Enhancing Mental Health Capacity for Youth-Serving Organizations

Oct 2nd, 2024







Who We Are



Lisa Aslan (she/her) Senior Advisor



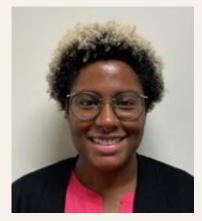
Lauren Bard (she/her)
Co-Project Manager and Trainer



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 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 <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
A school Clinic, health center, or hospital
A for-profit organization
Select One *

Application Overview

	rmation		
low many young	people do you serve annually?		
/hat percentage	of the youth you serve identify as BIPOC	(Black, Indigenous, People of C	olor)
/hat percentage	of the youth you serve identify as LQBTQ	}+	
/hat percentage	f the youth you serve identify as reside	nts of Boston	
/hat percentage	f the youth you serve identify 14-18 ye	ars old	
	your organization. You may include you description of those youth served. (1-2		ory, specific programs that
	what your organization hopes to get ou lth challenges experienced by youth in		-

Questions?



Thank You.

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

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

