CYBHI
Children and Youth
Behavioral Health Initiative

Youth at the Center

Calls-to-action for a reimagined behavioral health ecosystem from children, youth, and families across California

CALIFORNIA ALL

Master Plan for
Kids' Mental Health

CalHHS
California Health & Human Services Agency

This report was commissioned by the California Health & Human Services Agency's Children and Youth Behavioral Health Initative (CYBHI) and prepared by The Social Changery.

THE SOCIAL CHANGERY

This work would not have been possible without the expertise and leadership of the organizations listed below, as well as the community partners and individual parents, family members, and young people who participated in this project. Their commitment to bettering the lives of youth, families, and communities lies at the heart of what this initiative strives to achieve.

- **The California Youth Empowerment Network (CAYEN), a program of Mental Health America California (MHAC)**

- **Community Engagement Sessions (The Social Changery)**

  - 0 to 8 Mental Health Collaborative

  - Asian American Liberation Network

  - Everyday Impact Consulting

  - Institute for Public Strategies

  - Kno'Qoti Native Wellness/Maria Hernandez

  - Mental Health America of San Diego (MHASD)/Jim Gilmer

  - RYSE Center

  - Visión y Compromiso

  - Youth Mental Wellness Now! Summit (The California Endowment)

- **First 5 Monterey**

- **The Foundation for California Community Colleges (FCCC)**

- **Raising the Future (Parents Anonymous)**

- **Youth Forward**

- **Youth Organize! California (YO Cali!)**

  - Black Intergenerational Zeal (BIZ) Stoop

  - California Native Vote Project

  - California Immigrant Youth Justice Alliance

  - Centro Binacional para el Desarrollo Indígena Oaxaqueño

  - Chinese Progressive Association

  - Faith in the Valley

  - Gente Organizada

  - Little Manila Rising

  - Loud 4 Tomorrow

  - RYSE Center

  - South Bay Youth Changemakers

  - Youth Leadership Institute

  - Youth Will

| Dear Partners,

In the wake of a series of global, traumatic events, our children and young people are experiencing a mental health crisis. As Governor Gavin Newsom has said: "The last two years, there's been a stacking of stress, the likes of which none of us could have conceived of and none of us hope for in the future."

California specifically has seen the second largest increase in depression and anxiety among youth in the nation[1], and 65% of our young people with depression go without mental health treatment due to lack of access to services[2].

The recent COVID-19 pandemic didn't cause our current mental health crisis, but it added stress to the existing fault lines in our systems and further exposed deep inequities. In 2020, the suicide rate for Black young people was nearly twice the rate for their peers[3], and while 41% of heterosexual California high school students reported feeling sad or hopeless almost every day for two or more weeks in a row, 75% of LGBTQ+ students reported such feelings[4].

To address this crisis, California has made an unprecedented investment in the Children and Youth Behavioral Health Initiative (CYBHI). This multiyear, multi-department initiative seeks to reimagine the systems that support behavioral health for all California's children and youth ages 0-25, and their families.

CYBHI commissioned this report to be used as a standard by which we measure our success in the work of reimagining and building a more coordinated, youth-centered, equitable, and prevention-oriented ecosystem. It reflects the themes that emerged repeatedly during nearly 50 conversations held in all regions of California during 2022 with young people, their parents and family members, and the communities that support them.

It is our intention that the experiences of the children, youth, families, and communities reflected in this report will be the guiding light for building the system of support and care throughout the coming years as the CYBHI project grows and develops into its final form.

Arms Linked,

Mark Ghaly, M.D., M.P.H.

Secretary, California Health & Human Services Agency

Introduction

As part of CYBHI's commitment to building a more coordinated, youth-centered, equitable, and prevention-oriented ecosystem, the initiative commissioned 29 organizations to convene nearly 50 separate meetings in 2022, engaging more than 600 individual young people, families, and community members in sharing their insights and experiences. The goal of these sessions was to ensure that the work of rebuilding the system of support was guided by the lived experiences of the people it was intended to serve.

The sessions supported the CYBHI goals of centering the needs of children and youth, advancing equity, and ensuring diverse representation of perspectives from across all regions of California – both urban and rural. The meetings prioritized creating opportunities to amplify the voices of youth and families from marginalized communities including African American/Black, Asian American, Latinx, Native American/Indigenous, Native Hawaiian and Pacific Islander, biracial/multiracial, LGBTQ+, current and former foster youth, undocumented students, students accessing basic needs/public benefits, and low-income or working-class youth.

The strain of trauma due to the COVID-19 pandemic and the resulting mental health impacts were almost universal themes across these meetings. The conversations surfaced challenges with the current system of care, and participants expressed disillusionment, mistrust, and sometimes anger at the larger behavioral health system and how they felt it had failed them. People were often skeptical or even hopeless about the possibility of real change.

And yet, people showed up with a spark of hope that this time might be different. During these conversations, they shared their stories of pain and healing, frustrations and hopes, and ultimately, their vision for a new, reimagined behavioral health ecosystem.

This report is a summary of that vision: a system of care designed with youth at the center. When looked at collectively, 12 calls-to-action emerged from these conversations with youth, families, and communities that describe how all of us – regardless of role – can transform systems, reimagine services, and shift thinking. It is a critical resource, intended to guide our work, as we begin the process of healing by building a new behavioral health ecosystem together.

The California Endowment Youth Mental Health Now! Conference June 14-15, 2022

12 CALLS TO ACTION

FOR A REIMAGINED BEHAVIORAL HEALTH ECOSYSTEM FROM CHILDREN, YOUTH, AND FAMILIES ACROSS CALIFORNIA

SHIFT THINKING

- Addressing stigma is a foundational first step.
- Culture is healing.
- Youth and communities want self-determination – not "empowerment."
- Rethink treatment: what it looks looks like and who provides it.

REIMAGINE SERVICES

- Help must be available before it's a crisis.
- Make places for youth to belong, create, and connect to the outdoors.
- Take care of adults so they can take care of young people.
- Create a mental health system everyone can navigate, even when struggling.

TRANSFORM SYSTEMS
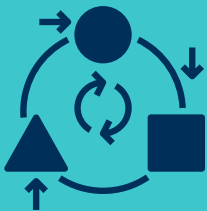
- Build a representative workforce.
- Decriminalize mental health – including substance use.
- Unacknowledged harm gets in the way of hope and trust.
- Take action to address systemic inequalities and oppression.

Addressing stigma is a foundational first step.

When discussing the stigma of mental health challenges, many youth identified that stigma was more of a concern in intergenerational settings – with community or family members – than with their peers in regard to issues like depression and anxiety[5]. Young people described experiencing stigma for seeking treatment from family members who hadn't had the opportunity to discuss and address mental health concerns of their own, oftentimes because the adults were focused on meeting basic needs. Parents expressed that a lack of information, resources, and support limited their own understanding of behavioral health challenges and their ability to provide support.

Supporting parents and other caregivers was one tactic that can reduce stigma and open lines of communication; when family members received support for their own struggles and were given access to education and resources about mental health, stigma was reduced and young people were encouraged to access resources by their elders. Reducing stigma on its own was not the end goal as described by youth. Instead, it was part of a larger discussion about what it would take to change social norms around mental health. Young people called for a culture shift that actively promoted mental health by normalizing rest, restorative practices, healing, therapy, peer support, cultural practices, and community care – not only for a young person who was struggling, but for everyone – as the way to not just end stigma but to change the social norms that drive stigma in the first place.

Youth suggested a variety of opportunities to shift culture - from social media outreach campaigns to working with schools by educating parents, school staff, and community members about mental health practices and helping to break the stigma surrounding behavioral health problems. Regardless of the approach, they called for the diverse voices of young people to be at the center of these efforts.

"No, I don't talk to my family about my feelings because they only judge me instead of actually helping me with my problems."

"... [There should be a] ton more exposure – normalizing mental health practices as part of educational curricula, resources available everywhere. Regular mental health practices and tools available routinely."

"... Mom, dad, uncle, everybody has to play your role. Because through our behaviors or the stigmas, we make it more difficult on them. ... If all of the adults have [access to information], then we can give them a healthy and livable life."

Culture is healing.

Young people, their families, and communities all echoed that culture is a pathway to preventing and healing from traumatic experiences and behavioral health problems. In other words: culture isn't a "lens" for shaping treatment – it *is* treatment. Culture provides a sense of shared identity, context for one's experiences, and can help ground young people with a sense of purpose and belonging that cannot be achieved through what is typically viewed as "mental health treatment" alone.

Culture offers more than a connection to the past. Cultural gatherings and other forms of "being in community" provide young people with the opportunity to build safe and meaningful connections with both peers and elders. Cultural healing practices were noted as helping to connect young people to a historically grounded, holistic view of health – examples included healing circles, safe spaces to connect with others from your community, connection to culturally-specific traditions such as smudging or dance, sharing stories, and access to mentors from within a young person's cultural community.

The connection between the land and healing was named in particular by Native American/Indigenous communities; specifically, that there cannot be full healing and well-being if Native youth are separated from their land.

"Personally, I would say one-on-one talk with someone you can relate to. Something where people understand your experience as an Asian American. And we do have different experiences, someone who can hear your story, relate and have a genuine connection and conversation. It's important that we know that they care."

"If you're not 'mainstream' like the people around you ... it's hard to find community. LGBTQ people have a hard time finding safe spaces and friends. There's just generally less opportunities to meet and be connected with people like you."

"... [I]f the government wants to heal the harm that has been done, we need our land back. We are the stewards of this land, our relationship with the land is how we heal. It's how we maintain our sanity, our mental health, our wellness. Our freedom... to serve our purpose as first Nation people."

Youth and communities want self-determination – not "empowerment."

Young people, parents, and community leaders stressed the importance of self-determination on both an individual and community level. As one participant expressed: "Those who are at the center of the problem are also closest to the solution."

Young people want a behavioral health ecosystem that provides support that meets their stated needs. They described an ideal future system in which they were able to make their own decisions and freely choose the path to healing that was right for them. Parents similarly expressed a desire to have a meaningful role in determining what type of support their young children received – in therapeutic and school environments – instead of having those dictated to them based on funding sources or policy.

Young people and adults alike called for the need to move to collaborative decision-making at the community level, and access to resources to implement community-identified solutions. Communities expressed frustration with "recreating the wheel" and gatekeeping, in which funding went to a program developed and facilitated by outsiders to the community, instead of supporting and sustaining the people already doing the work to meet community needs. They specifically shared that people are tired of being asked what they need, only to have funding support for outside solutions instead of supporting community-led efforts.

"A better way to foster 'community engagement' is to ask our communities what we need and support us in attaining the resources, while removing administrative barriers, to attain the outcomes and vision that we all seek."

"Youth do not want more campaigns that 'empower' them. They want self-determination to make their own decisions and believe they should be the drivers of what they need from a behavioral health standpoint."

"We are tired of hearing about community engagement. We need true partnerships. We need to move to collaborative decision making. We need to understand that the community has the information that will solve the problems. Government needs to have the courage to truly go in and partner with the community on decision making."

Rethink treatment: what it looks like and who provides it.

When asked to imagine a new behavioral health system, participants talked about rebuilding it with the community at the forefront. The physical structure and place where services are offered was envisioned as safe and welcoming. And, while there was a clear need for an expansion and improvement of professional mental health services, there was also a strong desire for the expansion of non-clinical services. In fact, youth favored a peer-to-peer model or a mentoring model, and parents said they found it helpful to get behavioral health information from their natural support system, such as family members and pastors.

We need to broaden our definition of treatment, including where it's delivered and who provides it. Youth and parents described a system rooted in their local community that would be accessible, culturally responsive, and inclusive of multiple kinds of healing modalities by many kinds of people, including peers and lay people.

Young people want and need *more*: more mental health resources, more mental health providers, more culturally rooted healing, accessible and available before needs escalate. They also want more tailored and diverse ways of meeting their needs: on and off campus, community-based, virtual, one-on-one, and group-based.

"Like, you are only supposed to talk to someone with a degree; but aren't your friends or family the ones who should be able to support you? [Especially] if you don't have access to therapy, or you don't want to talk to someone you don't know ... what if we all were better prepared to support each other?"

"[I'd like] a place where they walk in and it's friendly, welcoming, and warm. Food, care. Someone they already know. Safety. Not 'show me your insurance.' It's a shift – a state of mind shift. Layers of services. Not just a youth walking into a clinical setting and going straight to a therapist. Creating safe spaces for youth to open up."

"I'd like to have a place where there were peers having lunch, not expressly for the purpose of mental health but having someone to talk to. Not having another human being who cares is part of mental health problems. [Going to talk to a] mental health professional feels like 'something is wrong' or like it's a duty, not a human connection."

Help must be available before it's a crisis.

Youth and families said they had nowhere to go for mental health support unless it was an emergency. They described feeling the need for support, or being worried about their child, and then trying to find services proactively only to be told that they didn't qualify for services because the issue "wasn't bad enough." Parents also expressed that if they did find care, it was either too costly or had lengthy wait lists. Families called for support that would maintain or build their child's mental health *before* it was a crisis.

Many young people were aware of crisis lines available to call but believed those were only there for people who were experiencing thoughts of suicide. Young people who had utilized "warm lines" – intended for issues that were not yet a crisis – found the experience of having someone listen and provide a referral to local services to be a helpful first step, but insufficient to meet all their needs. Different types of care were desired with some people preferring phone support, apps, online help, or in-person care.

People expressed a need for care that would meet them where they were at: whatever level of distress they were experiencing, when they could meet, in a format they could access.

"If the youth had more help with their wellbeing, emotional, physical, et cetera, then they would also do better in school and life in general."

"During the pandemic, it was too much. Really hard for me. I couldn't go anywhere, do anything in person. My parents are the type of people who can't really talk about this type of thing. I looked to some of the resources that were posted by my counseling department – I called the hotline. The reflective listening didn't help me – I needed actual resources, feedback, [and] help, not just 'are you saying you feel X, that must be hard.' All of the responses are trained responses. I know they care, but they can't help."

"If we can embed more preventative interventions or even just really looking at our environment as a whole, then we would have better mental health. And yes, resources are cool, but also it's kind of like solving problems at the end of the stream, right? Like it's already too late."

Make places for youth to belong, create, and connect to the outdoors.

Young people and their families called for physical spaces that are safe and beautiful, spaces that are full of connection and joy for young people. They must be accessible – in community centers, schools, parks – and open late, on weekends, and on school holidays. They would be filled with mentors, peer-to-peer relationships, and opportunities for youth to express themselves: to tell stories, dance, write, play music, plant a garden, build relationships, gain skills, and just *be*.

Parents were eager for safe areas where their children and teens could connect with other young people and trusted adults. For parents of young children, having scheduled programming available for extended hours supportive of working families and single-parent households was described as an essential, and often overlooked, attribute.

Connection to safe and accessible outdoor spaces – both undeveloped nature and green urban spaces – was raised repeatedly by youth as having a direct impact on mental health. Many young people cited socio-economic barriers as a clear dividing line between their peers who regularly accessed these kinds of spaces (beaches, state parks, clean and well-designed urban spaces, etc.), and those who could not. Whether indoors or outside, youth envisioned coming together to participate in activities that would support mental health and provide healing – including art, music, dance, and other types of creative expression.

"We need an integrated continuum of well-being tools and strategies - art, nature, journaling, music, physical activity. These things are seen as 'nice to have' but youth have shared they are an integral part of their health and wellness."

"White people with money always have access to go to Malibu for rehab. What if we could have access to a nice hotel for youth of color, to take care of them. To be loved. A sanctuary. To do inner healing work."

"[I'd have access to] nature on a dock, by myself, swinging my feet. Us inner-city kids don't have access to nature. To be grounded walking around on our ancestral lands."

Take care of adults so they can take care of young people.

Children and youth know when their parents and other trusted adults are not "ok." Young people expressed concern about how sharing their own struggles – including mental health challenges and thoughts of suicide – would negatively impact and add stress for their parents and/or caregivers. Additionally, youth expressed unwillingness to access professional services at times (particularly in school settings) because the counselors themselves were obviously struggling and they did not wish to add to their burdens.

Community members, families, and young people all reflected that the system cannot meet the needs of a young person without also addressing the intertwined issue of intergenerational trauma. Not only do parents and families need support for the stressors of day-to-day life, but also support to help them heal from their own experiences and interrupt the intergenerational transmission of trauma.

We can support young people – especially first-generation immigrant youth who already may be the healthcare navigator in their families – by making sure the adults in their lives get the support and resources they need.

"Support all, not just the child, but also the parents because what good is it to just take the child to therapy, if the parents aren't going to therapy, I think that we all need to heal because it is a triangle."

"It's hard to talk to your parents when they have so much stress in their own lives."

"School counselors – you would think they would be the first person students would go to, but at least with my school… it's so obvious she is so overworked. We need more counselors with the right training so that youth can ask for help and not feel like a burden. One of my friends scheduled an emergency mental health appointment, and they were told it would take a month and half for him to see someone. I agree about more and better trained school counselors – feeling like they are too overwhelmed to be a resource. Like you are another name on a laundry list."

Create a mental health system everyone can navigate, even when struggling.

Young people and their families are tired of trying to find what's available to them and navigating complicated and disconnected systems of care. People who are hurting and in crisis need the systems to work for them, alleviating burdens during times of difficulty instead of adding to them.

Both young people and their families experienced a referral loop where they called one number only to be given another number to call. They wanted to have more points where they could receive support in the early stages of distress and one-stop locations that helped meet their needs at whatever level they might be at. This eliminates the expectation of the person in distress or their family to call a series of phone numbers for providers that may or may not be able to help them in order to find the right level of care.

Communities across all sessions echoed the same frustration with siloed systems and expressed a desire for being able to reach out for support from many outlets, and have those systems serving them work together. Youth and families not only want more culturally-based treatment available to them, they want it delivered where they're already at – in schools, in community-based organizations, as well as in traditional points of care.

"When you like ask for a referral, they're just sending you to somebody else… In the meantime, you have a child that is in pain that you're trying to help, but there's no resources to help this child."

"So, when I went to go get help for her, I called her phone number who gave me four more phone numbers. I call the first phone number. They gave me two more phone numbers. It's absolute cat and mouse. And then when you do get through, you get through to someone's voicemail."

"It was unbearable. I am a truck driver, and I would be rolling down the highway trying to jot all these web addresses down and then getting phone numbers to call them. And then all you [get] is [an] answering machine and then someone calls you back, but you just called 12 people, so you have no idea who called you back."

Build a representative workforce.

Youth were clear: *Give me mental health support from someone who looks like and talks like me – someone who understands my identities and my story. Don't ask me to do the emotional labor to constantly explain myself or my experiences.* Youth expressed the desire to receive behavioral health care from providers who not only looked like them but explicitly understood them. Not only would this create a sense of safety, it would also alleviate the emotional labor of constantly explaining themselves. While shared culture and/or ethnicity was desired, youth often described this as a starting place for shared experiences, particularly those of racism, discrimination, and trauma.

The consequences of providers who did not understand or relate to the young people they served ranged from ineffectiveness to causing real harm. One LGBTQ+ student stated that their provider was offering solutions that were not a good fit for who they were as a person, while another recalled a mental health provider trying to "pray away the gay from me."

Communities described not just diverse providers, but a representative mental healthcare workforce that has had, and understands, the experiences of the community – including lived experience of mental health challenges and trauma. They noted that bringing in more people who have firsthand understanding of racism, trauma, oppression, and mental health challenges will not be sustainable if the behavioral health ecosystem and workplace are not transformed into supportive and healing environments for those who work within them as well.

> *"... One change we need is that the high schools in my neighborhood have to have a counselor who is Black. It should be mandatory. Why? Because the youth [I work with] come up to me and say 'I can't trust this person, they don't look like me'."*

> *"... with these counselors, they go to school, and they learned it through a textbook, compared to people that have actually experienced [the things that we have]... those people know the struggle, and they know how it was for them; they could really help the youth."*

> *"When we're seeking out mental health providers, sometimes you want someone who can validate us. It's not necessarily validating when a therapist who is blonde haired [with] blue eyes, a white woman, a citizen – all of these identity markers that you don't share – tells you that you're okay and nothing is wrong, but they come from a place of privilege."*

Decriminalize mental health – including substance use.

Communities strongly expressed a vision for a new behavioral health ecosystem in which we decriminalize behavioral health and disentangle it from policing, prisons, and carceral systems. They called out for systems to stop locking up and punishing young people when they most need support. Instead, communities envisioned investing in positive school climates, restorative and transformative justice, and sending health professionals rather than having police respond to mental health crises.

Parents expressed that they are afraid to ask for support for their children's behavioral health problems if they perceive a risk that child protective services (CPS) will be called. Young people who had experienced sexual assault indicated they would be reluctant to seek mental health support because they feared a mandated report to CPS, or having their mental health be a part of court proceedings. They similarly expressed that they would not seek help for problems with substance use because they feared losing access to resources such as supported housing or facing disciplinary action at school.

Parents were concerned that there are too few "middle ground" services for children, and the services that are available are expensive and hard to get into. Parents described how they were turned away from services for their child because it "wasn't bad enough," but when the issue escalated and they took their child for crisis services it often resulted in a psychiatric hold. Parents and youth described having security posted to prevent the young person from leaving the emergency room, the traumatic experience of having law enforcement respond to their mental health crisis at their home, and losing the ability to make healthcare decisions for their child during a psychiatric hold. Many expressed they would not access emergency services in the future because of the experience.

"Sometimes I feel like [mental health] systems are intended to funnel society's 'undesirable' into systems of confinement."

"I don't know how many parents want to go into a school and talk about mental health and substance abuse with their children when they know damn well, they [the school staff] are going to report them to Child Protective Services. So, parents will go in for the free snacks and the little gifts, but they're not sharing what's really going on."

"The biggest building in town would no longer be the jail – what we saw in our space would not reflect a deficit, but instead it would be something that supported families and the community. It would be a multigenerational family center."

Unacknowledged harm gets in the way of hope and trust.

The mental health system has not just failed to meet the needs of some children and youth – too often, it has caused harm.

Young people clearly expressed an inability to feel hope about the possibility of real change, or willingness to engage with services or programs, without this being acknowledged and repaired.

But reparative practices go beyond good listening. Youth also want adults who will act on what they learn – alleviating the stress, overwhelm, and fatigue that youth feel.

A first step to rebuilding trust and rekindling hope is for leaders to listen, acknowledge impacts, and take responsibility.

"This process has to start with us telling the stories of what went on, what happened. In order for us to heal, we need to start with our ancestors that never had that opportunity."

"When asked what support looks like, a young person responded: 'Acknowledging harm. Interrupting it. Repairing harm.'"

"… nothing is going to happen until… those who experienced this hardship – have a chance to express what happened. The stories of what went on to us. Before we can get to equity. A lot of times when you talk to people, they don't want to hear that. But to get there, we need to move through those hard times, those troubled times. Until we can do that, we won't get to a place where there is equity. We won't heal."

Take action to address systemic inequalities and oppression.

Mental health solutions won't work until they address underlying, long-standing systemic oppression and inequalities.

Communities across California were clear: racism, white supremacy, settler colonialism, poverty, and other forms of systemic oppression and violence aren't just barriers to treatment – they are a root cause of mental health and substance use challenges.

Solutions must do more than simply acknowledge this history; they must take action to address the ways systems perpetuate inequalities.

Communities noted that changing systems to share not only power but resources with marginalized communities was essential for real transformation in the system.

"Social workers need to stop asking what's wrong with our families and to see the systemic nature of my anxiety and depression growing up and living as a Black woman."

"The system was designed through the lens of Western Individualism, not family or community centered… it's not the way of our people but it's how the system was built. That 'we' – European Americans – know better than you."

"[I wish someone would ask] are there troubles you face at school for being a Native student, or because of the color of your skin?"

Conclusion

California is a large, geographically dispersed, and highly diverse state. Visionary statewide and local leadership, as well as a groundswell of committed individuals, will all be needed to transform our behavioral health ecosystem. A unified, well-organized statewide infrastructure is critical for setting strategy, policy, and resource delivery. Local leaders, in partnership with youth and families, have an equally important role in individualizing and implementing programs and services that reflect communities' unique needs. And while many of these changes must occur on a systemic level, individuals play a vital role in shifting thinking to move this work forward.

Regardless of the roles we occupy, we are all actors within the behavioral health ecosystem at a time when there is an opportunity for real change. Staying true to these calls-to-action from our youth, families, and communities, applying them to our individual and collective actions, is critical to the work before us: creating a behavioral health ecosystem with *youth at the center*.

It is our intention that the experiences of the children, youth, families, and communities reflected in this report will be the guiding light for creating a behavioral health ecosystem with youth at the center. This commitment has already impacted numerous efforts underway. A few recent, significant examples of this in action include:

Children, Youth, and Family Network (CYBHI): As a commitment to continuing to center lived experiences and partner with communities, a statewide network of children, youth, families, and community members will be convened in 2023 to inform the work of the CYBHI. The structure of this network is based upon key informant interviews conducted with experts positioned within organizations across California that serve children, families, and youth as part of the larger behavioral health ecosystem as well as CYBHI workstream leads.

Wellness Coach Workforce (HCAI): Youth feedback resulted in changing the title of "behavioral health coach" to "wellness coach" and the wellness and prevention focus of the coach role was informed by input from children, youth, and families. Also, HCAI continues to engage with subject matter experts in community-defined supports from underrepresented groups, such as those supporting justice and system-involved youth, the unhoused population, etc. This engagement will help HCAI understand how to ensure the Wellness Coach model addresses overcoming stigma and includes appropriate and culturally inclusive resources.

Virtual Services Platform (DHCS): Youth and family engagement, including interviews, focus groups, and ongoing consultation with a youth advisory group, were core to the development of the planned functionality and features of the platform. DHCS will further conduct user test groups in the coming year with the intention of building a platform that youth and families will use and experience as a valuable set of tools and resources that help address their needs.

Shift Thinking

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What policies or practices in your sphere of influence might be based on stigmatizing beliefs, or perpetuate stigma and discrimination?

- How can you help create spaces where young people can be their whole, full, and authentic selves without question or judgment?

- How can your work send affirming messages to young people that they are valid and deserving of support as they are?

- How are you centering healing cultural practices in your work with young people or their families?

- How could you expand the ways in which individuals and/or communities are brought into the planning, execution, and evaluation of your work?

- How can self-determination (for communities or individuals) be prioritized in your work?

- What systems can be built or expanded that connect people in distress with all types of resources that meet their stated needs?

- How might peer support be expanded in your programs that serve young people and their families?

- How can our programs help support mental health "first responders" in the community, such as spiritual leaders, teachers, etc.?

Reimagine Services

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What programs and services do we need to build in order to better support young people before they are in crisis? What barriers to access could you remove to the services and programs that already exist?

- How could you help young people and their families – who are not yet experiencing a crisis – learn about the support available to them?

- What existing physical spaces do we have access to that could be repurposed as safe spaces for young people to gather with one another and trusted adults or mentors?

- How could we expand opportunities for creative expression for youth in all existing programs and spaces?

- What natural environments are available to children and youth and how can we remove barriers to access?

- How can natural elements be added to environments where they don't currently exist?

- What do you find helpful in sustaining mental health and well-being in your own life? How might those supports be applied to improve the well-being of families and parents, or of behavioral health professionals?

- What do you need to feel capable of being emotionally present for a child or youth? How can those same supports be scaffolded and extended to adults in communities?

- What is needed to make it easier for children, youth, and families to access your services or programs?

- What changes could you make to create a more welcoming environment for young people when they do try to access services?

Transform Systems

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What types of life experiences might young people find important in the professionals they seek help from, and what can be done to encourage more people with these experiences to enter the behavioral health field?

- What can facilitate not only entry into the behavioral health workforce but sustained employment and advancement to leadership positions for people of diverse backgrounds?

- How can you prioritize healing and shared power instead of control in areas you hold power or influence?

- In what ways could you model acknowledging the harm that has been done by the systems you are a part of?

- How can we more clearly validate the experiences of young people?

- How can our efforts highlight not only the problems faced by marginalized communities but also the strengths, joy, and resilience of these communities and the healing that is possible?

- What can you do to earn trust and inspire hope?

- What policies or practices in your work are based on systemic inequalities? Which do you have the power to influence or change?

- What resource or power do you currently control that could be turned over to, or shared with, marginalized communities?

Notes

1. The Annie E. Casey Foundation, 2022 Kids Count Data Book: 2022 State Trends in Child Well-Being (Maryland: The Annie E. Casey Foundation, 2022), https://www.aecf.org/resources/2022-kids-count-data-book.

2. Mental Health America, The State Of Mental Health In America 2022 (Virginia: Mental Health America, 2021), https://www.mhanational.org/issues/state-mental-health-america.

3. California Department of Public Health, "Suicide in California – Data Trends in 2020, Covid Impact, and Prevention Strategies" (Zoom Webinar, California Department of Public Health, July 28, 2021), https://www.psnyouth.org/wp-content/uploads/2021/08/Suicide-in-California-Data-Trends-in-2020-COVID-Impact-and-Prevention-Strategies-Slide-Deck.pdf.

4. "Youth Risk Behavior Surveillance System, 2019," Center for Disease Control and Prevention, October 27, 2020, https://www.cdc.gov/healthyyouth/data/yrbs/index.htm.

5. While recent research and the above noted community conversations reported a decrease in stigma surrounding anxiety and depression among young people, it is worth noting that research indicates stigma levels – including perceived threat of violence – for other disorders, such as schizophrenia, remain stagnant or have increased. See Bernice A. Pescosolido; et al, "Trends in Public Stigma of Mental Illness in the US 1996-2018," JAMA Network Open 4, no. 12 (2021), 10.1001/jamanetworkopen.2021.40202.

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"Youth Risk Behavior Surveillance System, 2019." Center for Disease Control and Prevention. October 27, 2020. https://www.cdc.gov/healthyyouth/data/yrbs/index.htm.

Methods

The 12 calls-to-action were based upon the summary reports from the following organizations that collectively convened nearly 50 separate meetings in 2022. The contents of these reports were coded into individual key findings and individual participant quotes. These were then grouped into content area clusters. Clusters that had three or more supporting individual findings were considered themes. The supporting individual findings within the cluster were then summarized and three supporting participant quotes that were emblematic of each theme were selected from the quotes affiliated with the cluster. In all, 12 themes emerged and became the calls-to-action, which were then further grouped into three areas of focus: Shift Thinking, Reimagine Services, and Transform Systems. The following is a description of each organization that prepared a report, as well as a summary of partners and participants.

The California Youth Empowerment Network (CAYEN), a program of Mental Health America California (MHAC) is an organization that strives to empower youth ages 15-26 (transitional-age youth or TAY), to become leaders in the community and the behavioral health ecosystem. For their report, two virtual focus groups were conducted – one in April of 2022 with 8 youth attending and one in May of 2022 with 7 youth attending, for a total of 15 TAY. All of the youth who participated in the focus group have lived experience with the behavioral health system.

First 5 Monterey County is one of the founding member agencies of The Central Coast Early Childhood Advocacy Network (CCECAN). First 5 Monterey works to enrich the lives of children, prenatal through age five, and their families by strengthening connections and advancing quality within a whole system of care and support. Participants were recruited from a pool of parents involved in a tri-county (Monterey, San Benito and Santa Cruz) children's advocacy network. Thirteen people participated in the focus group, all of which had children. There were also at least two childcare providers in the group. All three counties were represented. The focus group was held in Spanish with simultaneous interpretation into English.

The Foundation for California Community Colleges (FCCC) is built to benefit, support, and enhance the missions of the California Community College system through support from a wide range of partner organizations and individual donations. For their report, FCCC completed 4 virtual focus groups focusing on individual communities/demographics: Students Accessing Basic Needs Support or Public Benefits, or students who have utilized public benefits (e.g., CalFresh, Medi-Cal, CalWorks), Current and Former Foster Youth, LGBTQ-identified students; and Undocumented students (including individuals who identify as Cal Dream Act/AB540 or DACA recipients). 15 students were selected to participate in the focus groups who were between the ages of 18-24, most were from households that earned less than $20,000, and identified with at least one of the four different populations identified above.

Raising the Future, or Parents Anonymous, is an organization that strives to advance the well-being of children, youth, and family through various programs, initiatives, advocacy,

and research support. For the purposes of this report, Raising the Future conducted 10 interviews and eight focus groups, two of which were repeated due to low attendance – in the end, 61 parents participated as part of the research process. The focus groups centered around several key behavioral health ecosystem topics: Key Systems Changes, Workforce (three sessions including one in Spanish), School Linked Services, Homelessness, Child Welfare System, Young Children, and the Juvenile Justice System (two sessions).

The Social Changery strives to ensure that all people, regardless of circumstance or background, have equitable opportunities for educational, health and economic success – partnering with non-profit, philanthropic, government, and private organizations to help them *do more good*. The Children and Youth Behavioral Health Initiative (CYBHI) engaged The Social Changery to convene and facilitate a series of community-based engagement sessions throughout California from June-September 2022. Approximately 400 youth, families, community members, and professionals within the behavioral health ecosystem participated in the meetings which included: 5 regional community-based in-person sessions; 1 session conducted at a statewide youth mental health conference held by The California Endowment; and 2 virtual sessions and a series of key informant interviews to engage rural communities. Additionally an analysis of data from previous focus groups and surveys with the Native Hawaiian and Pacific Islander community was provided by Empowering Pacific Islander Communities (EPIC). All sessions were convened in partnership with the following lead organizations and cultural brokers (in order of when the sessions were conducted): The California Endowment's Youth Mental Wellness Now! Summit, Mental Health America San Diego (MHASD) and Jim Gilmer, Asian American Liberation Network and Everyday Impact Consulting, Visión y Compromiso, Kno'Qoti Native Wellness and Maria Hernandez, RYSE Center, Institute for Public Strategies, and the 0 to 8 Mental Health Collaborative.

Youth Organize! California (YO Cali!) strives to move young people directly impacted by marginalization and oppression into positions of leadership, decision-making, and power at organizational, community, and governmental levels. For their report, YO Cali! held focus groups across 13 organizations, as well as 4 one-on-one interviews in June and July of 2022, totaling 129 BIPOC youth voices contributing to their findings. Organizations that participated in focus groups include: Black Intergenerational Zeal (BIZ) Stoop, Oakland; Centro Binacional para el Desarrollo Indígena Oaxaqueño, Fresno; California Native Vote Project, Sacramento; California Immigrant Youth Justice Alliance, Central Valley; Chinese Progressive Association, San Francisco; Faith in the Valley, Fresno; Gente Organizada, Pomona; Little Manila Rising, Stockton; Loud 4 Tomorrow, Kern County; RYSE, Richmond; South Bay Youth Changemakers, Santa Clara County; Youth Leadership Institute, Fresno & Merced; and Youth Will, San Diego.

Youth Forward was established in 2017 as a nonprofit organization based in Sacramento, California by a group of social change agents and community organizers to address the threats posed to children and young people by the legalization of marijuana after the passage of Proposition 64. In mid-April, 2022, Youth Forward held four youth listening sessions on the campuses of Hiram Johnson High School and Luther Burbank High School in South Sacramento. A total of 69 students participated in the listening sessions across both schools.

Convening Organization	Number of Focus Groups/ Engagement Sessions and Participants	Description of Participants
The California Youth Empowerment Network (CAYEN), a program of Mental Health America California (MHAC)	Focus Groups: 2 Total Participants: 15	Age: 16-26 Regions: Sacramento, Los Angeles, Fresno, Orange, Santa Barbara, San Bernardino, San Diego, Tehama, and Yolo counties. Gender: 11 female-identifying, 2 male-identifying, and 2 identified as gender non-conforming. Race/Ethnicity: 1 African-American, 8 Asian, 2 Caucasian/white, 3 Latinx, and 1 Native youth participating.
First 5 Monterey County	Focus Groups: 1 Total Participants: 13	Age: Adults (18+), all Parents Regions: Monterey, San Benito, and Santa Cruz counties. Languages: Focus group was conducted in Spanish and simultaneously interpreted into English.
The Foundation for California Community Colleges (FCCC)	Focus Groups: 4 Total Participants: 15	Age: 18-24 Regions: Statewide Gender: 7 female-identifying, 4 male-identifying, 1 identifying as a transgender male, 2 identifying as non-binary, 1 declined to state. Race/Ethnicity: 2 Asian, 2 Black/African American, 5 Caucasian/white, 2 Hispanic/Latino: Mexican/ Mexican-American/Chicano, 1 Hispanic/Latino: South American, 2 Mixed-Race. Other communities included: 3 LGBTQ+ participants.

Convening Organization	Number of Focus Groups/ Engagement Sessions and Participants	Description of Participants
Raising the Future / Parents Anonymous	Focus Groups: 8* Interviews: 10 Total Participants: 61 *Two of the focus groups were repeated due to low attendance	Age: Adults (18+), all Parents Gender: 43 female-identifying, 6 male-identifying, 3 identifying as nonbinary or other. Race/Ethnicity: 4 African American, 26 Latinx, 17 Native American, 14 white. Other communities included: 13 LGBTQ+ participants. Languages: 1 of the focus groups was conducted in Spanish, the rest were conducted in English.

Convening Organization	Number of Focus Groups/ Engagement Sessions and Participants	Description of Participants
The Social Changery	Engagement Sessions: 8 Interviews: 3 Total Participants: Approx 400 CBO Partners for Engagement Sessions: • 0 to 8 Mental Health Collaborative • Asian American Liberation Network • Everyday Impact Consulting • Institute for Public Strategies • Kno'Qoti Native Wellness/Maria Hernandez • Mental Health America San Diego (MHASD)/ Jim Gilmer • RYSE Center • Visión y Compromiso • Youth Mental Wellness Now! Summit (The California Endowment)	Ages: 14+ Regions: Sacramento, Los Angeles, Lake, Contra Costa, San Bernardino, and Humboldt counties. Greater High Desert Community, Central Sierra Foothills, and Tuolumne County Rural Foothills regions. Race/Ethnicity: Approx. 40 participants attended the engagement session focused on Black/African American/People of African Descent; approx. 30 participants attended the engagement session focused on the Asian American community; approx. 60 participants attended the engagement session focused on the Latinx community; approx. 35 participants attended the engagement session focused on the Native/Indigenous community; members of the Native Hawaiian and Pacific Islander Communities were also represented via an external report noted below.* Other communities included: Approx. 75 participants attended the engagement session focused on rural communities (plus an additional 3 key informant interviews with members of rural communities); approx. 25 participants attended the engagement session focused on LGBTQ+ communities; approx. 125 participants attended the engagement session focused on TAY (transition-aged youth). Languages: 1 engagement session was conducted in Spanish with simultaneous English interpretation. *Based on community feedback, data provided by Empowering Pacific Islander Communities (EPIC), Southeast Asia Resource Action Center (SEARAC) and the Asian American & Pacific Islander Coalition Helping Achieve Racial + Gender Equity (AAPI CHARGE Coalition) on the mental health of Native Hawaiian and Pacific Islander communities was also reviewed and used as a reference for findings and recommendations in the Community Engagement Sessions report.

Convening Organization	Number of Focus Groups/ Engagement Sessions and Participants	Description of Participants
Youth Organize! California (YO Cali!)	Focus Groups: 13 Interviews: 4 Total Participants: 129 CBO Partners for Focus Groups: • Black Intergenerational Zeal (BIZ) Stoop • Centro Binacional para el Desarrollo Indígena Oaxaqueño • California Native Vote Project • California Immigrant Youth Justice Alliance • Chinese Progressive Association • Faith in the Valley • Gente Organizada • Little Manila Rising • Loud 4 Tomorrow • RYSE Center • South Bay Youth Changemakers • Youth Leadership Institute • Youth Will	Ages: 12–25 Regions: Central Valley, greater Bay Area, greater Los Angeles metropolitan area (including Orange County & Inland Empire), and San Diego regions. Gender: 39% identified as cis-women, 21% identified as cis-men, 14% identified as gender-fluid or non-binary, 17% identified as non-cis or transgender (FTM or MTF), and 9% identified as other. Race/Ethnicity: A little over a third of total responses to this total questions (not respondents) indicated Latinx, Latino, Latine, or Hispanic identities; 14% identified as multiracial or indicated more than one racial identity; 12% reported African American, African, or Black identities; 10% were Southeast Asian; 9% Indigenous, 8% Native American and/or First Nations, 6% East Asian, 4% South Asian, and 3% Pacific Islander. Other communities included: 41% of participants identified as LGBTQ+.

Convening Organization	Number of Focus Groups/ Engagement Sessions and Participants	Description of Participants
Youth Forward	Focus Groups: 4 Total Participants: 69	Ages: 14-18 (high school students) Regions: Sacramento County Gender: Approx 20% of participants identified as male and the rest identified as female. Race/Ethnicity: Approx 40% of participants identified as Latina/o and were either first-generation Americans or immigrants themselves. Other 60% of participants were a mix of Black, Asian, Latinx, and white students and multi-racial students.

CYBHI

Children and Youth Behavioral Health Initiative

Master Plan for
Kids' Mental Health

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