

Final Report YOUTH ADVOCACY INITIATIVE



📍 HUMBOLDT

📍 SACRAMENTO

📍 FRESNO

📍 SAN BERNARDINO



Mental Health Services
Oversight & Accountability Commission



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YOUTH ADVOCACY INITIATIVE

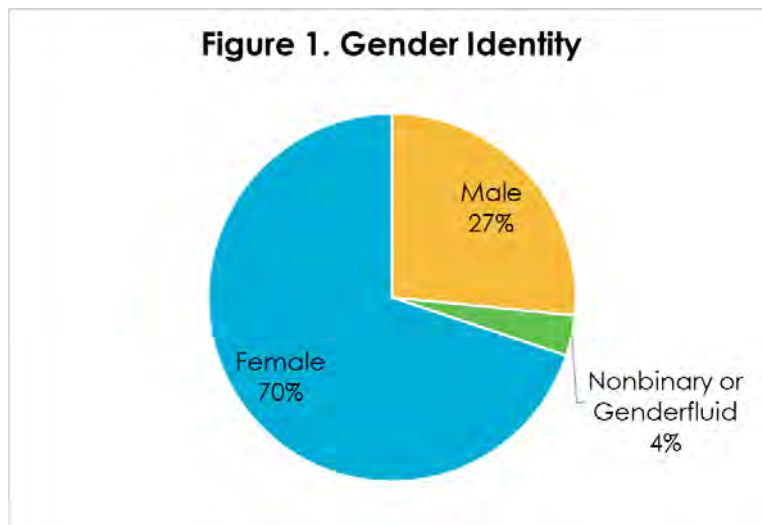
Program Overview

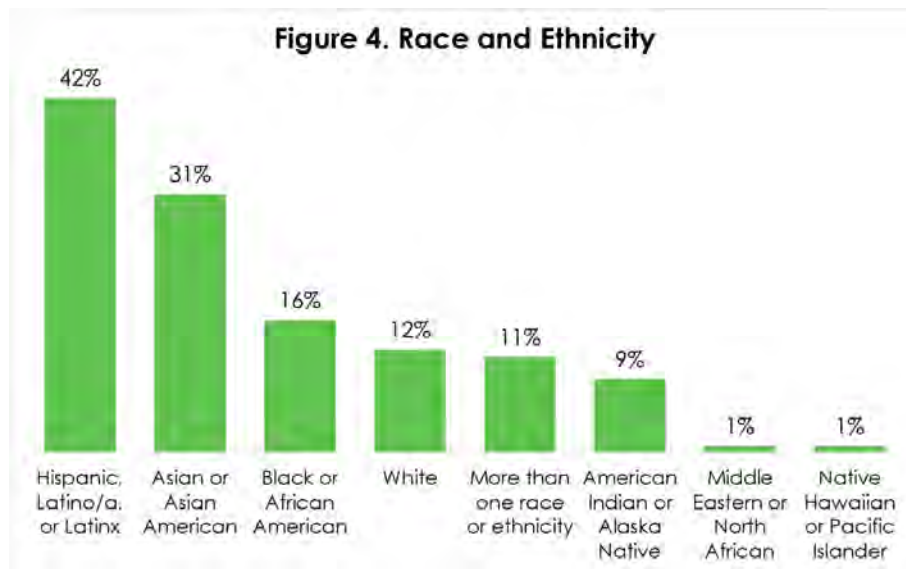
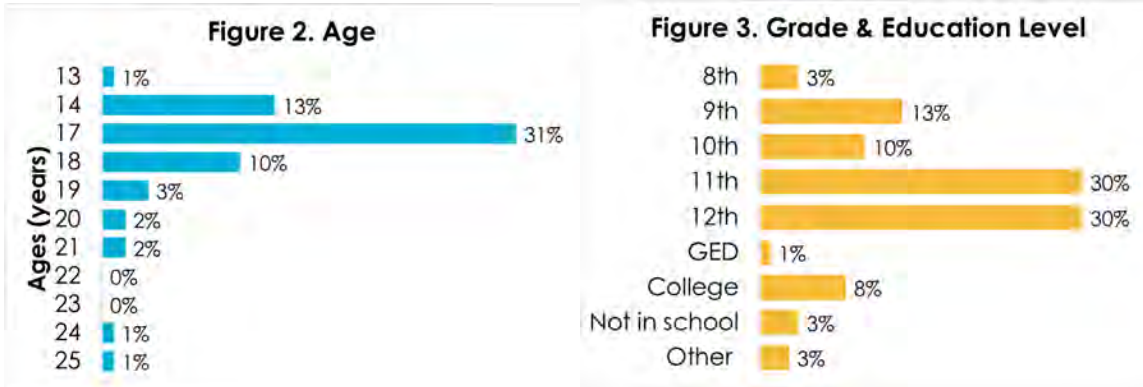
PRO Youth & Families (PRO) was contracted by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement the Youth Advocacy Initiative throughout the state of California. The purpose of the Youth Advocacy Initiative (YAI or Initiative) was to develop a network of 250 youth, around ages 14-18, throughout California to focus on mental health literacy and advocacy. PRO successfully engaged approximately 400 young people throughout California through virtual meetings and in-person events. Approximately 30 organizations assisted in recruiting these young people to attend the various events (see Appendix for the list of organizations). From August to December 2023, five virtual meetings were held and engaged over 272 youths. During January and February 2024, four in-person convenings were held and engaged over 184 youths. When surveyed following the convenings, the youth participants' responses were overwhelmingly positive and optimistic:

- **92%** agreed or strongly agreed: *I learned something new about mental health*
- **92%** agreed or strongly agreed: *I have the power to make a difference in the community*
- **89%** agreed or strongly agreed: *I feel confident that I can advocate for issues that are important to me*

Demographics

Youth participants represented a diverse range of genders, ages, education levels, and racial and ethnic backgrounds as shown in Figures 1 to 4. A majority (70%) of the youth identified as female, and most youth were age 17 (31%) and in 11th and 12th grade (30%). The breakdown of racial and ethnic identities is representative of California's diverse population.





Virtual Meetings

From August to December 2023, five virtual meetings were held and engaged over 272 young people from 14 counties across the state. Nearly half of the youth participants (47%) were recruited by the San Bernardino Superintendent of Schools and represented the cities of San Bernardino, Riverside, Rancho Cucamonga, Victorville, Murrieta, and Temecula.

Virtual Meetings		
Date	Topic	Attendance
August 17, 2023	Introduction to the Program	35
September 14, 2023	Learning Your Needs and Interests	130
October 19, 2023	Introduction to Mental Health Literacy	129
November 16, 2023	Introduction to Mental Health Advocacy	110
December 21, 2023	Introduction to Mental Health Initiatives, Resources, and Services	82
Total Unduplicated Attendance*		272

*Attendance is based on responses to the YAI Roll Call Form and YAI Youth Exit Survey

July 27: Adult Allies Preliminary Planning Meeting

A virtual planning meeting with the Adult Allies was held to conduct introductions and provide allies with the program purpose, meeting dates, and expectations. PRO Youth and Families did not have direct contact with allies as that was under the scope of MHSOAC. Therefore, our organization facilitated this meeting and gathered feedback from the adult allies on how to move forward with the program.

The virtual meeting schedule for the Initiative changed once collaboration with the adult allies began. The adult allies felt it best that during the pilot, the youths assist in the program's development. Therefore, the first few virtual meetings for the youths were discussion and feedback-based.

August 17: Introduction to the Program

Youths were debriefed on what MHSOAC was, and the origin of the Mental Health Service Act. The youths understood that the Initiative's purpose was that MHSOAC intended to develop a network of 250 youths aged 14-18. The goal was for YAI participants to enhance and utilize advocacy skills while expanding their mental health literacy. In this six-month pilot run, youth decipher what the virtual meetings and regional convenings should look like. Then, the initiative would conduct a pilot run of regional convenings to see youth ideas in action.

The youths were asked to rank their interest in the four topics the Initiative intended to cover. They indicated that they were most interested in learning about mental health literacy. This indicated the information level of participants, as many felt they were in the introductory stages of understanding how to advocate for mental health. The other three topics ranked in the following order: 2) advocacy professional development, 3) networking, and 4) meeting public officials.

We asked the youth what words come to mind when they think of “youth advocacy initiative”, and the top five responses were teamwork, community, support, awareness, and helping as shown in the word cloud below in Figure 5.

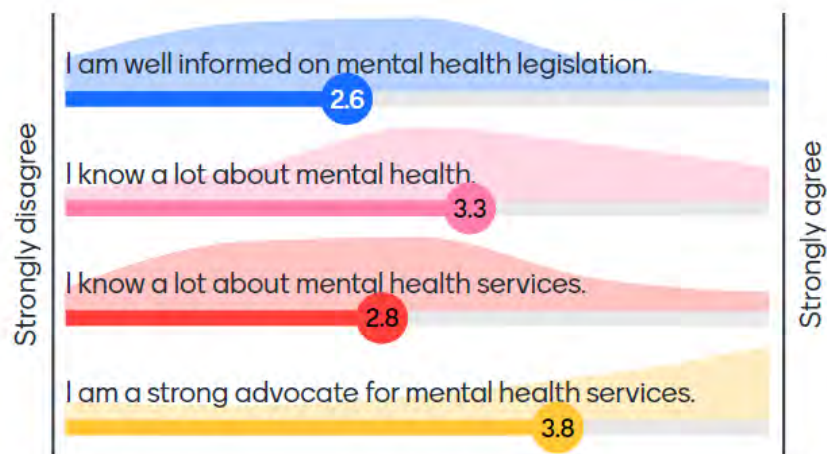
Figure 5. Word Cloud for Youth Advocacy Initiative



All youth had a reason behind why this program aligned with their values and what they were doing within their organization or school. This varied between those who aligned with the Initiative because of their passion for mental health awareness, while others were already active in their advocacy efforts to eradicate stigma and inform the youth population on mental health prevention.

Youths were aware they wanted to advocate for services and resources, but many did not have information on resources available in their region. They were asked to rate their level of knowledge on a scale of 0 to 5, and the rankings as shown below in Figure 6. Most of the youths that engaged in the first virtual meeting knew the introductory knowledge about mental health (average rating of 3.3) and knew they wanted to be advocates (average rating of 3.8) but were less informed on legislation and services (average rating of 2.6 and 2.8, respectively).

Figure 6. Level of Knowledge of Mental Health Legislation & Services



The youths spent time collaborating during the virtual meeting and discussed how their mental health literacy could be improved, along with what they felt their peers needed to learn more about. They had a multitude and variety of ideas which included:

- Mental health services offered by schools, cities, and counties
- How to become a better mental health ally and advocate
- Suicide prevention
- Mental health stigma and understanding mental health conditions
- The connection between physical and mental health
- The effects of social media on mental health
- Understanding how the brain works, and how to treat “bad mental health days”
- Relationship and boundary setting
- How to discuss mental health with those that are averse
- Methodology for treating mental health conditions
- Self-care tactics and various forms of wellbeing

September 14: Learning Your Needs and Interests

During the meeting, the youths discussed what their needs and interests were regarding components of the Initiative as shown in Figure 7 below. While many youths acknowledged that they prefer to go to their peers for mental health support, they did not want to utilize the in-person convenings to learn from one another. This disconnect is likely due to how the youths perceive their peers and the assumption that they have a lower knowledge level of mental health literacy.

Figure 7. Ranked Needs & Interests



The youths were asked to rate their level of knowledge of available resources and accessing them on a scale of 0 to 10. The rankings were all 3.3 or lower as shown in Figure 8 below. It is evident that while resources are available, youths do not know how to access them. Therefore, much attention needs to be spent on educating the population in resource and service accessibility.

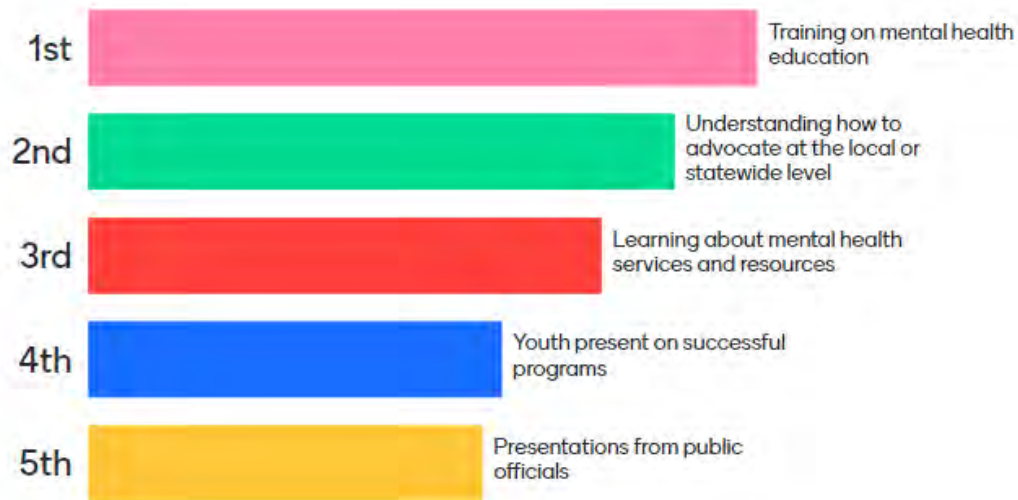
Figure 8. Level of Knowledge of Mental Health Resources & Access



The youths helped decide what content should go into the convenings by ranking their interest in various topics as shown in Figure 9 below. This youth-led

information and feedback guided PRO in how to proceed with the Initiative and the convenings. The remaining virtual meetings were used to introduce mental health literacy and advocacy skills so that the convenings could cover more advanced information.

Figure 9. Ranked Interest in Topics for Convenings



October 19: Introduction to Mental Health Literacy

In this virtual meeting, youth were debriefed on the definition and scope of mental health and the differences between self-soothing techniques and self-care practices. It was explained to youths that self-soothing is commonly practiced following experiencing a stressor, whether that be positive or negative. Self-care is often misunderstood and should be looked at as a form of self-discipline for the active practice of improving or preserving one's health.

Many youths expressed that this was their first time being educated on mental health prevention and that the tools provided were feasible for them to use themselves or teach to their peers. Youth particularly enjoyed learning about the brain and how certain chemicals, such as serotonin and dopamine, can affect mood and well-being.

Many youths have heard that social media can be bad for mental health but have not been explained why. In educating youths about the brain, we explained how social media is designed to release certain chemicals in the brain that lead to digital addiction. The curriculum also included how social media can lead to unhealthy comparisons, fear of missing out, cyberbullying, and the commercialization of self-care. We discussed how digital well-being could be practiced through efforts like blocking or unfollowing things that do not serve you and socializing with people with similar interests.

When asking youths what they think self-care is, many could list off products, apps, or subscriptions that would assist in self-care practice. We took the time to explain how companies capitalize on the population's interest in self-care and use it to their

advantage to advertise and sell their products. Youth learned how to practice self-care in eight dimensions of well-being and explored various ways they could implement self-care into their own lives. For each dimension of well-being (i.e. emotional, physical, mental, occupational, financial, environmental, spiritual, and social) youth crafted a list of ideas together that could help them tap into self-care for that component of their well-being.

November 16: Introduction to Mental Health Advocacy

This virtual meeting was spent learning more about advocacy tactics and skills that could be utilized in various political platforms. Our organization was thoughtful in addressing advocacy while being conscientious of youth mental health. It was stressed to youths that advocacy begins with self and that finding one's voice would be the first step in becoming an advocate for a greater cause. Youth discussed why they felt advocacy was important and listed ways they currently network. This segued into teaching youths about effective communication methods so that they can enhance relationships around them.

The next component of the meeting taught youth about governing bodies. Youth were educated in statewide advocacy (e.g. engaging with state legislators), and the difference between local government and school governing bodies. Many youths acknowledged that they were unaware of the variances between governing bodies and how to access them. Our organization showed youths multiple methods of communication for networking with political influences and how to learn more about active legislation.

December 21: Introduction to Mental Health Initiatives, Resources, and Services

This virtual meeting intended to enhance the autonomy of youth accessing mental health resources. Youth were educated on laws that are in place, protecting their rights to access mental health services and resources (i.e. Health & Safety Code § 124260). Youth in more rural and cultural regions felt that it was of value to know they could access resources on their own since many generations preceding them remained averse to mental health support.

Youth learned about MHSSA and other initiatives in place under MHSOAC. Many participants acknowledged that the Allcove centers could be beneficial for their region but were curious as to how youth would access transportation to a center or be able to afford services within the center if they were doing so on their own. Youths were educated on other virtual resources and phone lines that are accessible for their age range.

Participants advocated that resources should be better advertised within the school system and should not require a meeting with a counselor. Youths spoke out that counselors are not often available when they are in crisis, and that the schools with wellness centers do not have a structure in place to provide resources. Most youth prefer meeting with their peers for support and suggested that peers be educated on mental health prevention and resources so they could ensure they were providing appropriate support.

Improvements Findings from Youth

When asked on the YAI Youth Exit Survey, “What is something you think could be improved in the virtual component of the program?”, youth responded with a variety of suggestions, and the top three most common responses were regarding activities, engagement, and breakout rooms. Many youth participants wanted the virtual meetings to be more interactive or include more activities to be more engaging for them. Some of the youth wanted breakout rooms to have small group discussions and connect with their peers. The time limitations hindered the ability to integrate more opportunities for interactive activities, break-out rooms, and connect with others.

In-Person Convenings

During January and February 2024, four in-person convenings were held, and over 184 youth attended. The Convenings were held in Sacramento, Fresno, Humboldt, and San Bernardino. Some highlights of the in-person convenings were the youth turnout, the connections they made with one another, a younger generation that is more confident in affecting change, and their hopefulness to attend another year of the Initiative.

In-Person Convenings		
Date	Region	Attendance
January 20, 2024	Sacramento	56
January 27, 2024	Fresno	40
February 10, 2024	Humboldt	27
February 24, 2024	San Bernardino	61
Total Attendance*		184

**Attendance is based on data provided by MHSOAC (see Appendix).*

Sacramento Convening

The Sacramento convening group had a higher information level regarding mental health and advocacy. Many of the youths participated on boards, commissions, or clubs centralizing on youth advocacy and mental health. Getting to know the audience is highly important for successful facilitation as it allows us to accommodate the curriculum and activities to the youths' needs. The youth enjoyed a special welcome from MHSOAC Commissioner, Dave Gordon.

PRO conducted training on policies and programs so that the youth knew how to differentiate their recommendations for local leaders. This also allowed youth to be considerate about the fiscal feasibility of their recommendations. Many youths inquired about how to access quantitative data to back their recommendations, as it is common with the age group to utilize qualitative data. PRO provided tactics for surveying communities and ensuring that any data found online was statistically significant.

The next training course was an introduction to how to write formal recommendations and policy briefs. PRO provided an example policy brief drafted by youth ages 14-24, which allowed participants to feel empowered that they too would

be capable of doing so. Policy briefs were broken down into four components: the need (target population and unmet needs), challenges to addressing the need, strengths that come from their recommendations, and the recommendations clearly stated. The youth realized the advantage of learning about political influences' interests – recommendations can be tailored to align with a leader and their constituents' values.



All youths received local leader packets that detailed the political influences within their region and how to contact them. The youths then began advocacy brainstorming; working in groups on various mental health initiatives they would want to bring before local leaders. Youths rotated groups so they could engage in more critical thinking and challenge ideas. This networking opportunity allowed youth to learn how different regions and systems are addressing mental health prevention. It also sparked new ideas for them to take before their local leaders.

Following lunch, youth spent time learning about the Mental Health Service Act (MHSA), MHSOAC, and mental health services within their regions. All youths were provided extensive packets of resources (these resource packets were a collaborative effort between the CBOs/COEs engaged with the program). PRO staff then reviewed mental health self-care and self-soothing practices as it was the most popular unit from the virtual meetings. Many youths requested additional information and email follow-ups of preventative practices.

Youth split into groups to begin the “Utopian Society Activity”. All groups were provided with a poster and were asked to create their perfect world. In this activity, fun and imagination are encouraged so that youth do not feel the pressure of critical thinking. Through the activity, youth began to realize that regardless of where they live, most of them share similar values and wants for the world.

Fresno Convening

Following the Sacramento convening, there was a program evaluation of the activities implemented. There were some key differences made based on our experiences and feedback received from the Adult Allies. In utilizing this feedback, there were some changes to the agenda in Fresno, to establishing the presence of a clinician for non-clinical conversations, as well as incorporating various members of the city within the convening such as Fresno's Assembly Member & Assistant Superintendent. This further helped us personalize our approach with the youth in Fresno, aspiring to represent diversity, equity, and inclusion for all participants and youth, and being culturally aware of the needs evident within the region. This allowed us to issue a personalized convening in Fresno, which assisted in the collaborative efforts among staff and the Adult Allies.



Humboldt Convening

Within the Humboldt convening, there were opportunities to express cultural differences, including implementing a land acknowledgment and incorporating youth voices from Two Feathers. Also, to present more of a secure space for conversation, the youth sat within a trust circle and had an open conversation with a clinician discussing non-clinical conversations. The youth expressed themselves based on their individual comfort levels within the circle and amongst their peers. The highlight of the Humboldt convening was the reflection time the youth had with one another within the trust circle, as well as during the "walk the line" activity. The transparency the youth evoked throughout these activities was inspirational, courageous, and insightful, alluding to the depth of relationships the youth had with one another.



San Bernardino Convening

At the San Bernardino convening, the youth displayed heightened excitement toward advocacy and creating change in their community. They were able to highlight changes they would want to see emanate, such as resources provided in their city, desire for peer support services, and how to build more engaging communities collectively. The Adult Allies were also able to network with one another and share the resources they provided within their own regions. Many Adults were unaware of the availability of the resources provided and were able to find resources for many of their youth with various needs. This furthered our interest in finding new resources and opportunities available for the partnering adults at this convening, with the hope that they can each rely on one another's services to meet the individualized needs of their youth.



Improvements Findings from Youth

When asked on the YAI Youth Exit Survey, “*What is something you think could be improved for the in-person convenings?*”, youth responded with a variety of suggestions, and the top three most common responses were regarding activities, small group discussions, and breaks. Many of the youth participants wanted the convenings to be more interactive or include more activities. Some youth wanted time for small group discussions or breakout sessions to talk with their peers and more breaks to rest and absorb the information.

Recommendations and Best Practices

School-based mental health prevention varies drastically from region to region in California. There needs to be a common structure in place to ensure all youth are equitably served and that their wellness within the system is prioritized. The base structure should include resource accessibility, funding for wellness centers and mental health clubs on campus, and peer-to-peer behavioral health training.

Resource Accessibility

The Mental Health Student Services Act (MHSSA) intends for schools and counties to work collaboratively on providing resources to youths. Currently, most students do not feel that resources and services are adequately promoted. Youths who have accessed resources through school stated they received their information from counselors. The concern with this is that most youths prefer to go to their peers for support and that counselors do not have the bandwidth to serve the entire student population. Adult allies and students agree that resource accessibility is severely lacking.

Therefore, we propose that schools collaborate with county behavioral health departments to begin actively advertising prevention resources that would be available to their entire school demographic and accessible without parental permission. Advertisements should be youth-friendly; whether it be pamphlets in

classrooms or QR codes that take youth to a service webpage. Also, regional call line services should be posted within classrooms (e.g. 988).

Aside from youths accessing resources and support from their peers, most students seek advice online. The current state initiative for behavioral health virtual service platforms needs to be debriefed in schools. Soluna and Bright Life Kids apps are vital resources for a generation that is on their cellular device an average of five hours a day. However, those resources will remain underutilized if they are not advertised within schools. To ensure that these apps continue to improve and meet the needs of our current youth populations, we suggest surveying students consistently.

Mental Health Literacy and Curricula

The youth information level on mental health literacy is much lower than anticipated. This highlights that the school curriculum does not sufficiently address mental health literacy. Many students are interested in learning more about mental health self-care and self-soothing practices, along with information on brain operation. Youth acknowledge that self-harm prevention should coincide with anti-bullying campaigns. However, many students believe that a greater understanding of mental health and how the brain works could reduce self-harm and bullying within their schools.

Under observation and in conversation with adult allies, it is evident that youth do not have the current skill set to practice healthy boundary setting and communication with their peers, adult allies, and parents. Students need a curriculum that addresses relationship building to become avid advocates for mental health, anti-bullying, and self-harm prevention. We acknowledge that drastic changes in the school curriculum may not be feasible, therefore we recommend funding community-based organizations to host mental health prevention after-school programs.

Peer-to-Peer Training and Wellness Centers

As previously stated, youth consistently prefer to seek their peers for support. Peer-to-peer models have already proven successful in addressing mental health prevention. We firmly believe that more youths need to be trained in behavioral health peer-to-peer counseling so that youth have access to a support system that meets their comfort level.

Many schools are now formulating safe spaces or wellness centers on their campuses. These centers do not meet the youths' needs. For example, many limit the amount of time a youth can be in the center for fear that a youth will be out of the classroom too long. Other centers do not carry information on resources and services, and the staffing for these centers varies. Schools would greatly benefit from these centers hosting a "TA" position for students with peer-to-peer training. CBOs could be partnered with to help staff in these rooms and provide accurate resources and services. Youth convening participants with the NAMI organization have been working diligently to develop wellness centers on their campuses but are discouraged by the lack of funding provided by their school system. Students in these clubs are expected to raise funds for the large projects that schools request they be responsible for. It is highly recommended that funds be dedicated to school wellness centers and mental health clubs on campuses.

Advocacy and Civic Engagement

The number of youths that engaged with the program highlights that youth have an interest in being mental health advocates (538 youth registered, over 400 engaged with virtual meetings, and over 150 youth participated in the regional convenings). Many youths felt that the Youth Advocacy Initiative introduced them to their first experience with advocacy. Most school curricula do contain education on governing bodies, but many youths stated that the Youth Advocacy Initiative was their first experience in learning how to access and communicate with political influences.

The difficulty youth experience with advocacy is that there is a lack of resources and education for connecting with local leaders and political platforms. Youth voice and early civic engagement can be amplified by developing youth-friendly advocacy platforms. Some of the youth convening participants are part of school-based or county-based advisory boards and commissions that provide space for youth to offer recommendations to local political influences.

Most of the youth that are on these boards and commissions agree that having a platform available empowers them to become advocates. Other youths are part of mental health clubs on their campuses and receive opportunities to meet with their principals and school district leaders so that their insight is considered. These models are highly recommended, and systems that do not have the funding capacity to host advisory boards should seek alternatives, like youth liaisons to active boards and commissions.

Addressing Mental Health Averseness

There is a rising correlation between youths who are more comfortable seeking support from their peers and those raised in families that are mental health averse. Older generations are more likely to be mental health averse.¹ In addition to mental health-averse generations, there are averse cultural populations.² As previously acknowledged, enhancing youth communication and relationship skills can help youth speak with their mental health-averse family members. However, youths are not the only ones in need of further education. Youth social wellness requires a support system and a sense of belonging or connection. The family unit should be part of that support system, and the state should be responsible for providing resources that would enhance a family's ability to foster connection.

Mental health destigmatization practices must be visible for mental health averseness. This could be addressed through media advertising algorithms that target specific demographics. Schools and counties could consider hosting free family-friendly events where wellness education and resources are provided. The Whole Community, Whole Child concept should be applied in these events regarding a family's eight dimensions of well-being (social, emotional, mental, physical, financial, occupational, spiritual, environmental). Familial mental health prevention would address all eight dimensions, as it is evident that all components of well-being greatly impact our mental health.

Many of the youth participating in the program address how their mental health is impacted by systems that are not designed to meet their cultural needs. Culture is deeply rooted in our identity, and for youths who are searching for validity in their identity, it is imperative that the systems they exist in honor their culture. Schools can implement cultural events and engage youths with diverse backgrounds on how to

ensure the system better reflects their identity. Schools that host large populations of specific demographics would benefit from hiring direct representation for after-school and on-campus club activities.

School-based Restorative Practices

Students can be mislabeled for “bad behavior” when exhibiting a skill-based deficit. Schools can only be considered a center of wellness if their focus is to produce growth in all dimensions of wellness within their students. Restorative environments allow youths to practice social wellness and learn to value their peers, educators, and communities. School-based restorative practice should also include multi-tiered systems of support, and positive behavioral interventions aiding in positive youth development. Youth mental health and resilience are greatly impacted when a system is designed to support youth in learning lessons, rather than suffering consequences. This can include offering positive reinforcements such as money or stipends as an investment in youth development.

Adult Allies Feedback

In the survey issued to Adult Allies, **94%** of the adult allies surveyed stated that youth participants should receive stipends, of which **88%** mentioned that the stipend should be more than 100\$. 56% of the Adult Allies mentioned that the stipend should be issued by the organization of the youth, 38% stated PRO Youth and Families should issue the stipend, and 6% mentioned the legal guardian should issue the stipend. Primarily, stipends encourage youth to feel autonomous and their time compensated. This further establishes the truth that the choices and actions the youth make which are to establish a positive impact in the environment they are a part of, are reinforced, nurtured, and affirmed. Primarily with the growing concerns of mental health, security, and stability are commonly not present within a youth's family dynamics. Establishing at the essence that adults are there as a support figure to provide a sense of care, can truly emanate the difference in the outcomes of youth. The value of our youth's autonomy is the starting pad for the development and display of advocacy and imitative of leadership.

Within the Adult Allies collaborative conversations, many concrete examples of how youths' mental health was being impacted within the school's system arose. Such concepts included social media, bullying, and therapy, amongst others. One crisis discussed in the virtual and in-person convenings was suicidality and self-harm. Primarily within the virtual convenings, the youth sought resources related to suicidality and self-harm, most mentioning the need for help. Many youths were referred to resources. Within the Adult Ally conversation in Fresno, the Adult Allies expressed the rise of suicidal ideation and self-harm. An adult mentioned that one of the youths who assisted during the youth virtual convening was their child and is receiving the assistance necessary to ensure the safety of the youth. The need for a mental health clinician to be present during all convenings, both virtual and in person, was vital to the well-being of all youth.

Positive Youth Development

In response to the survey question, “*Of all the things you've learned in this program, what do you think will be the most useful to you later in life?*”, the youth participants' responses were diverse demonstrating a wide variety of useful information. The top three most common responses were regarding mental wellness techniques and

practices, advocacy, and resources. The most common response was related to self-soothing techniques, self-care practices, and coping strategies. The second most common response was related to civic advocacy, understanding policy-making, and gaining leadership skills. The third most common response was related to mental health resources such as 988, Scout, community-based and school-based programs, youth groups, and therapy. Other responses included the importance of trust and varying social circles, how to help and support others, and the connections they made that gave them a sense of belonging, shared values and experiences, and new perspectives.

Altogether, the passions of each youth demonstrated throughout the convenings further proved youth investment towards leading a peer-to-peer collaborative effort and working collaboratively to establish centers of wellness on campuses and in their communities. The youths expressed the needs in their communities and how they would utilize the lessons learned throughout this project to be catalysts in their communities, offering youths resources to meet the rising needs. Through this peer-to-peer collaboration, many youths are choosing to establish themselves as peer leaders in engaging youth in need, validating them, affirming them, and helping to ignite new youth into becoming peer leaders. With this methodology – engage, validate, affirm, and ignite – the goal for youth to be mentored to enact positive youth development in our communities is vital towards the progress and growth of so many of our future youth leaders and advocates of our communities across the state of California.

Endnotes

1. Baral, S. P., Prasad, P., & Raghuvamshi, G. (2022). Mental Health Awareness And Generation Gap. *Indian Journal of Psychiatry*, 64(Suppl 3), S636.<https://doi.org/10.4103%2F0019-5545.341859>. PMID: PMC9129327.
2. Gopalkrishnan N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in public health*, 6, 179.
<https://doi.org/10.3389/fpubh.2018.00179>.

Appendix

Youth Advocacy Initiative – By The Numbers

Virtual Monthly Meetings (August – December 2023)
Total Unique Youth Participants: 226
Youth participated virtually from 14 counties across the state.
Nearly half (47%) were recruited by San Bernardino Superintendent of Schools and represented the cities of San Bernardino, Riverside, Rancho Cucamonga, Victorville, Murrieta, and Temecula.

Youth Advocacy Initiative In-Person Convenings (2024)		
Location	Attendees	Date
Sacramento	56	January 20
Fresno	40	January 27
Humboldt	27	February 10
San Bernardino	61	February 24
Total Youth Attendees: 184		
Student attendees represented a diverse range of racial and ethnic backgrounds, genders, sexual orientation, and culture.		

Reported Grantee Activities

Breakdown of Grant Spending	
Accommodations (food, mileage)	5%
Activities (group activities, rallies, games)	3%
Events (summits, workshops, conferences)	58%
Stipends (gift cards, checks, deposits)	8%
Supplies (school supplies, technology, focus toys)	9%
Support for Youth Programs (clubs, after school activities)	2%
Trainings and Classes	1%
Transportation (bus, flights, ride share, carpools)	14%

Reach of Grant Activities by Grade Level	
Grade 12	41%
Grade 11	27%
Grade 10	20%
Grade 9	11%
Grades K-8	1%

K-12 Student Advocacy Grantees

The MHSOAC identified and partnered with 20 community-based organizations and 6 county offices of education across California to increase the reach and diversity of its K-12 student advocacy funding. Each grantee recruited interested students for the program, bringing over 220 youth to the virtual meetings and in-person convenings.

Grantee Organization	Location
Alameda County Office of Education	Alameda
Bring Change to Mind	San Francisco
California Coalition for Youth	Sacramento
El Dorado County Office of Education	El Dorado
Fresno County Superintendent of Schools	Fresno
Generation UP	San Francisco
Gente Organizada	Los Angeles
Humboldt County Office of Education	Humboldt
iFoster	Statewide
Jakara Movement	Fresno
Khmer Girls in Action	Los Angeles
Mind Out Loud/Wellness Together	Los Angeles
Mixteco Indígena Community Organizing Project (MICOP)	Los Angeles
NAMI California - Justin Garza High School	Fresno
NAMI California - John C. North High School (Riverside USD)	Riverside
Race and Gender Equity Project	Sacramento
Sacramento Youth Mental Health	Sacramento
San Bernardino County Superintendent of Schools	San Bernardino
Tehama County Office of Education	Tehama
Two Feathers Family Services	Humboldt
Youth ALIVE!	Alameda
Youth Forward	Sacramento
Youth Leadership Institute – Fresno	Fresno
Youth Leadership Institute – Merced	Merced
Youth Leadership Institute – Riverside	Riverside
Youth MOVE National – Glenn County HHS Chapter	Glenn

30 Recruiting Organizations Mentioned in YAI Youth Exit Survey		
Alameda County Office of Education (ACOE)	MHSOAC	Tehama County Department of Education (TCDOE)
All 4 Youth	Mind Out Loud	Tehama Youth Council
El Dorado County Office of Education (EDCOE)	NAMI	University Preparatory School – Victorville
El Dorado Youth Comission	PRO Youth & Families	Victor Valley High School
FNL	Race and Gender Equity Project (RAGE)	YIA
Ifoster	Rancho Cucamonga Youth Leaders	Youth Leadership institute (YLI)
Jakara Movement	Rep 559	Youth Alive
John W North High Schools Nani Club	Sac County Behavioral Health Youth Advisory Board (BHYAB)	Youth Forward
Khmer Girls in Action	Sac Youth Mental Health group (Sac YMH)	Youth Forward Tribal Youth Group
Medical Leaders of Tomorrow	San Bernardino County	Youth MOVEment Collective