NCTSN The National Child Traumatic Stress Network

Change Collaborative on Trauma-Informed Suicide Prevention and Healing

In a Change Collaborative, Partnerships at each level support advancements

Summary

> *"The collaborative helped a lot with us being able to have tangible ideas about how to implement a lot of the suicide prevention initiatives that we have now."*

The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) led a multi-year project, from 2023 to 2025, to support shared learning of suicide prevention efforts within the National Child Traumatic Stress Network (NCTSN) that included an extensive environmental scan with Network members and community partners through a series of Listening Sessions and two Community Think Tanks. This environmental scan highlighted the need for organizations to strengthen partnerships with community members to improve the quality of support for children experiencing suicidality. The Change Collaborative on Trauma-Informed Suicide Prevention was launched by the UC-LA-Duke University NCCTS to strengthen community and school-based responses to youth suicide. Drawing on insights from the listening sessions and community think tanks, a Change Framework was developed and nationally disseminated to guide agencies in this work. Further, the collaborative supported three teams to implement strategies that honor community strengths, foster partnerships, and advance trauma-informed care using mechanisms such as training, cards with strategies for supports, youth-led groups, collaborations between school, mental health agencies, and enhancing school curricula. Teams noted the collaborative's call environment and structure, leading to new partnerships and resource sharing. Further, there were several new strategies implemented by the collaborative planning team that could be used in future collaborative-based work (e.g., honoring the relational nature of the work, remaining flexible in content. This report summarizes evaluation findings, impact, and recommendations for future collaboratives. To share recommendations for improvement with the NCTSN and beyond, a culminating event, "Hope in Action," was held on September 30, 2025, which included 137 participants. Further, a series of community calls was held from November 2025 – April 2026 to support Hope in Action attendees to advance their practice.

Background

The initiative for the Change Collaborative on Trauma-Informed Suicide Prevention was launched by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) to address the urgent need for culturally responsive, trauma-informed approaches to youth suicide prevention. Recognizing that traditional models often overlook community voice and lived experience, the initiative began with listening sessions and community think tanks involving child mental health professionals, suicide prevention advocates, and individuals with lived experience.

Insights from these sessions were provided to participants as notes, where they could continue to shape the outcome by adding thoughts or text changes. From here, a draft was created and reviewed again by participants who had expressed interest. The evolving document developed into the Collaborative Change Framework (CCF)—a guiding document designed to help organizations implement strategies that honor community strengths, foster equity, and build sustainable partnerships. The collaborative aspired to:

- Support three teams in designing and testing change strategies aligned with the CCF.
- Strengthen partnerships between NCTSN sites and their communities.
- Promote youth and lived experience leadership in suicide prevention efforts.

This report documents the evaluation of the collaborative, highlighting outcomes, lessons learned, and recommendations for future initiatives.

Methodology

A mixed-methods approach that included polling, real-time coding of discussions, progress monitoring with the CCF, post-collaborative reflection circles and surveys were used. Members from the participating sites in the Collaborative and Collaborative Planning Team members shared experiences separately in reflection circles. Three teams participated: a community violence program and two community mental health programs partnering with local schools. The collaborative included eight all-team calls and 16 team-specific consultations in addition to the initial two-day virtual Learning Session.

Findings

TEAMS WERE ABLE TO IMPLEMENT SEVERAL CHANGE STRATEGIES

The three teams designed change strategies based on the CCF. To represent how the collaborative specifically supported change, the strategies for each team are listed below along with the CCF areas of change.

> *"That's not just me as a therapist and our care coordinators on the team, too, working with families individually about it, but that there's a lot more community psychoeducation and the other capacities that those programs, how they do their own things with mental health promotion, that to see it on a lot of different levels is really great."*

A Community Violence, Child-Trauma Program Working in the Metropolitan Western U.S.

Strategy 1 - Workshop Series: Topics Related to Suicidality

This five-workshop series included topics on bullying, social media, isolation, substance use, and self-harm. The workshops intentionally incorporate youth voice through structured discussion questions. Before broader rollout, the team piloted the questions internally with staff and then with youth and expressed plans to expand delivery across additional community settings. The Healthy Relationships/Conflict Resolution (antibullying workshop) was held at a school. This will expand more in urban areas to work alongside the school psychologist to help identify students who want to attend.

As part of the scale-up of this series, a suicide prevention event for youth was held in September 2025.

CCF Areas of Change

Area of Change 1. Honoring Strengths and Realities in Communities

> Specifically, 1 c) Normalization of Discussion due to creating workshops where suicide and suicide prevention can be discussed in schools and community spaces with families and other community members. These workshops helped to build relationships with the community as well as de-stigmatize topics that led to suicidality.

Area of Change 2. Embodying, Trauma-Informed, Culturally Centered Approaches for Suicide Prevention and Healing

> Specifically, 2 b) Family and Youth Engagement by engaging and uplifting the power of youth directly. These workshops helped to engage youth as well as give them a space to talk, ask questions, and lead.

Area of Change 3. Establishing and Sustaining Relationships and Belonging with and within Communities

> Specifically, 3 a) Trust and Familiarity by building relationships and earning trust even when a problem has not been identified yet. These workshops helped to engage youth as well as others in the community so that these relationships can be built even before there is an issue.

Strategy 2 - Resource Card with QR Code

A wallet-sized card with a QR code that links to a PDF document of resources was created for initial contact with a family as well as for students in schools. This list includes local resources for community violence, housing and food insecurity, legal, and suicide prevention. Specifically, the suicide prevention resources are for a local center, 988, and meditation apps.

CCF Areas of Change

Area of Change 1. Honoring Strengths and Realities in Communities

> Specifically, 1 c) Normalization of Discussion due to providing a wallet-sized card that links resources. In this way, youth and families can become more familiar with suicide and suicide prevention resources.

Area of Change 5. Providing Ongoing and Continuous Support - Short Term

> Specifically, 5 a) Deep, wide, and continuous supports. This is one way that others can learn about the resources in their community so that they can establish these connections before they are needed.

A Community Mental Health Program Partnering with Schools in the Metropolitan South

Strategy 1 – Workshop/Panel with School Mental Health Professionals in September 2025

Developed a workshop for mental health professionals and showed the documentary “While the Children Fade” followed by a community discussion. The event shed light on suicide, lived experience, safe spaces, and shared resources.

CCF Areas of Change

Area of Change 1. Honoring Strengths and Realities in Communities

Area of Change 2. Embodying, Trauma-Informed, Culturally Centered Approaches for Suicide Prevention and Healing

> Specifically, 2 a) Humility and Curiosity by learning more about how suicide is impacting the community and engaging in a discussion afterward. The space helped to engage mental health professionals and the community to talk, ask questions, and build understanding.

Strategy 2 – Develop and disseminate a ‘Gatekeeper Training’

This clinically focused training for school social workers/counselors included a train-the-trainer program, where those who were trained in May 2025 will train others in their school in Fall 2025 to maintain skills and knowledge.

CCF Areas of Change

Area of Change 3. Establishing and Sustaining Relationships and Belonging with and within Communities

Strategy 3 – Expand and update Risk Assessment Trainings

This training expands their current Risk Assessment training into Advanced Risk Assessment Training. It includes the perspectives of four presenters: an experienced school social worker, a psychiatrist, a mental health provider with significant suicide prevention experience, and a principal with significant in-school experience.

CCF Areas of Change

Area of Change 4. Responding to Acute Needs

Strategy 4 – Grief Circles - Build on Lessons Learned

For this strategy, the site partnered with school social workers to incorporate students as co-leads for the Grief Circles. This included training for high school juniors to be peer co-leads.

A Community Mental Health Program Partnering with a Local School in the Mid-West

Strategy 1 - Awareness Building: 988 and wallet cards, materials for parents

Multiple materials were developed to build awareness of suicide and mental health. These included 988 stickers, resource wallet cards that share ideas on how to talk to a friend who is struggling along with a QR code to resources, and quotes from students about what they wish adults understood about mental health shared at events. Summer care packages were also created for students by students from the Hope Squad. These care packages were created to help establish and sustain relationships within the community so students can connect and reduce stigma. The wallet cards were included in this.

CCF Areas of Change

Area of Change 1. Honoring Strengths and Realities in Communities

Area of Change 2. Embodying, Trauma-Informed, Culturally Centered Approaches for Suicide Prevention and Healing

> Specifically, 2 c) Healers in the Community by uplifting healers who are defined by the community. These resources will help youth engage in suicide prevention efforts and have space to talk, ask questions, and lead.

Strategy 2 - Hope Squad students and relationship building

This involved building a sustainable group at the partnering high school that is youth driven. The Hope Squad identified building awareness about teen mental health and suicide as a priority and developed engagement strategies delivered at a popular sporting event. The Hope Squad also identified teachers who wear a yellow ribbon button to let students know that they are safe adults to talk to about mental health.

The Hope Squad has grown substantially and emphasizes student voice and empowerment. To become a member of the Hope Squad, students are nominated by other students. Co-leads for the Hope Squad are voted on by students as well. Students have become more comfortable sharing their opinions.

CCF Areas of Change

Area of Change 1. Honoring Strengths and Realities in Communities

Area of Change 3. Establishing and Sustaining Relationships and Belonging with and within Communities

Strategy 3 - Updates on Integrating Mental Health into School Subject Matter

To scale up integrating mental health into school programming, students regular resource time was utilized. A counselor from the community site came into the school to hold a brief wellness time focused on stress

management using "Dear Man" skills. This is an interpersonal communication technique often used in Dialectical Behavior Therapy. A sample can be found here. As a sustainability component, they will hold these resource times monthly for the next school year with a focus on various skills.

CCF Areas of Change

Area of Change 3. Establishing and Sustaining Relationships and Belonging with and within Communities
Area of Change 5. Providing Ongoing and Continuous Support - Short Term

PARTNERSHIPS WERE STRENGTHENED AS A RESULT OF THE COLLABORATIVE

Teams shared several ways in which the collaborative supported partnership development. Themes include:

Cross-Team Learning and Resource Exchange: Peer-to-peer learning improved event planning and broadened the reach of suicide prevention initiatives

In planning their first community event focused on suicide awareness and prevention, a team specifically noted that collaboration with other teams was instrumental to success. They received input on planning strategies, website design, and activity ideas tailored to youth and families, especially for populations at higher risk. Despite concerns about attendance due to the sensitive topic, the event had a strong turnout and facilitated meaningful conversations, highlighting the value of cross-team support and shared learning.

> *"We planned our Steps Toward Hope event in late September. Our program hasn't had an event geared specifically towards suicide awareness and prevention in years. Another team had an event in mid-September and shared their planning process and website so we could see their offerings. Team members who work in schools and other settings shared what they thought would be effective for youth, families, and populations with higher rates of suicidality. All those insights were very helpful. It was the first time we had that event, and we had a good turnout. Sometimes we worry that with a heavier topic, families might not feel as comfortable showing up, but we still had a great turnout and a lot of meaningful conversations with community members. It was great, and the collaboration and input from other teams were a major part of that success."*

> *"One of the biggest shifts was the Hope Squad really owning their own program and being able to really lean into leadership, of what they as the students, felt the student body needed, and feeling like they had a voice, and were able to take that ownership. I think there's still work to do, but we did make progress on some of the stigma pieces of mental health struggles within the community, and how to feel safe and comfortable accessing resources and connecting. So, I think the biggest progress was with the young people themselves that we worked with and expanding the resources that our team can offer to not only our agency, but the community."*

Deepened school partnership, ongoing connection, and support: The collaborative prompted relationship-building and cross-program sharing between Mental Health Organization and Schools

Over the course of the collaborative, one site's partnership with a school deepened significantly. Initially, the agency had limited contact with school therapists, but by the end, the relationship had deepened into a comfortable, ongoing connection. The teams began sharing resources and supporting each other across broader needs, including sensitive student situations, demonstrating how a single collaborative effort can foster sustained, cross-agency relationships.

> *"I don't know if it's a story exactly, but with the school we partnered with, at the start of the project, we had therapists in the school and knew them, but I had never really met those who we partnered with specifically. By the end of the project, we all felt comfortable reaching out—'hey, do you have a resource for this?' 'Do you still have this thing we looked at?' They connected with me today about a kiddo at their school on hospice care and some of the ways we might support. It just took this one project we were focused on to develop a solid relationship that has spread into other aspects of connection between the two agencies."*

Expanded existing partnerships with local agencies
Leveraging existing partnerships to add new dimensions, such as addressing suicide, was a successful strategy.

> *"We developed a stronger partnership with 2 local agencies who we have partnered with in other areas, and so it was natural to expand that partnership to include suicide prevention…"*

Shared and replicated suicide prevention tools and resources
Cross-Collaborative team sharing of suicide prevention resources contributed to the development of a resource card for community use. Several teams offered materials and insights that informed the card's content.

> ***"Teams that shared resources they use for their resource card, getting started on that. We are more intentional on partnerships within our agency."***

Others emphasized the importance of building stronger internal partnerships within large agencies to enhance use, with over 1,000 staff across multiple programs, intentional efforts to share tools and foster inter-team collaboration were a key focus of their work.

> *"We've been trying to be more intentional about building partnership, like, within our agency. Our agency is so big. We have about, 1,000 to 1,200 staff, and we have quite a bit of programs, and so just even taking what we're doing and sharing it with other teams, and trying to build connection with other teams around some of these materials has been something that we're focusing on."*

How did teams recognize their partnerships were making progress?

1. Building Trust and Familiarity
Partnerships deepened as teams moved from initial unfamiliarity to genuine connection. Progress was recognized through deeper, more trusting relationships that allowed for sensitive conversations and created a safe space for mutual support.

- "There has definitely been more strength in the relationships and that building of a sense of emotional safety, to be able to talk about those issues."
- "The first meeting, we were all like, we don't know each other, and it feels a little bit weird, but the leadership of the collaborative did a really good job of, like, building connection and being vulnerable and open with us, and so I felt like by the time like, I looked forward to those meetings."
- "We had a community member who had died by suicide… and we were seeking some support from members in the collaborative about how they have also coped."

2. Connection and Shared Understanding
Teams expressed a desire to maintain relationships beyond the formal project, signaling authentic partnership rather than transactional collaboration. Comfort in giving and receiving feedback further demonstrated trust and shared ownership.

- "We were all kind of sad that this was over, and that we wanted to find out how to, like, stay in touch… that shows a genuine partnership versus just a functional partnership."
- "When you're comfortable enough to start giving feedback or suggestions or making recommendations… I think that is a great indicator."

3. Collaborative Leadership
Leadership's vulnerability and relational approach fostered openness and accelerated progress. This environment encouraged cross-team engagement and reduced silos, allowing teams to learn from one another and co-create solutions.

- "The leadership of the collaborative did a really good job of, like, building connection and being vulnerable and open with us."

- "Just being able to address other people and not feel so siloed… or refer to the work that other folks are doing."

YOUTH AND LIVED EXPERIENCE LEADERSHIP WERE PROMOTED IN SUICIDE PREVENTION EFFORTS

While youth and lived experience leadership was not initially an overall goal of the Change Collaborative, it was reflected in two areas of the CCF and in the strategies that teams used. To begin with, the Collaborative Planning Team included experts in the field of suicide prevention, both clinically and through their own lived experience. The participant teams working with schools, both as partners and as school-based mental health professionals, utilized strategies that included the voice of students. The Grief Circle, used by one team expanded to include a student co-lead along with the school social worker, recognizing the importance of youth involvement. Another team built an entirely student-led group, the Hope Squad, where participants were nominated by other students, and the goals of the group were directed by the student leadership. As the Collaborative continued, it became clear that youth and lived experience leadership needed to be front and center. Future collaboratives may benefit from explicitly elevating youth leadership as a central goal.

THE COLLABORATIVE ENVIRONMENT FACILITATED CHANGE

The collaborative engaged a variety of strategies to improve the implementation of change strategies, including eight All Participant Calls; sixteen individual team-specific consultation calls, with each team receiving at least five calls; and a collaborative resource and message board through a project management and collaboration platform, Basecamp. Basecamp and email were the primary ways of communicating announcements, resources, and engaging Think Tank participants in the draft of the CCF.

The Environment of the Calls Supported Engagement

Participants overwhelmingly agreed that:

- The collaboration space supports them to show up as their full and most authentic self
- They feel that their ideas were heard
- They are confident in their ability to apply the change concepts to this work

Sentiments Expressed

- "I love how supportive this group is, and the open feedback"
- "I'm looking forward to continuing to reflect on the intentionality of our programming to ensure we are addressing suicide prevention in all aspects of wellness."
- "Looking at what community connection looks like, and asking the community partners what they need is most important."
- "Loved the conversation- lots to think about. And loved the resources that y'all shared. Need to think of PDSA to start small."
- "Great info from Danielle and helpful discussion with the small group as well. Always need more time."

The collaborative structure provided

1. Access to Tangible Ideas and Practical Strategies

- The collaborative provided concrete examples and actionable ideas that accelerated implementation.
    - "The collaborative helped a lot with us being able to have tangible ideas about how to implement a lot of the suicide prevention initiatives that we have now."
    - "Hearing other teams' ideas and projects really helped us devise what is something that would be a good fit for our community members."

2. Peer Learning and Cross-Team Inspiration

- Exposure to other teams' projects informed local adaptations and innovation.
  - "We merged the projects that we're hearing about from other teams with what we know about our community to come up with something that would continue to be really receptive."

3. Accountability and Momentum

- Regular meetings and progress check-ins created a sense of urgency and accountability.
  - "The timeline for us being able to initiate a lot of these projects… was probably faster because of the collaborative support in sharing ideas and also keeping us accountable with regular meetings."
  - "We better do something to prepare for the next meeting so that we have something new to report on."

4. Reframing Progress: Small Changes Matter

- The collaborative helped teams value incremental progress and cultural shifts.
  - "It felt at the beginning like we had to do really big things for it to count… and I think this did a really good job of helping remind my team that small change is how big change happens."
  - "It was good feedback for us to be able to celebrate those small positives."

What specific progress did teams name as a result of the collaborative environment?

1. Shifting Conversations and Building Comfort

- Progress was seen in normalizing discussions about mental health and suicide, both within teams and with community members.
  - "The progress we want to make is in shifting conversations about mental health, suicide awareness… but I think there was more progress made in my team members being able to feel more comfortable having these conversations."

2. Cross-Team Collaboration and Shared Learning

- Teams began collaborating beyond their silos, sharing feedback and ideas across programs.
  - "It was really nice to get feedback and hear their thoughts… because they might work with clients in different capacities and support clients differently than we do."
  - "To see this work being implemented in a lot of different kinds of client relationships… that was really great."

3. Grassroots and Community-Level Impact

- Progress extended beyond organizational boundaries to community psychoeducation and engagement.
  - "There was a shift on a more grassroots level when we're having these events and having conversations with clients."

4. Youth Leadership and Empowerment

- Students took ownership of initiatives, signaling cultural change and stigma reduction.
  - "The biggest shift was the Hope Squad really owning their own program… and feeling like they had a voice and were able to take that ownership."
  - "We did make progress on some of the stigma pieces of mental health struggles within the community."

5. Expanding Resources and Language

- Teams broadened their capacity to offer resources and reframed language around suicide and trauma.
  - "Progress was made in expanding the resources that our team can offer to not only our agency, but the community… and expanding language that our team might have around this topic."

6. Team Collaboration and Shared Ownership

- Internal collaboration strengthened, with supervisors and staff co-creating initiatives.
  - "Being able to work with staff that I supervise on a project was really great… I really love giving folks the opportunity to champion something and create something."
  - "They worked on something that the organization hadn't had before…able to create an event that didn't exist before."

From the perspective of the Collaborative Planning Team, what are recommendations for supporting the collaborative's Infrastructure?

Change Collaborative Faculty and Planning Team members participated in a reflection circle, where themes on what to keep doing well and where to improve our internal process of learning emerged. Below is a summary of the themes and ideas that were shared to support those themes.

What We're Doing Well

1. Relational and Community-Centered Approach

- The team consistently emphasized relationship-building as foundational to the collaborative's success. This was seen both internally among faculty and externally with teams.
- The use of community think tanks instead of expert panels was widely praised for elevating community voice and grounding the work in lived experience.
- Faculty members appreciated the authenticity and vulnerability modeled by colleagues, especially those with lived experience, which fostered trust and deeper engagement.

- "I would center relationship building, among the faculty and planning team, because this is relational work."
- "We can't expect to teach what we don't practice… how do we lead with community voice and also build trust across the group."
- "Her authenticity and her lived experience… gave others permission to bring their full selves into the space."

2. Flexibility and Adaptation

- The collaborative adapted traditional Breakthrough Series Collaborative structures to better suit the context:
  - Fewer teams, 3 instead of 6-8, allowed an individualized support model.
  - A looser structure enabled teams to remain engaged as they were able despite staffing changes and external crises.
  - The change framework was used more fluidly, allowing teams to focus on relevant domains rather than all areas.
  - "We only had 3 teams… so having fewer teams meant that we did a little more individual touches than we did collaborative touches."
  - "That flexible format allowed the teams to remain engaged even when they had staffing changes and turnovers or external crises."
  - "We had to jettison the all-collaborative calls… it was just impossible to schedule."

3. Innovative Practices

- The integration of storytelling and healing circles was seen as a powerful tool for reflection and connection, especially in trauma-informed work.
- Faculty members valued the co-creation process, which allowed creativity and responsiveness to team needs.
- The collaborative's shared leadership model blurred traditional roles, fostering a more inclusive and dynamic planning process.
  - "I really enjoyed the learning knowledge of the healing circles… it just brought a sense of collaboration and connection."
  - "I really loved the way we did the community think tanks… reaching a lot more people than we normally do."
  - "We got the biggest bang for our buck… on their individual team calls here.

Opportunities for Improvement

1. Scope and Structure

- Many participants noted that the scope of the project was too broad, making it difficult to go deep into specific areas.
- The fragmentation of activities—recruitment, framework development, and structural changes created confusion and role ambiguity for some faculty.
  - "Our scope was, from the beginning, very large… it just made sense to do the adaptations that we did."
  - "It felt a little bit more fragmented to me… we didn't always have the time to dive into each of those."
  - "Was the BSC the best mechanism? Is there a different system change model out there?"

2. Time and Scheduling

- The shift from full-day learning sessions to shorter, more frequent meetings improved accessibility but increased scheduling complexity.
- There was a call for clearer expectations around time commitments and relational work to better support planning and participation.
  - "The number of small chunks it takes to make a large chunk is quite a lot."
  - "If we had identified time chunks that people kind of know about ahead of time… maybe they can make it work."
  - "Just showing up for a meeting is incredible at this time."

3. Team Readiness and Recruitment

- The absence of a formal team readiness assessment led to challenges in engagement and alignment.
- Some teams lacked agency support or experienced turnover, which impacted continuity.
- Suggestions included developing a readiness checklist and engaging agencies earlier to secure buy-in.
  - "We were kind of like, 'If you're interested, we will make it work,' as opposed to, 'Are you in a position to actually do some of this work?'"
  - "Getting the agency approval in terms of their also promoting the project… would have been helpful."
  - "I became acutely aware of how much that team membership ended up dictating what work teams focused on."

4. Framework Utilization

- Despite the effort invested in the Collaborative Change Framework, it was underutilized during implementation.
- Faculty expressed a desire for more structured opportunities to anchor team activities to the framework and measure progress.

- "We didn't anchor ourselves back to the change collaborative framework more broadly."
- "I wish we'd had a way to maybe… anchor some of what they're doing to the different aspects."

5. Communication and Coordination

- Communication was described as dense and sometimes overwhelming, especially for those with clinical or high-acuity roles.
- There was interest in exploring tools like Basecamp for streamlined communication and better team engagement.
  - "Communication was dense and sometimes overwhelming."
  - "I worship the way you're able to do it… your job is really complicated at the depth of information."
  - "I felt like… it would have behooved me to have more timely and concise prep work."

Discussion

Overall Impact

The Change Collaborative was impactful in many ways that advanced suicide prevention and trauma-informed care across school and community settings. The structured calls and consultations accelerated implementation and sustained engagement among organizations that participated in the Collaborative. The Collaborative also reframed suicide prevention within the broader framework of trauma-informed care (e.g. foundational areas of change focused on protective factors) which strengthened partnerships, information sharing and the ability to implement change concepts. The Change Collaborative was also able to strengthen partnerships between agencies, schools, and communities through cross-team collaboration and coordination efforts. Change activity concentrated on the foundational areas of change in the CCF highlighting strengthening the relational and cultural foundations required for effective suicide prevention. This pattern reflects a shared understanding among teams that sustainable change begins with trust, cultural alignment, and community guided strategy development before expanding into more specialized or acute intervention responses. Another impact of the Change Collaborative was that student-led initiatives like the Hope Squad and Grief Circles empowered youth to take ownership of suicide prevention efforts. One of the more impactful outcomes of the Change Collaborative was that many practical tools were developed and disseminated as a result, such as resource cards and advanced training and workshops that supported communities on a large scale.

Collectively, these impacts highlight that trauma-informed suicide prevention is not solely a set of practices but a cultural transformation. The collaborative model created the relational infrastructure, shared understanding, and momentum needed to sustain these changes. Insights from the collaborative were shared via a Hope in Action webinar on September 30, 2025, attended by 137 people within and outside of the NCTSN.

Elements to Keep

For future collaboratives, we recommend continuing to prioritize relationship-building across teams and with collaborative leads to help foster partnership. These partnerships proved to be successful for helping sites identify and tailor strategies. Cross-team learning structures foster innovation and shared resources. Youth-centered approaches that prioritize student leadership proved transformative by expanding engagement in mental health awareness and suicide prevention strategies that reduced stigma by increasing their relevance to other students. We also recommend Cross-team learning structures to foster innovation and shared resources. Also, regular accountability mechanisms such as calls and consultations will help ensure teams continue to make progress.

Areas for Improvement

A few areas of improvement were noted, including more systematic documentation of change strategies that consistently integrate the CCF to help teams know where to prioritize strategies. The evolving structure of this collaborative, while necessary at times, was noted as creating challenges for faculty and participants. Establishing clearer expectations—time commitments, scope, communication channels, and the role of relational work—would support smoother implementation.

For teams looking to address suicide, there was a demonstrated need for broader community engagement to reach families hesitant to participate. Sustainability planning for long-term integration of change strategies and internal agency collaboration to reduce siloed efforts should also be incorporated.

Conclusion

The Change Collaborative served as a catalyst for cultural, relational, and practical transformation in trauma-informed suicide prevention reframing suicide prevention within a broader mental health lens. By centering youth leadership and relationship building, the Change Collaborative enabled teams to make progress in the foundational areas of change—perhaps, laying the groundwork for more advanced, acute response capacities in the future. The collaborative environment supported full participation, and teams reported confidence in applying concepts to their work. The tools, partnerships, and cultural shifts that emerged demonstrate that meaningful, trauma-informed suicide prevention requires both structural support and cultural change.

Carrying this suicide prevention work forward will require continued investment in youth voice, cross agency learning, and trauma-informed approaches, paired with Change Collaborative improvements in readiness assessment, communication, and sustainability plannings. With these enhancements, future collaboratives can extend the strong foundation built here and continue to grow community rooted systems that support the safety and wellbeing of young people.