



**Behavioral Health Communications/Public Awareness Campaign**

**Request for Proposal**

**February 21, 2023**

Executive Office

Center for Behavioral Health and Wellness

## I. Overview

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC’s mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable populations.

BPHC is issuing this Request for Proposals (RFP) to solicit proposals for developing and implementing a Citywide, consumer-focused, multi-media public awareness campaign to promote general behavioral health and positive help-seeking behavior. The campaign must be culturally competent, racially just, and linguistically appropriate to engage and effectively reach Boston’s youth and other key audiences.

Recent surveys of Massachusetts young people have shown alarming increases in the prevalence of behavioral health challenges. In 2019, one in three high school students, and four in ten female students reported persistent depressive symptoms, an increase of 40% from 2009.<sup>i</sup> Over that same period, there has been a 30% increase in Massachusetts high school students seriously considering suicide.<sup>ii</sup> The 2019 Boston High School Youth Risk Behavior Survey (YRBS) reported 35% of students experienced persistent sadness during the prior 12 months almost every day for two weeks or more in a row.<sup>iii</sup>

This RFP presents the opportunity to educate communities about behavioral health prevalence, risk factors, and symptoms; to broadly reduce the stigma associated with engagement in behavioral health support and treatment; to offer response guidance for family, caregivers, and community; to provide coping strategies; and to increase access and usage of Boston area behavioral health services through a city-wide, multifaceted communications campaign, including a website. BPHC is soliciting proposals from communication and marketing agencies or organizations that can provide expertise and deliverables described in the Scope of Service. The reach of the communications campaign messaging should prioritize neighborhoods in Boston where youth are experiencing the most behavioral health impact.

Details for proposals and deliverables are further described in the Scope of Service.

The Boston Public Health Commission (BPHC) is committed to contracting with a diverse group of businesses particularly those often underrepresented in government contracting. As part of your application, please indicate if your business is one of the following: Minority-owned (MBE), Women-owned (WBE), Veteran-owned (VBE), Service-disabled Veteran-owned (SDVOBE), Disability-owned (DOBE), Lesbian Gay Bisexual Transgender owned (LGBTBE), or a Local business (within City of Boston). If your business is a Certified Under-represented Business Enterprise in any of these areas, please attach documentation of certification.

## II. RFP Timeline

February 21, 2023	Legal Notice Publication on The Boston Globe
February 21, 2023	RFP available online at <a href="#">BPHC RFPs and Bids   Boston.gov</a>
March 3, 2023	Questions due in writing by 5:00pm EST to: <a href="mailto:cbhwquestions@bphc.org">cbhwquestions@bphc.org</a>

	Subject: <i>Company Name – Behavioral Health Communications/Public Awareness Campaign- Questions</i>
March 10, 2023	Responses to questions available for viewing at <a href="#">BPHC RFPs and Bids   Boston.gov</a> by 5:00pm EST
March 31, 2023	Proposals due by 5:00 PM EST to <a href="mailto:procurement@bphc.org">procurement@bphc.org</a> as well as <a href="mailto:cbhwquestions@bphc.org">cbhwquestions@bphc.org</a>  Subject line: <i>Company Name – Behavioral Health Communications/Public Awareness Campaign</i>  <b>NO EXCEPTIONS TO THIS DEADLINE</b>
April 14, 2023 – April 19, 2023	Interview with applicants, as needed
May 1, 2023	Notification of Decision  Notification of Decision: Selected candidate/s will be notified of award by 5:00pm EST. BPHC shall have the discretion to extend this time frame as necessary, with notice to the bidders. BPHC also has the right to cancel this RFP at its discretion.
May 8, 2023	Anticipated start of contract

**III. Background**

*Note: the term “behavioral health” refers to an individual’s mental and emotional well-being, development, and actions that affect their overall wellness. The term behavioral health includes both mental and substance use conditions and disorders.*

Behavioral health is a foundational component of an individual’s overall health and well-being. However, behavioral health care has not always been offered equitably. Black, Indigenous and People of Color (BIPOC) experience mental health conditions at similar rates compared to white individuals but are less likely to receive services. Data shows that in 2020, 52% of white individuals were likely to receive mental health services, compared to around 35% of Latinx individuals and 37% of Black individuals.<sup>iv</sup> This information reflects the presence of barriers to accessible care. In addition, behavioral health providers currently offer limited cultural reflection and competence. Data shows that nationally 16% of psychologists were people of color, despite representing 40% of the population in the nation.<sup>v</sup> Without shared culture and race, treatment results reduce, and there can be resultant hesitancy to engage with providers, especially as providers often do not demographically reflect communities of color, LGBTQ+ communities or other historically marginalized groups.<sup>vi,vii</sup> In addition, not all cultures or communities endorse mental and behavioral health concepts as the current behavioral health model proposes them.

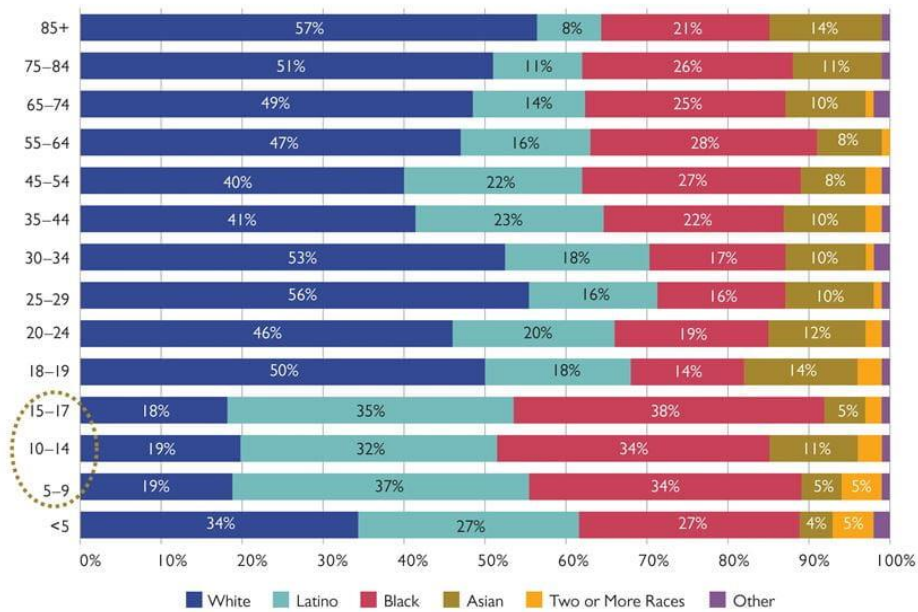
These barriers are just a few that have long prevented individuals, particularly those in communities of color, from seeking care and resources and speaking openly about the issues that surround, and importance of, behavioral health.

The need for behavioral healthcare access and care has only increased, especially for Boston youth. Community violence and other adverse childhood experiences (ACEs) have increased behavioral health impacts for Boston youth. The COVID-19 pandemic exacerbated behavioral health issues and compounded the barriers that already disproportionately fall on communities of color and other historically marginalized communities, especially for youth.<sup>viii,ix,x</sup> Over the past two decades, Black children (particularly boys 5 – 11 years old) are more than twice as likely to die by suicide compared to white children of the same age, with the rates rising more starkly for teenage Black girls over the past few years.<sup>xi</sup> Suicidality and self-injurious behaviors are also more prevalent among other LGBTQ+ youth, with 2022 data showing that 45% of LGBTQ+ youth seriously considered attempting suicide in the past year.<sup>xii</sup> In Massachusetts, LGBTQ+ students are 3.9 times more likely than their non-LGBTQ+ peers to have attempted suicide in the previous year, and LGBTQ+ youth of color are at an even more increased risk of suicidality- in Massachusetts, the suicidality rate was highest among the “Multiple Race” (55%) and Black (42.8%) LGBTQ+ students compared with white students (32.5%) and Hispanic (38%).<sup>xiii,xiv</sup>

Boston youth are majority Black, Indigenous and youth of color (Fig. 1), therefore there is a compelling need to address the stigma towards behavioral health, and the barriers impacting education and access to behavioral health services and resources. Any response must also be able to account for [intersectional](#) identities that youth (and adults) hold, as a holistic, effective behavioral health response must account for this complexity. In addressing youth behavioral health, it is imperative to meet youth where they are at, and for many youth, especially youth of color, that is online. A 2022 report from the Pew Research Center found that 54% of teens stated it would be difficult to give up social media; nearly all teens have access to a smart phone; nearly half of teens are ‘nearly constantly’ on the internet; and that Black and Hispanic teens are more likely to be online ‘almost constantly’ as compared to white teens.<sup>xv</sup> Social media is an important tool when seeking to address youth behavioral health.

### School-aged kids in Boston are more likely to be of color.

Share of age groups by race and ethnicity, 2017.



Source: 2017 American Community Survey

Figure 1. A majority of Boston youth aged 5-17 years old are from BIPOC communities

#### IV. Scope of Service

The BPHC is seeking vendor(s) with extensive knowledge and experience working with Boston’s communities, in particular youth of Boston, with an ability to prioritize neighborhoods in Boston experiencing a significant behavioral health impact. Vendors hold a general understanding of positive youth development practices and be knowledgeable about trauma informed approaches to collaborating with youth. The vendor(s) will need to address disparities in mental health outcomes among BIPOC, and immigrant and otherwise historically marginalized residents as has been indicated in available data. In designing online and in-person content for youth and adult audiences, we seek a candidate who can balance the importance of evidence-based practices and placing an emphasis on a flexible, participatory approach that honors youth lived experiences (particularly BIPOC youth) and practitioner wisdom. The vendor will be required to engage community partners and community-based organizations to collect demographic data, collaborate with BPHC and City of Boston representatives, engage in collaboration with youth and other advisory groups and community groups, respond to needs expressed from BPHC, City of Boston and community members, and pilot campaign messaging and deliverables.

This campaign must be evidence-informed regarding stigma, understanding of the importance of gathering lived-experience perspectives from youth, aware of the importance of promoting positive mental and behavioral health in youth, the prevalence of mental health conditions, risk factors, availability of services and resources among the target audience, understanding of concepts relating to mental health versus illness, and a strong ability to share information about the impact of situational factors on behavioral health (notably, social determinates of health such as housing, childcare,

transportation issues, poverty, incidents and rates of community violence, etc.). This campaign must also recognize and respond to the needs of youth who reside in BIPOC neighborhoods that often face barriers to care or who are members of marginalized groups (particularly unhoused, immigrant, people(s) with disabilities, and/or LGBTQ+ youth), with an understanding of the importance of an intersectional approach to providing care.

The BPHC has a stated priority to make BPHC a model for racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents. This RFP will prioritize an ability to provide a comprehensive, culturally inclusive, racially just, responsive multi-faceted public awareness campaign.

The aims of the campaign are to (See draft Logic Model in attachments):

1. Learn from communities across Boston, especially youth, to understand beliefs and concerns about current behavioral health resources and options, seek to understand beliefs and realities about current gaps in care, and ways to address these.
2. Recognizing the need for tailored health communication messages for different audiences, address intersectional identities that affects communications regarding behavioral health needs and resources.
3. Identify and initiate meaningful behavioral health dialogue (community outreach) to engage with communities across Boston, especially youth communities, to identify content and placement (both on social media and in physical locations) of communication campaign that is linguistically diverse, racially just, and resonates with communities.
4. Engage youth and other relevant advisory boards as integral team members in developing and assessing the campaign, in an iterative and ongoing manner to ensure youth and other relevant engagement and input.
5. Educate communities about the impact of both situational and biological factors that lead to behavioral health issues, including an understanding of the ways social determinants of health affect behavioral health overall through evidence-informed multi-media campaigns.
6. Articulate the factors that lead to stigma related to behavioral health and work to reduce stigma associated with behavioral health topics, using [cultural humility](#) and unique communicative approaches, with specialized understanding as to the history of, reasons for, and messaging needed to reduce stigma related to behavioral health usage, especially in marginalized communities.
7. Understand and promote youth leadership, lived experience and knowledge related to how to address behavioral health issues.
8. Connect youth with each other as supports, change agents, and peer-led advisors for coping with and reducing behavioral health issues. See youth as able to amplify positive practices in addressing behavioral health issues and actively promote methods for youth to connect to each other in meaningful, supportive and positive ways.

9. Align and tailor messaging related to mental health observation months and days, such as [Mental Health Awareness Month](#), [National Minority Mental Health Awareness Month](#), [National Children’s Mental Health Awareness Day](#).
10. Coordinate with the Center for Behavioral Health and Wellness and the City of Boston to develop and expand content and layout for a webpage or webpages on Boston.gov hosting behavioral health resources and information for the residents of Boston, with a focus on empowering City residents to *understand* behavioral health options; how to *navigate* behavioral health resources; the *process* of engaging with behavioral health treatment options; the *levels* of care offered for behavioral health treatment; while utilizing a trauma-informed frame for overall engagement with the website or websites; and to host campaign materials for use by individuals or organizations

## V. Minimum Qualifications

Qualified applicants must meet the following requirements:

1. Extensive knowledge and experience in working with Boston’s diverse communities to co-develop a culturally competent, racially just and linguistically appropriate multi-faceted, youth focused, behavioral health public awareness campaign, which is rooted in anti-stigma approach, is evidence-based, and incorporates a lived-experience approach to promoting awareness.
2. A plan to conduct ongoing monitoring of the public health behavioral health awareness campaign to measure effectiveness and reach, with quarterly reporting to BPHC on activities, reach, and outcomes. The proposal should describe key measures of the communications campaign, methodology, clear understanding of need, explanation of any partners that might be engaged and explanation of need for partners, with an overall clear focus on racial equity, and an ability to account for intersectional identities.
3. An ability to engage and effectively reach Boston’s young people and other key audiences, including parents, educators, health care providers, justice system officials, policymakers, and faith-based and community organizations.
4. An ability to foster the following in a public health behavioral health campaign:
  - Connectedness, hope and help-seeking behavior
  - Behavioral health promotion
  - Recognition and ability to highlight access points to positive youth experiences, for example: dance, sports, poetry, arts
  - Increase awareness of the differences between situational and biological influences on behavioral health
  - An ability to help youth and the public understand how to address behavioral health issues they experience, from a strengths-based, empowered perspective
  - A reduction in stigma related to accessing behavioral healthcare
5. An ability to work collaboratively with BPHC to create *sustainable* methods to continue to support the BPHC Center for Behavioral Health and Wellness strategic goals for supporting youth behavioral health. This would include an ability to clearly state who the campaign will

reach and for how long, ways to help ensure the campaign could continue when contracting ends, and that any plan is flexible and efficient, as well as effective.

All deliverables and messaging should be rooted in an anti-stigma approach and prioritize reach to young people who may face unique barriers and needs, with an understanding that youth often carry intersectional identities, including, but limited to, BIPOC young people, young people who are immigrants or first generation, young people with disabilities, young people experiencing homelessness, and LGBTQ+ young people. The messaging should be able to address trauma and [ACEs](#), including an awareness of the ongoing impact of [historical trauma](#), [intergenerational trauma](#) and community violence.

## VI. Proposal Requirements

Provide a proposed plan to determine and focus on populations who will benefit from a public awareness campaign for behavioral health promotion, including individuals who are known to be at increased risk for adverse health outcomes and/or underserved. Include processes and resources that will be utilized to identify priority population for reach. This plan should also outline formative assessments planned to identify the content, approach, and locations of the awareness campaign. The proposal should describe intended and potential communications strategies and expected reach of the campaign (populations and expected number to be reached). The proposal should describe key measures, with a focus on racial equity, and an ability to account for intersectional identities.

**Proposal Requirements:** Proposal narrative not to exceed 10 pages, single-spaced, 12-point Times New Roman, one-inch margins. This page limit does not include cover page and requested attachments (i.e., workplan table, budget sheet, budget narrative, work sample(s), CV of key staff and references).

Selected vendor will be required to enter into the BPHC's standard contract and complete required forms (this includes a CORI) prior to the start day of the contract.

To be considered for funding, the proposal must include the following in this order (scored):

- 1) **Organizational Experience:** *How is your organization prepared to address the aims of the campaign?* Provide a description of relevant organizational experience with similar city or statewide reach to all age groups, with a focus on information targeted to specific populations who are known to be at increased risk for adverse health outcomes and/or marginalized. Describe knowledge and understanding of behavioral health and the use of evidence-based, trauma-informed approaches, especially as available in current best-practices material and/or literature. Include processes and resources that will be utilized to identify priority population for reach.
  - a. While formative assessment is built into this proposal to determine the final campaign messaging, applicants should discuss examples and potential content messaging and goals of that messaging in the proposed response. Strategies to ensure messages resonate with intended population throughout the communication campaign should also be described.



- 2) **Understanding of the Need:** *What is your understanding of the need for a comprehensive behavioral health communications campaign in Boston? Why should this campaign be able to target historically marginalized communities across Boston, especially youth?* Description of the population who will be reached, with rationale and justification for the need, with a focus on equitable outcomes- describe how the campaign will promote equity throughout.
  
- 3) **Workplan:** *What is the proposed timeline for each activity?* Provide a detailed description on how the vendor will support the scope of service in the proposed campaign, including justifications for approach and language for anti-racist/culturally competent approach. A description should include the process that will be implemented for continuous engagement with BPHC youth advisory groups, and other key community advisory groups as necessary. Final workplan to be reviewed and approved by BPHC.
  - a. Provide a workplan for key activities anticipated for the campaign, including activity, expected reach, timeline to be completed, and person(s) responsible. Workplan not to exceed June 30, 2024, for the following time periods:
    - May 8, 2023- June 30, 2024

Proposals should include description of and anticipated timeline of:

- a. Creation of core messaging strategy that explains and destigmatizes youth behavioral health issues
- b. Identification of priority audiences, location, and reach, with a focus on serving BIPOC, LGBTQ+, immigrant and otherwise historically marginalized residents as has been indicated in available data
- c. Creation and execution of an advertising campaign targeting youth with anti-stigma messages. The campaign should include various communication platforms including social media, local and radio, print, and community-based promotion
  - i. Social media should be prioritized and highlighted, in accordance with available data about youth social media usage and preference
- d. Use of user testing approaches to the campaign- to ensure initial campaign strategies are received well, are appropriate, provide relevant, meaningful, culturally competent and culturally responsive messaging and are effective, as determined by audience feedback
- e. Materials are evergreen and lasting- campaign materials are available on BPHC website/s or other media platforms, materials developed are not proprietary
- f. Description of intended and potential communications strategies and expected reach of the campaign (populations and expected number to be reached)
- g. Development of and support with event and announcements promoting behavioral health related events and initiatives, as needed
- h. Creation of physical and digital educational materials for providers, educators, and residents, as well as an accompanying dissemination strategy
- i. Development of content and layout for a webpage or webpages on Boston.gov hosting behavioral health resources and information for the residents of Boston
- j. Creation of resources in multiple languages in alignment with the City of Boston's language access policies
- k. Plans to continually monitor the campaign's reach and outcomes, including measuring the equity in the reach of the campaign and an ability to track and report on demographic data as related to the campaign

- 4) **Monitoring and Evaluation Methodology:** *What plans would you use to conduct ongoing monitoring of the campaign?* Detailed summary of your evaluation methodology approach and how this will be accomplished. Describe plans for sharing information with the BPHC Center for Behavioral Health and Wellness (CBHW) team for review and feedback. Be able to evaluate effectiveness and reach, with quarterly reporting to BPHC on activities, reach, and outcomes. CBHW will also offer support and assistance at quarterly meetings to ensure campaign goals are being attained, and will assist in troubleshooting, in a pre-emptive manner, barriers to success.
  - a. This section should also address primary approaches to gathering demographic data, including:
    - i. Description of ability to collect and track and report on demographic data related to those who will be impacted by the campaign
      1. This includes zip code, neighborhood, gender, race, ethnicity, potentially income bracket information, to ensure equity focus
  
- 5) **Challenges and Solutions:** *What are some of the anticipated challenges in implementing this campaign and how would they be resolved?* Describe challenges anticipated in meeting the goals and timeline of this proposal and how you will address them to accomplish the aims.
  - a. Include a description of your willingness and ability to meet at least quarterly with BPHC Center for Behavioral Health and Wellness team members to review outcomes; discuss campaign goals and implementation; proactively address issues affecting metrics and outcomes.
  
  - b. Include a description of your ability to create quarterly reports to be given to BPHC Center for Behavioral Health and Wellness to ensure ability to monitor progress of activities and outcomes and track key metrics, including demographic data related to achieving campaign goals and as required for reporting to City of Boston.
  
- 6) **Budget and Budget Justification:** *What budget requirements are needed to complete the campaign?* Include a proposed budget for each of the years listed above and a budget narrative justification of line- item costs associated with the services/activities related to the scope of service, including personnel, direct costs, any consultant or subcontract costs, and indirect costs, include hourly rate and any additional fees.
  
- 7) **Work Sample:** *Please provide at least one work sample that demonstrates your relevant experience developing public awareness campaigns in the same geographic area and/or about the subject matter, and/or target audiences.* Work samples should reflect an ability to address intersectional, trauma-informed and culturally competent campaigns, particularly for youth in an urban environment.

**Additional Requirements (unscored):**

- 8) **Curriculum Vitae (CV).** Please submit the CV of each of the lead staff/consultants participating in the scope of service.
  
- 9) **Three Business References:** Please submit three business references pertaining to the scope of service.

**10) Certified Underrepresented Business Enterprises Certification (if applicable). CUBE Vendors must submit a copy of verification along with proposal.**

**VIII. Period of Performance and Funding**

**Period of Performance.** The anticipated start date of services shall be May 8, 2023.

This contract may be available for up to three years. The initial contract will be for one year, with up to two, one-year options at BPHC’s discretion. These additional one-year options will be contingent on funding, an agreed upon scope of work and budget approval by BPHC. Funding amount in years 2 and 3 will be determined based on availability of funding and scope of work. Future years will align with the scope described in this RFP, with understanding that the focus population and strategies may be modified depending on need.

**Total Budget:** Up to **\$1,000,000** of Federal ARPA funding is available through the Center for Behavioral Health and Wellness of the BPHC.

The amount per award and number of contracts funded is dependent on the number of qualified proposals received and proposed budgets to meet the goals of this RFP and the scope of service.

Selected vendor will be required to enter into the BPHC’s standard contract and complete required form (this includes a CORI) prior to the start day of the contract.

The contract(s) resulting from this RFP shall be in effect when all necessary contract documentation is fully executed by BPHC and awarded vendor(s).

**IX. Proposal Scoring**

<b>Proposal Section</b>	<b>Points</b>
Organizational Experience	15
Understanding of the Need	10
Workplan	20
Monitoring and Evaluation Methodology	15
Challenges and Solutions	10
Budget and Budget Justification	20
Work Sample	10
<b>Total Points</b>	<b>100</b>

**X. Submission Instructions**

*Note: Any risks associated with the electronic transmission of responses to this Request for Proposals is assumed by the vendor.*

Proposals must be received no later than 5:00 PM March 31, 2023

Proposals must be submitted by email to [procurement@bphc.org](mailto:procurement@bphc.org) and [cbhwquestions@bphc.org](mailto:cbhwquestions@bphc.org) with the subject line:  
*Behavioral Health Communications/Public Awareness Campaign Consultant*  
No extensions will be granted.

## Citations

- <sup>i</sup> Boston Public Schools (BPS) (2019). 2019 Boston High School Youth Risk Behavior Survey (YRBS). <https://www.bostonpublicschools.org/Page/7329> Accessed Jan 13, 2023.
- <sup>ii</sup> Boston Public Schools (BPS) (2019). 2019 Boston High School Youth Risk Behavior Survey (YRBS). <https://www.bostonpublicschools.org/Page/7329> Accessed Jan 13, 2023.
- <sup>iii</sup> Boston Public Schools (BPS) (2019). 2019 Boston High School Youth Risk Behavior Survey (YRBS). <https://www.bostonpublicschools.org/Page/7329> Accessed Jan 13, 2023.
- <sup>iv</sup> Massachusetts Association for Mental Health. *Facts & Figures: Impact of Racism*. <https://www.mamh.org/science-innovation/facts-figures> Accessed January 4, 2023.
- <sup>v</sup> Massachusetts Association for Mental Health. *Facts & Figures: Impact of Racism*. <https://www.mamh.org/science-innovation/facts-figures> Accessed January 4, 2023.
- <sup>vi</sup> Chao, P.J., Steffen, J.J. & Heiby, E.M. The Effects of Working Alliance and Client-Clinician Ethnic Match on Recovery Status. *Community Ment Health J* 48, 91–97 (2012). <https://doi.org/10.1007/s10597-011-9423-8>
- <sup>vii</sup> Boston CHNA-CHIP Collaborative. *2020 Community Health Improvement Plan*. Boston CHNA-CHIP Collaborative, March 2020, <http://www.bostonchna.org/wp-content/uploads/2020/12/Boston-CHIP-FINAL-3.5.20.pdf>
- <sup>viii</sup> Abrams, Z. American Psychological Association. Trends Report. *Kids' mental health is in crisis. Here's what psychologists are doing to help*. Created January 1, 2023. Accessed January 24, 2023. <https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health>.
- <sup>ix</sup> Lazar, K. The Boston Globe. *Two years of COVID: A new analysis reveals a heavy toll on young families of color in Massachusetts*. Updated March 11, 2022, 9:24 a.m. Accessed January 24, 2023. <https://www.bostonglobe.com/2022/03/11/metro/two-years-covid-new-analysis-reveals-heavy-toll-young-families-color-massachusetts/?event=event12>
- <sup>x</sup> Lazar, K. The Boston Globe. *Two years of COVID: A new analysis reveals a heavy toll on young families of color in Massachusetts*. Updated March 11, 2022, 9:24 a.m. Accessed January 24, 2023. <https://www.bostonglobe.com/2022/03/11/metro/two-years-covid-new-analysis-reveals-heavy-toll-young-families-color-massachusetts/?event=event12>

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<sup>xi</sup> Jennifer A. Hoffmann, Margarita Alegría, Kiara Alvarez, Amara Anosike, Priya P. Shah, Kevin M. Simon, Lois K. Lee; Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics* October 2022; 150 (4): e2022058227. 10.1542/peds.2022-058227

<sup>xii</sup> The Trevor Project. *2022 National Survey on LGBTQ Youth Mental Health*. 2022. Accessed January 20, 2023. <https://www.thetrevorproject.org/survey-2022/#intro>

<sup>xiii</sup> Office of the Child Advocate. Youth Suicides in Massachusetts: A Cohort Perspective in National Context. September 2020. Accessed January 20, 2023. <https://www.mass.gov/doc/oca-report-on-youth-suicide-in-massachusetts/download>

<sup>xiv</sup> Massachusetts Department of Education. (2017). Health & risk behaviors of Massachusetts youth: Executive Summary. <https://www.mass.gov/files/documents/2019/01/09/healthand-risk-behaviors-mass-youth-2017.pdf>

<sup>xv</sup> Pew Research Center. *Teens, Social Media and Technology*. August 10, 2022. <https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/> Accessed February 1, 2023