

Concept Paper for Latina/o and Latina/o LGBTQ+ Youth Suicide Prevention

Background

Suicide is a well-established public health concern and is the fourth leading cause of death among 15 to 24-year-olds in New York City (Vital Statistics Report NYC, 2017). Emergent research across a variety of disciplines suggest the need to provide tailored suicide prevention interventions for Latina youth in particular.

Nationally, Latina high schoolers attempted suicide in 2018 at a higher rate (15.1%) than their White (9.8%) and Black¹ (10.2%) female-identified peers (CDC, 2018). In New York State, 14.6% of Latina adolescents reported a suicide attempt in 2019 and suicide is the second leading cause of death among this population (OMH Data suicide Task Force, 2019). In New York City, a higher percentage of Latina public high school students reported feelings of sadness or hopelessness (34.6%), had considered suicide in the past year (17.5%), and had attempted suicide at least once in the past year (11.9%) than Asian, Black, and White female-identified public high school students (YRBS, 2019).²

Latina/o³ youth who identify as lesbian, gay, bisexual, transgender, queer, questioning and gender expansive (LGBTQ+) have compounded risk factors and higher suicide rates than their peers (Garcia-Perez, 2020). Studies involving intersectional identities have been limited due to challenges obtaining large, diverse sample sizes. However, the Trevor Project, a national nonprofit organization providing crisis intervention and suicide prevention services to LGBTQ+ youth, conducted a survey in 2020 with over 40,000 respondents to examine LGBTQ+ youth suicide attempts by race, ethnicity, and gender identity. Results showed that nationally Latina/o LGBTQ+ youth were 30% more likely to report a suicide attempt compared to non-Latina/o LGBTQ+ youth (The Trevor Project Research Brief, 2020). Furthermore, Latina/o LGBTQ youth who worry “a lot” about themselves or a family member being deported were twice at risk for attempting suicide than their non-Latina/o LGBTQ peers.

These data support findings that Latina/o youth and Latina/o LGBTQ+ youth face distinct challenges that impact their wellness that some other youth populations do not. For example, immigration status, sociopolitical context, and cultural identity factors influence the mental health of Latina/o youth and Latina/o LGBTQ+ youth and are vitally important to understanding and preventing suicide within these communities. For many Latina/o youth, the process of acculturation in the United States can be difficult, particularly the longer one stays disconnected from one’s protective cultural identity (Mendoza, 2009). Exposure to this disconnection and acculturative stress, combined with discrimination, bullying, and microaggressions in school, have placed Latina/o youth and Latina/o LGBTQ+ youth at increased risk for experiencing

¹ DOHMH acknowledges the intersectionality of race and ethnicity, including, but not limited to, the presence and experiences of Black Latina/o communities. The language used throughout this concept paper is based on available data and is therefore limited.

² Hispanic/Latino can include those public high school students that self-identify as Black, however, due to data limitations, DOHMH generally does not report out those students who self-identified as both Black and Latino/Hispanic.

³ The NYC Department of Health and Mental Hygiene (DOHMH) recognizes that there is a lack of consensus around the term “Latinx” in Latina/o communities. Many people use it to be inclusive of transgender and non-binary individuals who prefer not to use gendered terms for their ethnicities. However, others feel it is an Anglicized/colonial modifier that does not resonate with all communities. Therefore, in this concept paper we use “Latino/a” rather than “Latinx.” DOHMH acknowledges the cultural and linguistic complexities associated with using either term and welcomes comments from concept paper respondents regarding terminology.

depression, anxiety, and low self-esteem (Siren et al., 2015; Zeiders, Umana-Taylor, & Derian, 2013).

More broadly, tensions caused by current political and social upheavals can create an atmosphere of distrust and chronic stress within families, especially those that live in fear of deportation. At home, hypervigilance regarding legal status can influence the parent-child relationship and cause stress (Gulbas & Zayas, 2017; Rubio-Hernandez & Ayon, 2016). This uncertainty about familial safety has been linked to lower utilization of healthcare and public health services, social services, and educational programs (Ayon, 2014). When families do access services, these services are often unable to meaningfully address the multi-layered complexities associated with the intersectionality of race, ethnicity, sexual orientation, gender identity, language, and culture (Garcia-Perez, 2020). Exacerbating these factors is the COVID-19 pandemic, which is disproportionately impacting Latina/o populations in New York City (Magas I., Norman C., Baxter A., and Harrison M., 2020).

Yet, there is an abundance of strengths, assets, and mechanisms for support unique to the Latina/o community that can protect young people from suicide including, but not limited to, the prioritization of the family unit (familism), respect for elders (respeto), valuing the group over the individual (collectivism), valuing warm and compassionate relationships over formal partnerships (personalismo), and valuing religion and spirituality (Calzada et al., 2020).

Purpose

The NYC Department of Health and Mental Hygiene (DOHMH) intends to issue a Request for Proposals (RFP) to NYC community-based organizations to develop or expand culturally and linguistically appropriate suicide prevention programming for either Latina/o youth, Latina/o LGBTQ+ youth, or both populations. Such programming will deliver suicide prevention services and interventions using a selection of evidence-based, evidence-informed, emerging, and non-traditional methods in geographic locations and settings where they are most needed. Up to three (3) organizations may be funded.

Interventions for Latina/o youth and Latina/o LGBTQ+ youth that focus on their unique risk factors, encourage help-seeking behaviors, and promote access to appropriate care have the ability to improve mental health and reduce suicide-related behaviors (DeLuca S, Schmeelk-Cone K, & Wyman P, 2015). Additionally, interventions that utilize strength-and resilience-based modalities can have positive outcomes (Bernat D & Resnick M, 2006). Both approaches recognize the importance of establishing or nourishing existing systems that enable Latina/o youth and Latina/o LGBTQ+ youth and their families to thrive together and within the communities where they live, work, attend school, and play.

The unique risk and protective factors included within this concept paper are not exhaustive. Through the RFP, DOHMH will partner with up to three (3) organizations that have a strong understanding of these and other risk and protective factors among the youth they serve, and a track record of affirming their identities.

Target Population

There are two primary target population of the intended Request for Proposals (RFP): Latina/o youth and Latina/o LGBTQ+ youth 18 years and younger. Contractors may, but will not need to, serve both populations. At this time, DOHMH does not intend to give greater

consideration to those who can serve both. Contractors will be selected based on their proposal's identified need, proposed intervention(s), and experience providing services to one or both of these populations. DOHMH encourages proposals from organizations that serve both well, or that articulate a strong network of community partners and referral pathways to other services.

Proposed Goals of the RFP

The proposed goals of the RFP are to:

- Promote the mental, social, and emotional well-being of NYC Latina/o youth or Latina/o LGBTQ+ youth and their families and communities.
- Support, expand, and improve access to linguistically and culturally appropriate suicide prevention services for Latina/o youth or Latina/o LGBTQ+ youth in NYC that are strength-based and informed by the socio-environmental contexts in which they live.
- Reduce stigmas associated with suicide and help-seeking behavior within the NYC Latina/o community.
- Reduce misconceptions about, and improve understanding of, Latina/o youth or Latina/o LGBTQ+ youth mental health within the NYC mental health crisis response, crisis intervention, and treatment systems.
- Enhance the capacity of NYC professionals, educators, peers, and other relevant stakeholders who interact with Latina/o youth or Latina/o LGBTQ+ youth to recognize the warning signs of suicide and to respond appropriately.
- Grow the knowledge base of suicide prevention interventions for NYC Latina/o youth or Latina/o LGBTQ+ youth and their families.
- Support community-level interventions that address the root causes of adverse and unfair health outcomes (i.e. institutional racism, xenophobia, heteropatriarchy, and colorism).

Program Information

DOHMH has identified several potential areas of focus (A through D below), informed by the growing literature on suicide and Latina and Latina/o LGBTQ+ youth. At this time, DOHMH is considering various approaches to effectively structure the program to ensure high-quality proposals and equitable distribution of funds. For example, proposals may be compared and selected based on population (i.e., programs that serve only Latina/o youth will be compared only with one another), service location (i.e., programs will be prioritized based on geographic need), or area of focus. DOHMH welcomes feedback from the provider community regarding the above. As for the following areas of focus, DOHMH welcomes comments including, but not limited to, which are most important or should be prioritized and what could be included:

A) Crisis identification and connection to appropriate care

- Address the systemic barriers to care and treatment after discharge following hospitalizations or ED visits due to suicide attempts or suicide-related behaviors. Examples of interventions include:
 - Provide culturally responsive training for providers that engage with Latina/o youth or Latina/o LGBTQ+ youth during and after a suicide-related crisis (e.g., mobile crisis teams, school-based health and mental health clinics, and emergency services).

- Provide culturally responsive trainings for peers, supportive adults, teachers, caregivers, faith-based leaders, and other key community members in how to recognize and respond to the warning signs of suicide among Latina/o youth or Latina/o LGBTQ+ youth.
- Improve referral pathways post-discharge using creative methods that encourage help-seeking behavior and engage a broad support network (e.g., develop linguistically and culturally relevant booklets for parents and caregivers on how to best support their child and connect the family to holistic services that promote recovery).

B) Direct support for Latina/o youth or Latina/o LGBTQ+ youth and their families – including chosen families - and communities

- Promote environments that reduce conflict, improve intergenerational communication and understanding, and inspire wellness and recovery. Interventions should be strengths-based and build upon aforementioned or additional assets. Such examples include:
 - Fostering skills such as healthy communication and coping strategies to manage stress within the family unit.
 - Creatively engaging family members and adults within the personal networks of Latina/o youth or Latina/o LGBTQ+ youth with the aim of supporting the youths' goals and validating their achievements.
 - Providing linguistically and culturally appropriate interventions that reduce suicide ideation and suicide-related behavior such as:
 - Innovative, expressive, and therapeutic interventions that support Latina/o youth or Latina/o LGBTQ+ youth in discovering or developing their talents and strengths. This could be achieved, for example, by exposing youth to diverse activities such as hiking, yoga, spoken word, art shows, dancing, and STEM-related pursuits.
 - Safe spaces for discussion on topics such as acculturation, immigration, and cultural traditions to cultivate ethnic pride and identity.
 - Mentorship and peer programs that support Latina/o youth or Latina/o LGBTQ+ youth in developing life skills, engaging in activities that support family – including chosen family – interaction, building community to reduce isolation, and confidently transitioning from high school into the next phases of their lives.

C) Provider capacity building

- Help build the capacity of community-based, social service, educational, suicide prevention, and other organizations to provide culturally affirming services to Latina/o youth or Latina/o LGBTQ+ youth. Examples include:
 - Develop or improve upon and implement culturally affirming trainings for service providers that include, for example, explicit cultural components, foster avenues of trust between caregivers and youth, improve help-seeking, and address institutional barriers to care.
 - Train services providers/educators in how to understand and respond compassionately to the unique needs, suicide protective factors, and suicide risk factors of Latina/o youth or Latina/o LGBTQ+ youth

- Train staff in how to provide programming that is attractive to Latina/o youth or Latina/o LGBTQ+ youth.

D) Stigma reduction

- Build coalitions where key stakeholders such as mental health professionals, social service and community-based providers, educators, parents, caregivers, and youth can codesign strategies to support mental health and youth development within their own communities.
- Develop and implement destigmatization interventions combined with psychoeducation for parents and providers of Latina/o youth or Latina/o LGBTQ+ youth that:
 - Correct misunderstandings of help-seeking behavior.
 - Identify and encourage family-based assets.
 - Destigmatize the vocabulary around mental health by replacing vilifying words with strength-based language.
 - Create outreach campaigns that resonate with Latina/o youth communities that:
 - Provide education and information around mental health and other support resources.
 - Replace stigmatizing speech with empowering messages around mental health.
 - Develop diverse outreach channels to reach immigrant and indigenous Latina/o communities.

Proposed Term of the Contract

DOHMH anticipates that the term of the contract(s) resulting from the RFP will be six (6) years, with no renewal options, contingent upon the availability of funding. DOHMH anticipates the contract and program start date(s) would be in January 2023.

Virtual Town Hall

DOHMH will hold a virtual town hall for the provider community as follows:

Meeting date, time, and platform: Tuesday, May 4, 2021 from 3:00 – 4:00PM EST via Webex

Join from the meeting link

<https://nycdohmh.webex.com/nycdohmh/j.php?MTID=m5a2917ecdda1182de61fd77f1e6aa29d>

Join by meeting number

Meeting number (access code): 129 104 1636

Meeting password: WgSGiTR3m33

Tap to join from a mobile device (attendees only)

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Join by video system, application or Skype for business

Dial [1291041636@webex.com](tel:1291041636)

You can also dial 173.243.2.68 and enter your meeting number.

The purpose of this meeting is for DOHMH to obtain feedback and input from the provider community with knowledge of the target population. Agenda topics will be further specified at the meeting.

Procurement Timeline:

DOHMH anticipates that the forthcoming RFP will be issued in early Spring 2022 with a deadline of late Spring 2022. Expected award decisions will be made in Summer 2022.

Method of Evaluating Proposals:

DOHMH anticipates that proposals will be evaluated based on proposers' relevant experience and proposed approach to scope of services, program monitoring, data management, reporting, organizational capacity, including staffing plan, and budget management.

Funding Information and Anticipated Number of Contracts

The total anticipated funding amount for the RFP will be \$500,000 annually, or \$3,000,000 for the six (6) year contract term, subject to funding availability. DOHMH anticipates awarding up to three (3) contracts, depending on feedback received in response to this Concept Paper. If three (3) awards are made, the total anticipated amount of each contract is \$1,000,000, for up to \$166,666.67, annually. The Agency anticipates that the payment structure will be deliverables-based, with payments tied to the achievement of deliverables or milestones. DOHMH welcomes feedback from the provider community to developing the specific deliverables or milestones.

Use of HHS Accelerator and PASSPort:

HHS Accelerator and PASSPort are web-based systems maintained by the City of New York to manage procurement.

To become eligible to submit a proposal to the upcoming RFP and all other client and community services (CCS) within PASSPort, vendors must first complete and submit an electronic prequalification application using the City's HHS Accelerator System. Please visit <http://www.nyc.gov/hhsaccelerator> to submit a Business and Service Application.



Only organizations with approved Business Application and Service Applications for at least one of the following services will be eligible to propose to this RFP:

- Outreach
- Community Engagement
- Mental Health Services
- Health Education and Supports

To apply to the upcoming RFP and all other CCS within PASSPort, all vendors must also create an account within the PASSPort system. Please visit <http://www.nyc.gov/passport> to create an account in PASSPort.

Contact Information/Deadline for Comments:

Comments are invited through June 14, 2021. Comments must be submitted electronically via e-mail to RFP@health.nyc.gov. We are accepting comments in both English and Spanish. Please indicate “Latina/o and Latina/o LGBTQ+ Suicide Prevention” in the subject line.

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