

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SLT STANDING COMMITTEE MEETING NOTES FROM
TRANSITION AGE YOUTH (TAY) SMALL GROUP DISCUSSION**

During the SLT Standing Committee Meeting last Thursday, August 14, 2014, each age group small group was charged with discussing the following four (4) questions:

- 1) What are the 'root causes' of trauma for your age group and/or focal population?
- 2) What 'model(s)' do you want to use to address the root cause(s)?
- 3) What are the specific questions you want to answer through the implementation of this model?
- 4) What is the knowledge we will gain and how will it help improve the mental health system's capacity to address trauma to achieve positive mental health?

Root Causes of Trauma:

- We identified several different types of trauma:
 - Systematic (Mental Health, Probation, DCFS, group homes, etc.)
 - Intergenerational (culture of parents, grandparents, other family members)
 - Peer-Related (relationship, bullying)
 - Historical
 - Incidental
 - Early Parenting
 - Economic
 - Acculturation/Assimilation (especially for ethnic and cultural groups)
 - Rites of Passage (in some cultures there is a specific rite of passage/point in time where a child is now considered an adult)
 - A major consequence/root of trauma is related to social isolation (i.e., not being connected and/or not feeling that one belongs to a certain group, individual, culture, meaning)
 - This needs to be based on an evaluation of each person's level of need (not a 'one size fit all' approach) – including cultural, ethnic, and linguistic considerations
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Model(s):

- A Healthy Neighborhood (HN) model for TAY must especially focus on outreaching and engaging TAY in the planning process, into the development of HNs, and in accessing the HNs
 - Non-traditional outreach and engagement (along with education) practices need to be utilized (for example: utilizing social media and texting)
 - A safe and anonymous setting/social medium where TAY can reach out to HNs for an array of services
 - Utilizing TAY as community peers to provide outreach and engagement to reconnect TAY to healthy social relationships (utilizing individuals who "look like" TAY)
 - Outreaching in areas where TAY congregate (i.e. schools, Drop-In Centers, parks, etc.)
- HNs should also provide opportunities for TAY to contribute, not only to receive services

Specific Questions:

- How does reconnecting to healthy relationships affect TAY?

- What are the most effective outreaching, engaging, and educating strategies for TAY?

Knowledge:

- That enhancing prevention and early intervention (including effective outreach and engagement to TAY) prior to first onset of mental health symptoms would improve the TAY's overall health
- Reconnecting to healthy and meaningful relationships will assist TAY to manage trauma through non-traditional systems driven mental health thereby increasing the mental health system's capacity (empty clinics)