Request for Applications (RFA) #25-10360
Native Youth Suicide Prevention

September 2025

California Department of Public Health
Injury and Violence Prevention Branch
Office of Suicide Prevention

Contents

Part I. Funding Opportunity Description

A. Purpose

The California Department of Public Health (CDPH), Injury and Violence Prevention Branch, Office of Suicide Prevention is seeking applications from Tribal entities to implement and evaluate community-level strategies for Native youth suicide prevention. The purpose of this funding is to support suicide and self-harm prevention efforts among California's Native youth, through age 25. The focus of this Request for Applications (RFA) is fostering evidence-informed youth suicide prevention efforts through culturally anchored strategies that reflect the values, practices, histories, trauma, lived experiences, and unique political status of Native and Tribal communities.

For this RFA, applicants are required to demonstrate how they will 1) implement and evaluate evidence-informed, culturally relevant Native youth suicide prevention activities; 2) engage Native youth in project development, implementation, and evaluation; and 3) integrate suicide prevention messaging, including promotion of 988 and other relevant hotline/warmline resources, into existing community structures (i.e. physical structures such as resource centers and youth-serving programs, and/or program procedures/operations).

During the three-year grant term, grantees will be required to implement three program components (one core and two supplementary) that include suicide prevention activities:

Component 1) Implement at least one core youth suicide prevention activity/project/program that is community-based and culturally relevant, utilizing one or more of the following approaches:

- Increase protective factors through activities that build cultural and community connectedness and social support for Native youth
- Provide culturally-relevant suicide prevention training for Native youth
- Promote lethal means safety to minimize risk for Native youth suicide and self-harm behavior

Component 2) Develop and/or revise a community postvention plan for responding to suicides to promote community healing and reduce the possibility of contagion (i.e., suicides following and connected to an initial suicide). The protocols should reflect the traditions and culture of the tribe, Tribal organization, or consortia of tribes or Tribal organizations involved in project implementation.

Component 3) Implement and/or update suicide prevention communication activities serving youth and their adult caregivers (e.g., parents, grandparents, Tribal elders), including the promotion of 988 and other relevant

hotline/warmlines services. Communication strategies should serve to increase awareness of youth suicide prevention supports and decrease stigma associated with help-seeking behavior.

Program component 4, Native Youth Engagement, is also required, but no specific program *activities* are required for this component. It is included to ensure ample engagement of youth, individuals with lived experience, and if possible, Tribal elders.

This RFA is intended to fund projects that are evidence-informed and developed by and for American Indian and Alaska Native (AIAN) populations; i.e. combine evidence-based strategies for suicide prevention with program design that meets specific local needs and embraces holistic indigenous models of health and the concept of Culture as Wellness. An Evidence-based Practice (EBP) refers to approaches that are formally validated by some form of documented research evidence. Evidence-*informed* practices combine EBPs with cultural and community expertise and integrate the experiences of people with lived experience, community defined evidence, and indigenous ways of knowing. When planning Native youth suicide prevention efforts in response to this RFA, ensure that activities are:

- Grounded in a thorough understanding of local strengths/assets and challenges/needs
- Inclusive of culturally relevant risk and protective factors for suicide
- Guided by research-based theories (e.g., behavior change theories) and the voices of the community
- Draw from research on related programs and their effectiveness (i.e., EBPs and Community-Defined Evidence Practices (CDEPs) implemented in Tribal communities)

Consider the following resources to identify the evidence base for planned project activities:

- Centers for Disease Control and Prevention (CDC) Suicide Prevention Resource for Action
- Suicide Prevention Resource Center Best Practices Registry – This resource includes Community-Defined Evidence Based Practices.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices Resource Center on Suicide
- SAMHSA Native Connections – Culture is Prevention
- Native Vision: A Focus on Improving Behavioral Health and Wellness for California Native Americans

Additionally, CDPH strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) smoke-free and product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to Tribal traditions and practices).

The Department has authority to grant funds for the Project under Health and Safety Code § 131085. The purpose of the Grant is to implement and evaluate community strategies to prevent self-harm attempts and suicides among Native youth through age 25 in California.

B. Background

❖ Suicide Prevention as a Public Health Issue

Suicide and self-harm are major preventable public health challenges in California that can have both immediate and long-term emotional and economic impacts on individuals, families, and entire communities. Suicide, a self-directed form of violence, is the second-leading cause of injury related death among all Californians, and self-harm is the 3rd leading cause of injury-related emergency department visits. Deaths due to suicide leave a tragic loss for decedents' families and society at large. Thoughts of suicide affect people from all walks of life, but the risk of suicide is especially high among American Indian and Alaska Native youth, older adults (particularly older adults who are White and male), Veterans, and LGBTQ+ individuals, among others.

A comprehensive public health approach to suicide prevention includes a range of population-based strategies to address the many factors impacting suicide and self-harm behavior at the individual, relationship, community, and societal levels. This includes prevention efforts to address risk and protective factors (for all members of the population, often with a focus on disproportionately impacted groups), specific supports for those at risk, postvention supports (after a death has occurred), and evidence-informed communication and messaging efforts. Effective prevention efforts also require significant coordination and collaboration across sectors and community partners, since mental health and suicidality are influenced by a wide range of determinants across the lifespan.

The 2024 National Strategy for Suicide Prevention helps provide a roadmap for tackling this ongoing public health issue, and includes evidence-based community-level suicide prevention strategies. Additional research and examples of effective policies, programs, and practices, can be found within the CDC's Suicide Prevention Resource for Action.

The National Strategy also highlights the importance of *Health Equity in Suicide Prevention (Strategic Direction 4*), including:

- Goal 13: Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.
- Goal 14: Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of the communities they serve.

This funding opportunity is specifically designed to work towards these goals and promote health equity by: a) working to address the needs of a disproportionately impacted population; b) supporting youth suicide prevention work within Tribal entities led and staffed by Native and Tribal communities; c) reinforcing the importance of program design that is community-led and driven by the input of those it intends to serve, including youth and people with lived experience, and c) requiring prevention strategies that specifically foster and celebrate the strength of Native and Tribal people and culture.

❖ Youth Suicide and Self-Harm Data

In 2022, California experienced:

- 4,277 deaths by suicide and of those, 489 were youth (ages 10-24). Rates of suicide vary greatly across the state with some counties, particularly rural areas, experiencing rates more than twice the statewide level. Suicide deaths due to firearms increased from 2021 to 2022, especially among adults (ages 45-64) and for individuals who are Asian, Black, White, or who are multiracial.
- 33,506 non-fatal self-harm related emergency department visits among California residents in 2022 and 18,953 of those visits were among California youth (ages 10-24).

Using aggregate data from 2017 to 2022, the suicide rate among American Indians/Native Alaskans was higher than the state average suicide rate and was the second highest of all race and ethnicity groups. This high rate of suicide is especially prevalent in youth who are American Indian/Alaska Native. From the time-period of 2017-2019 to 2020-2022, the average age of American Indian/Alaska Native suicide decedents has decreased, with the highest rates for those aged 20-24, followed by those that are aged 25-44.

American Indian/Alaska Native California youth were more than three times as likely to die by suicide with a firearm or suicide by suffocation than other California youth. This disparity is alarming and also provides important information about possible mechanisms that may work to lower the disparities (e.g., through increasing awareness and limiting access to lethal means such as firearms).

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Suicide Prevention Strategies for Underserved Youth (2024) recognizes that "youth who have multiple marginalized social identities (for example, both a racial or ethnic minority and a sexual or gender minority, or a disability and racial or ethnic minority) may experience compounded forms of oppression that can exacerbate their challenges in accessing mental health services.

Racism, sexism, homophobia, and other types of oppression create structural barriers and inequities that can intensify feelings of alienation, hopelessness, and despair and make youth with intersectional identities especially vulnerable to suicidal thoughts and behaviors." Applicants are strongly encouraged to consider intersectionality, i.e., the needs of youth with intersecting identities, such as two-spirit/LGBTQ+ Native youth, in their program design.

❖ CDPH Office of Suicide Prevention

CDPH is dedicated to preventing injury and violence using a public health approach, including effective, evidence-informed strategies. The CDPH Injury and Violence Prevention Branch (IVPB) is the focal point for CDPH injury prevention efforts, both epidemiological investigations and implementation of prevention programs to reduce intentional and unintentional injuries. Prevention efforts include epidemiological surveillance, planning and consensus building, interventions, policy development, professional education and training, and public information.

In January 2021, Assembly Bill (AB) 2112 (Chapter 142, Statutes of 2020) was signed into law, allowing CDPH IVPB to establish the Office of Suicide Prevention (OSP). The OSP serves as the designated state entity responsible for coordinating and aligning statewide suicide prevention efforts and resources through planning and collaboration across diverse partners and systems.

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. OSP activities include:

- Providing information and technical assistance regarding best practices on suicide prevention policies and programs.
- Focusing on groups disproportionally affected by suicide, including youth, older adults, veterans and LGBTQ+ individuals.
- Monitoring/tracking and dissemination of data to inform suicide prevention efforts at the state and local levels.
- Reporting on progress to reduce rates of suicide.

❖ OSP Strategic Priorities

The OSP currently has four strategic priority areas, reflected below. Strategic priorities are in alignment with the National Strategy for Suicide Prevention, the CDC Suicide Prevention Resource for Action, and best practices in population-based suicide prevention.

1. **Communications:** Communications to reduce stigma and promote suicide prevention strategies through effective public health communications.
2. **Safe and Protective Environments:** Promotion of lethal means safety, resiliency, and connectedness to minimize risk for self-harm behavior and suicidal behavior.
3. **Crisis Response and Postvention:** Fostering local level crisis response and postvention support systems to respond to suicide attempts and deaths rapidly and comprehensively.
4. **Continuing Education & Training:** Promotion of workforce and community suicide prevention training.

C. Eligibility Criteria

1. Eligible Organizations

- California public or private non-profit organizations serving and led by American Indian/Alaska Native communities (i.e. a majority of the service population and Board of Directors or staff leadership are American Indian/Alaskan Native), with a permanent business in California or are qualified through the Secretary of State to do business in California, are eligible to apply for these funds. This includes but is not limited to Tribal Health Programs and Urban Indian Organizations.
- Tribal consortia based in California are eligible to apply for these funds. A Tribal consortium is defined as a non-profit partnership that works together to achieve a common objective and is authorized by the governing bodies of those tribes to apply for and receive assistance. A Tribal consortium may consist of at least two (2) Tribes. If a consortium application is submitted, the lead organization must be the Applicant that will serve as the administrative hub.
- Tribal Governments are eligible to apply for these funds. This includes federally recognized Tribes located in California and non-federally recognized Tribes located in California with an established government structure (e.g. board of directors with bylaws).

Applicants claiming private non-profit status must submit proof of their non-profit status with their Application. Certification must be from the State of California, Office of Secretary of State, or a letter from the Department of Treasury, Internal Revenue Service (IRS), classifying the agency as a non-profit agency. For example, see **Appendix 1:** *Sample Non-Profit Status Letter*.

- Local Lead Agencies, local health departments, colleges and universities, county offices of education, school districts, and State of California and federal government agencies are not eligible to apply.
- Fiscal sponsorships are not permitted.

2. Minimum Requirements

Organizational readiness and fit for the selected prevention approach is critical for project success. Successful applications will demonstrate:

a) A history of service to Native youth and ongoing youth engagement in programs or services related to suicide prevention, mental health, social-emotional support systems and/or youth leadership.

b) Cultural responsiveness, with staff and organizational leadership who reflect the racial, ethnic, and cultural community they intend to serve.

c) Capacity to develop, support, or expand culturally and linguistically appropriate suicide prevention strategies and messaging that are trauma-informed and specifically designed to meet the needs of Native youth and caregivers.

d) Capacity to document program activities and collect and report data on progress toward outcomes.

D. Funding Guidelines

1. Funding Availability

CDPH expects to award up to three (3) applicants a total of $160,000 per year for a period of three (3) years, totaling $1,440,000 for this RFA, contingent on the availability of funds. The final number of awardees to be funded will be based on the total funding available and the number of applications that meet the minimum requirements. Once agencies have been selected through the RFA scoring process, CDPH will award funds to the highest scores with geographic area considerations until the total funding is reached.

CDPH has established the following annual funding amounts:

Year	Budget Period *Estimated Dates*	Maximum Funding Amount Per Grantee
1	July 1, 2026 – June 30, 2027	$160,000
2	July 1, 2027 – June 30, 2028	$160,000
3	July 1, 2028 – June 30, 2029	$160,000

Note: Year 1 dates are estimates; the actual start date will be dependent on contract approval.

CDPH does not have the authority to disburse funds until the grant between CDPH and an applicant is fully executed. If full funding is not available, or the total available funding is reduced, CDPH will either cancel the resulting agreement or amend it to reflect reduced funding and reduced activities. If changes are required by legislation, court action, or other administrative action affecting CDPH, the grants, as applicable, will be amended or terminated accordingly to comply with these actions.

CDPH reserves the right to extend or shorten the term and increase or decrease the funding amount of the resulting agreement via an amendment. Grant extensions are subject to satisfactory performance and funding availability. This agreement will reimburse expenses incurred in arrears only.

2. Funding Restrictions

This RFA will not fund the following:

- Activities that supplant or duplicate existing programs or services funded by CDPH or another source
- Purchase or improvement of land, or building alterations, renovations, or construction
- Fundraising activities
- Lobbying or election-related activities

- Reimbursement of costs incurred prior to the effective date of the agreement
- Reimbursement of professional licensure
- The purchase of meals or refreshments served at meetings, workshops, training sessions, etc. and/or conducted by grantees or subgrantees
- SWAG (Stuff We All Get)/promotional items defined as "gifts" or "giveaway items" used to promote projects (such as mugs, cups, lapel or stickpins, pens or pencils, clothing, and key chains) are also not allowed
- Gift cards over $50.00 per participant, per year for incentives (See Appendix 2, Incentives and Stipends Memo)
- Religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing
- Reimbursement of costs that are not consistent or allowable according to local, state, or federal guidelines or regulations

E. Tentative RFA Time Schedule

Below is a tentative time schedule for this RFA process. CDPH reserves the right to amend dates at any time during this process. It is the Applicant's responsibility to check for notices and addenda for this RFA via the Office of Suicide Prevention Website throughout the RFA process.

EVENT	DATE*	TIME (PDT)
RFA Release Date	09/22/2025	12:00 p.m.
Voluntary - RFA Informational Webinar	10/03/2025	2:00 p.m.
Voluntary - RFA Questions Due	10/10/2025	5:00 p.m.
Post Frequently Asked Questions (FAQ)	10/20/2025	5:00 p.m.
Mandatory Non-Binding Letter of Intent	10/24/2025	5:00 p.m.
Application Due Date	11/21/2025	5:00 p.m.
Notice of Intent to Award Posted (Estimate)	01/13/2026	1:00 p.m.
Notice of Intent to Appeal Letter Due	01/20/2026	5:00 p.m.
Final Announcement of Award	01/22/2026	n/a
Grant Start Date (Estimate)	07/01/2026	n/a

**CDPH/IVPB can revise dates and/or release an addendum at any time during the RFA process.*

***Final Awards cannot be made until all appeals have been resolved.*

F. Informational Webinar

A voluntary informational webinar has been scheduled to provide guidance related to the RFA requirements:

Date: October 3, 2025

Time: 2:00 p.m. – 3:00 p.m. PST

- **Zoom Registration Link**

Prospective applicants are encouraged to participate in the webinar. The purpose of the Informational Webinar is to provide interested parties with an opportunity to ask questions about the preparation and submission of the application. Technical assistance regarding programmatic content will not be available.

It is each prospective applicant's responsibility to join the webinar promptly at the time stated. CDPH reserves the right to not repeat information for participants that join the webinar after it has begun.

To the extent possible, questions asked during the webinar and those sent to osprfa@cdph.ca.gov by 5:00 pm PST on October 10, 2025 will be summarized and answered in a Frequently Asked Questions (FAQ) document, to be posted by October 20, 2025 on the CDPH OSP website. Spontaneous verbal remarks provided in response to questions are considered unofficial and do not hold binding authority for CDPH, unless later confirmed in writing. Please note that individual responses to inquiries will not be provided.

Part II. Program and Grant Requirements

A. Program Components

Grantees will be required to implement youth suicide prevention activities in three distinct areas (referred to as program components): core prevention effort, postvention planning, and communication efforts to increase awareness and decrease stigma. A fourth program component, Youth & Elder Engagement, is also included to help prioritize community involvement in all program areas. Activities in each area should be tailored to the needs and strengths of the community identified in the application, must be rooted in the culture of the population being served, and must include a youth engagement component.

❖ Program Component 1: Core Prevention Effort

Organizations must implement one core youth suicide prevention effort that seeks to reduce suicidal behavior before a crisis occurs, addressing underlying risk factors and promoting protective factors that may reduce suicide risk. Applicants must utilize one or more of the three evidence-based approaches below to focus and ground their work. Efforts within the selected approach(es) may include new programs, projects, or activities within the organization, or an expansion of existing programs, projects, or activities; the scale and scope of the effort should be tailored to community need and organizational capacity.

Core Prevention Effort, Approach A: Increase protective factors through strengths-based and culturally focused supports for Native youth.

While risk factors increase a person's risk for suicide, protective factors *lower* an individual's suicide risk or offset risk factors. Research on suicide attempts and deaths among Native youth indicates that increasing protective factors is key to effective prevention efforts and may be *more effective* at reducing the probability of suicide than decreasing risk factors.[1] Protective factors associated with positive health outcomes for Native youth [2] include but are not limited to:

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[1] Borowsky IW., et al. "Suicide attempts among American Indian and Alaska Native Youth: Risk and Protective Factors," *Archives of Pediatric and Adolescent Medicine* 153, no.6 (1999): 573-80. https://doi.org/10.1001/archpedi.153.6.573; Allen, J., et al. "Culturally grounded strategies for suicide and alcohol risk prevention delivered by rural Alaska Native communities" *American Journal of Community Psychology* 71 (2023): 184–197. https://doi.org/10.1002/ajcp.12621

[2] Henson M., et al. "Identifying Protective Factors to Promote Health in American Indian and Alaska Native Adolescents: A Literature Review" *Journal of Primary Prevention* 38, no. 2 (2017): 5-26. https://doi.org/10.1007/s10935-016-0455-2; "Risk and Protective Factors: American Indian and Alaska Native Populations" *Suicide Prevention Resource Center* online, 2013, https://sprc.org/wp-content/uploads/2023/01/Risk-and-Protective-Factors-AI_AN.pdf

- Connectedness to peers, community, and social institutions
- Familial connectedness and support
- Positive self-image/self-esteem
- A strong Tribal/spiritual bond or commitment to tribal cultural spirituality
- Strong ethnic/cultural identity
- Positive social norms (peer social support, parent prosocial norms)

Shared risk and protective factors are those associated with more than one health outcome. For example, community and cultural connection can act as protective factors to decrease risk for suicide, multiple other forms of violence, overdose, and the impacts of ACEs. A 2021 paper from The American Journal of Drug and Alcohol Abuse describes the ongoing opioid overdose epidemic in AI/AN communities at the national level as having a "syndemic" effect on the co-occurring suicide epidemic. That is, the two epidemics may be amplifying each other, and both outcomes are impacting AI/AN young people at rates higher than non-AI/AN groups.[3] Many of the protective factors for suicide listed above are also protective against substance use, including but not limited to spirituality, familial connectedness and support, healthy peer norms, positive social involvement and community connectedness. By addressing shared protective factors, the impact of prevention efforts can be magnified across multiple health outcome domains. For more information on shared risk and protective factors, visit the CDC Connecting the Dots tool.

Emphasis on protective factors is a strengths-based approach supported by research, has the potential for significant impact on multiple health outcomes, and represents the power of culture as prevention. When developing their plan for this approach, applicants should consider the key protective factors described above (and potentially others not described here), then prioritize the protective factors that most impact their specific community.

One tool that may help inform project development is Culture Forward, a strengths and culture-based tool intended to support communities working to protect Native youth from suicide. It was developed with input from Tribal leaders, Native youth, grassroots leaders, traditional healers, two-spirit leaders, Elders and Native military service members and veterans. Culture Forward, as well as community- and research-based evidence, reflect that traditional native cultural practices and events build connectedness, model positive social norms, personal wellness, and significantly contribute to additional protective factors for suicide. Activities within this approach might include native gardening,

[3] Ivanich, J. D., et al. "Suicide and the opioid overdose crisis among American Indian and Alaska Natives," *The American Journal of Drug and Alcohol Abuse* 47, no. 5 (2021): 527–534. https://doi.org/10.1080/00952990.2021.1955895

beading workshops, storytelling and talking circles, or a youth drum group, among many other cultural practices that not only impart technical skills, but strengthen cultural connections and foster a sense of community and support.

Applicants selecting Approach A, fostering protective factors, must describe:

- The strengths-based, culturally focused activities/project/program being proposed and how it will help to increase individual, familial, and/or community-level protective factors. Include which specific protective measures will be addressed.
- The youth population to be served, including age range, general demographic characteristics, and recruitment source (e.g., schools, existing programs).
- If applicable, the planned involvement of elders and/or caregivers, including the type of caregiver(s); e.g., parents, grandparents, spiritual leaders, coaches, or teachers.
- How selection of the activity was driven by voices of the community, including youth.

Core Prevention Effort, Approach B: Provide culturally-specific youth suicide prevention training for Native youth.

Several suicide prevention and mental health trainings have been shown to effectively reduce risk for self-harm and suicide attempts and/or increase protective factors for suicide among youth. If selecting this approach, suicide prevention does not need to be an explicit goal of the selected training, but training content must support and be consistent with that goal, such as improving overall mental health or family relationships, fostering positive peer norms, or improving conflict resolution, critical thinking, stress management and coping skills. Below are a number of trainings that meet these criteria. These are offered as examples only and do not reflect an endorsement by CDPH; applicants are not limited to this list.

- Sources of Strength is a peer-led, evidence-based suicide prevention program with curriculum for middle and high-school age students (students ages 12–17) and elementary-age students (grades K–6). The program trains students to be peer leaders and connects them with adult advisors, both at school and in the community. Sources of Strength has been implemented in a variety of settings, including Tribal communities and cultural community centers.
- Teen Connection Project (TCP) is an interactive program for high school students that focuses on creating positive peer environments and strengthening relationships to improve overall mental health.

- American Indian Life Skills is a high school curriculum designed as skills-based approach to suicide prevention. It addresses issues relevant to American Indian/Alaska Native youth while teaching communication, problem solving, depression and stress management, anger regulation, and goal setting.
- Connect trains professionals and community members to prevent and respond to suicide across the lifespan. The training can be customized to meet the needs of specific communities or organizations, and also includes youth leader and young adult training options.

In addition to providing suicide prevention training to Native youth, there are a number of ways to incorporate training into existing policies, procedures and programs that can also contribute to overall suicide prevention efforts. Adding one or more of these approaches is not required but may help strengthen youth suicide prevention training efforts by helping build a safe and supportive environment that uses shared language, understanding, and a commitment to suicide prevention. Consider:

- Standardize and require suicide prevention training for all organization or program staff
- Partner with local media outlets, public information officers, and staff involved in public communications to provide training or information on best practice guidelines for reporting on suicide and safe public messaging on suicide
- Incorporate suicide prevention awareness into existing trainings among community partners, such as in schools, parenting classes, with local firearm distributors, or health/mental health/substance use providers
    - This may include training first responders (formal or informal) and/or other personnel patrolling or monitoring the community
- Build capacity and sustainability for suicide prevention training across systems using a train-the-trainer model
- Provide training to caregivers to compliment and build upon youth training curriculum

Applicants selecting Approach B, youth suicide prevention training, must describe:

- The proposed training program(s)/curriculum(curricula). NOTE: Applicants may choose to select different curriculum after proposal submission if future research and/or community input drives the change.
    - In addition to the training itself, consider how the organization will continue to support youth by identifying trusted adults who

can help them with next steps if/when an at-risk peer is identified.

- Include a general description of the suicide prevention knowledge, awareness, and skills the training intends to address.

- How youth were involved in the selection of the training(s).
- The youth population to be served, including age range, general demographic characteristics, and recruitment source (e.g. schools, existing programs).
- If applicable, the planned involvement of elders and/or caregivers, including the type of caregiver(s); e.g., parents, grandparents, spiritual leaders, coaches, or teachers.
- Setting and frequency of the training and any supplementary activities or programs (including those not funded by CDPH) that will reinforce training goals.
    - Include information on planned booster sessions, if applicable, to practice and sustain knowledge and skills gained in the original session(s).
- Any additional training plans that do not include direct training of youth (e.g., training for staff, community groups, local media, etc.).

Core Prevention Effort, Approach C: Promote lethal means safety to minimize risk for suicide and self-harm behavior.

Lethal means refers to objects, substances, or places someone may use to take their life (e.g., medicines, firearms, bridges). Reducing access to lethal means, or lethal means safety, is a suicide prevention strategy with significant evidence of effectiveness across many populations.[4] The strategy involves making an attempt-method (i.e., means) less available or more difficult to access, such as locking up medications, pesticides, and firearms, or constructing barriers or limiting access to bridges, railroad tracks, or balconies. The period of heightened, acute suicidal crisis when *ideation* (thoughts of suicide) combine with *intent* (the decision to act) and *availability of lethal means* is often relatively short in duration, so putting time and distance between individuals in crisis and lethal means can allow time for the crisis to deescalate and/or allow time for

[4] Yip PS, et al. "Means Restriction for Suicide Prevention," *Lancet* 379, no. 9834 (2012): 2393-2399, https://doi.org/10.1016/S0140-6736(12)60521-2; "National Strategy for Suicide Prevention," U.S. Department of Health and Human Services, April 2024, https://www.hhs.gov/sites/default/files/national-strategy-suicide-prevention.pdf

outside intervention, ultimately saving lives.[5]

Evidence also suggests that when an individual's chosen highly lethal means (or method) is made less accessible or unavailable, they may forego the attempt altogether, and tend *not* to substitute with another method. When a substitute method is used, it is often less-lethal, therefore increasing the chance of survival.[6] Although evidence for this approach is strong, because lethal means safety is inherently intended to protect those in suicidal crisis (and means substitution is possible), consider pairing efforts in this area with other suicide prevention measures that work to prevent suicide before a crisis occurs. For additional resources on lethal means safety strategies and tools, visit:

- 2024 National Strategy for Suicide Prevention – Goal 3: Reduce Access to Lethal Means Among People at Risk
- Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders
- Means Safety: Striving to Keep a Loved One Safe from Suicide
- Harvard School of Public Health's Means Matter Campaign
- Suicide Prevention Resource Center: Reduce Access to Means of Suicide

Examples of activities within **Approach C** include (but are not limited to):

- Provide lethal means safety resources, such as locked medication bags, gun cable locks and DOJ-approved firearm lock-boxes to families, households with children, and youth service providers. Include crisis resource messaging and education materials such as:
    - 988 Stickers, flyers or magnets
    - CDPH Safe & Secure Storage Flyer
- Work directly with health, mental health, and substance use prevention providers who interact with youth to routinely assess for access to lethal means through lethal means restriction counseling, and/or the use of

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[5] Kattimani S, et al. "Duration of Suicide Process Among Suicide Attempters and Characteristics of Those Providing Window of Opportunity for Intervention," *Journal of Neurosciences in Rural Practice* 7, no. 4 (2016): 566-570, https://doi.org/10.1016/S0140-6736(12)60521-2; Deisenhammer EA, et al. "The duration of the suicidal process: how much time is left for intervention between consideration and accomplishment of a suicide attempt?" *Journal of Clinical Psychiatry* 70, no. 1 (2009):19-24. http://dx.doi.org/10.4088/JCP.07m03904

[6] Hawton, K. "Restricting Access to Methods of Suicide: Rationale and Evaluation of this Approach to Suicide Prevention," *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 28, no. 1 (2007): 4–9. https://doi.org/10.1027/0227-5910.28.S1.4; "Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders," *National Action Alliance for Suicide Prevention, Lethal Means Stakeholder Group, Education Development Center*, 2020, https://theactionalliance.org/sites/default/files/lethal_means_and_suicide_prevention-a_guide_for_community_and_industry_leaders_final_1.pdf

lethal means safety toolkits, such as that available from the UC Davis BulletPoints Project.

- Counseling on Access to Lethal Means (CALM) Training is available as a free, self-paced, online course for health care and social services providers, with workshop and train-the-trainer versions available for a fee from CALM America.
- Include discussion on lethal means safety and share the means safety checklist in parent and caregiver classes.

Applicants selecting Approach C, lethal means safety, must describe:

- The selected means restriction strategy(ies) and area of focus; e.g., lethal means counseling or lock box distribution related to medication and firearm safety.
    - Include how the proposed strategy will help to increase awareness of the importance of lethal means safety and available lethal means safety resources in the community.
- How youth were involved in the selection of this strategy and focus area.
- The youth population to be served, including age range, general demographic characteristics.
- Planned involvement of service providers, elders, families, and/or caregivers.
    - NOTE: Involvement of families, caregivers, or other adults service providers is required when selecting this strategy since their involvement in lethal means safety efforts for youth is imperative.
- If applicable, the role of program/organization staff and community partners (e.g., health, mental health, and substance use prevention providers) in lethal means safety efforts.

❖ Program Component 2: Postvention Planning

Postvention is an organized response in the aftermath of a suicide designed to accomplish the following:[7]

- Facilitate healing of individuals and community amidst the grief and trauma of suicide loss
- To prevent additional suicides and suicide attempts among people exposed to, or otherwise impacted by, a suicide loss
- To mitigate other negative effects of exposure to suicide

This organized response effort is uniquely powerful and impactful in that it both provides the immediate support necessary *after* a crisis, while simultaneously helping to *prevent* future crises for attempt survivors and impacted friends, family, and community. In short, postvention is also prevention.

Part of comprehensive suicide prevention is establishing a plan that prepares your organization and/or community to respond quickly, compassionately, and appropriately to meet the needs of those impacted after death by suicide. Grantees are required to develop a postvention plan for this purpose, or revise/update an existing postvention plan, whether for the organization or broader community. The scope of the plan will be dependent on the level of existing postvention supports, partnerships, and capacity of the organization. Organizations may also consider ways of integrating postvention and crisis response efforts into relevant policies, codes, or tribal laws. Protocols should reflect the traditions and culture of the Tribe, Tribal organization, or consortia of Tribes or Tribal organizations involved in project implementation. See the Youth Suicide Prevention and Response Network, the Suicide Prevention Resource Center, and the U.S. National Guidelines for Responding to Grief, Trauma, and Distress After a Suicide for additional resources in this area.

While critical, postvention efforts for this project are intended to be a supplement to the overall comprehensive youth suicide prevention project, not to be the primary focus of grantee efforts. At minimum, the organization must identify what the protocol will be if a youth suicide takes place, including what partners will be included in the response and what role each will play. **Within the postvention plan, organizations will be required to identify who (individual, team, or organization) will be responsible for the following postvention roles:**

1. Support for the family of the youth that attempted or died by suicide
2. Support for the peer group or social network of the youth

[7] Adapted from: "Responding to grief, trauma, and distress after a suicide: U.S. National Guidelines" *Survivors of Suicide Loss Task Force, National Action Alliance for Suicide Prevention,* 2015, pg. 5 https://theactionalliance.org/sites/default/files/inline-files/NationalGuidelines.pdf

3. Responsible for communicating about the incident with community members, and with local media, if necessary and/or requested
4. Identify local and/or virtual resources for loss survivors (e.g., support groups)
5. Coordinating an annual review of the plan and ensuring all necessary revisions are completed

Whether you are updating an existing postvention plan or creating one, consider also including the following elements:

- Include safe reporting guidelines to share with community groups and local media, and ensure they are adapted to be inclusive of the cultural and linguistic practices of the community.
- Partner with schools to create a policy or procedure for safely transitioning students back into the school environment following a suicide among their peers.
- Create draft messaging for social media and/or the organization staff and community that includes messages of hope and where to go for resources.
- See Never a Bother postvention toolkit for adaptable resources.
- Integrate the strengths of Native networks in your community's response to a suicide death.
- Provide training for service providers in the area of postvention, and create opportunities for service providers to support each other, including group debrief sessions.
- Incorporate youth review and feedback into the plan. What gaps are youth able to identify, or strengths that can be built upon or refined with youth input? What additional resources or supports would they like to see incorporated into the postvention plan?
- Incorporate review and feedback from loss survivors into the plan (review of existing plan or development of new plan).

For the required postvention component, applicants must describe:

- Whether the organization will update an existing plan or create a new one.
    - If a plan does exist, describe when it was created and who is involved in the planned response (i.e. what agencies or community groups).
    - If a new plan is being created when one already exists, please describe the reason for that decision.

- Scope of the plan (organization level or community-wide) and which elements from the section above (or others not identified there) the organization plans to include (e.g. media training, draft messaging).
- Organizational partners that will be involved in the plan's development and implementation (e.g., local schools, health clinics, and/or service providers).
- How feedback from youth and suicide loss survivors will be incorporated into the plan.

❖ Program Component 3: Communication Efforts

Suicide prevention communication efforts can help break down stigma and open the door to dialogue, provide critical information, increase awareness of resources and promote help-seeking. The 2024 National Strategy for Suicide Prevention highlights the importance of communication efforts, stressing that "Information needs to be accurate, understandable, practical, and action oriented because empowering communities with the knowledge about warning signs and what to do can be lifesaving." Furthermore, while best practice guidelines and existing youth suicide communication materials exist, integrating the conventional wisdom, concepts, language, and priorities of specific cultures can help increase the effectiveness of these materials and ensure they reach the intended audience.

Communication is a critical part of youth suicide prevention, but like postvention planning activities, communication efforts for this project are intended to be a supplement to the overall comprehensive youth suicide prevention project, not to be the primary focus of grantee efforts. Grantees should use existing communication materials and campaign messaging, or revise/adapt existing material, if possible. Existing messaging can be adapted to reflect the lens of Native youth. For example, youth may decide to make a video about an existing resource or slightly adapt a message to be in their unique voice. Examples of existing campaign and messaging resources:

- Never a Bother Youth Suicide Prevention Campaign
- #BeThe1To
- Office of Suicide Prevention Social Media Shareables

Applicants should focus efforts in this area on how they will use various communication channels to reinforce their other prevention activities, share resources and critical messages, and reach audiences outside their direct service population, such as other adults and caregivers in the community.

Communication efforts must include:

- Sharing the warning signs of suicide, and what to do if someone exhibits those signs. Steps for youth to take and steps for caregivers should both be included in messaging efforts.
- Sharing the 988 Suicide and Crisis Lifeline, and any alternative crisis line(s) and warm-lines, such as the CalHOPE Redline. See the CDPH Injury and Violence Prevention Branch webpage on Crisis Hotlines, Warmlines & Resources for additional listings (efforts are not limited to this list).
- Consider also sharing videos and/or messaging on what happens when you call 988, TeenLine, or other resources, to familiarize youth with the service.
- Messages that encourage help-seeking, such as reaching out for support from a friend or family member.
- Messages that encourage talking openly, honestly, and asking directly about thoughts of suicide.

Consider the following communication channels, messengers, and forums:

- Social media images, reels, and videos
- Organization newsletters, webpages, or other existing communication materials
- PSA shown in schools or the waiting rooms of local organizations/partners
- Pre-recorded PSAs are available at on the Never a Bother YouTube Channel
- Distribution of print materials, such as palm cards and posters, at youth and community events and within partner organizations.
- Local radio stations
- Youth and caregiver storytelling in person, via print, or video
- Youth artist submissions on suicide prevention topics and resources

Safe Messaging Guidelines

Youth suicide prevention communication efforts must also adhere to safe messaging guidelines, helping to ensure that communication on suicide is not only safe (e.g., by avoiding negative stereotypes, stigmatizing language, and misinformation), but also helps build a narrative of hope and has a positive impact. All communications on suicide and suicide prevention should adhere as closely as possible to the following guidelines:

- **Always include a suicide prevention resource**, such as a local service provider, website, and/or crisis hotline.
- **Describe and depict suicide as largely preventable.** Focus on hope and positive ways of coping by using images and stories that reflect people receiving support and reinforce solutions, rather than negative stereotypes or outcomes.
- **Use data and statistics strategically.** Avoid using statistics that that make suicide seem common or sensationalize the severity and scope of the issue. Instead focus on the content and data that is most likely to support the audience in taking the intended action. Consider this example from the Framework for Successful Messaging: "Research shows that suicide hotlines save lives and can contribute to reducing the estimated $34.6 billion in annual medical and work loss costs of suicide in the U.S."
- **Avoid oversimplifying suicide deaths and attempts.** Instead, emphasize that suicide is the result of a complex interplay of factors, and include information on warning signs and how to respond to them.
- **Do not include personal details, methods, or locations of suicide** deaths or attempts, including pictures or text descriptions of such details. Keep descriptions general and focus on resources for support.
- **Use respectful language that does not reinforce negative stigma.** For example, "died by suicide," "took their own life," or "ended their life," are acceptable terms. Terms such as "committed suicide," "completed suicide," and/or referring to an attempt as successful, unsuccessful or failed should be avoided.

These guidelines have been adapted from four key resources on safe and effective suicide prevention messaging, including:

- Best Practices and Recommendations for Reporting on Suicide
- Framework for Successful Messaging: Messaging Safety
- Youth Creating Change: Tips for Effective Messaging on Suicide
- Education Development Center (EDC) Community-Led Suicide Prevention, Ensuring Safe Suicide Prevention Messaging

For the required communications component, applicants must describe:

- Any existing youth suicide prevention communication efforts currently being implemented (if applicable), including communication channels (e.g. social media, radio, print media) and intended audience.
- Plans for expanding or adapting a pre-existing youth suicide prevention campaign, youth suicide prevention messaging, or similar resources to

provide evidence-informed and culturally-specific suicide prevention information and messaging in your community, particularly among youth.

- If a new communications campaign is being created rather than adaptation or expansion of existing messages, please describe the reason for this decision.
- NOTE: Communication plans must include information on suicide warning signs, crisis lines, and other sources of support.

- How youth and caregivers will be involved in the development, adaptation, and/or selection of messaging.
- General plans for communication channels (e.g. social media, radio, print media) and messengers/spokespeople.
- How the organization will work to ensure safe messaging guidelines are met.

❖ Program Component 4: Youth and Elder Engagement

The U.S. AID program YouthPower Learning provides an inclusive and thoughtful description of youth engagement:

"Meaningful youth engagement is an inclusive, intentional, mutually-respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities, countries and globally. Meaningful youth engagement recognizes and seeks to change the power structures that prevent young people from being considered experts in regard to their own needs and priorities, while also building their leadership capacities."

Grantees are required to engage Native and Tribal youth in project development, implementation, and evaluation. Project reporting and any materials that are developed should reflect youth voice and contributions to programming/activities. Evidence suggests that programming is more effective when youth are engaged in the development and implementation of programming that is intended to impact their knowledge, attitudes, and behavior, and/or that of their peers.[8] Creating opportunities for youth leadership in programming increases engagement and opens the door for inclusion of insight that only youth can provide; their needs, gaps in existing supports, strengths of their peer group(s), family, and community, and ways of

[8] Dunne, T., et al. "A Review of Effective Youth Engagement Strategies for Mental Health and Substance Use Interventions," *Journal of Adolescent Health* 60, no. 5 (2017): 487-512, https://doi.org/10.1016/j.jadohealth.2016.11.019

communicating that resonate with them. It also helps to reinforce positive self-worth and demonstrates a commitment to respecting and honoring their stories, knowledge, feelings, and perspectives. Actively engaging youth in planning, implementation and resource development can also help to bridge gaps between the traditional practices and perspectives of older generations with modern ones, helping multiple generations share their respective wisdom and better understand how to support one another.

Research also supports the extensive involvement of Tribal Elders in youth suicide prevention programming, relied on for their connection to the community, cultural knowledge, and leadership.[9] SAMHSA's Evidence-Based Resource Guide on Suicide Prevention Strategies for Underserved Youth also supports this approach, citing a recent study that found Tribal elders, adults, and youth have identified a need for intergenerational and cultural connectedness to bolster resilience and develop successful suicide prevention strategies. Engagement of Tribal Elders in prevention efforts is not required, but strongly suggested, if feasible and appropriate for the efforts of the applicant organization.

For the required youth engagement component, applicants must describe:

- The role Native youth will play in the planning, implementation and evaluation of the proposed project/program.
- Structure/mechanism of Native youth involvement (e.g., youth advisory board(s), training youth leaders, peer support, listening sessions, focus groups).
- Whether youth will receive stipends or incentives for program leadership and engagement.
    - NOTE: Youth stipends and/or incentives are encouraged, though adherence to Appendix 2, Incentives and Stipends Memo, is required.
- Whether Tribal Elders will be involved in any aspect of the planned activities/project/program, and if so, how they will be engaged or what role they will play.
- Whether additional youth allies, such as caregivers and service providers, will be engaged in the project and what role they will play.

[9] Allen, J., et al. "Culturally grounded strategies for suicide and alcohol risk prevention delivered by rural Alaska Native communities" *American Journal of Community Psychology* 71 (2023): 184–197. https://doi.org/10.1002/ajcp.12621

B. Organizational Capacity

Organizational and community readiness and fit for the selected approach and activities are critical for project success. Organizations need to demonstrate:

- That leadership and staff reflect the racial, ethnic, and cultural community they intend to serve.
- Experience and strong connections with Native youth, including ongoing youth engagement and leadership opportunities within existing activities/programs.
- Experience in mental health and/or suicide prevention services for youth.
- Support from organizational leadership, such as the Board of Directors or other Tribal governance structure.
- Sufficient staffing capacity (or staffing plan) with the community and subject-matter knowledge to develop, support, or expand trauma-informed, culturally and linguistically appropriate youth suicide prevention activities and messaging.
- Sufficient capacity (including technology) to meet evaluation and reporting requirements.

C. Training and Technical Assistance

Each organization is required to have program staff participate in CDPH-sponsored Training and Technical Assistance (TTA) events to foster professional development and networking. TTA will be held virtually, and topics will be based on grantee input as well as needs identified within the broader youth suicide prevention landscape. Annual TTA activities include one TTA webinar each quarter and at least one annual peer networking call. In addition, program staff and/or managers are required to participate in grant monitoring/TA calls with CDPH. The Executive Director (or designee) is required to attend one (1) virtual meeting every year.

D. Program Planning

The initial three (3) months of the project will focus on program planning to further develop and finalize the proposed activities and approaches in each project area (i.e. Approach A, B, and C), gain input from Native youth and any other priority populations (e.g. Tribal elders, caregivers, service providers) and build partnerships based on the submitted application. This process could include review of community assets, surveys, focus groups or listening sessions, evaluation plan development, or other activities relevant to understanding the current context of youth suicide prevention within the community.

Implementation Plan

The organization will submit an initial Implementation Plan within the first 45 days of the Grant for feedback from the OSP team, with a finalized plan due 3 months after the start of the grant, and an update due annually thereafter. The Work Plan includes the activities that the organization will carry out each year to meet the required components of the Grantee Activities List (Attachment C) Organizations are encouraged to reassess the fit of the strategies/activities with youth and any additional priority populations on an annual basis. A Sustainability Plan will also be a required activity and a deliverable in the final year of the performance period. Any changes to the strategies, approaches, or activities within the implementation plan must be approved by CDPH before implementation. Further instructions will be provided upon award.

E. Evaluation and Reporting

Evaluation & Reporting Plan

Grantees will develop an evaluation and reporting plan within the first three months of the project, submitted in conjunction with the Implementation Plan. The organization will be required to participate in data collection and reporting activities according to the youth suicide prevention outcome measures listed below. For activities within Approach A, B, and C, evaluation activities will be developed in coordination with CDPH based on each organization's implementation plan. At minimum, it is expected that each organization will complete the following:

- Progress reports to describe grant-related activities that were implemented (e.g., number of youth served, communications efforts, services added or maintained, new or sustained partnerships). Template to be provided by CDPH);
- A youth survey at the start of the grant and once annually (e.g., to measure changes in knowledge, attitude, and behavior and gain additional input from the youth served);
- At least one youth listening session per year, to gain qualitative input from youth participating in the project;
- At least one staff listening session per year, in coordination with CDPH, to share successes, challenges, and program stories through the lens of the grantee; and
- Submission of the original postvention plan (if applicable), and each annual update (at the end of years 2 and 3).

Evaluation and reporting information will be used to demonstrate movement toward the desired outcomes, build upon project strengths, and identify and address project challenges. Any CDPH analysis and/or summary reports on the

information organizations provide will be shared back with grantees and will not be shared publicly without grantees having the opportunity to provide feedback.

Organizations are required to allocate at least five (5) percent of project staff time to complete evaluation and reporting activities. This time can be allocated among multiple staff as necessary. Ongoing TA will be provided to ensure that the organization's staff have the capacity to administer and document evaluation according to the minimum requirements. Organizations may also choose to develop more extensive evaluation or documentation for their projects above and beyond these minimum requirements, though it is not required. No additional application points will be awarded for additional evaluation activity plans.

Intended outcomes of the Native Youth Suicide Prevention Project include:

Short-term outcomes (1-1.5 years out)

- Increase in grantee's organizational capacity for:
    - Youth engagement and leadership in culturally responsive suicide prevention activities
    - Sharing evidence-informed and culturally responsive suicide prevention information and messaging

Medium-term outcomes (1.5 – 2.5 years out)

- Increase in youth awareness of suicide warning signs, crisis lines, and other sources of support.
- Increase in youth's confidence in their ability to support themselves and their peers before, during, and after a mental health crisis.
- Increase in community engagement in collective actions to prevent youth suicide.
- Increase individual, familial, and/or community-level protective factors. ***Applicable only if Core Prevention Effort Approach A is selected.***
- Increase knowledge, awareness, and skills related to suicide prevention among youth in the community. ***Applicable only if Core Prevention Effort Approach B is selected.***
- Increase awareness of the importance of lethal means safety for suicide prevention and available lethal means safety resources (e.g. medication and firearm lock-boxes). ***Applicable only if Core Prevention Effort Approach C is selected.***

Long-Term outcomes (2.5 – 3 years out)

- Increase in long-term, sustainable policies, procedures, or practices that are protective against youth suicide.
- Increase in preparedness to provide a comprehensive postvention response to youth suicides.

Long-term outcomes (not to be measured within the timeframe of this grant)

- Reduction in community's youth suicide deaths
- Reduction in community's youth suicide attempts
- Sustained community-wide protective environment for preventing youth suicide and mental health crises

Part III. Application & Submission Requirements

A. General Instructions

All Applicants are to follow the instructions provided herein, using the attached forms. All sections, including Attachments, must be completed and submitted in the order requested. Any application that does not meet this requirement will be considered non-responsive and will not be reviewed.

1. Develop applications by following all RFA instructions and clarifications issued by CDPH in the form of question-and-answer notices, clarification notices, Administrative Bulletins or RFA addenda.
2. Before submitting an application, seek timely clarification of any requirements or instructions that are unclear or not fully understood through participation in the Informational Webinar.
3. Read all instructions carefully. Be sure to include all of the information required in the RFA, including all attachments. Re-check the application and utilize the included RFA Checklist to ensure completeness. Do not provide additional materials that are not requested, such as brochures or samples of materials. These will be discarded and not reviewed.
4. In preparing an application response, all narrative portions should be straightforward, detailed, and address all elements within the question. Answer all questions in the order presented with clear titles for each section. CDPH will determine the responsiveness of an application by its quality, not its volume, packaging, or colored displays.
5. Arrange for the timely delivery of the application package(s) to the email address specified in this RFA. Do not delay until shortly before the deadline to submit the application. CDPH is not responsible for unanticipated

technology issues or other circumstances which may impact timely submission.

6. Submit one (1) RFA Application package in PDF format which includes all required exhibits, attachments, documentation, and completed forms. Do not attach multiple files to your submission email. Your final application should be one (1) attachment to your message. Please use the following naming convention for the name of your attached file:

Your Organization Name_OSP RFA_2025

B. Formatting Requirements

Format the narrative portions of the application as follows:

- Single-spaced with one-inch margins at the top, bottom, and both sides.
- Use "Century Gothic" 12-point font.
- All RFA attachments that require a signature must be signed in blue ink or signed via a secure electronic signature feature.

C. Mandatory Non-Binding Letter Of Intent

Prospective applicants are **required** to indicate their intent to submit an application. **Failure to submit the mandatory Non-Binding Letter of Intent will result in application rejection.** The mandatory Letter of Intent is **not binding** and prospective applicants are not required to submit an application merely because a Letter of Intent is submitted.

The Letter of Intent must be submitted on the applicant's letterhead and must be received no later than Friday, October 24, 2025 by 5:00 pm PST. Submit the Letter of Intent via email as a PDF with electronic signature, to: **osprfa@cdph.ca.gov**

The Subject Line should read as follows:

Letter of Intent RFA No. 25-10360 (followed by your agency's name)

D. Submission Of Application

Applicants are required to submit one (1) signed application to the OSP inbox:

Email: osprfa@cdph.ca.gov

- Applications must be received and timestamped by CDPH on or before November 21, 2025, no later than 5 p.m. PST. It is the sole responsibility of the applicant to ensure that CDPH receives the complete application package by the stated deadline.
- Fax and US Mail applications are not acceptable.

- Applications will have the date and time stamped upon receipt. Each application received by the due date will be reviewed for completeness and compliance with the instructions provided in this document. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding.
- There is no guarantee that submission of an application will result in funding, or that funding will be allocated at the level requested. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant agency and will not be reimbursed by CDPH.

Part IV. Application Review and Selection

A. Administrative and Completeness Screening

CDPH will review applications for on-time submission and compliance with administrative requirements and completeness. A late or incomplete application will be considered non-responsive, disqualified and eliminated from further evaluation. Applications submitted from non-eligible entities will not be reviewed. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement will lead to rejection of the application prior to review.

B. Application Scoring

Each application passing the Administrative and Completeness Screening will be evaluated and scored according to the selection criteria by CDPH staff on a scale of **0 to 100 points**. Each application will be scored for technical merit and potential for success, using the scoring system in the below table. Evaluation of the application will be based on the quality and appropriateness of the responses and elements in Part V, Required Application Components (beginning on page 32).

The budget and each narrative section within Required Application Components is worth 5, 10, or 15 points. A description of each section and point allocation begins on page 33. Scores will be based on the application's responsiveness to each question, thoroughness, and the degree to which it complies with the RFA requirements and demonstrates preparedness and capacity to address the Native Youth Suicide Prevention project's intended outcomes.

The following table describes the general basis for point assignment:

5 Point Section	10 Point Section	15 Point Section	Interpretation	General basis for point assignment
0	0	0	Inadequate	Application response (i.e., content and/or explanation offered) is inadequate or does not meet CDPH's requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.
1-2	1-4	1-6	Somewhat Adequate	Application response (i.e., content and/or explanation offered) is somewhat adequate or barely meets CDPH's requirements or expectations. The omission(s), flaw(s), or defect(s), are noticeable but manageable.
3-4	5-8	7-12	Fully Adequate	Application response (i.e., content and/or explanation offered) is fully adequate or fully meets CDPH's requirements or expectations. The flaw(s), or deficit(s), if any, are minor and acceptable.
5	9-10	13-15	Excellent or Outstanding	Application response (i.e., content and/or explanation offered) is above average or exceeds CDPH's requirements or expectations. Minimal weaknesses, if any, are negligible. Applicant offers one or more enhancing feature(s), method(s), or approach(es) that will enable performance to exceed CDPH's basic expectations.

Part V. Required Application Components

A. List of Required Documents

Applicants must complete the applicable narrative sections (Justification for Selected Strategy and Approach, Organizational Capacity and Expertise, and Project Description) and all documents as outlined in the table below. Follow all requirements below carefully, including designated page limits. Any section of an Applicant's narrative that exceeds the page limit will not be reviewed. There are no page limits for Attachments.

Number	Required Document	Page Limit
1	Grantee Information Sheet (Attachment A)	n/a
2	Required Documents Checklist (Attachment B)	n/a
3	Grant Activities List (Attachment C)	n/a
4	Application Narrative (Includes parts a, b, and c below)	
	a) Justification for Selected Strategy and Approach	2
	b) Organizational Capacity	2
	c) Project Description	5
5	Budget Detail (Attachment D)	n/a
6	Proof of 501 (c)(3) Status (Non-Profit Organizations Only)	n/a
7	Economic Sanctions In Response To Russia's Actions In Ukraine (Attachment E) Note: if not applicable, write "N/A" on the form	n/a
8	California Civil Rights Form (Attachment F)	n/a
9	Payee Data Record STD 204 (Attachment G) **required;** & Payee Data Record Supplement STD 205 (Attachment G1) **if applicable**	n/a
10	Contractor Certification Clauses (Attachment H)	n/a

B. Grantee Information Sheet (Attachment A)

Complete all sections of the Grantee Information Sheet (Attachment A). **The Grantee Information Sheet should serve as a cover page to your application.** A person authorized to legally bind the applicant must sign this form. If the applicant is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Application Cover Sheet.

C. Justification For Selected Approach (15 points)

1. **Community Served (5 pts.)** Indicate the geographic boundaries for the primary community you will be engaging for your proposed youth suicide prevention project and describe the community and specific youth you intend to serve. Include any relevant data (formal or informal) on mental health needs, suicide attempts, and deaths by suicide among the community's youth. Applicants should demonstrate an understanding of youths' current needs, strengths, and values related to mental health and suicide prevention.
2. **Selection of Core Prevention Approach (10 pts.)** Identify which core youth suicide prevention approach(es) your organization plans to implement (Approach A, B, or C from Part II, A. section 1). Describe how the selection fits with needs, strengths, values, and level of readiness among the youth you serve and the community you serve. Describe what resources/assets and partnerships currently exist in your community and how they will be leveraged during the implementation of this project.

D. Organizational Capacity and Expertise (25 points)

1. **Leadership, Structure, and Youth Services (10 pts.)** Describe the leadership or governance structure of the organization, and how leadership and staff reflect the racial, ethnic, and cultural community they intend to serve. Describe the history of services to Native youth, including any directly related to mental health or suicide prevention, and the organization's connection to youth in the community. Describe how the organization integrates youth engagement and youth leadership opportunities in programming.
2. **Staffing & Expertise (5 pts.)** Describe the proposed organizational staffing pattern that will support and implement the project, including leadership, service staff, communications, and reporting/evaluation. Describe community and subject-matter knowledge of existing staff related to the development, support, or expansion of trauma-informed, culturally and linguistically appropriate youth suicide prevention activities.
3. **Reporting and Evaluation Capacity (10 pts.)** Describe evaluation capacity, including any strengths and challenges related to technology, evaluation expertise, and any comparable reporting requirements currently in place that demonstrate capacity to meet the evaluation and reporting requirements (description on page 28) of this project. Note that this portion of the narrative should focus on capacity to meet the evaluation and reporting requirements outlined in this RFA; no additional application points will be awarded for evaluation plans that surpass evaluation requirements.

E. Project Description (50 points)

The project description narrative must demonstrate the applicant's knowledge, experience, and ability to successfully design, implement, and evaluate the proposed project. The narrative should include enough detail to demonstrate how the activities will build upon youth and community strengths and resources, and help fill existing gaps. The description should include the program requirements as described in PART II of the RFA, Program and Grant Requirements.

1. Core Prevention Effort (15 pts.): Provide a comprehensive description of the Core Youth Suicide Prevention Effort (description beginning on page 12) and selected approach(es). For each selected approach, include a description of planned activities and the required information corresponding with that approach, as applicable.

Applicants selecting Approach A, fostering protective factors, must describe:

a) The strengths-based, culturally focused activities/project/program being proposed and how it will help to increase individual, familial, and/or community-level protective factors. Include which specific protective measures will be addressed.

b) The youth population to be served, including age range, general demographic characteristics, and recruitment source (e.g. schools, existing programs).

c) If applicable, the planned involvement of elders and/or caregivers, including the type of caregiver(s); e.g., parents, grandparents, spiritual leaders, coaches, or teachers.

d) How selection of the activity was driven by voices of the community, including youth.

Applicants selecting Approach B, youth suicide prevention training, must describe:

a) The proposed training program/curriculum

- NOTE: Applicants may choose to select a different curriculum after proposal submission if future research and/or community input drives the change.
- In addition to the training itself, consider how the organization will continue to support youth by identifying trusted adults who can help them with next steps if/when an at-risk peer is identified.
- Include a general description of the suicide prevention knowledge, awareness, and skills the training intends to address.

b) How youth were involved in the selection of the training.

c) The youth population to be served, including age range, general demographic characteristics, and recruitment source (e.g. schools, existing programs.)

d) If applicable, the planned involvement of elders and/or caregivers, including the type of caregiver(s); e.g., parents, grandparents, spiritual leaders, coaches, or teachers.

e) Setting and frequency of the training and any supplementary activities or programs (including those not funded by CDPH) that will reinforce training goals.

   - Include information on planned booster sessions, if applicable, to practice and sustain knowledge and skills gained in the original session(s).

f) Any additional training plans that do not include direct training of youth (e.g., training for staff, community groups or local media).

Applicants selecting Approach C, lethal means safety, must describe:

a) The selected means restriction strategy(ies) and area of focus; e.g., lethal means counseling, lock box distribution related to medication and firearm safety.

   - Include how the proposed strategy will help to increase awareness of the importance of lethal means safety and available lethal means safety resources in the community.

b) How youth were involved in the selection of this strategy/ focus area.

c) The youth population to be served, including age range, general demographic characteristics.

d) Planned involvement of service providers, elders, families, and/or caregivers.

   - **NOTE:** Involvement of families, caregivers, or other adults service providers is **required** when selecting this strategy since their involvement in lethal means safety efforts for youth is imperative.

e) If applicable, the role of program/organization staff and community partners (e.g., health, mental health, and substance use prevention providers) in lethal means safety efforts.

2. Postvention Plan (10 pts.): Provide a comprehensive description of proposed Postvention Planning efforts. Describe:

a) Whether the organization will update an existing plan or create a new one.
   - If a plan does exist, describe when it was created and who is involved in the planned response (i.e. what agencies or community groups).
   - If a new plan is being created when one already exists, please describe the reason for that decision.

b) Scope of the plan (organization level or community-wide) and which elements from the Postvention Planning section of this RFA (or others not identified there) the organization plans to include (e.g. media training, draft messaging).

c) Organizational partners that will be involved in the plan's development and implementation (e.g., local schools, health clinics, and/or service providers).

d) How feedback from youth and suicide loss survivors will be incorporated into the plan.

3. Communication Efforts (10 pts.): Provide a comprehensive description of proposed Communication Efforts. Describe:

a) Any existing youth suicide prevention communication efforts currently being implemented (if applicable), including communication channels (e.g. social media, radio, print media) and intended audience.

b) Plans for expanding or adapting a pre-existing youth suicide prevention campaign, youth suicide prevention messaging, or similar resources to provide evidence-informed and culturally specific suicide prevention information and messaging in your community, particularly among youth.
   - If a new communications campaign is being created rather than adaptation or expansion of existing messages, please describe the reason for this decision.
   - NOTE: Communication plans must include information on suicide warning signs, crisis lines, and other sources of support.

c) How youth and caregivers will be involved in the development, adaptation, and/or selection of messaging.

d) General plans for communication channels (e.g. social media, radio, print media) and messengers/spokespeople.

e) How the organization will work to ensure safe messaging guidelines are met.

3. Native Youth Engagement (15 pts.): Provide a comprehensive description of planned Native Youth and Tribal Elder engagement efforts, including youth leadership opportunities, and engagement of other youth allies such as caregivers and youth service providers. Describe:

a) The role Native youth will play in the planning, implementation and evaluation of the proposed project/program.

b) Structure/mechanism of Native youth involvement (e.g., youth advisory board(s), training youth leaders, peer support, listening sessions, and/or focus groups).

c) Whether youth will receive stipends or incentives for program leadership and engagement.

   - Note: Youth stipends and/or incentives are encouraged, though adherence to Appendix 2, Incentives and Stipends Memo, is **required**.

d) Whether Tribal Elders will be involved in any aspect of the planned activities/project/program, and if so, how they will be engaged or what role they will play.

e) Whether additional youth allies, such as caregivers and service providers, will be engaged in the project and what role they will play.

F. Grant Activities List (Attachment C)

A Grant Activities List template is provided as Attachment C that includes the required components of the project activities and deliverables. For the purpose of this RFA, attach the Grant Activities List template provided and check the boxes for the selected Approach.

G. Budget Detail (Attachment D) (10 points)

Budget & Budget Justification (10 pts.)

- **Budget:** Develop a detailed budget for the first year of the grant. The project budget request must be submitted on the budget forms provided. You may use either Word or Excel format. Round all dollar amounts and percentage figures to whole numbers. **The total amount requested for each year of the project should equal $160,000.**
- **Budget Justification:** Provide a brief narrative explanation that correlates with the proposed project for each line item in the budget, such as major responsibilities for personnel and operating expenses. For personnel line items, explain the role, major responsibilities, and percentage of Full-Time-Equivalency (if requesting funding for less than 1 full-time position for any individual staff person). For operating expenses, describe the expense and provide justification for its inclusion.

Budget must adhere to all requirements detailed below.

PERSONNEL

- Personnel includes all personnel costs to operate the project.
- List personnel by job category or classification not by name to allow for staff turnover.
- Indicate total monthly salary or salary range for full time equivalents (FTEs). The salary range stated should include any anticipated increases (i.e., cost-of-living adjustments and merit salary adjustments).
    - **If possible,** it is encouraged that each organization demonstrate a commitment to providing a livable wage for staff. This is not a requirement. The Michigan Institute of Technology (MIT) provides a Living Wage Calculator available for public use.
- Indicate the percentage of time the position will be dedicated to this project (e.g., 20 hours of work within a 40-hour week is 50 percent). All percentages should be in whole numbers. If biweekly pay periods cause the monthly salary amount to vary, indicate the variance in a footnote at the bottom of the page. Note that organizations must ensure that a minimum of five (5) percent of staff time is dedicated to evaluation & reporting activities.
- Indicate the amount requested per position based upon the monthly salary ranges and total amounts. If the percentage rate for benefits differs for various positions, indicate the specific amount for each position on a separate detail sheet.
- Subtotal all personnel costs.
- Fringe Benefits should be calculated and include your agency's costs for the employee's health, vision, dental premiums, and other fees incurred that contribute to the Overall Personnel Costs.

OPERATING EXPENSES

- Operating Expenses include all costs except personnel/fringe costs. List only those items of operating expenses that apply to this project.
- Project funds cannot be used for the purchase or renovation of buildings, facilities or land, or the purchase of major equipment. Major equipment is defined as property costing over $5,000 with a life expectancy of one (1) or more years. Review the Funding Restrictions section for additional unallowable expenses.

Examples of common operating expense line items are provided in the template. The following is a list of operating expense items most commonly recognized by the State:

- General Expenses – Includes office supplies, books, manuals, and publications.
- Other Expenses – Includes utilities, telephone, space, insurance, equipment rental, postage, and duplication. These expenses must be itemized identifying the cost for each.
- Minor Equipment – Minor equipment is described as equipment with a unit price of under $5,000 and a life expectancy of less than one (1) year.
- Travel – Travel is reimbursed at current California Department of Human Resources (CalHR) rates.
    - Mileage should indicate the number of miles for ground transportation and rate per mile as defined by CalHR for the most recent calendar year. For airfare, indicate the number and destination of trips and expected cost per trip.
    - Current Per Diem rates may also be found on the CalHR webpage and should be verified at the beginning of every year. Travel should specify the number of days and rate per day.
    - No out-of-state travel is allowed without prior written approval of CDPH.
- Subgrantees – Applicants planning to use subgrantees (also known as subcontractors) in the performance of the work must identify each proposed subgrantee, if known, at the time of application submission; each known subgrantee's expertise; and describe the responsibilities to be assigned to each subgrantee. Include a description of plans for overseeing the performance of subgrantees. All subgrantees must also be 501(c)(3) nonprofit organizations and will need to provide a nonprofit status letter at the time the application is submitted. Notwithstanding the use of any subgrantees, the applicant will ultimately be responsible for performance of all terms and conditions of the resulting grantee. The State reserves the right to approve subgrantee selection.
- Staff Training – Costs and fees for meetings, trainings and conferences attended by project staff are reimbursable.
- Stipends - Funds provided to offset the cost of volunteerism for community members (for this project, particularly youth).
- Indirect Costs –The reimbursable rate for Indirect Costs must not exceed a maximum of 20% of the total budget. Indirect costs are expenses that are necessary for the general operation of an organization and are not specifically identified with a particular grant, project or activity (e.g., janitorial services, overhead costs, legal services), and are generally expressed as a percentage of total personnel costs plus fringe benefits.

H. Documentation of Nonprofit Status

Certify the organization's non-profit status by including this documentation as an Attachment. Any of the following is acceptable evidence of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code;
- A copy of a currently valid IRS tax exemption certificate;
- A statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

I. Additional Required Forms

1. **Attachment E: Economic Sanctions In Response To Actions In Ukraine**
   This form is required. If the statement within does not apply to the applicant organization, simply write "N/A" on the form.

2. **Attachment F: California Civil Right Laws**
   Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of $100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed that the agency is in compliance with California Civil Rights Laws as detailed in this attachment.

3. **Attachment G: Payee Data Record (STD 204)** and, <u>if applicable</u>, **Attachment G1: Payee Data Record Supplement (STD 205)**
   The Payee Data Record **(STD 204) is required**. It is used to determine if the agency is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131.
   - The Payee Data Record Supplement (STD 205) is used to provide remittance address information if different than the mailing address on the STD 204. **This form is optional.** Complete *only* if the payment remittance address is different than the address listed on the Payee Data Record (STD 204).

4. **Attachment H: Contractor Certification Clause**
   The Contractor Certification Clauses (CCC 04/2017), is a Department of General Services (DGS) form required for doing business with the State of California.

Part VI. Award Administrative Information

A. Grant Award Process

The award of the grant is based upon a competitive application review and selection process. The State reserves the right to negotiate the agreement and not to award a grant if negotiations are unsuccessful. If an Applicant fails to finalize the grant, the State reserves the right to fund another application. Once an application is selected for funding, the applicant will receive a grant agreement from CDPH.

B. Grant Terms

The term of the resulting grant is expected to be thirty-six (36) months and is anticipated to be effective from July 1, 2026 through June 30, 2029. Actual start date is dependent upon final contract approval. The grant term may change if CDPH cannot execute the agreement in a timely manner due to unforeseen delays. CDPH reserves the right to extend or shorten the term and increase or decrease the funding amount of the resulting agreement via an amendment. Contract agreement extensions and amendments are subject to satisfactory performance and funding availability. This agreement will reimburse expenses incurred in arrears only.

Following the award notification, grant negotiations will occur with the potential grantee in a timely manner. Following grant negotiations, the grantee is required to submit a final Budget and Budget Justification in accordance with CDPH requirements, which will become part of the formal grant. A final Grant Activities List will also become part of the formal grant. Upon completion and approval of these documents, the grant will be fully executed and work will commence. The resulting grant will be of no force or effect until it is signed by both parties and approved by CDPH. The grantee is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered if all approvals have not been obtained. The grantee is to expend funds in accordance with the negotiated line-item budget. If changes in line items, salary ranges, or staffing patterns require modifications, the grantee must request a budget modification. It is up to the discretion of CDPH whether to approve the modification. During the course of the grant, if

unanticipated changes occur that impact the Grant Activities List, those changes must be approved prior to implementing and must be submitted via email to CDPH. A formal grant amendment may be required based on those changes.

Nothing in this RFA or the resulting contract is, nor shall be deemed or considered, a waiver of the sovereign immunity of the Tribe, or any of its agencies, authorities, committees, commissions, boards, affiliates, entities, officials, or employees acting within their official or individual capacities, nor of its sovereign immunity, which can only be waived according to tribal law and custom by a clear, explicit, unequivocal and written Resolution duly adopted by the Tribal Council.

C. Award Appeal Process

Notice of the intent to award shall be posted on the OSP website with an estimated posting date of January 13, 2026. If any applicant prior to the Final Award Announcement, appeals the award, on the grounds that the Applicant would have been awarded the grant had CDPH correctly applied the evaluation standard of the RFA, or if CDPH had not followed the scoring methods in the RFA, the grant shall not be awarded until either the appeal has been withdrawn or CDPH has decided the matter.

Only those submitting an application consistent with the requirements of the RFA and are not awarded a grant may appeal. There is no appeal process for applications that are submitted late, noncompliant, or incomplete. No award Applicant may appeal the grant award-funding amount.

An applicant may appeal the award decision. To appeal, the applicant must submit an appeal letter to osprfa@cdph.ca.gov by January 20, 2026 by 5:00 p.m. PST. Appeals must include a detailed written statement specifying the grounds for the appeal. A manager of CDPH/IVPB, or designee, will decide based on the written appeal letter. The decision of the Branch Manager of IVPB, or designee, shall be the final remedy. Applicants will be notified by e-mail within 15 days of the consideration of the written appeal letter. CDPH reserves the right to withdraw or respond to the satisfaction of CDPH.

D. Standard Payroll and Fiscal Documents

The Awardee shall maintain adequate employee time recording documents (e.g., timesheets, timecards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) on practices, Code of Federal Regulations and OMB Circular Nos. A-21, A-87, A-110, A-122, and A-133. It is the responsibility of the Awardee to adhere to these regulations.

E. Invoices

1. Documentation

The Awardee is required to maintain backup documentation for all expenditures and provide the backup documentation for an invoice if requested by CDPH/OSP. The Awardee shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles. CDPH/OSP has the right to request documentation at any time to determine an agency's allowable expenses.

2. Submission of Invoices

The Awardee is required to submit invoices no less than once per quarter, no more than once a month. The Awardee must be able to fund up to ***60 days*** of payroll, indirect expenses, and operating costs, as well as expenditures incurred by a subcontractor or consultant prior to reimbursement by the State. The Awardee incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH/OSP no less than once per quarter, no more than once per month, in arrears. The Prompt Payment Act requires the State to properly submit undisputed invoices within 45 calendar days of initial receipt.

F. CDPH Rights And Grant Termination

1. Resolution of Differences Between RFA and Grant Language

If an inconsistency or conflict arises between the terms and conditions appearing in the final Grant Agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the Grant Agreement.

2. CDPH Rights

In addition to the rights discussed elsewhere in this RFA, CDPH/OSP reserves the right to do any of the following:

a) Modify any date or deadline appearing in this RFA.

b) Issue clarification notices, addenda, alternate RFA instructions, forms, etc. If this RFA is clarified, corrected, or modified, CDPH/OSP intends to post all clarification notices and/or RFA addenda on CDPH/OSP website.

c) CDPH/OSP reserves the right to fund any or none of the Applications submitted in response to this RFA. CDPH/OSP may also waive any immaterial deviation in any Application. CDPH/ OSP waiver of any immaterial deviation shall not excuse an Application from full compliance with the grant terms if a grant is awarded.

d) CDPH/OSP reserves the right to withdraw any award or request modifications to the Grant Activities List and/or Budget of any Application component(s) as a condition of the grant award.

3. Grant Termination

CDPH/OSP reserves the right to terminate the Grant if the Application submitted, awarded, negotiated, and approved by CDPH/OSP because of this RFA is not implemented satisfactorily, or if work within the Grant Activities List is not completed.

Appendices

Attachments

Attachment A: Grantee Information Sheet (Cover Sheet)

Attachment B: Required Documents Checklist

Attachment C: Grant Activities List

Attachment D: Budget Detail

Attachment E: Economic Sanctions Form

Attachment F: California Civil Rights Form

Attachment G: Payee Data Record (STD 204)

- Attachment G1: Payee Data Record Supplement (STD 205)

Attachment H: Contractor Certification Clauses

Glossary

- **Connectedness:** "The degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. This definition encompasses the nature and quality of connections both within and between multiple levels of the social ecology, including connectedness between individuals, connectedness of individuals and their families to community organizations, and connectedness among community organizations and social institutions."[10]
- **Contagion:** Suicide risk associated with the knowledge of another person's suicidal behavior, either firsthand or through the media.
- **Intersectionality:** 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.[11]
- **Lethal Means:** Objects, substances, or places someone may use to take their own life. Examples include firearms, medication or other drugs, bridges, and ligature points.
- **Lethal Means Safety:** Practices, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm (i.e. lethal means).[12]
- **Lived Experience:** Individuals with suicide-centered lived experience include those who have had thoughts of suicide, survived a suicide attempt, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide. [13]
- **Postvention:** An organized response in the aftermath of a suicide to accomplish any one or more of the following[14]:

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[10] Centers for Disease Control and Prevention. (n.d.). *Strategic direction for the prevention of suicidal behavior: Promoting individual, family, and community connectedness to prevent suicidal behavior*. https://stacks.cdc.gov/view/cdc/5275

[11] 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/

[12] U.S. Department of Health and Human Services and the National Action Alliance for Suicide Prevention. (2012). *2012 National strategy for suicide prevention: Goals and objectives for action*. https://www.ncbi.nlm.nih.gov/books/NBK109917

[13] "Topics and Terms" Suicide Prevention Resource Center, https://sprc.org/topics-and-terms/

[14] "Responding to grief, trauma, and distress after a suicide: U.S. National Guidelines" *Survivors of Suicide Loss Task Force, National Action Alliance for Suicide Prevention,* 2015, pg. 5 https://sprc.org/online-library/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines/

    - To facilitate the healing of individuals from the grief and distress of suicide loss (e.g. family, friends, classmates, community members)
    - To mitigate other negative effects of exposure to suicide (e.g. prolonged trauma, contagion)
    - To prevent suicide among people who are at high risk after exposure to suicide

- **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; connectedness to family, family of choice, neighborhood, community, or social group.
- **Self-Harm:** Any intentional behavior to harm or injure oneself. It is often surveilled through visits to the emergency department and hospitalizations resulting from intentional behavior to harm oneself. It is important to note that not all self-harm is of suicidal intent, and not all self-harm behaviors result in emergency department visits or hospitalizations.
- **Suicide:** A death caused by injuring oneself with the intent to die.
- **Suicide Attempt:** A self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in death or injury.[15]
- **Suicide Attempt Survivor:** A person who has attempted suicide, but did not die.
- **Suicidal crisis, acute phase:** The acute phase is the period in which an individual experiencing a suicidal crisis is at imminent risk for acting on thoughts of suicide. The acute phase starts when the individual shifts from thinking about taking their life to preparing to take their life.[16]
- **Suicide Loss Survivor:** A person who has lost a family member, friend, classmate, or colleague to suicide.

[15] National Institutes of Mental Health, Suicide Definitions https://www.nimh.nih.gov/health/statistics/suicide
[16] "Topics and Terms" Suicide Prevention Resource Center, https://sprc.org/topics-and-terms/