CDPH

California Department of Public Health

Youth Suicide Reporting and Crisis Response Pilot Program

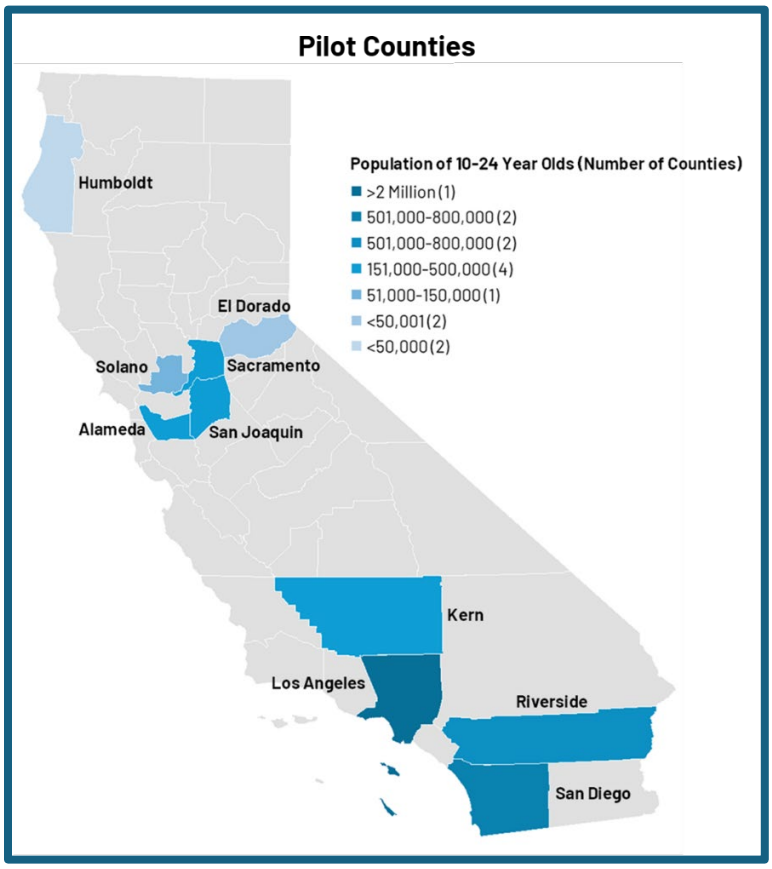
Evaluation Highlight

The California Department of Public Health's (CDPH) Youth Suicide Reporting and Crisis Response Pilot Program was established through one-time funding in the Governor's 2022–2023 Budget. The pilot worked to develop and improve local-level planning and further develop existing systems to quickly report and comprehensively respond to youth suicides and suicide attempts. The pilot was funded from January 2023 through June 2025. This report provides an evaluation summary of the pilot during that timeframe.

This Project Evaluation Highlights is a summary of the evaluation reporting prepared by the University of California, Los Angeles (UCLA) Agile Visual Analytics Lab.

Pilot Background

The Youth Suicide Reporting and Crisis Response Pilot Program was launched in response to a growing concern about youth suicide across California and to build more timely and coordinated systems to support youth following a suicide attempt. Historically, many counties lacked structured mechanisms to identify at-risk youth in real-time, engage key community partners, and deliver culturally responsive crisis intervention and follow-up care.



This pilot aimed to address these gaps by supporting 10 diverse counties, representing a mix of rural, urban, and suburban regions, to strengthen their local capacity to detect and respond to suicide crises among youth.

The two focus areas of the pilot were to:

- Improve systems for real-time reporting of suicide attempts and deaths among youth.
- Enhance the quality, consistency, and reach of crisis response services delivered to youth and their families.

During their 24-month funding period, counties were encouraged to assess their existing infrastructure, form or deepen cross-sector partnerships, hire and train key staff, implement evidence-based practices, and integrate suicide response protocols into broader behavioral health and education systems. The pilot served as a foundational step toward building a more responsive, data-informed, and sustainable statewide model for youth suicide prevention and post-crisis care.

The UCLA Agile Visual Analytics Lab (AVAL) worked closely with the California Department of Public Health (CDPH) throughout the grant to evaluate the success of the pilot program. This highlight report is a summary of the evaluation reporting prepared by AVAL. County-level project summaries are available upon request to suicide.prevention@cdph.ca.gov.

Pilot Design & Implementation

Based on county developed work plans, counties reported progress within a set of activities related to five pilot program areas (surveillance, prevention, rapid reporting, response to risk and attempts, response after a death). Participating counties began the pilot with varying levels of existing programing and readiness. Therefore, flexibility was given to allow counties to design their work plans to meet their individual community needs through specific required, core activities along with a larger number of optional activities. Both required and optional activities aimed to promote consistency in evaluation, ensuring that similar strategies generated comparable reporting across counties.

Pilot Progam Areas

Surveillance	Prevention	Rapid Reporting	Response to Risk & Attempts	Response After a Death

Specifically, over the course of the pilot, counties engaged in a wide range of strategic activities to strengthen their youth suicide reporting and crisis response systems. A central focus was on developing or refining internal protocols to better identify, report, and respond to youth suicide attempts and deaths. Many counties launched real-time or near real-time data dashboards and reporting tools to track suicide-related incidents, support decision-making, and guide interventions. These tools enabled more timely identification of at-risk youth and allowed for the development of targeted supports. Workforce development was another key pillar of implementation, including hiring and training personnel. All counties hired new staff or reassigned personnel to focus specifically on suicide prevention and response.

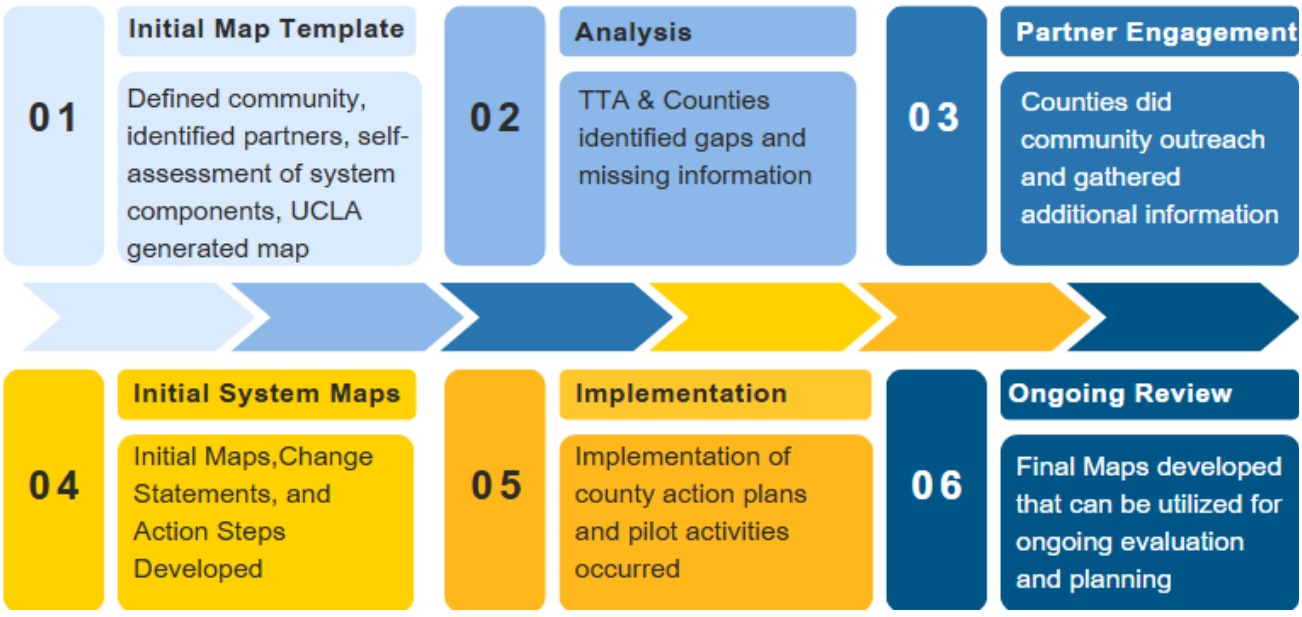
Counties worked with technical assistance (TA) provider Center for Applied Research Solutions (CARS) to support project implementation. Each county received individualized support to build capacity, navigate system change, and translate emerging best practices into action. A key component of this support was related to the system mapping process which each county completed. The CARS TA team helped counties assess their current infrastructure, identify service gaps, and develop clear roadmaps for improvement. Counties also participated in facilitated communities of practice allowing them to share strategies, troubleshoot implementation barriers, and spark innovation across diverse contexts. The training and TA (TTA) were integral to the pilot's success.

System Mapping—Foundational Component for Pilot Counties

The System Mapping process was a foundational component of the pilot, designed to help counties better understand and strengthen their crisis response systems for youth experiencing suicide-related events. Through a structured series of phases—including defining system boundaries, conducting self-assessments, and engaging cross-sector partners—each pilot county created a "System Map", visually representing how youth move through crisis pathways in their communities, schools, and healthcare settings. These maps served as a shared reference point for identifying service connections, gaps, and opportunities across systems that often operate in silos.

System maps empowered counties to move from isolated improvements to coordinated, system-level strategies grounded in community needs. The process built local capacity to visualize, describe, and continuously improve their youth crisis systems, positioning counties to better serve youth and families both during and after the pilot. The flexibility of the System Map also ensures its on-going relevance moving forward, with potential applications in strategic planning, public communication, program development, and evaluation efforts.

Beyond the creation of visual tools, the mapping process offered a structured method for collective analysis and planning. The process fostered important conversations among county partners across many sectors who may not have previously collaborated—building shared language, increasing transparency, and revealing previously unrecognized disparities and delays in care.



Pilot Strengths

The Youth Suicide Reporting and Crisis Response Pilot achieved several significant accomplishments across participating counties, laying a strong foundation for more coordinated, timely, and youth-centered crisis response systems. As a result of the work completed through the pilot, counties reported increased readiness to respond to suicide crises, improved systems for identifying and supporting youth at risk, and stronger positioning to sustain and scale these efforts beyond the pilot period. This was accomplished through strong cross-sector collaboration, youth engagement and community involvement, capacity building through training and TA, enhanced surveillance and data sharing, and positive local outcomes and readiness for sustainability. These accomplishments reflect the pilot's value in catalyzing transformative system change and demonstrate the potential for statewide replication.

Strong Cross-Sector Collaboration

All counties demonstrated significant progress in building or strengthening partnerships across public health, behavioral health, education, law enforcement, hospitals, and community-based organizations. This was evidenced by the creation of formal agreements (e.g., memoranda of understanding) and regular convenings improving coordination and communication, especially in crisis response and data sharing.

Youth Engagement and Community Involvement

Several counties established or expanded youth advisory boards and peer-led initiatives that they intend to continue beyond the pilot. Community outreach and culturally responsive materials were developed to reach diverse populations, including two-spirit, lesbian, gay, bisexual, transgender, queer and other (2S/LGBTQ+) youth, youth of color, and those impacted by foster care or mental health conditions.

A Focus on Surveillance

Public health relies on surveillance to track and monitor health-related events, but traditional surveillance data can lack context and requires time to be finalized. A focus of the pilot program was to more effectively and quickly identify, report, and respond to youth suicide attempts and deaths. The pilot addressed the lack of context in traditional death records by promoting use of the California Violent Death Reporting System (CalVDRS) and addressed delays in suicide attempt databy encouraging adoption of syndromic surveillance (SyS).

California Violent Death Reporting System: Providing context and circumstances

CalVDRS conducts statewide surveillance on violent death, including suicide, by combining data from public health departments, law enforcement, coroners and medical examiners into one secure and confidential database. Combining data reports from multiple sources provides a more complete understanding of the circumstances impacting a suicide decedent's life including any crises they faced (e.g. within relationships, finances or health) and whether drugs or alcohol were involved. Accurate, detailed information is a critical first step in prevention by helping to identify and understand risk factors. CalVDRS allows for a comprehensive understanding of the circumstances surrounding violent deaths and supports the development of data-driven public health prevention strategies aimed at reducing the number of suicide and violent deaths that occur in California each year.

Syndromic Surveillance: An early warning system with near real-time data

SyS can serve as an "early warning system" for public health professionals. Unlike traditional surveillance, which is time-intensive because it relies on confirmed diagnoses from finalized billing codes, SyS monitors preliminary diagnoses from patients' symptoms reported in emergency department (ED) visits within 24-48 hours. SyS can monitor self-harm injuries, suicide attempts and suicidal ideation visits to the ED or urgent care. When a SyS system is in place, emerging trends can be identified in days or weeks rather than months or years, and resources and support can be deployed in a more timely manner.

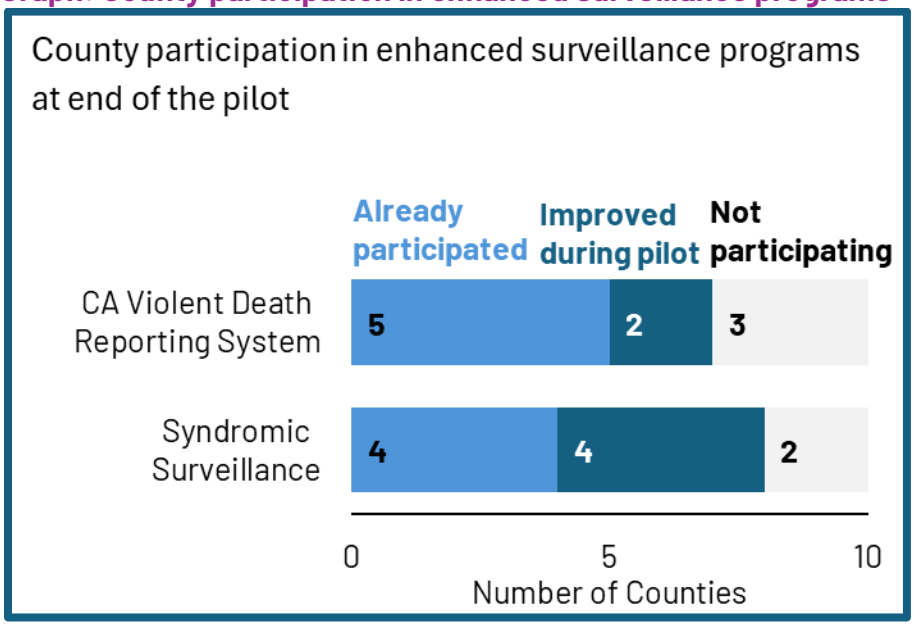
Legislative Changes: Establishment of CalSyS new reporting requirements in CA

During the pilot, Trailer Bill SB-159 passed and took effect in July 2024, granting CDPH the authority to establish the California Syndromic Surveillance (CalSyS) program and require hospitals with EDs to submit SyS data. Prior to this legislation, counties had to work independently to access SyS data from local hospital EDs. CalSyS now provides support to counties for hospital onboarding and use of SyS.

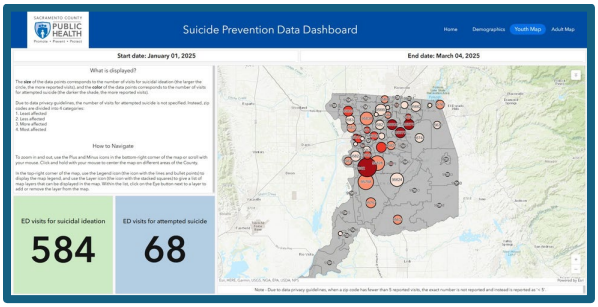
Enhanced Surveillance and Data Sharing

While progress is ongoing, participation in CalVDRS and SyS increased in half of the pilot counties. By the end of the pilot, eight counties were participating in CalVDRS and/or SyS. Only two counties were not yet participating in either. The passing of SB-159 during the pilot accelerated adoption and implementation of SyS at the local level, highlighting the impact of state-level action on county-level capacity building.

Graph: County participation in enhanced surveillance programs



Additionally, through the pilot, several counties increased use of enhanced surveillance to share data, by developing or improving dashboards (example dashboards from Sacramento and Los Angeles counties below), alert systems, and data-sharing protocols, enabling more timely and actionable insights into youth suicide trends.



Capacity Building Through Training and Technical Assistance

Technical assistance provider CARS received high praise, with 100% of counties agreeing it supported their work to build their youth crisis response systems. Counties noted that the assistance primarily helped them better understand their local systems and develop capacity-building strategies. Beyond this, counties recognized the need to support training within their communities and conducted over 500 trainings with high participant satisfaction.

Pilot counties provided training in the following evidence-based programs:

- Collaborative Assessment and Management of Suicidality (CAMS)
- Mental Health First Aid
- Applied Suicide Intervention Skills Training (ASIST)
- Question, Persuade, Refer (QPR)

Positive Local Outcomes and Readiness for Sustainability

The pilot empowered counties to tailor activities to local needs, fostering creative solutions and innovations that addressed gaps in crisis response, postvention, and youth engagement. All counties reported improved workforce capacity, better understanding of school crisis processes, and actionable next steps. Many counties are positioned to sustain or expand key components, such as crisis teams, surveillance systems, and training programs, beyond the pilot period.

Tailoring Activities to Meet Local Needs

Counties were empowered to tailor their pilot activities to local needs, resulting in creative solutions like:

- Alameda County, Organizing and Responding to Crisis for Alameda youth (ORCA) Program - providing youth suicide stabilization therapy program.
- San Joaquin County, Focus on Children Under Stress (FOCUS) project - developing collaborative, multi-sector support for children exposed to trauma.

Conclusion and Lessons Learned

The Youth Suicide Reporting and Crisis Response Pilot Program demonstrated that strategic, time-limited investments can catalyze significant progress in building coordinated, cross-sector systems to support youth after a suicide attempt. Across all 10 counties, the pilot strengthened partnerships, increased local capacity, improved crisis protocols, and fostered data-informed planning. While counties varied in readiness and implementation speed, all made measurable advances toward more responsive, youth-centered crisis systems. Importantly, the pilot illuminated both promising practices and persistent barriers, laying a foundation for future statewide efforts.

Lessons learned from the pilot are presented at the level most effective for addressing the identified issues either at a county or state (system) level. County-identified next steps are also shared to illustrate how participating counties are building on the progress made during the pilot and continuing efforts to strengthen youth suicide reporting and crisis response.

County-Level Lessons Learned

Stakeholder Engagement

Some counties struggled to maintain engagement with coroners, hospitals, and schools. For many counties, partnerships between departments and outside organizations were informal and relied heavily on personal relationships between individuals. These informal partnerships often led to disruptions or ended entirely when individuals moved to new roles or retired. Counties found that establishing formal partnership agreements and Memoranda of Understandings (MOUs) to solidify relationships helped reduce disruption from staff turnover. While MOUs can be challenging and time consuming to establish, pilot findings underscored the importance of formalizing cross-sector partnerships to ensure continuity and coordination of activities.

Postvention & Bereavement Supports

Youth-specific postvention services remain underdeveloped. Establishing trauma-informed grief support and coordination protocols with schools and families that are embedded within their communities' crisis response infrastructure will strengthen response systems.

Capacity in Smaller Counties

Given the variation in size and capacity of counties, some limitations were expected. Smaller/rural counties faced staffing shortages, relied heavily on informal networks, and lacked internal data analysts, all of which hindered implementation. These counties may benefit from shared regional approaches to technical assistance and expertise.

Youth Crisis System Readiness

Some counties without existing suicide fatality review teams, school protocols, or mobile crisis systems struggled to execute planned activities within the pilot timeline. Ongoing system mapping, paired with realistic, phased implementation plans that align with each county's existing capacity is one method for continuing to strengthen systems.

Pilot Counties Self-Identified Next Steps

Near the conclusion of the 24-month pilot on youth suicide prevention, reporting, and crisis response in June 2025, counties identified intended next steps to sustain and build on their progress. The following summary highlights common themes across counties, showcasing shared priorities and strategies for continuing this vital work beyond the pilot's end.

Future Priorities Summary	
Suicide Surveillance and Data Reporting	**8 counties** will continue or expand suicide-related data systems such as CalVDRS, syndromic surveillance, and dashboards.
Crisis Response Teams and Protocols	**7 counties** will continue using mobile crisis teams, rapid response systems, and postvention protocols.
Cross-Sector Collaboration and Coordination	**6 counties** will continue partnerships between behavioral health, public health, schools, and community-based organizations.
Training and Capacity Building	**5 counties** will continue training and onboarding staff and community partners.
Suicide Loss and Support Groups	**4 counties** will continue or start support groups for those affected by suicide.
Youth Engagement and Peer Support	**4 counties** will continue involving youth in advisory roles, peer-to-peer support, or feedback loops for program development.
Suicide Fatality Review Teams	**3 counties** will maintain or continue development efforts to establish multi-disciplinary teams to review suicide deaths.
Public Awareness	**3 counties** will continue or expand suicide prevention media campaigns and toolkits.

State-Level Lessons Learned

Data Infrastructure

Many counties still lack real-time surveillance systems allowing them to receive reports of youth suicide attempts or deaths and face challenges in integrating SyS and CalVDRS. CDPH's establishment of the CalSyS program in July 2024 will be helpful to counties interested in implementing SyS.

Funding Sustainability

Counties reported that youth suicide reporting and response activities often relied on funding with short timeframes and lack embedded suicide prevention infrastructure in county behavioral health, public health, and education planning. Additionally, counties suggested infrastructure should include postvention and bereavement supports, which remain limited in many counties.

System Knowledge and Understanding

Counties indicated that shared language and clearer operational guidance would support more consistent implementation and inter-county learning, particularly for lower capacity jurisdictions.

The lessons learned and tools developed offer a roadmap for continued progress in youth suicide prevention across California. Challenges remain in areas such as data infrastructure, stakeholder engagement, and sustainability. Continued coordination and structured learning opportunities will be critical to maintain momentum and deepen impact statewide.

For questions related to this evaluation highlight report, please submit inquires to suicide.prevention@cdph.ca.gov.

Prepared by the Office of Suicide Prevention, Injury and Violent Prevention Branch, Center for Healthy Communities, California Department of Public Health.