

The Children's Safety Network, in cooperation with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is launching the second cohort of the Child Safety Learning Collaborative to reduce fatal and serious injuries among infants, children, and adolescents. The second cohort will begin in May 2020 and continue for 18 months to October 2021. Participation in the first cohort is not required to join. Applicants must be representatives of a Title V state/jurisdiction agency, though other state agencies and community organizations are encouraged to partner with the Title V agency and join the Learning Collaborative.

Benefits of Participating in the Child Safety Learning Collaborative

Participation in this initiative offers your state/jurisdiction the opportunity to:

- Join a national network of peers who will share lessons learned, conquer challenges, and implement and spread evidence-driven strategies and programs to prevent childhood injuries;
- Participate in ongoing trainings, personalized coaching, and technical assistance from nationally renowned content experts to support and guide your program improvement efforts; and
- Build your capacity to establish a sustainable child safety system of improvement in your state/jurisdiction.

In the Learning Collaborative, states and jurisdictions:

- Attend an orientation webinar, an online Learning Session and a 2-day, in-person Learning Session that offers in-depth guidance on implementing and spreading evidence-driven strategies and programs;
- Participate in monthly online meetings that facilitate opportunities to learn and share with other states and jurisdictions and feature presentations by injury and violence prevention and quality improvement experts;
- Receive customized coaching and technical assistance from the Children's Safety Network;
- Utilize a web portal and online workspace to report on your state's/jurisdiction's child safety activities and get feedback and guidance from the Children's Safety Network;
- Access new child safety and program improvement resources and materials that are developed through the Learning Collaborative; and
- Receive a monthly e-newsletter with information and updates on the Learning Collaborative.

Examples of state/jurisdiction success from Cohort 1:

- **Bullying Prevention (BP)** teams worked with schools, community programs and after-school programs to address bullying through implementation of evidence-based and evidence-informed programming and quality improvement methods that ensured programming approaches were tested prior to statewide scale up.
- **Poisoning Prevention (PP)** teams conducted community outreach, established innovative partnerships, and sustainably implemented education programs, to:
 - *1,804 individuals received Poison Control Center education*
 - *619 individuals were educated in 34 public education programs*
 - *1,885 individuals were educated in 15 professional education programs*
 - *77,054 materials were distributed*
- **Motor Vehicle Traffic Safety (MVTs)** teams used data effectively to drive strategies, such as utilizing 'heat maps' to highlight system gaps and effectively implement and spread evidence-based and evidence-informed programs and strategies, including CPST trainings, fitting stations, GDL education and effective engagement of partners, including parents and law enforcement.

- **Sudden Unexpected Infant Death Prevention (SUIDP)** teams collaborated directly with grandparents, tribal communities and low-income parents to customize messaging and outreach approaches for greater impact.
- **Suicide and Self-Harm Prevention (SSHP)** teams leveraged child safety and quality improvement technical assistance to examine the role of departments of public health in SSHP and the use of evidence-based and evidence-informed programs. Teams sustainably maintained and increased SSHP programming
 - *17 organizations implemented Zero Suicide (increase of 1)*
 - *69 schools and organizations provided gatekeeper training (increase of 55)*
 - *19 organizations used a reliable suicide screening tool (increase of 15)*
 - *20 schools and organizations provided evidence-based multi-component SSHP programs (increase from 18)*

State and jurisdiction health departments are invited to apply for the Learning Collaborative using the brief application form and statement of commitment, which can be found at the end of this document. **To be considered for the Child Safety Learning Collaborative, interested states and jurisdictions must submit the completed application form and statement of commitment to csninfo@edc.org by Friday, February 28, 5pm Eastern Time.** The statement of commitment should be signed by the state/jurisdiction Maternal and Child Health Director, Injury and Violence Prevention Director, and an individual of the state's/jurisdiction's choosing whose leadership is considered essential to success in the Learning Collaborative.

To download the application form and get more information about the Learning Collaborative, visit the Children's Safety Network website at: <http://childrenssafetynetwork.org>. For questions about the application form and the Learning Collaborative, please contact Jenny Stern-Carusone, CSLC Director, at jstern-carusone@edc.org or 617-618-2980.

About the Topic Areas of the Child Safety Learning Collaborative

To achieve the goal of reducing fatal and serious injuries among infants, children, and adolescents, the Learning Collaborative focuses on the following five topic areas:

- Bullying Prevention
- Motor Vehicle Traffic Safety (includes child passenger safety and teen driver/passenger safety)
- Poisoning Prevention (includes the prevention of prescription medication misuse/abuse)
- Sudden Unexpected Infant Death (SUID) Prevention
- Suicide and Self-Harm Prevention

The Learning Collaborative facilitates state/jurisdiction implementation and spread of evidence-driven strategies and programs in the five topic areas. These evidence-driven strategies and programs are aligned with 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;
- Show strong potential to contribute to the reduction of injury deaths, hospitalizations, and emergency department visits among infants, children, and adolescents; and
- Have demonstrated feasibility and potential for breakthrough improvement.

Requirements to Participate in the Child Safety Learning Collaborative

To be eligible for participation, Title V state and jurisdiction public health departments must submit the signed statement of commitment and application form, which appear at the end of this document. Participation in the Child Safety Learning Collaborative is voluntary and not required for Title V Block grantees. States and jurisdictions will be selected for participation based on the following criteria:

- Selection of at least one relevant injury-related MCH National Performance Measure¹ in the state's/jurisdiction's most recent MCH Block Grant application;
- Demonstrated commitment by state and jurisdiction leadership to work on this initiative and to support staff participation in the Learning Collaborative, indicated by signing the attached letter of commitment;
- Ability to access, collect, and report real-time data;
- Capability to use a public health approach;
- Capability to use quality improvement and/or other program improvement methods.

Each state/jurisdiction selected for the Learning Collaborative must work on *at least one* of the five designated topic areas. To ensure that states and jurisdictions can accomplish the Learning Collaborative goal of making measurable and significant reductions in serious and fatal injuries, it is recommended that each state/jurisdiction choose no more than two topic areas.

States and jurisdictions will form a Strategy Team comprised of key staff, stakeholders, and partners in the respective state/jurisdiction for each child safety topic area selected. Strategy Team members can come from state or jurisdiction health departments or partner organizations from the public or private sectors. Each Strategy Team will commit to a working period of at least 18 months.

State and jurisdiction Strategy Teams from across the nation will come together to work on each of the five topic areas, forming five Topic Teams. Strategy Teams from each state/jurisdiction will be asked to establish a state/jurisdiction specific aim for the topic area, focused on the reduction of injury-related fatalities, hospitalizations, and emergency department visits. CSN will then establish an overarching aim for each of the five topic teams. Strategy Teams within each of the five Topic Teams will be asked to commit to work on one to three evidence-based strategies. The evidence-based strategies will be provided by the Children's Safety Network through Change Packages. There is a Change Package for each of the five topics that contains a menu of evidence-driven strategies and accompanying measures and guidance for data collection.

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

¹ The injury-related National Performance Measures available in the MCH Block Grant are: #5: Percent of infants placed to sleep on their backs; #7: Rate of injury-related hospital admissions per 100,000 children ages 0-9 years and adolescents ages 10-19 years; #9: Percent of adolescents ages 12-17 years who are bullied.

Responsibilities and Expectations of Learning Collaborative Participants

States and jurisdictions that participate in the Learning Collaborative:

- Participate in a Learning Collaborative Welcome/Orientation Webinar, which will be offered twice. All potential team members and interested parties are welcome to attend one of the following options: (1) Wednesday, April 8, 2020 from 3:00 PM to 4:00 PM Eastern Time or (2) Thursday, April 9, 2020 from 12:00 PM – 1:00 PM Eastern Time;
- Participate in an online Learning Session on May 6 & 7, 2020 from 2:00 PM to 4:00 PM Eastern Time (2 hours each day);
- Participate in monthly online meetings to provide updates on your state/jurisdiction work, receive live technical assistance, and share strategies and resources with other state/jurisdiction Strategy Teams, beginning in June 2020;
- Send three representatives to an in-person Learning Session in November 2020 (specific date TBD) in Waltham, Massachusetts; the three representatives include the Maternal and Child Health Director, the Injury and Violence Prevention Director, and an individual of the state's/jurisdiction's choosing who state/jurisdiction leadership believes is essential to success in the Learning Collaborative. *Travel expenses are covered by CSN*;
- Form Strategy Teams and ensure active state/jurisdiction representation for each topic area selected;
- Utilize quality improvement and program improvement tools that will be taught and supported through the Learning Collaborative, such as Plan-Do-Study-Act (PDSA) cycles, process maps, and 30-, 60-, and 90-day aim statements to drive change at the state/jurisdiction, community, and local levels; and
- Submit monthly data and narrative reports to demonstrate the work and progress of your Strategy Team(s).

Upcoming Dates to Launch Cohort 2

- ❖ February 6, 2020, 2:00 PM to 3:00 PM Eastern Time – Informational Webinar on applying for the CSLC (*additional date options may be scheduled)
- ❖ February 28, 2020 by 5:00 PM Eastern Time – applications submitted to csninfo@edc.org
- ❖ March 31, 2020 – Applicants are accepted and notified
- ❖ April 8, 2020, 3:00 PM to 4:00 PM Eastern Time – Orientation Webinar for accepted applicants*
- ❖ April 9, 2020, 12:00 PM to 1:00 PM Eastern Time - Orientation Webinar for accepted applicants*
- ❖ May 6, 2020 – States form Strategy Teams
- ❖ May 6 and 7, 2020, 2:00 PM to 4:00 PM Eastern Time – Online Learning Session
- ❖ June 2020 – Monthly online meetings and reporting begin

*Only one Orientation Webinar is required for accepted applicants

Apply Now to Join the Learning Collaborative

Application Section 1: Questionnaire

State/Jurisdiction:

State/Jurisdiction Profile

1. Please explain why your state/jurisdiction wants to join the Child Safety Learning Collaborative, what your state/jurisdiction hopes to achieve in the Learning Collaborative, and why your state/jurisdiction should be selected for participation in the Learning Collaborative. Please be as specific as possible (3,000 character limit).

Child Safety Learning Collaborative Topic Selection

2. Which of the Learning Collaborative topic areas is your state/jurisdiction most interested in working on? As you select your topic areas, please keep the decision-making framework² in mind. Please rank the topic areas with 1 indicating the topic in which your state/jurisdiction is most interested and 5 indicating the topic in which your state/jurisdiction is least interested.
- Bullying Prevention
 - Motor Vehicle Traffic Safety (includes child passenger safety and teen driver/passenger safety)
 - Poisoning Prevention (includes the prevention of prescription medication misuse/abuse)
 - Sudden Unexpected Infant Death (SUID) Prevention
 - Suicide and Self-Harm Prevention
3. How many topics is your state/jurisdiction interested in addressing during the Learning Collaborative?
- One
 - Two

Title V Alignment

4. 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?
- #5: Percent of infants placed to sleep on their backs
 - #7: Rate of injury-related hospital admissions per 100,000 children ages 0-9 years and adolescents ages 10-19 years
 - #9: Percent of adolescents ages 12-17 years who are bullied
5. Please describe how these topics are included in your 2020 Needs Assessment? Be specific about what your strategic plan is to address your selected topic(s) and the evidence-informed strategies or programs you intend to use (2,000 character limit).

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 strategies and programs

Quality Improvement Experience

6. Please describe your state's/jurisdiction's experience with using a quality improvement approach to implement and spread evidence-informed or evidence-based strategies or programs for child safety in the priority topic area(s) you hope to address through the Learning Collaborative*. This could include piloting a strategy or program by conducting a survey and/or focus group, collecting and analyzing preliminary data; planning and developing partnerships/collaborations; developing a map of your state's/jurisdiction's injury and violence prevention system; using Plan-Do-Study-Act cycles, or launching and expanding strategies and programs. Please be sure to include the name of the strategy or program with which your state/jurisdiction has experience (1,500 character limit).

**If you have not yet used evidence-informed or evidence-based strategies or programs for your selected topic(s), please share any experience you've had with accessing and learning about evidence-informed or evidence-based strategies or programs. Lack of experience in this area will not disqualify applicants from being considered to join the Learning Collaborative.*

7. Please describe your state's/jurisdiction's experience and capability in accessing, collecting, and reporting real-time data related to the topic(s) you selected above (e.g., access to data from partners in child safety topic areas, working relationship with your state/jurisdiction epidemiologist, etc.) (1,500 character limit).

8. Please indicate which of the following quality improvement methods and/or program improvement methods your state/jurisdiction has utilized:
- Model for Improvement
 - Results-Based-Accountability
 - Lean
 - Systems thinking
 - Process mapping
 - 30-, 60-, or 90-day aim statements
 - Plan Do Study Act (PDSA) cycles
 - Run charts
 - Trend analysis
 - Qualitative data analysis
 - Other _____

All applicants will be fully considered for participation in the CSLC, regardless of prior experience with quality improvement and/or using evidence-based or evidence-informed strategies. CSN will provide technical assistance throughout the Learning Collaborative in both of these areas.

Application Section 2: Statement of Commitment

By signing this statement of commitment, I commit to full and active participation should my state/jurisdiction be selected to participate in the Child Safety Learning Collaborative. I approve of the state/jurisdiction staff’s participation, and there are no foreseeable barriers to their active engagement in the Learning Collaborative. I will make my best effort to participate in project activities and to ensure my state/jurisdiction Strategy Team(s) fulfills its responsibilities.

State/Jurisdiction			
Learning Collaborative Team Member #1 – Maternal and Child Health Director			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	Yes No	Date	
	Topic(s):		

Learning Collaborative Team Member #2 - Injury and Violence Prevention Director			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	Yes No Topic(s):	Date	

Learning Collaborative Team Member #3 - Member of the State/Jurisdiction's choosing			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	Yes No Topic(s):	Date	

Learning Collaborative Team Member #4 - Member of the State/Jurisdiction's choosing			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	Yes No Topic(s):	Date	