



Child Safety Collaborative
Innovation & Improvement Network

Application and Statement of Commitment

Cohort 2

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), in cooperation with the Children's Safety Network, is embarking on a second cohort of the Child Safety Collaborative Innovation and Improvement Network (CS CoIIN) to reduce fatal and serious injuries among infants, children, and adolescents. State and jurisdiction health departments and tribal communities are invited to apply for the CS CoIIN using the brief application form and statement of commitment, which can be found at the end of this document. **To be considered for the CS CoIIN, interested states, jurisdictions, and tribal communities must submit the completed application form and statement of commitment to csninfo@edc.org by Friday, February 24, 2017, 5pm Eastern Time.** The statement of commitment should be signed by the state/jurisdiction/tribal community Maternal and Child Health Director, Injury and Violence Prevention Director, and an individual of the state's/jurisdiction's/tribal community's choosing who state/jurisdiction/tribal community leadership believes is essential to their success in the Child Safety CoIIN.

Additional information about the CS CoIIN is available in the CS CoIIN Charter on the Children's Safety Network website at www.childrensafetynetwork.org/cscoiin. For questions, please contact Bekah Thomas (RThomas@edc.org, 617-618-2178).

About the Topic Areas of the CS CoIIN Cohort 2

Child safety is a wide-ranging field, but to achieve the goal of making major reductions in fatal and serious injuries among infants, children, and adolescents, we must focus our efforts. The topic areas of the second cohort of the CS CoIIN are the same as in the first cohort:

- Child Passenger Safety
- Falls Prevention
- Interpersonal Violence Prevention
- Suicide and Self-Harm Prevention
- Teen Driver Safety

The CS CoIIN topic areas and related strategies for improvement align with the injury-related Maternal and Child Health National Performance Measures and meet the following criteria:

- Have the potential to close a significant gap between current prevailing practice and the best scientific knowledge in injury and violence prevention;
- Demonstrate strong potential to contribute to the reduction of injury deaths, hospitalizations, and emergency department visits among infants, children, and adolescents;
- At least some state health departments, jurisdictions, tribal communities, and/or community-based organizations have shown the feasibility and potential for breakthrough improvement in the topic areas;
- Real-time data on the injury burden of the topic areas is available; and
- Participating states, jurisdictions, and tribal communities and other key stakeholders agree to support the improvements.

Participating in the CS CollN Cohort 2

Participation in the second cohort of the CS CollN is self-initiated and is not a requirement for Title V Block grantees. Cohort 2 will include new states, jurisdictions, and tribal communities, as well as states and jurisdictions that participated in Cohort 1. To be eligible for participation in Cohort 2, states, jurisdictions, and tribal communities that did not participate in Cohort 1 must submit the signed statement of commitment and application form, which appear at the end of this document. New states, jurisdictions, and tribal communities will be selected for participation in the CS CollN based on the following criteria:

- Selection of at least one relevant injury-related MCH National Performance Measure¹ in the state/jurisdiction's most recent MCH Block Grant application or development of an injury-related State Performance Measure;
- Demonstrated commitment by state, jurisdiction, or tribal leadership to work on this initiative;
- Demonstrated commitment to address injury disparities.

Each state/jurisdiction/tribal community selected for the second cohort of the CS CollN can choose to work on up to five topic areas; most states and jurisdictions participating in Cohort 1 found working on 2 topic areas optimal. States, jurisdictions, and tribal communities will be asked to form a Strategy Team for each topic area that they choose.

The Strategy Teams will learn from the collaborative process, applying small-scale tests of change, and helping successful changes to become part of everyday practice. Each Strategy Team will commit to a working period of 12 months. State, jurisdiction, and tribal representatives on Strategy Teams can come from state, jurisdiction, or tribal health departments or any other partner organizations from the public or private sectors.

Senior leaders in each state, jurisdiction, and tribal community are expected to guide and support the Strategy Teams. The leaders are a critical part of sustaining change. This support may require regular meetings, designing a feedback structure, and providing quality improvement guidance to the team members.

Topic Teams comprised of several Strategy Teams working on a particular injury topic, change idea, or setting, will share their experiences, learn from one another, and accelerate improvement by participating in monthly calls and sharing information on the CS CollN web portal.

Once states, jurisdictions, and tribal communities have developed their Strategy Teams, the CS CollN staff and faculty will hold virtual pre-work sessions to explain processes, roles, expectations, tasks, and deliverables. It is important to note that all team members are valued and respected as equal contributors of the CS CollN; there is no top-down hierarchical process.

¹ The injury-related National Performance Measures available in the MCH Block Grant are: #7: Rate of injury-related hospital admissions per population, ages 0-9 years; #7: Rate of injury-related hospital admissions per population, ages 10-19 years; #9: Percent of adolescents ages 12-17 years who are bullied.

Benefits of Committing to and Participating in the CS CollIN Cohort 2

By applying to participate in this exciting initiative, your state/jurisdiction/tribal community has the opportunity to:

- Join a national network of peers who will share lessons learned, conquer challenges, and identify new strategies to prevent childhood injuries;
- Benefit from sharing and mentoring by states and jurisdictions that participated in Cohort 1 and are continuing into Cohort 2;
- Participate in ongoing trainings, personalized coaching, and technical assistance from nationally renowned content and quality improvement experts to support and guide program improvement;
- Access a data and activity reporting platform and cost-free, personalized progress reports based on your performance; and
- Access CS CollIN materials, including change strategy resources, project planning, and data collection tools.

Responsibilities and Expectations of CS CollIN Cohort 2 Participants

States, jurisdictions, and tribal communities that participate in the CS CollIN are expected to:

- Send three representatives to a face-to-face CS CollIN Learning Session and Summit on May 25 and 26, 2017, in Waltham, Massachusetts; the three representatives should include the Maternal and Child Health Director, the Injury and Violence Prevention Director, and an individual of the state's/jurisdiction's/tribal community's choosing who you believe is essential to your success in the Child Safety CollIN (travel expenses covered by CSN);
- Form Strategy Teams and assure active state/jurisdiction/tribal community representation for each topic area selected;
- Participate in virtual meetings approximately monthly and present at least once during the course of the CS CollIN;
- Carry out or oversee Plan-Do-Study-Act (PDSA) cycles to drive change at the state, jurisdiction, tribal community, and local levels; and
- Submit monthly reports to demonstrate the work and progress of your Strategy Teams.

Before completing this application, please review the *CS CollIN Cohort 2 Charter*, available at www.childrensafetynetwork.org/cscoiin, which provides detailed descriptions of the purpose, structure, expectations, and goals of the CS CollIN. You may also want to review the [CSN state fact sheets](#) for additional information about injury data in your state/jurisdiction.

If your state/jurisdiction participated in Cohort 1 of the CS CollIN, you do not need to complete this application form. Please visit the CS CollIN web portal for additional information about continued participation in Cohort 2.

Application Section 1:

State/Jurisdiction/Tribal Community:

1. Please provide a statement about why you want to join the CS CoIIN and what you hope to achieve. Please be as specific as possible (3,000 characters):

2. Which, if any, of the following injury-related National Performance Measures did your state/jurisdiction select in its most recent Maternal and Child Health Block Grant application? (tribal communities, please leave this question blank)
- #7: Rate of injury-related hospital admissions per population, ages 0-9 years.
 - #7: Rate of injury-related hospital admissions per population, ages 10-19 years.
 - #9: Percent of adolescents ages 12-17 years who are bullied.
3. Which of the CS CollIN topic areas are you interested in working on (as you are selecting your topics, please keep the decision-making framework² in mind): (Please check all that apply)
- Child Passenger Safety
 - Falls Prevention
 - Interpersonal Violence Prevention
 - Suicide and Self-Harm Prevention
 - Teen Driver Safety
4. Please select the plans that currently exist in your state/jurisdiction/tribal community and provide a link to the electronic version or an attachment of the plan.
- EMSC Strategy Plan.
 - Injury and Violence Prevention Plan
 - Mental Health Promotion Plan
 - Rural Health Plan
 - Strategic Highway Safety Plan
 - Substance Abuse Prevention
 - Suicide Prevention Plan
 - Adolescent Health Plan
 - Traumatic Brain Injury Prevention Plan
 - Child Death Review Recommendations
 - Other
5. On a scale of 1 to 10 with one being not at all confident and ten being very confident, how confident are you in your state/jurisdiction/tribal community's ability to carry out a continuous quality improvement project using the model for improvement?

² Leading cause(s) of injury in your state/ jurisdiction; gaps in implementation of evidence-based practices in your state/jurisdiction; political will to work on the issue(s) in your state/jurisdiction; access to real-time data related to the injury and the implementation of prevention programs

6. Please describe any access to real-time injury-related hospitalization, emergency department, or death data you have. If you currently do not have access to that data, what strategies would you test to gain access to that data? (1,500 Characters) ³

7. How do injury disparities relate to the topic areas you selected, and how, if at all, is your state/jurisdiction/tribal community currently addressing injury disparities (1,500 characters)?

³ Having access to real-time hospitalization, emergency department visit, or death data is not a requirement for participation in the CS CollN. However, you will be asked to think creatively and be provided with technical assistance to help collect this data. This data can be preliminary/uncleaned.

Application Section 2: Statement of Commitment

State/Jurisdiction/Tribal Community:

By signing this statement of commitment, I commit to full and active participation should my state/jurisdiction/tribal community be selected to participate in the second cohort of the Child Safety Collaborative Improvement and Innovation Network (CS CollIN). I approve of the state/jurisdiction/tribal health department staff's participation, and there are no foreseeable barriers to their active engagement in this project. I will make my best effort to participate in all expected project activities and to ensure that my state/jurisdiction/tribal community's CS CollIN team fulfills its responsibilities.

CS CollIN Team Member #1 – Maternal and Child Health Director			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Date			

CS CollIN Team Member #2- Injury and Violence Prevention Director			
Name			
Job Title			
Agency/Organization			
E-mail Address		Phone Number	
Date			

CS CollIN Team Member #3- Individual of the State's/Jurisdiction's/Tribal Community's Choosing Who Is Essential to the State's/Jurisdiction's/Tribal Community's Success in the CS CollIN			
Name			
Job Title			
Agency/Organization			
E-mail Address		Phone Number	
Date			