

Enhancing Mental Health Capacity for Youth-Serving Organizations

Oct 2nd, 2024



PROJECT TEAM



Who We Are



Lisa Aslan (she/her)
Senior Advisor



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



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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

TRAINING OF TRAINERS

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 initial deadline for this application is October 12, 2024 at 11:59pm EST. The applications received after this deadline will not be considered.

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 requirements on the [BPHC landing page](#)

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

• A school

• Clinic, health center, or hospital

• A for-profit organization

Select One

Application Overview

Application

Please provide the following demographic information to the best of your ability.

Youth Served Information

*** How many young people do you serve annually?**

*** What percentage of the youth you serve identify as BIPOC (Black, Indigenous, People of Color)**
*** What percentage of the youth you serve identify as LGBTQ+**
*** What percentage of the youth you serve identify as residents of Boston**
*** What percentage of the youth you serve identify 14-18 years old**

Questions

*** 1. Please describe your organization. You may include your organization’s mission and history, specific programs that serve youth, and a description of those youth served. (1-2 paragraphs or 4-6 bullets)**

*** 2. Please describe what your organization hopes to get out of participating in this initiative. You may include behavioral and/or mental health challenges experienced by youth in your organization. (1-2 paragraphs or 4-6 bullets)**

Questions?

Thank You.

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

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Health Resources in Action

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



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