

MHA-SF Policy Brief

Disconnected Youth Age 16-24

Overview

This document provides a summary of the situation and needs of disconnected transition age youth, as well as policies and recommendations for improving services for them in San Francisco. Transition age youth (TAY) are young adults between the ages of 16 and 24. There are currently 80,000 transition age youth living in San Francisco.¹ An estimated 5,000 to 8,000 of these young people—up to 10% of the age group—are experiencing difficulties with the transition from childhood to independent adulthood due to mental illness, emancipation from foster care, and/or homelessness and, as a result, are considered “disconnected.”¹ Local data provide some indication of the number of transition age youth needing or accessing various services. County Community Behavioral Health Services is serving 2,500 TAY in San Francisco. San Francisco Wellness Centers provide counseling and behavioral health services to 3,800 high school youth.² In 2007, 27% of the 1,657 children and youth in foster care, were ages 16 and above.² There are also as many as 5,700 homeless or marginally housed youth in San Francisco.³

Disconnected Transition Age Youth

Ages 16 through 24 are a critical developmental period in a young person’s life. To make the transition to independent adulthood successfully in this period, youth must complete high school, attend college or enter the workforce, ensure stable housing, learn to manage their finances, and develop important intimate and social relationships. Disconnected TAY are at greater risk to struggle with these goals and to experience a number of

negative outcomes, including unemployment, homelessness, involvement with the criminal justice system, and poverty. More effectively supporting the productivity and emotional health of these youth would produce enormous benefits for society at large, as well as for the youth themselves.¹

Behavioral Health Needs of Disconnected TAY

A 2005 National Institute of Mental Health study found that close to 50% of Americans will develop a mental disorder at some time in their lives—with 50% of cases starting by age 14, and 75% by age 24.⁴ Addressing behavioral health needs as early as possible can prevent trauma, decrease the severity of symptoms, and increase the likelihood of recovery. Many studies indicate that intervention during the first stages of mental illness can improve outcomes and help youth recover and better manage symptoms.⁵ Providing behavioral health treatment and support early can reduce symptoms and hospitalization, keep youth in school, promote youth self-sufficiency, reduce incarceration, and improve quality of life.

Proposition 63, The Mental Health Services Act (MHSA), passed by California voters in 2004, identified TAY as a priority population that is underserved by the mental health system. San Francisco has set aside a significant portion of MHSA funding to provide direct services and prevention and early intervention services for TAY.

“Age-Appropriate” Behavioral Health services are Needed

Beyond typical barriers to accessing behavioral health services—which may include stigma, geographic location, gender, language, type of

¹Disconnected Youth in San Francisco. (2007). A Roadmap to Improve the Life Chances of San Francisco’s Most Vulnerable Young Adults. Retrieved February 4, 2009 from <http://www.dcyf.org/assets/2866bfb738f43b780a8fc92cce6e735.pdf>.

²A Snapshot of Youth Health and Wellness prepared by the Adolescent Health Working Group San Francisco 2009.

³Youth Homelessness in San Francisco: 2008 Report on Incidence and Needs, Larkin Street Youth Services 2008.

⁴Kessler, R. C., & Coccaro, E. F. (2006). The Prevalence and Correlates of DSM-IV Intermittent Explosive Disorder in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 63:669-678. <http://archpsyc.ama-assn.org/cgi/reprint/63/6/669>

⁵National Institute for Mental Health in England, Expert Briefing, Early intervention for people with psychosis, Summer 2003. and Perkins, D., Gu, H., Boteva, K. & Lieberman, JA. (2005). Untreated Psychosis and the Pathophysiology of Schizophrenia In *AM J Psychiatry*, 162 (10): 1785-804. and Birchwood, M., McGorry, P. & Jackson, H. (1997). Early intervention in schizophrenia. *British Journal of Psychiatry*, 170, 2-5.



service, and cultural competency of service providers—youth face an additional barrier: lack of age-appropriate services. Often, the services youth find are not tailored to their age group, and youth may be unable to relate to the older adults also being served by these programs.

To effectively address behavioral health needs as early as possible, TAY need age-appropriate services. In the absence of such services, TAY may forego needed care and end up in the criminal justice system, homeless, or hospitalized. Age-appropriate services engage youth in ways that create and sustain positive connections, so that the youth feel valued, respected, and increasingly capable of taking charge of their lives. Qualities of age-appropriate services include accessibility, flexibility, mobility, open and clear communication, mutual respect between staff and clients, emotional safety, transparency, staff persistence in engaging clients, and youth participation in all aspects of the program.⁶

Policy Recommendations

Mayor's Task Force on Transitional Youth — Disconnected Youth Policy Recommendations

In March 2006, Mayor Newsom appointed a citywide task force to improve outcomes for the City's most vulnerable transition age youth. The task force developed 16 recommendations that include making transition age youth a priority in San Francisco, enhancing coordination of services, improving quality of service delivery, and increasing system capacity. For a detailed description of all 16 recommendations, visit the San Francisco Department of Children, Youth and their Families website at www.dcyf.org.

MHA-SF supports the implementation of all the recommendations of Mayor's Task Force on Transitional Youth, especially recommendations to:

- Develop a residential treatment program specifically designed for youth with significant mental health issues.
- Develop comprehensive, neighborhood-based multi-service centers providing services that help to intervene early and prevent mental illness.

Behavioral Health Needs of Disconnected Youth Policy Recommendations

Few services are currently available in San Francisco for transition age youth. These services include supportive housing, case management, and behavioral health services. To address the high need and demand for behavioral health services in this age group, MHA-SF recommends that San Francisco create and fund more TAY-only, age-appropriate mental health and substance abuse programs, and specifically:

- Fund and create at least 400 units of age-appropriate supportive housing for disconnected TAY.⁷
- Fund and create an early intervention and recovery program for young adults at risk of early psychosis, as recommended in the Mental Health Services Act Prevention and Early Intervention plan.
- Support and prioritize funding for 40 additional Transition Age Youth-Full Service Partnership program slots similar to the Department of Public Health, Community Behavioral Health Services-funded program that provides wraparound, age-appropriate behavioral health services.⁸

The Mental Health Association of San Francisco (MHA-SF) is a non-profit organization founded in 1947 dedicated to improving the mental health of residents in the diverse communities of San Francisco through advocacy, education, research and service. In all its programs, MHA-SF works together with people and families challenged by mental illness and with the agencies that serve them to promote prevention, access to services, leadership, and independence. Please feel free to use us as a resource for information on this document or other mental health policy issues in San Francisco. For more information contact (415) 421-2926 x300 or info@mha-sf.org. www.mha-sf.org.

⁶Retrieved February 11, 2009 from <http://www.thefreelibrary.com/First+you+have+to+see+them:+youth-friendly+practice+in+mental+health...-a0118543382>

⁷2005 San Francisco Plan to Abolish Homelessness

⁸personal communication between MHA-SF staff and staff of San Francisco Transition Age Youth Full Service Partnership programs, February 2009

