

Near When It Matters

A Neighborhood Approach
to Teen Mental Health




ROOTS



About the Jewish Healthcare Foundation

The Jewish Healthcare Foundation (JHF) is a public charity that offers a unique brand of activist philanthropy to advance healthcare innovation, advocacy, collaboration, and education in the interest of better health. To accomplish its goals, JHF created three supporting organizations—the Pittsburgh Regional Health Initiative (PRHI) in 1998, Health Careers Futures (HCF) in 2003, and the Women’s Health Activist Movement Global (WHAMglobal) in 2017. Together these organizations develop and manage programs, research, training, and grantmaking to advance the quality of clinical care and health of populations.

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To every teenager who has not had your voice heard; to every parent and caregiver who has struggled to find the support for a child in crisis; to every service worker, counselor, social worker, healthcare provider, mentor, and friend who has given of themselves and done all you can to meet the needs of a struggling teen ...

This publication is dedicated to you.

FOREWORD

Our Health Systems Are Failing Youth

Sometimes we think about problems the wrong way and ignore powerful solutions. Health economists bemoan the relatively high cost of medical care in the United States—exceeding that of all other nations. Unfortunately, these expenditures (18% GDP) do not result in better health outcomes or better health. In fact, among a host of peer countries, we rank at the top in per capita investment and at the bottom in the health of our population.

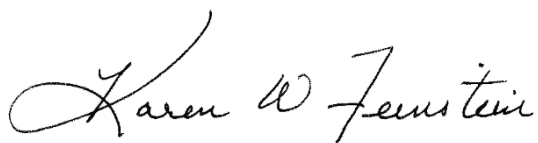
There are numerous proposals on the table to cut costs and to improve health; mostly they are not aligned in one solution. As a result, we focus on curbing pharmaceutical costs, getting a handle on malpractice claims, reducing overhead, substituting less-expensive clinical staff, and so on to cut costs. We promote healthy eating, exercise, and regular check-ups. All of these are worthy, but they are “one-offs” that have proved surprisingly insufficient. I try to focus on “fusion” solutions—where money can be saved by keeping people healthy.

One obvious blended strategy is keeping people from becoming acutely ill so that they do not get hospitalized. About 16 years ago, we went sleuthing to answer the question, “Who are the people who are most frequently hospitalized?” We found one particularly vulnerable population: people who suffer from both physical and mental health problems, a double affliction that complicates care. Our research also suggested that mental health problems were less likely to be treated in the community or during hospitalizations than the chronic medical condition. The result: these behavioral health problems exacerbate, complicate, and often cause physical problems that lead to frequent hospitalizations and emergency room visits.

This revelation caused us to think about how to treat mental health problems early and close to home. We also uncovered something equally disquieting: suicide is a leading cause of death among adolescents in the U.S. in comparison to other age groups and to teens in other higher-income countries. Why were U.S. adolescents so depressed, anxious, and suicidal? The data revealed that our teens were more likely to deal with violence, accidents, obesity, pregnancy, sexually transmitted diseases, smoking, and vaping. And this has been true for at least two decades—

before we tracked afflictions like cutting/self-harm, social media addiction, body dysmorphia, gender dysphoria, social isolation, and the uptake in new addictive substances like xylazine. All of these are causal pathways to long-term physical and mental illnesses and possibly a lifetime of costly care and suffering for today's young people.

We knew what we were seeking: a fusion solution for teen mental health that would result in reduced long-term costs by investing in early, economical interventions. But it took some time, some global sleuthing, and some reality checking to find those strategies. And there is still work to be done, even as our Governor, the National Academy of Medicine, and the public at large recognize that America has a problem: our adolescents aren't thriving, and their mental health is no longer a problem that can be ignored.

A handwritten signature in black ink that reads "Karen Wolk Feinstein". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Karen Wolk Feinstein, PhD
President and CEO
Jewish Healthcare Foundation



SHIMMERING THROUGH THE STORM

My artwork represents what mental health means to me—a journey that is not linear. While the glitter and colors may look messy, they reflect the ups and downs of mental health struggles. The blue symbolizes calm and stability, while the gold and silver represent hope and strength shining through challenges. The layers in my art show that mental health is complex and not always easy to understand, but it's something beautiful and worthy of care.

-anonymous 12th grade member of the PA Youth Advocacy Network

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A VISION FOR TEEN MENTAL HEALTH SUPPORT

The Jewish Healthcare Foundation (JHF) envisions a transformative approach to addressing the teen mental health crisis: a comprehensive network of free-standing teen mental health service centers—teen safe spaces—spanning cities, states, and, ultimately, the nation. These centers will serve as accessible, stigma-free service providers where teens can seek immediate support and connect with trained professionals and peers.

Tackling the teen mental health crisis requires more than reactive care for those in crisis; greater value comes from proactive efforts to foster stability and resilience among young people. While initiatives like increasing the pipeline of mental health professionals, expanding hospital bed capacity, and embedding counseling services in pediatric offices and schools are essential, JHF believes that community resource centers represent a vital addition to any multifaceted solution.

The centers will:

Provide Immediate Access

Offer walk-in mental health support, making help available at the moment it's needed most.

Foster Community

Serve as safe spaces where teens can connect, share, and build a sense of belonging in a supportive environment.

Promote Prevention

Deliver tools and programs that empower teens with skills to navigate a tumultuous world, equipping them to thrive amidst challenges.

Bridge Gaps in Care

Supplement existing mental health infrastructure, reducing barriers to access and supporting other frontline organizations aiding youth.

JHF's core mission centers on early intervention, localized triage, and fostering collaboration among teens, schools, and families. To bring this vision to life, JHF adopted a "whatever it takes" approach—driving community-based partnerships among policymakers, healthcare providers, and educators to spark meaningful policy change.

Throughout the years, JHF has embraced this model of activist philanthropy to build the effectiveness and reach of its grantmaking.

This *ROOTS* details models and policies recommended by JHF to create measurable, lasting impacts on teen mental health. Each section underscores the critical importance of collective action and innovative approaches in safeguarding the mental well-being of the next generation.

This publication is a call to action, urging policymakers, healthcare providers, educators, and community leaders to collaborate and join the effort to advance and invest in meaningful interventions.

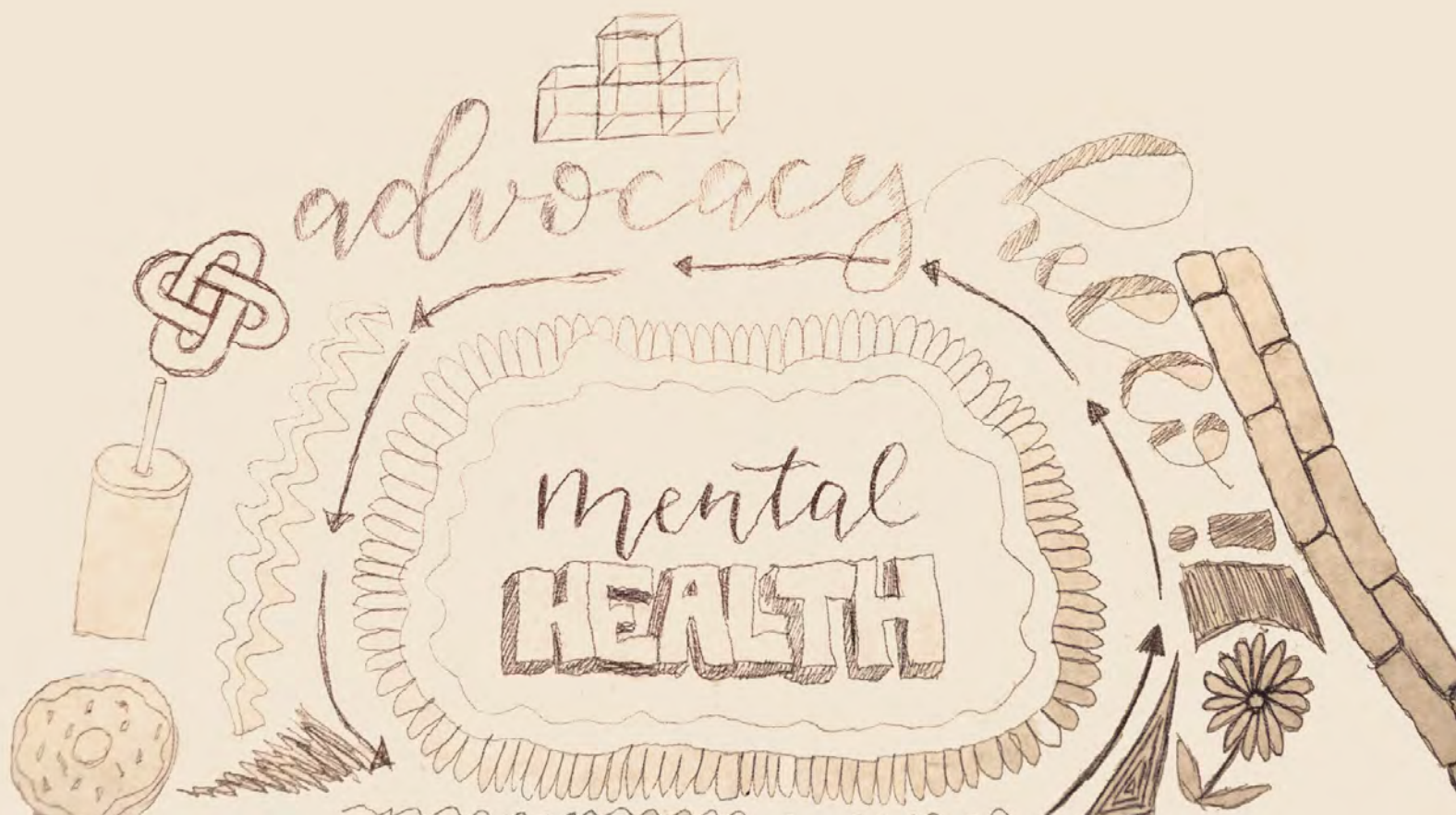




Photo by HayDmitriy

SECTION I.

A TEEN MENTAL HEALTH CRISIS

Former U.S. Surgeon General Vivek Murthy, MD, often begins conversations about youth mental health with three statistics:

- 57:** The percentage increase in the suicide rate among young people in the U.S. over the decade before COVID-19.
- 44:** The percentage of U.S. high school students currently feeling persistently sad or hopeless.
- 11:** The average number of years between when a parent or physician first recognizes a child's symptoms of a mental health issue and when they receive treatment.

During his first term as Surgeon General (2014–2017), Dr. Murthy traveled across the U.S., expecting discussions focused on addiction and obesity. Instead, he found that the topic of mental health came up again and again.

"They used different words. The stories were different.... But I was instructed everywhere I went that this was a concern."

According to the National Institute of Mental Health, half of all mental health disorders begin by age 14, and three-quarters by age 24, highlighting the urgent need for early intervention and accessible mental health support throughout those years.

In recent years, the landscape of teen mental health in the U.S. has reached a critical juncture. In 2018, suicide emerged as the second leading cause of death among 10–24-year-olds, demanding urgent attention. Before the COVID-19 pandemic, only one-third of young people in need of mental health care received it. Stigmatization and minimization of mental illness, lack of trust in the healthcare system, and an overall dearth of services further contributed to this gap.

The pandemic exacerbated these challenges. Quarantine, uncertainty, and social isolation led to a surge in anxiety, depression, and suicide attempts among adolescents. By mid-2020, emergency room visits for suspected suicide attempts among youth ages 12–17 increased by 31% compared to the previous year. Depression and anxiety rates doubled during the pandemic, with the most significant impacts seen among older adolescents and girls, according to findings published in *JAMA Pediatrics*.

On Oct. 19, 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association, representing more than 77,000 physician members and more than 200 children’s hospitals, declared a national emergency in child and teen mental health.

“Sadly, trauma continues to impact youth as it has throughout my career,” said Judith A. Cohen, MD, a professor of Psychiatry at Drexel University College of Medicine and Medical Director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital in Pittsburgh. “Some changes the current generation are facing include the lasting impact of the COVID-19 pandemic and the ubiquitousness of the internet. These simultaneously contribute to increased social isolation and vulnerability to online bullying, online sexual exploitation, and other traumas that we rarely encountered previously.

“We need screening and evidence-based trauma treatment as well as treatment for other mental health problems to be available in settings that are more accessible; for example, in schools, via online apps, and in pediatric settings.”

Systemic disparities have compounded the crisis, disproportionately affecting communities of color. Suicide rates among Black youth (ages 10–24) rose significantly from 2018 to 2021. Black and Latinx youth were less likely to receive inpatient mental

health treatment despite experiencing similar rates of major depressive episodes as their white counterparts. LGBTQ+ youth from American Indian and Alaska Native backgrounds were 2.5 times more likely to attempt suicide compared to non-Native LGBTQ+ peers.

In 2024, in Pennsylvania alone, the National Alliance on Mental Illness estimated that one in five youth aged 6–17 would experience a diagnosable mental health disorder and issues with anxiety and depression. Left untreated, trauma increases the risk of post-traumatic stress disorder, substance use disorder, or other psychological difficulties in adulthood.

“All humans are likely to have traumatic experiences and, if given the right environment, have the capacity to heal. Youth are more susceptible to the long-term impacts of trauma if they are not given the right tools for healing because they are still forming their worldview, and this formation may be adapted based on their perceptions of safety in the world,” said Maggie Feinstein, LPC, professional counselor and director of the 10.27 Healing Partnership, a Pittsburgh-based initiative launched after the 2018 Tree of Life shooting to foster healing, resilience, and community support.

Post-pandemic, teen mental health remains a pressing issue, further strained by barriers to essential services. Traditionally serving as key support hubs, schools faced unprecedented challenges in providing essential services during remote learning and now face staffing and resource shortages amid rising student need.

In 2022, the Biden Administration pledged \$1 billion over five years to expand school-based mental health services and double the number of school counselors and social workers. By 2024, over \$280 million had been awarded to schools, and new mental health staff were being hired. In April 2025, the U.S. Department of Education halted the remaining funding, citing legal and policy concerns.

Strengthening skills and community-based capacity to engage teens in the places they naturally gather, such as community organizations and schools, is increasingly being recognized as a valuable approach. Youth-led efforts have come to play a vital role in providing support, sharing and demonstrating coping skills, and navigating peers away from risk-taking behaviors.

In response to the crisis in teen mental health, numerous initiatives, collaborations, and advocacy efforts have emerged as beacons of hope.

JHF and its partners have committed to fostering resilience and prevention among young people through developing more resources in the community, engaging youth directly in policy and advocacy, and convening stakeholders. These efforts cover nearly a decade of promoting innovative models and collaborative frameworks to strengthen the mental health safety net. (*Appendix A*, p. 45)

A NEW APPROACH TO MENTAL HEALTH CARE

From the moment you walk into UpStreet, the brightness and vibrant colors make it feel more like a welcoming lounge than a mental health clinic.

A plush L-shaped blue couch sits in the middle of the room. Acoustics—large yellow, orange, and green rectangles—adorn the walls. Welcoming rainbow and trans flags are strung across the windows.

Two bowls of fidget toys sit on the counter behind the couch, and vases full of fresh flowers are arranged on the kitchen table. On the counters along the windows, succulents are peppered between charging outlets with colorful cords for the teens, whose devices never seem to be fully charged.

The teens trickle down from Taylor Allderdice High School, a stone's throw away, every day after school, sometimes for a snack, sometimes just to use the restroom ("because the ones at school are GROSS"), or they'll come to talk to a licensed therapist—whether they have an appointment or not.

And that's the point of UpStreet, which got the greenlight in March 2020, when JHF granted Jewish Family and Community Services (JFCS) \$80,000 to develop the teen mental health and wellness space, which offers free counseling to anyone aged 12–22 and serves as a drop-in space. It's open weekdays from noon to 4:30 p.m. at 5844 Forward Ave., the former Forward Lanes bowling alley, and got its name from the old expression locals would use in Squirrel



UpStreet in Squirrel Hill on July 21, 2025 by Maranie Rae Photography

Hill when they wanted to get together at the corner of Forbes and Murray: "I'll meet you up street."

"We always say, meet kids where they are. But we truly do that, in terms of service model delivery and in terms of where we are physically located," JFCS Youth Services Director Erin Barr, LCSW, said. "We're also trying to reduce the stigma around it, and that mental wellness doesn't just have to be therapy. There are a lot of other ways to take care of yourself and to get support."

"There's no incorrect way to engage in UpStreet services."

The therapists' offices and the "brief support rooms"—meant for drop-in, short talks with mental health professionals—are equally welcoming; they too have couches as well as textured pillows perfect for sensory-seeking hands and Squishmallows to squeeze.

Some days, the teens gather at the kitchen table to play games—Uno and 5 Second Rule are popular—or work on a project or a drawing. Sometimes they'll lie on the floor of a brief support room with their headphones in the dark, decompressing after their days.

Here, the teens are alright.

In summer of 2025, one of those offices is occupied by Asha Edson, a 23-year-old counseling intern at UpStreet and a graduate student at the University of Pittsburgh studying clinical mental health.

Edson remembers being in the 9th grade and struggling with AP Biology.

The night before a big project was due, her parents watched as she wrote and rewrote her work, not satisfied until she felt it was perfect.

"I was probably up until 2 a.m.," she remembers.

It was then her parents knew it was time to get her help with her mental health; she was eventually diagnosed with anxiety and obsessive compulsive disorder (OCD).

"We were very lucky to have found a therapist who actually specialized in OCD before I even knew that I had it," Edson says.

Edson had already known for a while she would benefit from therapy. She was not only dealing with the pressures of high school, but she was also dealing with them in an unfamiliar setting; when she was 12, her family moved to Pittsburgh from California.

"That was a pretty big life transition, and I think that's when things got a little harder," she says. "I get into high school, and a lot of my friends, despite not having moved, have very similar feelings. I really just watched myself and my peers who were struggling either get let down by the mental health system and the services offered for teenagers, or effectively have their lives saved by it, and it was entirely dependent on how acceptable the care was, how compassionate the care was."

It was experiencing her own struggles and watching her peers that led Edson into the mental health field as a career. Edson, 23, is now a graduate student at the University of Pittsburgh studying clinical mental health.

"I personally had really fantastic experiences with mental health care. As a teenager, I was very fortunate to luck out with a really great therapist and get on medications easily. And it was so life-changing for me and gave me so many new opportunities and such a new lease on life, that I think that was when things started to click for me, like, I think this is what I want to do with my life. I want to help teenagers be able to have access to these same sorts of things that changed my life so much."

Edson was a member of the Youth Advocacy Board when UpStreet was just a pie-in-the-sky idea. She said the first time she walked into the finished physical space, she nearly cried.

"It's really wonderful to see what it is now," she said.



The Beacon in Squirrel Hill on May 16, 2023.

SECTION II.

EXPLORING THE HEADSPACE MODEL

As is common practice at JHF, Dr. Feinstein and a cohort of researchers, medical experts, and women's health advocates embarked on a study tour in May 2018; this particular trip was to explore models of maternal health outcomes, early childhood development, and midwifery in Australia. In response to JHF's community dialogue about teen mental health, a local psychiatrist advised, "If you're going, you must visit a headspace center." Heeding this advice, the group took the opportunity to visit one of the original headspace storefronts in Melbourne.

The flagship headspace program, in place since 2006, originally consisted of informal drop-in storefronts intended for teens without serious mental health problems. In addition to being free and available for walk-ins, headspace provides this multidisciplinary, community-based care outside of hospitals, making it a "one-stop shop" for teens seeking help. When the government realized how many teens were presenting with mental health

needs, from early psychosis to suicidal behavior, and that these problems were occurring more frequently at younger ages, they expanded and updated their vision.

Headspace aims to intervene early in mental illness development for 12–25-year-olds by removing barriers to service access and providing a full suite of care options. Centers follow a consistent model of integrated youth health care, addressing mental health, physical (including sexual) health, alcohol and drug use, and vocational support.

When Dr. Feinstein saw the headspace model firsthand, she recognized the potential for teens to access local mental health resources where and how they are comfortable. This early support also mitigates the strain on the broader healthcare system.

"Youth and families in need get immediate triage at headspace; that is, both experienced professionals and peer counselors can guide teens and families

to the right interventions as early as possible, in their own space. Youth in crisis or those just wanting to talk with a counselor do not have to make appointments, experience wait lists, or travel to unfamiliar settings just to find that they are in the wrong place for the wrong level of care," Dr. Feinstein said. "Services come to the teens and families in need, not the other way around."

The Australian government opened the first 10 headspace centers in 2007. The network has grown steadily over the past 18 years, in large part due to community support and advocacy, as well as bipartisan government backing. Its non-emergency service delivery has expanded to online services (ehespace) in 2011, offering youth the ability to connect one-on-one by chatting online with peers or mental health clinicians; a toll-free phone number connecting callers to professional help; and a way to connect via email for nonemergent needs with a commitment to providing a response within 72 hours. Early psychosis services were added at headspace in 2014, online work and study support in 2016, and recent innovations like satellite and remote outreach services have continued to enhance youth mental health care across Australia.

In 2023–24, the Australian government invested more than \$290 million in headspace, with over 160 centers currently in operation, including 87 in regional areas. The government aims to expand to 173 centers by 2025–26. The program has undergone three evaluations, the latest in October 2022. Additionally, the National Mental Health Commission has released a National Children's Mental Health and Wellbeing Strategy, a global first.

According to headspace's most recent annual report, from inception to June 30, 2024:

- **7,595,311 services** have been provided, and
- **939,675 young people** received services.

Additionally, 70% of parents and carers and 65% of young people recognize headspace as a vital community service.



The Australian government supports more than 160 headspace drop-in centers for teens seeking immediate counseling or support in a teen-friendly setting. Australia's extraordinary commitment to investing in its youth inspired JHF to work to create similar spaces in Pittsburgh in hopes of seeding a movement.

In 2025, a similar vision continues to take shape nearly 11,000 miles away at UpStreet Pittsburgh. Individual therapy is the most in-demand service with the organization having the capacity to serve approximately 125 youth per year. This includes in-person sessions at the Forward Avenue site, virtually, and at the Pittsburgh schools where UpStreet provides services. Approximately 100 youth access on-site brief support services, while the virtual chatbot—therapists available to chat within certain blocks of time—has facilitated 665 conversations. Additionally, 115 teens receive individual therapy either in person at the office or virtually. While therapy services are available to anyone within the





based peer support network under the UpStreet banner. The overwhelming demand for access prompted JHF to give an additional \$20,000 in 2021 to support hiring a second therapist at UpStreet. It has since expanded by opening a physical space at 5844 Forward Ave. in Squirrel Hill in 2023.

An organization that began with one therapist has since expanded to a dedicated team of four full-time therapists, a mentoring and outreach coordinator, a clinical supervisor, and seven graduate interns. Collaborations with institutions including the University of Pittsburgh School of Social Work and Chatham University help to sustain a flow of graduate-level interns, bolstering UpStreet's capacity to meet the growing demand.

"It can be difficult for families to access services for a number of reasons, and even if you can find services, you might be waiting months and months to even get in. We can reach kids who may not have been able to access therapy without UpStreet—kids without insurance, kids without parental support for therapy," Barr said. "We could hire 10 additional therapists and fill their caseloads quickly if we had the capacity and the funding to do that."

Teens helped to design the space before its inception, and they're still making it their own, decorating it with art or offering suggestions on improvements, including what types of snacks they'd like to increase. The snacks are essential—as are the charging stations.

state of Pennsylvania, an estimated 95% of clients are within Allegheny County. The brief support chat is accessible to anyone, but since it is mostly anonymous, the locations of users are unknown.

Beyond the services provided at UpStreet's physical space and through its online service, it also initiates connections and meets youth in schools, including at the Allegheny Intermediate Unit Alternative Education Program's alternative schools Community School East, located in Turtle Creek, and Community School West, located in McKees Rocks, where therapists provide individual therapy and run various groups, including a group on trauma and a prevention group. UpStreet also facilitates a grief group and a wellness group at Allderdice High School, and a therapist provides individual therapy at Sto-Rox Junior-Senior High School in McKees Rocks. In schools, 95 students receive group support, and 37 participate in individual therapy.

UpStreet was initially conceived as a physical space; however, JFCS responded to the COVID-19 pandemic by pivoting to provide virtual programs and a web-

Encouraging sticky notes adorn an “Affirmation Wall” with messages like: “You are strong,” “You are loved,” “It gets better,” and, “Your impact is far greater than you can ever know.” Other walls are filled with paintings and signed sketches.

It’s a space designed by teens for teens, and the adults mostly exist in the background, trained to help the teens when they need it in a non-judgmental, non-punitive environment.

“It’s not like we’re hovering over them,” Barr said. “It’s the right amount of supervision, because we can chime in if we overhear something getting towards inappropriateness, or unkind, or maybe you’re not reading the cues that that person is giving you, so we’ll say, let’s back up a little bit. So we’re keeping an eye on things, even if we’re not directly interacting.”

Edson said when she shares UpStreet’s story with other students in her program at Pitt, it’s hard for people to picture.

“I think it’s beyond people’s conception of what mental health care can look like, because people do think of mental health care as very stuffy, restricted and inaccessible, when this is very much the polar opposite,” she said.

“Even when it’s not strict therapy, it’s very therapeutic. I’ve already seen so many kids ... how much the space impacts them, and I see them processing their days and finding better ways to cope. They come here instead of making maybe rash decisions at school when they’re having a bad day. If this was more widely available, I think a lot of kids would just feel less alone and less confused.”

Edson said she appreciates that the space serves the broader Jewish community while remaining non-denominational—a rare and valuable resource for teens.

Its model is also such that it invites teens to experience mental health care in a very informal, welcoming

way. Many students make plans after school to come to UpStreet, sometimes bringing along friends who are curious but have never visited.

“There’s new faces. Not every day, but that’s us getting a new way in to help a new kid. And it’s sort of a whole other door that opens.”

Each day, the teens filter in, usually in pairs or groups, dropping their backpacks and heading straight for the snacks.

Today, they’re creating their own stickers for their laptops or other spots at home. Many of them end up stuck to someone’s face as they tease and joke with one another.

While they create, they talk. About their days, about their peers, about nothing in particular.

Some days, they’ll share a dinosaur.

While exploring the Center for Creative Reuse, a Pittsburgh nonprofit art supply shop, UpStreet therapist Shelby Williams, LCSW, came across a wooden dinosaur craft—its puzzle-like bones designed to be painted and assembled into a 3D skeleton.

“We have a drop-in who loves dinosaurs, so one person came to mind when I saw it,” Williams said, noting she immediately purchased it from the store in nearby North Point Breeze and brought it back to UpStreet.

She didn’t know it was going to create a stir.

“When I pulled it out, there was so much excitement about it that we turned it into like a shared craft,” she said. Everyone who wanted to work on the dinosaur was delegated a body part, and Post-it notes now sit on the head, legs, and body with teens’ names on them. The tail is still up for grabs.

Each one of these students attends Allderdice, a high school of about 1,300 students, but Williams said the teens she’s referring to don’t come to UpStreet as a group.

"I don't know that they're all friends with each other at school, but here, they're all sharing a dinosaur," she said.

While access for students at Allderdice and teens in the surrounding community is convenient, UpStreet is challenged by the limitations of its current physical space.

"It's like anything in Pittsburgh: if it's not within your neighborhood, it can be hard to get to, especially with issues of public transit accessibility in the city," Barr said.

Online brief assistance is available to help fill this support gap and make care more accessible.

"The online brief support has been quite impactful, giving youth a place to process and get support around the everyday challenges they face—situations that aren't necessarily mental health symptoms or crises but things that they don't feel equipped to manage on their own," Barr said.

"It's unlike other text lines that are for crises," said Edson. "It's just a resource for them to vent and get some quick ideas for how to be helped. And we have a lot of information we're able to pass along."

Parents and caregivers are also welcome to use the chat feature to ask therapists questions or seek guidance on how to help their teens.

"The idea was always that this is a replicable model, so this works really well in Squirrel Hill with our proximity to Allderdice, but kids that live in Penn Hills aren't here. They can't get here, and they will likely not ever be in our building unless an adult brings them. So this model could be picked up and put into other neighborhoods and other spaces that make sense."

Recent national data from 2022 show that 45.3% of adolescents receiving mental health treatment used telehealth for at least part of their care. Although use was highest among youth in office-based specialty mental healthcare settings (up to

71% when multiple sites were included), uptake remained extremely low in school-based (~9%) and general medical settings (4–5%).

These findings suggest that, despite telehealth's potential to improve access—especially in underserved or rural areas—it remains underutilized in settings that could reach more diverse and under-served populations. Barriers such as limited digital infrastructure, privacy concerns, and provider preparedness may contribute, and addressing these is essential for equitable expansion of teen mental health care.

UpStreet is one example of how embracing teen mental health needs in a hybrid way is producing real results.

"Our vision is to have these drop-in centers all over the city and all over the country," said Dr. Feinstein.

DIVING INTO AUSTRALIA'S APPROACH TO YOUTH MENTAL HEALTH

Australia led the way in national youth mental health reform by creating headspace and the National Youth Mental Health Foundation, groundbreaking initiatives that set a global standard for comprehensive youth mental health care. This model is now being adopted in Ireland, Canada, Denmark, Israel, New Zealand, the United Kingdom, and parts of the U.S.

Several unique service components are integral to the headspace model:

1. Youth Participation: Youth participation is central to the headspace model, emphasizing youth-centric and responsive services. Participation occurs at three levels:

- **Individual care:** Youth are involved in their treatment plans through comprehensive orientation, resources, and collaborative decisions.

•**Service development:** Youth provide input through Youth Reference Groups, influencing service design, delivery, and evaluation.

•**Governance:** Youth participate in governance meetings, contributing to strategic and operational planning.

2. Engagement of Family and Friends: Family and friends play a critical role in supporting young people’s mental health. Their participation occurs at three levels:

•**Individual care:** Families support young people while respecting their choice and privacy.

•**Service development:** A Family Reference Group, made up of members with lived experience of supporting a young person through headspace services, ensures that services address their needs.

•**Governance:** Families contribute to governance and strategic planning with annual surveys providing feedback to improve family-inclusive practices.

3. Community Awareness: Building community awareness and engagement enhances early help-seeking behavior. Activities include staff-dedicated community engagement positions, local campaigns, and partnerships with schools and agencies. National campaigns target groups with lower service access, such as young men and Aboriginal and Torres Strait Islander youth, promoting mental health literacy and reducing stigma.

4. Enhanced Access: Headspace ensures accessibility through low-/no-cost services, self-referrals, a “no wrong door” policy, and extended hours. Physical settings are welcoming, inclusive, and youth-friendly, with designs catering to diverse cultural and marginalized groups. Service customization is guided by youth and family input.

5. Early Intervention: Early intervention prioritizes young people at risk for developing mental health

problems, aiming to prevent chronic issues and promote recovery. Services focus on early access and comprehensive support, addressing unmet needs across different stages of risk and illness.

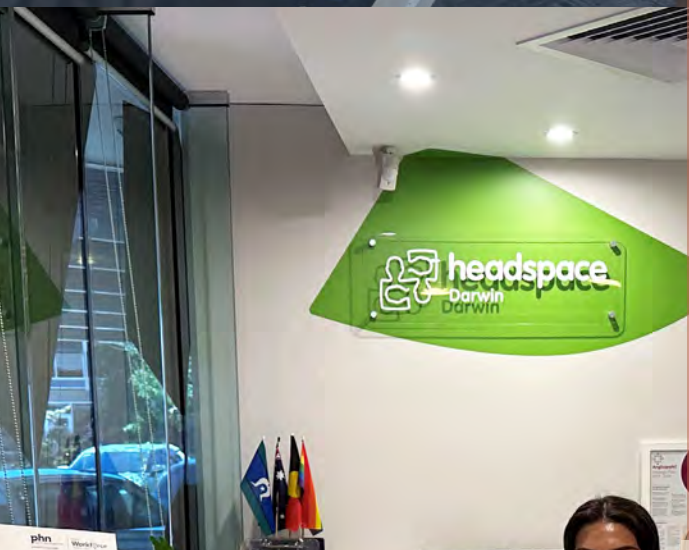
6. Appropriate Care: Care is tailored to developmental stages, cultural backgrounds, and individual complexities. Staff undergo regular cultural and developmental training to address the needs of priority groups, including LGBTQ+ youth and Aboriginal and Torres Strait Islander communities. Services employ multidisciplinary teams and provide “warm referrals” when external care is needed.

7. Evidence-Based Practice: Services are based on current research and evidence, supported by ongoing staff training and resources from The National Youth Mental Health Foundation. Centers contribute to research, evaluation, and the development of innovative practices, ensuring continual improvement.

8. Four Core Streams: Headspace integrates four service streams—mental health, physical and sexual health, alcohol and other drug use, and vocational support. Assessments address young people’s comprehensive needs, facilitating appropriate care and support for long-term well-being.

9. Service Integration: On-site and off-site integration ensure seamless care delivery. Collaborative care planning, partnerships with local services, and shared administrative systems enable coordinated responses to young people’s needs.

10. Supported Transitions: Transition support links young people with external services when necessary. Stepped care models ensure appropriate service levels, with strong connections to schools and secondary/tertiary care. Special programs like Youth Early Psychosis ensure intensive support, and young adults transitioning out of headspace receive guidance on accessing adult mental health services.



Photos from April 2023 visit to headspace: Darwin in Australia. Top: Counseling room. Bottom left: Welcome desk. Middle right: Multi-disciplinary staff offices.

On a return trip to Australia in 2023, Dr. Feinstein visited a headspace center in Darwin, in the Northern Territory of Australia. This newer headspace center in Darwin offered medical care, housing assistance, and all levels of psychiatric care.

In front of the entrance of headspace in Darwin sits a large stone. Not a monument, not a sculpture—a presence. Smoothed by time and carved slightly by the elements, it's more than decorative. It's a meeting point, a cultural gesture. In Larrakia Country and beyond, such a rock is often where young people feel safe to wait, to think, to be. It's where conversations happen without pressure.

For many Indigenous youth, the rock signals to come as you are.

At the entrance of headspace Darwin, there's a specially commissioned plaque and artwork created in collaboration with local Elders, Larrakia Nation, and Indigenous creatives. Crafted to acknowledge Traditional Owners and celebrate the connection between mind, body, spirit, culture, and Country, this visible presence helps foster openness and eases the mental health stigma within a culturally safe setting.

Headspace aligns with the Social and Emotional Wellbeing framework—a holistic Aboriginal concept of health that connects mind, body, spirit, culture, family, and land. Features include recognizing that mental health is a connection to Country, community, and identity, allowing for “yarning,” or informal, culturally safe conversation and land-based healing to be integrated into support, and supporting intergenerational healing, not just individual therapy.

This approach isn't unique to Darwin anymore—it's part of a growing recognition across headspace services that healing isn't one-size-fits-all, it's an integrated approach.

Headspace has committed to creating a welcoming familiarity and respecting their population's cultural values by putting extra emphasis on culturally

appropriate services, working closely with local Indigenous organizations, and providing cultural safety training for all staff with a focus on employing staff or cultural consultants to ensure services are respectful and relevant.

The Northern Territory consistently has the highest rate of young people aged 10–17 in detention in Australia, with rates ranging from 6.6 to 22 per 10,000. In the Northern Territory, the detention rate for Indigenous youth is 70 times higher than that for non-Indigenous youth. This population also experiences more alcoholism, sexual assault, family violence, and homicide.

“The headspace center in Darwin fits the outsized need for youth services. It is a modern, spacious, teen-designed facility with cheerful meeting and activity rooms, intimate counseling rooms, a large kitchen area, offices, and a medical exam room. There are psychiatrists, psychologists, social workers, counselors, and primary care clinicians on site, and workers represent the ethnic and racial heritage of the people who seek help,” Dr. Feinstein said.

Research published in the *Australian and New Zealand Journal of Psychiatry* in 2023 analyzed data from 58,233 young people (aged 12–25) accessing headspace mental health services across 108 centers in Australia between April 2019 and March 2020, with follow-ups at 90 days. The majority (75.21%) presented with depression and anxiety, and 35.27% had a formal diagnosis (21.74% anxiety, 18.51% depression). Cognitive behavioral therapy was the most common treatment.

Significant improvements were observed in psychological distress, quality of life, and social/occupational functioning. Over one-third showed notable improvements in distress and functioning, while nearly half improved in quality of life. Overall, 70.96% experienced positive outcomes, reinforcing headspace's effectiveness in early intervention for youth mental health.

IDENTIFYING TEEN MENTAL HEALTH AS ONE OF JHF'S KEY FOCUS AREAS

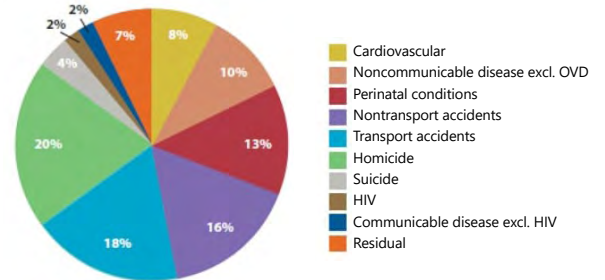
The 2013 National Research Council/Institute of Medicine study, *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, was an indictment of the U.S. healthcare and public health

In 2015, Laudy Aron, who co-directed the study *Shorter Lives, Poorer Health*, presented the report to JHF, similarly highlighting the health disadvantages of teens and recognizing Pittsburgh as the first community to focus on this report. This presentation and an inspiring trip to a headspace center set the stage for the launch of JHF's adolescent behavioral health initiative in 2016.

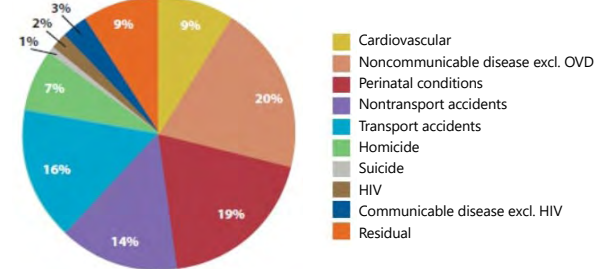
Set of 17 high income countries ranked by life expectancy at birth, 2007

MALES		FEMALES	
Country	e	Country	e
Switzerland	79.33	Japan	85.98
Australia	79.27	France	84.43
Japan	79.2	Switzerland	84.09
Sweden	78.92	Italy	84.09
Italy	78.82	Spain	84.03
Canada	78.35	Australia	83.78
Norway	78.25	Canada	82.95
Netherlands	78.01	Sweden	82.95
Spain	77.62	Austria	82.86
United Kingdom	77.43	Finland	82.86
France	77.41	Norway	82.68
Austria	77.33	Germany	82.44
Germany	77.11	Netherlands	82.31
Denmark	76.13	Portugal	82.19
Portugal	75.87	United Kingdom	81.68
Finland	75.86	United States	80.78
United States	75.64	Denmark	80.53

Contribution of cause-of-death categories to the difference in years of life lost before age 50 for males



Contribution of cause-of-death categories to the difference in years of life lost before age 50 for females



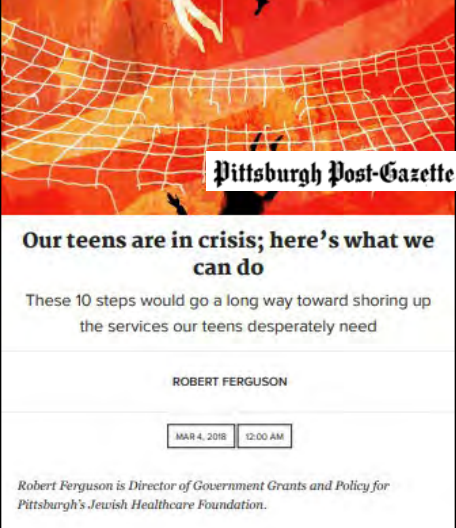
The report "*U.S. Health in International Perspective: Shorter Lives, Poorer Health*" highlights concerning trends in U.S. health outcomes, including shorter lifespans and a widening gap compared to other high-income countries, especially for women. Indicators such as high suicide rates, mental health disorders, teen pregnancy, violence, and childhood poverty raised critical questions about youth mental health and prompted a closer examination of these issues.

systems. Despite spending nearly twice as much per capita on health care compared to other developed nations, Americans endure higher rates of illness, disability, mortality, and socioeconomic hardship—and each year, this health disparity widens.

In 2016, JHF launched its \$500,000 multi-year adolescent behavioral health initiative to spark dialogue and strengthen prevention and treatment services for youth. The initiative united healthcare funders, families, providers, and community partners to map local services, address gaps, promote best practices, explore technological solutions, and advocate for policy reform and payment changes. The multi-organizational grant kickstarting the work included funding from JHF, the Staunton Farm Foundation, and The Pittsburgh Foundation.



First Adolescent Behavioral Health Initiative meeting on April 14, 2016.



This effort, guided by a 40-member advisory group of mental health and substance use providers, social service representatives, educators, researchers, health funders, and com-

munity advocates, began by collecting stories from teens and families, organizing focus groups, analyzing data, mapping the continuum of services and life events from crisis to stabilization, identifying best practices, creating an inventory of community resources, and producing a white paper with action plans for years two and three. Over the next two years, JHF continued to engage a variety of stakeholders in the Pittsburgh region. The resulting policy agenda, calling for timelier, more coordinated and effective services for teens and families in crisis, was built by the community during an election year and presented in an opinion piece in the *Pittsburgh Post-Gazette* written by JHF Chief Policy Officer Robert Ferguson, MPH. (*Appendix B*, p. 49)

A responding op-ed by Pittsburgh Mercy North Shore Chief Operating Officer and Health Careers Futures Board member Ray Wolfe was published shortly after, affirming Ferguson's call to action and identifying staffing shortages as one of the most significant barriers to meeting the increased mental health needs of the community at large and its youth in particular. (*Appendix C*, p. 51) This conversation in print would begin a larger conversation in the community.

On March 28, 2018, JHF hosted an event that served as both an advocacy workshop and the beginning of a full court press to create a more robust system to meet the mental health needs of the region's teens. For the over 60 attendees, JHF facilitated a panel discussion on mental health advocacy, where teens and family support specialists shared personal

stories, underscoring the complex, systemic barriers to effective care.

"This is a bipartisan social imperative, and we need your help," Dr. Feinstein said during the workshop. "Services are not built around the needs of teens



and families, and we have failed in coordinating care across the siloed systems of mental and physical health, education, and juvenile justice."

As a result of this workshop and the ensuing conversations, JHF embraced the principle of "nothing about us without us," hosting its inaugural Youth Advocacy Summit in partnership with local teen-serving organizations and school districts. Held at Pittsburgh Creative and Performing Arts magnet school in Downtown Pittsburgh on November 6, 2018, the Summit brought together more than 30 youth activists representing 13 high schools. The highlights of the event were its student-driven discussions on building a teen mental health safety net as well as developing policy and advocacy strategies to promote progress. As a result, teens presented their recommendations to leaders in government, human services, behavioral health care, and education. They discussed the impact of community trauma on mental health, societal pressures to be perfect, and the role of social media on how they view themselves and the world around



Inaugural Youth Advocacy Summit on November 6, 2018.



them. Many stressed the imperative to destigmatize issues with mental health; expand mental health training for youth-serving adults and teens; create positive messages about mental health that build resilience and coping skills; eliminate disparities in school resources; and design services and supports that account for the widespread and long-lasting effects of community trauma.

Michael Cosnek of West Allegheny High School urged legislators to act, saying, “Mental health wasn’t talked about much in midterm elections. We’re the future of this country. If leaders talked about this more and made services more accessible, it would save lives.”

In December 2018, the JHF Board approved a two-year grant of up to \$220,000 to strengthen the teen mental health safety net by enhancing education, training, peer support, and advocacy. The urgency of this investment grew after the Tree of Life synagogue shooting two months earlier. On October 27, 2018, a mass shooting occurred at the

Tree of Life * Or L’Simcha Congregation building in Pittsburgh, PA, while three congregations, Dor Hadash, New Light, and Tree of Life, were gathered for Shabbat morning services. Eleven people were killed and six were injured. The shooting was a deeply traumatic event for the community, and very disturbing for teens who were already fragile. In response, JHF expanded its commitment to grassroots teen mental health initiatives.

The grant bolstered efforts to help teens, parents, and youth-serving professionals learn about the signs and symptoms of mental health problems; train professionals in Youth Mental Health First Aid and suicide prevention; increase peer supports for teens and families navigating the behavioral health system; and improve access to behavioral health services.

Amid these ongoing efforts, teens were soon thrust into the chaos of the COVID-19 pandemic. As teens experienced interruptions to their schooling, social programming, and mental health supports, JHF established a \$500,000 COVID emergency grant fund in 2020. This funding was in addition to the \$500,000 previously invested back in 2016. The 2020 emergency grant fund was designed to support community-based organizations addressing the severe teen mental health repercussions of the pandemic, the grants aimed to bolster the behavioral health safety net, beginning at the neighborhood level.

A CALL FOR A NEW APPROACH TO TEEN MENTAL HEALTH IN THE U.S.

A 2023 study published in *General Hospital Psychiatry* examined general psychiatry outpatient new appointment availability in the U.S., including in-person and telepsychiatry appointments, comparing results among insurance types (Medicaid vs. private insurance), states, and urbanization levels. Researchers investigated five U.S. states selected according to the Mental Health America Adult Ranking (which considers prevalence of mental illness and rates of access to care) and geography to represent the U.S. mental healthcare systems.

The study found:

- Less than 20% of psychiatrists were accepting new patients.
- Median wait times for in-person and telepsychiatry appointments were 67 days and 43 days, respectively.
- Fewer local mental health resources were available in rural areas compared to urban areas.
- Psychiatric care has been restricted in the U.S., with low accessibility and long wait times.
- Barriers to timely psychiatric care need to be identified and addressed.

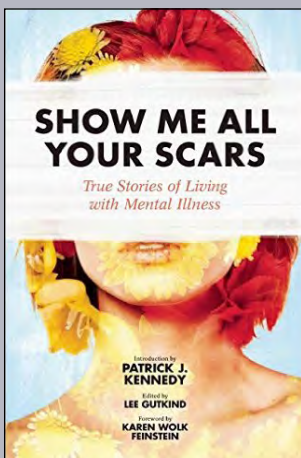
The U.S. mental health system continues to encounter significant challenges in adequately addressing the needs of young people with mild to moderate mental health issues. Numerous mental

health services, particularly those targeting young individuals, suffer from insufficient funding and resources. This underinvestment results in programs being understaffed and unable to provide necessary support for mild to moderate cases.

Mental health issues among young people are often overlooked or stigmatized, deterring them from seeking help. Additionally, there is a pervasive lack of awareness and understanding regarding the importance of addressing mild to moderate mental health issues in their early stages.

When they do seek help, youth encounter a pronounced shortage of mental health professionals, including psychologists, psychiatrists, and counselors specializing in child and adolescent care.

The American Psychiatric Association reported in 2021 that there is a notable shortage of child and adolescent psychiatrists, estimating the U.S. needs an additional 8,000 child and adolescent psychiatrists to meet the demand. This deficit often leads to prolonged wait times for appointments and restricted access to care. Due to limited resources, the system tends to prioritize severe mental health cases, thereby leaving those with mild to moderate issues underserved.



SHOW ME ALL YOUR SCARS

In 2016, JHF and Creative Nonfiction collaborated to share stories of mental health challenges and breakthroughs from the perspective of patients. *Show Me All Your Scars: True Stories of Living with Mental Illness* features 20 personal essays, as well as a foreword written by Dr. Feinstein and an introduction penned by The Honorable Patrick J. Kennedy, a former member of the U.S. House of Representatives and a leading political voice on mental health and addiction. This anthology complements *Same Time Next Week: True Stories of Working Through Mental Illness*, a collective of essays written from the perspective of mental health providers. JHF and Creative Nonfiction have collaborated on seven anthologies over the past two decades to explore paramount healthcare issues related to patient safety, workforce development, end-of-life care, and mental health, among other topics.

Locally, in the Pittsburgh region, UPMC Western Psychiatric Hospital serves as the region's primary point of entry for urgent mental health care, providing the only 24/7 acute psychiatric services with inpatient beds across several counties. Each year, nearly two-thirds of UPMC Western patients are discharged after evaluation and referred to outpatient care, while the remainder are admitted to inpatient or other behavioral health facilities.

In recent years, rising demand for behavioral health services has contributed to increasingly long intake and evaluation times. With nearly all of its 253 licensed beds full on an average day, capacity constraints are a persistent challenge.

The growing need for timely access to care has been recognized by UPMC's leadership, which in May of 2025 adopted an implementation plan prioritizing behavioral health and access to care. This reflects a broader regional trend: as the demand for mental health services continues to outpace resources, UPMC Western remains both a vital safety net and a system under strain.

Early identification and intervention for children with mental health needs can avert the progression to more severe conditions and result in improved overall health outcomes. Early mental health interventions are correlated with enhanced academic performance and social relationships in children and adolescents.

Furthermore, investment in early intervention can lead to substantial cost savings for health systems, insurance providers, and consumers by reducing the need for more intensive and costly treatments later. For example:

- Untreated mental illness results in more than \$193 billion in lost earnings each year in the U.S., according to national studies.
- Mental disorders are the single most expensive category of healthcare costs for many employers,

across all industries and sizes. Annually in the U.S., an estimated \$87.5 billion is spent on health care for mental disorders, while another \$44 billion is spent on lost work productivity due to depression alone.

- A joint analysis by the National Academies of Sciences, Engineering, and Medicine determined that every \$1 investment in prevention and early intervention for mental illness and addiction programs yields \$2 to \$10 in savings in health costs, criminal and juvenile justice costs, and low productivity.

Beyond its economic impact, early intervention in mental health is vital for improving quality of life and daily functioning, preventing long-term disability, and enhancing family and community relationships.

SEEDING A YOUTH MENTAL HEALTH ACCESS MOVEMENT IN PITTSBURGH

The 2023 Pennsylvania Youth Risk Behavior Survey found that approximately 37% of Allegheny County students experienced depression in the past year; 33% reported poor mental health during the pandemic; and 17% seriously considered suicide.

The headspace experience in Australia validates the open-door and rapid intervention models to support youth. Without similar government support for teen mental health in the U.S., JHF has worked to fund and support youth mental health initiatives locally, including UpStreet as well as The Beacon and The Chill Project, to gain support for these critical services from public and private funders.



THE BEACON

In September 2021, JHF approved a two-year, \$100,000 grant to The Friendship Circle in support of the creation of The Beacon, a drop-in community space where teens can access stigma-free wellness support and connection with peers. It opened its doors in 2023. JHF also provided a grant during the COVID-19 pandemic for establishment of the FC Crew, a peer support program.

Located at 1926 Murray Ave. in the Squirrel Hill neighborhood of Pittsburgh, The Beacon is a 2,000-square-foot, fully accessible space offering free and inclusive group programming on mindfulness, self-expression through the creative arts, self-advocacy skills development, purpose and boundary setting, and improvement of emotional literacy. When necessary, The Beacon will provide access and referrals to therapeutic support.

The Beacon aims to empower teens to advocate for themselves and one another as they learn to care for their mental health. Teen-designed and teen-led, similar to headspace, The Beacon is a response to the intense pathologizing of mental health among young people.

“We recognize that it is not our teens who are ‘broken,’ but rather the system. The Beacon provides a space for teens to find their joy, flourish, and connect,” said The Friendship Circle Pittsburgh Director Rivkee Rudolph.

When teens enter the space, they check in on an iPad attached to the wall. They answer how they’re doing physically, they describe their emotional state, and they confirm, based on their description, if they’re feeling the emotion that popped on the screen. The iPad will then offer suggestions on how they can best use the space based on their answers, and a staff member will greet them.

“Our staff intentionally checks in with teens as they are here,” The Beacon Clinical Director Kaitlin

Hens-Greco said. “And I think the beauty of having staff presence in schools and at Friendship Circle programming and at The Beacon is that they have multiple touch points with teens, and so our staff knows what’s happening in their lives, and so they use that time as a way to be like, ‘Hey, how’d your midterm go last week?’ Or, ‘Hey, I know that your grandfather’s been sick. How’s he doing?’ We drive this home in our training with staff ... really focusing on knowing the small details of our teens’ lives, because that bonds them and connects them and makes them feel known and understood in a space, which is super important.”

On the way out, teens record their answers once again, how they’re feeling physically and emotionally. Hens-Greco said they’ve seen only positive feelings when teens exit.

“While teens walk in with a wide variety of experiences and emotions ... when they left, it was 100% in the ‘good’ realm, which I thought was really, really powerful,” she said. “We can control so little in their life, really, outside of these walls, but what we can control, to the best of our ability, is their experience here.”

Like at UpStreet, teens led the decision-making for the furniture, decor, and space design. They wanted an earthy, natural feel, and plants line the windows and walls. When you enter, the words “The Beacon” are spelled out in a textured faux grass as part of a “grounding wall” for teens to have a sensory experience. A realistic-looking electronic fireplace welcomes teens to sit nearby on soft chairs or bean bags. There are art supplies and jigsaw puzzles and games available, as well as a teen-oriented sensory room designed by Snoezelen. Inside, teens can simply decompress or they can interact with a display wall and choose an experience to navigate. They can be around pets, sit in traffic, relax on a beach, and more.

“Then they can take those experiences out of the sensory room and into real life,” Rudolph said.

"It's really just a lot of mind-body connection, recognizing yourself in an environment, what it can bring up for you and then feeling those things in your body so you can do it in a state where you're calm but also to know what it brings up and how to access those experiences in real time."

The drop-in space is open from 2 to 6 p.m. Monday through Thursday and welcomes high school students from across Greater Pittsburgh to become members. Membership is free; however, youth must sign an agreement to follow the rules that enable The Beacon to provide a relaxing, substance-free, and supportive social space for teens to connect and thrive.



Youth presenting a project they designed at The Beacon in 2025.

Currently, teens come from across 15 ZIP codes to access services at The Beacon, and 25 schools participate in programming on-site. Staff from The Beacon and Friendship Circle connect with schools to plan programming with themes ranging from mental health to friendship to inclusion to advocacy. The Beacon also hosts monthly programs and clubs in the schools.

"A lot of what we're trying to do also is just support through connection," said Rudolph. "By connecting with the kids and meeting them where they're at in their schools, with their friends, and presenting them with supportive skills or just positive interactions with our staff, who are mental health professionals, the hope is that they know that help

is easily accessible and they can be supported in day-to-day settings."

Hens-Greco noted the staff's experience—almost all have a master's degree in social work, are receiving their master's degree in social work, or are licensed—is crucial.

"Our staff is equipped to handle the struggles that teens deal with," she said. "I think that makes The Beacon a unique support for teens, because when teens come in with something big in their life ... they have staff that knows how to walk into it with the teen and support them and navigate whatever the challenge is."

The Beacon also brings parents into the mix. From its start, it connected parents with Friendship Circle staff and other professionals in the area who could help with all things teen-related. Last year, a pediatrician hosted a talk about what happens to the body during the teenage years. This year, the "Fireside Chats" will take place with a regular schedule covering a range of issues.

We're "giving parents that information and those tools to then sort of understand what's happening to their teen, understand their world, and understand, ultimately, how to support them," Hens-Greco said.

Rudolph noted having strong connections with community partners has been essential from the beginning.

"While we know what we can do best, we also want to ensure that we have those strong community partnerships, so that when our teens need support outside of our scope that they have not just a referral, but a relationship that comes along with that," she said.

"At The Beacon, we want kids to normalize paying attention to their mental health before they're struggling with their mental health, so they have to have that awareness, that emotional literacy, to know what's going on at a young age."

THE CHILL PROJECT

The *2024 State of Education* report, published by the Pennsylvania School Boards Association, highlighted several critical challenges facing Pennsylvania's public schools.

Approximately 66% of school districts identified student mental health as a primary concern, with nearly half estimating that 46.4% of their students require mental health support. The National Association of School Psychologists' recommendation of 1 psychologist per 500 students is far from being met, with the national average being around 1 per 1,162 students and the Pennsylvania average 1 per 1,078. This, combined with staffing shortages and budgetary pressures faced by schools and continued budgetary pressures, underscores the pressing need for comprehensive and innovative strategies to address mental health in schools.

Recognizing schools as the frontlines where many teens seek help and receive support and resources, in 2019 JHF approved a one-year grant to help create a pilot school-based mental health initiative at Baldwin-Whitehall School District where school administrators and counselors were observing an increase in stress, anxiety, and behavioral issues among students.

Implemented in partnership with Allegheny Health Network and Jefferson Regional Foundation, The Chill Project began as a year-long comprehensive curriculum designed to transform school culture using mindfulness-based exercises to equip students, teachers, and parents with a common language and universal skills to identify, discuss, and react positively to stress. The Chill Project was designed to offer multiple tiers of service including instruction, immersive skill-building, and outpatient therapy.

This program has served as a model for other districts aiming to embed mental health services within educational settings. In 2020, as part of JHF's

pandemic-related support grants, JHF awarded additional funding to The Chill Project to integrate expressive arts into its offerings. An additional grant from JHF to Clairton School District, a declining steel town in suburban Pittsburgh with a median household income of \$39,884 and 30% of residents living in poverty, is working to provide students, teachers, and parents with shared skills to manage stress.

As of May 2024, The Chill Project is in 42 schools.

Serving approximately 2,100 students, more than 100 educators, and more than 2,000 caregivers, the district experienced a reduction in the number of behavioral health incidents for students, including chronic absence, disruptive behavior, dropping out, and feelings of hopelessness; increased access to resources for educators and administrators as well as increased well-being for parents and caregivers; and enhanced mindful awareness and resiliency across the school community as a result of The Chill Project.

"The Chill Room brings the students that sense of stability and provides them with a very strong, consistent, and helpful adult to support them. It makes a world of difference for those students, and it allows us to pick up on a wide range of concerns happening in the adolescent mental health space," said Will Davies, EdD, founder and director of The Chill Project. "We see everything from students who are having anxiety over an upcoming test, to extreme and more acute circumstances where students are expressing suicidal and/or homicidal ideations. Because our AHN Chill Room team members can make those deep, personal connections and have those difficult conversations, we can save lives."



Youth Advocacy Workshop as part of the Disability and Mental Health Summit on March 3, 2020.

SECTION III.

YOUTH VOICES: A MOVEMENT FOR CHANGE

At the beginning of its youth mental health initiative, JHF engaged highly successful autism advocacy groups to identify opportunities to apply similar strategies to advance its teen mental health efforts. An increasingly coordinated system of care had been created for children on the autism spectrum in Pennsylvania, thanks in part to parents and other advocates who have worked to destigmatize autism and effect necessary changes. To learn from these efforts, JHF hosted an event featuring presentations by Gary Blumenthal, vice president of strategic and special partnerships at PA Advocacy and Resources for Autism and Intellectual Disability, and Lu Randall, executive director of Autism Connection of PA.

The advice JHF received? Let the youth speak for themselves.

In November 2018, JHF organized a Youth Advocacy Summit centered on teen mental health in partnership with the Allegheny County Department

of Human Services (DHS) and the Beaver County Youth Ambassadors Program and with support from JHF, The Staunton Farm Foundation, and The Fine Foundation.

In coordination with the Summit, JHF launched the PA Youth Advocacy Network, a statewide network connecting diverse groups of student leaders and organizations, including teens with lived experience facing mental health challenges, to develop advocacy skills, understand implications of policy and resource allocation, and advocate for change.

Over the past seven years, participating Network organizations have included Allies for Children, the American Foundation for Suicide Prevention of Southwestern PA, The Beacon, Beaver County Youth Ambassadors Program, Center of Life, Common Ground Teen Center, Crossroads, The Friendship Circle – Pittsburgh, GirlGov, Hugh Lane Wellness Foundation, The Mentoring Partnership, National

Alliance on Mental Illness Keystone Pennsylvania, PA Care Partnership, The Second Floor at the Jewish Community Center of Pittsburgh, SLB Radio, Stand Together, UpStreet Pittsburgh, VOiCEupBerks, and Youth MOVE PA.

Youth advocates across the Commonwealth work together to create an advocacy platform that is broadly committed to:

- Encouraging school districts to integrate mental health education into their curricula, raise awareness and reduce stigma, develop or enhance mental health programs, and emphasize equity.
- Increasing the number of school counselors by acknowledging the national recommendation to have one guidance counselor for every 250 students (in Pennsylvania the ratio is 380 students per guidance counselor) and advocate to meet national school standards, promote diverse hiring of mental health professionals, and enhance staff capacity through mental health training.
- Establishing school mental health days by adding mental health as an excusable reason for absence in the Public School Code and, in turn, recognizing the validity of mental health.
- Prioritizing substance-use prevention efforts by acknowledging the link between mental health and substance use disorders; advocating for more resources in overpoliced, low-income, BIPOC communities; supporting harm-reduction practices like increased naloxone availability; and promoting treatment programs and support groups, particularly in underserved rural areas.
- Supporting efforts to raise awareness about mental health and substance use disorders by recognizing observance days related to teen mental health topics; underscoring the importance of accessibility for all identities; and highlighting the need for healing to address burnout and achieve collective mental health and peace.

In March 2020, JHF held a youth advocacy workshop and panel as part of the Disability and Mental Health Summit in Pittsburgh. Historically focused on raising awareness and driving action on disability, the Summit, led by State Rep. Dan Miller, expanded in 2020 to include mental health. The youth advocacy workshop empowered young participants and others by equipping them with the skills and knowledge needed to advocate effectively.



Youth Advocacy Workshop as part of the Disability and Mental Health Summit on March 3-2020.

In 2022, the PA Youth Advocacy Network continued to build upon its efforts by establishing a teen-driven advocacy platform and launching the Teen Mental Health Advocacy Series to connect youth with opportunities to promote mental health.

Abby Rickin-Marks, who recently earned her bachelor's in sociology and Jewish studies at Oberlin College, became involved in the Youth Advocacy Network in 2018, when UpStreet was in its planning stages. She watched it come alive and became an advisory council member there in 2020.

"There were a few different students that were consulted on what we liked and what we would find helpful. I remember going through and seeing all the different things on the website and them asking for our opinion, which was amazing," she said. "I feel like often, when you have these mental health services, even though they're meant for high-schoolers, middle-schoolers, whoever, the students themselves are often overlooked, and so getting

to see UpStreet really take into consideration what students and what young adults want was exceptional.”

She’s been in therapy since age 10, she said, and she knows how much pre-teens and teens need to have mental health services available.

“The fact they start at age 12 is amazing,” she said, noting having UpStreet available for younger kids who may feel they can’t talk to their parents about going to therapy is crucial.

“I think not having to have parental permission is just mind-blowing in the healthcare field ... for many people who don’t have a great relationship with their parents or a trusted adult, those are the people who are most likely to need therapy, so you’re setting kids up for failure [without that],” she said.

The fact that UpStreet services are free is critical, UpStreet staff and the youth agreed.

“The financial aspect [of mental health care] is a huge barrier,” Edson said. “It can be really difficult for teens who want to go to therapy but don’t want their parents to know, with insurance and things like that. It’s pretty cost prohibitive.

“I would love for people everywhere to have access to this type of space, because mental health for preteens, teenagers, and young adults is so important, and the care is inaccessible in a lot of ways.”

ADVOCACY SERIES

In 2022, the PA Youth Advocacy Network began hosting a formal eight-week, virtual series for high school students across the Commonwealth to learn advocacy skills, work in teams to advance a youth-led policy agenda, and identify opportunities within their own communities and at the state level to advocate for change.

Students in grades 9–12 are invited to apply each year for the series, which begins in January and concludes in March. The series engages student alumni of the program as facilitators and invites Network partners to share their experiences with other youth and answer questions they may have about advocacy.

“Participating in the advocacy series was an exceptionally edifying experience that profoundly shaped my perspective on mental health and how I can contribute to its ongoing colloquy. The moderators consistently cultivated a “safe place” during every session where I was able to give my personal testimonies on the impact of mental health, especially as a multi-racial queer teenager living in Philadelphia, and the myriad ways it has affected my life,” said Antell Cole, a Philly youth who was a 2023 series participant and became a youth facilitator in 2024.

Emily Kadosh is an Allerdice senior and member

PA Youth Advocacy Network advocate in Harrisburg on May 6, 2019.



of the Youth Advocacy Network; she also serves on the youth advisory board for UpStreet. She said she was nervous at first to learn that being a part of the Youth Advocacy Network would mean traveling to Harrisburg with her peers to advocate for policy changes on mental health issues, but she eventually decided to go.

"It was such a great experience to have at a young age, to see how all that works, and to put yourself out there and use your voice, especially the youth voice when it comes to this, because we're all affected by this and the world changing around us," she said. "We are the next generation of adults."

She's been participating in therapy sessions for anxiety at UpStreet since its inception and said it's helped her come out of her shell. She's learning coping methods so she doesn't get overwhelmed and "spiral" and feel as though she's being pulled in a lot of different directions.

"Without UpStreet's services I don't think I would be where I am, because it's free services ... and I've been doing it for at least four or five years. So it definitely meant a lot to me to just continue being in therapy. It's great, even as you get better, handle things a little bit better, it's still nice to have that check in with somebody.

"I wish that was something that we could see in many different neighborhoods in Pittsburgh and just everywhere in the world."

Kadosh wants to go into psychology.

"Myself having anxiety and then getting involved in UpStreet, it's only made me further want to help people," she said. "Being involved in UpStreet and being on the Youth Advisory Board, I feel like helping adolescents is crucial, because it's a peak part of your development."

Through the eight-week series, teens work in groups on projects to advance the Network's advocacy



Inaugural Teen Mental Health Awareness Day announcement on May 23, 2021.

agenda. Topics covered include mental health stigma, supporting peers' mental health, substance use prevention, anxiety, LGBTQ+ youth mental health, sexual abuse and violence prevention, equity in mental health, telehealth options, and affordability of mental health care.

"I joined the PA Youth Advocacy Network because of the people. I am working alongside leaders who aim to make a difference. The network has impacted my future by allowing me to participate in making a difference, discussing legislation with senators, or presenting for the series," said Network participant Blessing Nwokeji, noting that she is now looking to major in neuroscience with a focus on bettering youth mental health.

TEEN MENTAL HEALTH AWARENESS DAY

One of the PA Youth Advocacy Network's most significant achievements was the creation and approval of a teen-authored proclamation in 2021 declaring May 23 as Teen Mental Health Awareness Day in Pittsburgh and the Commonwealth of Pennsylvania. The proclamation received endorsements from then-Pennsylvania Gov. Tom Wolf and Pittsburgh City Council.

Teen Mental Health Awareness Day is recognized each year to celebrate the work of advocates and give them a platform to highlight issues and solutions related to teen mental health. The proclamation

changes every year as a new group of high school students from across the Commonwealth updates the statewide proclamation and individual county proclamations that reflect the issues of greatest importance to them.

At the first proclamation, presented in 2021, Lt. Gov. John Fetterman said, "It is such an important topic ... it's not something we talked about when I was a teenager ... thank you for bringing attention to this and for reminding us all that this is a critical area."



"I joined the PA Youth Advocacy Network to create a grassroots impact on my community and have had incredible experiences working alongside other passionate young people to fight for mental health policy. Being able to pass the PA Statewide Teen Mental Health Day proclamation and see its impact on students across the state has been such a highlight of my journey, and it has given me the courage to see that my voice has the power to create positive change," said Niharika Shukla, a student at Cumberland Valley High School who is currently a research intern focusing on using AI to diagnose mental health disorders at Columbia University's Mental Health Lab, a research initiative dedicated to advancing the understanding, prevention, and treatment of mental health disorders.

TEENS CO-AUTHOR LEGISLATION IN PENNSYLVANIA

When he was a high school sophomore, Mohammad Shedeed didn't have any interest in taking applied psychology, but the COVID-19 pandemic limited the amount of flexibility students had with their schedules.

The class ended up changing his life.

The teacher recommended students read *The Happiness Advantage*, by Shawn Achor, which stresses that success does not cause happiness, it is the result of happiness.

"From that point, that shifted my mind and my worldview about mental health," Shedeed said.

Shedeed is originally from Egypt and said there's an unfortunate stigma around mental health in the Middle East. "When I was in that class, I was kind of out of it. I didn't really care, and I thought mental health wasn't prevalent to me or to others."

But after reading *The Happiness Advantage*, Shedeed became more interested in learning about mental health and the resources available and joined the Youth Advocacy Network in 2021.

Part of his work has been advocating for school-excused mental health days. This builds on results from a survey conducted through the advocacy series that gathered over 200 responses from students, educators, parents, and administrators, gauging attitudes toward the potential impact of excused mental health days.

State Senators John Kane and Judy Schwank introduced Senate Bill 886, which would ensure K-12 students can take a mental health day without a doctor's note or diagnosis, allowing students to connect with resources and support instead of truancy court. Representative Napoleon Nelson introduced a companion bill in the PA House, HB



Student Mental Health Advocacy Day in Harrisburg on November 15

1519, enabling Pennsylvania to join 12 other states providing students excused absences from classes to focus on their mental well-being.

“Especially just a year or two out of COVID, mental health was a huge problem in schools, and most people don’t understand what they may be going through, because they don’t have resources or they weren’t educated about mental health conditions or how to deal with it,” Shedeed said. “Unfortunately, I knew people at my school who had committed suicide. Most members on the teen committee had that similar issue, so that’s something I related to with the rest of the teen committee and advisory committee was to really push for advocacy and education, and especially for our big project, the mental health days bill.”

On November 15, 2023, over 100 students from 10 counties traveled to Harrisburg to participate in a Student Mental Health Advocacy Day at the Pennsylvania State Capitol. JHF’s PA Youth Advocacy Network worked together with legislative champions, more than 15 youth-serving organizations and school districts, and teens themselves to plan the



day of advocacy, which included a press conference and individual meetings with over 25 legislators to discuss the importance of excused mental health days.

Mental Health Days are just one of many priorities that students have identified. JHF’s PA Youth Advocacy Network has a comprehensive advocacy agenda that, along with excused mental health days, seeks to implement mental health education in schools, prioritize substance use prevention efforts, increase school and community supports, raise awareness around existing resources and target resources toward youth, and support teen-led initiatives to address mental health concerns.



Teen Mental Health Collaborative meeting on November 5, 2021.

SECTION IV.

TEEN MENTAL HEALTH COLLABORATIVE AND COALITION CONVENE YOUTH- SERVING ORGANIZATIONS

In the summer of 2020, as the COVID-19 pandemic persisted and with announcements of changes to in-person education and the cancellation of extracurricular activities going into the new school year, JHF awarded \$318,000 in grants to 13 community-based organizations in Allegheny County, in addition to the funding that helped to establish UpStreet and funding for The Beacon (*Appendix D*, p. 52).

The intent of the emergency grants was to provide additional resources for organizations already working with teens in the community to create or continue programs providing emotional support, interactive experiences, and connection for teens. The grants were a rapid response to a once-in-a-century

pandemic, with the Foundation asking for brief funding proposals, expediting a quick turnaround time, and relaxing reporting requirements.

Collectively, the 13 grantee organizations had a wide geographic reach in the Pittsburgh area, serving neighborhoods in Baldwin, Squirrel Hill, Homewood, Hazelwood, the Hill District, Lincoln-Larimer, as well as the North and South Hills communities, and they represented a diversity of organizations from neighborhood and grassroots agencies to community health projects led by health systems and large nonprofits.

Additionally, the youth-driven programs represented various approaches to serving teens, including expressive arts, podcasts, and peer

support, to create environments in which teens could build resiliency, leadership skills, and new relationships to guide themselves and others through the pandemic.

The emergency grants were awarded to Allegheny Health Network—The Chill Project, Alliance for Refugee and Youth Support and Education, Center for Life, UPMC Children's Hospital of Pittsburgh—Juvenile Justice Involved Youth, Gwen's Girls, Homewood Children's Village, Repair the World, Steel Smiling, The Neighborhood Academy, A+ Schools, Jewish Community Center, The Friendship Circle, and JFCS (previously awarded). The community-based organizations' youth-driven programs used approaches ranging from music to mindfulness to peer support, creating environments in which teens can build resiliency, leadership skills, and new relationships to guide themselves and others through the pandemic (*Appendix E*, p. 54).

JHF convened a Special Advisory Committee on Adolescent Behavioral Health that included Daniel Rosen, PhD, MSW, JHF consultant and former JHF Board Vice Chair as chair of the committee; Laurie Mulvey, PhD, parent advocate; Mindy Hutchinson, MD, PC, a psychiatrist practicing in the South Hills; Marsha Marcus, PhD, professor of Psychiatry and Psychology at the University of Pittsburgh School of Medicine; Ana Radovic, MD, MSc, a pediatrician and specialist in adolescent medicine at UPMC Children's Hospital; and Tammy Marsico, RN, MSN, director of

clinical care services, child and adolescent behavioral health at UPMC Western Behavioral Health.

Agencies were invited to participate in a monthly collaborative convened by JHF to share teen engagement strategies, connect to

resources, identify opportunities to better integrate community health with traditional health systems, access resources for mental health and wellness, identify opportunities for shared advocacy, and learn from one another. In hosting the Teen Mental Health Collaborative, JHF offered technical assistance, shared research, and models of care, and facilitated connections with health systems and insurers.



The response from grantees was overwhelming, but perhaps the most telling success of the Collaborative is that, in 2022 and 2023, as COVID-19 restrictions were lifted and the participating organizations began to navigate their way back to business-as-usual with open physical doors in addition to digital ones, the group continued to convene and to welcome new members.

"During this process, JHF discovered the immense value of bringing staff from these organizations together on Zoom to learn from one another, share programming ideas, and provide mutual support," said Dr. Rosen.

Through quarterly meetings and coordination of shared opportunities, the Collaborative continues to promote peer-to-peer learning and helps community-based organizations meet the growing mental health needs of teens and families.

The Boys and Girls Clubs of Western Pennsylvania (BGCWP) has been a member of the Teen Mental Health Collaborative since its inception in the fall of





2020 and has remained active since. BGCWP Vice President of Teen Programs and Partnerships Kara Petrosky said the organization joined in the height of the pandemic, when teens needed support more than ever before.

“Not one person or entity can do it all or do it alone,” Petrosky said. “We have learned so much about how to support one another to better support our communities. We have relied on each other for training, programs, and collective advocacy. The impact is powerful.”

Hugh Lane Wellness Foundation has been a member of the Teen Mental Health Collaborative since September 2022. Founded in 2017, Hugh Lane Wellness Foundation supports LGBTQ+ and HIV communities through health services, resources, and training to foster inclusivity and authenticity in Pittsburgh and Western Pennsylvania.

“Being a member of the Teen Mental Health Collaborative has given us insight on resources available to youth by affinity group and neighborhood. We have been able to participate in training, deliver training, and create events across organizations,” said Coley Alston, program director at Hugh Lane.

The Collaborative has also been helpful in providing opportunities for in-school support and bereavement support for LGBTQ youth who have experienced loss.

“There have been several LGBTQ+ youth suicides in the region. Discriminatory legislation being introduced across the country, and displacement due to family rejection, has not decreased. Amplifying youth mental health interventions in this area is critical to uplifting our entire community,” Alston said.

The Center of Life in Pittsburgh is a community organization that supports Hazelwood residents through education, arts, and family programs. It collaborates with JHF’s Teen Mental Health Collaborative to promote teen wellness, offering youth-driven programs that build resilience and leadership. Notably, Center of Life participated in the “Connect & Create” art exhibit, allowing teens to express emotions and foster connections during the pandemic, showcasing its dedication to enhancing mental health through creative and supportive initiatives.

“It has been a wonderful experience to be part of the Teen Mental Health Collaborative,” said Kiyomi Knox, MSW, community engagement manager, Center of Life. “In this space, we have connected with other organizations that provide services to youth, pooling together our knowledge and resources to help one another and the families we serve ... This group has been essential to the organizations involved in being able to provide continued support and care to those who work with and care for our youth.”

The Collaborative continues to explore how community-based services might be recognized as part of health systems, what data can help to quantify the contribution of community organizations to health outcomes, and how community-based organizations can collectively influence the future of teen mental health programming and funding.

PENNSYLVANIA TEEN MENTAL HEALTH COALITION

In response to the growing mental health crisis among teens, JHF spearheaded the creation of the Pennsylvania Teen Mental Health Coalition in February 2025.

The Foundation convened a diverse group of community-based organizations from across the state to form a unified front advocating for systemic change in youth mental health care.

The Pennsylvania Teen Mental Health Coalition was established to ensure that all teens in Pennsylvania have access to timely, culturally competent, and community-based mental health supports. With a strong belief that solutions must be grounded in the lived experiences of youth, the coalition adopted a

teen-led, adult-supported model. The Coalition's goals include:

- Strengthening the capacity of community-based organizations to provide effective mental health services.
- Promoting early intervention and prevention strategies.
- Reducing stigma associated with mental health challenges.
- Advocating for sustainable policy and funding solutions at the state level.

Recognizing the essential role CBOs play in providing these services, the Coalition is working toward securing sustainable statewide investment in teen mental health. As of August 2025, over 60 organizations have joined the Coalition, providing opportunities to collectively advocate for policy change that supports funding for mental health programs, including participation in a Teen Mental Health Advocacy Day at the State Capitol on March 24, 2025; shape policy recommendations to educate legislators on the importance of mental health services for teens; and contribute to discussions to inform the 2025–2026 State budget.



MORE COLLABORATIVE WORK TO CREATE PROGRESS IN TEEN MENTAL HEALTH

Beyond the work of the Teen Mental Health Collaborative, the Pennsylvania Health Funders Collaborative (PHFC), a network of over 20 health foundations across the Commonwealth convened by JHF, has identified behavioral health as a key priority for 2025 with a particular focus on youth mental health. During its 18th Annual Conference in November 2024, PHFC members discussed the pressing behavioral health needs of young people in Pennsylvania and emphasized the necessity for sustainable funding to support community-based organizations providing mental health prevention and early intervention services for teens.



Representative Mike Schlossberg speaking at the Teen Mental Health Advocacy Day in Harrisburg on March 24, 2025.

SECTION V.

INCREASING AND SUSTAINING TEEN SAFE SPACES THROUGH POLICY REFORMS

With a growing number of members in the Teen Mental Health Collaborative, the creation of the statewide Teen Mental Health Coalition, and Pennsylvania's recent investments in safer communities, Pennsylvania is becoming an ideal place to increase and sustain teen safe spaces, such as the ones featured in this ROOTS.

"The Pennsylvania Department of Health, along with our sibling agencies, remains fully committed to improving the state of mental health services in our Commonwealth," said Pennsylvania Secretary of Health Debra Bogen, MD. "Children and teens in crisis is a problem facing nearly every community across Pennsylvania, and it's routinely one of the top concerns I hear, especially at rural hospitals where resources may be more limited. While telehealth services may meet the needs of many children and

teens, others require in-person care, which can require traveling far from home."

Dr. Bogen highlighted the Shapiro Administration's effort to tackle this problem head-on through a multi-agency Behavioral Health Council to enhance access to mental health services in the long term. In the short term, the state's budget delivers \$100 million to put more mental health and physical safety resources in our schools for children and teens.

State Senator Camera Bartolotta (R-Washington) also supported the legislation for school mental health and safety grants. "I voted to dedicate \$100 million to fund programs that are aimed at addressing school safety, security, and student mental health. Students need our utmost support so they can realize their full potential as happy, healthy, and successful adults."

"We are seeing an ever-increasing number of teens that are facing mental health and academic challenges because of the peer pressure to constantly be engaged online. Frankly, these young people need to have the restorative time that comes from taking a break from social media. Therefore, I also supported legislation that gave school districts the tools they need to limit student smartphone use during the school day," said Senator Bartolotta.

Pennsylvania State Representative and Democratic Whip Mike Schlossberg (D-Lehigh), is also supporting teen mental health reforms. "Much like all parts of our country, Pennsylvania is experiencing the fraying of traditional social ties, aftereffects of the COVID pandemic, pervasiveness of social media, and the incredible stress youth in our world feel today," said Representative Schlossberg. "Any of these factors cause youth to feel isolated and lose hope. To tackle these challenges, we are focusing more resources on the mental healthcare workforce, building a world-class education regardless of ZIP code, delivering robust school-based mental health services, and helping students see opportunities for success post-graduation. Kids need to know people care about them. We see them as valued members of our community and that they can contribute to our world."

In Allegheny County, County Executive Sara Innamorato also outlined teen mental health commitments in the *All in Allegheny Action Plan*. "Improving teen mental health is a top priority for Allegheny County, and we are committed to addressing the challenges young people face by expanding access to critical resources and services," said County Executive Innamorato. "Through the Teen Mental Health Collaborative, we're creating a coordinated approach to early intervention and care. Initiatives like developing a centralized tool to help families find mental health services, expanding social-emotional learning programs in schools, and advocating for additional resources are all part of

our *All In Allegheny Action Plan*. Together, we are working to ensure every young person in our county has the tools and support they need to navigate life's challenges and succeed."

POLICY RECOMMENDATIONS TO INCREASE AND SUSTAIN TEEN SAFE SPACES

To build on the growing support within Pennsylvania, JHF is calling on policy makers and health plans to create sustainable funding mechanisms for the teen safe spaces.

PROTECTING EXISTING STATE GRANT FUNDS

First, policy makers must protect and increase the Commonwealth's current grant programs that are building safer communities and supporting teen safe spaces.

Funding for the Building Opportunity through Out of School Time (BOOST) program supports after-school programs for young people, such as mental health prevention and early intervention services for teens. Pennsylvania's School Safety and Mental Health Grants also provide a funding source for schools to increase their mental health services and education and partner with teen safe spaces in the community. Finally, Pennsylvania's Violence Intervention and Prevention Grants can support services of teen safe spaces, including linking the community to trauma support and the behavioral health system.

CREATING A NEW STATE GRANT PROGRAM

To build on these investments, JHF is also encouraging Pennsylvania create a dedicated Community-Based Teen Mental Health Grant Program with the sole aim of increasing and supporting the teen safe spaces within the Commonwealth. This grant program

could also fund a statewide Teen Mental Health Collaborative to provide training and technical assistance to the teen safe spaces.

SUSTAINING PENNSYLVANIA'S SCHOOL-BASED MENTAL HEALTH SERVICES

To free up funding for this new type of grant program, Pennsylvania could submit a request to Centers for Medicare & Medicaid Services under the Free Care Rule Reversal to enable schools to bill Medicaid for providing health services in schools to Medicaid eligible students. The billable services could include psychological assessments, individual counseling, peer support, case management, and crisis intervention.

CREATING VALUE-BASED PAYMENT PROGRAMS THROUGH COMMERCIAL, CHIP, AND MEDICAID PAYERS

JHF is also encouraging health plans to include value-based payment arrangements in their contracts with healthcare providers to finance teen

safe spaces. These value-based payment models could require healthcare providers to use a portion of their value-based payment revenue to contract with the teen safe spaces in their community. This type of payment arrangement is warranted, recognizing that most of the teen safe spaces are unable to meet the requirements of the fee-for-service reimbursement policies that require the organization to be licensed, the providers to be credentialed by payers, patients to have a formal diagnosis, and each service to have an existing billing code.

ENABLING STATES TO USE FEDERAL BLOCK GRANTS FOR TEEN SAFE SPACES

The federal government can also enable states to use a portion of their Mental Health Block Grants to fund prevention and early intervention services provided by teen safe spaces by passing the EARLY Minds (Early Action and Responsiveness Lifts Youth Minds) Act. Currently, states' Mental Health Block Grant funds can only be used to support adults with serious mental illness and children with serious emotional disturbance diagnoses.



BH Fellows program on August 17, 2023

SUPPORTING THE FRONTLINE BEHAVIORAL HEALTH WORKFORCE IN ALLEGHENY COUNTY

At a time when behavioral health services are as essential as ever, the BH Fellows program is supporting more individuals as they enter the community-based behavioral health workforce. The BH Fellows program—a program of the Allegheny County Department of Human Services in partnership with Community Care Behavioral Health and the Jewish Healthcare Foundation—offers student loan repayment and training opportunities for frontline workers in high-need areas. Since launching in 2023, BH Fellows has helped reduce vacancies in key roles by recruiting and supporting more than 140 professionals.

CONCLUSION

The mental health crisis facing teens in Pennsylvania and across the U.S. demands urgent action. With increasing rates of depressive symptoms, suicidal thoughts, and self-harm, it is clear that immediate and long-term interventions are necessary.

The state's response, including initiatives like the 2024–25 bipartisan budget allocation for mental health resources in schools and the creation of a multi-agency Behavioral Health Council, marks a promising step toward enhancing care accessibility and reducing the stigma surrounding mental health. However, addressing the complexities of teen mental health requires more than just crisis response. Early intervention, prevention, and improved coordination across health, education, and community organizations are essential.

To support these efforts, state and federal policies must continue to evolve, promoting access to mental health services, expanding workforce development, and fostering collaboration between schools, healthcare providers, and community organizations. By committing to these efforts and meeting teens where they are, Pennsylvania and the nation can build a more comprehensive and accessible mental health safety net, ensuring that teens receive the care, resources, and support they need to thrive and overcome challenges to become successful and productive adults.

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APPENDIX A

JHF Teen Mental Health Initiative Timeline

2016 – JHF launches its Adolescent Behavioral Health Initiative (ABHI)—later changed to the Teen Mental Health Initiative—to improve access to effective services from crisis to stabilization among adolescents experiencing a mental health or substance use crisis in Allegheny County. The ABHI was guided by a 40-member advisory committee and supported by JHF, the Staunton Farm Foundation, and The Pittsburgh Foundation.

March 20, 2016 – Karen Feinstein discusses the current, troubling state of adolescent behavioral health with Jon Delano, host of KDKA-TV's Sunday Business Page.



March 2018 – JHF hosts an event that served as both an advocacy workshop and the beginning of a full court press on strengthening the adolescent behavioral health system.

April 2018 – JHF embarks on a study tour to an Australian headspace center in Melbourne and commits to targeted advocacy efforts around improving the adolescent behavioral health system.

2018 – A new direction emerges when Jeffrey Finkelstein, CEO of the Jewish Federation of Greater Pittsburgh, introduced Dr. Feinstein to the work of the Jewish Federation of Metropolitan Detroit, which had been addressing youth mental health needs through its “We Need to Talk” campaign. Leaders from the Detroit program traveled to Pittsburgh to help to inform and guide the work here.

2018 – The PA Youth Advocacy Network, a program of JHF, activates youth and adults across Pittsburgh and Pennsylvania to call for change and promote

teen mental health with skills-building and advocacy opportunities.

November 2018 – JHF hosts the inaugural Youth Advocacy Summit at Pittsburgh Creative and Performing Arts 6-12 (CAPA).



December 2018 – The ABHI expands when JHF approves a grant, following the tragedy at the Tree of Life synagogue, to improve adolescent behavioral health services in the 15217 ZIP code. The two-year grant of up to \$220,000 supports ongoing efforts to build a safety net from the bottom up for teens who are experiencing a mental health crisis and build resilience among teens with behavioral health needs through a community-wide initiative.

February 2019 – 15217 Neighborhood-Based Teen Mental Health Initiative launches when JHF holds a day-long planning session for 15217 Pittsburgh. Two leaders of the Detroit program—Todd Krieger, JD, MS, senior director for planning and agency relations of the Jewish Federation of Metropolitan Detroit, and Amy Wayne, MPH, youth mental health coordinator for the Federation—spend the morning describing their efforts and methods to an audience of more than 50. In the afternoon, planning commences for 15217 Pittsburgh, involving Jewish Family and Community Services, the Jewish Community Center, the Jewish Federation of Greater Pittsburgh, Hillel Academy, LEAD (Leading Education and Awareness for Depression) Pittsburgh, Allegheny HealthChoices, and other community partners.

April 2019 – The Jewish Community Center and Friendship Circle hold a staff training in Youth Mental Health First Aid, a national course to prepare professionals to be early responders to the mental health needs of youth.

May 2019 – Teens from Allegheny and Beaver County travel as the PA Youth Advocacy Network to joins the Office of Mental Health Substance Abuse Services Children’s Mental Health Advocacy Day in Harrisburg.



June 2019 – In June, the Teen Mental Health Summit advances the National “Policy Playbook” effort.

August 2019 – JHF approves a two-year, \$70,000 grant to engage local teens around their mental health and mental wellness. The grant helps to fund a teen engagement coordinator at Squirrel Hill’s Jewish Community Center to engage and support teens 24 hours per week.

August 2019 – JHF approves a one-year, \$20,000 grant to help to create a pilot school-based mental health initiative at Baldwin-Whitehall School District. Implemented in partnership with Allegheny Health Network and Jefferson Regional Foundation, The CHILL Project is a year-long comprehensive curriculum designed to transform school culture through skill learning, implementation, and internalization for all individuals in the school community network.

October 2019 – Addressing Teen Mental Health Crises: A National Policy Playbook is published by AcademyHealth in partnership with JHF in October. The downloadable 58-page document identifies policy priorities across seven policy

domains: financing and funding; teen-centeredness and family engagement; models of care; building the workforce; information and communications technology; research and evaluation; and performance improvement.

November 2019 – Expert panel discussion, “Raising Resilient Teens,” is held in Squirrel Hill.



February 2020 – Adolescent expert and author Sara Pipher Gilliam visits Pittsburgh to discuss “Addressing Today’s Teen Challenges through Activism, Calculated Risk, & Tik Tok” as part of the Pittsburgh Arts & Lectures “New & Noted” lecture series.

March 2020 – A youth mental health advocacy workshop, organized by JHF as a special offering at the Disability and Mental Health Summit hosted by Representative Dan Miller at the David L. Lawrence Convention Center in Downtown Pittsburgh, aims to gather youth perspectives on the issue of teen mental health and provide an opportunity to voice these concerns to state legislators. One hundred and forty-four students attended from 26 districts in Allegheny, Beaver, and Fayette counties. JHF Adolescent Behavioral Health team members Deborah Murdoch and Carol Frazer engaged 18 youth and six organizational partners in the design and implementation of the workshop.

March 2020 – States begin to implement shutdowns to prevent the spread of COVID-19. JHF provides an \$80,000 grant to Jewish Family and Community Services to develop UpStreet.

April 2020 – Mental Health Parity legislation progresses amid COVID-19 pandemic.

May 2020 – Youth advocates expand activities for Mental Health Awareness Month.

June 2020 – JHF begins offering part-time virtual work opportunities through Partner4Work's Summer Learn & Earn Program to youth interested in mental health advocacy. For their final project, teams of youth design strategies for incorporating teen mental health and wellness into school systems, community centers, or out-of-school activities. Youth present their projects to school administrators and community members.

September 2020 – JHF awards \$318,000 in grants to 14 organizations to support teen mental health programs during the COVID-19 pandemic.

October 2020 – JHF initiates the Teen Mental Health Collaborative to facilitate opportunities for youth-serving organizations to share their approaches to providing emotional support, connection, and engagement for teens. The youth-driven programs used various approaches, including expressive arts, podcasts, and peer support, to create environments in which teens can build resiliency, leadership skills, and new relationships to guide themselves and others through the pandemic. The Collaborative provides organizations with trainings and opportunities to share program ideas and expertise.

October 2020 – UpStreet begins to provide mental health services to teens in Pittsburgh and the surrounding areas, initially offered through an accessible online chat system.

May 2021 – The City of Pittsburgh and the Commonwealth of Pennsylvania officially declare May 23 as Teen Mental Health Awareness Day, via a proclamation written by a team of high school students from the PA Youth Advocacy Network. Lt. Governor John Fetterman and City of Pittsburgh Councilperson Erika Strassburger present youth with the proclamations during an in-person celebration at the Jewish Community Center of Greater Pittsburgh.

June 2021 – JHF funds and supports a University of Pittsburgh research project to create a series of films on mental health created by youth filmmakers in Pittsburgh. The films premiered during a public virtual event on June 23, along with a discussion about teen mental health and commentary from the research team.

August 2021 – JHF approves two grants focusing on teen mental health: a two-year, \$100,000 grant to Friendship Circle in support of the creation of a drop-in community space where teens can access stigma-free wellness support and connection with peers and a one-year, \$180,000 grant to continue JHF's PA Youth Advocacy Network and the Teen Mental Health Collaborative.

September 2021 – JHF-sponsored "Connected Through Covid: Our Experience" art show featuring local teens' work on pandemic mental health.

October 2021 – PA Youth Advocacy Network holds outreach events across Pennsylvania as the Network develops an agenda of teen mental health policy priorities.

January 2022 – JHF starts shedding light on the mental health workforce crisis.

February 2022 – The first Teen Mental Health Advocacy Series begins.

March 2022 – The PA Youth Advocacy Network hosts, in partnership with the Mentoring Partnership, the webinar series, *Where Mentoring and Youth Mental Health Meet*.

May 2022 – The Teen Mental Health Collaborative hosts a roundtable with legislators.

July 2022 – JHF sponsors a Pittsburgh screening of Ken Burns' *Hiding in Plain Sight* documentary followed by a panel discussion.

April 2023 – Karen Wolk Feinstein participates in an 11-day international study tour with the Commonwealth Fund and AcademyHealth, which included visits to headspaces in New Zealand and Darwin, Australia.



May 19, 2022 – PA Youth Advocacy Network unites activists for Mental Health Awareness Month.

May 11, 2023 – The Jewish Healthcare Foundation sponsored a conversation with Emily Kline, PhD, author and clinical psychologist, as part of the Pittsburgh Arts & Lectures "Made Local Series" at the Carnegie Library Lecture Hall.

May 16, 2023 – The Beacon opens in Squirrel Hill, serving as a community space to support the well-being of teens.

November 15, 2023 – More than 100 students from 10 counties travel to Harrisburg to advocate for a Student Mental Health Advocacy Day organized by the PA Youth Advocacy Network.

March 15, 2024 – PA Youth Advocacy Network, along with other civic and youth-serving organizations, hosts the first Allegheny Youth Voting Huddle for high school students at the Carnegie Library of Pittsburgh.

April 16, 2024 – State Senator Jay Costa joins healthcare leaders at JHF's offices to discuss collaboration to support teen mental health, including the need for a statewide coalition, improved workforce support, and expanded service access. Sen. Costa underscored the importance of uniting diverse organizations to increase impact and advocate for systemic change.

September 25, 2024 – Lt. Governor Austin Davis visited The Beacon, which highlighted Pennsylvania's investments in mental health, including \$100M for school-based programs and additional funding for out-of-school time and violence prevention. Teens and leaders of community-based organizations (CBOs) advocated strengthening the care continuum through school-community partnerships and expanding initiatives like The Beacon.

September 26, 2024 – Allegheny County legislators toured UpStreet and participated in a community discussion with peer mentors, mental health professionals, and CBO leaders, exploring how the headspace-inspired model has been tailored locally to serve teens effectively.

October 15, 2024 – The Mental Health Collaborative engaged legislators to advocate for CBOs that support teen mental health during an event at the Boys and Girls Clubs of Western PA. Key legislators and staff heard about the challenges of current funding streams, the importance of training and partnerships, and the need to expand care into communities. Roundtable discussions focused on sustainable funding, workforce training, and leveraging data for advocacy. The session was built on site visits and legislative engagement from earlier in the year, including Lt. Gov. Austin Davis' tour of The Beacon and recent dialogues with state officials.

February 18, 2025 – JHF launches the Teen Mental Health Coalition aimed at advocating for sustainable funding for community organizations offering early intervention and prevention services.

March 24, 2025 – Teens from the PA Youth Advocacy Network in partnership with the PA Teen Mental Health Coalition and PA legislators held a press conference at the State Capitol to highlight the urgent need for early intervention and prevention services for youth.



June 11, 2025 – PA Youth Advocacy Network teens partner with the House Mental Health Caucus and House Education Committee to host a student-led briefing where teens share information about excused mental health days.



APPENDIX B

Our teens are in crisis; here's what we can do, an op-ed written by Robert Ferguson, published in the *Pittsburgh Post-Gazette*

These 10 steps would go a long way toward shoring up the services our teens desperately need

March 4, 2018

Adolescence is often a rocky journey as boys and girls make the difficult transition from childhood to adulthood. The transition, emotionally, socially and physically, can be painful.

For U.S. teens, the journey seems unusually challenging, and it is too often unsuccessful—particularly in comparison to youth in similar countries. U.S. teens have higher rates of depression, substance use, anxiety, obesity, diabetes, sexually transmitted disease, injury and death. In the United States, suicide is now the second-leading cause of death among adolescents, and more than a third of Allegheny County teens reported intentionally hurting themselves in the past year.

And, right now, in America, these problems could be exacerbated by the fear of violence in the very school settings where teens go to become competent, responsible and successful adults.

The saddest part of this story, the climax of an unsuccessful adolescence, is the inability to get mental-health services when needed. Whether one is a concerned parent seeking help for a teenager who shows signs of depression, anxiety or drug and alcohol misuse, or a frantic relative trying to prevent a young person from injuring themselves or others—like the grandmother in Seattle who discovered her grandson's alarming journal—support is often absent.

Families may wait for 10 hours or more to get a teen evaluated during a crisis, only to be told that there are no hospital beds available unless they travel to a distant city. They may wade through directories of support services that aren't current, only to find no outpatient-services openings, no immediate support services or no insurance coverage when openings occur. The teen may drop out of school

or get expelled while the family pleads for help.

We have not invested in the mental health of our teens. The data provides evidence. We have a leaky, broken safety net because we have not provided enough services, trained enough therapists and support staff, or built enough centers to help teens and families cope. Because of this, we jeopardize the future of our nation. Troubled youth who get no help cannot be expected to excel as parents, workers or responsible citizens. As a society, we can pay now or pay later—in a hundred ways.

Therefore, we plead with our legislators to pay now, to provide a powerful safety net to guide our youth to stable adulthood. It is a bipartisan, societal imperative. Let's get the job done.

Here is an agenda woven from two years of conversations among state and county leaders, mental-health and substance-use providers, social-service representatives, family and patient advocates, educators, health-plan representatives, nonprofit leaders and researchers. There's urgency; it's time to deliver.

1. Increase loan reimbursements and payment rates for psychiatrists and other behavioral-health professionals. Many private behavioral-health practitioners no longer accept insurance, since salaries in behavioral health care are well below similar positions in other types of health care. This issue is especially acute for child and adolescent psychiatry. There are severe shortages in 85% of the states, including Pennsylvania. While psychiatrists and other behavioral-health professionals are now part of a loan-repayment program in the state, we need to increase the opportunities for loan repayment.
2. Create certificate programs and reimbursement for Family Support Partners and Youth Peer Support Partners. The Pennsylvania Medicaid program funds Certified Peer Specialists with lived mental-health recovery experience who work with

adults with serious mental illness. We commend efforts to expand this program to serve youth with serious emotional or mental illness and to create certification programs and reimbursement for Family Support Partners who help parents advocate for their children.

3. Require school nurses, counselors and other personnel to be trained in behavioral health. We need to create a community that recognizes signs of distress in our teens and can help them get back on track. One good avenue is Youth Mental Health First Aid, which is designed to train school personnel, teachers, families, youth, employers and other community members how to assist someone experiencing a mental-health crisis.

4. Advocate for commercial and public resources to increase the full continuum of services, including step-down treatment. We need everything from out-of-home services to community-based services. This means increasing resources for everything from crisis-response services to inpatient psychiatric beds to community care and ongoing supports; from creative pre-crisis and safety-net services to informal networks of family caregivers and teens. It also means removing barriers to care, like the exclusion that prohibits use of federal financing for care in behavioral-health residential treatment facilities with more than 16 beds.

5. Create a mental-health-bed registry in Pennsylvania. Identifying available psychiatric beds across the state would help simplify referrals and reduce bottlenecks at emergency rooms.

6. Advocate for commercial insurance coverage, including coverage for behavioral-health crisis and follow-up service. Resolve Crisis Network services are publicly funded and available to everyone. Support from commercial health plans would create greater capacity for crisis services and get help to teens and families more quickly.

7. Create new methods for paying behavioral-health providers based on outcomes rather than individual, discrete services. Health plans and providers, in both the private and public sectors, should design payment methods that allow them

to deliver services that matter to families before, during and after a behavioral-health crisis.

8. Update the regulations on behavioral-health providers. We encourage families, teens and advocacy groups to help review the regulations for services. A unified licensing and credentialing system for providers and closing the disconnects between services for mental health and alcohol and other drugs also could relieve significant regulatory burdens on providers.

9. Fund the provision of evidence-based behavioral health services by creating a system for training providers on evidence-based services, financing the services and measuring the outcomes. Although evidence-based services exist for adolescents, such as trauma-focused cognitive behavioral therapy, they are not always provided in practice. Families often do not know whether the service being provided is based on the best available evidence as to what works and what doesn't work.

10. Demand transparent strategies for ensuring the quality of behavioral-health services and use validated surveys for measuring satisfaction, functioning and recovery. Families need to be able to identify what services are most essential, effective, affordable, compassionate and accessible. While a method exists to measure consumer satisfaction in the publicly funded behavioral-health system, this information should be available much more quickly. Private health plans must implement a similar method to measure and report consumer satisfaction and quality.

These policy imperatives can make a sizable, noticeable, and long-term impact on the mental health of youth in Pennsylvania, and reassure families, youth, advocacy groups, and committed professionals the urgency of the current youth mental health crisis is acknowledged and responded to with the bipartisan intensity that it deserves. Pennsylvania has the potential to be the gold standard for adolescent mental-health services and guarantee a healthy and responsible next generation.

<http://www.post-gazette.com/opinion/Op-Ed/2018/03/04/Our-teens-are-in-crisis-here-s-what-we-can-do/stories/201803040014>

APPENDIX C

Don't neglect mental health services for youth, an op-ed written by Raymond L. Wolfe, published in the *Pittsburgh Post-Gazette*

March 18, 2018

I read with interest the thoughtful Forum piece by Robert Ferguson of the Jewish Healthcare Foundation (March 4, "Our Teens Are in Crisis; Here's What We Can Do"). It highlighted one of our most serious social problem and presented many logical solutions. We need to address these issues as a community. We should all be hearing the dire echo from the comment Mr. Ferguson made: "More than a third of Allegheny County teens reported intentionally hurting themselves in the last year."

Pittsburgh Mercy is the region's largest behavioral health provider. I understand the reasons for Mr. Ferguson's suggestions. We struggle as providers of mental health services to staff our programs with doctors and qualified staff as fewer people are attracted to this mission. This staff shortage affects all of us. Providers, who work so heroically, face community needs we can't meet. The waiting lists grow. The suffering of those not yet served remains unabated. With fewer dollars (adjusted for inflation) than we had 10 years ago, we live in a tragic gap between what we know we could be providing and what our resources will buy.

I am concerned that staff shortages will become permanent. I worry we are systemically strangling the services we need by incentivizing quality students to choose other professions and avoid social services, behavioral health care and psychiatry. Across the nation, there are extreme shortages of child psychiatrists. Physicians can earn more in other specialties. Young people graduating with master's degrees have often incurred tens of thousands of dollars in education debt. It is much easier to move to other professions where the same education levels yield higher pay. The tuition waiver Mr. Ferguson proposes is an excellent first step.

This community has an obligation to talk about these issues and listen to all the opinions and ideas we can develop. We applaud Robert Ferguson and JHF for raising awareness of this issue. We hope we hear more.

<https://www.post-gazette.com/opinion/letters/2018/03/11/Don-t-neglect-mental-health-services-for-youth/stories/201803080021>

APPENDIX D

Pandemic Teen Mental Health Emergency Grants

Organization	Teen Engagement Initiatives / Grant Focus
<p>A+ Schools aplusschools.org/our-programs/teenbloc</p>	<ul style="list-style-type: none"> • TeenBloc engages students in structured activities that provide a platform to share their voice and express themselves creatively and productively to advocate for change. • A+ Schools leverages a network of partners that includes groups such as BOOM Concepts, YMCA Lighthouse Project in Homewood, Latino Community Center, Cultivating Resilient Youth, Casa San Jose, and Project Destiny in this work.
<p>Allegheny Health Network — The Chill Project ahn.org/services/psychiatry-mental-health/mindfulness/chill-project</p>	<ul style="list-style-type: none"> • Expanding the program to pilot and evaluate an expressive arts therapy program, including puppetry as part of the Chill mindfulness initiative at Baldwin-Whitehall School District. The aim is to expand interest and accessibility of the mindfulness curriculum to English language learners and student with disabilities.
<p>Alliance for Refugee Youth Support and Education (ARYSE) arysepg.org</p>	<ul style="list-style-type: none"> • Offering translation services for 65+ teens involved in the ARYSE After School Program offering mentoring, learning support, cultural identity development, and workforce readiness skills. While virtual programming cannot replace the feeling of in-person programming, ARYSE saw unexpected benefits of hosting programs on Zoom, many of which relate to language access. For example, one Kinyarwanda-speaking student expressed that she feels more seen and heard at ARYSE programs than ever before because an interpreter is constantly on Zoom.
<p>Boys and Girls Clubs of Western PA bgcwpa.org</p>	<ul style="list-style-type: none"> • Promoting skills development in mindfulness and stress management among youth attending Boys and Girls Clubs virtual and in-person programs.
<p>Center of Life centeroflife.net/programs#krunk</p>	<ul style="list-style-type: none"> • The KRUNK Movement: a “micro-enterprise” production company for students in grades 9–12 focuses on learning the elements of hip-hop and engaging students in discussions about importance of social justice and promoting positive mental wellness through performing arts.
<p>UPMC Children’s Hospital Pittsburgh – Juvenile Justice Involved Youth chp.edu/our-services/aya-medicine</p>	<ul style="list-style-type: none"> • Conducting virtual psychosocial assessments and completion of the “My Health and Wellness Plan” with youth in the juvenile justice system who are participating in mindfulness and integrated yoga instruction as part of a project through UPMC Children’s Hospital and Yoga Roots on Location, Inc. • Tailoring the American Academy of Pediatrics–accredited curriculum for <i>Reaching Teens</i> to structure a training for the JPO audience. <i>Reaching Teens</i> is a trauma-informed healing centered concept of care.

Organization	Teen Engagement Initiatives / Grant Focus
Friendship Circle fcpgh.org	<ul style="list-style-type: none"> Fostering social connection and peer support for teens of all abilities through a new program called Friendship Circle Crew (FC Crew). FC Crew is a peer support group designed to empower teens to be active listeners, supportive friends, and leaders.
Gwen's Girls gwensgirls.org	<ul style="list-style-type: none"> Implementing a 12-week virtual program focused on teen mental health for 3 cohorts of 10 girls each. Girls will become ambassadors and student leaders for teen mental health among their peers in the Gwen's Girls programs.
Homewood Children's Village hcvpgh.org	<ul style="list-style-type: none"> Enhancing and building upon the organization's commitment to mental health and well-being by training staff to incorporate trauma-informed practices and holistic health for a whole-child approach to addressing mental health issues.
Jewish Community Center jccpgh.org/children-teens-family/teens/	<ul style="list-style-type: none"> Supporting teen engagement programming, including expanded in-person and virtual programming and involving peer interns in the design and implementation of programs in Squirrel Hill, the North Hills, and the South Hills.
Repair the World werepair.org/pittsburgh/	<ul style="list-style-type: none"> Conducting sessions on mental and emotional wellness for teens and developing a cultural competency curriculum around identity and sensitive topic areas.
Steel Smiling steelsmilingpgh.org	<ul style="list-style-type: none"> Steel Thriving Youth Program: Providing Black high school-aged young people a space to process and positively cope with both the disruption of their educational experience caused by COVID-19 and incidents of police brutality and anti-Black racism.
The Neighborhood Academy theneighborhoodacademy.org	<ul style="list-style-type: none"> Offering in-school counseling and support groups to help students deal with trauma, stress, depression, and their new norm of activities. These additional supports help them process their emotions and progress forward academically.
UpStreet/Jewish Family and Community Services upstreetpgh.org	<ul style="list-style-type: none"> Providing online counseling, including brief intervention support and referrals to ongoing counseling supports. Offering drop-in, virtual mental wellness supports and peer-to-peer mentoring support.

APPENDIX E

CBO Service Descriptions

Health Education, Promotion, and Skills Development

Through mental health awareness education, life skills training, and service learning, teens increase resilience and well-being by learning coping skills, stress management, problem solving, healthy relationships education, and self-care planning.

Programs include evidence-based social-emotional learning curriculum to help teens develop a sense of self and belonging through education around emotion management, problem solving, conflict resolution, goal setting, adolescent health and wellness, service-learning, and coaching support. Some programs include an identity-based focus to address the specific needs and risk factors for LGBTQ+ teens.

Peer Support and Teen Leadership

Through teen leadership committees and peer engagement, CBOs engage teen leaders to design programs, share prevention messages, and offer mentoring support to other teens. Teen leaders help their peers to develop coping strategies, avoid risk-taking behaviors, and seek counseling and additional mental health supports when needed.

Mentoring and Career Pathways Development

Teens are connected to trusted relationships with caring adults through mentorship, career coaching, and specialty programs. CBOs offer science, technology, engineering, arts, and math (STEAM) education, internship programs, and career pathways development. STEAM education is also connected to health; for example, a performance arts program includes education about communicating positive mental health messages through the arts and the impact of current events and media on mental health.

Early Intervention Services

In addition to evidence-based social-emotional learning, CBOs provide safe spaces for developing skills for stress management, meditation, self-care

planning, and meditation. They also offer trauma-informed programs and services, art therapy, restorative practices, grief and loss support, and mediation.

Brief Intervention and Counseling Services

CBOs offer brief intervention and support for teens needing help navigating transitions, relationships, academic pressures, and early signs and symptoms of mental health needs. Many also provide on-site individual, group, and family therapy to teens accessible through drop-in services or in the spaces where they attend other teen programs. CBOs help to reduce the stigma around accessing mental health services by offering these services in communities.

Triage and Referral

Connecting CBOs to health systems provides multiple entrance points to the system of care through community-based assessment and referrals, post-intervention supports, and peer support. CBOs can help coordinate follow-up with healthcare services, promote family and teen engagement in care, and connect to crisis services when necessary.

Care Management

CBOs connect teens and families to resources that address social determinants of health through access to food banks, housing, rent and utility assistance, and medical assistance. They collaborate with primary care and behavioral health systems, schools, and juvenile justice to assist with health system navigation and engagement.

Violence Prevention and Response

CBOs offer a safe place for youth, structured activities that build resilience, and access to caring adults critical to preventing violence and trauma and responding to community needs as they arise. CBOs do this through screening for adverse childhood experiences, training in trauma-informed care and other needs that youth may present with, mental health first aid training, mandated reporting, child abuse prevention best practices, and through prevention programming, community engagement, and education.

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