



## CSLC SUCCESS STORY: LOUISIANA

# BUILDING A STATEWIDE SUICIDE PREVENTION COLLABORATIVE

In 2019, youth health officials in Louisiana were confronted with troubling data about youth suicide. Thirty-seven percent of violent deaths among children ages 10-19 in Louisiana were suicide related. According to Louisiana vital records data, the suicide rate for this population was 7.0 per 100,000, higher than the national rate of 6.6 per 100,000.<sup>1</sup> It was a moment that convinced state legislators and the Louisiana

Bureau of Family Health (BFH) that comprehensive action was needed.

BFH had a long-term, demonstrated commitment to youth injury prevention work but up until 2019 did not have any youth suicide prevention initiatives in place. They decided to join the Children's Safety Network Child Safety Learning Collaborative (CSLC) to help focus and accelerate their efforts.

### CSLC Cohort

Nov. 2018 - Apr. 2020

- Protocols for positive screening in Emergency Department settings

### CSLC Cohort

May 2020 - Oct. 2021

- Pivot to Question-Persuade-Refer due to COVID-19 Pandemic

### CSLC Cohort

Nov. 2021 - Apr. 2023

- Launched BeSmart Campaign

<sup>1</sup>Centers for Disease Control and Prevention. WISQARS (Web-based Injury Statistics Query and Reporting System). <https://wisqars.cdc.gov/>

## PARTICIPATION IN THE CSLC

The first step in BFH's suicide prevention journey was to find other youth suicide prevention partners in Louisiana to join their team. The CSLC encouraged Louisiana to engage wide-reaching partners, which led to establishing a rich cross-sectional partnership that included regional public health organizations, the Louisiana Office of Behavioral Health, the Louisiana Department of Education, a school-based health center, and The Family Tree, a community-based health services organization.

This process was an important step towards increased collaboration across agencies and sectors and would yield benefits for years to come.

## 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.



“The Collaborative was the first time all these organizations got together,” said Kristen Sanderson, BFH's Violence and Injury Prevention Manager. “Before that, [a few partners were talking], but not at the level that the Collaborative gave us a space to share.”



When work got underway in 2019, the team initially focused their efforts on establishing valid and reliable screenings for suicide at emergency departments (EDs). They designed their approach to begin at the regional level, where they had pre-existing relationships with an ED, and then sought to apply what they learned to more regions across Louisiana. They also developed treatment protocols for youth who screened positive for suicidal ideation.

In 2020, health and safety restrictions due to the COVID-19 pandemic forced the team to pivot to a new prevention strategy, as in-person screenings became more difficult. They decided to focus on delivering virtual [Question-Persuade-Refer \(QPR\) trainings](#) to youth serving organizations statewide so that those organizations could better identify and respond to suicide risk. The team was able to adopt the new strategy quickly because one of the partners in the CSLC, The Family Tree, was already conducting QPR in a virtual setting, and could share some of their successes and struggles.

Participating in the CSLC provided expertise and advice to the Louisiana team as they developed their evidence-based approach to youth suicide prevention. They had already built an especially solid working relationship with their injury prevention partners in Tennessee through previous work on Health Resources and Services Administration and Maternal and Child Health Bureau grants, as well as through collaboration in the CSLC. Participation in the CSLC gave them an opportunity to lean into this relationship to improve their own programming.

During one CSLC meeting, the Louisiana team listened as Brittany Willis, Tennessee's then Suicide Prevention Director, discussed how her state was using the Centers for Disease Control and Prevention's (CDC) Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data to identify areas of particular concern around youth suicide, as well as sending alerts to local health departments and school districts. The Louisiana team was also considering using ESSENCE data in their prevention efforts but had questions about implementation. They reached out to Willis afterwards, who offered to lead a special call to discuss Tennessee's experience integrating ESSENCE data into youth suicide surveillance.



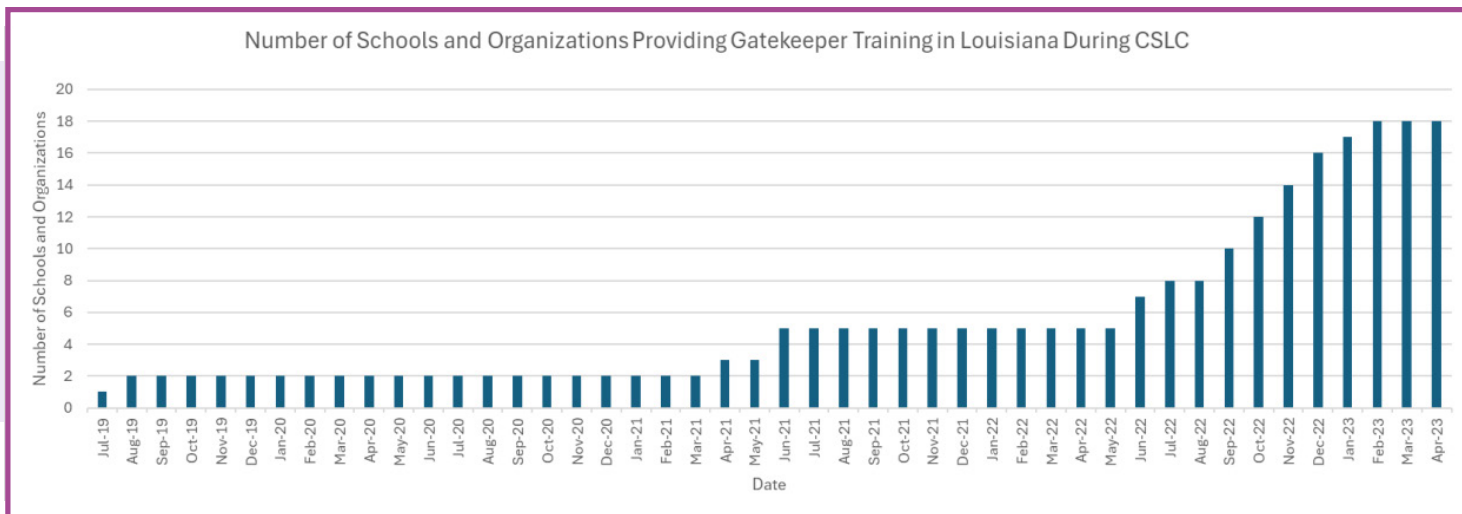
"They (CSLC) kind of take you through the really practical approach to performance improvement and really learning and it's just a tremendous resource that can start all kinds of other great stuff in your state as well and foster some great partnerships."

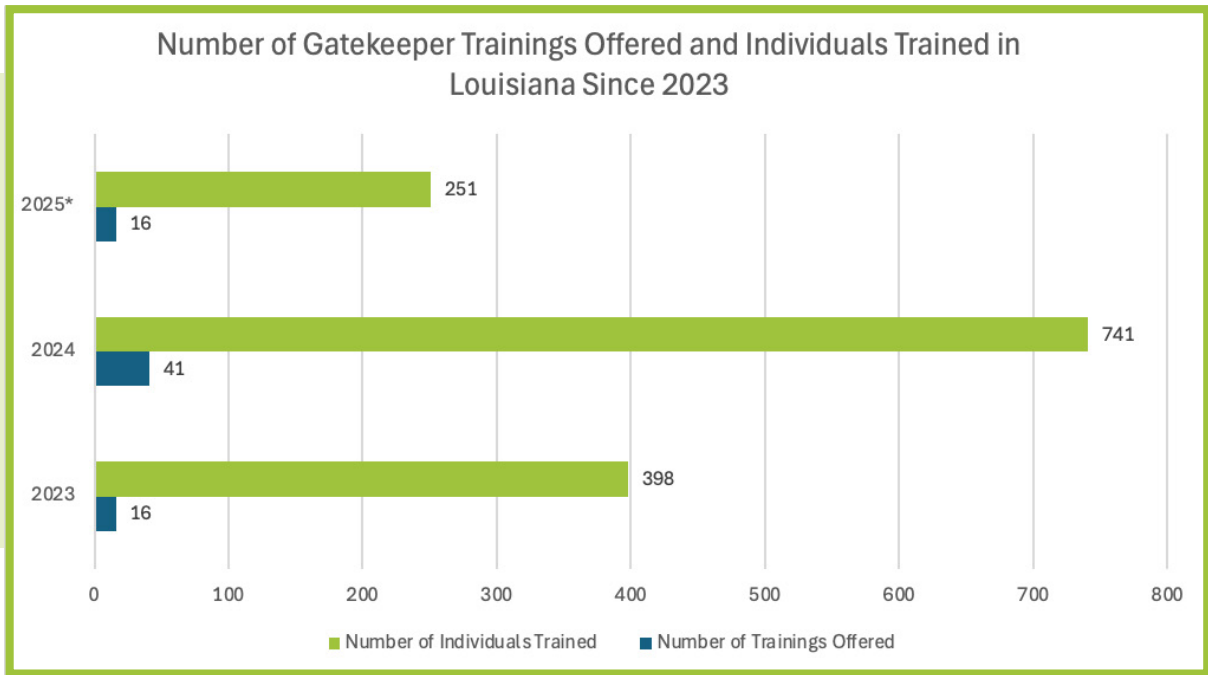
-Jane Herwehe,  
BFH, former Injury Director

Working through the CSLC, the Louisiana team continued to collaborate with colleagues in Tennessee to use ESSENCE alerts and surveillance data to develop heat maps and identify populations and communities at high risk of suicide. These data guided their prevention efforts, enabling the team to deploy QPR gatekeeper trainings to communities in need. They also used the data to construct a comprehensive surveillance system that supported youth mental health.

Louisiana completed their first CSLC cohort in 2020 and rejoined for the next two cohorts. During that time, they continued their efforts to expand gatekeeper training. They also developed a messaging campaign on safe storage to address firearm safety, in which they implemented the [Be SMART program](#) and helped CSLC partners develop and disseminate materials to local community providers, including firearm retailers and pediatricians' offices.

Louisiana continued offering gatekeeper training after leaving the CSLC. These trainings include QPR, ASIST, and safeTALK.





\*2025 data reflect number of trainings and number of individuals trained through August 2025. Although trainings have continued through partners, they are no longer required to submit data.

## A SUSTAINABLE PATH FORWARD

The Louisiana team wanted to ensure their gains and successes continued past participation in the CSLC.

They applied for Centers for Disease Control and Prevention (CDC) Comprehensive Suicide Prevention funding to help amplify and expand their work. Their funding proposal drew heavily on the expertise they had gained, as well as the partnerships that they had forged during their participation in the CSLC.

The CDC funded Louisiana’s proposal and since receiving more funding to continue the work, the Louisiana team has continued to add new partners across the state, helping the team reach more youth.

“We were able to have such a strong application for the CDC grant because we had this collaborative in place, and because we already had the partnerships in Region 4,” said



“The peer support was huge. Louisiana has a very small injury violence prevention team. So having these peer calls, and seeing [what different states do] was really helpful for us.”

- Kristen Sanderson, BFH, Violence and Injury Prevention Manager

Sanderson. “I don't think we would have had a strong enough application if we [hadn't developed those partnerships through the CSLC].”

Now, the team feels like they are light-years ahead of where they were in 2019. They have established an ongoing partnership that continues to improve youth health outcomes. They have accessed new funding sources to continue the work, and they developed new [data products and dashboards](#) provided by the state to continue to inform statewide and regional programs and initiatives.

Perhaps most importantly, they have continued to expand their statewide suicide prevention collaborative, bringing in more partners who are committed to youth suicide prevention regardless of the variability of funding cycles.

**“We’ve built up a statewide suicide prevention collaborative,” said Sanderson. “There has never been a formal statewide suicide prevention coalition, especially with a public health kind of lens and approach. [We’ve done it.]”**

## A COLLABORATIVE APPROACH

The Louisiana team consisted of partners from the following agencies:

- [Louisiana Bureau of Family Health \(BFH\)](#)
- [Louisiana Office of Behavioral Health](#)
- [Louisiana Department of Education](#)
- [The Family Tree](#)
- Regional public health organizations

## APPLYING CSN'S QUALITY IMPROVEMENT AND INNOVATION FRAMEWORK

Throughout the CSLC, the Louisiana team was able to apply quality improvement to youth suicide prevention, including through the construction of a comprehensive surveillance system and the improved coordination of resources between hospitals and community service providers to better address youth mental health. To bring about these improvements, the team employed several tools provided by the CSLC, including:

### **SUICIDE AND SELF-HARM PREVENTION EVIDENCE-BASED STRATEGIES**

This document helped the team pivot their prevention strategy from emergency department screenings and protocols to *implement gatekeeper training for health and mental health care providers, as well as school personnel*. As a result of using the tool, the team used data from the gatekeeper trainings to track change over time.

### **PARTNERSHIP ANALYSIS**

This document helped the team retain and expand their partnerships so that they aligned with their implementation strategies.

### **PLAN-DO-STUDY-ACT (PDSA) CYCLES**

The Louisiana team used PDSA cycles to make sure that their interventions were working as planned. Applying the PDSA cycles also enabled them to break their work into manageable and measurable components.