Moderators

Jenny Stern-Carusone

CSN Associate Director

Clare Grace Jones

CSLC Sudden Unexpected Infant Death Topic Lead

Lauren Gilman

CSLC Bullying Prevention Topic Lead

Funding Sponsor

Technical Tips

Join audio via your computer if possible

Use the Q/A button found at the bottom of your screen to ask questions at any time

If you experience audio issues, dial a phone number found in the Zoom invitation and **mute computer speakers**

This session is being recorded

You are muted

Click the more (•••) icon, then the Captions (cc) icon at the bottom of your screen to turn on automatic captions

State Presenters

Webinar Agenda

Overview of The Child Safety Learning Collaborative (CSLC)

CSN

Child Safety Learning Collaborative

Jenny Stern-Carusone

CSN Associate Director/CSLC Lead

Advancing the Field of Injury and Violence Prevention

CSN Children's Safety Network

at Education Development Center

National Partnerships

Training and Technical Assistance

Learning Collaboratives

Webinars and Resources

Children's Safety Now Alliance

CSLC Child Safety LEARNING COLLABORATIVE

CSLC Vision and Mission

- **Vision:** All infants, children and adolescents have equitable access to evidence-based resources and strategies that keep them healthy and enable them to reach their full human potential.

Mission: Reduce fatal and serious injuries among infants, children and adolescents by supporting Title V agencies to build and improve partnerships and spread child safety practices, especially among the most vulnerable populations.

Learning Collaborative Time Frame

Cohort 1
November 2018-
April 2020

Cohort 2
May 2020 -
October 2021

Cohort 3
November 2021-
April 2023

Features of our Learning Collaborative

Actively engage states in collaborative learning and sharing
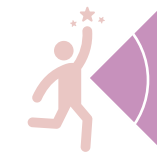
Increase states' knowledge and implementation of evidence-based strategies and programs

Support states to create and use a structured improvement process

Targeted technical assistance

Contribute to a common national agenda for child safety

Demonstrate change over five years

Our Strategy: CSN Framework for Quality Improvement and Innovation in Child Safety

CSLC helps state/jurisdiction teams strengthen these three components

State/jurisdiction teams experience these improvements

Effective state/jurisdiction teams increase child safety

Child Safety Expertise

Leadership And Management

Systems Improvement

Workforce Development

Outputs

Child Safety System Development

Improved Child Safety

Health Equity

Model for Improvement

Aim — What are we trying to accomplish?

Measures — How will we know that a change is an improvement?

Changes — What change can we make that will result in improvement?

Act | Plan
Study | Do
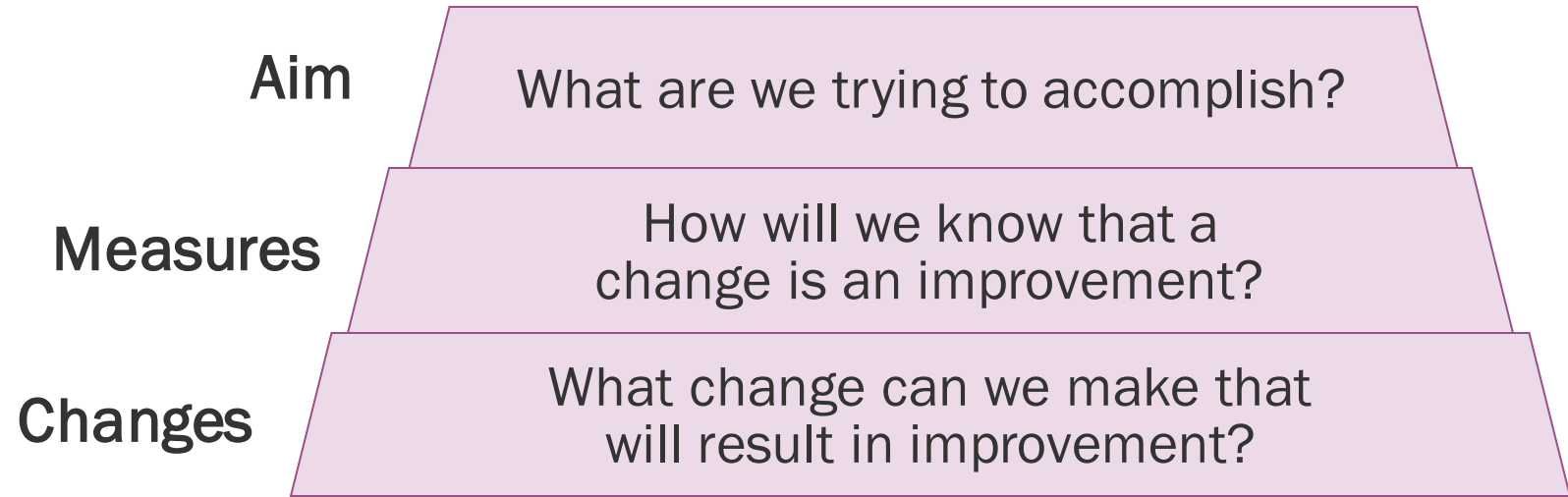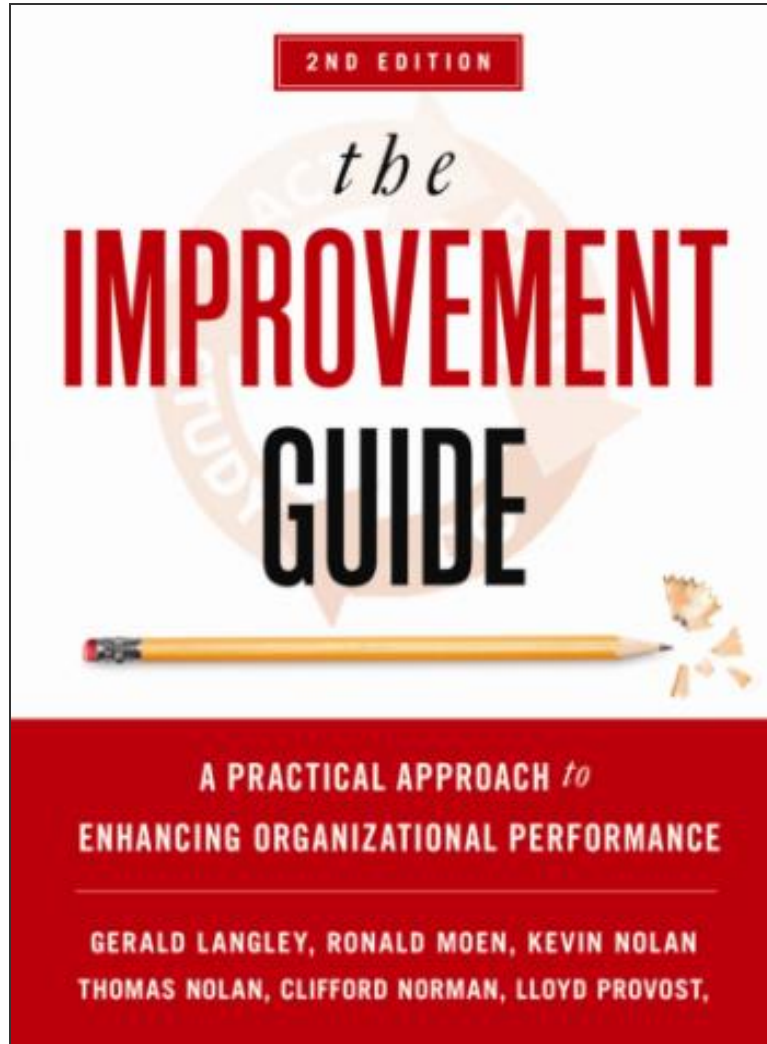
CSLC Support

The CSLC model provides:

- Strategic focus
  - Topic-specific change packages with evidence-based and evidence-informed strategies
  - Quality improvement tools and approaches
  - Support breaking work into manageable components
- Space for teams to share their challenges and learn from one another
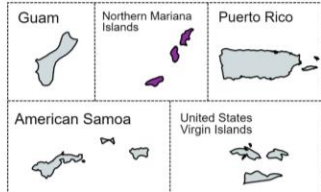- Relevant training and technical assistance to advance health equity and achieve improvements

CSLC 2018-2023: 24 States/36 Strategy Teams/5 Topics
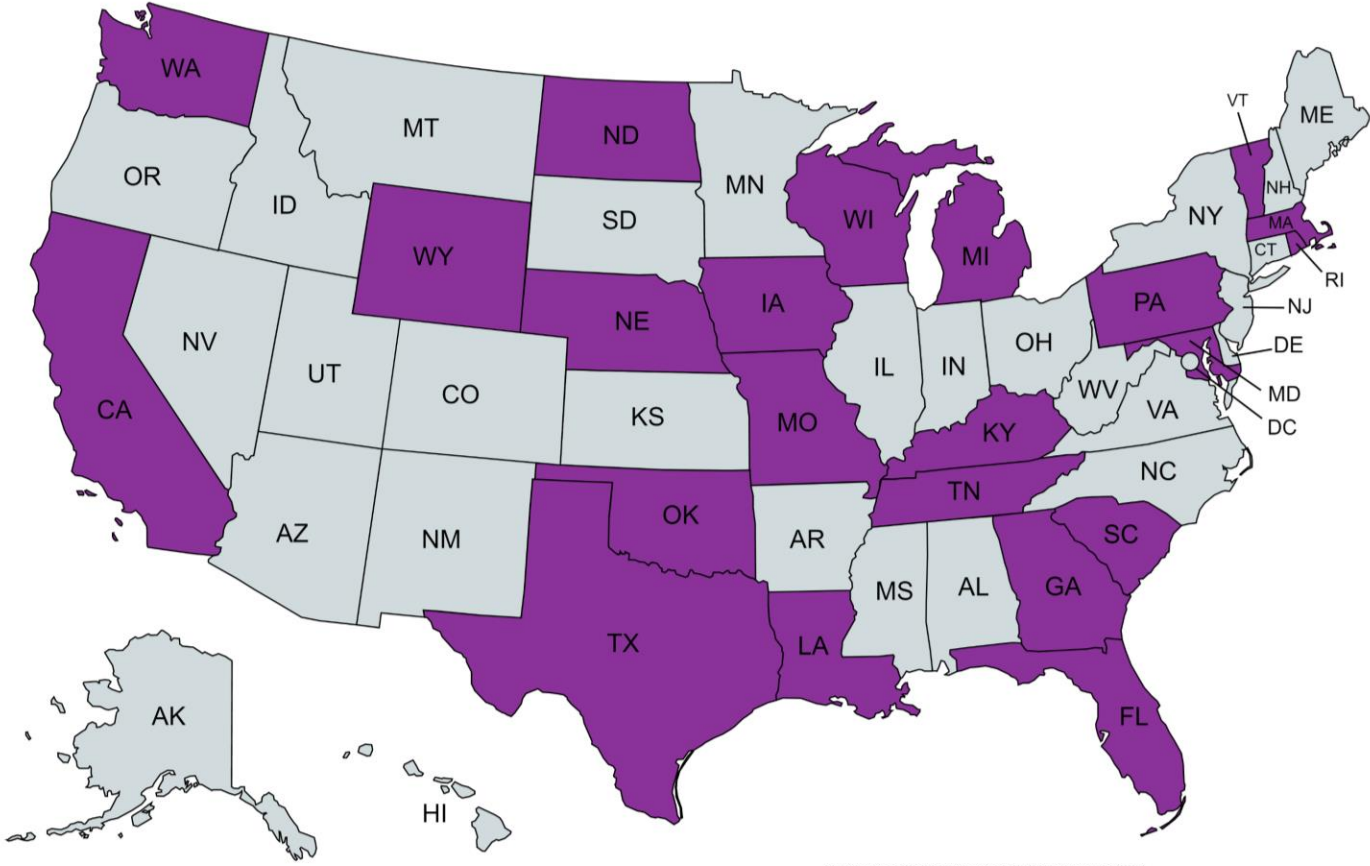
Bullying Prevention

Motor Vehicle Traffic Safety

Sudden Unexpected Infant Death Prevention

Suicide and Self-Harm Prevention

Poisoning Prevention

Strategy Teams are State-Specific and Topic Teams are where we come Together around the topic

15

CSLC Engagement

- 24 states participated in the CSLC
- 89% participated in 2 or more cohorts

We have been engaged with CSN **since 2016** with the Child Safety Collaborative Innovation and Improvement Network (CS CoIIN) and the CSLC. Each iteration has continued to provide valuable opportunities to learn and build our capacity to carry out prevention work.

- Children's Hospital Wisconsin

Number of Cohorts Participated In
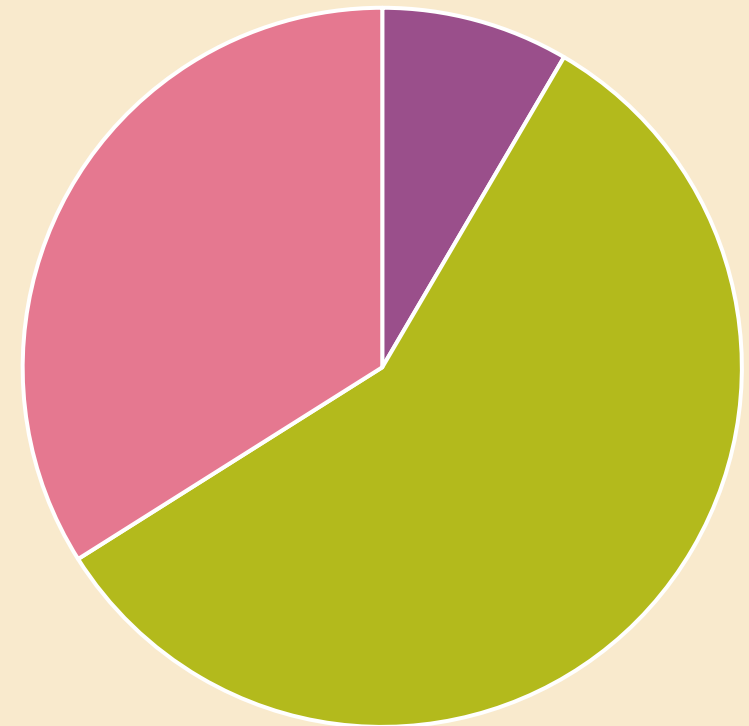
■ One cohort   ■ Two cohorts   ■ Three cohorts

CSLC Impact

- Results from Cohort 1, published in the peer-reviewed journal, *Injury Prevention,* showed **an average 2.4-fold increase in the spread of evidence-based and evidence-informed child safety strategies and programs**, indicating improvement in child safety systems.

- Throughout the CSLC, 23 of the 24 states reported data, of which **75% showed progress across evidence-based strategies in bullying prevention, motor vehicle traffic safety, poisoning prevention, suicide and self-harm prevention, and SUID prevention.**

Value of the CSLC: Words From Your Peers

"It really provides a lot of opportunity for peer learning and sharing and to work with others who are doing the same work as you, across the nation. It helps you think about your processes and the things you are doing in a different way"

"Definitely worth the time! Eighteen months initially felt like a long time, but it turns out it isn't that long and the information you receive and the ability to share with your peers is well worth it"

"It has been a catalyst for a lot of other work – the team at the Children's Safety Network is incredibly supportive and take you through a practical approach to performance improvement and learning that can help you start some great work across your state and some wonderful partnerships."

Captured from the CSN Webinar: **The Child Safety Learning Collaborative: Together We Are Stronger - May 2021**

Michigan Sudden Unexpected Infant Death Prevention

Colleen Nelson

Infant Safe Sleep Program Consultant

Michigan Department of Health and Human Services

Michigan

Sudden Unexpected Infant Death Prevention

Michigan Department of Health and Human Services

Division of Maternal Infant Health

Infant Safe Sleep Program

www.michigan.gov/safesleep

Vision

Families understand and are supported in following the infant safe sleep guidelines.

The ABCs of Safe Sleep

Alone
On my Back
In my Crib
Smoke-Free Environment

Vision

Zero preventable deaths
Zero health disparities

Mother Infant Health and Equity Improvement Plan
https://www.Michigan.gov/MDHHS/0,5885,7-339-71550_96967_97025---,00.html

Why

A MICHIGAN BABY DIES EVERY 2 - 3 DAYS DUE TO SLEEP-RELATED CAUSES.

Most sleep-related deaths are preventable and are the leading cause of death among infants 1 month to 1 year of age. If all sleep-related deaths were prevented, Michigan's infant mortality rate for 2019 would have **decreased by 20%, saving 149 babies.**

1,436 **babies died due to sleep-related causes from 2010-2019.**

Sleep-related infant deaths are those where the sleep environment (blankets, pillows, people, pets, etc.) likely contributed.

Disparities exist:
- Black infants are **3.8 times** more likely to die than white infants.
- Preterm infants are **2.5 times** more likely to die than full term infants.
- Low birth weight (weighing less than 5.5 pounds) infants are **2.9 times** more likely to die than infants weighing 5.5 pounds or more.

Challenges

- Families don't always receive education on the safe sleep guidelines.
- They may receive incorrect or conflicting information.
- Families don't always have a safe sleep space for their infant.
- ***Practicing the safe sleep guidelines is hard.***
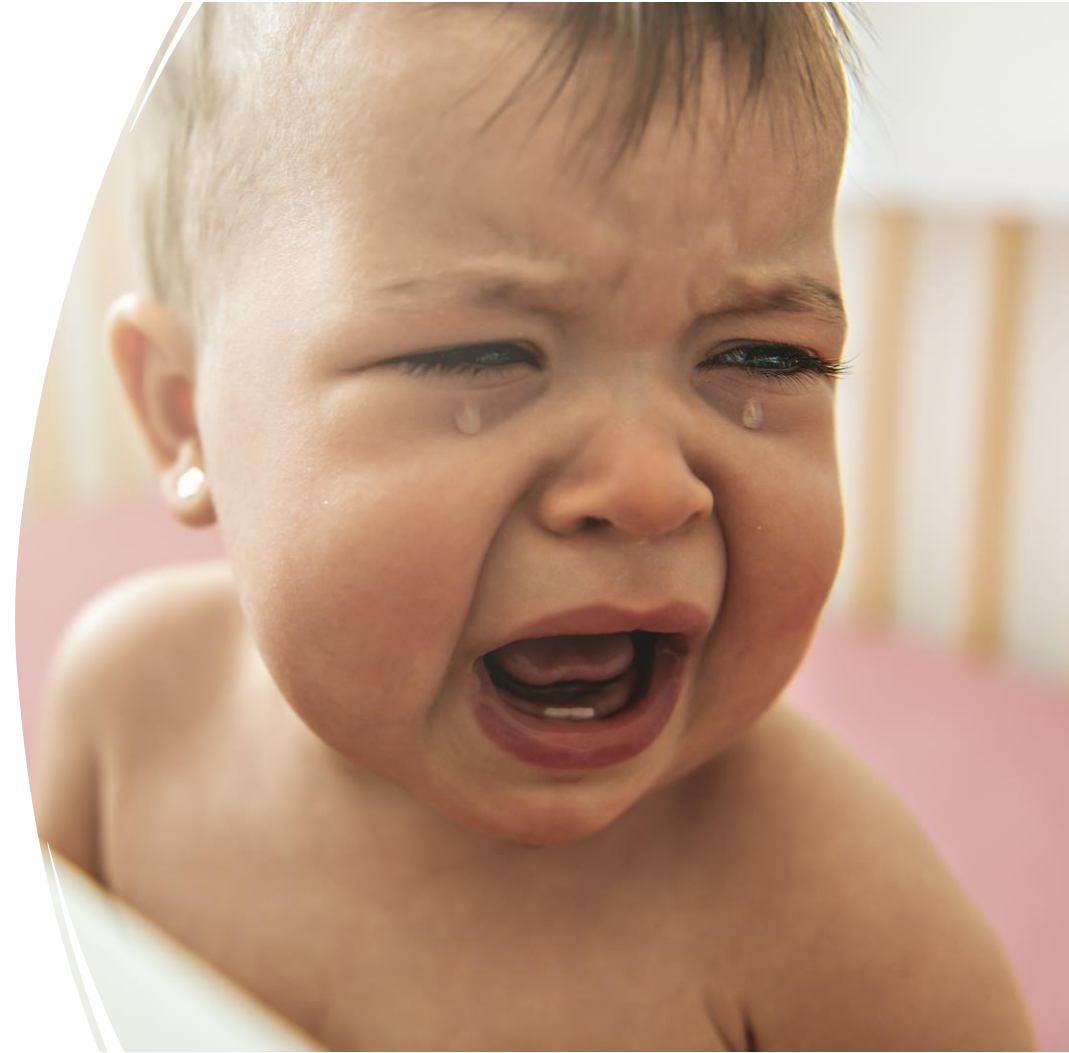
Sudden Unexpected Infant Death Prevention Change Package

Strategy Selected

Train first responders (e.g. firefighters, police officers, Emergency Medical Services) in infant safe sleep to enable them to identify and eliminate safe sleep hazards while on emergency calls (e.g., DOSE program)

Progress

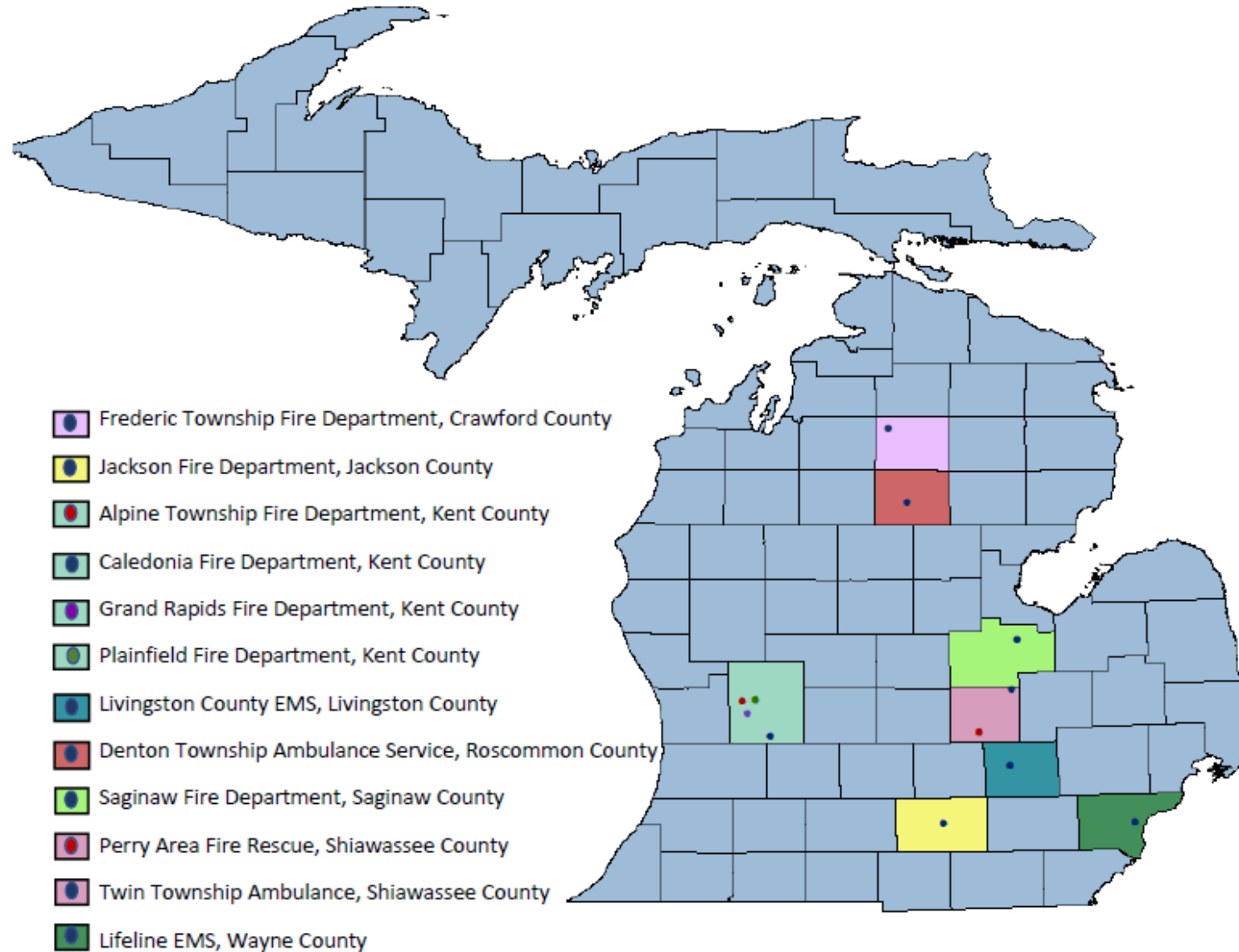- Developed the process for EMS Agencies to become Infant Safe Sleep Certified.

- Launched in July 2022
  - 659 providers have been trained on infant safe sleep
  - 12 EMS Agencies/Fire Departments are Infant Safe Sleep Certified
  - 9 other agencies/departments are enrolled and working to become certified.
  - At least 41 infants reached

Livingston County EMS: Ryan Dennett and Angelia Ragan

Infant Safe Sleep Certified

EMS Agencies and Fire Departments

- Frederic Township Fire Department, Crawford County
- Jackson Fire Department, Jackson County
- Alpine Township Fire Department, Kent County
- Caledonia Fire Department, Kent County
- Grand Rapids Fire Department, Kent County
- Plainfield Fire Department, Kent County
- Livingston County EMS, Livingston County
- Denton Township Ambulance Service, Roscommon County
- Saginaw Fire Department, Saginaw County
- Perry Area Fire Rescue, Shiawassee County
- Twin Township Ambulance, Shiawassee County
- Lifeline EMS, Wayne County

Next steps

- Continue to recruit and certify EMS agencies and fire departments

- Continue to support Certified EMS Agencies and Fire Departments

- As needed, make adjustments to the program to make sure it is straightforward and that providers have what they need to educate and support families

Frederic Township Fire Department: Captain Brandi Ginnever, Chief Douglas Pratt, and Executive Officer Christin Turner

Tennessee Suicide and Self-Harm Prevention

LaDonna Merville

Suicide Prevention Communication Specialist/Grant Coordinator

Tennessee
Child Safety Learning Collaborative
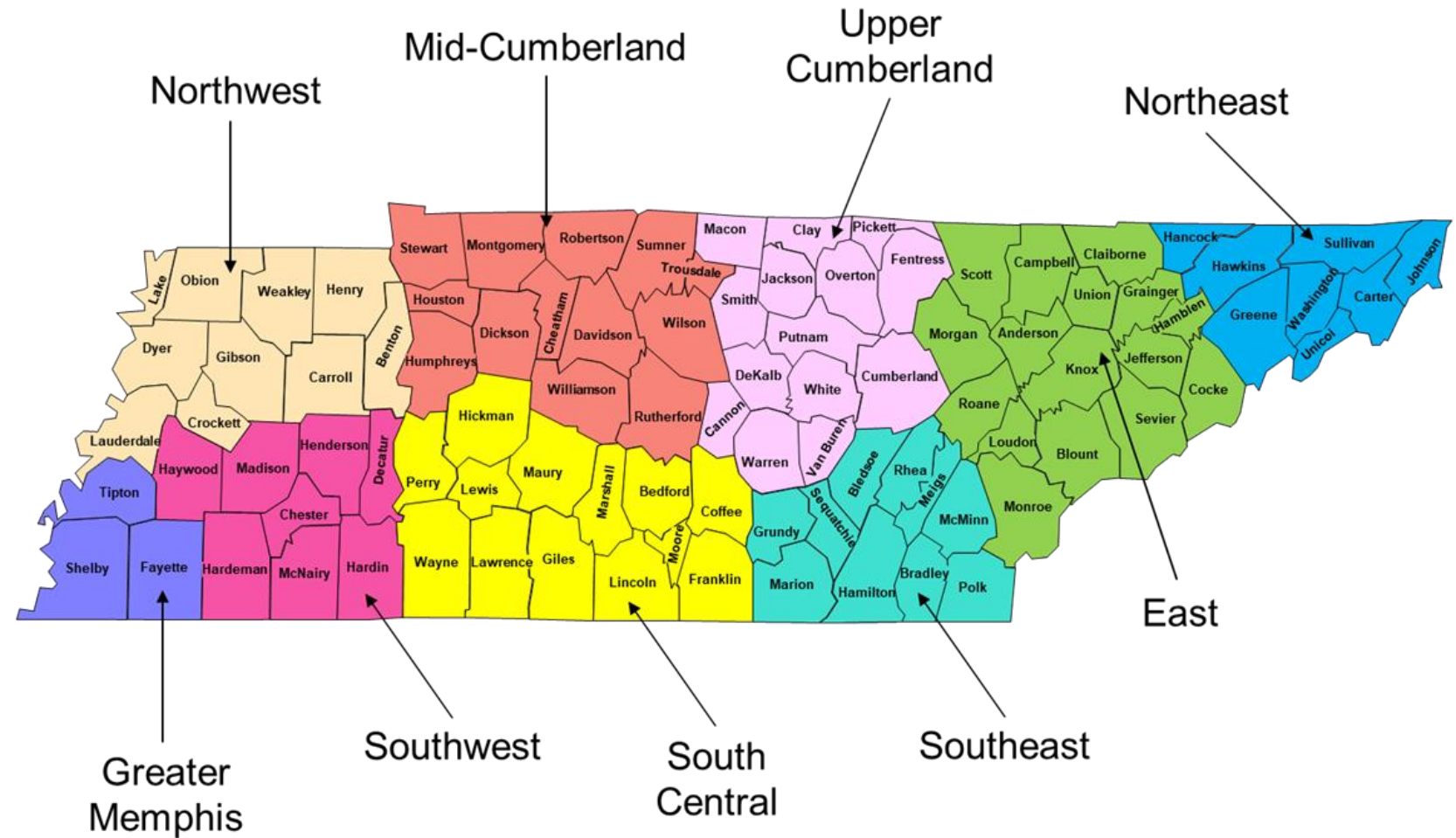# Suicide and Self-Harm Prevention

Tennessee
Suicide and Self-Harm Prevention
Collaborative Team

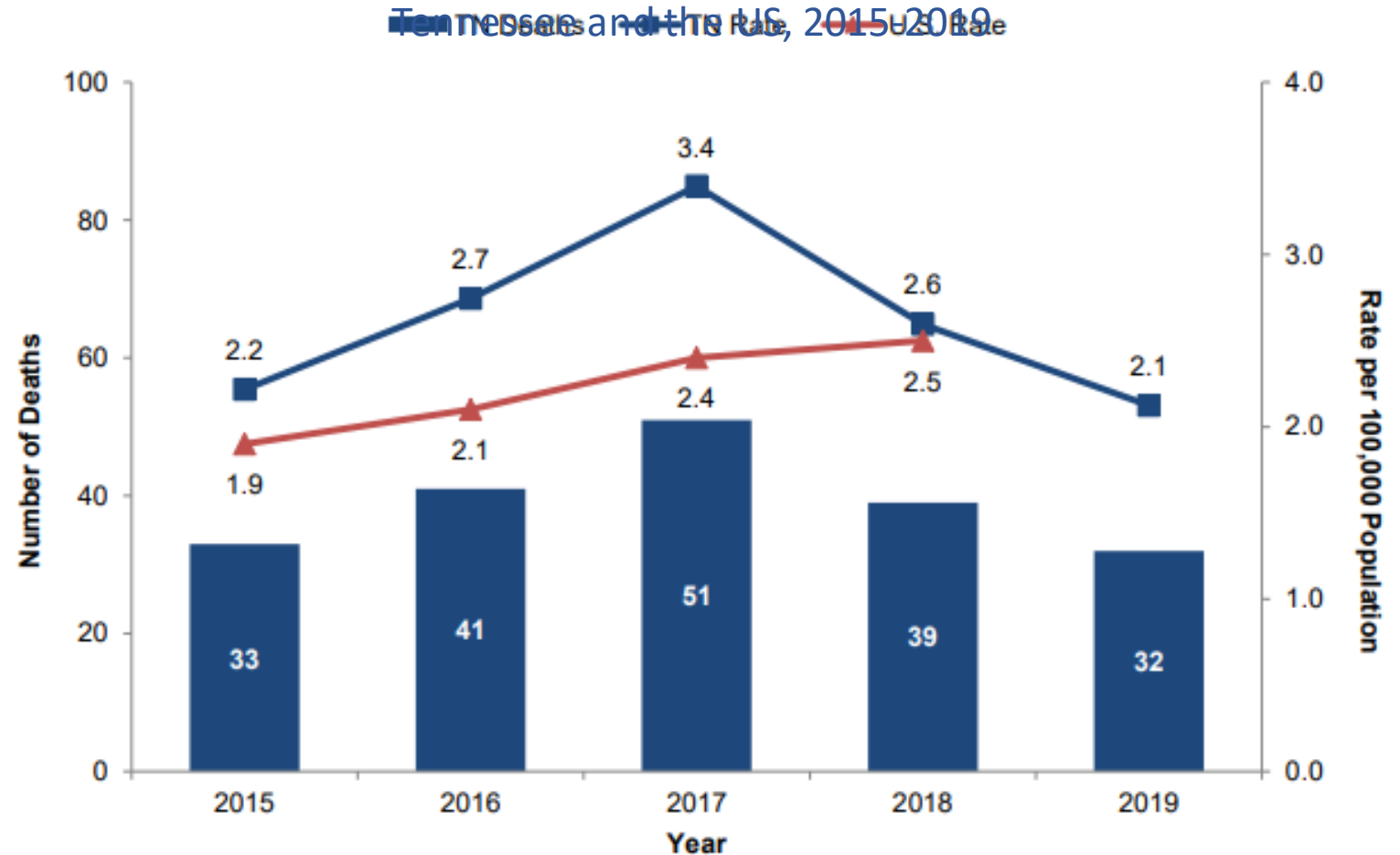# Tennessee Counties and Regions

Tennessee Suicide Prevention Network

Youth Suicide in Tennessee

- Suicide is the **3rd** leading cause of death for young people (10-24)

- 32 children under 18 years of age died by suicide during 2019; a rate of 2.1 suicides per 100,000 population.

Suicides and Suicide Rates per 100,000 Children Ages 0-17 Years
Tennessee and the US, 2015-2019

Data source: Tennessee Department of Health, Child Fatality Review Database System and population estimates based on interpolated data from the U.S. Census's Annual Estimates of the Resident Population.

Youth Suicide in Tennessee

According to the 2019 Youth Risk Behavior Survey:

- **19.2%** of high school aged children seriously considered attempting suicide.

- **15.4%** of high school aged children planned how they would attempt suicide.

- **8.3%** of high school aged children attempted suicide.

- **3.9%** of high school aged children had a suicide attempt that resulted in an injury that needed treatment

- On average every year in Tennessee, **21,000+ young persons** call the suicide crisis hotline.

Suicide and Self-Harm Prevention
Chosen Strategy

Common Aim

By April 2023, states and jurisdictions will decrease suicide related fatalities and self-harm related hospitalizations, and emergency department visits by 4% from the November 2018 baselines for children and adolescents ages 10 through 19, through the implementation and spread of evidence-based suicide and self-harm prevention strategies and programs.

Tennessee's Focus :

Strategy Measure 2

Increase Number of Question, Persuade, Refer(QPR) Gatekeeper Trainings Provided to Youth Impactors

2. Implement and spread **evidence-based gatekeeper training** for health and mental health care providers, school personnel, peers, and home visitors throughout the state or jurisdiction (e.g., Question, Persuade and Refer, Signs of Suicide, etc.)
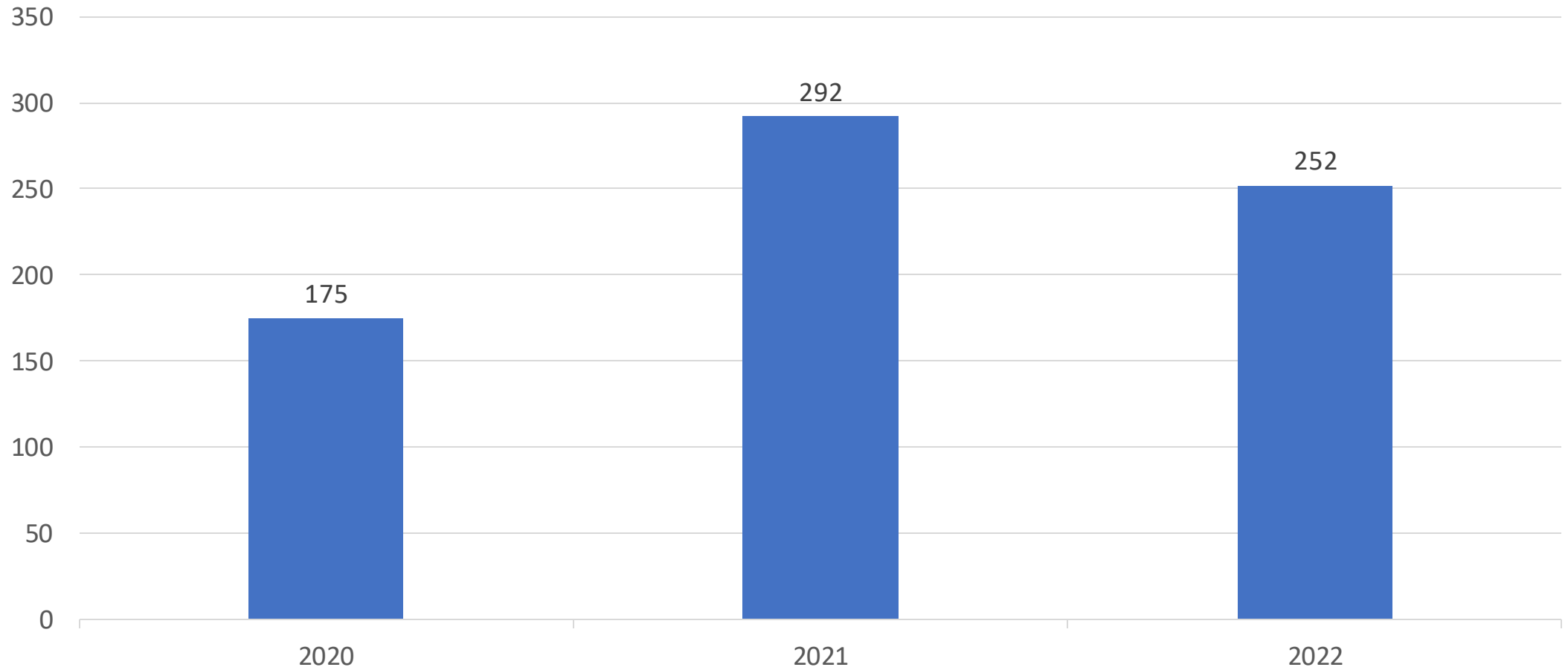
Primary
2. Number of schools and organizations providing gatekeeper training

Secondary
2a. Number of individuals trained
2b. Number of children and adolescents reached through the training(s)
2c. Number of children and adolescents referred to additional care

Tennessee
Total # of QPR Gatekeeper Trainings 2020-2022

Data Source: TN Suicide Prevention Network

Tennessee
Total # of Youth Impactors Trained in QPR: 2020 -2022
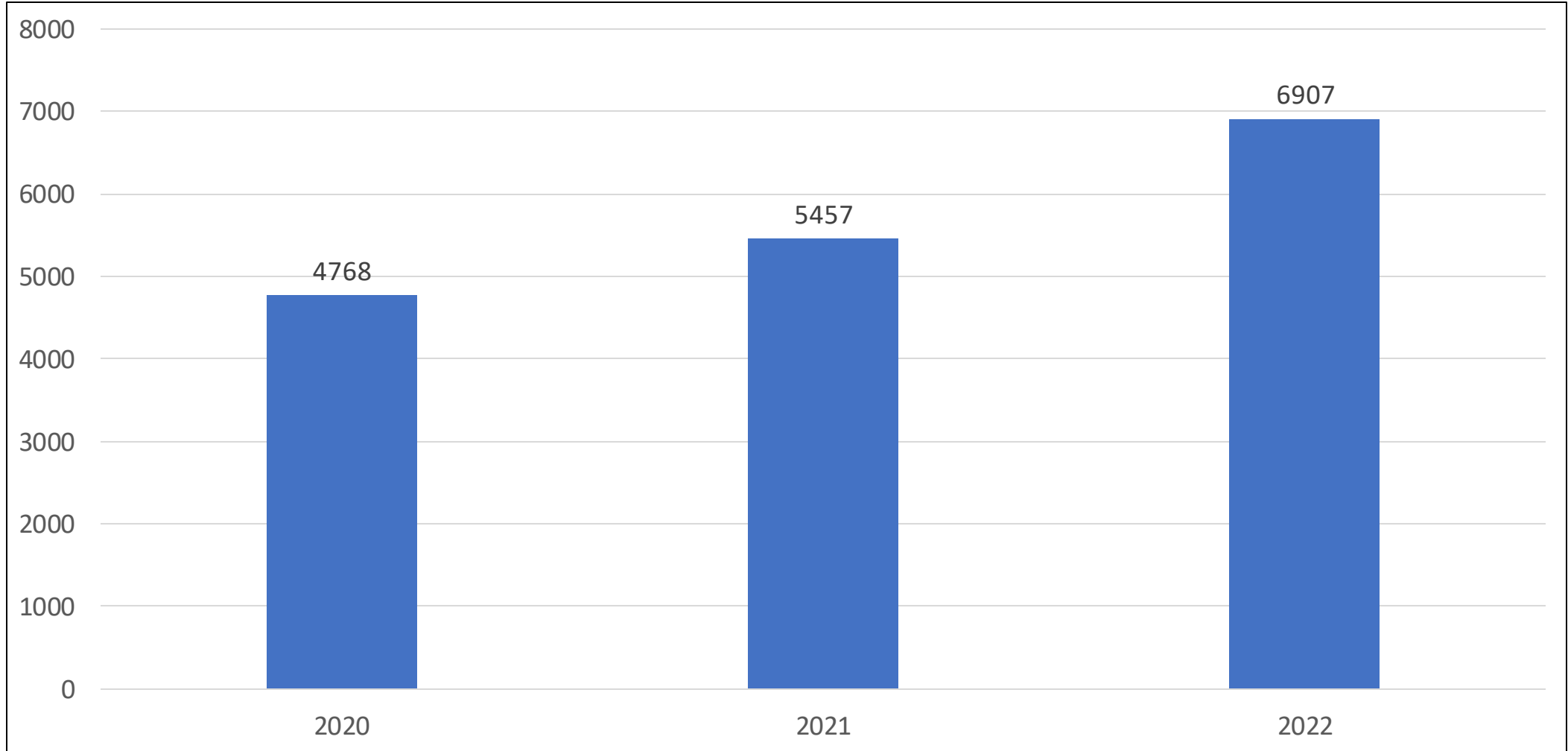
Data Source: TN Suicide Prevention Network

ESSENCE Monitoring

ESSENCE Available on the NSSP BioSense Platform

Goal: To Help CDC Improve Data Quality, Efficiency, and Usefulness of Data Collected as Part of the NSSP

Electronic
Surveillance
System for the
Early
Notification of
Community-based
Epidemics

ESSENCE Monitoring

Facts About ESSENCE

**Monitors Trends in Suicidal Behavior/Risk Factors
(Suicide Attempts, Intentional Self-Harm, and Suicidal Ideation)**

Provides Alerts for Increases in Suicide-Related ER Visits

Offers Current and Timely Provisional ED Data (Not Hospitalization Data)

Delivers Reassurance that Suicide Behavior has not Occurred

ESSENCE Monitoring

- ESSENCE **tracks patient chief complaints and discharge diagnoses** from 103 (Note: 105 Full Query Period - 100%) emergency departments across the State. Information is received from participating emergency departments within 24 hours of a patient encounter

- Performing weekly monitoring to identify regions/counties seeing increased incidents of suicide-related behavior

CC and DD Category (Chief Complaint and Discharge Diagnosis)	SDC Suicide-related v1

Detector (Varies for Time Queries)	Regression/EWMS 1.2

Suicide-Related ED Data Provided in ESSENCE Alerts

Available Data

Suicide Related ED Alerts for Children Under 18 and Adult Age Groups: 18-24, 25-44, 45-64, and 65+

Age Groups, Race, Location, and Gender of Patients

Risk Factors for All Ages

Data Currently Unavailable Due to Release Guidelines

Specific Count of ER Visits in Each County

Any Information with Counts Less than 11 Individuals or Populations Less than 20,000

Next Steps for Suicide Syndromic Surveillance & Prevention

Increase Identification of Risk Factors

Monthly Reporting and Mapping

Quarterly Data Briefs

Risk Factors Identified in ESSENCE

- **Individual Risk Factors**: Identifying as gay/transgender, major depressive disorder, anxiety disorder, previous suicide attempts, prescription/non-prescription drug and alcohol misuse, reoccurring mental health issues, agitation/restlessness, criminal problems, gender dysmorphia disorder, hallucinations/hearing voices

- **Relationship Risk Factors:** death of a family member, death of a family member to suicide, not being accepted by the family due to LGBTQ affiliations, threats of harm from family members

- **Community Risk Factors:** Problems at school, disaster-related problems and anxiety (i.e., Covid-19 and lockdown).

Data to Action

Action After a County, Metro, or Region Receives an Alert

Internal and external partners will use ESSENCE alerts to help target prevention efforts in near real-time within areas of the state seeing increases of suicide-related behavior. Responses to alerts include spreading awareness of suicide through dissemination of the statewide crisis line and promoting suicide prevention programs and services available across the state.

Data to Action:
ESSENCE Rapid Prevention Response Plans

- Rapid prevention response plans use ESSENCE data to target prevention efforts in areas of the state seeing increases in those presenting to EDs for suicide-related behavior

- More than 225 partners across the state subscribed to receive weekly alerts, resulting in 13 prevention activities reaching 42 individuals and one suicide prevention awareness event reaching 5,000 individuals in 2022.

- Involves cross collaboration with multiple stakeholders

- Working with Tennessee Suicide Prevention Network to
  - Improve Response Plans for the following age groups: Children Under 18 and Adult Age Groups 18 to 24, 25-44, 45-64, and 65+

Inventory and Gaps in Prevention

- Gaps:*
  - Gaining entry into the mental health care system
  - No insurance coverage
  - High cost of services
  - Stigma
  - Accessing a location where needed health care services are provided

- Opportunities:
  - Increasing public awareness of suicide and resources available to prevent suicide
  - Increasing access to affordable mental health care
  - Promoting effective help-seeking behavior
  - Increased access to treatment services in rural areas
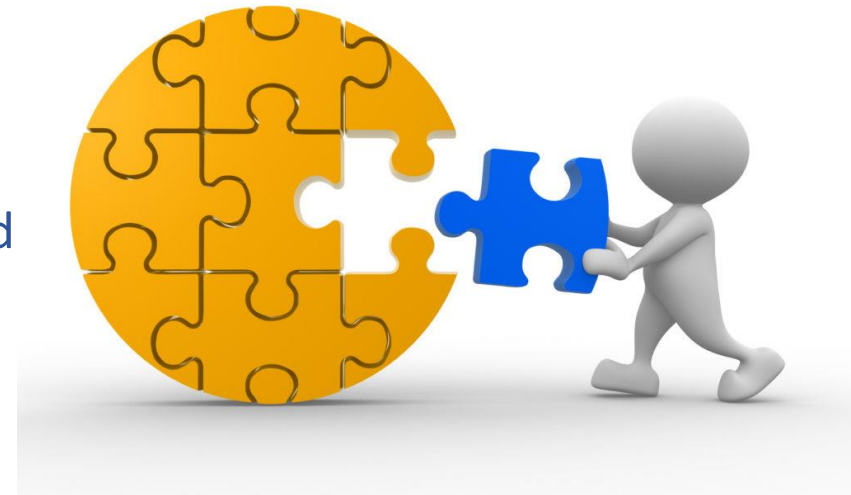
* Source:

2021-2022 Mental Health and Suicide Prevention Resource Directory

- Provides basic information on what to look for, when to act, and who to contact for the various situations that may factor into a mental health emergency/suicidal crisis

- Offers resources and services available across the state, guidance on population groups who are at high risk for suicide, the programs and coalitions working to prevent suicide in our state, & the laws and policies governing Tennessee's suicide prevention efforts

TN Department of **Health**

2021-2022
Mental Health and Suicide Prevention Services
Statewide Directory and Resource Information Guide

Photo Credit: Freepik

Tennessee Suicide Prevention Network
"Saving Lives in Tennessee"

kidcentral tn
KIDCENTRALTN.COM

Department of Health Authorization No. 355713. This Electronic publication was promulgated at zero cost. September 2021

TDH 2021-2022 Suicide Prevention Annual Report

- Focuses on data for 2020 and 2021
  - Deaths
  - Suicide attempts and ideation, risk factors

- Includes success stories
  - Syndromic Surveillance
  - Communications
  - Task Force Expansion

- Includes prevention recommendations

Suicide Prevention in Tennessee
2021-2022 Annual Report
Tennessee Department of Health | Family Health and Wellness

Next Steps

- ## Utilizing TNVDRS data:
  - Data to fill in the gaps around circumstances and risk factors

- ## ESSENCE Education and Awareness
  - Provide education to hospital, emergency department and community partners on the use of Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) for suicide-related behaviors
  - Improve prevention responses to ESSENCE weekly alerts in rural areas
  - Work with high-risk counties and large workforce organizations to increase suicide prevention activities

- ## Utilizing results from suicide surveillance study
  - Data to inform recommendations for further refinement and improvement of the ESSENCE action alerts for nonfatal suicide-related outcomes.

Contact Information

LaDonna Merville

Suicide Prevention Communication Specialist/Grant Coordinator

LaDonna.Merville@tn.gov

615-741-0284

www.preventsuicidetn.com

Questions and Answers

Please enter your questions in the chat

Technical Assistance

CSN provides universal TA to Title V agencies, including CSLC participants:

- Annually responded to over 6000 requests for Technical Assistance, reaching over 25,000 individuals.
    - 32 states/jurisdictions received individual TA on a wide variety of topics
    - 41 states/jurisdictions attended STAWs

We are still here for you!
All Title V agencies are invited to continue to reach out to us for technical assistance.

Technical Assistance

Please complete this form to request technical assistance.

https://www.childrenssafetynetwork.org/technical-assistance

Looking Ahead

go.edc.org/
CSNChangePackages

Child Passenger Safety Change Package

Driver Diagram

Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD1: Societal Level Culture of child passenger safety	**SD1:** Knowledgeable partners and policy makers	1. Educate policymakers about evidence-based components of child passenger safety laws (see GHSA Child Passenger Safety Laws) and programs 2. Partner with communities and organizations to engage and participate in NHTSA's child passenger safety campaigns 3. Implement community-wide information and enhanced enforcement campaigns that utilize mass media and enforcement strategies to convince parents/caregivers to use child safety seats, booster seats, and seat belts 4. Use social media, blogs, and infographics (e.g., WHO multilingual infographics) to increase parents'/caregivers' understanding of child passenger safety	1, 6, 12
	SD2: Multi-stakeholder partnerships	1. Establish and expand child passenger safety coalitions that involve multiple stakeholders, including health care providers, home visitors, police, EMS, Healthy Start, WIC, health insurers/payers, and community organizations, etc. 2. Engage non-traditional partners (e.g., private sector) in child passenger safety efforts 3. Work with partners on adherence to and enforcement of child passenger safety laws 4. Ensure representation of child passenger safety technicians on Child Fatality Review teams 5. Create or update Memoranda of Understanding (MoUs) between stakeholders to increase clarity regarding roles and responsibilities for child passenger safety 6. Create or update a strategic and operational plan for the state/jurisdiction child passenger safety coalition	2, 11

Looking Ahead

CSN received a notice of award from HRSA for 2023 to 2028! Stay tuned for information on how to join the first cohort of our next learning collaborative.

Exploring the Relationship Between Bullying and Substance Abuse Webinar

Tuesday, May 23 from 2PM – 3PM ET

Register: go.edc.org/BPSUP

Words of Wisdom from CSLC Members

"The key to success is to learn the CQI process and find the one or two key strategies you really want to lift up and improve and focus just on that."

"Really learn about your existing programs, resources and the needs you have from the start so that you can set accurate goals and determine the right way to measure your success"

"Make sure you have the capacity to do the work you set out to do."

"Break down your work into 'bite sized' pieces"

"Being part of the CSLC helped us think about the voices who might be missing from our conversation and team"

"Bringing states together who are working on the same issues helps you learn from others. They ask questions you might not be thinking about."

"Figuring out how to define and count the data is always a challenging part of a new project"

CSN

Thank you!

Please fill out our evaluation: go.edc.org/CSLCWebinarEvaluation

Jennifer Leonardo
CSN Director
jleonardo@edc.org

Visit our website:
www.ChildrensSafetyNetwork.org