

YOUR TIME YOUR VOICE YOUTH WELLNESS SUMMIT

Huron, CA

JUNE 4, 2024



Department of
Behavioral Health

1.1 About the Community

Huron is a small city in the southwest part of Fresno County and according to census data is home to 6,377 individuals.

Only 10.5% of the population speaks English only, while Spanish is spoken by 87.5 % of the population (World Population Review, 2024). It is important to note that many of the residents are bilingual (and not mono-lingual Spanish speakers). According to the local organizations, there are communities in Huron who speak indigenous languages that originate in southern Mexico and the Yucatan region including Guatemala, who have limited English or Spanish proficiency.

In 2022, 46.6 % of the city's population were foreign born, and a large percentage (over 50%) of the population are employed in the agricultural sector. 55% of the total population are insured through Medi-Cal/Medicare, with about 24% having private insurance and 18% reporting no coverage (based on Census Bureau ACE 5-Year Estimate).

32% of the population for whom the poverty status is known, live below the poverty line, a number that is double the national average of 12.5%. The current data identifies the largest number of people living in poverty are children below the age of 14. Of those children living in poverty, females ages 6 – 11 are the largest group, followed by females under five years of age, and then males ages 6 – 11. The disproportional impact of poverty is apparent in this community and impacting the most vulnerable.

The city of Fresno, which is the County seat and California's fifth largest city, is approximately seventy miles away. The next closest city to Huron is the city of Coalinga, which is close to twenty miles away, making Huron somewhat geographically isolated from other resources.

The high school age students of Huron are served by Coalinga High School, which is in the neighboring town of Coalinga, 19 miles away (and drive of approximately 24min).

1.2 Summary

In May of 2023, the Fresno County Department of Behavioral Health, with support of the LEAP Institute, and the city of Huron, facilitated a Mental Wellness Townhall event in Spanish. The event included presenters, experts, and panelists who presented information on social determinants of health, trauma from migration and assimilation, substance use, and behavioral health services in the county. The audience of about 30+ Spanish speaking adults attended and participated in the two-hour evening event held in person at the John Palacios Community Center. After the success of that event, the partners suggested conducting something similar but this time with youth from the community.

With the help of the City of Huron, LEAP Institute, and Coalinga-Huron School District, a youth summit was developed that included participation from some local providers as well. The school district supported the effort by allowing high school students who reside in the city of Huron to attend the summit during the last week of school as part of an off-site school activity.

The Huron Youth Wellness Summit followed the format of the previous two youth wellness summits facilitated by the Department of Behavioral Health (in San Joaquin and Parlier). For continuity of the recommendations from the students and for possible comparison the Huron event mirrored the other

two. However, the participation for the Huron event was double of the other previous summits with over 70 youth in attendance. The event was held during the final week of school on June 4, 2024, from 8:00am to 12:30pm.

The Huron Youth Summit hosted 74 high school students who reside in the city of Huron or surrounding areas, who attend Coalinga High School, between 9th and 11th grades.

Most of the youth participating in the summit identified as Latino. The data from Data USA cited the population of Huron, California as 95.7% Latino, with those included a mix of Latino, White and Latino and other multi-racial Latinos. (Data USA, 2024). The summit participation was consistent with the overall population of the community.



Figure 1-One of the presentations.

The Summit adhered to the previous format. A brief introduction was provided with focus on the purpose of the wellness summit. A presentation on the social of determinants of health (SDOH) was facilitated by the Fresno County Department of Public Health to help the youth understand the systems and the local and environmental factors that can impact their wellness. The youth were introduced to the no-cost wellness app called [Soluna](#), from the California Department of Health Care Services, and were able to participate in an interactive activity using their smart phones with the app’s representative. The Soluna session explained the app and its features, how it can be used to support their wellness, and an exercise in breathwork as an example of skills and tools that can support their own wellness. At the end of the event the Soluna representative noted 45 youth (about 50%) downloaded/registered for the app during the session.

Youth Leadership Institute (YLI) led an interactive session called Environmental Prevention Activity which focused on problem solving by looking at the difference between individual prevention vs environmental (so to better sustain change). YLI is the Department’s contracted substance use prevention provider. Their work helped support the youth in learning how to engage their community and advocate for their needs.



Figure 2-Youth presenting their recommendations to the group.

Participants were then involved in a professional round robin, where youth spent five minutes at a time in small groups interacting with a different professional from the behavioral health field. These professionals ranged from crisis counselors to health educators to school counselors to substance use counselors and grad students to provide an array of work in the field. The

focus was to expose the youth to a variety of behavioral health careers (not just therapy, psychiatry, etc.) and to feature professionals who were representation of the youth (Latino/a and who were from rural communities in the region too). Supporting the concept of representation as a necessity for effective engagement.

After a break, youth were asked to gather in small groups of four to six per group to discuss the following questions and develop some responses. At the end, youth were asked to volunteer to share their responses with the group.

- 1 *Why should you care about mental health and advocating for youth mental wellness?*
- 2 *In what ways can youth play a larger role in their school and communities to stop stigma (and shame) associated with mental health?*
- 3 *What changes can youth make in schools to ensure that their voices and mental wellbeing become a priority.*
- 4 *As young leaders, what do we (as a group) think ought to be the Department of Behavioral Health's priorities in improving student's mental health?*

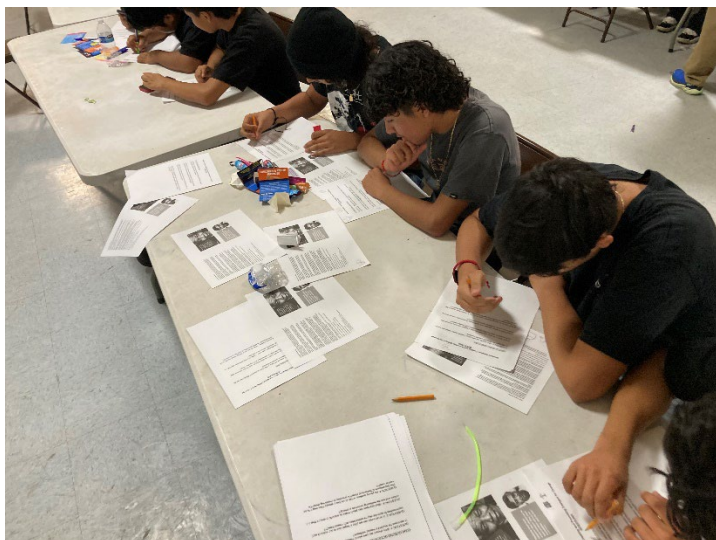


Figure 3-Youth working on responses & surveys.

The event wrapped up with an overall survey, a survey on Latino/x term usage and a raffle of youth centric items (Stanly Cups/tumblers, ear-pods/headphones, backpacks, etc.). Raffle tickets were given to the youth throughout the event to both increase chances for winning items at the end of the day and to entice participation from the group.

Students then were able to obtain lunch from a taco truck on their way out or could congregate for a while at the venue to eat lunch, visit the resources tables, etc.

1.3 Key Themes

- **Theme One:** *Importance of achieving and balancing both physical and mental health*
 - More education and awareness, as well as support, to balance both the physical and mental health of an individual and understanding how both are key to wellness.
 - The participants placed an importance on youth understanding the effects of how mental wellness directly affects them. Desire for information that is centered around their needs and can be applied and achieved by them. Some comments alluded that a more holistic/whole person approach may be more effective than just a mental health focus.
 - The youth expressed wanting to see more wellness centers and wellness focused services available that focuses on their physical and mental wellbeing. The responses did not clarify if those needs included culturally and linguistically responsiveness.
- **Theme Two:** *Outreach within schools with more supports and awareness*

- More Support - A large quantity of students expressed a desire for more mental health and wellness supports. They did not identify these as specific mental health services, but more supports which may include access, wellness centers, and preventative activities.
- Outreach Within Schools - students expressed the need for information via outreach, marketing or education to be conducted in school settings, with the youth being the focus of the content and messaging. More opportunities to learn and understand mental health, how to counter stigma, and to learn about resources and supports available to them. There are models and opportunities for enhancing and strengthening youth connections through peer activities. These can range from general peer connections through campus clubs (NAMI on Campus, Wellness Club, etc.) who can host resource fairs, put on events (May's mental health month, suicide prevention month, etc.) to more formal peer to peer support models and programs where youth can learn to support other youth.
- Awareness - Students included the need for more awareness as well, which could address areas of stigma, help inform them more about the importance of their wellness, what supports there are for them, how they can access support, etc. These are campus events, presentations, more collateral or digital materials targeting youth, etc.
- A noteworthy outcome of the presentation by Kooth on the new state funded wellness app, **Soluna**, is that although the youth did not seem as engaged during this session, over half the participants (45 of 74) downloaded/registered the smartphone app during the summit. There is an interest from the youth to access more wellness support including through smart-phone apps, etc. An effort may be to have annual presentations by Kooth on campus on the app and to promote the app on campus/schools to students.
- **Theme Three: *More supports and events that are tailored to mental wellness.***
 - The engagement in Huron started a year before with a mental wellness townhall event that was in Spanish and primarily targeting adults. That evolved into the need to do something similar for youth. Annual youth events around mental health can be done in September to coincide with Suicide Prevention Month and National Recovery Month (substance use), or student led events in May as part of Mental Health Awareness Month.
 - Wellness events, wellness-days, or activities can also be done that include presentations, mindfulness activities, speakers, highlight how some school-based services work and other educational work which has minimal financial impact and can be facilitated locally.
 - Again, the state resource/smartphone app, Soluna, is a no-cost easy to use support tool that can be accessed, promoted, etc. There may be an opportunity for some students to even lead a promotional/educational campaign in the community or campus.
- **Theme Four: *More Advocacy from The Community.***
 - Students did not specify if the supports or advocacy was thought of as grassroots supports from other youth, families, or local organizations, or if they had a specific idea of where that work would originate from.
 - Increasing mental health literacy can lead to more advocacy. As more community members understand mental health, the need for more local, culturally and linguistically responsive resources, and how mental health services can improve quality of life, then more can engage in development of those care services, access those services and increase the demand. So more access to info, videos, materials that can help increase mental health literacy can support such a goal.

- Localized stigma reduction efforts can normalize mental health and thus lead to greater community supports for care, more advocacy, and more local engagement in those services. Some of the work itself may be stigma reduction which can then support more mental health literacy.
- Possible options are to have youth led efforts around wellness and wellness education and outreach at local events in the community, but also leveraging local organizations to help promote anti-stigma messages and efforts. There may be opportunities to seek effective advocacy and education through use of community health workers, promotoras, or cultural brokers that can effectively engage at the local level within the community on stigma reduction discussions, increasing mental health literacy, and with increasing engagement in wellness activities.
- Possible options for either a district or local/city may be a creation of youth advisory group where interested youth may help identify issues, ideas for how to engage the community, or do some community education and engagement with a youth focus and perspective.

1.4 Conclusion

The Coalinga-Huron School District afforded the students an opportunity to participate in the youth summit event during the last days of school, resulting in a robust cohort of students attending. The youth who participated in the half day event ranged from 9th graders to 11th graders. Personnel from the district were on site for support, assistance with activities, and to ensure students remained at the summit for the duration of the event.

There were two main themes that emerged from the youth voices:

- A desire for more supported advocacy opportunities (locally in Huron)
- A desire to increase their feeling of safety in their community. The students did not identify specifically what they meant by safety (i.e. physical, psychological, or social emotional, but an overall safety that could be attributed to a sense of wellbeing).

Entities such as the district, local providers, or LEAP Institute may seek to foster youth’s desire for advocacy through continued youth-centric activities where youth voices are sought and applied to an array of services and needs. Continuation of youth focused listening sessions, youth advisory groups, peer groups, wellness clubs or NAMI on Campus clubs can support some of those needs for advocacy.

Having additional focus groups, or discussions with youth to help define “improving safety” would be beneficial, and to then include youth in plans to address those concerns, which can include things such a peer support groups on campus or in the community, more social emotional programming, and youth focused activities that can support their wellness and increase self-confidence and community connectedness.



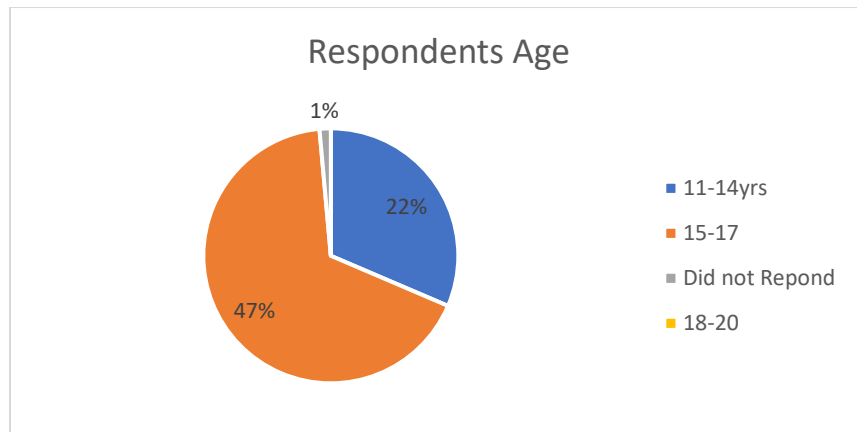
Figure 4-Resources booths were included throughout the event.

Appendix

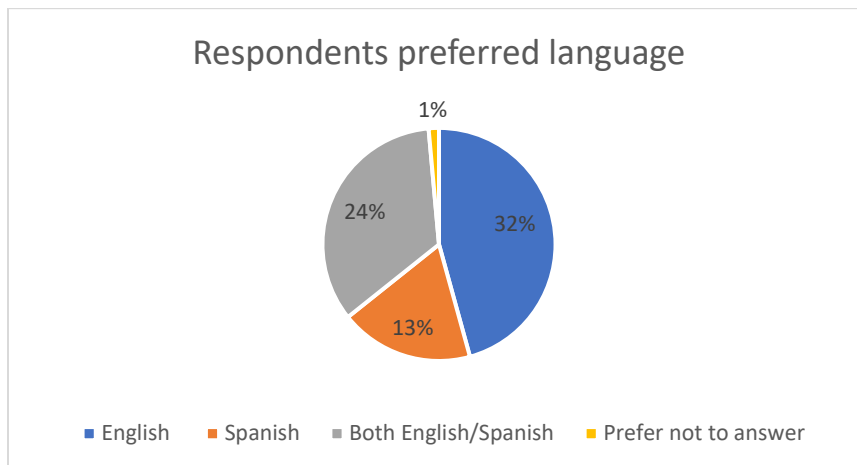
Appendix A- Post Event Survey Results

The Fresno County Department of Behavioral Health (DBH) facilitated a post summit survey from the Huron event which collected basic demographic information and firsthand feedback about the event and the experiences of the students. The survey was used to help inform DBH and its partners on the impact of the summits in supporting the youth in advocating for their wellness needs and the best ways to engage/communicate and support involvement in planning and system improvement.

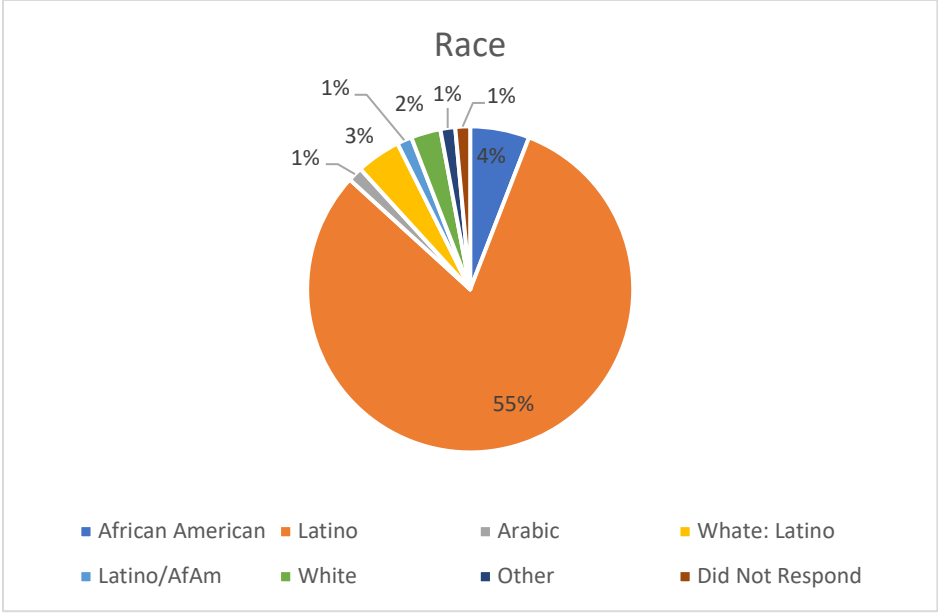
Each of the 74 youth participants received a \$10 gift card for completing the event survey at conclusion of the summit. Graph 1 below shows that the majority of the respondents were between 14-19 (aligned with age of highschoolers). 87% of the students self-identified as Latinos with Mexican/Mexican American backgrounds. 64% of the youth identified English as their preferred language with close to 30% identifying both English and Spanish.



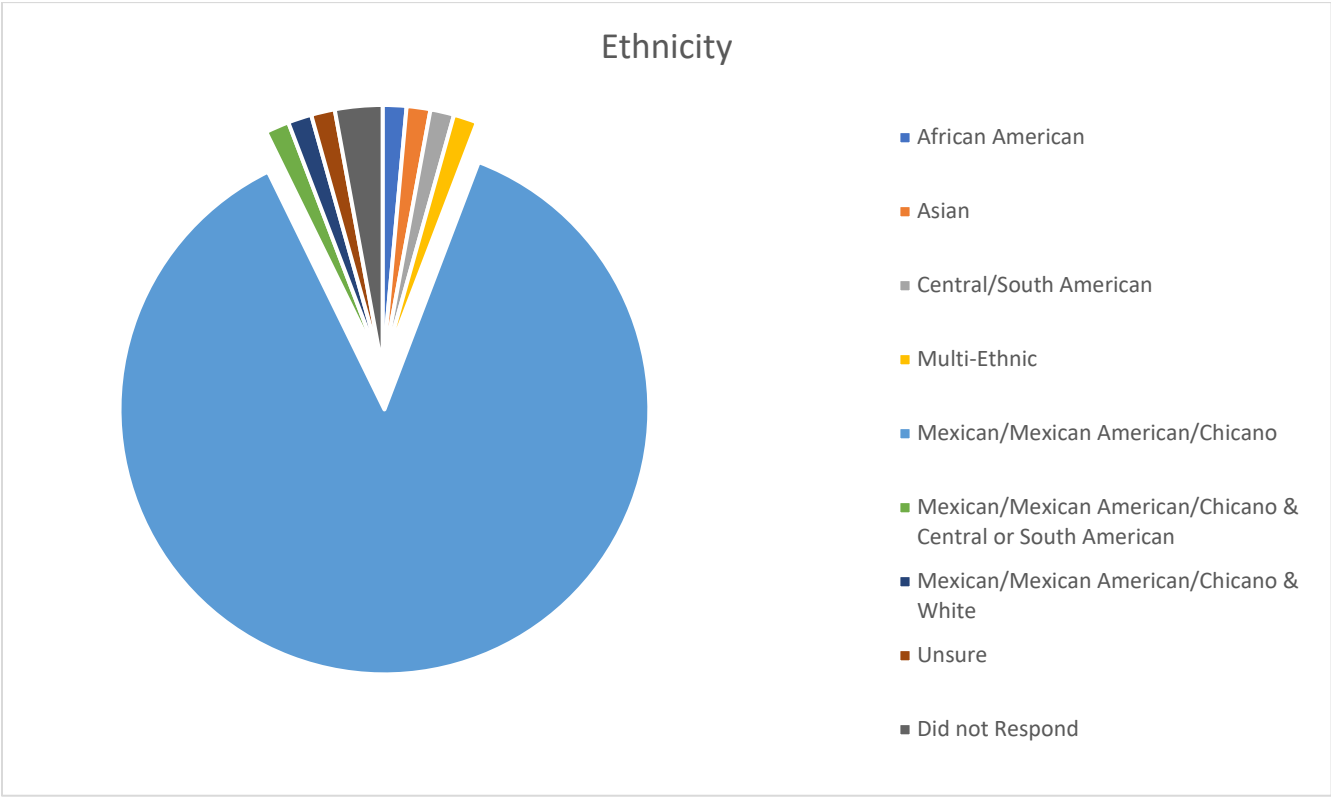
Graph 1



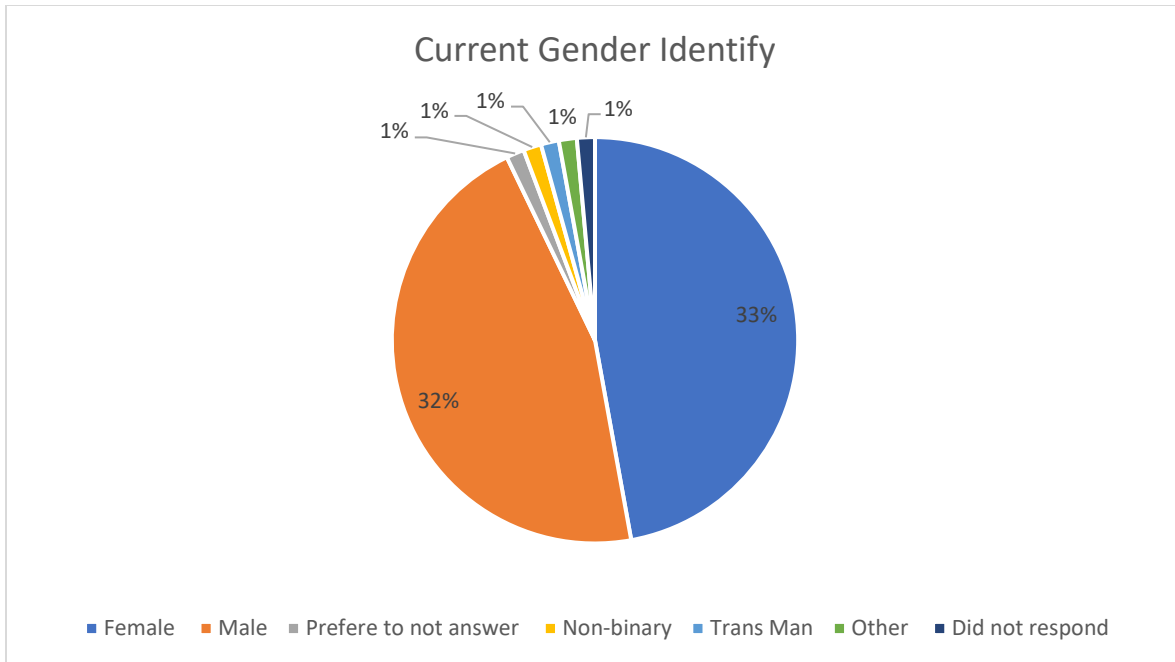
Graph 2



Graph 3



Graph 4



Graph 5

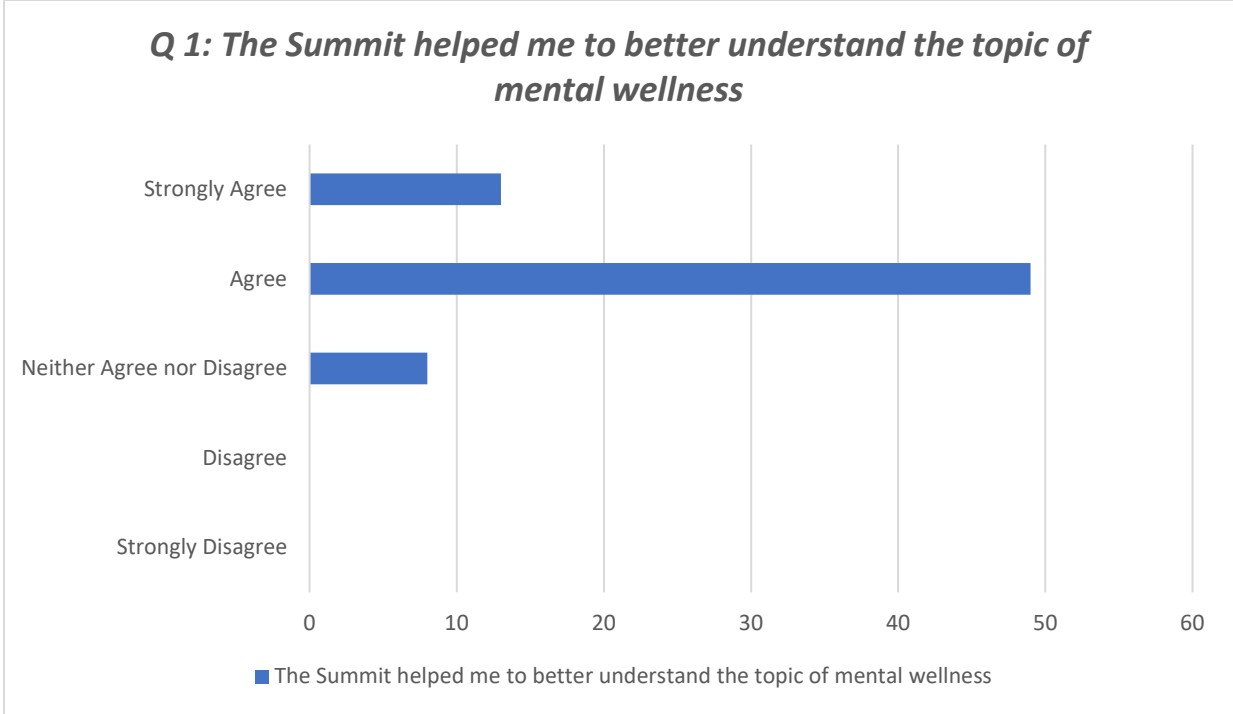
Key Findings and Considerations

At the Huron event youth participants were asked to complete a five-question survey to provide data that the facilitators/planners could use to assess the effectiveness of the event and its ability to achieve the goal of information and empowering the youth to be behavioral health advocates.

The survey is applicable to those who participated. The sample size of 74 is not large enough to be indicative of the entire district or the community but does provide some self-perceptions of the youth.

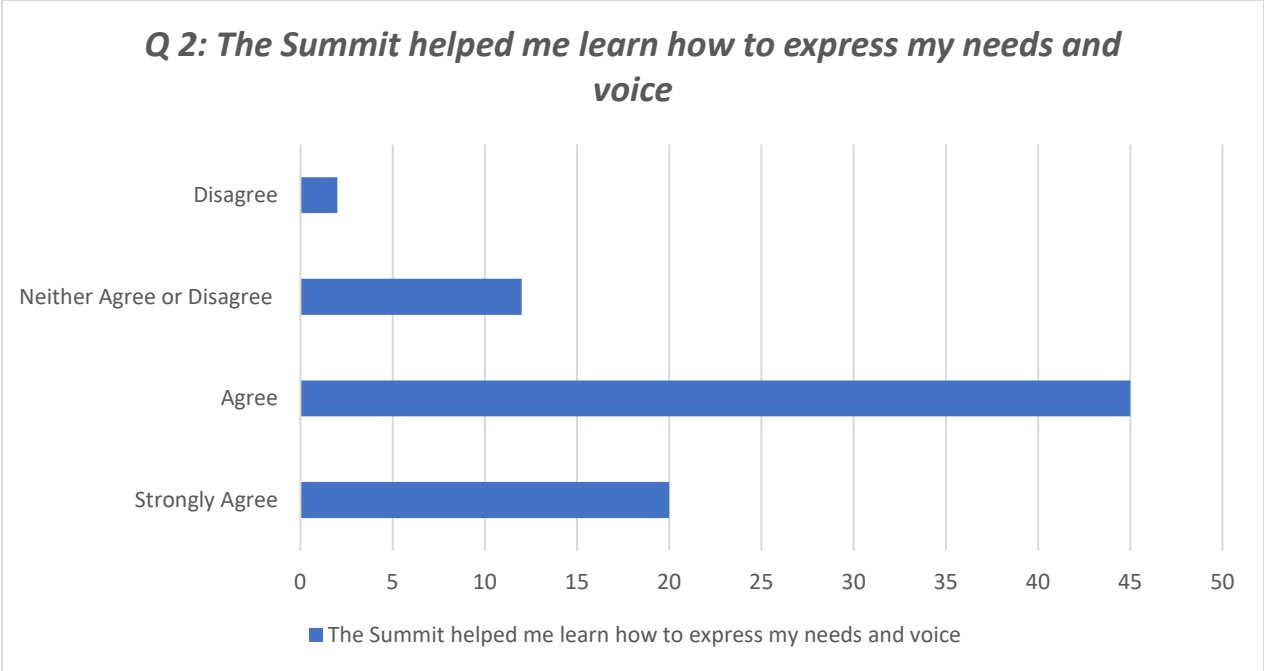
Based on the responses to question one, the youth participants found the summit useful in helping them better understand mental wellness. The survey does not identify which presentations, or activities supported this response.

One of the goals and/or purposes for the summit was to empower youth to inform and advocate for their behavioral health needs, and to become more familiar with the process and ways they can lend their critical voice to systems development, needs assessments, and community planning.



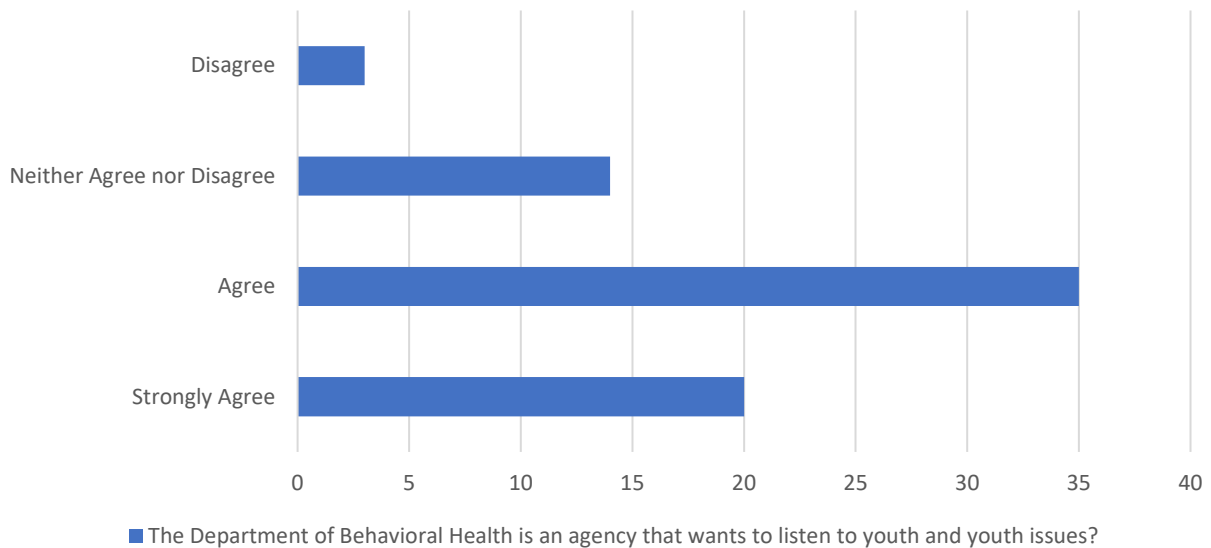
Consideration: The youth are interested in learning more about mental health and wellness and presenting the information in more interactive formats, such as art or technology, to increase interest and understanding.

The responses to questions two and three can affirm the general goal of the summit was met based on youth reports of being able to lend a critical voice to behavioral health discussion and a sense that DBH and the partners were interested in their insights, thus potentially strengthening their future involvement in community planning and stakeholder involvement.



Consideration: Provide ways for youth to increase their involvement in advocacy for each other and community through more youth lead activities. Facilitating community planning or focus groups in Huron. Creating a “wellness” officer as part of the student government, explore establishing a NAMI on Campus Club, or developing a youth wellness advisory committee where the youth can engage with peers on needs, provide feedback, gather youth ideas, and be able to formally share local policy makers. Possible creation of an area youth taskforce led by youth to better define youth needs and possible options.

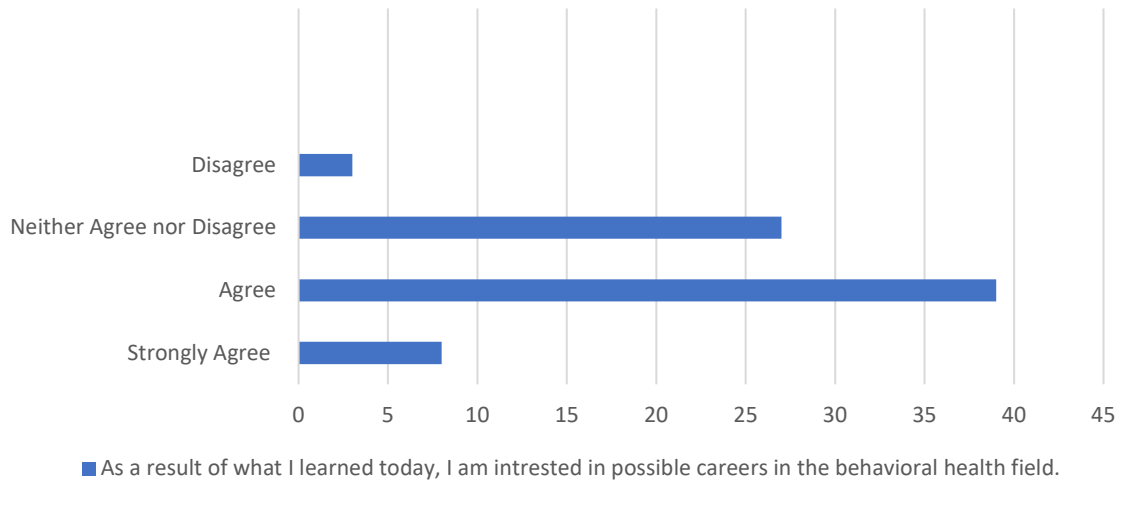
Q 3: The Department of Behavioral Health is an agency that wants to listen to youth and youth issues?



Consideration: Continue to engage with youth from rural communities through partnerships with the school district, city, and local organizations. Explore ways to identify local needs from a youth perspective, report/update youth on the efforts (or validating their time and inputs), and/or include them in the development or design of programs or services that can better address their overall wellness and feelings of safety.

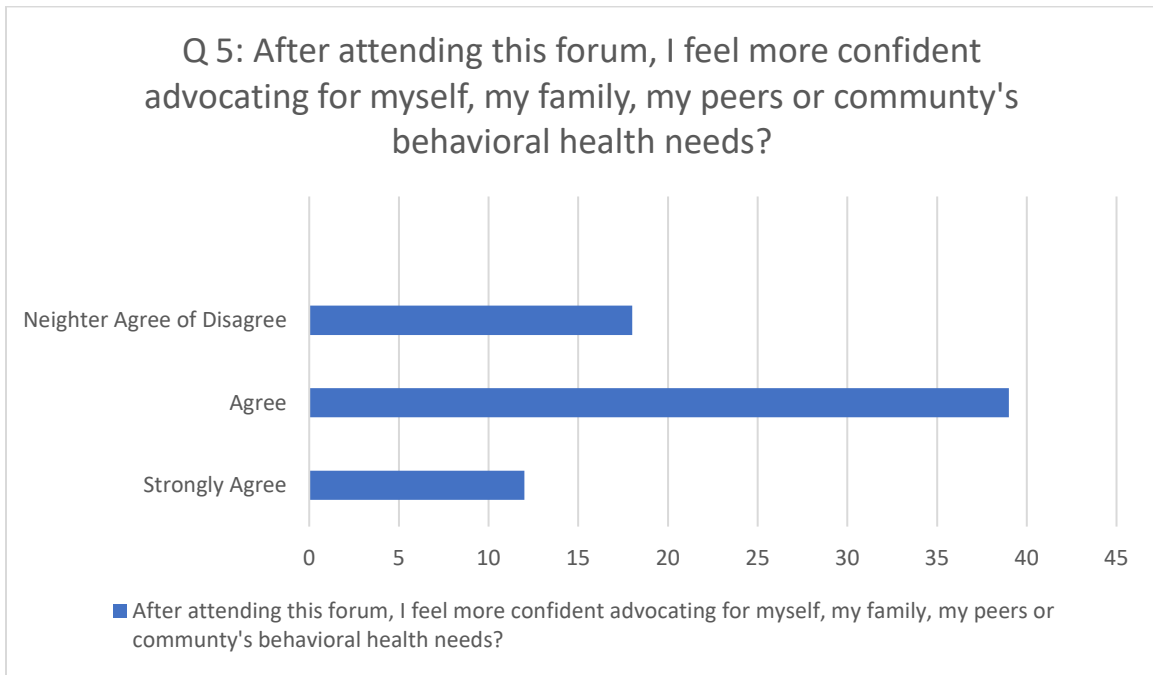
The Huron summit provided youth an opportunity to engage with professionals from an array of behavioral health or wellness field to learn about the work, career tracks, etc. The students interacted with counselors, health educators, substance use professionals, school psychologists, crisis workers, etc. Additionally, an effort was made to factor representation, with an effort to have the professionals be Latino, and/or hail from rural communities or similar backgrounds as the youth in the summit.

Q 4: As a result of what I learned today, I am interested in possible careers in the behavioral health field.



Consideration: Continue to engage with youth from rural communities through partnerships, local service providers, and West Hills College for development of career pathways. There may be opportunities to support career pathways with creation of CalHOSA clubs focused on behavioral health careers, peer support programs, or NAMI on Campus Clubs. Possible career fairs that invite behavioral health providers who are also representative of the youth to provide additional opportunities to learn about the work and career tracks.

The figure below shows that more than half of the Huron Summit participants now feel more confident about advocating for their local wellness needs. Based on the data, a large number of respondents did not feel an increased confidence in advocacy. The reasons why they did not feel as confident is unknown, and the survey results were collected at the end of the summit, thus not allowing an opportunity to explore further. Some may be attributed to not knowing where to start, or what specifically they would want to advocate for? Of those who did agree, nearly half may have a better grasp of the options. Additional or future events may delve into those questions and/or afford more opportunities to develop the experience and confidence.



Consideration: Creating participation opportunities for youth be involved in behavioral health advocacy. These may range from wellness clubs, wellness officers, wellness activities on campus, to youth listening sessions and focus groups. There may be opportunities in the future for youth to represent their areas in a youth advisory capacity for behavioral health, or local civic opportunities to provide a youth perspective.

Appendix B- Latino/Latinx Survey Results

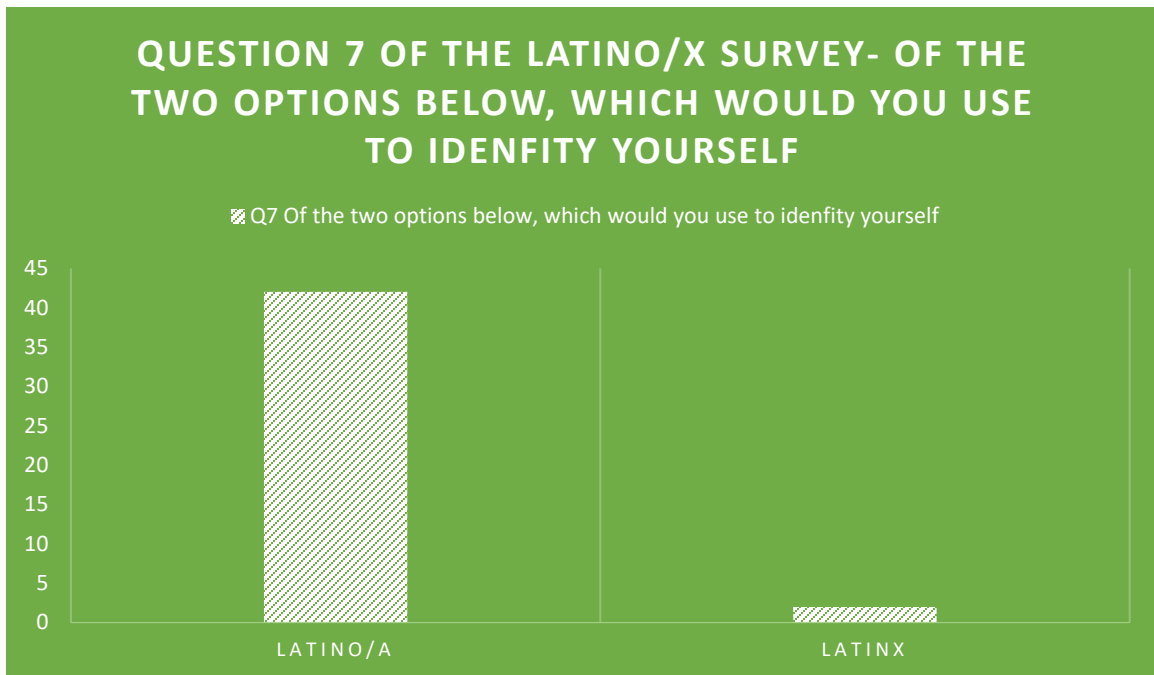
60% of the summit participants (45 of 74) attendees completed the Latino/a/x survey. Of those, 43 of the 45 confirmed they identify as Latino or Hispanic.

40 (88%) of the youth respondents identified as bilingual. Of the same 45 youth, 26 (58%) identified English as their primary language, with 18 (40%) identifying Spanish as their primary language. While this is a small sample size, it does show most the rural Latino youth do not self-identify as Latinx.

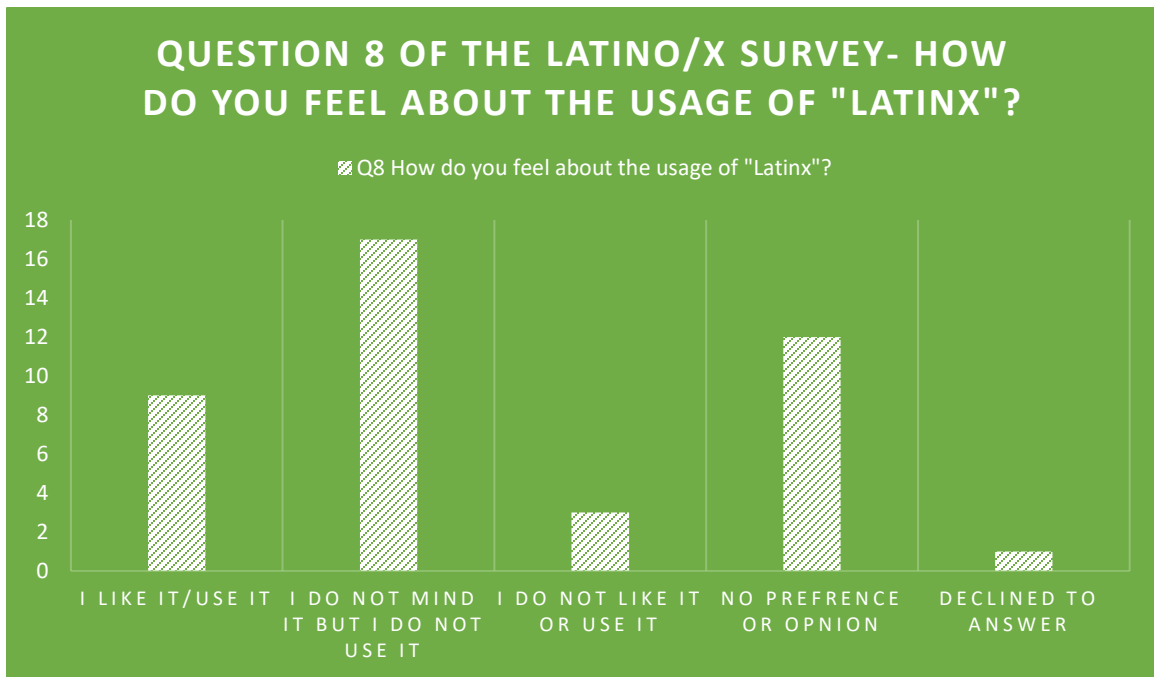
95% (42 of the 45) youth who responded to the survey do not identify themselves as Latinx. Only 4.5% of the respondent's self-identified as Latinx in the survey.

Interestingly, 38% of the youth did not “mind it, but do not use it” in reference to the term “Latinx”. There were 27% who had no preference. Only 20% liked it, about 6% did not like the term, and 6% did not respond to that question.

Of the rural youth (most who are bilingual but consider English their primary language) identify as Latino/a. As far as usage goes, most do not have a strong position one way or the other. This does not mean that use of Latinx should not be used for those who self-identify as Latinx, but it does show that for purposes of communication and more effective engagement with this population they identify as Latino/a. This slight consideration may improve communication and make topics feel more applicable to them if the term Latino/a is used with engaging them. Noting this is a very small sample size.



The figure below shows a greater identification or usage of the terms by Latino/a or Latinx youth.



YOUR TIME YOUR VOICE YOUTH WELLNESS SUMMIT

YOUNG PEOPLE WANTED

Come learn the foundations to wellness and help us shape the future care that better responds to your generation and cultural needs.

FREE!

RAFFLE

FREE!

LUNCH/FOOD PROVIDED!!!

JUNE 4TH, 2024 8:00 AM TO 12:30 PM

- John Palacios Community Center
16846 4th St
Huron, CA 93234

Logos at the bottom include: LEAP, City of Huron, California, a circular logo with a tree and the text 'The Heart of The Valley', a logo with a crescent moon and 'H', and the Department of Behavioral Health logo.

Your Time Your Voice Youth Wellness Summit- **HURON**

Agenda

7:30am- DBH team to arrive to set up.

8:00am- open doors, donuts and juice set out, students can come in.
Complete a sign-in to verify student attendance.

8:30am 8: 40am-Welcome Mayor from the City of Huron and Department of Behavioral Health

8:40m-8:50am-Level Setting Discussion (Fresno County Dept of Behavioral Health)

8:50am-9:30am Social Determents of Health (Department of Public Health)

9:30am to 10:10am- Soluna Presentation and Breath Work (Maria Mayes with Kooth)

10:10-10:15am Break/Raffle

10:15am- 10:35am-Enviromental Prevention Activity (Youth Leadership Institute)

10:35am-11:15am- Professional Development Round Robin

11:15-11:25am Break/Raffle

11:25am to 12:05pm Small group discussions to develop recommendations.

12:05-12:20 pm Report out their top two or three recommendations or policy ideas.

12:30pm- Final Raffael, start of lunch and conclusion.

1:15pm Begin clean-up/breakdown.

We will provide lunch for an hour (12:30pm to 1:30pm students can eat there, hang out, take their food to go, etc. We will have them sign out to get final incentive and food ticket (to be able to track those who where there the full program).

We will have tables in the back that will be out throughout the day with info and resources. During breaks or afterward students can visit to get more information. We are planning for the following:

- ***Department of Behavioral Health and Public Health***
- ***City of Huron***
- ***All4Youth***
- ***Central Valley Suicide Prevention Lifeline (988)***
- ***Soluna***
- ***Youth Leadership Institute***
- ***The LEAP Institute, etc.***

Appendix E- Acknowledgements

The Fresno County Department of Behavioral Health would like to acknowledge the support and assistance of the following individuals and organizations in bringing this effort to life.

- The LEAP Institute
- City of Huron
- The Coalinga-Huron School District
- Westside Family Preservation Services
- Central Valley Suicide Prevention Hotline/KingsView
- Fresno County Department of Public Health
- Youth Leadership Institute
- Fresno County Superintendent of Schools
- Espi Sandoval
- Maria Mayes- Kooth USA (Soluna)

Appendix F – References

References

Data USA: Huron, CA. (2024). <https://datausa.io/profile/geo/huron-ca>

World Population Review (Ed.). (2024). Huron, California Population 2024.
<https://worldpopulationreview.com/us-cities/california/huron>