Native American Family Services	May 27, 2021	58 views
With Help Comes Hope: Meeting Mental Health Needs of Hmong Youth	The Hmong Cultural Center	May 26, 2021	128 views
TAY Voices for Slavic Youth Mental Health	The Slavic Assistant Center	May 4, 2021	175 views

County Level Advocacy

Hmong Cultural Center

Butte County

Ask: To establish a TAY peer support program that centers Hmong youth.

Youth from the Hmong Cultural Center of Butte County led a Town Hall session with the theme, "With Health Comes Hope: Meeting the Mental Health Needs of Hmong Youth." Throughout the Town Hall event, youth presented performances and speeches to express mental health experiences specific to their community with themes of culture, family support, and the unique role of language that poses an added challenge for youth struggling with mental health in the Hmong community. To address these challenges, TAY advocates from the Hmong Cultural Center focused on the establishment of a TAY Mentorship Program - a safe space to receive resources and experience support from their community.



Image: A Multimedia Voice piece demonstrating the experience and perspective of one of the individuals participating with the Hmong Cultural Center. Bringing together Multimedia Voice pieces from different individuals allows each LLAG to come together as part of the process to define their "ask."

TAY

Youth Healing Centers



WHAT ARE WE LOOKING AT?

Two youths of different age and gender with the words "I'm fine" taped over their mouth.

WHAT DOES IT SYMBOLIZE?

While the words "I'm fine" are a façade of the youths' actual emotions, feelings, and well being, the tape represents the suppression of the youths' voices. Overall, it symbolizes the internal sufferings youths may feel because of their inability to fully express themselves.

Credit: Julie Thao

HOW DOES IT IMPACT US?

Internalized sufferings lead to negative thoughts, isolation, feeling loss, identity crisis, and in some cases suicide.

WHAT CAN WE DO ABOUT IT?

We need Youth Centers that specifically provide spaces for healing through storytelling, art, and other medias. Furthermore, in healing, mental health professionals (Hmong of SEA) should always be present and available to provide resources to these community members. Together in sharing our own experiences, we can destigmatize and break down the mental health barrier in our community.

Slavic Assistance Center - *Sacramento County*

Ask: To provide resources for Slavic youth at schools in Sacramento County.

Youth from the Slavic Assistance Center addressed decision-makers around topics of mental health and substance abuse and addiction among youth in their community, and how this impacts them and their peers. Youth also described the experience of living in a primarily immigrant community and the added challenge this has on navigating mental health. As their primary “ask,” youth from the Slavic Assistance Center advocated for resources dedicated to supporting Slavic youth, and provided additional examples of how resources can help address these issues, such as resources allocated toward counseling and student groups on campuses. Youth also shared their experiences and culture through performances and presentations.



Image: A Multimedia Voice piece as expressed by one of the individuals with Slavic Assistance Center.

IMMIGRATING

SLAVIC YOUTH to AMERICAN CULTURE



What do you see?

I see an image of someone who is immigrating to America, but not simply immigrating, immigrants are introducing a task for themselves, acculturate from your language and standards to new ones.

What does it symbolize?

It symbolizes the re-acculturation that youth and young adults go through after immigrating to America. It symbolizes the hardship of moving and moving, achieving that dream they came here for!

How does it impact youth?

It negatively impacts youth because they don't know where to find support or resources. Most of the time individuals are escaping political prosecution and they don't have family here in the U.S. Nothing is familiar when they immigrate and there are language barriers that lead youth to depression, stress, and isolation.

Proposed Solution

We need a space/center for youth and young adults to connect with peers and build community. This space can help connect individuals to services, employment, language courses, and other mental health supports.

Credit: Nikita Akhumov-Kaz

Multi-Ethnic Collaborative of Community Agencies (OC MECCA)

- *Orange County*

Ask: For Orange County to implement the Peer Support Specialist Certification Program and expand peer support services on high school and college campuses.

The MECCA Town Hall focused on the implementation of the Peer Support Specialist Certification Program in Orange County. The Peer Support Specialist Certification Program Act passed in 2020, that created a new training program and a provider type and service that is reimbursable through Medi-Cal insurance. Each county in California can opt into this program, and the youth advocates at MECCA advocated in this Town Hall for implementation by Orange County. Youth described their experiences with mental health as well as their experiences with peer counseling to highlight the importance of this type of program and the benefit of making peer support more widely available.

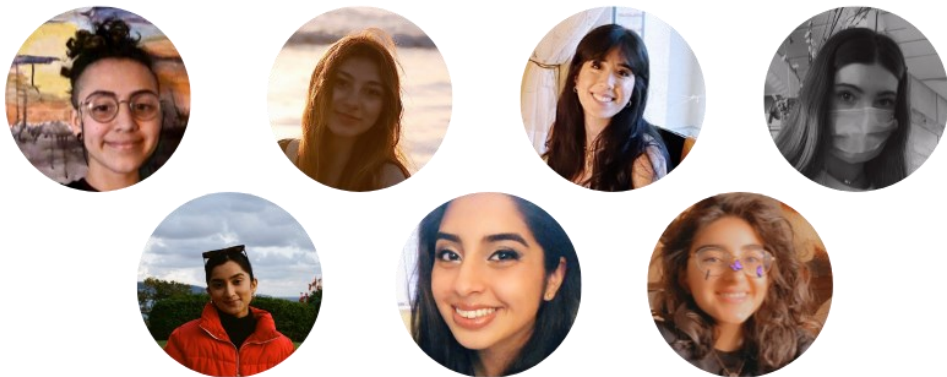


Image: One interpretation of the Multimedia Voice assignment for an individual with the OC MECCA group.



Credit: Lilly Ahmed

Two Feathers Native American Family Services - Humboldt County

Ask: Create a “Home Away From Home” youth center for Native American youth.

Through the town hall format, youth from Two Feathers Native American Services in Humboldt County expressed unique challenges faced by Native American youth. These challenges emerge from living in an intentionally exclusive system, and include lack of a pathway to higher education, disengagement from their culture, feeling unable to express themselves, and being unrecognized and misunderstood by those around them. The advocacy “ask” in this group was to create a safe space for Native American youth, a spiritual and cultural home, and a place to receive quality support. They want culturally informed mental health services and tools such as tutoring to help them succeed in school and attain higher education. Youth advocates also provided educational presentations during this Town Hall to educate, share, and connect through their culture, art, history, and experiences.

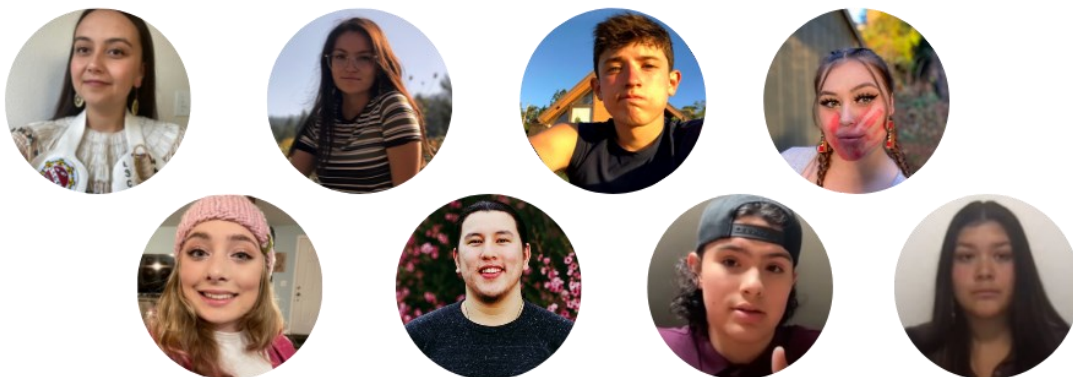


Image: An expression of challenges faced in native communities by a youth with the Two Feathers Native American Family Services as demonstrated in the Multimedia Voice format.

CULTURE IS PREVENTION

What is in this media? The picture below is of a xonta. This is the big house in the village of Sumeg at Patrick's Point State Park on the Northern Coast of California. This is the traditional home that Yurok, Hoopa, and Karuk people would live in, until around hundred years ago when the US government and army officers made it illegal to do so. This house is made of redwood or cedar planks and was efficient in cold and hot weather.



What is the significance?

The xonta is an important part of Hupa Yurok and Karuk culture and way of living because it is the place where more than half of our ceremonies are held. This image is significant because these home base, cultural, and traditional places are the key to preventing substance use and

suicide.

Why is this important?

"Research shows that the risk for substance abuse and other adverse behaviors increases as the number of risk factors increases, and that protective factors reduce the risk of youth engaging in substance misuse. Categories of protective factors positively associated with health and social outcomes for American Indian and Alaska Native (AI/AN) youth include: personal wellness, positive self-image, self-efficacy, familial and non-familial connectedness, positive opportunities, positive social norms, and cultural connectedness." (Native Connections fund)

What can we do about it?

The promotion of cultural and traditional practices and activities with Native youth in our communities is something that we could build and distribute. First we would bring in the resources and partner with similar organizations to reach more of the Native American community in Humboldt County.

Credit: Ellen Colegrove

TAY DAYS 2021

Remember, Rebuild, Recover; Healing Through Generations

Over the course of three days, June 22 - 24, 2021, youth convened at the second annual virtual TAY DAYS event to advocate for TAY mental health in California. The theme for the 2021 TAY DAYS event, "Healing Through Generations," explored and acknowledged the intergenerational impact of trauma and celebrated youth for their role in addressing the challenges that have been passed down for generations. This theme unfolded through speeches, Artful Expressions, film features, workshops, and wellness sessions all led by or highlighting TAY advocates. A keynote address by actress and activist Alyson Stoner explored the mind-body connection and its relationship to advocacy, and provided tangible steps for listening, learning, and understanding one's own narrative and applying this concept to the political realm.





- Day 1** <https://www.youtube.com/watch?v=4UBokyZVBnE&t=3789s>
- Day 2** <https://www.youtube.com/watch?v=32OaFJJBguw&t=4941s>
- Day 3** <https://www.youtube.com/watch?v=uzksZxNB7cg>

Advocacy workshops led by youth leaders supported their peer advocates through lessons on how to engage legislators. The event culminated with virtual legislative visits in which youth engaged with policymakers around the topic of mental health education and the passage of Senate Bill (SB) 224 (Portantino) Pupil Instruction: mental health education . Senate Bill 224, *Pupil instruction: mental health education* introduced by Senator Anthony Portantino, requires mental health education to be made available in schools at least once in elementary school, once in middle school, and once in high school. This Bill was signed into law by Governor Newsom in October 2021.



TAY DAYs Participants

State of Transitional Age Youth

Demographic Overview

In this report, Transitional Age Youth (TAY) is defined as any individual aged 15 to 26. Of the 6,059,000 individuals aged 15-26 in California in 2020, 48.8% identified as male and 51.2% identified as female.¹ 1.8% of youth age 15-17 and 1.8% of individuals age 18-26 identified as transgender or gender non-conforming.¹ Californians 18-26 identify as 81.8% straight or heterosexual, 5.4% gay, lesbian, or homosexual, 9.7% bisexual, and 3.1% not sexual, celibate, none, or other.¹ In California, racial/ethnic backgrounds of TAY 15-26 include 2.3% American Indian/Alaska Native, 15.6% Asian, 6.2% Black or African American, 56.6% White, 11.4% other single race including NHOPI, and 8% two or more races.¹



Report Card: Negative Outcomes of Untreated Mental Illness

The MHSAs identify seven negative outcomes that may result from mental illness when left untreated, undertreated or inappropriately treated. These include suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. The following report card (Table 1) provides an overview and comparison of the state of TAY relative to the general population in each category, in California and in the U.S.



REPORT CARD

TABLE 1.

OVERALL	CALIFORNIA TAY	CALIFORNIA	THE U.S. TAY	THE U.S.
Percent, individuals with feelings of distress	29.8% Age: 15-26 Source: CHIS Year: 2020	14.1% Age: 12+ Source: CHIS Year: 2020	N/A	N/A
Percent, symptoms of anxiety or depression	N/A	N/A	57% Age: 18-29 Source: CDC Year: 2021	41.5 Age: 18+ Source: CDC Year: 2021
Percent, Serious Mental Illness (SMI)	N/A	N/A	8.6% Age: 18-25 Source: NIMH Year: 2019	5.2% Age: 18+ Source: NIMH Year: 2019
SUICIDE Suicide Rate (Per 100,000)	8.9 Age: 15-24 Source: CDPH Year: 2019	14.2% Age: 15-24 Source: NCHS Year: 2020	N/A	13.5 Age: All Source: NCHS Year: 2020
NUMBER Of Suicides	N/A	6,050 Age: 15-24 Source: NCHS Year: 2020	N/A	45,855 Age: All Source: NCHS Year: 2020
HOMELESSNESS Count *UY	12,172 Age: <25* Source: HUD Year: 2020	161,548 Age: All Source: HUD Year: 2020	34,210 Age: <21 Source: HUD Year: 2020	580,455 Age: All Source: HUD Year: 2020
INCARCERATION Count	3,705 Age: 15-20 Source: OJJDP Year: 2020	97,328 Age: 18+ Source: BJS Year: 2020	30,837 Age: 15-20 Source: OJJDP Year: 2020	1,215,821 Age: 18+ Source: BJS Year: 2020
Rate of imprisonment, Juvenile (per 100,000)	102 Age: 13-17 Source: OJJDP Year: 2019	N/A	114 Age: 13-17 Source: OJJDP Year: 2019	N/A

OVERALL	CALIFORNIA TAY	CALIFORNIA	THE U.S. TAY	THE U.S.
<p>Rate of Imprisonment (Per 100,000)</p>	N/A	<p>247 Age: All Ages Source: BJS Year: 2020</p> <p>318 Age: 18+ Source: BJS Year: 2020</p>	<p>84 Age: 18-19 Source: BJS Year: 2020</p> <p>412 Age: 20-24 Source: BJS Year: 2020</p>	<p>358 Age: All ages Source: BJS Year: 2020</p> <p>459 Age: 18+ Source: BJS Year: 2020</p>
<p>UNEMPLOYMENT Rate of unemployment (Per 100,000)* *Note: these reflect impact of COVID-19 pandemic.</p>	<p>16.4 Age: 16-19 Source: EDD Year: 2021</p> <p>11.8 Age: 20-24 Source: EDD Year: 2021</p>	<p>6.9 Age: 16+ Source: BLS Year: 2021</p>	<p>10.9 Age: 16-24 Source: BLS Year: 2021</p> <p>7.1 Age: 20-24 Source: BLS Year: 2021</p>	<p>6.7 Age: 16+ Source: BLS Year: 2020</p>
<p>SCHOOL FAILURE OR DROPOUT Dropout Rate (per 100,00)</p>	<p>8.9 Age: high school Source: CDE Year: 2020</p>	N/A	<p>5.1 Age: 16-24 Source: NCES Year: 20179</p>	N/A
<p>FOSTER CARE Count</p>	<p>14,809 Age: 16-17 Source: CCWIP Year: 2021</p>	<p>58,072 Age: 0-11 Source: CCWIP Year: 2021</p>	<p>75,628 Age: 15-20 Source: AFCARS Year: 2020</p>	<p>407,493 Age: 0-20 Source: AFCARS Year: 2020</p>
<p>Rate, children in foster care (Per 1,000)</p>	<p>5.5 Age: 16-17 Source: CCWIP Year: 2021</p>	<p>5.5 Age: 0-21 Source: CCWIP Year: 2021</p>	N/A	N/A

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

Report Card:

Negative Outcomes of Untreated Mental Illness

Data is usually collected across institutions and systems that tend to focus on either adults or children, or separate those groups during the data collection and analysis processes. Transitional Age Youth are often either left out of data analyses or are not represented in the data at all. When youth of this age are included as a group, the age range tends to vary.

With this in mind, comparing data for this age group can be challenging. In this report card (Table 1), the data provided is a mosaic of different indicators and sources to give us the best possible overview of the current state of Transitional Age Youth. It is meant to enable an at-a-glance reference for understanding how mental health challenges are impacting transitional age youth, and how that experience compares with the adult population; however, it is important to note that these are not exact or direct comparisons.





Table 1. Report Card

Table 1: Indicators related to the Negative Outcomes of Untreated Mental Illness regarding California Transitional Age Youth, California adults, U.S. Transitional Age Youth, and U.S. adults.

California youth experience high rates of distress relative to the broader California population. In 2020, 29.8% percent of youth in California expressed distress, while only 14.1% of Californians expressed the same.¹ 18.8% of California 18-26 year olds experienced moderate social life impairment due to their emotions, and 22.9% experienced severe social life impairment in the past 12 months.¹

In 2020, overall suicide rates across the US decreased for individuals over 34 while suicide among young people under 34 increased, highlighting the importance of focusing on youth mental health and suicide prevention.

Suicide rates overall decreased by 3% from 2019 to 2020, and in some populations there was an even higher decrease; non-Hispanic white females (all ages) saw a significant 10% decline in suicide rates.⁵ However, suicide rates for individuals 10-34 did increase in 2020. This increase was not significant for all age groups, but those aged 25-34 increased significantly by 5% from 17.5 to 18.3.⁵ Ultimately, while all other 7 under 17 that are newly sentenced are incarcerated in county-run youth facilities.⁹ Additional reform as well as preventive services for mental health could maintain this trend of decreasing incarceration and reduce the impact on youth.



	Population	% of Unhoused Population
California Unaccompanied Youth	12,172	7.53%
Age 18-24	11,370	7.04%
Age <18	802	0.50%
California All Ages	161,548	
U.S. Unaccompanied Youth	34,210	5.89%
Age 18-24	30,821	5.31%
Age <18	3,389	0.58%
U.S. All Ages	580,455	

Table 2: Unaccompanied youth in California and the U.S.

Youth make up a higher percentage of the unhoused population in California than across the US. There were estimated to be 12,172 unaccompanied youth in California, making up 7.53% of the unhoused population in California, while youth make up an estimated 5.89% of the US unhoused population.^{6,7}

TAY are increasingly expressing the need for mental health services. 40.3% of California teens age 15-17 expressed needing help for emotional or mental health problems in 2020, an increase from 34.1% in 2019. 37.8% of those aged 18-26 expressed needing help, relative to 34.8% in 2019.

Not all youth who need help are accessing services.

18.3% of individuals 18-26 in California visited a professional due to mental health, drug, or alcohol reasons in 2020.¹ 11.5% sought mental/emotional help from an online tool (CHIS). 8.8% took prescription medication for mental health issues.¹ 22.9% of California youth 15-17 received psychological counseling in 2020.¹ 29% of undergraduate and graduate students across the US utilized mental health counseling in 2020 and 24% utilized psychiatric medication.¹⁷



California Youth Empowerment Network

Survey

In the second year the CAYEN Survey was conducted, the 2021 CAYEN Survey received 200 unique responses from TAY age 15-26 across California. Responses were collected at CAYEN related events in Butte County, Humboldt County, Orange County, and Sacramento County, in addition to a statewide survey.

Respondents identified their gender expression as 58.6% female, 33.3% male, and 8.1% other, and reported their sexuality as 68.6% heterosexual, 10.2% bisexual, 10.2% other, 6.6% lesbian, and 4.4% gay. The racial/ethnic background of respondents includes 23.1% White/Caucasian, 20.8% Latinx, 18.5% East/Southeast Asian, 13% Multiracial, 5.4% South Asian, 6.9% Native American, 6.9% Middle Eastern, 4.6% Black/African-American, and 0.8% Other. It is important to note that many respondents chose not to respond to the demographic questions particularly concerning gender, sexuality, and racial identities. Responses regarding highest level of school attained reflected the wide age range of TAY; they reported 36.9% Bachelor Degree, 24.1% Some College, 14.9% Less than High School, 14.2% High School Degree or Equivalent, 5% Associate Degree, and 5% Graduate Degree.

Mental Health Issues

The top five mental health related issues identified by youth through the CAYEN Survey are mood disorders (such as depression and anxiety), mental health stigma, school, suicide, and substance use. School challenges include the stresses and pressures of school as well as the school environment.

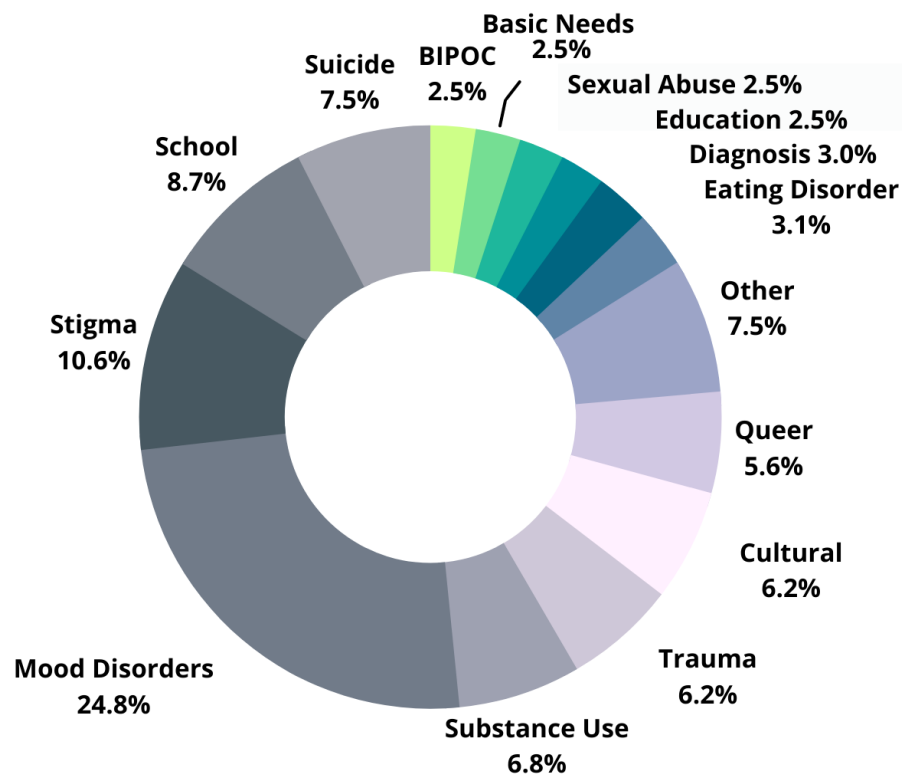


Chart 1: Mental health issues as identified by youth responding to the question, "What are some youth-specific mental health issues not being addressed in your community?"

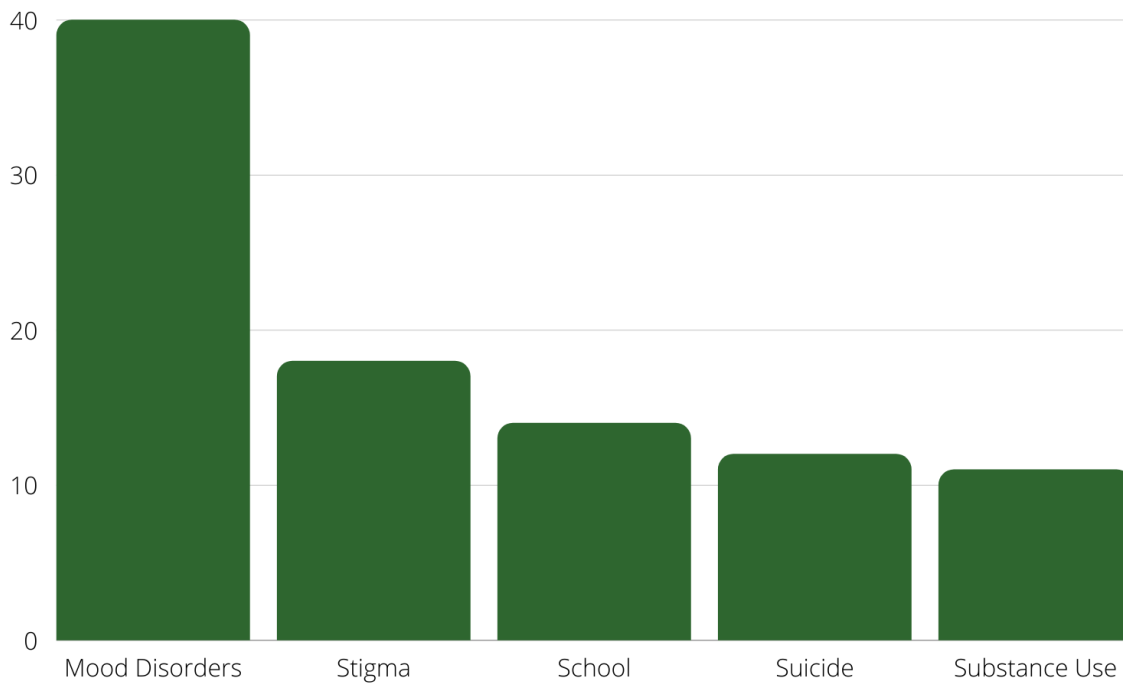
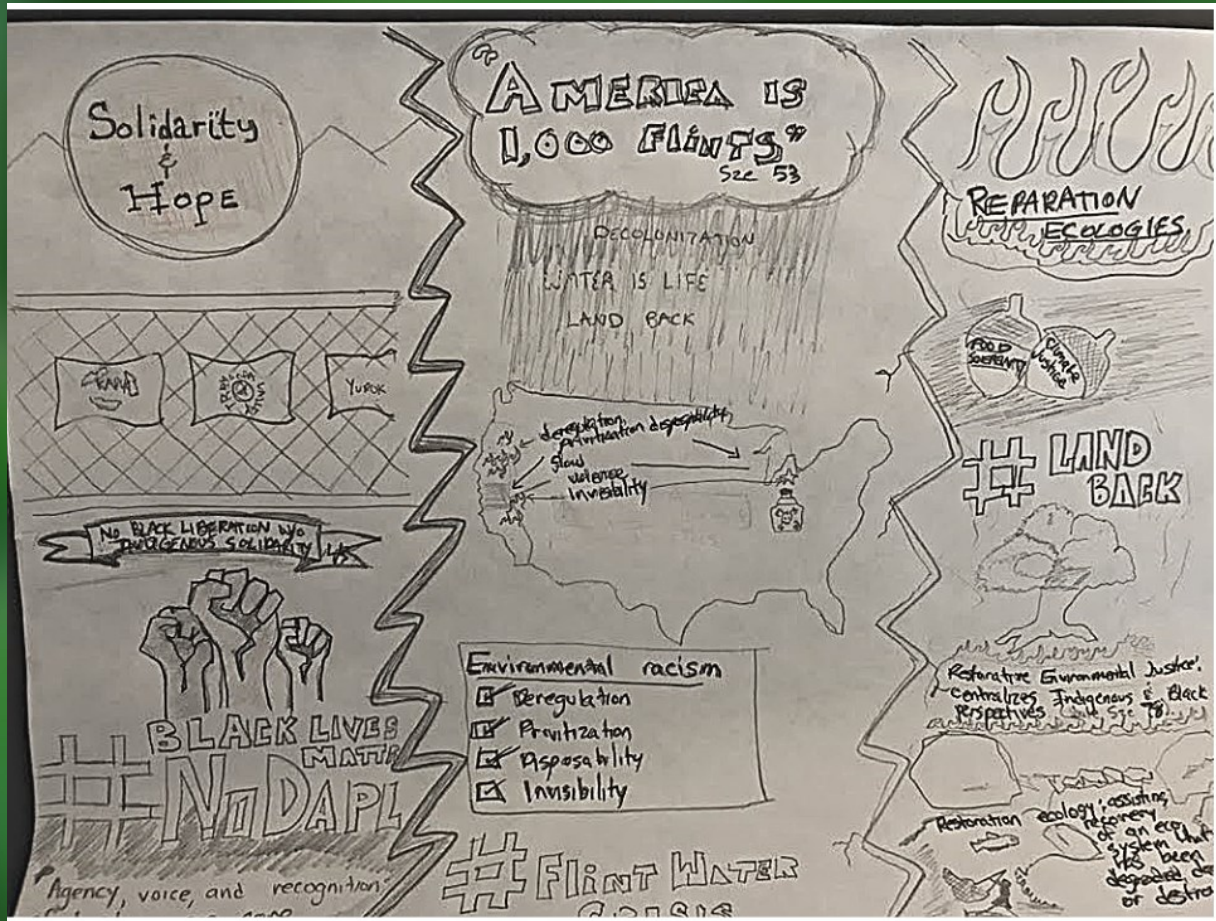


Chart 2: Top five most commonly cited mental health issues by youth participating in the CAYEN survey

“A significant challenge to youth mental health in my community is academic stress and pressure, especially being in the Bay Area. During the pandemic, many youth have fallen through the cracks, our motivation has lessened, we feel more alone in our academic stressors, and our best’s look different. Personally, this was something that was hard to cope with on my own, having lost a lot of the connection that physical school brings. Other large issues are the cynicism we hold for the broken, unjust world that we have inherited. In that regard, it helps to be empowered in knowledge that we can create change.” -CAYEN Survey Testimony



Credit: Charley Reed

Image: A Multimedia Voice piece expressing structural issues that impact mental health, particularly for BIPOC youth, as well as opportunities to address them.



Bottle it Up



What are we looking at?

We are looking at the neglect of emotional support and mental health of male youth and the need to normalize that basic human need, and the use of alcohol as an outlet.

How does it impact us?

Not having a space where male youth can feel safe and supported to express themselves makes them feel unseen and bottled up. This impacts the decisions and habits formed in male youth when transitioning into adulthood. For example, alcohol is easily accessible in Hmong families, so turning to the bottle is often a bandage hmong youth use to suppress and escape their emotions. This carries on into adulthood and influences younger generations to use it as an outlet.

What does it symbolize?

It symbolizes a lack of space for Hmong male youth to be able to and feel accepted to express how they feel, not bottle it up, and the need to find creative and healthy ways to express one's self through peer support.

What can we do about it?

We can provide a safe space for hmong male youths to form a cohort where they can all express themselves and support each other. Knowing that they are not alone and that expression of one's self as a male is not weak or soft. That alcohol is not the only nor the best outlet, but rather self-care by expressing openly and freely is a strength and a crucial aspect of becoming the best versions of one's self. Through this cohort, male youths can find an outlet to be heard and feel seen.



Credit: Albert Yang

Image: Multimedia Voice expression describing the impact of substance use in the Hmong community.

Barriers to Access

Youth advocates cited the top barriers to accessing mental health services as stigma, financial barriers, cultural barriers, lack of awareness of mental health issues or services, and lack of resources. Financial barriers included both the financial cost of accessing services, as well as poor funding for services in the first place. When describing cultural barriers, youth describe a clear need for services that are culturally diverse, competent, inclusive, and appropriate for all individuals.



In particular, there is a need among BIPOC and queer youth, as well as youth from varying religious and cultural backgrounds, for services and providers that allow them to feel safe, seen, heard, and understood.

The perceived stigma of mental health is a significant barrier to accessing services. While only 6% of undergraduate and graduate students responding to a nationwide survey expressed that they themselves hold a stigma against mental health treatment, 45% expressed that they believe that “most people would think less of someone who has received mental health treatment.”¹⁷

Barriers to Access

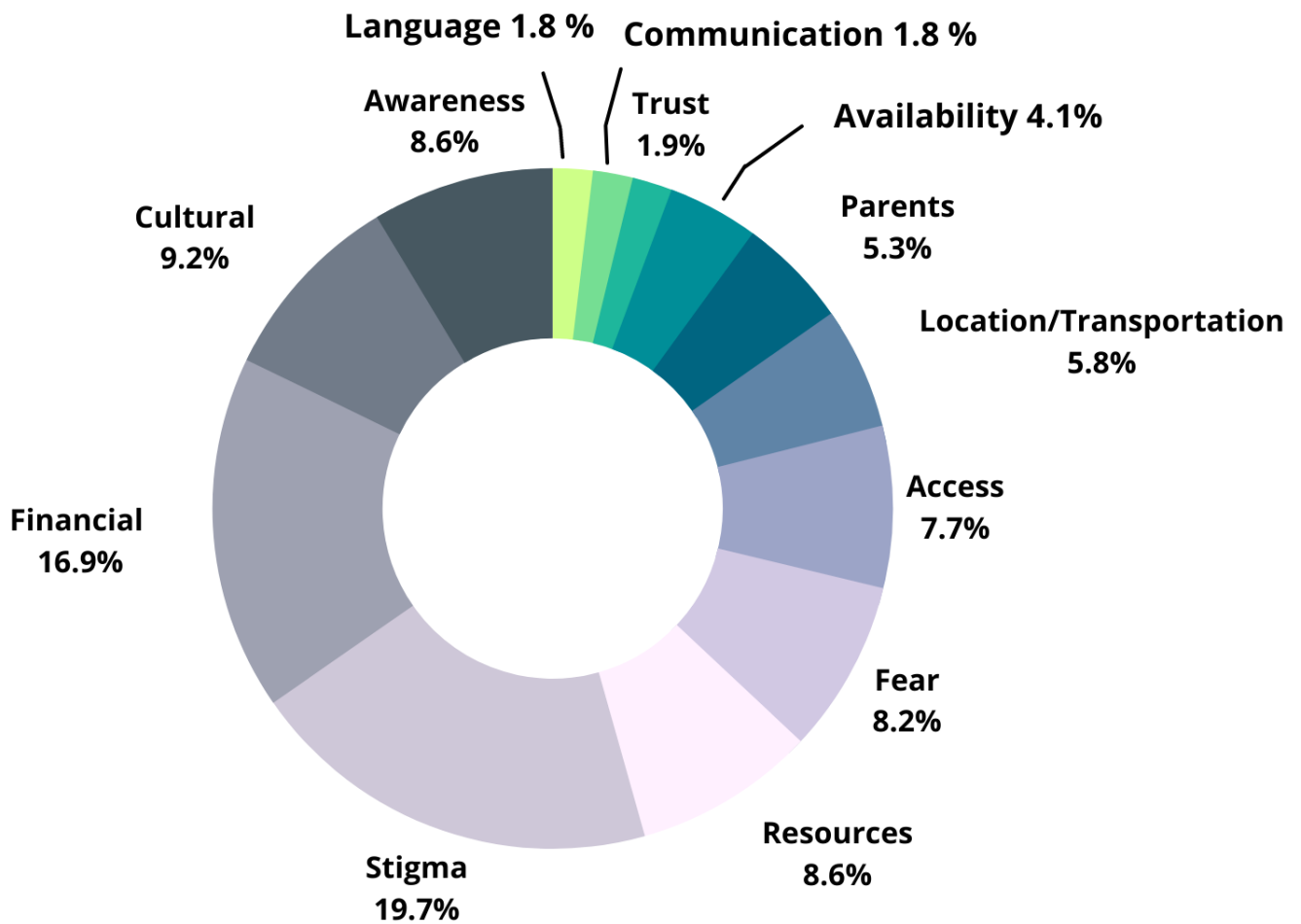


Chart 3: Barriers to accessing support as identified by youth responding to the question, "in your experience what are some of the biggest barriers to receiving services among youth?"

Barriers to Access

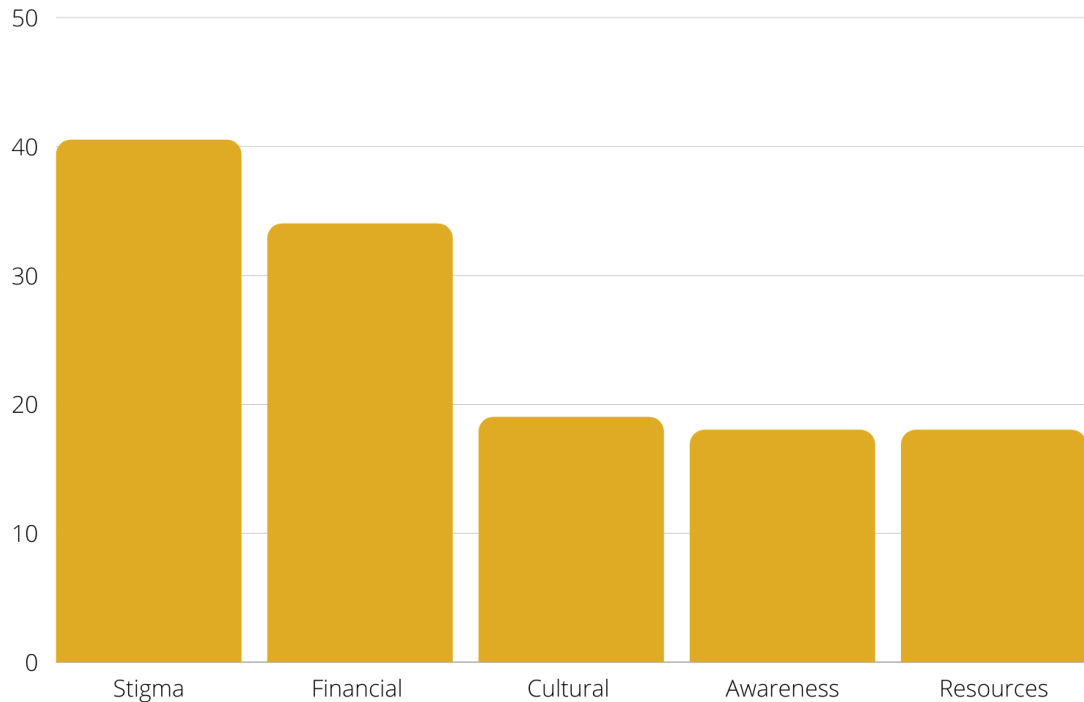


Chart 4: The five most common barriers to accessing services among CAYEN survey respondents.



“The mindset our elders have given to us is that our mental health issues don’t exist. Instead, [they suggest] we are not trying enough, we are just lazy or aggressive or just shy. We grow up with the idea that we are normal and what we go through or feel is normal. [Then] when we are faced with the facts that we aren’t, we steer away from it. I guess the biggest barrier for me was just accepting that I am not okay and my family is broken inside.” -CAYEN Survey Testimony



Image: A Multimedia Voice expression addressing many challenges when it comes to accessing services.

Identified Needs and Youth-Driven Solutions

To improve mental health in their communities, survey respondents suggested a number of needs and potential solutions, prioritizing availability of services, access, financial solutions, peer programs, and culturally competent services.

Needs and solutions that emerged through the CAYEN survey aligned with the solutions identified by TAT groups, that include creating youth centers, providing culturally competent and quality services, and implementing peer support opportunities in schools.

Identified Needs and Solutions

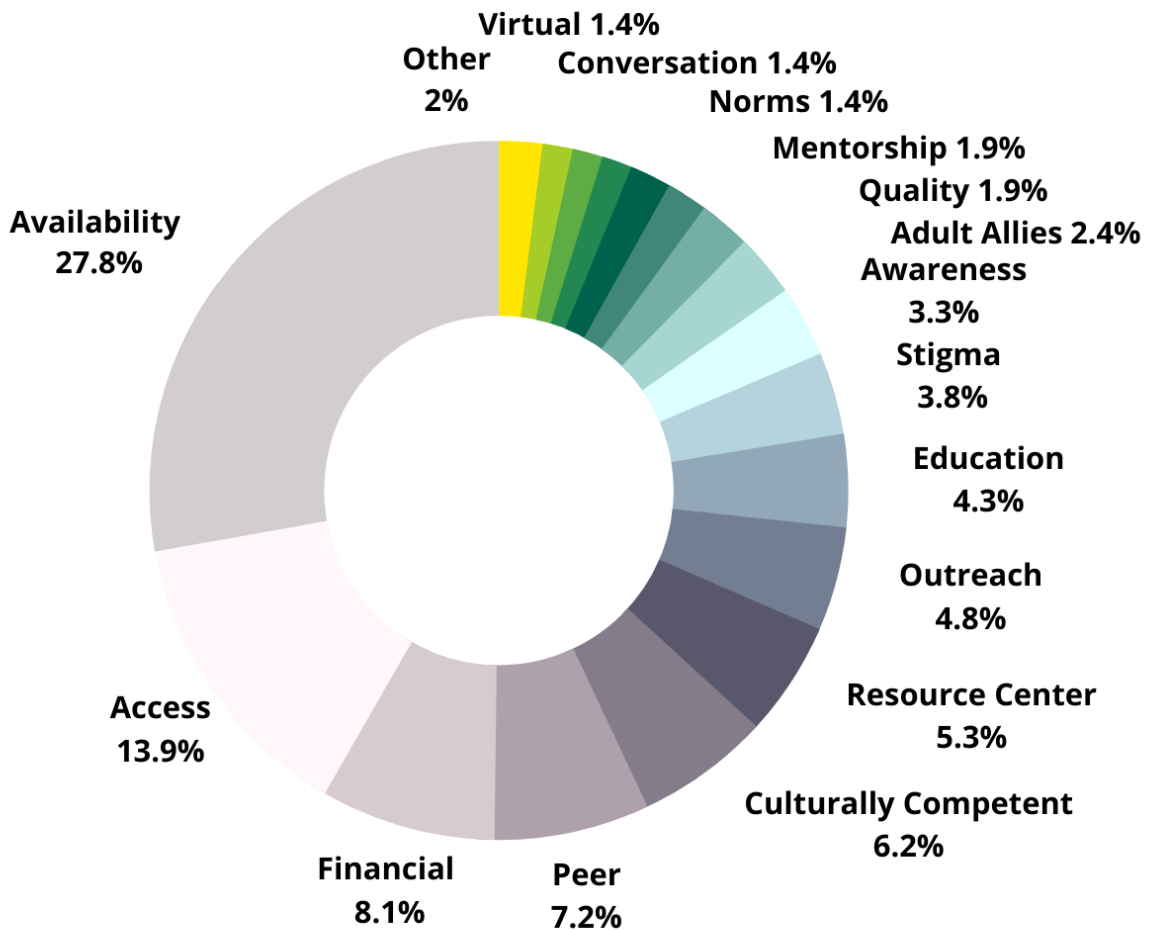


Chart 5: Identified needs and solutions as identified by youth responding to the question, "What services or changes would you like to see for youth mental health service among youth?"

Top Identified Needs and Solutions

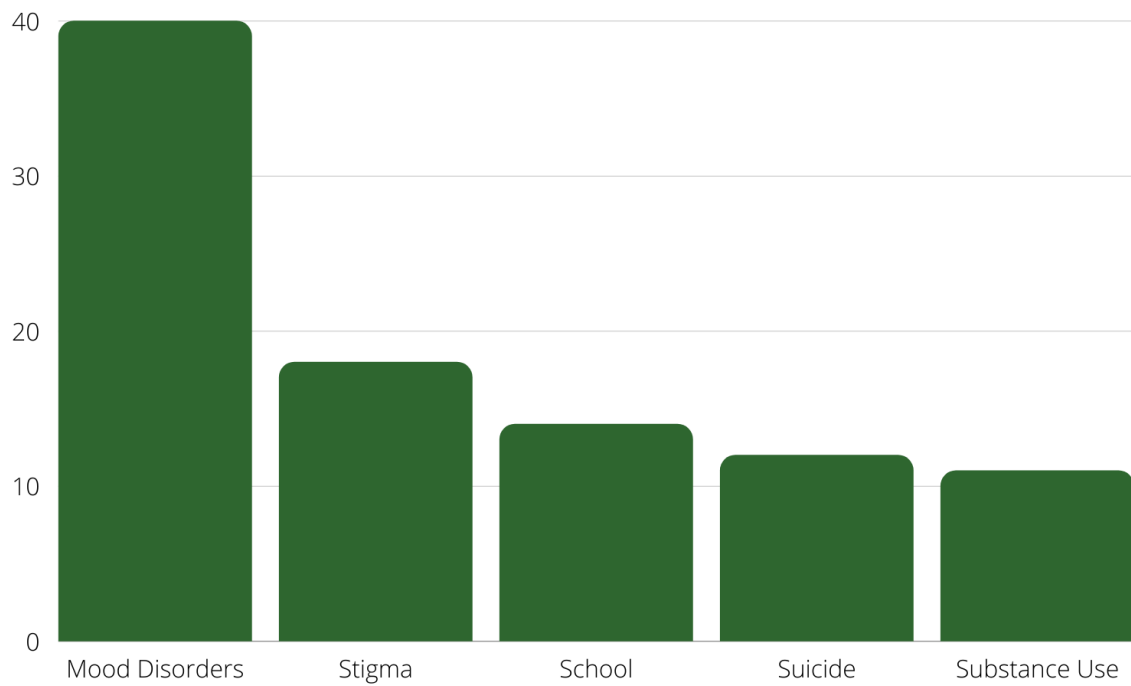


Chart 6: The five most frequently identified needs that youth would like to see addressed.

Cov Lus Tsis Tau Hais

Credit: Pachia Vang

I hear my father call my name and I immediately flinch. His voice is aged and hard, no longer a sound that I excitedly jump to anymore. He calls my name: Paaj Tshaab, and softens his voice when he sees me flinch. Can you do this for me? I nod my head. When I was younger, he would call my name: Paaj Tshaab. His voice was like little twinkling bells and I would gleefully jump into his arms and fly. His arms would stretch me out towards the sky and tell me that I am his sweet little daughter. He would call me daughter in his funny way of saying daughter in English. It would always sound like he was calling me his little doctor. One day he asks me if I knew why he calls me his little daughter the way he does. I laughed and smiled and said "Because I am your daughter" pronouncing each syllable of "daughter" exactly the way he always did. He laughed and smiled his cheeky smile. "Yes, but also because I know you will become my little sweet doctor." By doctor, he didn't only mean my future occupation, he meant I will also never bring him shame, never speak back to him, and never disobey his word. So when he looked at me with his disapproving eyes for the first time, my heart tore into pieces. I was no longer the little daughter (doctor) that he had hoped for. His silence speaks louder than he knows.

Image: A personal Multimedia Voice piece expressing the need and opportunity to support youth.

What Are We Looking At?

This is a personal piece written by me. It shows the growing gap between my dad and I

How Does It Impact Us?

There is a growing gap between parent/child relationships in the Hmong community as we become influenced by the American society. This is particularly prevalent in families with immigrant parents. Having parental issues can become a huge stressor in one's life if unaddressed.

What Does it Symbolize?

The back of the man symbolizes a sense of hopelessness to connect to his child while the written piece symbolizes the child's need to understand her father.

What Can We Do About It?

Creating a space to explore these issues/insecurities for the youth. This could range from self-help workshops to creating a space for youth to express themselves freely to better understand their feelings - A space to be proud of their heritage

“I would like to see more diversity within practitioners, more cultural competency, and more intentional anti-racism. I would like for mental health systems to intentionally design welcoming spaces in which youth are at the forefront of making decisions for ourselves: Nothing about us without us. I'd like to see more genuine, non-tokenizing youth-adult ally ships.” –CAYEN Survey Testimony

“Active counseling within schools: More CERTIFIED counselors that identify as BIPOC and have experienced many similar things that WE can relate to/discuss. Another change I would like to see is MORE financial aid to those who need it.”–CAYEN Survey Testimony



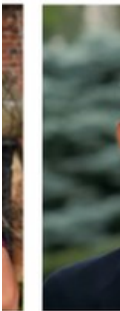
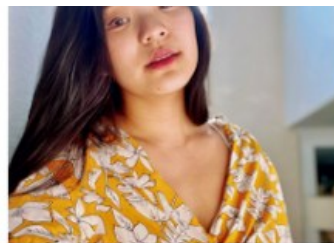
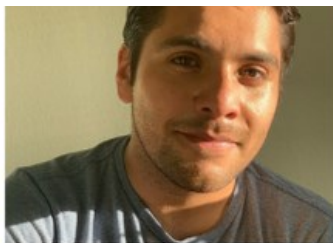
Summary

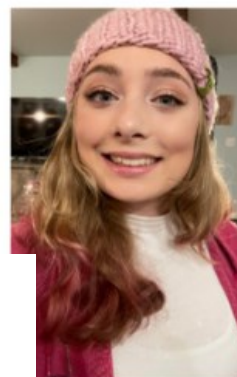
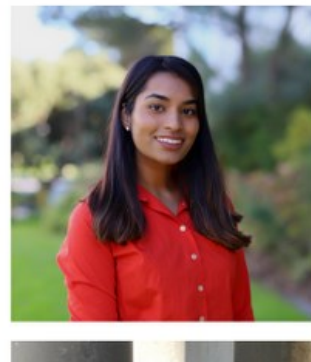
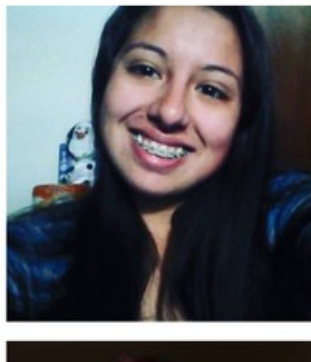


In 2021, youth came together across California to identify mental health challenges in their communities, determine potential solutions for addressing them, and advocate for TAY to get the support they need through CAYEN partnerships. Using Multimedia Voice to share their experiences, and through the CAYEN survey, TAY expressed challenges with anxiety and depression, stigma, school pressure, suicide, and substance use. In each group, cultural and identity challenges, family support, and systemic oppression often contributed to these issues, as well as pressures to succeed in school and meet basic needs.

California TAY fare worse than the general population on multiple indicators of negative outcomes of untreated mental illness, including homelessness and unemployment. And overall, TAY were hit hard by the COVID pandemic, experiencing higher rates of anxiety and depression than adults. While suicide rates were going down among adults, they were increasing significantly among young people.

In Orange County, youth addressed these issues by advocating for the implementation of the Peer Support Certification Program and to generate more

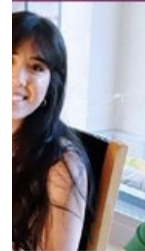




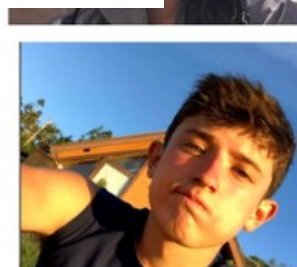
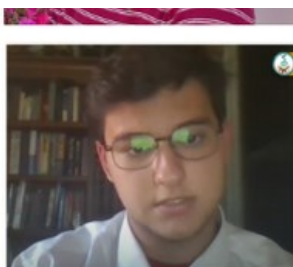
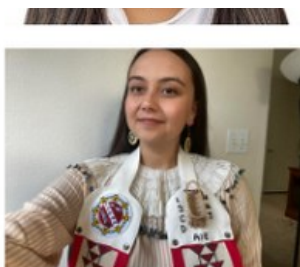
opportunities for peer support on school campuses. In Butte County, Humboldt County, and Sacramento County, youth described the need for culturally specific resources for Hmong, Native, and Slavic communities, including mentorship programs and to build youth centers where youth can go to feel at home within their culture and receive resources and support. Overall, TAY expressed the need for more available resources, easier access to resources, financial means of accessing resources, peer support, and culturally competent support.



At the state level, TAY came together to advocate for mental health education and their efforts contributed to SB 224 (*Portantino*) *Pupil instruction: Mental Health Education* successfully being signed into law, requiring mental health education in schools during elementary, middle, and high school in California.



Youth continue to step up to advocate for the support that their communities deserve; now is the time for policymakers to follow their lead and implement the changes that TAY are asking for.



Data Sources

California Health Interview Survey (CHIS), 2020

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

The National Institute for Mental Health (NIMH)

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

California Department of Public Health (CDPH), 2019

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

National Center for Health Statistics (NCHS), 2020

Data on suicide for Americans is collected by the National Center for Health Statistics based on death certificate data and the 2020 census.

HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2020

The Homeless Populations Count provided by The Department of Housing and Urban Development report utilizes data provided by Continuums of Care applying for the 2020 CoC Program Competition. It provides count information regarding homeless populations and subpopulations across the U.S. and in each state.

Easy Access to the Census of Juveniles in Residential Placement; OJJDP, 2019

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

Bureau of Justice Statistics (BJS) - Prisoners in 2020 (BJS), 2020

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

Bureau of Labor Statistics (BLS), 2020

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

California Department of Education, 2020

The California Department of Education releases graduation and status dropout rates for all high school students in California.

National Center for Education Statistics (NCES), 2020

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

California Child Welfare Indicators Project (CCWIP), 2021

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

Adoption and Foster Care Analysis and Reporting System (AFCARS), 2020

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

References:

1. California Health Interview Survey. Published 2021. Accessed January 1, 2022. <https://ask.chis.ucla.edu/>
2. Vahratian A. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70. doi:10.15585/mmwr.mm7013e2
3. Mental Illness. National Institute of Mental Health (NIMH). Accessed January 1, 2022. <https://www.nimh.nih.gov/health/statistics/mental-illness>
4. Youth Suicide Rate. Kidsdata.org. Accessed November 19, 2020. <https://www.kidsdata.org/>

5. Curtin S, Hedegaard H. *Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States, 2020*. National Center for Health Statistics (U.S.); 2021. doi:10.15620/cdc:110369
6. *HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: California*. U.S. Department of Housing and Urban Development; 2020. Accessed January 1, 2022. https://files.hudexchange.info/reports/published/CoC_PopSub_State_CA_2020.pdf
7. *HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: All States*. U.S. Department of Housing and Urban Development; 2020. Accessed January 1, 2022. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf
8. Sickmund M, Sladky TJ, Puzanchera C, Kang W. Easy Access to the Census of Juveniles in Residential Placement. Published 2021. <https://www.ojjdp.gov/ojstatbb/ezacjrp/>
9. Carson EA. *Prisoners in 2020 – Statistical Tables*. Bureau of Justice Statistics, U.S. Department of Justice; 2021:50. <https://bjs.ojp.gov/content/pub/pdf/p20st.pdf>
10. *California Demographic Labor Force: Summary Tables - December 2021*. California Employment Development Department; 2021. Accessed January 1, 2022. https://www.labormarketinfo.edd.ca.gov/specialreports/CA_Employment_Summary_Table.pdf
11. *California Economy at a Glance*. U.S. Bureau of Labor Statistics Accessed January 1, 2022. <https://www.bls.gov/eag/eag.ca.htm>
12. *Selected Unemployment Indicators, Seasonally Adjusted - 2021*. U.S.

Bureau of Labor Statistics Accessed January 1, 2022. <https://www.bls.gov/news.release/empst.t10.htm>

13. Thurmond T. *2019-20 High School Graduation and Dropout Rates - Year 2020 (CA Dept of Education)*. California Department of Education; 2020. Accessed January 1, 2022. <https://www.cde.ca.gov/nr/ne/yr20/yr20rel101.asp#table1>

14. *Status Dropout Rates*. National Center for Education Statistics; 2021. Accessed January 1, 2022. <https://nces.ed.gov/programs/coe/indicator/coj>

15. California Child Welfare Indicators Project (CCWIP). CCWIP Reports. University of California at Berkeley California Child Welfare Indicators Project. Published 2021. Accessed January 1, 2022. <https://ccwip.berkeley.edu>

16. *The AFCARS Report*. Children's Bureau, Administration for Children & Families; 2021. Accessed January 1, 2022. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf>

17. Eisenberg D, Ketchen Lipson S, Heinze J, Zhou S, Talaski A, Patterson A. *The Healthy Minds Study: Fall 2020 Data Report*. Healthy Minds Network, University of Michigan; 2020. <https://healthymindsnetwork.org/wp-content/uploads/2021/02/HMS-Fall-2020-National-Data-Report.pdf>

18. Petite A, Pitcher E, Bodner C, Freeman D, Suell J, McCoy-Roth M. *The Impact of Covid-19 on Youth from Foster Care: A National Poll*. FosterClub: the national network for young people in foster care; 2020. Accessed January 01, 2022. <https://www.fosterclub.com/sites/default/files/docs/blogs/COVID%20Poll%20Results%20May%2010%202020.pdf>

19. Rosales BM. New state law puts California's Juvenile Justice System at a crossroads | Quick Guide. EdSource. Published October 11, 2021. <https://edsource.org/2021/quick-guide-new-state-law-puts-californias-juvenile-justice-system-at-a-crossroads/661962>

References: for #stopasianhate

1. <https://www.nytimes.com/2020/03/18/us/politics/china-virus.html>
2. <https://stopaapihate.org/national-report-through-september-2021/>
3. <https://www.cbsnews.com/news/the-painful-history-of-anti-asian-hate-crimes-in-america/>; <https://www.archives.gov/education/lessons/japanese-relocation#background>; <https://www.aapihatecrimes.org/about>; <https://saalt.org/policy-change/post-9-11-backlash/>
4. <https://www.mhanational.org/issues/asian-american-pacific-islander-communities-and-mental-health>
5. <https://stopaapihate.org/mental-health-report/>
6. <https://www.youtube.com/watch?v=5IHQ7PGiyll&t=11s>
7. https://mhsoac.ca.gov/sites/default/files/MHSOAC_BullyingPreventionBrief.pdf



CAYEN IS A PROGRAM OF MENTAL HEALTH AMERICA OF CALIFORNIA

WWW.CA-YEN.ORG

INFO@MHAC.ORG

(916) 557-1167

PO BOX 567

SACRAMENTO, CA

95812-0567

