

ANSWERING THE CALL:

Policy Academies
as a Tool for Black
Youth Suicide
Prevention



Suggested Citation

Substance Abuse and Mental Health Services Administration. (2025).

Answering the call: Policy academies as a tool for black youth suicide prevention.

Suicide Prevention Resource Center. <http://sprc.org/wp-content/uploads/Answering-The-Call.pdf>

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Answering the Call: Policy Academies as a Tool for Black Youth Suicide Prevention

Purpose

In 2022, the Substance Abuse Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) launched the Black Youth Suicide Prevention Initiative (BYSPI) to reduce suicide attempts and deaths among Black youth and young adults ages 5 to 24. Since then, the initiative has executed multiple events and supported 15 states and the District of Columbia in developing plans to address Black youth suicide through policy academies. This document serves as a guide and blueprint for national organizations, states, localities, and community coalitions to develop their own Black Youth Suicide Prevention Initiative and policy academies. It includes the process for SAMHSA's work in this area alongside key strategic opportunities and considerations for carrying out this life-changing work.

Overview and Background

In December 2019, the Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health released a report titled *Ring the Alarm: The Crisis of Black Youth Suicide in America*.¹ The report laid bare the concerning trend of increases in Black youth dying by suicide, as well as the gaps and challenges that exist in efforts to address the problem comprehensively and effectively. The report also included a set of practice and policy recommendations to advance Black suicide prevention efforts and ultimately led to increased awareness about the issue of Black youth suicide. Following the release of the *Ring the Alarm* report, the U.S. Department of Health and Human Services submitted a report to Congress about suicide among Black youth. Since the Congressional Black Caucus Emergency Taskforce's call to action, the problem of Black youth suicide has remained prevalent and worsened. In August 2023, nearly four years after the original *Ring the Alarm* report, Johns Hopkins Center for Gun Violence Solutions published *Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention*, renewing the call to action originally issued by the Congressional Black Caucus.²

¹ <https://theactionalliance.org/resource/ring-alarm-crisis-black-youth-suicide-america>

² <https://publichealth.jhu.edu/center-for-gun-violence-solutions/2023/still-ringing-the-alarm-an-enduring-call-to-action-for-black-youth-suicide-prevention>

Data on Black Youth Suicide

The focus on Black youth suicide was data-driven and initially based on data from the Centers of Disease Control and Prevention (CDC) and a study released in the Journal of the American Medical Association (JAMA). In 2018, an article in JAMA used CDC WISQARS data to show a significant increase in the suicide rate among Black youth between the ages of 5-11 from 1993 to 2012 (Bridge, 2008). A report from the CDC revealed that Black youth between the ages of 10-24 had a significant increase in suicide deaths from 2018 to 2021. Age-adjusted rates also increased significantly among non-Hispanic Black or African American (Black) persons (from 7.3 to 8.7, a 19.2% increase) during 2018 to 2021. In addition, according to 2021 Youth Risk Behavior Surveillance Data, Black students were more likely than Asian, Hispanic, and White students to attempt suicide and the percentage of Black students who were injured in a suicide attempt increased from 2011 to 2021 while other groups had no change or saw a decrease in the percentage of students injured. The Black Youth Suicide Prevention Initiative was created to develop a coordinated effort to change these trends.

Data Considerations

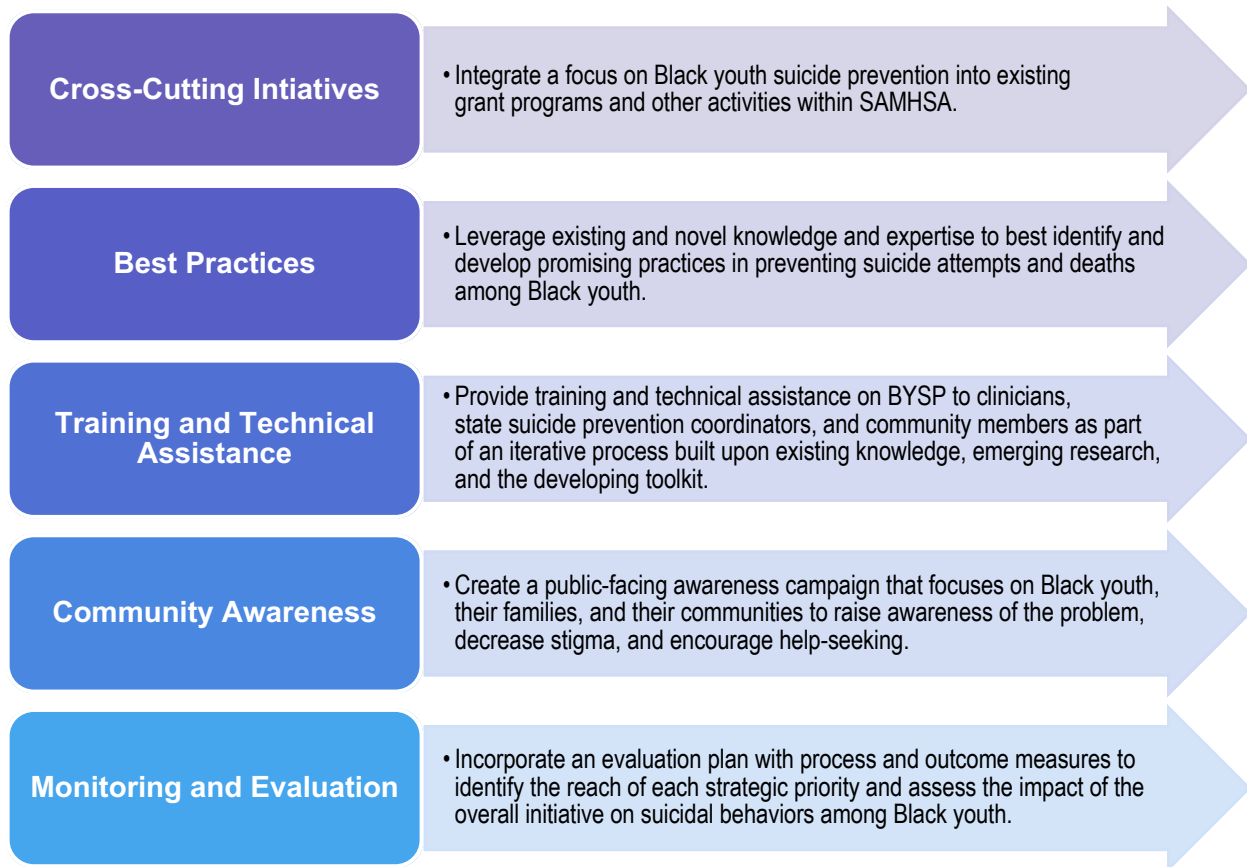
Data should drive your work in Black youth suicide and be the foundation for creating your prevention initiative. CDC WISQUARS and SAMHSA NSDUH data are great sources for state-level suicide data. Connect with your State Suicide Prevention Coordinator for more ideas on ways to obtain statewide data. While quantitative data is needed and helpful, consider qualitative data from community-based organizations and directly from youth on the burden of suicidal ideation, suicide attempts, and deaths of their peers.

SAMSHA's Black Youth Suicide Prevention Initiative

In June 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) established the Black Youth Suicide Prevention Initiative (BYSPI). BYSPI aims to reduce the rates of suicidal ideation, behaviors, attempts, and deaths among Black youth and young adults between the ages of 5-24 in the U.S.

SAMHSA's African American Behavioral Health Center of Excellence (AABH-COE) conducted a literature review (not public) on behalf of the BYSPI team to better understand the most current work in Black youth suicide. The literature review highlighted the gaps and concerns noted in the data section. Next, the team convened a national subject matter expert panel comprised of clinicians, community-based organizations, representatives from federal agencies, and young people with lived experience to help identify and prioritize feasible strategies. The strategic priorities identified and noted in Figure 1 are cross-cutting equity initiatives, best practices, data and evaluation, community awareness, and training and technical assistance.

Figure 1. BYSPI Strategic Priorities and Goals



Expert Panel Meeting

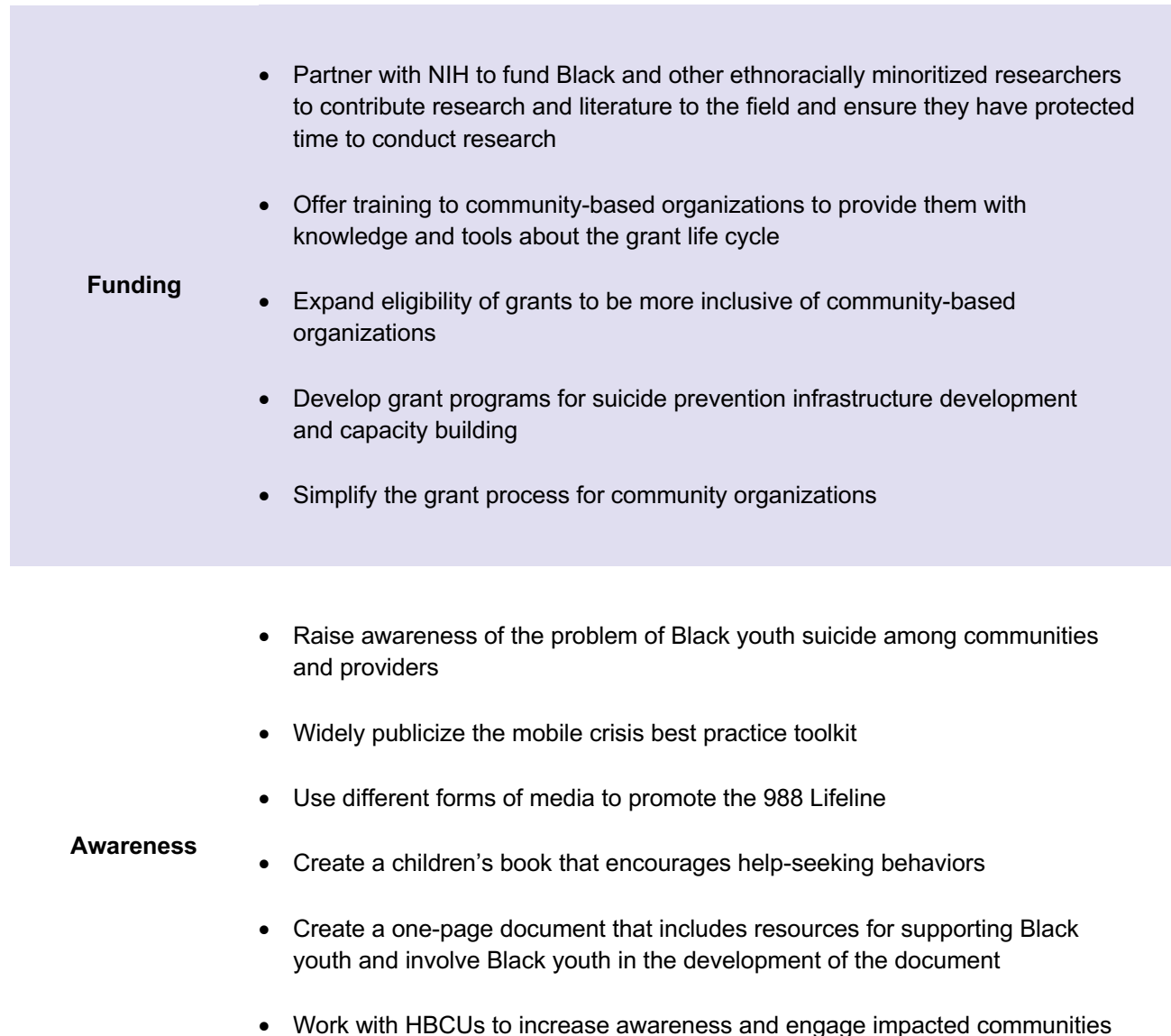
On August 15th and 16th, 2022 the Substance Abuse and Mental Health Services Administration (SAMHSA) convened an expert panel on Black youth suicide consisting of physicians, mental health professionals, youth, community leaders, researchers, and those with lived experience. During the expert panel meeting, attendees split into breakout discussion groups focused on: barriers to supports for Black youth; 988 Lifeline engagement with Black youth; suicide prevention strategies for Black youth; and a panel with Black youth with lived experience. The themes that emerged from the breakout groups helped guide discussions to develop recommendations and next steps for advancing Black youth suicide prevention work.

Some common themes include:

- Addressing Black youth suicide is an urgent need;
- There is a dearth of knowledge and research about Black youth suicide, including data on the efficacy of specific interventions;
- Concerns about Black youth suicides being undercounted;
- The importance of engaging and supporting community organizations;
- The need for a more diverse behavioral health workforce and intentional programming to address systemic and structural barriers.

In addition to overarching themes, each breakout group discussed specific needs and challenges pertaining to certain topics. The discussions in the breakout groups led to the development of action items included below in Figure 2.

Figure 2. Themes Identified at the 2022 Expert Panel Meeting on Black Youth Suicide



**Impacted
Communities
Engagement**

- Establish a Black youth suicide coalition consisting of community partners, researchers, clinicians, and youth
- Engage youth in the development of awareness campaigns
- Form a youth advisory council to inform and guide suicide prevention efforts
- Include youth representation and have youth serving in leadership positions when discussing planning or implementation

**Behavioral
Health and
Suicide
Prevention
Workforce**

- Create a mentorship program for early-stage researchers to be paired with mid- or late-career researchers
- Publicize the Minority Fellowship Program more broadly to increase awareness
- Expand programming to community colleges and community organizations to increase the behavioral health workforce (e.g., Health Occupation Students of America)
- Train first responders and frontline workers to provide knowledge and skills to engage with youth in crisis

**Youth
Needs**

- Provide safe spaces for youth in crisis (e.g., drop-in centers within the community)
- Include younger children and families in universal prevention to ensure they are equipped with coping mechanisms

Data

- Collect race and ethnicity information for the 988 Lifeline to analyze utilization, effectiveness, and outcomes

Policy Academies

After the Expert Panel Meeting, SAMHSA BYSPI staff spent time reviewing the information from the meeting to determine next steps for the initiative. Of the many ways SAMHSA could get engaged to prevent Black youth suicide, working with states presented a strong opportunity. The BYSPI team decided to develop a policy academy specifically focused on Black youth suicide, the first of its kind in the nation. SAMHSA led two Black youth policy academies in 2023 and in 2024.

The Black youth suicide policy academies brought together SAMHSA staff, subject matter experts, and states to support state teams. Through the policy academy each state developed action plans to reduce suicidal ideation, attempts, and deaths among Black youth and young adults ages 5 to 24. State teams were invited based on the suicide rate among Black youth and young adults in their state and the population of Black youth and young adults in their state. The BYSPI team reviewed the most recently available suicide rates in all 50 states and the District of Columbia using the CDC WISQARS online tool. United States Census data was used to determine the approximate number of Black youth and young adults in each state. Using this information, the BYSPI team created a list of eight states with the greatest suicide prevention needs. The states that attended the policy academies were the first eight states to accept the invitation, as some states declined participation and others did not respond. States were encouraged to ensure their teams included relevant organizations and community representation. Teams generally consisted of the state's suicide prevention coordinator, Black youth and young adults, community-based organizations, researchers/those in higher education (with an emphasis on partnering with historically Black colleges and universities), and individuals with lived experience.

Prior to the academy, state teams met with SAMHSA Suicide Prevention Branch staff and paired with a subject matter expert (SME) from the field to prepare for the work ahead. These pre-policy calls allowed state teams to meet SAMHSA staff and SMEs as well as learn about the structure of the policy academy. Over the course of two and a half days, state teams worked diligently with their assigned SME and SAMHSA staff to identify risk and protective factors impacting Black youth in their state, available data sources, strategic partnerships, ways to engage Black youth to be part of the planning and implementation, and ways to develop strategic goals. In addition to having an assigned SME, policy academy participants were also provided with a booklet that included worksheets and guides to assist them through the strategic planning process.

SAMHSA held check-in calls with each of the state teams a few months after the academy. The purpose of these debrief calls was to check in with states, assess the progress on their action plan, and provide support.

2023 Black Youth Suicide Prevention Policy Academy

In July 2023, SAMHSA hosted its inaugural Black youth suicide prevention policy academy. The 2023 policy academy convened subject matter experts (SMEs), SAMHSA public health advisors, and eight state teams to begin the development of an action plan for Black youth suicide within their respective states. The first morning of the policy academy started with welcome remarks from Dr. Miriam Delphin-Rittmon,³ Tyiesha Short,⁴ and Dr. Anita Everett,⁵ followed by several presentations for attendees to inform their planning. The first presentation of the morning was by Dr. Arielle Sheftall, who provided a recap of the BYS Expert Panel Meeting. A brief presentation on the soon-to-be-released *Still Ringing the Alarm* report was provided, and then the SMEs moderated a panel titled Black Youth Suicide Prevention Subject Matter Expert Panel: Where We've Been and Where to Go.

On the morning of the second day, SAMHSA staff facilitated a check-in with state teams and moderated another panel with Black youth and young adults to discuss effective engagement strategies. After that, the teams broke into planning sessions with their assigned subject matter experts. Each team had SAMHSA staff sitting in on their sessions to provide feedback and support. The teams used easels to take notes and monitor decisions. On the final day, each team reported out and received questions and encouragement from other teams. There were closing remarks from the Black Youth Suicide Prevention Initiative co-leads.

Figure 3. Attendees and SAMHSA's Suicide Prevention Branch Chief, Brandon Johnson, at the 2023 Black Youth Suicide Policy Academy in Baltimore, MD



³ Miriam E. Delphin-Rittmon, PhD, Assistant Secretary for Mental Health and Substance Use, (SAMHSA)

⁴ Tyiesha Short, Associate Director of Science and Policy, Office of the Surgeon General (OSG)

⁵ Anita Everett, MD, DFAPA, Director of Center for Mental Health Services (CMHS), SAMHSA

2024 Policy Academy

In July 2024, SAMHSA hosted the second Black youth suicide policy academy with a new cohort of state teams. Overall, the second policy academy had a very similar structure to the inaugural policy academy. The planning team made several changes, however, based on feedback from the first cohort of policy academy attendees as well as internal debriefing meetings with SAMHSA staff and SMEs. It became clear that it was imperative to include youth in the policy academy planning process as opposed to planning something and then inviting them to participate. The planning team for the 2024 policy academy included a young adult, Janiah Fields,⁶ who planned the programming for the morning of the second day.

Ms. Fields planned the welcome and wellness activity for day two of the policy academy, as well as moderating the youth panel titled Letting Go of the Baggage: Unpacking Black Trauma and Making Room for Black Healing. Former NFL Player, SOUL COLE,⁷ led the morning wellness activity, providing a guided meditation, grounding exercises, and setting the tone for the rest of the day. After the team huddles, participants returned to the larger room for a Community Knowledge Exchange that allowed participants to meet other attendees, find potential opportunities to collaborate, and brainstorm together.

Day three began with a welcome back, recap, and another wellness activity led by SOUL COLE. The state teams had one more team huddle and then came together for the final report out on what they had accomplished during the policy academy.



⁶ Janiah Fields, Student, McDaniel College

⁷ SOUL COLE, Chief Executive Officer & Founder, SOUL Impact Foundation

Figure 4. Changes Made for the 2024 Policy Academy

- A youth/young adult was part of the planning team and helped guide the planning process as well as developing and moderating a panel discussion with other Black youth and young adults.
- In addition to the SMEs assigned to state teams, there were floating SMEs. These included youth/young adults who visited various state teams during the team huddles.
- Attendees shared different suicide prevention materials and resources they have developed at the registration table.
- A wellness speaker was invited to lead the morning check-in and wellness activities with the state teams.
- Teams were able to document their action plans electronically in real time.
- Team report outs were facilitated, and highlights were captured via a word cloud. As state teams shared their report outs, other attendees used the word cloud to share their takeaways from the state's report outs. This allowed attendees to give feedback and encouragement to other state teams while keeping the report out portion of the agenda timely.

Policy Academy Outcomes

The state teams that attended both policy academies have largely continued their efforts around Black youth suicide prevention. The majority of states have a coalition or working group designated to address Black youth suicide prevention, and many have applied for or secured funding for their BYSP efforts. The development of awareness campaigns and materials is a common activity among the state teams, as is conducting training about Black youth suicide prevention. The below table offers a quick snapshot of some of the accomplishments state teams have made since the policy academy. There are some limitations to the information shared below because there was not a 100% response rate from state teams when they were asked to share their achievements, likely due to a quick turnaround time. Another limitation is that state teams were only asked for their top three achievements from the academy, so the below table and summaries provide only a glimpse of the work the state teams are doing.

Figure 5. Snapshot of State Team Achievements

State	Has a coalition or working group	Currently planning or has held a summit or conference	Currently planning or has held a training	Currently planning or has held an awareness campaign and materials	Currently planning to or has applied for funding	Has secured funding for BYSP
Maryland			•	•		
Ohio	•	•	•			•
Pennsylvania	•	•				•
North Carolina	•	•	•	•	•	
Louisiana	•			•		
Oregon	•					•
Indiana	•	•		•		•
Illinois	•			•	•	
Georgia	•					•
Oklahoma			•		•	
Michigan	•		•	•		



Perspectives from Youth and Young Adults

As evident throughout this guide, youth and young adult voices are critical to the work. We asked the youth and young adults who participated in either policy academy to provide their perspectives on and experiences of the policy academy. Two excerpts are included below.

Janiah Fields, a student at McDaniel College, said:

“This year’s 2024 Black Youth Suicide Policy Academy was truly something special. It’s one thing to say you want youth involved every step of the way, but to actually have an event such as this one with as many youth-driven conversations and leadership made this experience worthwhile. In my experience, so many people are seen, but I think everyone was both seen and heard at the BYSPA; everyone’s opinion and their story mattered so much to me. I believe that this event reminded every one of their ‘why?’ Regardless of what it was, we all can agree that there is a problem, and it is our job to find solutions. The BYSPA showed me the strength in numbers. And the built-in community I have as a Black person. Despite so much darkness and trauma and hurt that fills our world, I truly believe we will be okay because of people like those who attended this event; we care so much. The youth care so much. Working with SAMHSA on this project showcased my voice. It gave me the space to amplify the beautiful voices of others a well. I’m extremely proud of all those in attendance and grateful for everything I learned along the way.”

Justin Fields, a student at Wilberforce University, said:

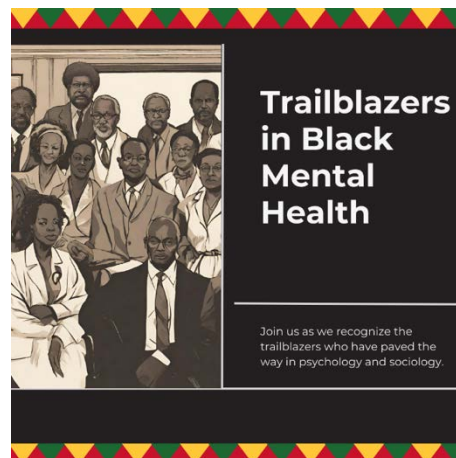
“The Black Youth Suicide Prevention Initiative broke the ground for phenomenal efforts to push the envelope of healing in our community. The impact that I personally experienced is beyond invaluable and it allowed me to stretch my wings for growth in the mental health field by being surrounded by experts. The impact that I have seen outside of me and in the community was far greater because the work that was produced from the initiative was being used in the real world. I am so glad to have participated in the initiative because I truly felt helpful with being a part of a much greater purpose that would improve someone else’s life in the time of need.”

State Team Accomplishments

Maryland

For Black History Month (2024), the Maryland Office of Suicide Prevention developed a promotional campaign highlighting trailblazers in Black mental health, including historical figures such as Mamie Phipps Clark, Kenneth Clark, and Francis Cecil Sumner. It also honored more contemporary trailblazers such as Richard A. Rowe, Andrea Brown, and T-Kea Blackman. In partnership with the Black Mental Health Alliance and University of Maryland School of Medicine, Maryland's Office of Suicide Prevention hosted a roundtable webinar called *Taking Care of Us*, celebrating Black trailblazers in mental health including leaders, visionaries, and influencers. The webinar had over two hundred (200) attendees. Maryland has also partnered with Morehouse School of Medicine and the American Foundation for Suicide Prevention to develop a curriculum for recognizing and responding to suicide in the community for their Taking Care of Us Initiative.

Figure 6. Image from Maryland's Black History Month Campaign



Ohio

Since the policy academy, Ohio has developed their Black Youth and Young Adult Suicide Prevention Community of Practice, boasting over thirty-five (35) members representing more than twenty (20) organizations across the state of Ohio. The Community of Practice developed an online toolbox containing information about Black youth and young adult suicide prevention that is available to the public. Additionally, Ohio hosted a Black Suicide Prevention Summit which was attended by more than two hundred (200) adults and provided Strategic Prevention Framework training for twenty-five (25) Black youth. The Strategic Prevention Framework training involved the development of a manual and workbook that was specifically adapted for Black youth. Ohio also developed a Faith-Based Black Youth and Young Adult Suicide Prevention Workshop for the Black Church. Workbooks were developed specifically for this workshop and contained an adapted suicide prevention safety plan for Black youth called "My Wellness Hack." The workshop was held in five different churches and residents from 19 different cities attended the workshops. Pre-and post-workshop assessments showed a 15% increase in knowledge related to identifying suicide risk and understanding preventive measures.

Pennsylvania

Since the policy academy, Pennsylvania's Black Youth Suicide Prevention Policy Academy workgroup membership has nearly quadrupled in size – starting with a team of eight and now boasting a team of more than thirty members. To support the goals of the workgroup, Pennsylvania has secured multiple streams of funding including a Transformation Transfer Initiative (TTI) grant through the National Association of State Mental Health Program Directors (NASMHPD), a grant from the Staunton Farms Foundation, and a Garrett Lee Smith State/Tribal grant through SAMHSA.

Additionally, Pennsylvania collaborated with NAMI and Lincoln University to facilitate the Pennsylvania Black Youth Suicide Prevention Convening to address the rising suicide rates among Black youth in the state. The convening consisted of partners, including professionals and youth with lived experience. The aim of the convening was to establish a space for open and honest conversations about Black youth mental health and suicide prevention with the goal of empowering youth, raising awareness, and addressing intergenerational trauma. The convening featured panels where youth shared their lived experience and perspectives on Black mental health and breakout sessions for more in-depth discussions and collaborations. The youth who attended the convening emphasized the need for asset-based approaches, culturally relevant resources and professionals, and a focus on Black joy and other protective factors.

Louisiana

Louisiana has developed a multidisciplinary implementation team comprised of professionals and advocates with diverse expertise, as well as a demonstrated strong commitment to advancing work around Black youth suicide prevention. The Office of Behavioral Health's 988 Team successfully partnered and collaborated with key stakeholders and mental health advocates in the community to raise awareness of suicide prevention resources within the Black community. One such campaign is the 988 Lifeline and suicide prevention awareness campaign that was launched during the Bayou Classic, a highly attended rivalry football event between Southern University and Grambling State University. This initiative reached a wide audience by leveraging the platform to promote culturally relevant mental health and suicide prevention resources.

Additionally, the Louisiana team used insights gained from the policy academy to inform contributions to the HCR 84 Legislative Task Force, which is studying suicide rates among Black populations in Louisiana. The insights provided support to the task force and contributed to the development of data-informed actionable recommendations to address suicide rates among Black populations in Louisiana.

Oregon

After the policy academy, Oregon launched the state's first Black youth suicide prevention coalition, which is youth-led. Oregon was also able to secure funds for their Black youth suicide prevention initiatives, including matching funds from the state health director, bringing their total funding to \$500,000 for their priority projects.

Additionally, Oregon held the first Life-Sustaining Practices Fellowship cohort, which is a collaborative project implemented by Portland State University, Oregon Health Authority, and researchers Dr. Tiffani Marie and Dr. Kenjus Watson. The cohort included 18 Black-identified youth-serving adults who participated in monthly gatherings to experience culturally specific healing practices, ancestral ways of knowing and being, and healing circles with a loss survivor and suicide attempt survivor. These monthly convenings, which also included elders, experts, and guest contributors, continued through December 2024. The fellows have started to develop toolkits for the practices they will use with the youth they serve. Phase 2 of the project involves the fellows using their toolkits to provide culturally specific interventions, and Phase 3 will involve developing awareness of the toolkits and strategies, publishing research articles, and expanding the practices to other Black wellness spaces.

Georgia

The Georgia state team completed an in-depth look at the data and a literature review on suicide among Black youth to understand the trends in Georgia and how they compare to national trends. They also created resources and materials to outline data findings and communicate the group's mission and goals. These resources included both a slide presentation and an informative one-pager. Additionally, Georgia engaged community partners with similar initiatives to expand their reach and impact as well as inform the creation of regional advisory councils.

Indiana

After the policy academy, Indiana created the Community Engagement Suicide Prevention Coordinator state position to address the increase in suicide rates among Black youth and support the Black Hoosier community. The coordinator is responsible for developing and advancing culturally relevant initiatives to address suicide and behavioral health crises, as well as overseeing community-focused co-designed statewide strategic suicide prevention and crisis response planning, and collaborating with affiliated task forces, councils, and other stakeholders to lead these initiatives.

The Indiana state team also secured funding for their Black youth suicide prevention aims through the Transformation Transfer Initiative facilitated by NASMHPD. In partnership with community members and people with lived experience, Indiana's Division of Mental Health and Addiction, along with experts from Indiana University School of Medicine, Kinsey Institute, Purdue University, and University of Notre Dame will develop the Indiana Black Youth Suicide Workgroup, conduct qualitative studies that include community listening sessions and focus groups, produce a report on their key findings, and develop an action plan in alignment with state initiatives.

North Carolina

The North Carolina team collaborated with an epidemiologist from the North Carolina DHHS to collect Black youth suicide data to develop data-informed targeted strategies for their state action plan. One such strategy is a targeted marketing campaign in Black barbershops that includes framed educational posters as well as training on conversations about access to lethal means for barbers. Blue Cross Blue Shield paid for barbers to attend the Conversations About Lethal Means (CALM) training. Zip code data from NC DHHS and 988 helped the team decide which zip codes to focus their efforts on. They have also hosted events for survivors of suicide loss as well as listening circles to hear from communities about Black youth suicide and better inform action plan strategies. A draft of the NC Black Youth Suicide Prevention Action plan has been submitted to NC DHHS and NC DPI leadership for review and is expected to be published early next year. The team has also applied for grant opportunities to secure funding for their BYS initiatives. Future plans include establishing a Black Youth Advisory Council and planning a Black Youth Conference in 2025.

Illinois

Illinois has been meeting monthly since the policy academy and is working on identifying data gaps and needs. Their plan is to raise awareness about Black youth suicide in the state through a campaign. The Chief of Minority Health at IDPH added a section on Black youth suicide to the agenda for the 2025 Illinois Department of Public Health's Minority Health Conference

Michigan

The Michigan team has been meeting monthly since the policy academy. They have drafted an awareness article and survey disseminated through email listservs and social media to raise public awareness about Black youth suicide and collect information on organizations and programs serving Black youth in Michigan. The team is focusing on youth engagement strategies and following up with the organizations identified through their survey. The team, in collaboration with other grants in the state, are hosting trainings on suicide risk assessment and management as well as treatment for clinicians in the Detroit area.

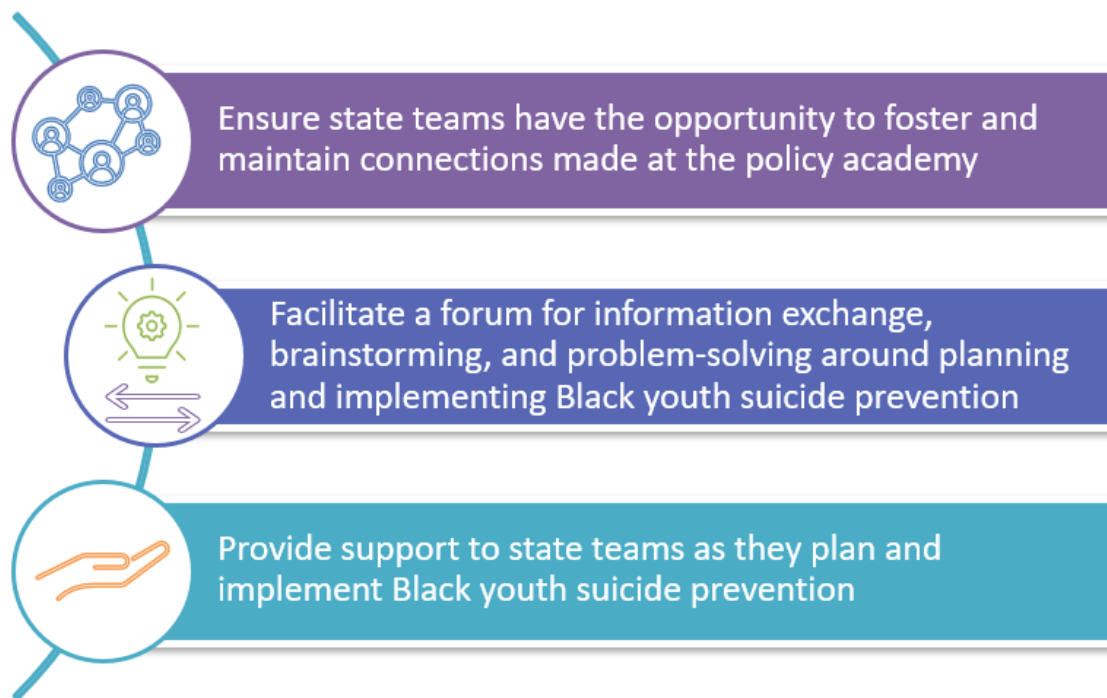
Oklahoma

Oklahoma is working to recruit youth for a youth advisory committee and hold youth focus groups to understand which youth age groups to include and the best meeting format. They are also pursuing the development of a coaches' advisory committee consisting of diverse members to develop a suicide prevention curriculum for coaches. The Oklahoma team has applied for funding for their Black youth suicide prevention efforts and are seeking additional funding sources.

Learning Collaborative

Following the 2023 BYSP policy academy, the BYSPI team recognized the importance of providing additional support to state teams as they continue to build upon the action plan and work they began at the policy academy. The BYSPI team launched a learning collaborative to begin in January 2024. The learning collaborative provided additional support for one year to the state teams that attended the 2023 policy academy (see Figure X for goals of the learning collaborative). The learning collaborative I consisted of five 90-minute meetings, two webinars, office hours, a resource hub, and listserv. The 2025 learning collaborative will offer the same support to the second cohort of policy academy state teams.

Figure 7. Goals of the Learning Collaborative



Planning a Policy Academy

The policy academies created by the Black Youth Suicide Prevention Team focused on bringing multiple states together to create individual plans to reduce Black youth suicide. However, a state or community coalition could develop their own policy academy, consisting of local and community partners, to work toward the same goal. In this section, we will share considerations for a state/community policy academy.

Establish a Planning Team or Advisory Group
Planning a policy academy is a large task that is best done in collaboration with others. Establishing a planning team can help with the workload, and also aid in developing the goals, logistics, partners, attendees, and implementation of the academy. As you are building your planning team, connect with Black youth and young adults in your community to provide them with the opportunity to meaningfully participate in the planning of the academy. Youth voice is critical to the success of Black youth suicide prevention work. Having youth and young adults on the planning team also help to ensure the planning team and academy is representative of the community it is looking to serve.

As mentioned previously, youth voices and youth engagement are critical to the success, utilization, and impact of Black youth suicide prevention efforts. There should be youth participation in the policy academy planning and action item development. Consider having Black youth that represent various intersections, such as Black LGBTQ+ youth, Black youth with disabilities, Black youth living in rural areas, etc. These perspectives will help to diversify feedback and enrich the planning process.

SAMHSA Example

For the 2024 Black youth suicide prevention policy academy, a youth/young adult was part of the planning team. Their participation included guiding the planning process and developing and moderating a panel discussion with other Black youth and young adults on the second day of the policy academy.

“If you let us – if you hear us out, we’ll tell you everything you need to know, everything that you need to help us.”

– Jaelyn Bull, youth participant

The goal of SAMHSA’s Black youth suicide prevention policy academies is to support states in the development of action plans to reduce suicidal ideation, attempts, and deaths among Black youth and young adults ages 5-24.

Are your policy academy goals SMART?

Are your goals...

Specific

Measurable

Achievable

Relevant

Time-bound

- How will you ensure Black youth and young adults are meaningfully engaged in the planning and programming of the policy academy?
- How much time in advance do you need to plan a successful policy at are the roles and responsibilities of the planning team members?
- What will their time commitment be to the planning process?
- How frequently will you hold planning meetings?

Develop Goals for the Policy Academy

The planning team will help develop the goals for the policy academy. Though SAMHSA's Black youth suicide prevention policy academy's aim was to assist states with developing an action plan, you may have other needs or goals that you want to address with your policy academy. The model is adaptable and can be used for a variety of settings (e.g., community coalitions, schools, community-based organizations, cities, counties, etc.). Be sure to invite youth, community members, community-based organizations, and other collaborators to help develop the primary goal(s) and expectations for the academy.

- What do you hope to achieve with the policy academy?
- Would a new suicide prevention plan for Black youth be beneficial?
- Is there an opportunity to incorporate the Black youth suicide prevention action plan into a larger strategic plan such as a state or county level suicide prevention plan?

SAMHSA Example

SAMHSA's 2023 and 2024 policy academies were held in Baltimore, Maryland and Bethesda, Maryland, respectively. These locations are in close proximity to major airports, which was important since several teams were travelling from various parts of the country. The academies were hosted in hotels. These accommodations made lodging simpler for participants and meant participants did not need transportation or to travel each morning of the policy academy. Each location had available spaces to use as breakout rooms for the state teams to work and convene in. SAMHSA was able to cover travel costs for participants, removing funding as a barrier to participation.

SAMHSA used data on Black youth suicidal ideation, attempts, and deaths to inform which states to invite to participate in the policy academy. States were prioritized if they had a higher burden of suicidal ideation, attempts, and deaths among Black youth.

Logistics

Planning the logistics of a policy academy can be challenging because they depend on a number of factors, including funding and location availability and accessibility, to name a few.

- What is a location that is accessible to your participants?
- Where will you hold the policy academy (e.g., hotel, conference center, college/university campus, etc.)?
- Does the venue have ample, comfortable space for break out rooms? Does the venue have a room large enough to convene all participants/attendees in one location?
- How far and what types of transportation will attendees need to travel to the location?
- Is the travel distance, time, or cost prohibitive for some attendees?
- Do you have available funds to assist with travel and lodging for attendees?

Identify and Invite Participants

As the planning committee, consider who should be invited to the academy. Choosing the right participants for the academy should be a thoughtful process, with suggestions coming from your planning committee and/or advisory group. Connect with organizations and individuals who share your mission to reduce suicide among Black youth. Consider engaging with the private sector as well – many organizations invest in community efforts. Do research to consider who might be interested in this work and invite them to be a part of the academy. Identify subject matter experts to help facilitate the work during the policy academy.

Organizers could consider implementing an application process, if desired. When creating an application process, the aforementioned information is still applicable and can be helpful to consider. Work with the planning committee to decide what information should be included in the application. Review the application as a team to ensure that the information collected is necessary and the application is accessible (e.g., plain language, a variety of partners would be able to complete the application, etc.). The second component of an application process is developing the criteria on which you will evaluate the applications. Consider developing a rubric to evaluate applications. Creating a rubric with concrete examples can help make the process more objective. It is important to consider how you will disseminate the opportunity for individuals and organizations to submit applications. How will you ensure the dissemination reaches the intended communities and partners, as well as communities and partners who may not be reached through traditional channels?

Suggested Attendees

- State and/or local suicide prevention coordinator
- Black youth and/or young adults
- Individuals with lived experience
- Community-based organizations
- Higher education representative (preferably from an HBCU)
- Faith-based organizations
- Crisis workers
- K-12 school representative
- Subject matter experts
- Advocates
- Clinicians
- Sports coaches
- State or local suicide prevention coalitions or taskforces
- Private sector partners
- Minority health and/or health equity offices

Questions to Ask Attendees

- How will you organize participants into teams?
- How will you balance the goals and objectives of the academy while also helping attendees with the difficult subject matter?
- Are there historically Black Colleges and Universities (HBCUs) in your state? If so, encourage partnerships with HBCUs.
- Is the participant list representative of your community?

In addition to identifying participants for the policy academy, you will also want to identify subject matter experts to help facilitate the work of the policy academy. Inviting subject matter experts as consultants allows attendees to consult with an expert in real time as they are developing an action plan or other deliverable set out by the policy academy.

To find Black youth suicide experts, consider looking at the experts who contributed to the *Ring the Alarm* report, *Still Ringing the Alarm* report, and researchers who have published journal articles on Black youth suicide.

- In addition to Black youth suicide, what areas of expertise would be helpful to have at the academy?
- Are there relevant subject matter experts in your locale (e.g., community-based organizations, HBCUs, universities, etc.)?
- Does the subject matter expert's area of expertise align with the work you are doing or hope to do?



Plan the Agenda

Developing a good agenda will not only provide structure to ensure the time together is best spent but can also help participants know what to expect throughout the academy. Consider the different ways to use the time you have together and plan the agenda so that activities and sessions build upon information or work previously completed. In addition to breaks for meals, ensure that you schedule an ample number of breaks of appropriate duration throughout the day. Consider incorporating some kind of wellness programming to counteract the heavy subject matter and the amount of work being completed in a short time. Consider building extra time into the agenda to account for sessions that run over time or other interruptions to the schedule.

- How will you balance the goals and objectives of the academy while also helping attendees with the difficult subject matter?
- Would it be beneficial to include presentations or panels throughout the policy academy that will inform and assist with meeting the goals and objectives?
- How much time is needed to accomplish the tasks planned during the academy?
- How much time will be spent together as a large group versus in breakout rooms?



Materials and Resources

Ensuring that participants have the necessary materials and resources for developing action plans is important to the success of the academy. These include but are not limited to data, workbooks, materials for the breakout rooms, and more. Provide participants with the most recent jurisdiction-specific (state, county, city, etc.) data to inform the development of their action plans or other deliverables. Should you decide to develop a workbook for the academy, there are a number of topics that could be included in the workbook. Workbooks can help facilitate the work more easily during the academy.

Potential Content

- Key resources (*Ring the Alarm* report, national data sources, etc.)
- Data to support and inform Black youth suicide prevention efforts
- Strategies to collect original data (e.g., focus groups, community forums, etc.)
- Building data infrastructure and advancing equitable data
- Addressing risk factors
- Special populations such as LGBTQ+ Black youth, Black youth in foster care, justice-involved Black youth, immigrant/migrant Black youth
- Community and youth engagement and leadership
- Protective factors for Black youth and interventions to promote
- Strategic partnerships to collaborate
- Communication to inform, raising awareness
- Evaluation
- Building suicide prevention infrastructure
- Sustainability
- Attendee and SME contact information

Potential Questions for Workbook

- What are major risk and protective factors for suicide among Black youth?
- What makes Black youth more at risk for suicide and what things support Black youth and their mental health in your state?
- Who will be implementing interventions and other parts of the plan? Who will be leading this? Who else needs to be at the table?
- What does the community want to see? What do we/they want the outcomes to be?
- Where will you reach the young people we want to serve? Where are places that already engage youth?
- When should the intervention work start?
- How will the community receive the intervention? How do they feel about the prevention efforts?
- Who can help you reach your goal of supporting Black youth and young adult mental health in your state?
- How can you bring youth into your work in a meaningful way?
- How will you inform the community about the intervention and action plan?
- Who are trusted messengers in your community?
- Is this group one that can continue to work together to address Black youth suicide in your state?
- Is there a better way to continue the work?
- Is a larger task force needed?
- What are the resources needed to keep this together?
- How will you evaluate your intervention efforts?

Potential Data Sources

- CDC WISQARS⁸ or WONDER⁹
- Office of Vital Statistics
- Medical examiner or coroner
- Child and/or suicide fatality review teams
- Youth Risk Behavior Survey (YRBS)
- Medical claims data
- Crisis services data (crisis lines, mobile crisis, urgent care, etc.)

Important Questions to Ask

- Do any of your participants require accommodations (e.g., sign language interpreter, etc.)?
- What materials are needed in breakout rooms? Think large sticky easel pads, dry erase boards, markers and other writing utensils, etc.
- How can you incorporate technology to facilitate the work of the academy?
- What handouts or resources will you provide to participants (e.g., agenda, workbook, etc.)?



⁸ WISQARS stands for Web-based Injury Statistics Query System

⁹ WONDER stands for Wide-ranging Online Data for Epidemiologic Researchs

Prepare Attendees Before the Academy

Meeting with attendees before the academy can help the process run more smoothly during the academy. Discussing the structure of the academy and the agenda can help orient attendees to the process. Meeting before the academy not only familiarizes attendees with the agenda, it also allows attendees to meet and engage with the planning team and other facilitators.

- What information would be beneficial for attendees to know to prepare for the academy?
- Is there anything attendees should bring to the academy?

During the Policy Academy

The policy academy is where all your hard planning work comes together. You have laid a lot of groundwork so that things run smoothly, and there are some considerations to think through to ensure that this is the case. Though you have put a lot of time and energy into making sure the academy runs to plan, it's also important to be flexible as it is likely your agenda may get off track at some point during the policy academy.

- Have you identified roles for the planning team and facilitators at the policy academy?
- Do you have an easy way to communicate with each other quickly throughout the academy to keep things running smoothly, share updates, and address any issues that may come up?
- Do you have someone equipped and assigned to respond to any crises or strong emotional reactions that may arise during the policy academy as a result of the subject matter?
- Will you have facilitators float to different breakout rooms, or will a SME be assigned to each breakout room?

After the Academy

Though these are considerations for after the policy academy, consider your plans for post-academy during your planning of the event itself. In many ways, the work that happens after the academy is just as important as the work that happens during the academy. Debriefing with the planning team, facilitators, and SMEs can be a valuable way to learn what went well, what was learned through the process, and what you would do differently if you have a policy academy again. Similarly, it can be helpful to have a debriefing process with participants to understand their perspective on these things, but also to check in and follow up with them to see how the work has been going since the academy. If you employ this strategy, it makes sense to let some time pass between the academy and debrief call so that there is time for work to be done, but don't hold the debriefing call so far out that memory of the policy academy itself begins to fade.

- What do you want to know from the facilitators, SMEs and attendees about their experience with the policy academy?
- What are your plans to keep attendees/participants engaged in this work after the academy?
- How will you build upon the work completed at the academy?
- What outcomes do you hope to see from the academy? How will you measure those outcomes? How will you collect those outcomes?
- Are you able to provide support to attendees/participants as they continue their work after the academy? If so, what does that look like?

SAMHSA Example

SAMHSA assigned 1-2 SMEs per state team, and SAMHSA staff served as floating SMEs during the policy academies. Prior to the policy academies, state teams had a prep call with SAMHSA staff and their SME, orienting them to the process and allowing them to meet the SME they would be working with closely.

Debriefs after the academy provided insights that were used to make changes to the second iteration of the policy academy to improve the experience and efficiency of the academy.

Post-academy calls with state teams allowed SAMHSA staff to learn more about how the work has continued with each state team, what they have accomplished, and any barriers or challenges they have faced in doing the work.

One way SAMHSA has provided ongoing support to state teams that participated in policy academies is through the development of the BYSP Learning Collaborative. The learning collaborative provides support to state teams for up to one year after the policy academy through additional presentations, consultation with SMEs, sharing of resources, and office hours.

Learning collaboratives can be a great way to keep the momentum going after a policy academy, create a learning community, and foster relationships with organizations with similar goals.

Appendix A. Resources

[SAMHSA's Black Youth Suicide Prevention Initiative \(BYSPI\)](#)

Reports and Implementation Guides

- [Ring the Alarm: The Crisis of Black Youth Suicide in America](#)
- [Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention](#)
- [State of Mental Health for Youth and Young Adults of Color 2022](#)
- [Preventing Black Male Suicides: A Roadmap for Action](#)
- [Suicide Prevention Resource for Action](#)
- [Issue Brief: Black Youth Suicide Prevention](#)

Organizations

- [Black Emotional and Mental Health Collective \(BEAM\)](#)
- [AAKOMA Project](#)
- [The Boris Lawrence Henson Foundation](#)
- [The Loveland Foundation](#)
- [The Steve Fund](#)
- [Black Mental Health Alliance](#)
- [National Organization for People of Color Against Suicide](#)
- [Therapy for Black Men](#)
- [Therapy for Black Girls](#)
- [Caleb's Kids](#)
- [Wellness N Color](#)

Toolkits

- [Widening the Lens: Exploring the Role of Social Justice in Suicide Prevention: A Racial Equity Toolkit](#)
- [BEAM Wellness Tools](#)

Appendix B. Black Youth Suicide Subject Matter Experts from Policy Academies and Learning Collaborative

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Appendix C. Black Youth Suicide Policy Academy Workbook

SAMHSA'S BLACK YOUTH SUICIDE PREVENTION POLICY ACADEMY (2024)

Strategic Action Plan Development Guide



Introduction

Welcome to the Black Youth Suicide Prevention Policy Academy Action Plan process! Upon completing this process, you will have developed strategic goals to address Black youth suicide in your state. Throughout the Academy, your team, Subject Matter Expert (SME) Facilitator, and SAMHSA staff will help guide you in creating your action plan through prompts and other discussions. If you and your team would like to use another process to develop your goals, you are allowed to do so. However, each action plan should consider the following areas:

1. **Strategic Goals** (Team Huddle #4)
2. **Data** (Team Huddle #1)
3. **Risk Factors/Challenges** (Team Huddle #1)
4. **Protective Factors/Interventions/Training** (Team Huddle #1)
5. **Strategic Partnerships** (Team Huddle #2)
6. **Community and Youth Leadership** (Team Huddle #2)
7. **Communication Strategies** (Team Huddle #3)
8. **Evaluation** (Team Huddle #3)
9. **Infrastructure** (Team Huddle #4)

Each of these areas has a section to help guide your conversations. We have designated times for each discussion as you move forward with the strategic action plan process. There will be a total of four team huddles throughout the 2.5 days. If you desire to follow this action planning process, there are designated parts of the action plan for your team to work on during specific team huddles. Please feel free to adjust and move these topics to account for need and priority. Some sections might not take as long to work through as we allotted, and others might require more attention. If you would prefer to use a different method for developing your action plan, please feel free to do so, as long as the above components are covered in some way.

Key Resources:

- *2024 National Strategy for Suicide Prevention and Federal Action Plan*
- *HHS Report to Congress on African American Youth Suicide*
- *Congressional Black Caucus' Ring the Alarm Report*
- *AAKOMA Project's State of Mental Health for Youth of Color 2022 Report*
- *Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide*

Please use these reports as guides to help you develop your plan. Each document is available for free online and includes information on these sections.

Team Roles:

As you begin your work on the action plan, please designate the following roles on your team:

- **Communication Lead:** This person will provide the report out from the team on day 3.
- **Scribe:** This person will help fill in one PDF form with notes from the team activities.

Strategic Goals

Here is where your Action Plan will come to life. However, this step will come at the end of the process. Once you've walked through the other stages of action plan development, you will return to this section and create your strategic goals to address Black youth suicide in your state.

When you have completed the other process steps, please create 3-5 goals to address suicide prevention in your state. Each of the goals should be SMART goals with 2-3 smaller actions to help get to each. Please refer to the Suicide Prevention Resource Center (SPRC) handout on SMART Goals to assist with developing these goals.:

Goal 1:

Goal 2:

Goal 3:

Goal 4:

Goal 5:

Free Training: The SPRC has developed an online course titled “A Strategic Planning Approach to Suicide Prevention” that you may take after the Academy to further enhance your process. You can find the course on their website at <https://sprc.org/online-courses/>

Data to Support

With any strategic planning process, you need data to support the goals that you are proposing. Knowing where to find data is important to the justification process of your activities. Knowing where to collect data at the national and local levels will help to guide your prevention and intervention strategies. It will also be useful in understanding specific risk and protective factors of Black youth within your state. Below are national data sources for suicide specific information. Spend time during your team huddles looking at data that might inform your goals.

National Data Sources:

- National Violent Death Reporting System (NVDRS)
- CDC Web-based Injury Statistics Query and Reporting System (WISQRS)
- CDC Youth Risk Behavior Surveillance Survey (YRBS)
- SAMHSA National Survey on Drug Use and Health (NSDUH)

Team Task: Use the table below to identify data sources and information that will help guide your state’s work on Black youth suicide:

Data Source	Metrics Captured by Source	Data Points to Inform Plan
Ex: NVRDS	Cause of death, precipitating factors, age of death, etc.	Higher proportion of Black youth who died by suicide experienced the following stressors prior to death by suicide compared to their White peers: <ul style="list-style-type: none"> • Crisis in the preceding two weeks • Having a family relationship problem • Argument or conflict • History of suicide attempts

Collecting Original Data

Collecting state specific data is a valuable way to get to the challenges Black youth are facing at the local level. Consider gathering information from your data systems and from the community directly. We discuss ways to do this in the community and youth engagement section, but here are some ways to do this:

1. Focus groups
2. Community forums
3. Interviews with community leaders
4. Engaging community and faith-based organizations

Key Resources: SPRC Data Resources

Below are resources on data collected from the SPRC. These resources provide information on data collection strategies and databases that may collect useful information for your state.

Building Data Infrastructure

- **Suicide Prevention Recommendations Based on Child Death Review:** Explores data from suicide reviews and highlights five key recommendations based on the data and experience of Child Death Review teams.
- **Prevention Institute’s Community-Informed Strategy Development:** Discusses the importance of developing and incorporating multiple forms of evidence, including experiential and contextual evidence, into suicide prevention planning.

Advancing Equitable Data

- **Actionable Intelligence for Social Policy's Centering Racial Equity Toolkit:** Describes positive and problematic practices for centering racial equity across the six stages of the data life cycle.
- **Intersectional Approaches to Equality Research and Data report:** Examines how to account for intersectionality within data collection and analysis.

- National Association of Chronic Disease Directors' Moving to Institutional Equity: A Tool to Address Racial Equity for Public Health Practitioners: A toolkit to help identify and mitigate biased practices and policies in the constructions and analyses of public health initiatives.
- National Institutes of Health's Sexual and Gender Minority Health Disparities Research Framework: Highlights numerous unique influences, factors, behaviors, and issues that impact the health and well-being of sexual and gender minority populations across the lifespan.

Qualitative Data Sources

- ICRC-S webinar on The Power of Using Qualitative Data in Suicide Prevention Research: Includes examples of using qualitative data in suicide prevention analysis work.
- The Value of Qualitative Research Methods in Suicide Prevention: Short blog on specific benefits of utilizing qualitative datasets.
- Qualitative Research: Helping to Move Health Equity Forward: Discusses different types of qualitative data sources available to advance health equity within public health.

Data on Social Determinants of Health

- Rural Health Information Hub Data Visualizer: Provides interactive maps of all 50 states, allowing users to compare 8 social determinants of health data pieces (as well as demographic data) across all counties.
- CDC Sources of Data on Social Determinants of Health webpage: Lists tools supported by CDC resources, including some references to data sources outside of CDC.
- CDC and Office of Minority Health's Minority Health Social Vulnerability Index (SVI): Database to help emergency response planners and public health officials identify, map, and plan support for communities before, during, or after a public health emergency (e.g., COVID-19) with a focus on racial, ethnic, and language groups.

Data on Suicide Risk, Identification, Treatment & Crisis Services

- Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response: Beginning on page 51, provides key quality indicators, processes, and considerations for crisis service data collection methods.

Free Training: The SPRC has developed a free training titled "Locating and Understanding Data for Suicide Prevention" which discusses data sources that could be useful after you leave the Academy. The course can be found here: <https://sprc.org/online-courses/>

Risk Factors to Address

Risk and protective factors play a critical role in suicide prevention. For clinicians, identifying risk and protective factors provides critical information to assess and manage suicide risk in individuals. For communities and culturally relevant prevention programs, identifying risk and protective factors provides direction about what to change or promote. Many lists of risk factors are available throughout the field of suicide prevention; however, this information is limited as it pertains to Black youth. This section provides a brief overview of the importance of risk and protective factors as they relate to suicide and offers guidance about how communities can best use them to assess and limit/decrease suicide risks among Black youth.

What are Major Risk and Protective Factors for Suicide among Black Youth?

Researchers have identified major risk and protective factors for suicide. Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide. Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide. Risk and protective factors are found at various levels: individual (e.g., genetic predispositions, mental disorders, personality traits), family (e.g., cohesion, dysfunction), community (e.g., availability of mental health services), and society (anti-LGBTQ+ laws, race/ethnic discrimination). Risk factors for suicide include the following (not an all-inclusive list):

- Depression
- Attention/Deficit Disorder (ADD) diagnosis
- Crisis in the preceding/upcoming two week (traumatic life events)
- Previous suicide attempt
- Family relationship problems
- Access to lethal means
- Exposure to race/ethnic discrimination
- Discrimination due to gender identity or sexual orientation
- Social determinants of health, such as poverty

The data sources you identified in the previous section will help inform you of other risk factors specific to the youth in your state. Having conversations with and building meaningful, non-predatory relationships with community-based organizations and faith-based organizations in your community will expose you to other risk factors impacting Black youth. It is necessary to continue to engage community and youth to be aware of shifts and new challenges they might be facing that could impact suicidal behavior.

Black youth are more likely to experience challenges with social determinants of health, including lower socioeconomic status, lower educational achievement, unemployment, living in high poverty neighborhoods, and homelessness (WHO, 2014). Also, Black youth are more likely to experience adverse childhood experiences (ACEs) than their peers. Greater levels of adversity correlated with worse health status, while access to protective factors in school,

family, and community was associated with better health. Compared to Black youth, White youth had consistently fewer ACEs, more protective factors, and better health.

Key Question: What makes Black youth more at risk for suicide and what things support Black youth and their mental health in your state?

Key Consideration: Special Populations

There are some populations of Black youth who may experience significantly more challenges than their peers. Addressing intersectionalities of Black youth may be impactful for your work. Some of these youth include:

- LGBTQ+ Black youth
- Black youth in foster care
- Justice-involved Black youth
- Immigrant/migrant Black youth

Team Task: As you are considering which risk factors and challenges to address, please consider the various levels – from individual to societal -- that you and your team have influence to impact. Use the space below to identify risk factors you want to address in your state and community. Be sure to include whether the risk factor is at the individual, relational, community, or societal level.

Risk Factors:

In the next section, we'll focus on protective factors and interventions to reduce suicide risk among Black youth.

Protective Factors and Interventions to Promote

As mentioned earlier, protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide. While the evidence base for protective factors is growing, there is not as much evidence for protective factors for Black youth compared to other racial/ethnic groups. Many of the studies centered on Black youth suicide protective factors were published by the SME Facilitators we have at the Policy Academy. During your Team Huddles and/or Community Knowledge Exchange, ask the Facilitators about their work. They may be able to provide insights into potential strategies for your state.

Protective factors for Black youth include the following:

- Connection to culture
- Strong familial support/relationships
- Religious and spiritual engagement
- Community/social support
- Personal factors (e.g., positive self-esteem, emotional well-being, strong academic performance)
- Factors such as stable family housing, income, and employment

The “HHS Report to Congress on African American Youth Suicide” and The Congressional Black Caucus’ “Ring the Alarm Report” offer additional strategies to address Black youth suicide. Many are listed below:

- Screening Youth for Suicide Risk Factors
- Treatment of Mental Disorders
- School-based Approaches
- Reducing Access to Lethal Means
- Addressing the Needs of Special Populations
- Multisystemic Therapy (MST)
- Attachment-Based Family Therapy (ABFT)

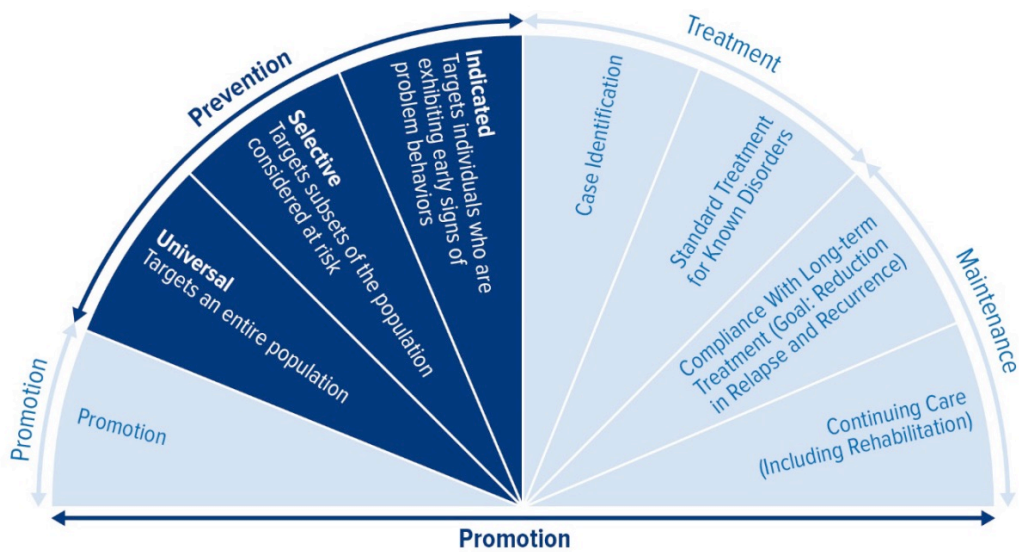
Key Consideration: Who, What, Where, When, and How

The success of efforts in suicide prevention planning, and in other fields, depends on the thoughtfulness behind the intervention and prevention strategies. When you think of prevention strategies to implement ask yourself these questions:

- Who will be implementing these practices? Who will be leading these? Who else needs to be at the table?
- What does the community want to see? What do we/they want the outcomes to be?
- Where will we reach the young people we want to serve? Where are places that already engage youth?
- When should we start the intervention work?
- How will the community receive the intervention? How do they feel about the prevention efforts?

Team Task: Use the chart below with your team to help consider the prevention and intervention strategies your team can use to impact Black youth in your state/community:

Potential Protective Factor/Intervention	Risk Factor it Addresses	Delivery Setting (school, faith-based, etc.)	Effort Lead	Universal, Selected, Indicated	Anticipated Date to Begin Intervention
Ex. Screening for suicide risk	Suicide risk identification	All State emergency departments	State Suicide Prevention Coordinator	Universal	Fall 2024



Free Resource: SPRC’s Best Practices Registry

The Best Practices Registry (BPR) is a resource library of programs and interventions that apply suicide prevention frameworks to specific populations and uses. The goal is to increase health equity by providing access to a broad selection of programs and interventions (including upstream approaches) that use different types of evidence, such as community and culturally-defined evidence, to show effectiveness. The current version of the BPR is in its infancy; however, the site includes the archive of the previous version with more information.

Strategic Partnerships to Collaborate

No one can do the work of suicide prevention alone. Strategic partnerships ensure that other voices and perspectives are included in the work. Strategic partners might also be able to provide funding and/or other resources for specific pieces of the project. Ensure that partners brought onboard understand the goals and the mission of the work that you are doing. Also, consider the history that the partners you are selecting have with the communities you wish to impact. Historical traumas and experiences may exist between Black communities and particular agencies and organizations within a state. Collaborating with communities directly before selecting a partner organization is often a great first step.

Partner Organization Types:

- Schools
- Crisis Centers
- Community-based Organizations
- Faith-based Organizations
- Colleges and Universities, particularly HBCUs
- Divine Nine Fraternities and Sororities
- Youth Groups
- Media Companies
- Government Agencies
- Large Corporations
- Suicide Prevention Community/State Coalitions

Key Question: Who can help you reach your goal of supporting Black youth and young adult mental health in your state?

Team Task: Use this space below to create a list of potential partners:

Key Consideration: Non-predatory Partnerships with Community

Consider ways for your partnerships to be mutually beneficial. Far too often, places with considerable financial security and traditional power will partner with a community-based organization in order to meet a goal or to collect data from a community, only to leave them as soon as they have the things that they need. The community is no better off from the interaction and collaboration. Here are some practical ways to avoid that.

1. Develop a contract/data-sharing agreement: In that agreement, include language that allows the community to own any data collected during the process.
2. Create a mechanism for transparency: Communicate the entire project to the community and ensure that there is a clear understanding of the work being completed. Articulate and get support for any changes made during the process.
3. Provide tools and resources: Understand the resources and tools that the community organization is looking for. There might be ways for you to support and advocate for them in other settings.

Key Takeaway: Don't take advantage of the community!

Team Task: Have a conversation as a team about people and places you would like to partner with. Use the chart below to help narrow down your previous list:

Potential Partner	Type	Reason for Partnership	Potential Role of Partner	Existing Relationship (Y/N)	Ways to Support Partner

Free Training: The SPRC has developed a free virtual learning lab on developing strategic partnerships. If you would like to access this after the Academy the module can be found here: <https://sprc.org/statewide-partnerships/>

Community and Youth to Lead

One of the challenges that communities often express in working with others on public health issues is that they are not often involved in the process of addressing a particular issue. At the Expert Panel Meeting on Black Youth Suicide, held by SAMHSA in 2022, community-based organizations in attendance said repeatedly that communities often only get to see the end result of a project and have no way to provide input and to speak to what they would like to see happen. Young people often feel disconnected in these processes and usually have no say in what would impact them. This causes intervention and prevention strategies to not reach their intended impact. At SAMHSA, we want to ensure that all communities have mechanisms in place to engage communities and youth as you work to reduce Black youth suicide.

Benefits of Community and Youth Engagement:

- Reduces power dynamics
- Creates channels of communication between community and stakeholders
- Builds community capacity
- Increases service/resource utilization

Key Resource: Youth.gov's Eight Successful Youth Engagement Approaches

This webpage highlights information on engaging youth in public health activities. The eight approaches are as follows:

- Youth Councils
- Youth Governance
- Youth Serving on Boards
- Youth Voice
- Youth Leadership Programs
- Youth Advocacy
- Youth Serving
- Youth Organizing

To read more about these eight approaches and to see examples of these approaches in action, please go to: <https://youth.gov/youth-topics/TAG/game-plan/approaches>

Key Question: How can you bring youth into your work in a MEANINGFUL way?

Team Task: Use the spaces below to develop a mechanism for engaging youth and community on your project. Consider places that you already have community connections. Ensure that the engagement allows for youth and community to be in leadership positions and/or have influence over the project. Use feedback provided at the Youth Engagement panel to help inform your process.

Community Name/Community Organization: _____

Plan for Engagement: (Ex. Advisory Board, Block Party, Community Forums, Position on Coalition, etc.)

Plan for Sustained Relationship: (Ex. Creating a permanent advisory board, inclusion on a suicide prevention coalition, developing a relationship with school district, etc.)

Ways to Strengthen Community/Youth: (Ex. Providing funding, training, data, capacity building, equipment, transferable skills, etc.)

Communication to Inform

Creating awareness for activities related to suicide prevention can be a great way to build a connection to a community and increase the public's desire to get engaged. In addition, the topic of suicide is still a difficult one for many communities to engage in. Communicating to communities and youth is an important step to increasing service and resource utilization.

Consider various ways to communicate regarding suicide prevention information and activities:

- Campaigns and public information materials
- Public speaking engagements within communities
- Newsletters
- Social media

Trusted Messengers:

As you collaborate and connect with community and youth, speak with them about how activities are best communicated to stakeholders. Messages need to resonate with the community; otherwise, communications may fall flat and lead to low engagement. Youth often desire to hear from their peers rather than adults. Consult with Black youth from the community as you develop plans to communicate resources.

Team Task: Use the table below to consider how your state team will communicate to the community and youth regarding suicide prevention. Write or circle your responses below.

Communication Strategy

- Who is the intended audience? _____
 - What is the primary focus of the communication?
 - o Awareness on Black Youth Suicide
 - o Service Utilization
 - o Resource Sharing
 - o 988 Lifeline
 - o Other: _____
 - How will the community and youth be consulted regarding the creation of the communications?
-

Key Resource: National Action Alliance's Framework for Successful Messaging

The Framework is a research-based resource that outlines four key factors to consider when developing public messages about suicide:

- Strategy
- Safety
- Conveying a “Positive Narrative”
- Following applicable Guidelines.

The central resource for the Framework is the website, [SuicidePreventionMessaging.org](https://suicidepreventionmessaging.org).

The Framework was created by the National Action Alliance for Suicide Prevention as part of its priority to change the public conversation about suicide.

Key Resource: SPRC’s Strategic Communication Planning Hub

The hub provides videos and other resources, such as a toolkit titled “Creating Linguistically and Culturally Competent Suicide Prevention Materials” to help guide you in crafting suicide prevention communications. Please ensure that the materials you decide to develop include the community and the young people you serve. You can find the hub here:

<https://sprc.org/online-library/strategic-communication-planning/>

Evaluation to Justify Funding

Evaluation is a critical part of any suicide prevention strategy. It is especially important when developing strategies for Black youth suicide, as a solid evaluation will justify the need for continued efforts for Black youth specifically. Understanding the effectiveness of your program, prevention and intervention strategies, and your engagement efforts allows you and your team to adjust when activities are not having the impact you intended. The process for developing a full and robust evaluation takes thoughtfulness and time that you likely will not have during the Academy. While you are developing your Action Plan, we would like you to consider ways in which you might be able to evaluate the strategic goals you create, as well as the protective factors/interventions you intend to use, your communication strategies, and your community and youth engagement efforts.

Below is information collected from the SPRC on things to consider when it comes to evaluation:

Evaluating Your Prevention Efforts

This section provides information on the two common types of evaluation: process evaluation and outcome evaluation.

Process evaluation documents all aspects of implementing a program or training and shows what worked well and what didn't. It answers the question: "Did we do what we said we would do?"

Process evaluation data can help you determine the following:

- Were interventions implemented as planned?
- Who participated and for how long?
- What adaptations were made?
- Were the resources sufficient?
- What obstacles were encountered?

Outcome evaluation measures the effect of a program or training and whether any change occurred as a result. It documents effects achieved after the intervention is implemented, such as short- and long-term changes in a population group's knowledge, attitudes, skills, or behavior as a result of the intervention.

Outcome evaluation answers the question: "Did our intervention make a difference—did it impact the risk factors and problem we wanted to address?"

Outcome evaluation data can help you determine the following:

- What changes actually occurred?
- How do these changes compare to what the intervention was expected to achieve?
- How do these changes compare with results for those who were not exposed to the intervention?

It is usually best to conduct both process and outcome evaluations so you can examine the intervention itself and the impact it had.

Team Task: Consider your efforts and think through ways you might be able to evaluate the pieces of your Action Plan.

Intervention	Ways to Evaluate/Metrics	Data Source

What to Look for in an Evaluator

If you are able to hire an evaluator, consider the following skills, experience, abilities, and qualities:

- **Education and experience.** Formal training in program evaluation is ideal, as well as experience relevant to your specific program (e.g., suicide prevention and/or mental health program evaluation) and evaluating similar target populations. However, if you cannot identify or afford someone with that experience, look for individuals with graduate-level training in social science research methods (e.g., evaluation design, data collection, and statistical analysis).

- **Oral communication skills.** Evaluators need to be able to communicate effectively with a broad range of people, including program staff, clients, and other stakeholders. They should use language that lay people can understand and should avoid using scientific and evaluation jargon.

- **Writing skills.** Evaluators must have strong skills in writing evaluation reports. When hiring an evaluator have candidates bring writing samples, including evaluation reports, articles, and the script or PowerPoint slides for presentations they have developed to share findings.

- **Cultural sensitivity.** Evaluators need to respect the cultures of the communities with which they work. Mutual respect, understanding, and acceptance of how others see the world are crucial.
- **Commitment to your agenda.** Evaluators may have strong prejudices about the research methods they want to use or what they expect to find. Consider their philosophy and approach, and ensure they fit with your program. Discuss any potential issues up front.
- **Time and access.** Make sure potential candidates have the time to complete the necessary work. Compare the amount of time they will be able to devote to your project with your estimate of the time needed to do the work. Make sure to consider site visits and regular meetings.

Team Task: Identify some organizations/individuals that could create, manage, and execute an evaluation plan for your Black youth suicide action plan.

Potential Evaluators:

Funding the Work

As we all know, funding is a key piece to all of this work. It's hard to put all of these pieces in place without funding from sources that can sustain the work. Let's take some time to think about where there might be sources of funding.

Funding Source	Type: Federal, State, Local, Community, Foundation	Existing Funding (if applicable)	Existing Relationship?
Ex. GLS State/Tribal	Federal	Yes	Yes

Infrastructure to Sustain

As you are finalizing your goals, consider how you want this work to continue. Infrastructure is a key piece of the new 2024 National Strategy for Suicide Prevention (NSSP). Goal 6 of the NSSP is “Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels.” Considering next steps will help to ensure there are people in place, tasked to move the work forward.

Team Task: Consider these questions as a group.

- Is this group one that can continue to work together to address Black youth suicide in your state?
- Is there a better way to continue the work?
- Is a larger task force needed?
- What are the resources to keep this together?



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