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The Upswing Fund
for Adolescent
Mental Health

An Investment in the Future of Adolescent Mental Health: Insights from an Analysis of Applicants to The Upswing Fund

SEPTEMBER 2021

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The Upswing Fund for Adolescent Mental Health

The Upswing Fund for Adolescent Mental Health is a collaborative fund seeded by Pivotal Ventures, an investment and incubation company created by Melinda French Gates to advance social progress in the United States. Further support is provided by The Klarman Family Foundation. The Fund is advised by a renowned set of mental health experts with deep clinical and research expertise and a passion to support youth and communities. The Fund is powered by Panorama, a platform for social change dedicated to solving global problems through audacious thinking and bold action.

Website: theupswingfund.org   **Twitter**: @theupswingfund   **LinkedIn**: The Upswing Fund

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I. Executive Summary

Adolescence is a critical time to address mental health. Early investment in programs for adolescents can positively impact their futures and lessen the long-term burden on health systems. Yet this field is woefully under-served. According to the Centers for Disease Control and Prevention National Vital Statistics Report (September 11, 2020), the suicide rate among people ages 10 to 24 years old has increased nearly 60 percent in the last decade.

Created in response to the COVID-19 pandemic, The Upswing Fund for Adolescent Mental Health (Upswing) is a collaborative fund focused on the mental health and well-being of adolescents ages 10-18 who are of color and/or LGBTQ+, who typically face greater barriers to care. The Fund launched on October 20, 2020 and received 485 requests for funding in six weeks across two grant types. The first, Surge Capacity, provides general operating support to frontline organizations. The second, Systems Enabler, supports project-based approaches to reduce systemic barriers to care. To date, 78 Surge Capacity grants and 10 Systems Enabler grants have been awarded, totaling just over $10.8 million.

This report includes insights gleaned from nearly 350 applications for Surge Capacity (general support) grants. In doing so, we explore the geographic representation of submissions across the U.S. and pose questions about who did not apply and why. We also highlight how Upswing grant recipients are tailoring their services and supports to best meet the needs of adolescents of color and LGBTQ+ youth, and conclude with insights and recommendations for funders who share our commitment to closing gaps in care for youth, which have been exacerbated by the COVID-19 pandemic.

An Analysis of Applications

The Upswing Fund's request for proposals garnered a broad national response in a short period of time, but our analysis revealed geographic gaps in the applicant pool. Though further exploration is needed, we believe that several factors contributed to this gap:

- Limitations of a networked approach which relied heavily on the networks of Upswing partners and Advisors for outreach and the convergence of crises during the application window.

- Prevalence of youth mental illness and access to care in and across states.

- State-based policies impacting youth mental health and access to care.

Surge Capacity Grant Recipients

With a focus on approaches to serving young people who are of color and/or LGBTQ+, Surge Capacity grant recipients collectively represent a portfolio of community-based organizations providing culturally responsive care across a range of settings. Notably:

- Eighty-three percent of awarded organizations are operating outside of traditional healthcare settings. Thirty-one percent are social service organizations, 52% youth development organizations, 17% clinical healthcare organizations.

- Leadership is largely reflective of the communities served: based on a voluntary survey of Upswing grant recipients, 90% of respondents indicated that the leader of their adolescent mental health program identifies as LGBTQ+, a person of color, and/or someone with lived mental health experience.

- Youth are engaged in program leadership and/or design: 99% of Surge Capacity grant recipients engage their youth in the planning and/or evaluation of their programming.

Examples of Culturally Responsive Care

Across types, a common thread among organizations that successfully engage and make a positive impact on youth is their ability to provide culturally responsive care. Challenges and barriers that inhibit this caliber of care include discrimination by healthcare providers based on religious or cultural beliefs, a lack of resources (financial or otherwise) which prevents service providers from knowing and doing what's best for youth, and a lack of well-trained and experienced behavioral health care providers reflective of the youth they're serving.

Some examples of the wide range of culturally responsive practices and programs deployed by Surge Capacity grant recipients of The Upswing Fund include:

- Expanded services and models to better reach and engage youth,

- Culture-based programming, and

- Holistic wrap-around services.

Insights and Recommendations

As we continue to understand the potential long-term impact of COVID-19 on already-stretched programs for adolescent mental health and well-being, we share the following insights and recommendations for potential donors who share The Upswing Fund's interests.

What we have learned

- Investment in adolescent mental health care is urgently needed nationwide. Many of the states from which we received few or no applications were among the worst ranked in terms of youth mental illness and access to care.

- The capacity of social service organizations to provide mental health care and effectively engage youth should not be underestimated.

- Applicants primarily focused on serving youth tend to be smaller and less resourced but exhibit strong place-based and culturally relevant approaches to care.

Recommendations to consider

Invest in strengthening and sustaining culturally responsive organizations that meet youth where they are — both physically — in the spaces where programs are offered, like schools and community centers — and culturally, through relevant and affirming services that meaningfully engage youth.

- Provide general operating support, which empowers leaders to deploy resources where they are needed most, informed by their knowledge of the adolescents they serve and broader organizational needs.

- Take calculated risks in supporting smaller, emerging organizations.

II. Introduction

Mental healthcare providers and advocates are bracing for a wave of significantly increased demand for services that some are calling the "second pandemic."[1] While mental health burden has skyrocketed across all age groups during the COVID-19 pandemic, youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.[2] The COVID-19 pandemic has also exacerbated inequities in the mental healthcare system,[3] particularly impacting youth of color and LGBTQ+ youth.[4,5] Youth of color are underserved in risk prevention, mental health care access, treatment quality, and care outcomes in comparison to their non-Latinx white counterparts.[6] LGBTQ youth experience disproportionately high rates of depression, anxiety, and suicidality compared to their cis-gender and heterosexual peers.[7,8] Yet, 48% of LGBTQ youth did not receive mental health care when they needed it and LGBTQ youth of color experienced the greatest disparity in access.[8]

While it is impossible to place monetary value on the life of a young person full of potential, there is a strong economic case for investment in the mental health field, particularly in these populations. In the United States, an estimated annual loss of earnings totaling $193.2 billion can be attributed to mental illness.[9] Half of these mental health conditions present by the age of 14 but many of these cases go unrecognized and untreated,[10] resulting in lifetime prevalence which contributes to the aforementioned costs. In this way, focusing on adolescent mental health not only provides comprehensive and direct services to an age group with complex needs, but it also serves to support long-term well-being and foster healthier, more productive future adults and contributing society members. According to the World Health Organization, for every $1 invested in scaled-up treatment for common mental health disorders, there is a return of $5 in improved health and productivity.[11] Investing in adolescent mental health is an investment in social change to uplift marginalized populations of focus, as well as an investment in a more prolific future for all.

In the sections that follow, we present the organizational characteristics of applicants to and grant recipients of The Upswing Fund for Adolescent Mental Health (Upswing, the Fund) and tactical examples of culturally responsive care to inspire support and continued investment towards improved and well-resourced adolescent mental health care.

III. Attracting Applicants to The Upswing Fund

In an intentional effort to provide timely COVID-19 relief support to frontline organizations, The Upswing Fund designed and implemented a streamlined request for proposals (RFP). Application questions were closely evaluated for necessity, rigorously challenging notions of what was "nice to know" versus "need to know" to quickly determine eligibility based on review criteria and alignment with Upswing portfolio principles including balance across geography, organization size, and target population; programmatic quality; and organizational leadership. Long-term organizational health was not a qualifier.

In disseminating the RFP, we aimed to attract smaller, emerging organizations and relied on both traditional and non-traditional methods of sharing the opportunity, leveraging the personal and professional networks of our team, funders, and Advisory Committee. On the day of the Fund's launch, we hosted a digital event to publicize the RFP and share technical assistance tips for applying. Nearly 400 people registered for the event and 246 attended live. We were able to reach a wide range of applicants through a mix of traditional marketing (e.g., hosting a live event and circulating a press release), combined with more personal outreach and word-of-mouth sharing via social media and newsletters (e.g., Children's Mental Health Network, National Mental Health Innovation Center Podcast, and Going Digital: Behavioral Health Tech). We also leveraged relationships with non-traditional sources such as Starbucks, which offered to share the RFP with their expansive store network of affinity groups, and Facebook, which offered to share through their mental health community resources. As a result, within three days of the launch, 150 applications were already in progress.

However, and despite our best efforts to produce a low-lift application and share the opportunity broadly, we recognize the impact of systemic and resource barriers (e.g., lack of access to reliable technology) as well as social and environmental factors that excluded many from learning about and participating in this RFP. While we prepared to launch the Fund and through the application and early awarding period, two major hurricanes ravaged southern states, wildfires on the west coast burned more than 10.2 million acres, and the Midwest Derecho damaged millions of acres and crops from southeast South Dakota to Ohio.[12] The converging health, economic, social, political, and environmental issues of 2020 stemming from the COVID-19 pandemic, blatant racial injustice, divisive political leadership, and climate disasters were unprecedented.

As a result, we theorize that many qualified applicants did not have the capacity to apply as they were faced with more pressing community COVID-19 needs, reduced billable services resulting from office closures, and environmental emergency response needs.

IV. Surge Capacity Grant Applicant Characteristics

At the close of the RFP on December 4, 2020, The Upswing Fund had received 346 Surge Capacity grant applications from 38 states and Washington D.C. States with the most submissions were California (57), New York (54), Washington (29), Massachusetts (23), and Illinois (19) (Fig. 1).

Figure 1. Geographic distribution of Surge Capacity grant applications received
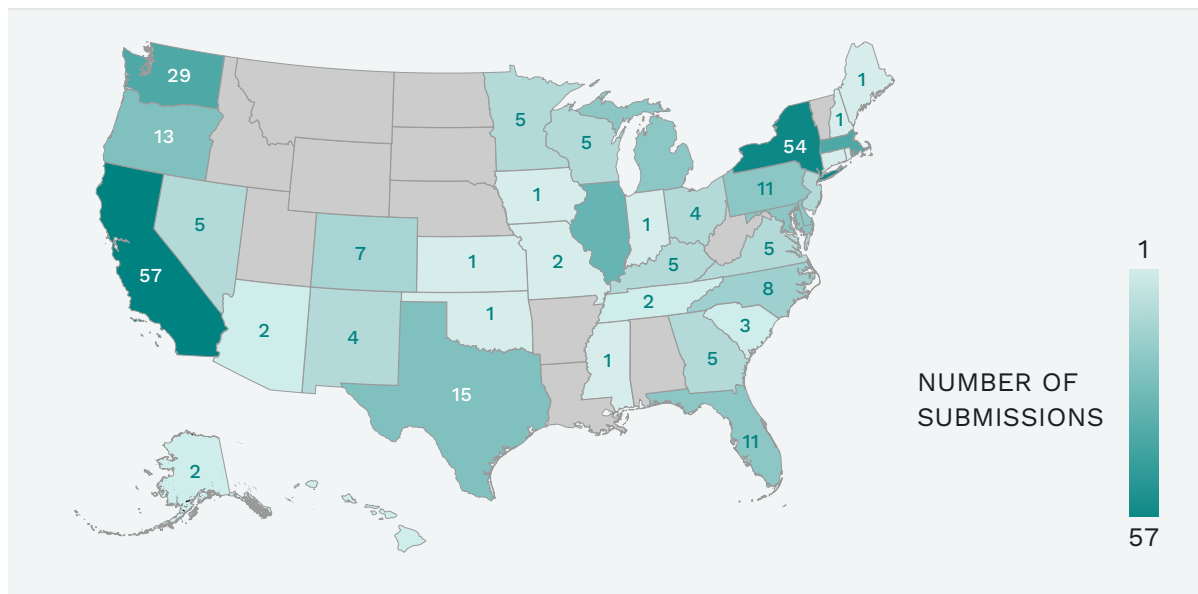
To understand the breadth of organizations that submitted applications, we categorized each applicant into the following three types (Fig. 2):

1. **Clinical Healthcare** (108 organizations, representing 31% of all applicants): Healthcare centers, hospitals, and clinics providing primarily traditional and clinical healthcare.

2. **Social Service** (145 organizations, 42% of all applicants): Organizations providing a broad range of supports for youth, their families, and communities-at-large. Examples include organizations that provide wrap-around services through culture- and faith-based social activities, facilitated support groups based on shared lived experiences, and workforce development and employment support. In the analyses that follow, social service organizations may provide clinical services alongside non-clinical services and supports as part of a continuum of care.

3. **Youth Development:** (93 organizations, 27% of all applicants): Organizations primarily serving youth marked by a positive youth development approach providing holistic services including life skills, leadership development, and workforce training alongside integrated behavioral health services specifically catered to youth and young adults.
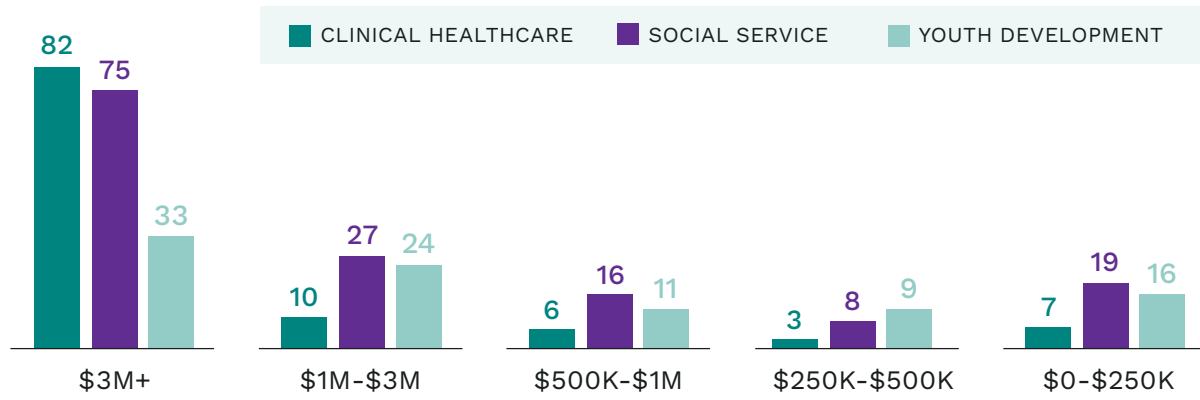
Figure 2. Surge Capacity applicant organizations by organization type

27%
YOUTH
DEVELOPMENT

31%
CLINICAL
HEALTHCARE

42%
SOCIAL SERVICE
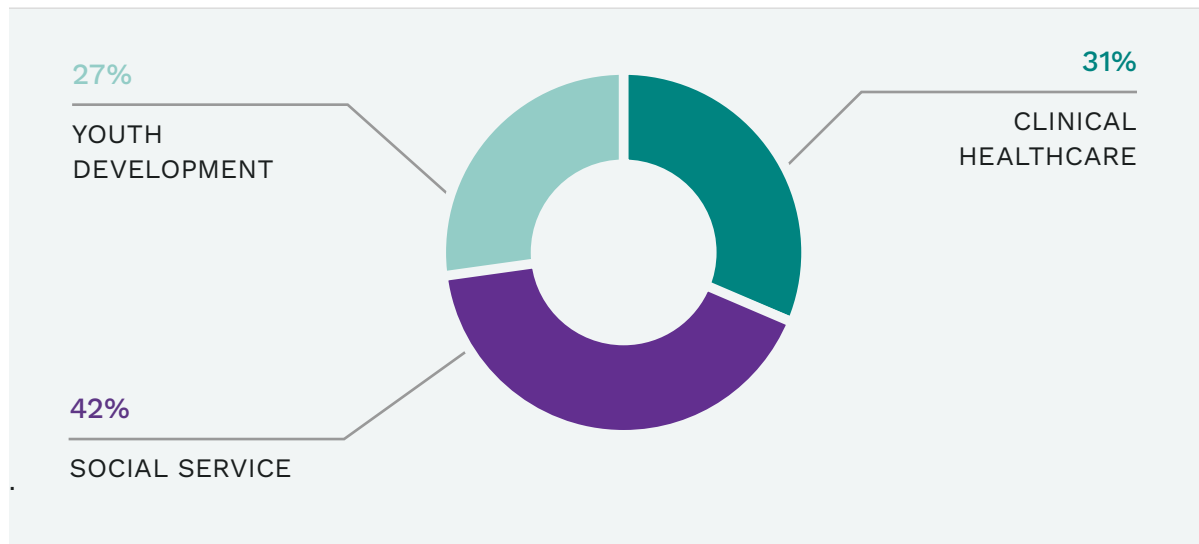
The high prevalence of submissions received by organizations of the broader social service type is a promising signal of the increased integration of mental health services into existing community-based programs that offer early interventions and preventative care in approachable environments. While seeking out help in clinical settings can feel intimidating, community-based programs have gained the credibility and trust of their communities as inviting environments open to all, not just those seeking out specialized mental health help.

To support organizations that integrate behavioral health services as part of a continuum of care, it is important to understand their organizational characteristics. An analysis of applicants by type (Figures 3 and 4) found that:

- **Clinical healthcare** organizations were larger in both budget and staff size compared to **social service** and **youth development** organizations.

- While 70% of **social service** organizations have annual budgets exceeding $1 million, more than half operate with less than 50 full-time staff.

- **Youth development** organizations have smaller budget sizes and teams. More than one in three **youth development** organizations operate with annual budgets less than $1 million, as compared to one in seven **clinical healthcare** organizations.

Figure 3a. Distribution of Surge Capacity applicant organizations by organization type and annual budget size

Figure 3b. Distribution of Surge Capacity applicant organizations by organization type and count of full-time employees
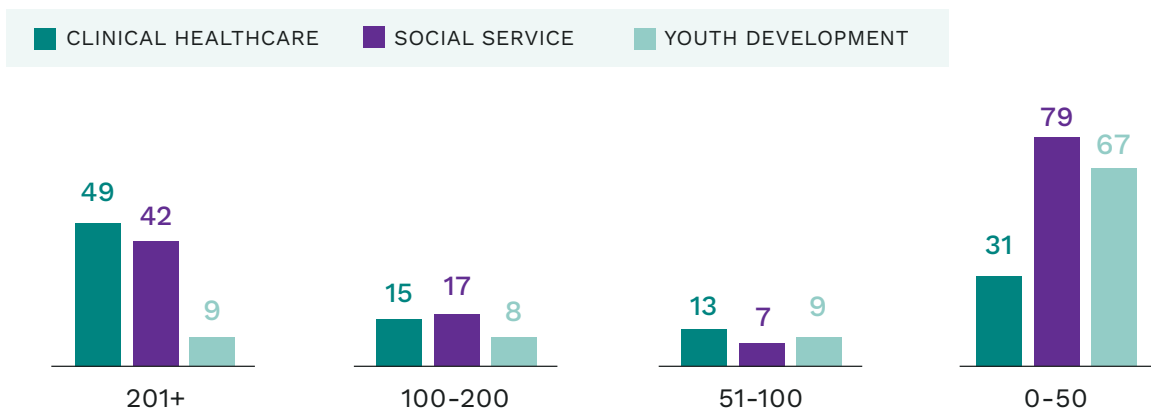
V. Examining Geographic Gaps in Applications Received

Sixteen states and Washington D.C. elicited fewer than five applications each and 12 states garnered no applications. In an attempt to understand why so few or no applications were received from these states we explore:

1. The networked approach deployed by The Upswing Fund at launch;

2. The prevalence of youth mental illness and access to care by state, including the unique challenges faced by youth in rural communities;

3. The BIPOC concentration of adults of color by state; and

4. State-based policies that may aid in or hinder youth access to mental health care (including policies that hinder LGBTQ+ rights).

Networked approach to stakeholder engagement

In preparation for the Fund's October 2020 launch, the Upswing team activated a networked approach to publicize the grant opportunity leveraging the extensive reach of Panorama, seed funder Pivotal Ventures, the Fund's 10-person Advisory Committee, and contracted healthcare communications agency, CURA Strategies.

Unsurprisingly, the physical locations of these individuals and organizations mirror the states and regions which produced the most applications to the Fund. While the networks of each extend across the United States, most are primarily based on either the east or west coast: six Advisors and CURA are based on the east coast (New York, Virginia, Massachusetts, Washington D.C.); three Advisors, Panorama, Pivotal Ventures, and the Fund's Director are based on the West Coast (California, Oregon, Washington). One Advisor is based in Tennessee.

Lacking in representation from our immediate networks are leaders and advocates from the Great Plains states which all received either fewer than five applications or none at all (Montana, North Dakota, South Dakota, Nebraska, Wyoming, Kansas, Oklahoma, and New Mexico). It's important also to note that all states except Oklahoma rank among the top 20 least populous states in the United States.[13]

Prevalence of youth mental illness and access to care by state

Among the 28 states and Washington D.C. with fewer than five (or no) applications, eight are among the states with the worst youth mental health rankings in the nation according to Mental Health America (Table 1).[14] This ranking is based on a set of measures capturing youth having depressive episodes, substance use disorders, and access to treatment including private insurance coverage of mental or emotional problems. A worse ranking indicates that youth have higher prevalence of mental illness and lower rates of access to care.

Table 1. States with fewer than five Surge Capacity applications

States with fewer than five applications (16)		States with no applications (12)	
Alaska*[†]	Mississippi[†]	Alabama[†]	North Dakota[†]
Arizona*	New Hampshire[†]	Arkansas*[†]	South Dakota[†]
Connecticut	New Mexico*	Idaho*[†]	Utah*
Delaware	Ohio	Louisiana[†]	Vermont[†]
Iowa[†]	Oklahoma*[†]	Montana[†]	West Virginia[†]
Indiana[†]	South Carolina*	Nebraska[†]	Wyoming*[†]
Kansas	Tennessee[†]		
Maine[†]	Washington D.C.		
Missouri[†]			

*States with the worst youth mental health rankings, an indication of higher prevalence and lower rates of access to care.[13]

†Top 25 most rurally populous states

Of the 28 states and Washington D.C. with fewer than five or no applications, 22 are ranked in the top 25 most rurally populous states.[15] In particular, Maine, Vermont, West Virginia, Mississippi, Montana, Arkansas, South Dakota, Alabama, and North Dakota have over 40% of their populations residing in rural areas.[16] Rural communities experience geographic isolation, lack of resources, and sparse care infrastructure which are known to act as barriers to mental health care access.[17] These disparities in access and increased stigma surrounding mental health in rural communities disproportionately impact LGBTQ+ adolescents and adolescents of color who risk having their mental health struggles and/or sexual and gender identity exposed to their insular communities by seeking care.[17, 18]

Additionally, some of these states are the most legislatively hostile towards transgender people[19] and have been reported to have high rates of gender identity conversion efforts.[20] Taken together, these states arguably need the most mental health support for young LGBTQ+ youth.

Further research would be needed to delineate what sets states with the worst youth mental health rankings apart from the rest, as well as what dimensions were most salient for our application outreach. For example, no applications were received from Vermont, yet their state's rural population is ranked second highest in the nation, and best in youth mental health (marked by low prevalence of mental illness and high rates of access to care).[14, 15] In this case, a lack of applications may reflect less pressing need for our support as compared to states like Arkansas and Idaho, which we also received no applications from but ranked among the worst, 47th and 48th in youth mental health, respectively.[14]

Considering need for support and eligibility to apply to The Upswing Fund, we find that there are low concentrations of adults of color in states we received no applications: Vermont, West Virginia, Wyoming, North Dakota, Montana, Idaho, Utah, South Dakota, and Nebraska (Figure 5).[21]

A closer look into the needs of our grant applicants in their states, state-based care infrastructure, and attitudes towards LGBTQ+ youth and youth of color could strengthen understanding of these disparities for both The Upswing Fund and the field at large.

Figure 4. Concentration of people of color in states without submissions [by percentage of total state population]
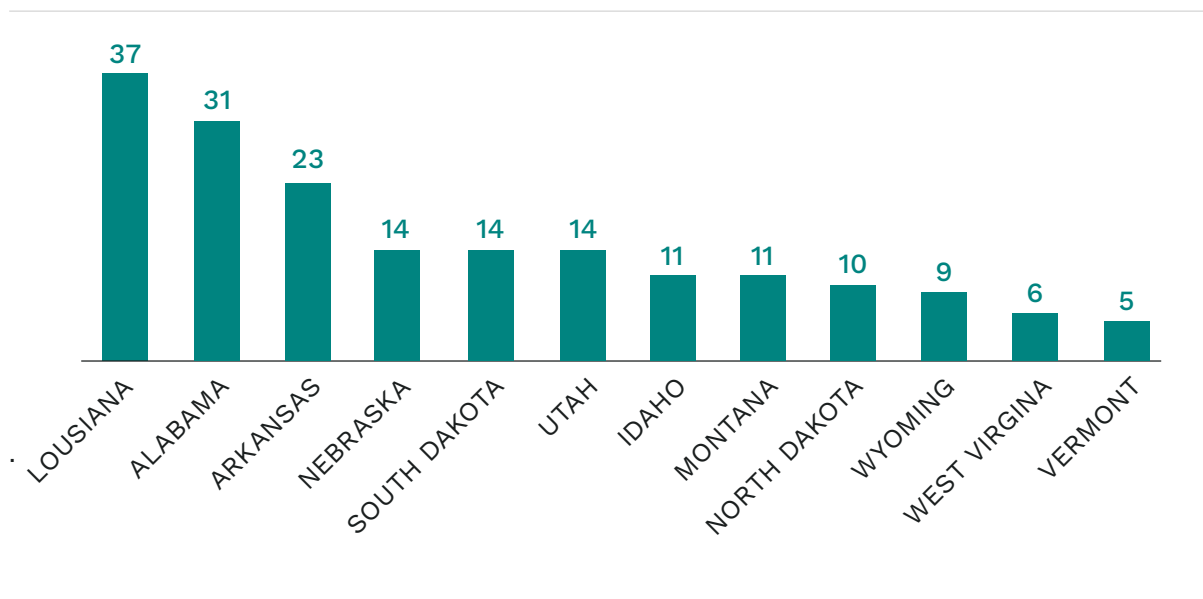
State-based policies impacting youth mental health and access to care

With more than 250 anti-LGBTQ+ bills introduced in state legislatures across the country this year alone, 2021 is slated to become the worst year for anti-LGBTQ+ legislation in recent history.[22] As of this writing, eight anti-LGBTQ+ bills have been enacted into law with another ten awaiting signatures for approval. New legislation across five states includes anti-trans sports bans in Arkansas, Mississippi, and Tennessee; an anti-trans medical care ban in Arkansas and religious refusal bills in North Dakota, South Dakota, and Arkansas.[22, 19] In addition, 25 states still have no law explicitly banning "conversion therapy" practices despite the fact that they are known to significantly increase suicidality among LGBTQ+ youth.[23] Nearly all prominent medical professional organizations have released position statements opposing anti-LGBTQ+ legislation.[24] Policies that enact or fail to prevent harm against LGBTQ+ youth contribute to unaccepting and non-affirming state and local environments for these youth, placing them at greater risk for negative mental health experiences and difficulty finding culturally responsive care. Alternatively, we know policies that are LGBTQ+ inclusive have been shown to produce better outcomes such as decreased sexual assault and reduced suicidality.[25, 26]

For youth of color, institutional racism impacts education, exacerbates mental health stress, and inhibits access to care. Eight state bills from Idaho, Iowa, Louisiana, Missouri, New Hampshire, Oklahoma, Rhode Island, and West Virginia seek to severely restrict the capacity in which public educators can discuss issues of racism and sexism, contributing to inherent racism in schools and increasing stress on students of color.[27] In some states, predominantly non-white schools receive less funding than predominantly white schools, limiting their resources to support youth.[28] In Arizona, ranked 49th in youth mental health, predominantly non-white school districts have 46% less funding on average than predominantly white school districts.[28] These inequitable funding policies, in combination with de facto segregation in schools and neighborhood housing discrimination, disenfranchises families of color from appropriate access to support services, including mental health care.[29]

Further research should explore gaps in care at the state level

The absence of applications from certain states presents more questions than answers regarding the availability of mental health services for youth. What we do know is that while investment in adolescent mental health care is urgently needed nationwide, many of the states from which we received no applications are among the worst ranked states for prevalence of youth mental illness and access to care. In addition, many of these states have new legislation that actively prevents gender affirming care and suppresses school education surrounding issues of racism. Care infrastructure and the availability of services in many of these states, particularly those with large rural populations, pose questions of resource access even in affirming environments. Further research should explore the quantity of organizations providing adolescent mental health care both nationally and with special attention to these states and the systemic policies that create and/or sustain barriers to care.

VI. Surge Capacity Grant Recipient Characteristics

A total of 78 organizations across 32 states and Washington, D.C. received Surge Capacity grants from The Upswing Fund. Surge Capacity grant recipients collectively represent a portfolio of community-based organizations providing culturally responsive care.

In selecting grant recipients in the context of the COVID-19 pandemic, we were guided by principles developed with our Advisory Committee, including a balanced distribution of organizations across geography, types, and target populations served and organizations that meet our target populations—adolescents who are of color and/or LGBTQ+ — where they are.

Grant award amounts were individualized based on organization size and perceived capability to absorb and judiciously expend funds. With this approach we sought to more equitably serve emerging organizations that often find themselves competing with larger, established organizations that may have an advantage through strong track records of success in submitting proposals written by experienced grant writers.

Roughly one-third (31%) of grant recipients were broad **social service** organizations (Figure 6). Included in this subset are organizations serving specific populations such as LGBTQ+ communities (5), Indigenous and Latinx youth (4), those struggling with substance use disorders (2), and foster care youth and their families (4).

Youth development organizations represent over half (52%) of grant recipients (Figure 6). More than four in every five awarded organizations primarily serve youth ages 10-18 years old (representing 50% or more of all clients served) and 66% of these organizations have fewer than 15 full-time staff (Figure 8). These organizations are designed to serve and meet youth where they are and embed a range of accessible and integrated services to improve mental health.

The remaining 17% of grant recipients are **clinical healthcare** organizations delivering traditional mental healthcare through clinics, health centers, or hospitals. Eight of the 13 awarded clinical organizations (62%) have annual budgets exceeding $3 million and employ more than 100 full-time staff (Figures 7 and 8).

Figure 5. Surge Capacity grant recipients by organization type

51%
YOUTH
DEVELOPMENT

17%
CLINICAL
HEALTHCARE

31%
SOCIAL SERVICE
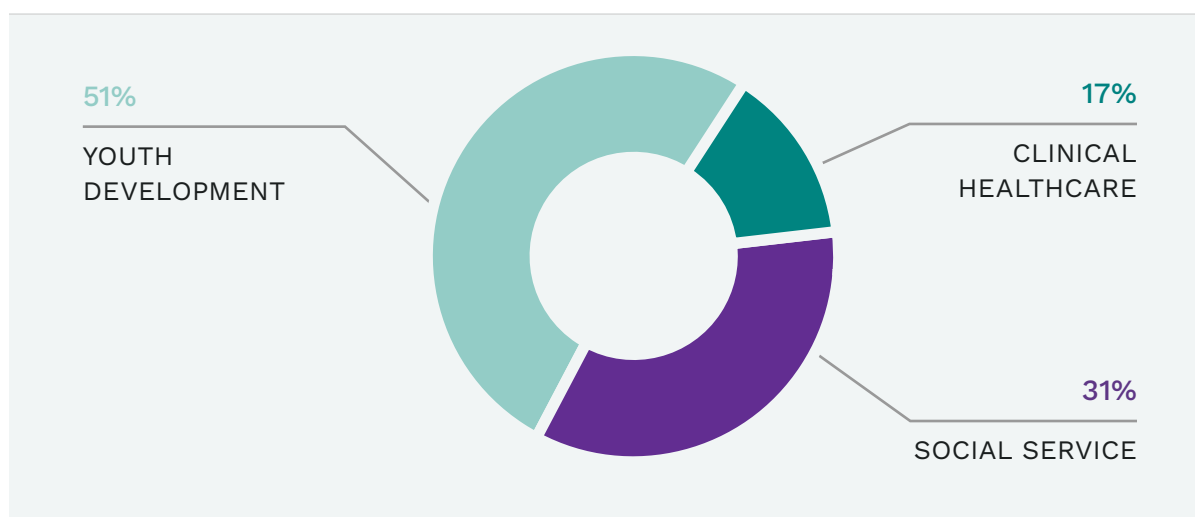
Figure 6a. Distribution of Surge Capacity applicant organizations by organization type and annual budget size

CLINICAL HEALTHCARE   SOCIAL SERVICE   YOUTH DEVELOPMENT

	$3M+	$1M-$3M	$500K-$1M	$250K-$500K	$0-$250K
Clinical Healthcare	8	3	2	0	0
Social Service	7	7	5	1	4
Youth Development	11	15	8	4	3
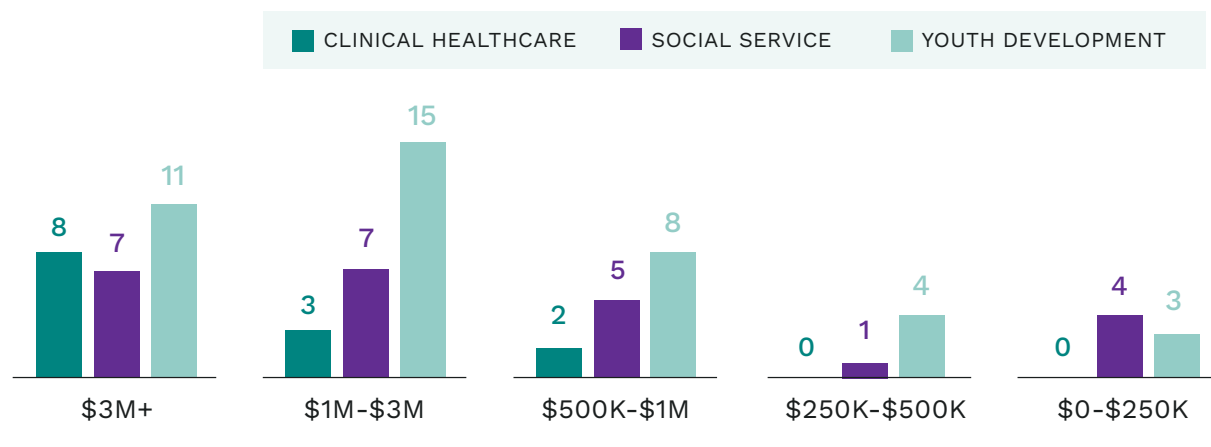
Figure 6b. Distribution of Surge Capacity applicant organizations by organization type and count of full-time employees
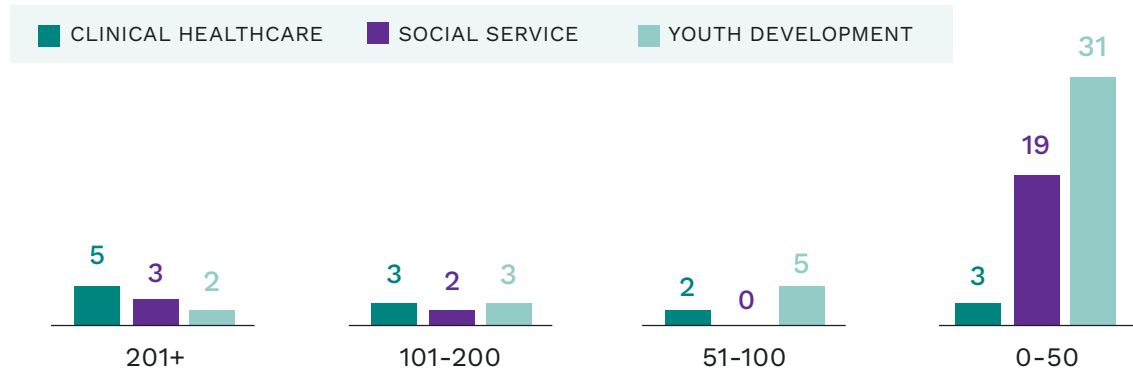
Upswing grant recipients reflect a commitment to supporting community-led and place-based approaches. With 83% of awarded organizations operating outside of traditional healthcare settings, we uplift their work and the important role they play in an ecosystem of health that begins with early prevention and integrated behavioral health services as part of a continuum of care.

Acknowledging the negative influence of stigma disproportionately prevalent among communities of color and LGBTQ+ communities, these organizations serve as critical entry points for youth by providing a safe space with familiar faces and leadership representative of the communities they live in. In an April 2021 survey of both Systems Enabler and Surge Capacity grant recipients (N=77), 90% of respondents shared that the leader of their adolescent mental health program reflected some aspect or combination of The Upswing Fund's target population (LGBTQ+, people of color, lived mental health experience).

In the section that follows, we take a closer look at examples and ways Upswing grant recipients across all types are providing holistic mental health care that is culturally relevant, responsive, and inclusive.

VII. Examples of Culturally Responsive Care from Upswing Grant Recipients

Regardless of where or what type of organization is providing mental health services, a common thread among those successfully engaging and making a positive impact for youth is their ability to provide culturally responsive care. The Upswing Fund's perspective is that culturally responsive care requires both an awareness of the issues specific to LGBTQ+ youth and youth of color as well as implementation of active practices which address said issues. Truly effective, empathetic, and engaging care demands an understanding of the unique societal contexts that shape and influence how youth move through their worlds, including the intersectionality of race, socioeconomic status, gender identity, and lived experience.

Furthermore, care providers must have a clear, shared definition of what it means to be culturally responsive. **Friends of the Children-Portland** (Portland, OR) defines cultural responsiveness for their team as "the ability to develop a critical understanding of youth within their cultural context, including race, and to understand and utilize cultural strengths in empowering youth to set and achieve their goals." Creating these shared definitions and goals prioritizes cultural competency within an organization, sets an expectation for administrative and care staff, and, ultimately, works to address the inequities discussed earlier in this report.

FR1ENDS of the **CH1LDREN**

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The ability to develop a critical understanding of youth within their cultural context, including race, and to understand and utilize cultural strengths in empowering youth to set and achieve their goals.

FRIENDS OF THE CHILDREN
PORTLAND, OREGON

Surge Capacity grant recipients of The Upswing Fund deploy a wide range of culturally responsive practices and programs. Their work provides insight into the key programmatic elements and tailored services that effectively reach and serve our target population.

Below are programmatic elements and themes captured from grant recipient applications, which detail how they work to be inclusive and supportive of gender and sexual minority adolescents as well as adolescents of color. (Note that descriptions of approaches and adolescents served may vary across examples as we use the language provided by organizations in describing their work.)

Expanded services and models to better reach and engage youth

In an April 2021 survey of Upswing grant recipients, 50% (38 of 77 respondents) shared that "reaching youth" was among the top four needs of their organization. Considering the COVID-19 pandemic and its aftermath, reaching youth will continue to be a challenge. Recognizing the unique needs of LGBTQ+ youth and youth of color, many organizations offer specialized programming based on interests, and towards increased accessibility to attract and meaningfully engage youth. Examples include:

- **CenterLink** (Ft. Lauderdale, FL) invests in paid marketing to attract Black and Latinx youth in targeted states (Alabama, Alaska, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, Texas) where they may be less likely to be connected with local LGBTQ organizations.

Apart from Florida, Georgia, New Mexico, and Texas, the states mentioned above, served by CenterLink, generated fewer than five applications to The Upswing Fund, perhaps suggesting an overall lack of resources for youth in these areas.

Centerlink also facilitates weekly chat-based support groups through a national online LGBTQ youth center, Q Chat Space, enabling youth across the nation to access the centers' services.

- **LIGALY** (Hauppauge, NY) provides a range of services for LGBT youth, such as anti-bullying programs in schools, support and leadership training for after-school Gay-Straight Alliance or Gender & Sexuality Alliance (GSA) clubs, LGBT-inclusive sexual health education not provided in schools, empowerment groups at our community centers, and access to HIV/STD testing and PrEP. LIGALY also delivers LGBT cultural competency education and training programs to local organizations, healthcare providers, and government agencies to improve the systems that seek to serve LGBT youth.

- To eliminate accessibility concerns, **The Harris Center** (Houston, TX) provides services on a sliding scale and, like many others, seeks out ways to provide services in convenient ways including by telehealth, house calls, and co-locating services in local schools.

- **Indiana Youth Group** (Indianapolis, IN) hosts a Queer and Trans People of Color discussion and support group.

- **Hyde Square Task Force** (Jamaica Plain, MA) provides in-school arts education alongside a continuum of innovative after-school and summer programming primarily serving Latinx and Black youth.

Culture-based programming

Culture-based programming provides opportunities for youth to learn about their culture and develop and embrace their intersectional identities. Examples include:

- **Instituto Familiar de la Raza** (San Francisco, CA) embraces their key principle of la cultura cura (culture heals) by integrating cultural traditions and practices in their programs and offering therapy in both Spanish and English by bilingual and bicultural therapists.

- In a collaboration with the Stanford University Center for Youth Mental Health and Wellbeing on Native Youth Mental Wellness, **Two Feathers Native American Family Services** (McKinleyville, CA) hosted a panel of Native LGBTQ+/Two Spirit adolescents who publicly shared their stories and gave feedback on missing resources specific to their community. From the panel discussions, their team was able to begin to understand how to better support Native LGBTQ+/Two Spirit community members and are now in the initial stages of planning and implementing resources specifically for Native LGBTQ+/Two Spirit youth groups.

- **Partners in Development Foundation** (Honolulu, HI) and its collaborators use Hawaiian cultural values to provide holistic, culturally responsive mental health services and support with family and youth as equal partners.

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… providing opportunities and access to local ceremonial teachings and cultural mentorship is a social justice youth development intervention.

TWO FEATHERS NATIVE AMERICAN SERVICES
MCKINLEYVILLE, CA

Holistic wrap-around services

In addition to providing counseling services, support groups, and referrals to mental health professionals, many organizations provide colocated access to supports (e.g., in schools and highly frequented community-based organizations) that address a wide range of youth needs. Some examples include the provision of gender-affirming clothing and accessories for transgender and non-binary youth, drop-in centers with warm meals, and employment navigation and legal system support services. Other examples include:

- **Kaleidoscope Youth Center** (Columbus, OH) offers emergency housing, rapid re-housing, and supportive co-housing initiatives to decrease risk factors that lead to homelessness.

- **The LGBT Center of Greater Reading** (Reading, PA) provides free counseling services, support groups, toiletries, care coordination, workforce development, free WiFi and a food pantry.

- **The Indian Health Care Resource Center** (Tulsa, OK) offers maternity support services, free transportation, food assistance, and support in completing federal forms in addition to their core mental health, medical, and dental services.

Inclusive organizational infrastructure and community partnerships

Foundational to accessible and effective services are organizational structures, practices, and partnerships that facilitate and reinforce a safe and accepting environment. Examples including providing gender-neutral bathrooms and expanded options for gender identification on intake forms and applications (Non-Binary, Gender Questioning, Gender Fluid), hiring and retaining bilingual staff, providing resources in multiple languages, and partnering with affinity community groups to expand services and programming. Other examples include:

- **Youth Emerging Stronger** (Los Angeles, CA) is a majority-minority homeless youth-serving agency that promotes DEI principles internally as well as through its leadership in the Hollywood Homeless Youth Partnership. In 2020, the Youth Emerging Stronger (YES) board presented a letter to the youth, affirming their commitment to playing an active role in Equity, Advocacy and Unity. In response, YES's sheltered youth created and launched the YES Diversity Inclusion Alliance, through which they are learning organizing/community strategies that are designed to make a positive impact in the lives of their peers.

- **Girls Write Now** (New York, NY) uses gender inclusive language on both internal and public-facing materials including their website, lesson plans, Zoom names, and email signatures to normalize the use of self-identified gender pronouns.

- **Mending Matters** (San Diego, CA) formed a Diversity & Anti-Racism committee with a public commitment to anti-racist practices. They are also working on translation resources for common mental health and social emotional terminology in major languages including Arabic, Farsi, Pashto, and Spanish.

- **Oasis Center, Inc.** (Nashville, TN) collaborated with Metro Nashville Public Schools to critically examine discipline practices, disparities, and policies that improve school culture and climate. Together they led a community coalition including the Juvenile Court Judge, Principals, and Public Defender that re-wrote a Student-Parent Handbook to eliminate "zero tolerance" and other policies that disproportionally affect youth of color. Oasis youth created a student bill of rights and responsibilities that was included.

- **Friends of the Children-Portland** (Portland, OR) routinely runs analyses based on racial and intersectional identities to help ensure equitable service delivery.

- **BUILD** (Chicago, IL) partners with Sexpectations Chicago, Selah Freedom, and the Center on Halstead to provide safe sex education, help youth identify signs of sex trafficking, and provide LGBTQ awareness workshops to staff.

Professional development and cultural responsiveness training for staff

Many grant recipients offer professional development at consistent frequencies — some quarterly, others annually. What is shared among these organizations is a commitment to equipping their staff with the appropriate training and resources to provide client-centered care that is most appropriate for the populations they serve. Examples include:

- **The Children's Center** (Detroit, MI) provides quarterly trainings ranging from discrimination to cultural competence. In addition, all staff are required to complete Behavioral Health Equity training, a two-hour overview of competencies in race, orientation, gender, and other identities.

- **Lambert House (Seattle, WA)** provides robust onboarding and training for their volunteers. In addition to offering a paid 20-hour training, volunteers are provided an in-depth 150-page manual on policies and procedures so that they are as prepared and well-versed in affirming practices before they even begin to work with LGBTQ+ youth. In addition, Lambert House leadership actively works with local shelters to provide training for their frontline staff to provide culturally responsive care uniquely suited to the needs of homeless LGBTQ+ youth.

- **Girls Write Now** (New York, NY) is conducting a range of racial injustice workshops, trainings, and support groups for their Board, staff, mentors, and mentees.

- **Lead4Life** (Rockville, MD) conducts annual staff trainings on topics such as trauma-informed care, vicarious trauma, restorative practices, positive youth development, and client-centered approaches. Monthly, Lead4Life addresses cultural competency through ongoing small trainings and leadership groups. Program coordinators meet every Wednesday for one hour with a consulting firm, Fresh Waters, to discuss personal biases, racial inequality, and personal boundaries. The Executive staff does not attend so the session is meaningful and helps team members process cultural competency in a nonjudgement zone.

Youth leadership and engagement in program development

Almost all (99%) of Surge Capacity grant recipients engage their youth in the planning and/or evaluation of their programming. Some examples include hosting annual youth conferences and engaging youth on boards, councils, or committees to inform programming alongside leadership. Other examples include:

- **On The Move** (Napa, CA) hires paid LGBTQ Youth Advocates to ensure that program development is culturally relevant and responsive to the needs and experiences of local LGBTQ youth. Their Youth Participatory Evaluation Research approach involves staff and youth participants in creating and implementing tools, conducting focus groups, analyzing feedback and data to interpret findings, and to make program refinement recommendations.

- **Friends of the Children-Portland** (Portland, OR) has memorialized their commitment to youth voice by establishing an LGBTQ+ Youth Bill of Rights and starting a LGBTQ+ Youth Affinity Group.

- **Teen Health Mississippi** (Jackson, MS) engages a state-wide Youth Activist Network and provides youth with paid opportunities to write blogs, conduct education and advocacy trainings, and mobilize their peers. In addition, their Mind Elevation Project engages 10 African American youth influencers who design content to reduce stigma and make mental health and sexual health relevant to other youth within high-poverty and rural communities.

- **Girls Empowerment Network** (Austin, TX), in collaboration with the Excellence and Advancement Foundation, "centers girls and their voices" in all that they do. Through the Spark Change Project, a team of five Peer Facilitators work alongside program staff and are compensated for their leadership to develop a mental health policy agenda for adolescent girls in Texas.

> **"**
> *We don't save or protect girls, we invest in them as agents for greater change in the future!*
>
> **GIRLS EMPOWERMENT NETWORK**
> *AUSTIN, TX*

Diverse teams, leadership, and partners representative of youth served

Many of Upswing's grant recipients demonstrate a commitment to inclusivity not only in their operational practices, but in their diverse leadership teams. Examples include proactively articulating priorities around board and staff diversity in strategic planning efforts, prioritizing the recruitment and retention of representative staff, and inviting diverse teachers, artists, speakers, and professionals to host youth events. Other examples include:

- **Attic Youth Center** (Philadelphia, PA) demonstrates their commitment to inclusivity and representation as a majority Black- and-brown-led organization in its leadership at the staff and board levels. In addition, the Attic creates opportunities for youth to lead and notes that many current staff are people of color who have previously participated in Attic programming as youth.

- **Lambert House** (Seattle, WA) actively seeks ways to recruit Black adults to volunteer as mentors by purchasing advertising specifically targeted to this population.

- **Girls Write Now** (New York City, NY) pairs mentees and mentors for role models and support.

- **Maryhurst** (Louisville, KY) accommodates client requests for a clinician and community support associate of a specific gender, race, ethnicity, or to have an LGBTQ ally.

Coordination with vetted community and healthcare partners

Working with community and healthcare partners enables organizations to refer youth to both medical and social support services, simplifying access through warm hand-offs. Examples include organizations with onsite health centers to facilitate access to quality health care, including PrEP/PEP, HIV tests, HIV prevention materials, and comprehensive, sex positive health education. Other examples include:

- **The Mount Sinai Adolescent Health Center** (New York, NY) has a medical-legal partnership and offers integrated care that means that youth can get assistance with name and gender marker changes under the same roof as primary care and transition-related care.

- **Washington University Transgender Center** at St. Louis Children's Hospital/The SPOT (Saint Louis, MO) provides referrals to community resources such as support and social groups, as well as vetted ancillary services from vocal coaching to assistance with name and gender marker changes.

Avenues for family engagement

Families can be one of the most powerful points of impact and support for adolescents at risk of negative behavioral and mental health experiences and to promote well-being. **The Family Acceptance Project** (San Francisco, CA, recipient of an Upswing Systems Enabler grant) was the first to show that family support is one of the greatest predictors of mental health outcomes for LGBTQ+ youth and developed the first evidence-based family support model for LGBTQ+ youth.[30] The Family Acceptance Project is developing and disseminating multilingual family guidance materials to decrease family rejection and increase family support. As such, many organizations offer opportunities for family involvement and learning as a method for supporting healthy home environments and uplifting youth. Examples include:

- **TransFamily Support Services** (San Diego, CA) makes themselves available to families 24/7 and at no cost. They also host family-focused support groups, provide educational programming, facilitate access to resources, and help families navigate insurance to facilitate pre-authorizations and appeals appeals related to the transition process.

- **Rise Recovery** (San Antonio, TX) provides youth a peer-based substance recovery support program in and out of school. Parental figures, partners, siblings, allies, and loved ones also engage in the journey.

- **The Bridge** (Philadelphia, PA) facilitates family therapy sessions to help rebuild communication and strengthen family relationships.

- **Choosing Our Roots** (Anchorage, AK) recognizes that queer youth not only need safe shelter, but supportive homes to thrive. They work directly with Host Home families in monthly meetings to provide support and training for uplifting the queer youth they volunteer to house.

Community advocacy activation and training

A critical component for serving youth of color and LGBTQ+ youth is to advocate for practices that support them across all realms of their life. Examples include free community education workshops in LGBTQ+ cultural competencies and resources for understanding, preventing, and combatting microaggressions. Other examples include:

- **CHRIS 180** (Atlanta, GA) offers workshops for their community on topics such as "Working with LGBTQ+ Youth" as part of their CHRIS Training Institute. They also actively participate in community advocacy efforts to ensure state laws do not prohibit same sex adoption and that all children can receive self-affirming services and supports.

- **Lead4Life** (Rockville, MD) maintains direct relationships with local social services, juvenile services, and health department agencies to advocate for the needs of their youth. They hire staff that look like and have gone through similar life experiences as their constituents.

- **Hyde Square Task Force** (Jamaica Plain, MA) acts as advocates through their community-based Afro-Latin arts education and public cultural events that inform and celebrate Afro-Latin culture.

- **Building Audacity** (Lynn, MA) hosts Adult Equity Trainings for adults working with youth to understand bias, root causes, restorative justice practices, and approaches to developing curricula that affirms the identities of youth youth who are of color, LGBTQ+, differently abled, and more.

"

We also believe it's important that adults who work directly with young people know how to develop programming that is rooted in equity and justice. We offer trainings to adult youth workers to understand bias, root causes, restorative justice practices, and approaches to developing curricula that affirms the identities of youth of color, LGBTQ+, differently abled, and more.

BUILDING AUDACITY
LYNN, MA

VIII. Conclusion: Insights and Recommendations

As funders consider their own philanthropic strategies to improve the mental health and well-being of youth and consider the ways their giving can support equitable access to mental health services, we present our key findings and recommendations:

What We Have Learned

1. **Investment in adolescent mental health care is urgently needed nationwide.**
   Many of the states from which we received few or no applications were among the worst ranked in terms of youth mental illness and access to care. Further investigation into the nationwide availability of mental health services for youth of color and LGBTQ+ youth, with special attention paid to poorly ranked states, could better inform efforts to support long-term gains in accessibility of mental health care for all adolescents.

2. **The capacity of social service organizations to provide mental health care and effectively engage youth should not be underestimated.**
   Mental health care is increasingly being integrated with other programming in organizations which have not traditionally been considered mental health service providers. These organizations are able to attract and engage youth with a wide range of services (e.g., career development, after-school tutoring, sports clubs) and proactively provide mental health care in familiar environments, by program staff they trust and have built rapport with using language that is culturally relevant. Nearly half (42%) of applicants to The Upswing Fund were social service organizations applying similar approaches to support holistic well-being.

3. **Organizations primarily focused on serving youth tend to be smaller and less resourced but exhibit strong, place-based and culturally relevant approaches to care that should continue to be funded.**
   Youth development organizations characterized by small budget sizes and low staff counts have limited capacity to fundraise and grow their organization and expand their impact. These organizations are most in need of seed funding and as evidenced by the many examples of inclusivity and cultural competency exhibited by Surge Capacity grant recipients (52% of which were youth development organizations), it's important to note that how youth are served can be more indicative of impact rather than where they are served, such as in traditional and clinical settings.

Supporting Culturally Responsive Approaches to Mental Health and Well-Being

1. **Invest in strengthening and sustaining culturally responsive organizations that meet youth where they are.**
   In a recent survey of Upswing grant recipients, **82% of respondents** (N=77) shared that fundraising and grants management was a top need of their organization, followed by communications and marketing.

2. **Consider providing general operating support, which empowers leaders to deploy resources where they are needed most, informed by their knowledge of the adolescents they serve and the needs of their organizations.**
   Many organizations expressed a need for more staff and clinicians to meet increased demand, as well as flexible resources; restricted support can make it challenging to address issues such as capacity or emerging need.

3. **Take calculated risks in supporting smaller, emerging organizations.**
   These organizations are providing much-needed, nuanced services that engage youth in ways that larger organizations cannot. Increased support can fuel significant gains for organizations that are used to doing a lot with a little, and in addition, can break the cycle of stagnant organizational growth due to a lack of dedicated internal resources to actively advance fundraising.

Appendix

Surge Capacity Grant Recipients by State

State	City	Surge Capacity Grant Recipient
AK	Anchorage	Choosing Our Roots
AZ	Gilbert	Aliento
CA	Oakland	Asian Health Services
CA	Los Angeles	The Boris Lawrence Henson Foundation
CA	Oakland	Genders & Sexualities Alliance
CA	San Francisco	Instituto Familiar de la Raza
CA	Los Angeles	Youth Emerging Stronger
CA	San Diego	Mending Matters
CA	Napa	On The Move
CA	San Diego	TransFamily Support Services
CA	West Hollywood	The Trevor Project
CA	Mckinleyville	Two Feathers Native American Family Services
CA	Sacramento	Youth Forward
CO	Denver	Mental Health Center of Denver
CO	Denver	Project HEAL
CO	Broomfield	Youth Seen
FL	Ft Lauderdale	CenterLink
FL	Orlando	Zebra Coalition, Inc.
GA	Atlanta	Black Girls Smile Inc.
GA	Atlanta	CHRIS 180
GA	Atlanta	Hopebound
GA	Lithonia	Weird Enough Productions
HI	Paia	Maui Youth & Family Services
HI	Honolulu	Partners in Development Foundation
IL	Chicago	BUILD, Inc.
IL	Chicago	Youth Outreach Services
IN	Indianapolis	Indiana Youth Group, Inc.
KY	Louisville	Maryhurst, Inc.
MA	Boston	Boston Alliance of LGBTQ+ Youth (BAGLY)
MA	Boston	Boston Children's' Hospital, Gender Multispecialty Service (GeMS)
MA	Boston	Boys & Girls Clubs of Boston, Inc.

Surge Capacity Grant Recipients by State (continued)

State	City	Surge Capacity Grant Recipient
MA	Dorchester	Boys & Girls Clubs of Dorchester
MA	Lynn	Building Audacity
MA	Boston	Doc Wayne Youth Services
MA	Jamaica Plain	Hyde Square Task Force
MA	Boston	Judge Baker Children's Center
MA	Boston	Silver Lining Mentoring
MA	New Bedford	South Coast LGBTQ Network, Inc.
MA	Cambridge	Strategies for Youth
MD	Baltimore	HeartSmiles
MD	Rockville	Lead4Life, Inc.
MI	Detroit	The Children's Center
MN	Minneapolis	Indigenous Peoples Task Force
MN	Minneapolis	Project DIVA
MN	Saint Paul	RECLAIM!
MO	Saint Louis	Washington University Transgender Center at St. Louis Children's Hospital/The SPOT (Supporting Positive Opportunities with Teens) Youth Center
MS	Jackson	Teen Health Mississippi
NC	Greensboro	Kellin Foundation
NC	Charlotte	Time Out Youth
NJ	Newark	Sanar Wellness Institute, INC
NM	Albuquerque	Centro Savila
NM	Santa Fe	The Sky Center/New Mexico Suicide Intervention Project
NV	Las Vegas	Gay and Lesbian Community Center of Southern Nevada, Inc. (The Center)
NY	Brooklyn	Girls for Gender Equity Inc
NY	New York	Girls Write Now, Inc.
NY	Hauppauge	Long Island Gay and Lesbian Youth, Inc. (LIGALY)
NY	New York	The Door – A Center of Alternatives, Inc.
NY	New York	The Mount Sinai Hospital - Adolescent Health Center
NY	Bronx	Urban Health Plan., Inc.
OH	Columbus	Kaleidoscope Youth Center
OK	Tulsa	Indian Health Care Resource Center of Tulsa, Inc.

Surge Capacity Grant Recipients by State (continued)

State	City	Surge Capacity Grant Recipient
OR	Portland	Friends of the Children-Portland
PA	Philadelphia	Attic Youth Center
PA	Philadelphia	The Bridge
PA	Reading	The LGBT Center of Greater Reading
RI	Providence	The Stephen C. Rose Legacy Foundation
SC	North Charleston	We Are Family
TN	Nashville	Oasis Center, Inc.
TX	El Paso	Aliviane, Inc
TX	Austin	Girls Empowerment Network
TX	Dallas	Phoenix Houses of Texas, Inc.
TX	San Antonio	Rise Recovery
TX	Houston	The Harris Center for Mental Health and IDD
VA	Richmond	Side by Side VA, Inc.
WA	Seattle	Lambert House
WA	Seattle	You Grow Girl!
WA	Seattle	Young Women Empowered
WI	Milwaukee	SaintA, Inc.

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