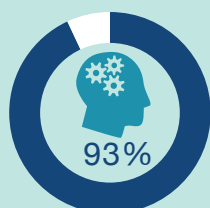
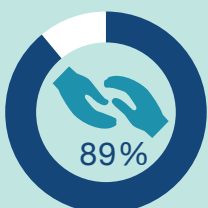


Funder Approaches to Youth Behavioral Health Equity

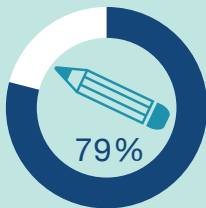
PRIMARY FUNDING AREAS



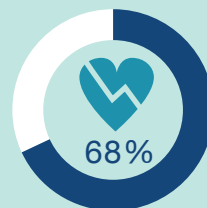
MENTAL HEALTH



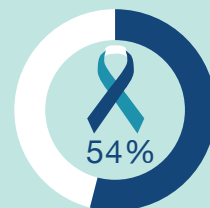
ACCESS TO SERVICES



SCHOOL-BASED
OR SCHOOL-CONNECTED
SERVICES



TRAUMA



SUICIDE

Additional responses included substance use (46%), peer support (46%), social connectedness (43%), health system transformation and innovation (39%), workforce development (39%), disease prevention and health promotion (36%), racial justice (36%), restorative and healing justice (36%), abuse prevention and supports (29%), criminal and juvenile justice systems (29%), harm reduction (29%), safety and violence (25%), housing (18%), access to nature (11%), economic security (11%), environmental health and climate justice (7%), and eating disorders (4%).

POPULATIONS SUPPORTED

BLACK/AFRICAN AMERICAN 93%

LATINO/LATINX/HISPANIC 82%

IMMIGRANTS & REFUGEES 64%

WHITE/CAUCASIAN 61%

LGBTQ+ 54%

ASIAN 50%

JUSTICE-INVOLVED 50%

RURAL 50%

Additional responses included homeless or housing insecure (43%), urban (43%), food insecure (39%), female (36%), non-binary (36%), persons with disabilities (36%), suburban (36%), Indigenous or tribal communities (32%), male (32%), and Native Hawaiian or Other Pacific Islander (18%).



of respondents indicated their foundation **INCREASED** level of support for youth behavioral health equity over the past year

TOP FUNDING STRATEGIES

82%

Supporting
Direct
Services

64%

Capacity
Building

54%

Policy
Change

54%

Replication
and Scaling
of Promising
Practices

50%

Advocacy
and Civic
Engagement