# Enhancing Mental Health Capacity for Youth-Serving Organizations

Oct 2<sup>nd</sup>, 2024







## Who We Are



Lisa Aslan (she/her) Senior Advisor



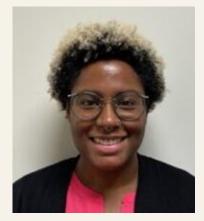
Lauren Bard (she/her)
Co-Project Manager and Trainer



Daisy Ortega (she/her) Senior Advisor



Gina San Inocencio (she/her) Co-Project Manager and Trainer



Kryanna Wallace (she/her)
Project Coordinator

### Our Goal:

The goal of this initiative is to build the capacity of community-based organizations (CBOs) serving marginalized youth, particularly youth of color and/or LGBTQ+ individuals, to better support youth mental health and wellness.

# Our Approach

# **OF TRAINERS TRAINING**

- 1. Identify Behavioral Health Champions in the City of Boston
- 2. Provide a 16-hour training of trainers
- 3. Provide coaching on facilitation, content, and group management

# TRAINING THEORY

- 1. Highly-interactive
- 2. Scaffolding of learning
- 3. Evidence-based concepts including trauma-informed practices and a youth development approach

# MODALITIES

- 1. Four In-person trainings (4 hours each)
- 2. Ongoing learning communities for continued learning and support
- 3. Cohort model to support network and community building

# Training Themes

#### Session 1

- Building Collective Resiliency in Youth
- Trauma Informed Care
   & Healing Centered
   Practices

#### Session 2

- Mental Health Support Strategies
- Suicide Prevention

#### Session 3

• Substance Use and Harm Reduction

#### Session 4

- Review of 6-hour training slides and facilitator guide
- Adult Learning Principles& Facilitation tips

# Application Overview

Please complete the following	questions to verify your eligibility to this Grant Application:
I confirm that I know the initia	deadline for this application is October 12, 2024 at 11:59pm EST. The applications received
after this deadline will not be o	onsidered.
Select One *	
I confirm that I can be reached	at the email address I used to create this online account.
Select One *	
I have read the all the requirer	nents on the <u>BPHC landing page</u>
Select One *	
I understand that all portions	of this online application and all upload attachments are required.
Select One *	
I confirm that my organization	primarily serves 14-18 year olds on an ongoing basis (at least once a week)
Select One *	
I confirm that my organization	's program for 14-18 year olds has been established for at least one year
Select One *	
I confirm that my organization	is based in the greater Boston area
Select One *	
I confirm that my organization	serves youth of color and/or LGBTQ+ in Boston
Select One *	
I confirm that my organization	is NOT:
Clinical in nature	
<ul> <li>A school</li> <li>Clinic, health center, or ho</li> </ul>	snital
A for-profit organization	spira.
Select One *	

# Application Overview

low many young people d	lo you serve annually?
What percentage of the yo	outh you serve identify as BIPOC (Black, Indigenous, People of Color)
Vhat percentage of the yo	outh you serve identify as LQBTQ+
What percentage of the yo	outh you serve identify as residents of Boston
What percentage of the yo	outh you serve identify 14-18 years old
	ganization. You may include your organization's mission and history, specific programs that otion of those youth served. (1-2 paragraphs or 4-6 bullets)
. Please describe your org	
. Please describe your org	
Please describe your org	otion of those youth served. (1-2 paragraphs or 4-6 bullets)
Please describe your orgerve youth, and a descrip	

# Questions?



# Thank You.

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https://hria.org/tmf/enhancing-mental-health-capacity-for-youth-serving-organizations/

