

YOUTH SUICIDE PREVENTION MEDIA AND OUTREACH CAMPAIGN

REQUEST FOR APPLICATIONS MAY 2023



This funding opportunity is provided by The Center at Sierra Health Foundation under contract with the California Department of Public Health (CDPH) through State Assembly Bill (AB) 178, which appropriated one-time, State General Fund dollars to implement a Youth Suicide Prevention Media and Outreach Campaign through June 30, 2025.

The CDPH Injury and Violence Prevention Branch (IVPB) established the Office of Suicide Prevention (OSP) in 2021 through Assembly Bill (AB) 2112 to elevate suicide as a public health concern in California. The OSP collaborates with experts and stakeholders including, but not limited to, individuals and service providers representing populations with disproportionate rates of suicide. In addition, the OSP was allocated funding in the Governor's 2022-2023 Budget to focus on projects specific to youth suicide prevention. The Youth Suicide Prevention Media and Outreach Campaign Program was established through this new funding to develop and implement a data-driven, targeted, community-based youth suicide prevention media and outreach campaign for youth at increased risk of suicide.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California. For information about The Center, visit www.shfcenter.org.

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

BACKGROUND

Sierra Health Foundation: Center for Health Program Management (The Center), founded in 2012 as an independent 501(c)(3) nonprofit organization, pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state, and local government agencies; nonprofits; and businesses to advance health equity.

ABOUT THE PROGRAM

The California Department of Public Health (CDPH), Center for Healthy Communities, Injury and Violence Prevention Branch (IVPB) is the focal point for the Department's injury and violence prevention efforts. It is responsible for developing and implementing policies, program interventions, and surveillance measures that use a public health approach to addressing violence and seeks to prevent death and disability due to injury. In 2021, Assembly Bill (AB) 2112 established the Office of Suicide Prevention (OSP) within IVPB to elevate suicide as a public health concern in California. Suicide, a self-directed form of violence, is a leading cause of premature death and is a major contributor to years of life lost due to its significant impact on young people.¹ Deaths due to suicide leave a tragic loss for decedents' families and society at large. The mission of the OSP is to address the root causes of suicide and self-harm injuries through strong partnerships, dissemination of data, and promotion of evidence-informed public health prevention strategies that create safe and healthy communities across California.

In 2021, 4,147 Californians died by suicide and of those, 550 were youth (ages 10-24).² Rates of suicide vary greatly across the state with some counties experiencing rates more than twice the statewide level. Suicide is now the second leading cause of death among adolescents and young adults aged 15-24 in California.³ Recent data show that youth between the ages of 10-24 experienced an increase in suicide rates from 2020 to 2021. Additionally, the suicide rates for White and American Indian/Native American (AI/NA) youth between the ages of 10-24 grew during the same period. Historically, youth suicide rates have been the highest among youth who are White; however, in 2020, youth who are Black and AI/NA surpassed youth who are White for having the highest youth suicide rates in California, and this remained through 2021. Hispanic and Latinx youth do not carry the highest suicide rates in California; however, they have the greatest number of youth suicide deaths annually. Additionally, there were 33,971 non-fatal, self-harm-related emergency department visits among California residents in 2021, and more than 57% of them were youth (ages 10-24) of all ethnicities,⁴ suggesting that many young people are not receiving the support they need during times of crisis.

Suicide is preventable. Prevention starts long before someone begins to experience mental health symptoms that interfere with their daily activities, and includes policies and actions that address both

¹ <https://www.cdc.gov/suicide/facts/index.html>

² California Department of Public Health. 2021. California Comprehensive Master Death File [Dataset].

³ Department of Health Care Access and Information. 2021. Emergency Department Data [Dataset].

⁴ Department of Health Care Access and Information. 2021. Emergency Department Data [Dataset].

community and individual needs.⁵ Among service providers, stakeholders, and other allies, an intentional and tangible focus on equity is crucial to reduce disparities related to suicidal ideation, attempts and deaths.⁶ Cultivating a broader understanding of the risk and protective factors related to suicide, promoting positive social norms, and supporting access to services, social support, housing, and economic stability all help to create conditions that have the potential to decrease suicide risk, helping young people and their families thrive.

The Youth Suicide Prevention Media and Outreach Campaign was established to implement a data-driven, targeted, community-based youth suicide prevention media campaign alongside community-level suicide prevention projects. The media campaign will be developed by a media agency in coordination with the community-based organizations (CBOs) funded through this funding opportunity. Co-designing suicide prevention campaigns with young people can increase the engagement and usefulness of these youth interventions.^{7,8}

Community-level prevention projects will include youth-serving CBOs working to implement evidence-based suicide prevention strategies tailored to meet the needs of their community, and will amplify and build upon media campaign messages. Such strategies may include but are not limited to: creating protective environments by reducing access to lethal means, strengthening access to care through tele-mental health, promoting connectedness through peer norm programs, and teaching coping and problem-solving skills through social-emotional learning and family relationship programs. \$16.3 million is available to support the community-level prevention projects through June 30, 2025.

The Youth Suicide Prevention Media and Outreach Campaign is in alignment with California Health and Human Services' (CalHHS) broader strategic priority of advancing the well-being of children and youth. Aligned efforts include, but are not limited to:

- **The Youth Suicide Reporting and Crisis Response Pilot Program** in 10 counties disproportionately impacted by suicide will develop and test models for rapidly reporting and responding to youth suicide and attempted suicide. Crisis response services and follow-up support are to be provided in school and community settings for impacted family, friends, and educators.
- **The California Youth Behavioral Health Initiative (CYBHI)** was announced in July 2021 with a \$4.4 billion investment to enhance, expand, and redesign the systems that support behavioral health for children and youth. The goal of CYBHI is to reimagine the systems that support behavioral health and wellness for California's children and youth into an innovative, up-stream-focused ecosystem. This ecosystem will focus on promoting well-being and preventing behavioral health challenges, and on routinely screening, supporting, and serving ALL children and youth for emerging and existing behavioral health (mental health and substance use) needs. The Youth Suicide Prevention Media and Outreach Campaign and the Youth Suicide Reporting and Crisis Response Pilot Program are two distinct efforts within the developing CYBHI ecosystem focused on addressing urgent and emergent needs. More information on CYBHI can be found at www.chhs.ca.gov.

⁵ <https://pubmed.ncbi.nlm.nih.gov/31699179/>

⁶ <https://www.cdc.gov/suicide/pdf/suicideTechnicalPackage.pdf>

⁷ <https://pubmed.ncbi.nlm.nih.gov/32391800/>

⁸ <https://coloradocrisisservices.org/toolkit/youth-campaign/>

THE FUNDING OPPORTUNITY

In this round of funding, The Center is seeking applications from community-based organizations and Tribal organizations that:

- Serve youth and practice ongoing youth engagement in leadership development, social-emotional support systems, mental health, and/or peer mentoring, specifically in communities disproportionately impacted by youth suicide.
- Possess cultural humility and responsiveness with staff and organizational leadership who reflect the racial, ethnic, and cultural community they intend to serve.
- Prioritize public health solutions that focus on evidence-based strategies to prevent suicide, including working with or employing youth to co-create and disseminate outreach and prevention materials.
- Can develop, support, or expand culturally and linguistically appropriate suicide prevention strategies and messaging that are trauma-informed and focused on youth populations disproportionately impacted by suicide.
- Utilize an intersectional approach to health equity through efforts to address suicide and/or mental health risk and protective factors.
- Work in coordination and collaboration with other health and youth-serving agencies/organizations at the local and state level.

Finally, COVID-19 has dramatically shifted how CBOs support and engage youth and young adults. Successful applicants will incorporate youth engagement plans that take full advantage of technological solutions to addressing the digital divide, as well as account for Centers for Disease Control and Prevention (CDC) and CDPH guidelines for social and physical distancing, when applicable. Applicants are asked to describe detailed youth engagement plans in the application narrative, work plan, and budget.

ELIGIBILITY CRITERIA

Applicant organizations must meet the following minimum requirements:

- Have an office located in California.
- Be registered with the California Secretary of State to operate in California.
- Are a 501(c)(3) community-based organization or Tribal organization⁹ with established and trusted community relationships. Fiscal sponsorships are eligible. Also allowable are coalitions of organizations and collaboratives, as long as the backbone organization is an eligible applicant.
- Have demonstrated experience partnering with young people of color and other marginalized communities disproportionately impacted by suicide.
- Have the capacity to support youth involvement in the planning, development, consumer testing, and dissemination of media campaign suicide prevention messaging and tools.
- Applicant organizations and collaborative partners must deeply engage and reflect the proposed communities served that are disproportionately impacted by youth suicide. Grantee partners should

⁹ Tribal organizations may be a 501(c)(3) nonprofit or a public entity.

have a history of working with impacted communities, including representation on the board and staff, clients served, and neighborhoods served.

- Applicant organizations and their partners must have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.

GLOSSARY

Suicide: A death caused by injuring oneself with the intent to die.

Non-suicidal Self-Directed Violence/Non-suicidal Self Injury: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself, with no evidence – implicit or explicit – of suicidal intent.

Suicidal Self-Directed Violence: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself, with evidence – implicit or explicit – of suicidal intent. **A suicide attempt** is a non-fatal, self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury. **An interrupted suicide attempt** is when an individual comes close to attempting suicide but does not complete the act and sustains no injury.

Suicidal Ideation: Experiencing the desire to die, thinking about engaging in suicidal behaviors, or having any thoughts related to suicidal acts.

Suicide Attempt Survivor: A person who has attempted suicide but did not die as a result of their attempt.

Suicide Loss Survivor: A person who has lost a family member, friend, classmate, or colleague to suicide.

Suicide Contagion: Suicide risk associated with the knowledge of another person’s suicidal behavior, either firsthand or through the media. Suicides that may be at least partially caused by contagion are sometimes called “copycat suicides.”

Prevention: Activities that promote healthy behaviors, reduce risks, and build protective factors that either prevent or mitigate consequences and contributing factors associated with suicide.

Postvention: Support services offered to the bereaved survivors (e.g., family, friends, classmates, coworkers) of those who have died by suicide or as a result of trauma.

Protective Factors: Individual, relationship, community, and/or cultural factors that mitigate or protect against risk of suicide. Examples include: having life skills for coping, especially during stressful events and life changes; relationships that affirm sexual orientation and gender identity; and/or connectedness to family, family of choice, neighborhood, community, or social group.

Risk Factors: Individual, relationship, community, and/or cultural factors that are associated with an increased risk of suicide. Examples include: having a history of suicide attempts; non-suicidal self-injurious behavior; substance use disorder; social isolation; loss such as a divorce or the death of a loved one; unstable, violent, and/or high-conflict relationships; being exposed to sensationalistic media coverage; and experiencing mental health stigma and/or various forms of discrimination.

** It is important to note that both risk and protective factors can vary widely depending on the population of focus for suicide prevention efforts. What is a risk factor for one person, such as adherence*

to religious doctrine that conflicts with sexual orientation and/or gender identity can create confusion, distress, and isolation, while religious affiliation deeply rooted in the culture, values, and norms of a specific population or ethnic group can reinforce and strengthen cultural identity, protecting against risk.

Intersectionality: Intersectionality is a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, socioeconomic status, and disability intersect at the micro-level of individual experience to reflect interlocking systems of privilege and oppression (i.e., racism, sexism, heterosexism, classism) at the macro social-structural level.¹⁰

Policy, Systems, and Environmental Change: Policy, systems, and environmental change is a way of modifying larger structures to make healthy choices practical and available to all community members. By changing policies, systems, and/or environments, communities can help tackle health issues by examining them from a population level. Organizations, agencies, and stakeholders make policy decisions. Policy approaches include legislative advocacy, fiscal measures, taxation, and regulatory oversight. Systems change refers to a fundamental shift in the way problems are solved. Within an organization, systems change affects organizational purpose, function, and connections by addressing organizational culture, beliefs, relationships, policies, and goals. Environmental change strategies involve changing the economic, social, or physical surroundings or contexts that affect health outcomes. Environmental strategies address population health outcomes and are best used in combination with other strategies.¹¹

Social Justice Youth Development: Social justice youth development expands the concept of a positive youth development framework and addresses social factors including racism, xenophobia, and other racial inequities youth face as they develop into adulthood¹². Social justice youth development recognizes these systemic forces and supports young people in developing the skills and knowledge to transform the systems that influence their lives, neighborhoods, and broader community.

SCOPE OF WORK

The Center supports young people through the lens of social justice youth development, which has increasingly been adopted by nonprofits, school-based programs, and other youth-serving organizations. This lens aligns with strategies that seek to decrease the risk of suicide by addressing common risk and protective factors at the individual, community, policy, systems, and environmental levels.

Grantee partners must recognize and be responsive to the historical and ongoing trauma and stigma associated with mental health challenges and help-seeking behavior, further compounded by the systemic racism, violence, and trauma that societally marginalized populations and communities of color continue to face. This funding opportunity is intended for organizations and partners that possess cultural humility and responsiveness and whose staff and organizational leadership reflect the racial, ethnic, and cultural communities it intends to serve. In this way, prevention and education is tailored to community need and utilizes a stigma-reducing approach.

¹⁰ The Problem with the Phrase Women and Minorities: Intersectionality—an Important Theoretical Framework for Public Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477987/>

¹¹ Rural Health Information Hub.

<https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental>

¹² (Ginwright & Cammarota, 2002).

Awards will be up to \$500,000 over two years. This funding opportunity focuses on youth populations disproportionately impacted by suicide, defined further in the Youth Populations of Focus section below. However, The Center recognizes that youth may experience more than one form of oppression or marginalization. For example, Two-Spirit (2S)/LGBTQ+ youth of color may experience discrimination and lack access to resources based on race and sexual orientation, and thus may be at greater risk for suicidal ideation or mental health challenges. Similarly, while foster youth generally need healing from trauma, foster youth of color face additional challenges due to racial bias. This analysis of the intersections of race and other forms of oppression is commonly referred to as intersectionality. This project encourages applications that demonstrate the ability to effectively serve youth who may be at even greater risk for suicide due to these intersectional identities and other social factors.

The program's overarching goal is to reduce suicide, suicide attempts and self-harm behavior in youth disproportionately impacted by suicide. Throughout this effort, The Center will act as the lead administrator and convenor of CBO partners. The media agency Civilian will lead the development and dissemination of media materials (e.g., images, public service announcements, video clips, messaging and/or media posts). Civilian also will work directly with CBOs to develop communication plans and ensure all media materials are co-created with the youth they serve. Grantees will be required to:

- Identify a youth population of focus and any intersectional identities that may impact that population's suicide risk.
- Select an evidence-based strategy and approach to guide programmatic efforts.
- Develop a communication plan to support dissemination and reinforcement of youth suicide prevention messages developed by the Media Campaign portion of the project. Relevant training and technical assistance will be provided to all grantees.
- Support youth engagement in the planning, development, consumer testing, and dissemination of media campaign suicide prevention messaging and tools.
- Participate in local and state-level evaluation efforts, including the development of an organization evaluation plan, collection, and sharing of data and additional measures as needed for program monitoring and evaluation. Relevant training and technical assistance will be provided to all grantees.
- Promote population-specific, help-seeking behaviors at the local level (e.g., raising youth awareness of the 988 Suicide and Crisis Prevention Lifeline services, The Trevor Project and warmlines).
- Participate in a Community of Practice led by The Center. This will support funded projects in the implementation of culturally responsive, community-level, evidence-based suicide prevention strategies.
- Maintain mental health referral pathways with the ability to navigate youth to acute suicide prevention resources, including appropriate mental health services and medical care as appropriate.
- Implement one or more activities listed in the Additional Suicide Prevention Activities section or use of an alternative evidence-based suicide prevention strategy that is tailored to meet the needs of the community.

YOUTH POPULATIONS OF FOCUS

For the purposes of this funding opportunity, youth are defined as individuals under the age of 25. Project efforts must support youth directly and, when appropriate based on youth input, support youth allies (e.g., parents, caregivers, educators). Applicants must serve one or more of the youth populations of focus below. Preliminary data statements are provided, though applicants are encouraged to incorporate additional nuances in population data and need, particularly based on the geographic area to be served¹³.

- American Indian/Alaskan Native Youth (AI/AN) – AI/AN youth had the highest *rate* of suicides from 2016 to 2021 per 100,000 California residents. More than half of the suicides among this group were in the North Coast census region and the Southern San Joaquin Valley census region.
- Hispanic and Latinx Youth – Hispanic and Latinx youth had the highest *count* of suicides from 2016 to 2021. Additionally, the Northern San Joaquin Valley census region youth suicide rate increased from 2.07 to 4.95 from 2016-2020. This region of the state also had significantly higher emergency department visits for self-harm (e.g., suicide attempts, non-suicidal self-harm) than the state average across all time points. Rates in Los Angeles County rose from 4.18 to 5.03 in the same time period. Female youth who are Hispanic or Latinx in Los Angeles County constituted more than one-third of this group’s suicide deaths.
- African American/Black Youth – Black youth had the highest *growth* in rate of suicides from 2016 to 2021. From 2019 to 2020, the statewide number increased by more than 40%.

INTERSECTIONAL POPULATIONS

Suicide risk for the populations of focus listed above may be increased due to various intersectional identities. Applicants with existing programs that serve individuals from the selected population of focus who *also* identify with one or more of the following categories are strongly encouraged to apply.

- Youth with mental health conditions and/or substance use issues
- Youth impacted by the foster care system
- 2S/LGBTQ+ Youth

STRATEGY AND APPROACH

When preparing their proposals, applicants should consider which of the suicide prevention strategies listed below is best suited to guide program efforts based on the needs of youth in their community as well as organizational expertise and capacity. More information on each strategy can be found at [Centers for Disease Control and Prevention \(CDC\) Suicide Prevention Resource for Action](#).

Applicants are strongly encouraged to explore existing data related to suicide and mental health in their community, get preliminary input from the youth they serve, and conduct a basic landscape analysis to identify existing suicide prevention efforts and key resources (or lack thereof) before deciding on a strategy and approach. After selecting the strategy that is most appropriate for your organization and

¹³ Reference California Census Regional Map to determine which census regions and associated counties would be impacted by proposed activities: <https://census.ca.gov/regions/>.

community, consider one or more approaches to implement that strategy, as listed below. Each approach is then further refined by specific program activities.

| Strategy | Approach |
|--|---|
| 1) Create protective environments | <ul style="list-style-type: none"> o Lethal means restriction o Create healthy organizational policies and culture |
| 2) Promote healthy connections | <ul style="list-style-type: none"> o Promote healthy peer norms o Engage community members in shared activities (e.g., shared cultural, peer-to-peer activities) |
| 3) Teach resilience, coping and problem-solving skills | <ul style="list-style-type: none"> o Support social-emotional learning programs o Teach caregiving skills to improve family relationships o Support resilience through education programs |
| 4) Identify and support people at risk | <ul style="list-style-type: none"> o Train youth gatekeepers o Increase screening and referral o Plan for safety and follow-up after a suicide attempt o Provide therapeutic approaches |
| 5) Lessen harms and prevent future risk | <ul style="list-style-type: none"> o Emergency department interventions o Intervene after a suicide death (postvention) o Report and message about suicide safely o Treatment Interventions |
| 6) Improve access and delivery of suicide care | <ul style="list-style-type: none"> o Create safer suicide care through systems change |

POSSIBLE YOUTH ENGAGEMENT ACTIVITIES

| Youth engagement in program planning | Youth engagement in program implementation | Youth engagement in evaluation and reporting |
|--|--|---|
| Definition | Definition | Definition |
| Youth who represent populations disproportionately impacted by suicide are meaningfully engaged early in the program planning process and have the opportunity to shape the program’s approach and/or select program activities. | Youth who represent populations disproportionately impacted by suicide have one or more significant opportunities (both remote and in-person) in which to participate. | Youth who represent populations disproportionately impacted by suicide are involved in the identification of key program findings, dissemination and/or plans for dissemination of final report(s) and recommendations based on key findings. |

| Example | Examples | Example |
|---|--|--|
| Youth are involved in the collection and interpretation of local data or inform program planning by helping identify local needs, strategy and activities (e.g., via focus groups, surveys, or advisory board input). | <ul style="list-style-type: none"> ○ Youth participation in training and implementation of peer mentoring. ○ Youth participation in media campaign creative, such as videos or graphics. ○ Youth provide input on policy development and/or policymaker engagement. | <ul style="list-style-type: none"> ○ Youth create methods to share success stories and/or lessons learned. ○ Youth provide input on interpretation of evaluation findings to be included in the final report. ○ Youth help develop a plan for sustaining messaging beyond the initial funding period. |

Applications are required to include plans for youth engagement and opportunities for youth leadership during each phase of the program: planning, implementation, and evaluation/reporting. Additionally, youth engagement expenses (e.g., staff time, youth honorarium, youth stipends, and/or youth workforce opportunities) should be built into the applicant’s budget either as direct costs or from other funds being used for this project.

REQUIRED GRANT ACTIVITIES

All applicants must perform the following activities and include the costs associated with implementation in their proposed budget.

1. Develop a communication plan to support the dissemination and reinforcement of youth suicide prevention messages developed by the Media Campaign.
2. Support youth engagement in the planning, development, consumer testing, and dissemination of media campaign suicide prevention messaging and tools.
3. Promote population-specific, help-seeking behaviors at the local level (e.g., raising youth awareness of the 988 Suicide and Crisis Prevention Lifeline services, The Trevor Project and warmlines).
4. Participate in a Community of Practice led by The Center. This will support funded projects in the implementation of culturally responsive, community-level, evidence-based suicide prevention strategies.
5. Maintain mental health referral pathways with the ability to navigate youth to acute suicide prevention resources, including appropriate mental health services and medical care as appropriate.
6. Participate in local and state-level evaluation efforts, including the development of an evaluation plan, collection and sharing of data and additional measures as needed for program monitoring and evaluation.
7. Implementation of one or more activities listed in the Additional Suicide Prevention Activities section or use of an alternative evidence-based suicide prevention strategy that is tailored to meet the needs of the community.

ADDITIONAL SUICIDE PREVENTION ACTIVITIES (MUST SELECT AT LEAST ONE)

The selected activity/activities must engage youth from within one or more of the priority populations disproportionately impacted by suicide, as described in the Youth Populations of Focus section. Youth allies (i.e., parents/caregivers, educators, and peers) should be engaged to coordinate and collaborate on activities based on the age, needs, and environment of the youth population(s) of focus. Note that the program examples listed below are not required and are included for reference only; their inclusion here should not be considered an endorsement, nor will their use (or lack thereof) impact awardee selection.

- 1) Provide resources and education that address the importance of reducing access to lethal means, such as safe storage of medication and firearms.
 - Program example: [Counseling on Access to Lethal Means \(Calm\) \(ZeroSuicide.edu.org\)](https://www.zer-suicide.org/calm)
- 2) Create organizational policies and culture that prioritize protective factors, promote pro-social behavior, and provide access to mental health assessments and referrals.
 - Program example: [Signs of Suicide \(MindWise.org\)](https://www.mindwise.org/signs-of-suicide)
- 3) Engage youth in the identification, practice, and promotion of healthy peer-norms, which may include implementing innovative strategies that utilize technology in youth peer support and/or peer mentoring.
 - Program example: [Sources of Strength \(SourceofStrength.org\)](https://www.sourceofstrength.org)
- 4) Teach coping and problem-solving skills through social-emotional learning programs.
 - Program example: [Youth Aware of Mental Health \(YAM\) \(Y-A-M.org\)](https://www.yam.org)
- 5) Train youth gatekeepers to identify and support peers at risk.
 - Program Example: [Teen Mental Health First Aid \(MentalHealthFirstAid.org\)](https://www.mentalhealthfirstaid.org/teen-mental-health-first-aid)
- 6) Implement a youth-led project focused on identifying and implementing stigma-reduction and support strategies for peers.
 - Program Example: [Model Adolescent Suicide Prevention Program \(MASPP\) \(SPRC.org\)](https://www.sprc.org/maspp)
- 7) Implement school-based initiatives, such as the establishment of a youth-led, cross-cultural coalition to address safe-suicide messaging among youth and/or identify potential school-based prevention/support programs or policy changes.
 - Program Example: School-based [Gender and Sexualities Alliances \(GSANetwork.org\)](https://www.gsanetwork.org)

Potential Outcomes. Outcomes within program evaluation may include, but are not limited to:

- Increases in:
 - help-seeking behavior among youth and their allies
 - support for help-seeking
 - healthy coping skills and behaviors
 - positive perceptions of peer support
 - self-efficacy related to talking about mental health issues with people who are experiencing them
 - skills related to de-escalation, conflict management, and problem-solving, and
- Reductions in:
 - psychological distress
 - feelings of depression, stress and/or being overwhelmed

- stigma-associated mental health concerns
- conduct problems and/or substance use
- self-harm behavior
- unintentional injury
- suicidal ideation
- substance-related suicide deaths
- suicide attempts (including aborted or interrupted)
- suicide

RECOMMENDED RESOURCES FROM THE FIELD

Below are examples of frameworks and elements that applicants should review to inform the development of their application and program model.

Strategies and best practices in prevention:

- [CDC Suicide Prevention Resource for Action \(CDC.gov\)](#)
 - Noted resource within in the CDC tool: [National Action Alliance for Suicide Prevention's Transforming Communities report \(TheActionAlliance.org\)](#).
- [Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025 \(MHSOAC.org\)](#).

Additional Resources

- The CalHHS website [Mental Health Resources for Youth \(CHHS.ca.gov\)](#) provides mental health resources specifically focused on a youth audience, as well as mental health resources for parents, family, and friends.
- [Know the Signs \(SuicidesPreventable.org\)](#) is part of the Take Action for Mental Health Campaign funded through the Mental Health Services Act (MHSA also known as Prop 63). Know the Signs works to increase knowledge of suicide warning signs, connect people with resources, and support safe messaging.
- The [Suicide Prevention Resource Center \(SPRC.org\)](#) provides information on risk and protective factors, warning signs, and effective prevention, resources, and data on specific populations, and virtual training opportunities.
- [Youth Suicide Prevention and Intervention \(Link.Springer.com\)](#), an open-access summary brief, is part of the book series *Advances in Child and Family Policy and Practice (ACFPP)* from the American Psychological Association. The summary examines suicide epidemiology, risk detection in school and medical settings, safety counseling and best practices in prevention, including specific cultural considerations.
- [ReportingOnSuicide.org](#) provides best practice recommendations for reporting on suicide.
- The [Each Mind Matters Resource Center \(EMMResourceCenter.org\)](#) provides a collection of mental health information and tools for various priority populations.
- The National Action Alliance for Suicide Prevention's [Framework for Successful Messaging \(SuicidePreventionMessaging.org\)](#) is a research-based resource that outlines four key factors to consider when developing public messages about suicide.
- [To Live to See the Great Day That Dawns from the U.S. Department of Health and Human Services prioritizes preventing suicide among American Indian and Alaska Native youth and young adults \(SAMHSA.gov\)](#).

- The National Advisory Committee on Rural Health and Human Services, Department of Health and Human Services focuses on rural communities in [Understanding the Impact of Suicide in Rural America \(HRSA.gov\)](#).
- [The Trevor Project \(TheTrevorProject.org\)](#) provides crisis services, peer support, research, education and advocacy, and mental health and suicide prevention for 2S/LGBTQ+ youth.

PROJECT FUNDING INFORMATION

Applicants are required to adhere to the budget guidelines included in the budget template. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars.

Applicants are required to submit a detailed cost budget and budget justification to assist The Center in establishing cost reasonableness of the final fixed price amount awarded to the funded partner and the appropriate amounts for each annual payment made to the awardee.

Responsive payment schedule: Understanding that a significant infusion of resources upfront may be a challenge for program implementation, The Center will offer flexible and phased payments. Payments will be issued to awarded partners based on the achievement of a set of agreed-upon deliverables as defined in the award. Each award will be divided into a minimum of three payments. The first payment will be issued upon execution of the award agreement and fulfilling insurance requirements. The second and third payments will be issued based on submission of deliverables with partners demonstrating progress and approval of those deliverables. The Center will determine the specific payment amounts through the proposed budget and in collaboration with awarded partners. If a grantee partner achieves all required deliverables by the end of the grant, then the entire award amount will be paid.

TOTAL AWARD AMOUNTS

Up to \$500,000* over two years for 501(c)(3) community-based organizations, Tribal organizations and coalitions/collaboratives. The Center anticipates funding approximately 30-50 organizations.

**Up to 20% of direct costs may be requested as indirect costs.*

WHAT WILL NOT BE FUNDED THROUGH THIS FUNDING OPPORTUNITY

- The purchase or renovation of buildings, facilities, or land.
- The purchase of major equipment. (Major equipment is defined as property costing more than \$5,000 with a life expectancy of one or more years.)
- Promotional give-away items, known as Stuff We All Get (S.W.A.G.). (This is different than participant incentives, which will be funded. Action on the part of the recipient/client and directly in support of a specific project objective(s) is required to receive an incentive.)
- Debt retirement.
- Operational deficits.
- Partisan activities, i.e., lobbying or election-related activities.
- Religious organizations for explicit religious activities.

- Activities that exclusively benefit the members of sectarian or religious organizations.
- Activities that supplant or duplicate existing programs.
- Fundraising activities.
- Reimbursement of costs incurred prior to the effective date of the Agreement.
Reimbursement of costs not consistent or allowable according to local and state guidelines or regulations including, but not limited to, travel in excess of [State rates](#) and travel to states on the [Prohibited States](#) list.

GEOGRAPHIC CONSIDERATIONS

Funding will be distributed in areas serving youth disproportionately impacted by suicide throughout California.

A minimum of 15% of funding will be set aside to support rural programs and organizations.

Definition of “rural”: For purposes of this grant program, The Center defines rural as a Medical Service Study Area (MSSA) that has a population density of 250 persons or less per square mile and has no incorporated area greater than 50,000 people. To determine if the geographic area to be served by your proposed project is rural, please connect to the [California Resources and Human Services Agency website](#) to find your county and specific area.

PROJECT TIMELINE

Grants will cover activities for the following time period: July 17, 2023 – June 30, 2025.

REPORTING REQUIREMENTS

Grantee partners will be required to submit quarterly progress reports responding to the performance measures identified in their subcontract agreement and work plan, as well as financial reports describing actual expenditures of award funding. Potential performance measures include: numbers and type of outreach and education activities conducted, number and demographics of the people reached, evidence of effectiveness of activities, increase in information available to community youth, and progress of policy, systems, and environmental change outcomes. There will be technical assistance available to assist selected organizations in their data collection and reporting requirements.

Performance measures may be revised as needed to address current situations and high-priority challenges. Deliverables are subject to change.

YOUTH LISTENING SESSIONS

Selected organizations must host a minimum of one youth listening session with their constituency each year of project implementation to hear directly from impacted youth on project outcomes and implementation.

Youth listening sessions are a designated time for youth to provide feedback on the program strategies and how the implementation is working. This is a unique activity compared to regular programming and is centered around youth voices. For some, a youth listening session may be called a healing circle or

focus group. It should include a series of questions that seek feedback and input from youth on a specific aspect of the program, such as program planning, program activities, policies to change, prevention campaigns, program materials, or youth engagement.

Please include a minimum of one annual youth listening session in your proposed activities **and** budget.

SELECTION AND EVALUATION CRITERIA

The Center will select applicants who present the most complete and responsive applications demonstrating the most favorable mix of credentials, capacity, potential, and cost. Applications will be judged on overall impact, strength of implementation team and proposal, youth engagement plans, capacity to amplify media campaign efforts, and budget.

Overall, the application should demonstrate the ability through staffing, subject matter expertise, program strategies, and approaches to implement an effective youth suicide prevention project that is culturally responsive, linguistically appropriate, and reflective of the community served.

Organizational Experience and Track Record. The application should provide a clear explanation of why the organization is the appropriate organization to implement the youth suicide prevention project, including, but not limited to:

- Track record of engaging with communities impacted by mental health challenges and/or suicide.
- Track record working with youth.
- Track record with proposed activities.
- History of youth-led programming.
- Demonstrated history of conducting work within the geographic region proposed.
- Demonstrated commitment to social justice youth development and an asset-based approach to youth engagement.
- An understanding of the role trauma and mental health play in the development of young people.

Organizational Capacity. The application should describe your organization's capacity to implement the project as demonstrated by the implementation team and other organizational resources. The strongest applications will include a plan for incorporating youth suicide prevention measures into the organization's workflow, as well as leveraging community partnerships to improve and deepen the impact.

Project Plans/Use of Funds (inclusive of application narrative). Project plans must include meaningful youth engagement in each stage of the program and must be grounded in evidence-based, promising and/or evidence-informed practices intended to reduce the risk of suicide among youth populations, reduce stigma, build resilience, and thrive. Plans must include a description of the direct services and planned activities, clearly linked to intended outcomes. A description of planned and/or existing partnerships to support program activities and advance collective impact on program goals also is required.

Required Activities Include:

1. Develop a communication plan to support dissemination and reinforcement of youth suicide prevention messages developed for the media campaign.
2. Participate in local and state-level evaluation efforts, including the development of an evaluation plan, collection and sharing of data, and additional measures as needed for program monitoring and evaluation.
3. Support youth engagement in the planning, development, consumer testing, and dissemination of media campaign suicide prevention messaging and tools.
4. Promote population-specific help-seeking behaviors at the local level (e.g., raising youth awareness of the 988 Suicide and Crisis Prevention Lifeline services, The Trevor Project and warmlines).
5. Participate in a community of practice led by The Center to support funded projects in the implementation of culturally responsive, community-level, evidence-based suicide prevention strategies.
6. Maintain mental health referral pathways with the ability to navigate youth to acute suicide prevention resources, including appropriate mental health services and medical care, where appropriate.
7. Implement one or more activities listed under “Additional Suicide Prevention Activities” on page 11, or use an alternative evidence-based suicide prevention strategy that is tailored to meet the needs of the community. If an alternative evidence-based suicide prevention strategy is proposed, please identify.

Additional Criteria Include:

- The applicant’s approach is guided by principles of equity that recognize the need to strive for health and racial equity in program activities and outcomes.
- Culturally responsive and linguistically appropriate activities.
- An intersectional approach to health equity through efforts to address suicide risk and protective factors.
- A comprehensive youth engagement plan that includes options for virtual engagement.
- Prevention and education that is tailored and utilizes a stigma-reducing approach.
- Clear and demonstrated screening and referral pathways with the ability to navigate youth to a higher level of substance use prevention care or mental health care, if needed.

Project Outcomes and Evaluation

The application must specify intended project outcomes, which will then be used in the development of an evaluation plan (one of the required major activities). Although not required within the application, applicants should ensure they have the capacity to appropriately document, monitor or evaluate each major activity and associated outcome(s) they select at this stage.

Budget and Budget Narrative

Applicants must submit a detailed cost budget that adheres to funding guidelines and is clearly linked to the proposed activities. The Project Budget review criteria include, but are not limited to:

- Consistent with the proposed project plan (includes youth stipends or incentives, appropriate staffing levels, other likely costs)
- Includes travel costs for in-person convenings at the rates identified by the [California Department of Human Resources](#)
- Has an indirect cost of no more than 20% of the direct costs

Additional Requirements

Applications must:

- Have executive support for the proposed project, as evidenced by a signed letter of support from the senior administrator demonstrating a willingness to commit staff time and resources to add new activities.
- Affirm the applicant's ability to submit quarterly data and financial progress reports on a specific set of measures.
- Affirm participation at two in-person convenings. Travel costs to attend the convenings are the responsibility of the funded organization and may be included in the proposed budget. For budgeting purposes, please use Sacramento as the location for travel costs (subject to change). Organizations may bring teams of two to four staff and/or collaborative partners.

If The Center determines that in-person convenings are not allowed due to COVID-19 and public health guidance, funded partners can modify their budgets to reallocate travel costs to other programmatic line items.

In addition to the above criteria, factors that inform the final slate of funded partners include demographic diversity, underserved youth population, geographic coverage, and programmatic approaches. The California Department of Public Health holds final decision-making authority in selecting funded projects.

Application Appeal Process

An application appeal process is not available for this funding opportunity.

APPLICATION TIMELINE

At The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funder requirements.

APPLICATION DEADLINE:

1 p.m. Pacific Time on June 6, 2023

REVIEW OF APPLICATIONS:

June 7, 2023 – June 27, 2023

APPROXIMATE AWARD ANNOUNCEMENT:

Week of July 24

APPROXIMATE DATE AWARD AGREEMENTS ISSUED:

August 16

NOTE: All funding will be backdated to July 17, 2023, even if award agreements are signed after July 24, 2023.

To be considered, organizations must submit applications online by **1 p.m. Pacific Time** on the deadline date of **June 6, 2023**.

Proposals received after the due date and time will not be reviewed. Submission before the deadline date is highly advised in case you experience technical difficulties with submitting your application through the portal. Responses to your requests for help may not be possible on the deadline date.

PROPOSERS' WEBINARS

Two proposers' webinars are scheduled to review this Youth Suicide Prevention Media and Outreach Campaign funding opportunity and the application process and to answer questions. Participation in a webinar is strongly recommended. The content of each webinar will be repeated and the same. Please review the application materials prior to registering for a webinar. Additionally, office hours will be hosted to provide additional support for the application.

RFA Review Webinars

Thursday, May 18, 2023

2 p.m. to 3:30 p.m.

[Register on Zoom](#)

Friday, May 26, 2023

10 a.m. to 11:30 a.m.

[Register on Zoom](#)

Office Hours

Wednesday, May 31, 2023

3 p.m. to 4 p.m.

[Register on Zoom](#)

Friday, June 2, 2023

10 a.m. to 11 a.m.

[Register on Zoom](#)

Note: A confirmation e-mail with the link to join the webinar will be sent immediately after registration. If you do not receive it, please check your spam/junk folder.

IMPORTANT APPLICATION GUIDELINES

To help us process your application, please follow these submission guidelines:

- Submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1 p.m. Pacific Time on June 6, 2023.
- Submit the application via [The Center's online portal](#). You will use the link that you will receive via e-mail to continue working on your saved application.
- When working on your application in the portal, use Microsoft Edge, formerly known as Internet Explorer, as the browser when working on a PC, and Safari as the browser when working on a Mac.
- Respond to all required fields (marked with an *).
- Upload all attachments listed under "Application Checklist" below.
- On the portal, you may click "Save & Finish Later." You will receive an e-mail with a link to return to your in-progress application.
- Click "Save & Finish Later" any time you will not be working on your application for a few minutes.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at yspp@shfcenter.org with the subject line: Application Online Help.

**Send questions and inquiries related to this funding opportunity
to yspp@shfcenter.org with the subject line:
Youth Suicide Prevention Program RFA Question**

APPLICATION CHECKLIST

- Initiate the funding application on [The Center's online portal](#).
- Required Application Attachments**
 - Proposed budget completed with The Center's Proposed Budget Template (template available in the online portal)
 - Proposed budget justification in Proposed Budget Template
 - Applicant organization's W-9
 - Support letter signed by the applicant organization's administrator/executive

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered. If you are unable to submit your application online or need help, please contact us at yspp@shfcenter.org with the subject line: Application Online Help.

APPLICATION FOR REFERENCE ONLY

SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL

If you are unable to submit your application online or need help, please contact us at yspp@shfcenter.org with the subject line: Application Online Help.

APPLICANT ORGANIZATION INFO

Organization name:

Is this organization a fiscal sponsor?

Name of fiscally sponsored project, if applicable:

Address:

County:

Phone:

Website/URL (optional):

Director/CEO Contact Name:

Director/CEO Contact Title:

Director E-mail address:

Director phone:

Application Contact:

Application Contact E-mail Address:

Application Contact Phone:

Applicant Organization Tax ID #:

Organization Status – Organization has 501(c)(3) nonprofit status with the IRS.

Circle One: Yes No Unsure

What is the applicant organization's annual budget amount?

Does the applicant organization have an annual financial audit? Circle One: Yes No

PROJECT INFORMATION

Project Name (20 words maximum):

Brief Summary and Purpose of Project (100 words maximum) beginning with "To...":

Amount Requested: \$_____ (maximum \$500,000 over two years)

Start Date: July 17, 2023

End Date: June 30, 2025

Project Geography

For the county or counties that the organization benefits, indicate your best estimate of the percentage of the project work that would take place there (best estimate). (Total must add up to 100.)

| | | | |
|--------------|-------------|-----------------|------------|
| Alameda | Kings | Placer | Sierra |
| Alpine | Lake | Plumas | Siskiyou |
| Amador | Lassen | Riverside | Solano |
| Butte | Los Angeles | Sacramento | Sonoma |
| Calaveras | Madera | San Benito | Stanislaus |
| Colusa | Marin | San Bernardino | Sutter |
| Contra Costa | Mariposa | San Diego | Sierra |
| Del Norte | Mendocino | San Francisco | Siskiyou |
| El Dorado | Merced | San Joaquin | Solano |
| Fresno | Modoc | San Luis Obispo | Sonoma |
| Glenn | Mono | San Mateo | Stanislaus |
| Humboldt | Monterey | Santa Barbara | Sutter |
| Imperial | Napa | Santa Clara | Tehama |
| Inyo | Nevada | Santa Cruz | Tuolumne |
| Kern | Orange | Shasta | Trinity |
| | | | Tulare |
| | | | Ventura |
| | | | Yolo |
| | | | Yuba |

Census region(s) in which proposed activities will be conducted: _____

Urban/Rural

Indicate whether the proposed project benefits people living in an urban or rural area, or both.

Region where services will be implemented (see definition in RFA):

- Urban
- Rural
- Both Urban and Rural

1. Organization Description. Provide a brief overview of your organization (the entity that is carrying out the project) including: a) when it was established, b) its mission c) whom you serve, d) types of programs you operate and e) geographic area the organization provides services currently. If applying as a coalition, information about the coalition should be provided. (200 words maximum)

2. Intended Participants. Within the table below, select the youth population(s) of focus and intersectional identities (if applicable) the Applicant intends to serve. At least one main youth population of focus must be selected; applicants may select more than one, however no preference will be given for the selection of multiple populations. For each population, select the applicable rationale supporting your selection.

| Priority Population: (Select one or more) | Rationale: (Select all that apply) |
|--|--|
| <input type="checkbox"/> Black/AA Youth <input type="checkbox"/> Latina/Latino Youth <input type="checkbox"/> American Indian/Alaskan Native (AI/AN) Youth | <input type="checkbox"/> Agency has a history of serving this population. (Required) <input type="checkbox"/> The geographic area served by the Applicant has a high proportion of youth within the selected priority population. |

| | |
|--|---|
| | <input type="checkbox"/> Suicide risk for the priority population(s) selected may be increased due to various intersectional identities. The agency has <i>existing programs</i> that serve individuals from the priority population who also identify as one or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Youth with mental health conditions and/or substance use issues <input type="checkbox"/> Youth in the foster care system <input type="checkbox"/> LGBTQ+ Youth |
|--|---|

* 15% of funds reserved for federally designated rural counties

3. Age Group(s) All projects must serve youth 0-25 years old. Within the priority population(s) selected above, provide your best estimate of the percentage you intended to serve in each age group. (Total must add up to 100.)

Under 5 ____% 5-9 ____% 10-14 ____% 15-19 ____% 20-25 ____%

4. Statement of Need. Describe the need, challenge, or issue the project will address for the population(s) selected above. If available, include relevant data from secondary sources (such as the Census) and/or primary sources (such as town halls or focus groups). If applicable, also include a statement on the intersectional identities that may put the identified population at greater risk for suicide. The strategy and approach of the program should fill the need identified in this section. (200 word maximum)

5. Track Record with Proposed Focus Population. Describe your organization’s experience providing culturally and linguistically appropriate services to the youth to be served and their families. Briefly describe 1-3 examples of your work with youth and their families. (200 word maximum)

6. Strategy & Approach. Use the checklist below to identify the proposed strategy and approach that will be used to guide the project.

Approach (Select One or More)

Create Protective Environments

- Lethal Means Restriction
- Create healthy organizational policies and culture

Promote Healthy Connections to Social Networks

- Promote healthy peer norms
- Engage community members in shared activities

Teach Resilience, Coping and Problem-Solving Skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs

Identify and Support People at Risk

- Train youth gatekeepers
- Increase Screening and Referral
- Plan for safety and follow-up after an attempt

- Provide therapeutic approaches
- Other _____

Lessen Harms and Prevent Future Risk

- Emergency Department Interventions
- Intervene after a suicide (postvention)
- Report and message about suicide safely
- Treatment Interventions

7. Project Activities. The table below includes both required and additional (must select at least one) activities. For each activity you plan to implement, note whether you intend to engage youth and, where applicable, provide a brief description of what planned youth engagement will look like. Then select/identify intended outcomes associated with each activity. For additional (must select at least one) activities only, provide a brief description of the plan for any additional activities you intend to implement, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

| Required Major Activities | |
|---|---|
| <p>1. Develop and implement a communication plan to support dissemination and reinforcement of youth suicide prevention messages developed by the Media Campaign. <i>Relevant training and technical assistance will be provided to all grantees.</i></p> <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> | <p>Intended Outcome(s)</p> <ul style="list-style-type: none"> ✓ Reach intended audience(s) of tailored suicide-prevention messaging. ✓ Increase trust in and awareness of media campaign messaging. <input type="checkbox"/> Other (please describe): _____ |
| <p>2. Support youth engagement in the planning, development, consumer testing and dissemination of media campaign suicide prevention messaging and tools.</p> <p>Will youth engagement be resourced with stipends, honoraria, and/or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Intended Outcome(s)</p> <ul style="list-style-type: none"> ✓ Increase confidence and skillset of youth involved in program efforts. ✓ Increase trust in and awareness of media campaign messaging. <input type="checkbox"/> Other (please describe): _____ |
| <p>3. Participate in a Community of Practice led by The Center, to support funded projects in the implementation of culturally responsive, community-level, evidence-based suicide prevention strategies.</p> <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> | <p>Intended Outcome(s)</p> <ul style="list-style-type: none"> ✓ Increase grantees' skillset related to evidence-based youth suicide prevention strategies, external communications, and program evaluation. <input type="checkbox"/> Other (please describe): _____ |
| <p>4. Promote population-specific help-seeking behavior (e.g., raising youth awareness of the 988 Suicide</p> | <p>Intended Outcome(s)</p> |

| | |
|--|--|
| <p>and Crisis Prevention Lifeline services, The Trevor Project, and warmlines).</p> <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> | <p>✓ Increased youth utilization of the support services promoted by grantees.</p> <p><input type="checkbox"/> Other (please describe): _____</p> |
| <p>5. Participate in local and state-level evaluation efforts, including but not limited to the development of an evaluation plan, collection and sharing of data, and additional measures as needed for program monitoring and evaluation. <i>Relevant training and technical assistance will be provided to all grantees.</i></p> <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> | <p>Intended Outcome(s)</p> <p>✓ Measure progress toward intended project outcomes.</p> <p>✓ Identify promising practices in suicide prevention for specific high-risk populations.</p> <p>✓ Identify barriers to implementation of suicide prevention activities within specific high-risk populations.</p> <p><input type="checkbox"/> Other (please describe): _____</p> |
| <p>6. Maintain mental health referral pathways with the ability to navigate youth to acute suicide prevention resources, including appropriate mental health services and medical care, where appropriate.</p> <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> | <p>Intended Outcome(s)</p> <p>✓ Improve grantee’s ability to support youth experiencing crisis, trauma, severe mental health challenges, suicidal ideation and/or other acute conditions that increase risk of suicide.</p> <p><input type="checkbox"/> Other (please describe): _____</p> |
| <p>7. Implementation of one or more additional activities listed below, or use of an alternative evidence-based suicide prevention activity that is tailored to meet the needs of the community. (select/describe at least one applicable activity below)</p> | |
| <p>Additional Activities (Select one or more)</p> | |
| <p><input type="checkbox"/> Provide resources and education that address the importance of reducing access to lethal means, such as safe storage of medication and firearms.</p> <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Intended Outcomes</p> <p><input type="checkbox"/> Reduction in youth self-harm behavior</p> <p><input type="checkbox"/> Reduction in unintentional injury</p> <p><input type="checkbox"/> Reduction in stigma associated mental health concerns</p> <p><input type="checkbox"/> Reduction in the number of youth suicide attempts</p> <p><input type="checkbox"/> Reduction in the number of youth suicides</p> <p><input type="checkbox"/> Other (please describe): _____</p> |

If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)

Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

Create organizational policies and culture that prioritize protective factors, promote pro-social behavior, and provide access to mental health assessments and referrals.

Intended Outcomes

- Increase in help-seeking behavior
- Reduction in youth self-harm
- Reduction in stigma associated mental health concerns
- Reduction in the number of youth suicide attempts
- Other (please describe): _____

Youth engagement is planned for this activity? Yes | No

If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)

Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

Engage youth in the identification, practice, and promotion of healthy peer-norms, which may include implementing innovative strategies that utilize technology in youth peer support and/or peer mentoring.

Intended Outcomes

- Increase in support for help-seeking
- Increase in healthy coping attitudes and behaviors
- Increase in self-efficacy related to talking about mental health issues with people experiencing them
- Reduction in youth self-harm behavior
- Reduction in stigma associated mental health concerns
- Other (please describe): _____

Youth engagement is planned for this activity? Yes | No

If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)

Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

Teach coping and problem-solving skills through social-emotional learning programs.

Intended Outcomes

- Increase in healthy coping attitudes and behaviors
- Increase in skills related to de-escalation, conflict management, problem-solving
- Reduction in youth self-harm behavior
- Reduction in psychological distress
- Reduction in feelings of depression, stress, and/or being overwhelmed
- Other (please describe): _____

Youth engagement is planned for this activity? Yes | No

If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)

Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

Train youth gatekeepers to identify and support peers at risk.

Intended Outcomes

- Increase in skills related to de-escalation, conflict management, problem-solving
- Increased help-seeking and support for help-seeking
- Increase in self-efficacy related to talking about mental health issues with people who are experiencing them
- Reduction in youth self-harm behavior
- Reduction in stigma associated mental health concerns
- Reduction in the number of youth suicide attempts
- Other (please describe): _____

Youth engagement is planned for this activity? Yes | No

If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)

Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

Youth-led project focused on identifying and implementing stigma-reduction and support strategies for peers.

Intended Outcomes

- Reduction in stigma associated mental health concerns
- Reduction in psychological distress
- Increased help-seeking behavior
- Increased support for help-seeking;
- Increase in healthy coping attitudes and behaviors;
- Other (please describe): _____

Youth engagement is planned for this activity? Yes | No

If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)

Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)

School-based initiatives, such as the establishment of a youth-led, cross-cultural coalition to address safe-suicide messaging among youth and/or identify potential school-based prevention/support programs or policy changes.

Intended Outcomes

- Reduction in stigma associated mental health concerns
- Reduction in psychological distress
- Reduction in conduct problems
- Increased help-seeking behavior
- Increased support for help-seeking;
- Increase in healthy coping attitudes and behaviors;
- Other (please describe): _____

| | |
|---|---|
| <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> <p>Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)</p> | |
| <p><input type="checkbox"/> Other Evidence-Based Activity (please describe and provide source for evidence base):</p> | <p>Intended Outcomes (Please describe)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> |
| <p>Youth engagement is planned for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a description of planned engagement, including the specific role(s) of youth: (200 words maximum)</p> <p>Brief description of the plan for this activity, including any curriculum, evidence-based approach, or other resources needed to carry out your proposed project, and the timeline. (200 words maximum)</p> | |

9. **Track Record with Proposed Project Activities.** State whether the proposed activities are new to your organization or an expansion of or supplement to existing activities. Describe your organization’s experience with the kind of work proposed in this application, including experience running programs that are designed to support media/communication efforts in addition to service delivery. Briefly describe 1-3 examples of successes your organization has had implementing similar work. (300 word maximum)
10. **Partnerships.** Describe partnerships that are already in place or will be established to support to support local suicide prevention activities and advance collective impact. Consider local coalitions, support groups, mental health service providers and CBOs, health department and/or behavioral health programs aligned with this project. (200 word maximum)
11. **Organizational Capacity.** Describe the qualifications of the project leaders and key staff on the project. Explain how these staff members will carry out the activities identified above and support the evaluation and/or reporting requirements of this funding opportunity. If additional staff is needed, please tell us the positions that will need to be hired (200 words maximum)
12. **Technical Assistance.** To help us plan a technical assistance strategy, please tell us what technical assistance your organization would benefit from in implementing this project? (Your response to this question is not considered in decisions about funding.) (150 words maximum)

ATTACHMENTS

- Proposed two-year Project Budget and Justification (required) – Download The Center’s budget form in the Attachments tab of the online application form, fill it in and upload it. Be sure to complete a budget for each year. Each budget will roll up to the total budget spreadsheet.
- Applicant organization’s W-9 (required).
- Support letter signed by the applicant organization’s executive, or if you are applying as a coalition, support letter signed by each coalition member stating their role in the project and signed by that organization’s executive (required).

APPENDIX A – INSURANCE REQUIREMENTS

All evidence of required insurance coverage must be submitted to The Center prior to the release of payment. Awarded organizations will receive an e-mail from “The Center@Sierra Health Foundation” via TrustLayer requesting the same insurance documents as indicated below. A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the “Additional Requirements” section for exact instructions and specific language that must be included.

Commercial General Liability

- Each Occurrence must be greater or equal to \$1,000,000
 - o Coverage Trigger: Occurrence must be present
 - o Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent
- General Aggregate must be greater or equal to \$2,000,000
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000
- Personal and Advertising Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present
 - o With Completed Operations language
 - o Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent

Automobile Liability

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000
- Coverage Applies to: Owned Autos Only must be present
- Coverage Applies to: Hired Autos Only must be present
- Coverage Applies to: Non-Owned Autos Only must be present
- Additional Insured Endorsement must be present
 - o Using ISO form CA 2048 or equivalent

Worker’s Compensation and Employer’s Liability

- Statutory Limits must be present
- Employer’s Liability Each Accident must be greater or equal to \$1,000,000
- Employer’s Liability Disease – each employee must be greater or equal to \$1,000,000
- Employer’s Liability Disease – policy limit must be greater or equal to \$1,000,000
- Waiver of Subrogation Endorsement must be present

Professional Liability

- Each Claim must be greater or equal to \$1,000,000

- Aggregate must be greater or equal to \$2,000,000

Improper Sexual Contact and Physical Abuse Insurance

- Coverage must be greater or equal to \$1,000,000

Cyber Liability

- Claims made Coverage must be greater or equal to \$1,000,000

Additional Requirements

- Certificate Holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. Agreement number 21-10157 must be present.