



**CSLC SUCCESS STORY: KENTUCKY**

# INSTITUTIONALIZING YOUTH SUICIDE PREVENTION IN HEALTHCARE SYSTEMS

As a pediatric child abuse and injury prevention physician and member of the trauma team at the University of Kentucky Healthcare System (UK HealthCare), Dr. Christina Howard began noticing a troubling trend in the mid-2010s. Rates of death by suicide were rising in younger and younger ages, and the youth population she was treating (victims of child maltreatment) were among those at high risk of suicide.

“The children that I see on a day-to-day basis have had so much adversity,” she said. “We’re sitting here identifying child maltreatment, but that’s like identifying strep and not treating it with antibiotics. We need to be able to go beyond.” Finding that intervention piece became a focus of her work. She felt that if better mental health

interventions were put in place earlier, fewer children would die by suicide.

Howard joined Kentucky’s Child Fatality Review team to begin exploring what was being done to prevent suicide in the state. Around this time, Janice Bright, Maternal and Child Health Nurse Service Administrator at the Kentucky Department of Public Health (KDPH), suggested it might be time for Kentucky to rejoin the Children’s Safety Network’s (CSN) Child Safety Learning Collaborative (CSLC), which had helped Kentucky improve their motor vehicle traffic safety efforts between 2016 and 2018. Bright thought that rejoining the CSLC in 2020 could help Kentucky address youth mental health and increase suicide prevention efforts for children and adolescents.



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for \$5,000,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

## PARTICIPATION IN THE CSLC

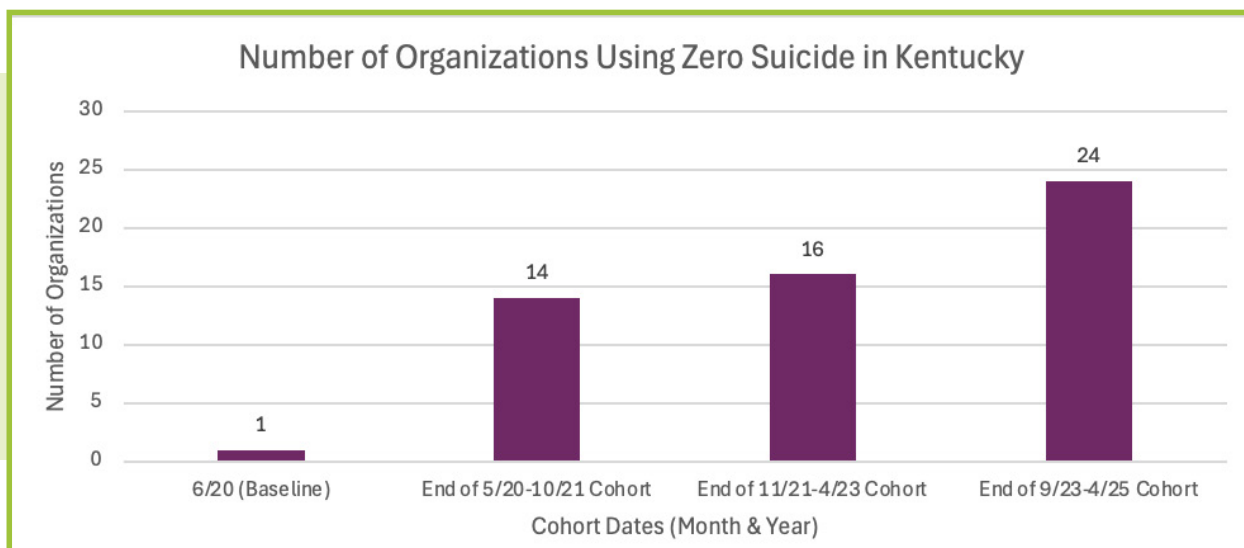
Kentucky rejoined the CSLC in May 2020, with the UK HealthCare and the KDPH as lead partners. They spent much of the first year collecting data and bringing together a statewide coalition, including Beck Whipple, the State Suicide Prevention Coordinator in the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities.

After reviewing data and hearing from specialists in youth suicide prevention, the team considered evidence-based strategies provided by the CSLC and chose Zero Suicide – a national suicide prevention framework led by Education Development Center – as their first strategy in the CSLC. The CSLC provided the Kentucky team with ongoing support, including regular technical assistance, to make sure that the child and adolescent suicide prevention perspective was present in their discussions and decision-making. By collecting and reporting data to the CSLC on a monthly basis, they were able to keep these perspectives at the forefront of their internal work. Ultimately, their systematic and data-driven approach led to 24 organizations using [Zero Suicide](#) in Kentucky, expanding from 1 in June 2020 to 24 in April 2025.

Despite the rapid adoption of Zero Suicide, the percentage of middle school students who ever attempted suicide increased from 5.8% in 2017 to 9.9% in 2023 (Kentucky Department of Education, 2023).<sup>1</sup>

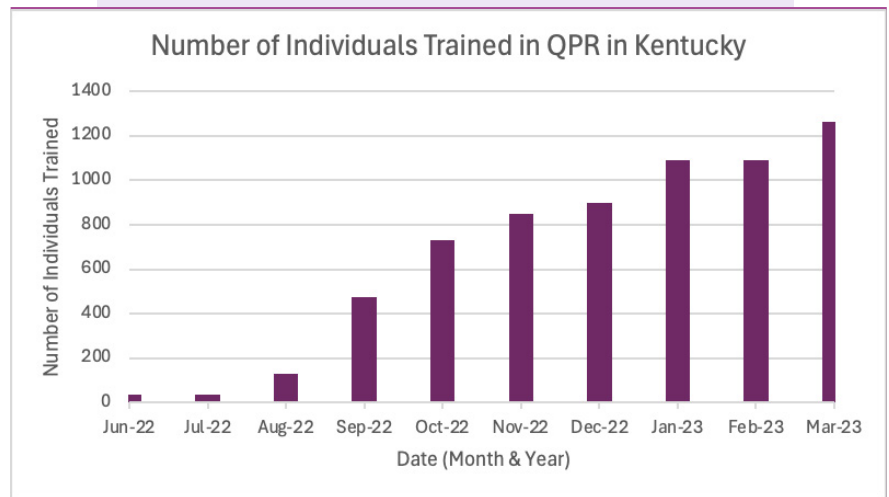
## WHAT IS THE CSLC?

The CSLC aims to reduce fatal and serious injuries among infants, children, and adolescents by providing participants access to a national peer network, expert-led trainings, coaching, and technical assistance using the CSN Framework for Quality Improvement and Innovation in Child Safety.



<sup>1</sup> Kentucky Department of Education. 2023 Middle School Trend Report. Kentucky Department of Education; 2023. <https://www.education.ky.gov/curriculum/WSCC/data/Documents/2023%20Middle%20School%20Trend%20Report.pdf>

Howard knew something more needed to be done in healthcare settings. She saw the greatest opportunity for system-wide change within the pediatric department at UK HealthCare. With the support of the department chair, in June 2022, they began offering [Question-Persuade-Refer \(QPR\)](#) trainings to ambulatory pediatric settings across the UK HealthCare system. The goal of this intervention was to train everyone in a pediatric setting with the skills to recognize



the warning signs of suicide and refer children and youth to help. In just the first six months of this intervention, they trained 899 people. By March 2023, they had trained 1,262 people.



“The other thing about CSLC is we're not just thrown out there and told ‘we'll follow up in a year.’ The CSLC keeps you on track and moving forward by being present and holding us accountable to be honest. Without being held accountable, it starts to go on the back burner from a lot of the work that people are doing.”



- Dr. Christina Howard, UK HealthCare System Pediatric Trauma Physician

## INSTITUTIONALIZING SUICIDE AND SELF-HARM PREVENTION

As QPR trainings increased, Kentucky needed more support to administer Zero Suicide. With additional funding, UK Department of Pediatrics was able to hire a Zero Suicide coordinator, whose main focus was to review policies, screenings, and protocols.

Kentucky also identified screening tools for risk of suicide and depression and considered policies for screening at general visits, not just mental health visits. This led to an update of screening protocols across clinics, the addition of electronic health record alerts for patients who did screen positive for suicidal ideation, and a larger discussion about what happens when a patient screens positive, a common concern in youth suicide and self-harm prevention.

CSLC tools supporting partnership analysis, review of evidence-based suicide prevention strategies, ongoing monthly reporting, as well as individualized technical assistance from CSN and support from other states, empowered Kentucky’s efforts through a quality improvement lens.

**“The CSLC has been very helpful in helping us not get too overwhelmed from the front end and taking it piece by piece, helping with the quality improvement process and connecting us with other states that have implemented Zero Suicide,” said Howard.**

Now, Kentucky is in a much stronger place to address youth suicide than a decade ago. Every staff person who works at outpatient pediatric clinics in the UK HealthCare system—from the person who answers the phone to providers who work with youth and adolescents—has been trained in QPR, creating a web of people who are prepared to identify and support youth at risk.

“Everybody got QPR training, and it’s now part of the onboarding process for new hires. So it’s a continual training,” said Howard.

Kentucky has also emerged as a national model for their youth suicide prevention work. UK HealthCare has become a member of the Golisano Children’s Alliance, a national network of pediatric hospitals, allowing the state to share their successes and lessons learned about youth suicide prevention well beyond Kentucky’s borders.

## **ENHANCED WORKFORCE DEVELOPMENT & CHILD SAFETY SYSTEMS DEVELOPMENT**

The Kentucky team increased their knowledge of quality improvement, systems thinking, and evidence-based practices, which was vital to gaining buy-in and support from the healthcare system, funders, and partners. They increased capacity for administering QPR trainings and youth suicide screenings across the state, extending their reach from the UK HealthCare ambulatory pediatric departments to all pediatric departments in the UK HealthCare system.

## **APPLYING CSN'S FRAMEWORK FOR QUALITY IMPROVEMENT AND INNOVATION IN CHILD SAFETY**

Kentucky’s success in suicide and self-harm prevention stems from implementation of the [CSN Framework for Quality Improvement and Innovation in Child Safety](#).

### **CHILD SAFETY EXPERTISE**

The team implemented evidence-based practices, including Zero Suicide and QPR gatekeeper trainings, building a strong foundation of child safety expertise.

### **SYSTEMS IMPROVEMENT**

The consistent application of quality improvement tools and data informed decision making enabled the team to assess and improve their healthcare system for youth suicide prevention.

### **LEADERSHIP AND MANAGEMENT**

With leadership engagement from the UK HealthCare System and the KDPH and strong management skills, the CSLC Kentucky team overcame challenges and developed diversified, long-term support and funding for their prevention work. This demonstrated the importance of developing and investing in partnerships, using data to drive decision making, and communicating success to key partners.