September 1, 2024

Hancock County System of Care Grant
Youth Thrive Mini-Grant Program

The Hancock County System of Care Grant is pleased to make available funds to local organizations that wish to improve or enhance programs, practices, and polices to embrace the Youth Thrive Framework. Examples of past grant awards include the development of a youth podcast and a youth support group.

Youth Thrive, an initiative of the Center for the Study of Social Policy and adopted as a transformational cornerstone of the System of Care Grant, encourages youth-serving systems and its partners to change programs, practices, and polices so that they build on what is known about adolescent development, valuing young people's perspectives, and offering youth opportunities to succeed. The Youth Thrive model is comprised of five (5) Protective and Promotive Factors which include: Knowledge of Adolescent Brain Development; Social Connections; Cognitive and Social-Emotional Competence; Concrete Supports in Time of Need; and, Resiliency (see Attachment A for additional detail).

Eligibility: Hancock County non-profit, faith-based, education, and community-based organizations that serve Hancock County residents are eligible to submit proposals. Proposals that clearly illustrate how it advances the Youth Thrive Framework, or desire to become more competent in using the Youth Thrive Framework will be considered for funding. **Of special interest are proposals that link the Youth Thrive Framework to youth of military-involved caregivers. One example would be assisting schools with obtaining a Purple Star designation and/or providing support for events/activities provided by existing Purple Star designated schools.**

Proposals must follow the parameters set forth within this document. Faith-based organizations receiving grant funds do not lose or have to modify their religious identity to receive awards. Grant funds, however, may not be used to fund any inherently religious activity, such as prayer or worship. Inherently religious activity is permissible, although it cannot occur during an activity supported with grant funds; rather, such religious activity must be separate in time or place from the funded initiative. Participation in such activity by individuals must be voluntary. Proposals funded are not permitted to discriminate against those who participate because of a beneficiary's religion.

Youth Thrive Mini-Grant Program Guidelines – See Page 3.

Available Funding: The System of Care Grant has made available a total of **$25,000.00** for the Youth Thrive Mini-Grant Program. Grant requests can be made for any amount up to **$5,000.** The funding period is **November 1, 2024 – September 30, 2025**.

September 1, 2024

Proposal Schedule:

Announcement Release	**September 1, 2024**
Proposals Due	**October 1, 2024**
Mini-Grants Awarded	**October 15, 2024**
Grant Funds Available	**November 1, 2024**

Proposal Review: Proposals will be reviewed by System of Care Grant Team comprised of staff from the ADAMHS Board and Family Resource Center.

Monitoring and Evaluation: All mini-grants will be required to submit a six-month and final report detailing progress and expenditures.

General Expectations:

- All proposals must be submitted online - **https://www.surveymonkey.com/r/F3XFYZL**
- Proposals must demonstrate the entirety of the requested funds will be expended by **September 30, 2025**.
- Youth Thrive Mini-Grant Program Guidelines (Page 3) must be followed in the writing of the proposal.
- If awarded, grantees may be asked to present an overview of the initiative to Family and Children First Council upon completion of the initiative.

Proposals for consideration must be completed online by October 1, 2024.
https://www.surveymonkey.com/r/F3XFYZL

Questions may be directed to Zach Thomas at zthomas@yourpathtohealth.org

September 1, 2024

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Youth Thrive Mini-Grant Program
Application Guidelines

Applications must include responses to the following:

I. **Summary of Initiative** – Provide a thorough overview of the initiative, including evidence showing this initiative is necessary, specific goals of the initiative, who will benefit from this initiative, activities to be completed through the initiative, and timeline.

II. **Budget –** Provide a budget narrative for the initiative. (Please note, this source of funds cannot be used for food expenses in excess of $3.00 per person.)

III. **Impact and Sustainability**
- How will success of the initiative be measured?
- How will success of the initiative be sustained?

IV. **Application of Youth Thrive Framework –** How does this initiative link to the Youth Thrive Framework, or demonstrate a desire to increase competency in using the Youth Thrive Framework (See Attachment B for guiding questions)? The proposal must address the development of at least one protective/promotive factor.

V. **Diversity, Equity, Inclusion & Belonging –** How does this initiative promote a sense of belonging for the populations the proposal serves? Does this initiative address any health disparities experienced by the populations the proposal serves? (See Attachment C, *Glossary of Terms*)

VI. Applicant Status – Provide a brief narrative of the applicant's organization (mission, goals, community relationship, etc.).

Proposals for consideration must be submitted electronically by October 1, 2024.
https://www.surveymonkey.com/r/NGKVYQ2

Questions may be directed to Zach Thomas at zthomas@yourpathtohealth.org

Center for the Study of Social Policy

YOUTHRIVE™

PROTECTIVE & PROMOTIVE FACTORS FOR HEALTHY DEVELOPMENT AND WELL-BEING

PROTECTIVE & PROMOTIVE FACTORS

Protective & Promotive Factors Constructs	Core Meanings
Youth Resilience	a. managing the stressors of daily life and functioning well when faced with challenges, adversity, and trauma b. calling forth one's inner strength to proactively meet personal challenges, manage adversities, and heal the effects of trauma c. having a positive attitude about life and oneself d. believing that one's life is important and meaningful e. becoming more self-confident and self-efficacious f. having faith; feeling hopeful and optimistic g. envisioning positive future possibilities h. believing that one can make and achieve goals i. working with purpose to achieve goals j. facing challenges and making productive decisions about addressing challenges k. seeking help when needed l. thinking about and being accountable for one's actions and the consequences of one's actions m. managing anger, anxiety, sadness, feelings of loneliness, and other negative feelings n. learning from failure
Social Connections	a. Building a trusting relationship with at least one caring and competent adult who: • listens in a non-judgmental manner • is dependable/can be counted on • provides well-informed guidance, advice, and help in solving problems • promotes high expectations • sets developmentally appropriate limits, rules, and monitoring • provides emotional support (e.g., affirming good problem-solving skills) • provides instrumental support/concrete assistance (e.g., transportation) • provides informational support (e.g., post-secondary educational opportunities) • provides spiritual support (e.g., hope and encouragement) • provides an opportunity to engage with others in a positive manner • helps buffer youth from stressors • helps reduce feelings of isolation • promotes meaningful interactions in a context of mutual trust, respect, and appreciation b. Being constructively engaged in social institutions (e.g., school, religious communities, recreational facilities) that are safe, stable, and equitable c. Building a trusting relationship with positive, optimistic, mutually respectful peers who have similar values d. Having a sense of connectedness that enables youth to feel loved, secure, confident, valued, and empowered to "give back" to others

Protective & Promotive Factors Constructs	Core Meanings
Knowledge of Adolescent Development	a. Encouraging parents, adults who work with youth, and youth themselves to increase their knowledge and understanding about adolescent development b. Seeking, acquiring, and using accurate information about: • adolescent brain development • physical and emotional changes that occur during puberty • one's culture • societal rules, demands, expectations, and threats • one's personal developmental history and needs, including one's trauma history • sexual behavior, responsibility, choices, and consequences • essential life skills (e.g., managing money) • developing abstract thinking and improved problem-solving skills • developing a belief system and sense of morality • engaging in positive risk-taking and avoiding negative risk-taking • forging a personally satisfying identity • identifying productive interests, realistic goals, and steps to achieve goals • developing mature values and behavioral controls used to assess acceptable and unacceptable behaviors • building and sustaining healthy relationships with peers and adults • gaining independence from parents and other adults while maintaining strong connections with them
Concrete Support in Times of Need	a. being able to identify, find, and receive the basic necessities everyone deserves, as well as specialized services (e.g., medical, mental health, social, educational, or legal) b. being resourceful c. understanding one's rights in accessing eligible services d. navigating through service systems e. seeking help when needed f. being treated respectfully and with dignity when seeking and receiving services
Cognitive and Social-Emotional Competence	a. developing executive function skills (e.g., considering potential consequences; seeing alternate solutions to problems) b. engaging in self-regulating behaviors (e.g., control of thinking and feelings; staying on task in the face of distractions) c. developing character strengths (e.g., persistence, gratitude, integrity) d. experiencing positive emotions (e.g., joy, optimism, faith, compassion for others) e. taking responsibility for one's self and one's decisions f. developing self-awareness, self-esteem, self-efficacy, and self-compassion g. committing to and preparing to achieve productive goals h. having both positive images of the person one wants to become and negative images of the person one wants to avoid becoming, as well as plans to achieve the possible selves

Attachment B

Youth Thrive
An initiative of CSSP

SOC WORKGROUP APPLICATION

Youth Thrive works with youth-serving systems and its partners to change policies, programs, and practices so that they build on what we know about adolescent development, value young people's perspectives, and give youth opportunities to succeed. We will assess ourselves on the following five Protective and Promotive Factors that mitigate risk and promote well-being:

SOCIAL CONNECTIONS	How are we promoting social connection in our work? Are there areas that we can include promotion of social connection? How can we include core values of social connections to our work? Are we enabling youth to feel loved, secure, confident, valued, and empowered to "give back" to others?
YOUTH RESILIENCE	How are we promoting youth resilience in our work? Are there areas that we can include promotion of youth resilience? How can we include core values of youth resilience to our work? How are we helping youth proactively meet personal challenges, manage adversities, and heal the effects of trauma
KNOWLEDGE OF ADOLESCENT DEVELOPMENT	How are we using our knowledge of adolescent development? How can we increase our knowledge of adolescent development? How can we include core values of youth development to our work? How are we encouraging parents, adults who work with youth, and youth themselves to increase their knowledge of adolescent development?
COGNITIVE AND SOCIAL-EMOTIONAL COMPETENCE	How are we promoting social-emotional competence in our work? Are there areas that we can include social-emotional competence? How can we include core values of cognitive competence to our work? Are we enabling youth in developing executive function skills and self-regulating behaviors?
CONCRETE SUPPORT IN TIMES OF NEED	How are we promoting concrete supports in our work? Are there areas that we can include further support services? How can we empower youth to find concrete supports around them? Are we connecting youth to supportive adults in their life that we can leverage to enhance connection to services?

Attachment C

Hancock County Cultural Humility & Health Equity Delegation
GLOSSARY OF TERMS
June 2020

BELONGING – The practice of being respected at a basic level that includes the right to both co-create and make demands on society. Belonging means more than just being seen. Belonging entails having a meaningful voice and the opportunity to participate in the design of social and cultural structures. Belonging means having the right to contribute to, and make demands on, society and political institutions. Belonging is more than just feeling included. In a legitimate democracy, belonging means that your well-being is considered and your ability to design and give meaning to its structures and institutions is realized.

CULTURAL HUMILITY - The ability to maintain an interpersonal relationship that is person-oriented in relation to aspects of cultural identity that are most important to the person. Cultural humility is different from other culturally-based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.

CULTURAL COMPETENCE – A continuous learning process that build knowledge, awareness, skills, and capacity to identify, understand, and respect the unique beliefs, values, customs, languages, abilities, and traditions of others in order to develop policies to promote effective programs and services.

DIVERSITY – Differences in racial and ethnic, socioeconomic, geographic, and academic/professional backgrounds. People with different opinions, backgrounds (degrees and social experience), religious beliefs, political beliefs, sexual orientations, heritage, and life experience.

EQUALITY VS. EQUITY – Equality requires the same level of resources to each person. Equity requires distribution of resources proportionately to each person, in relationship to corresponding disparity and need, in order to reach the same outcomes for all.

HEALTH DISPARITY – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health-based on their racial and/or ethic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical ability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

HEALTH CARE DISPARITY – Differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of interventions. These differences would include the role of bias; discrimination; and stereotyping at the individual (provider and patient), institutional, and health system levels.

HEALTH EQUITY – Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

HEALTH INEQUALITY – The difference in health status or in the distribution of health determinants between different population groups.

INCLUSION/INCLUSIVITY – The practice of including individuals or groups who might otherwise be excluded or marginalized.

OTHERING/EXCLUSION – The practice of denying someone's full humanity based on them being less than and/or a threat to the favorite group.

SOCIAL DETERMINANTS OF HEALTH – Non-medical factors shaped by social policies, including economic stability; social and community context; neighborhood and built environments; health care; and education, that influence health.

Source Credit:
Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ, Robert Wood Johnson Foundation, 2017.
A Business Case for Promoting Equity in the Behavioral Health Care System Through Cultural and Linguistic Competency, Ohio Department of Mental Health and Addiction Services, 2015.
The Othering & Belonging Institute, University of California, Berkeley, 2018.