



Children's Safety
Network



Education
Development
Center

May 21, 2020

3 p.m. - 4 p.m. ET

Highlights of Child Safety Learning Collaborative (CSLC)



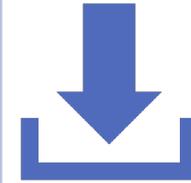
Funding Sponsor

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This session is being recorded

Presenters



Erin Ficker



Jim Vetter

Presenters



Iowa

Melissa Ellis



Wisconsin

Deena Liska



Tennessee

Brittany Willis

Webinar Agenda

- Overview of the Children's Safety Network
- The Child Safety Learning Collaborative (CSLC)
- Voices from the CSLC:
 - Iowa's Bullying Prevention Team
 - Wisconsin's Motor Vehicle Traffic Safety Team
 - Tennessee's Suicide and Self Harm Prevention Team
- Questions

The Children's Safety Network



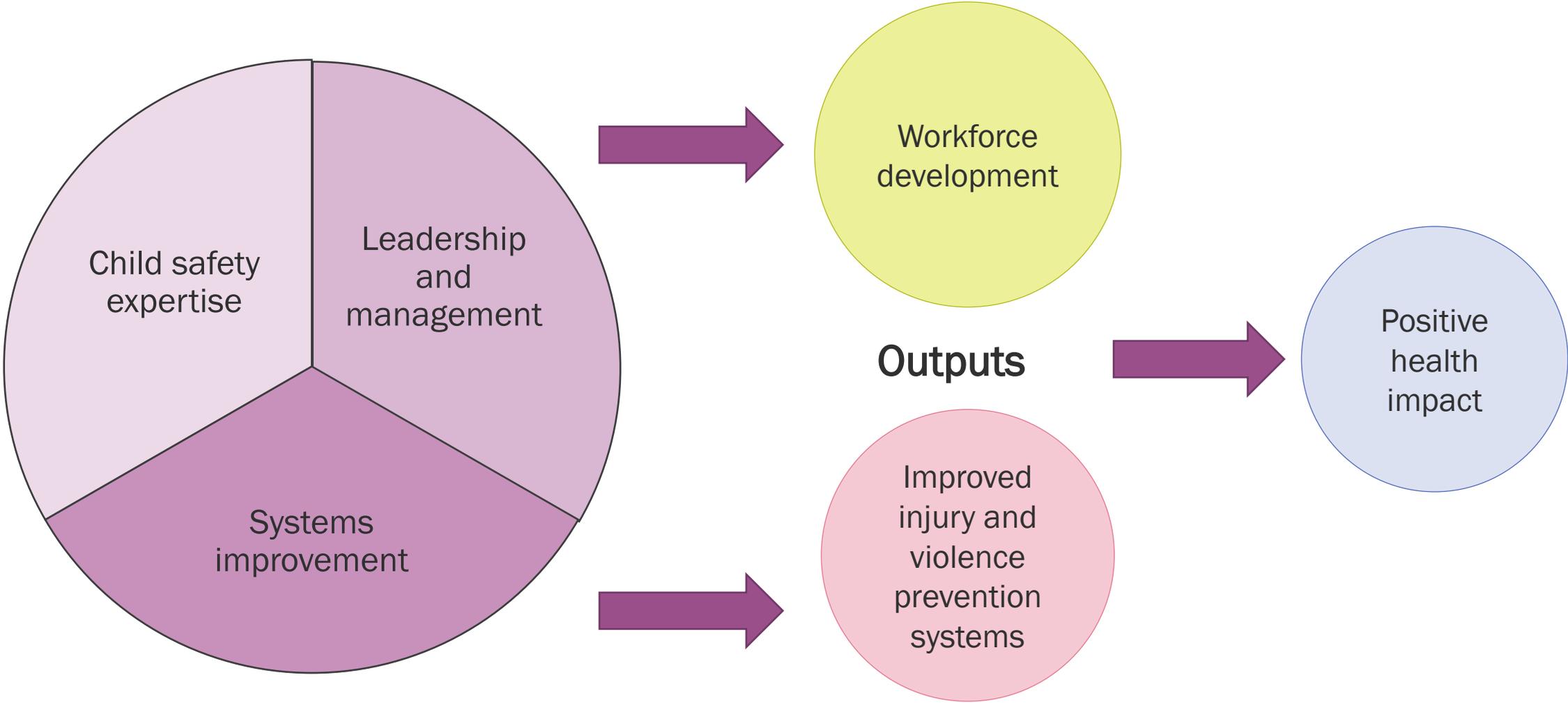
Erin Ficker
CSLC Co-Manager
Sudden Unexpected Infant Death
Prevention Topic Lead

The Children's Safety Network Goals

CSN's goal is to equip states and jurisdictions to reduce serious and fatal injuries among infants, children, and youth by:

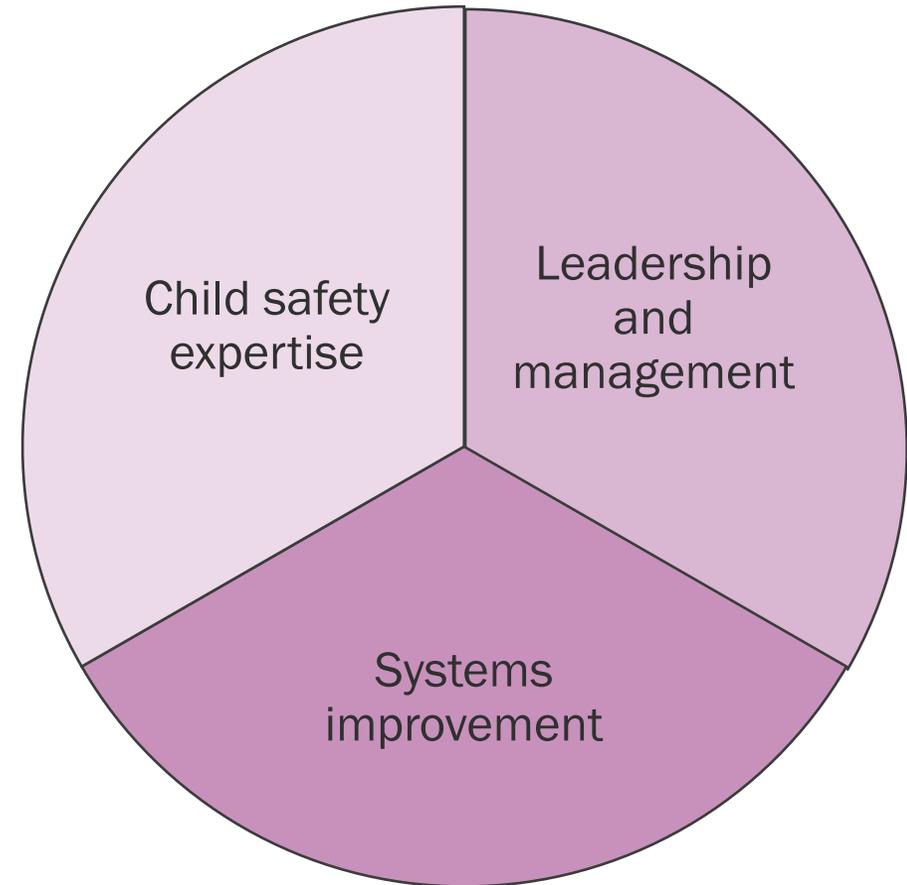
- Addressing their injury-related MCH Performance Measures
- Applying a public health approach to injury and violence prevention
- Strengthening their capacity for injury and violence prevention
- Using data to make decisions to accelerate their prevention efforts
- Implementing effective strategies and evidence-based programs

CSN's Framework for Quality Improvement and Innovation



Building the Three Main Components

- **Child Safety Expertise**
 - evidence-based and evidence-informed strategies and programs
 - technical assistance from child safety experts
- **Leadership and Management**
 - senior leadership support
 - managers who lead
- **Systems Improvement**
 - quality improvement approaches
 - implementation science
 - systems thinking





Child Safety

LEARNING COLLABORATIVE

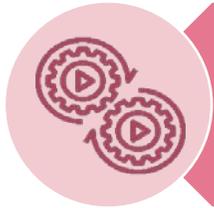
Features of the CSLC

- Shared Injury and Violence Prevention Aims
- Use of Quality Improvement Methods
- Implementation Evidence-based Strategies
- Peer Learning Approach
- Focus on Organizational Level Change
- Collaboration Across Teams
- Targeted Technical Assistance

Quality Improvement in the Learning Collaborative



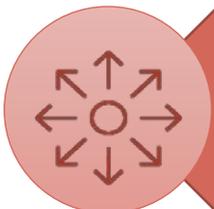
Identify areas that are ripe for improvement



Develop a system to support innovation and sustainability

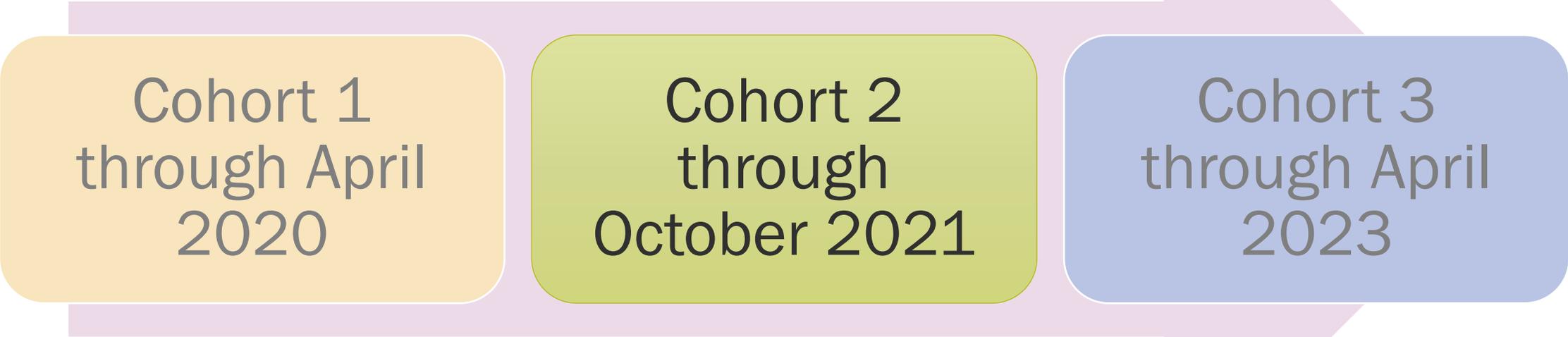
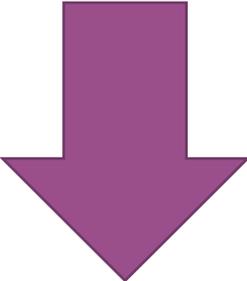


Use data to inform decision making

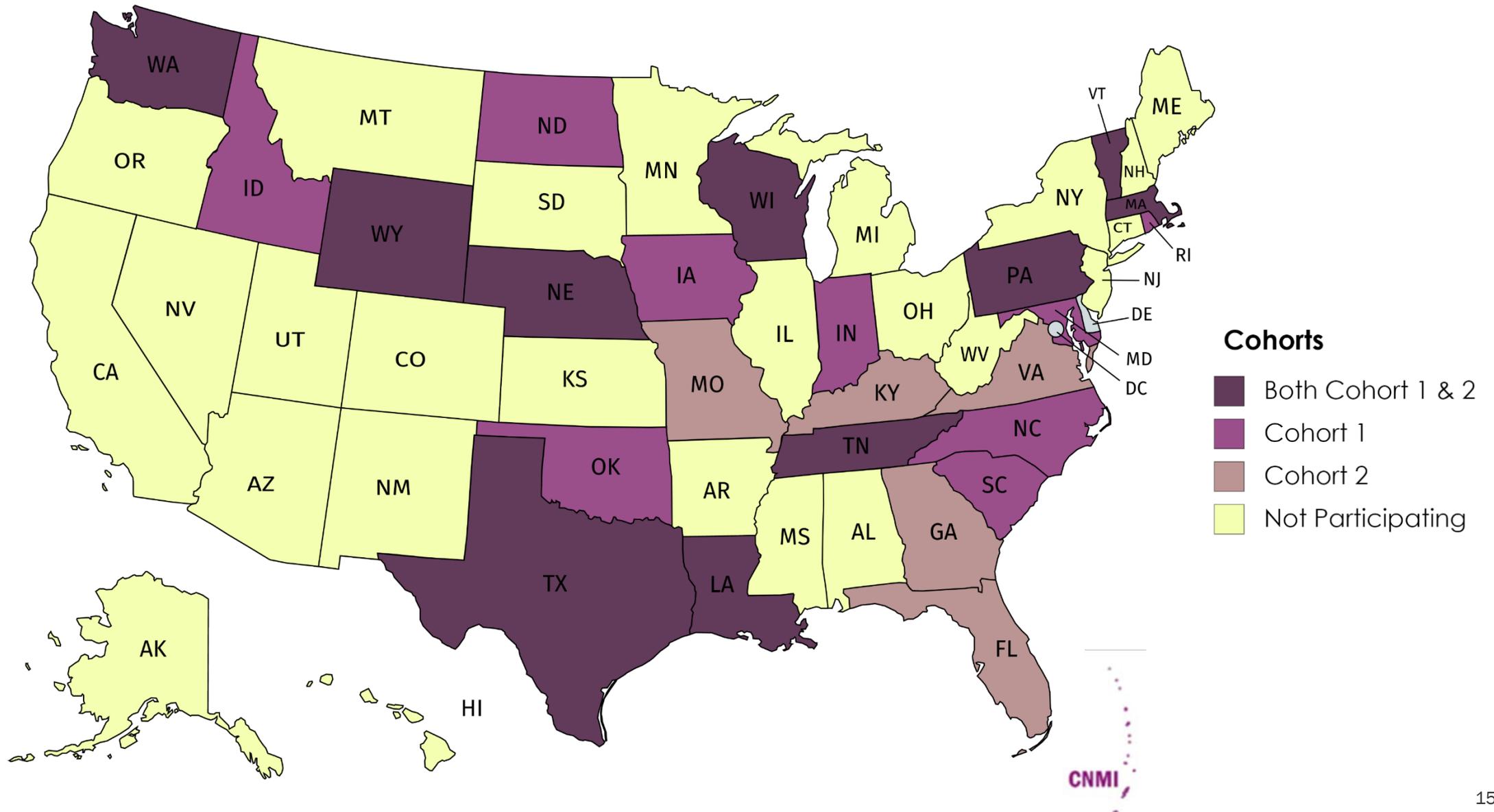


Implement and spread evidence-driven strategies and programs

CSLC Timeline



Participating States And Jurisdictions in Cohort 2



CSLC Progress to Date

7,957

- individuals received education on poisoning prevention and sudden unexpected infant death prevention

6,000

- parents and caregivers in underserved, at-risk communities received evidence-based safe-sleep education

638

- organizations distributed child safety seats and booster seats

381

- schools and organizations used evidence-based programs

315

- child passenger safety technicians were trained and certified

315

- schools increased access to evidence-based programs

214

- organizations distributed free or discounted Pack n' Plays

CSLC Progress to Date (cont.)

118

- hospital and birthing facilities provided infant safe sleep training to parents and caregivers

91

- schools and organizations conducted teen driver safety programs with teens

81

- hospitals and birthing facilities provided safe sleep training to health care providers

69

- schools and organizations provided gatekeeper training

64

- child passenger safety inspection and fitting stations were established

20

- schools and organizations provided evidence-based multi-component suicide and self-harm prevention programs

Stories from the Child Safety Learning Collaborative



Jim Vetter
CSLC Co-Manager
Bullying Prevention Topic Lead

Iowa's Bullying Prevention Team

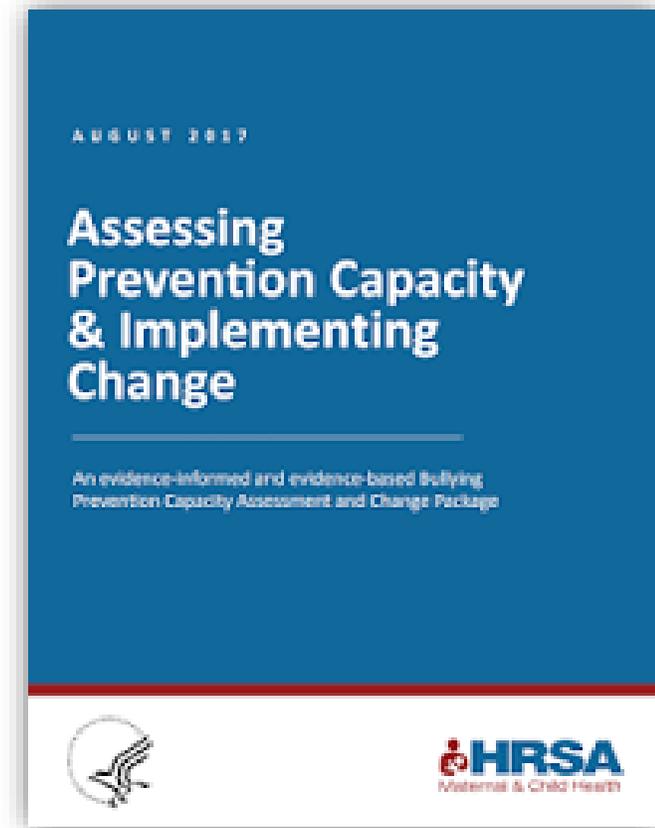


**Melissa Ellis,
Executive Officer 2,
Iowa Department of
Public Health**



Getting Started

- ✓ Iowa utilized the *HRSA Maternal and Child Health's Assessing Prevention Capacity and Implementing Change: An evidence-informed and evidence-based Bullying Prevention Capacity Assessment and Change Package* to assess Iowa's bullying prevention capacity and to establish an aim statement.



Aim Statement

Reduce bullying victimization among children and adolescents by building and improving partnerships and implementing evidence-based and evidence-informed bullying prevention strategies, especially among the most vulnerable populations.

Engage Stakeholders

Partnerships

- Partnership between State Title V Program and Iowa Safe Schools
 - Focus Groups
 - Pilot Project
 - Data Collection
 - Plans for the Future

Iowa Safe Schools

comprehensive support, victim services, resources, and events for LGBTQ and Allied youth

Serving over 4,500 youth annually, Iowa Safe Schools is the largest LGBTQ youth serving organization in the Midwest

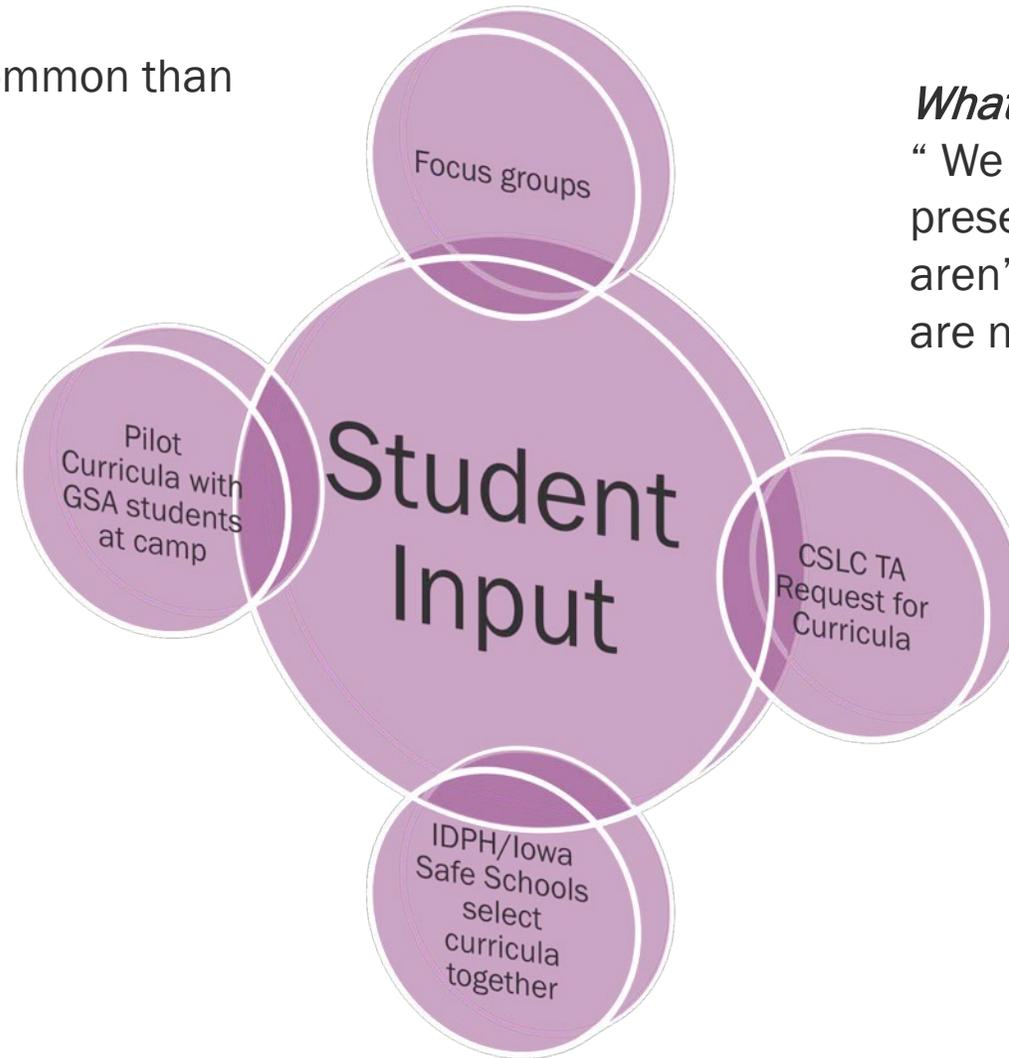


www.thetrevorproject.org

Youth Voice

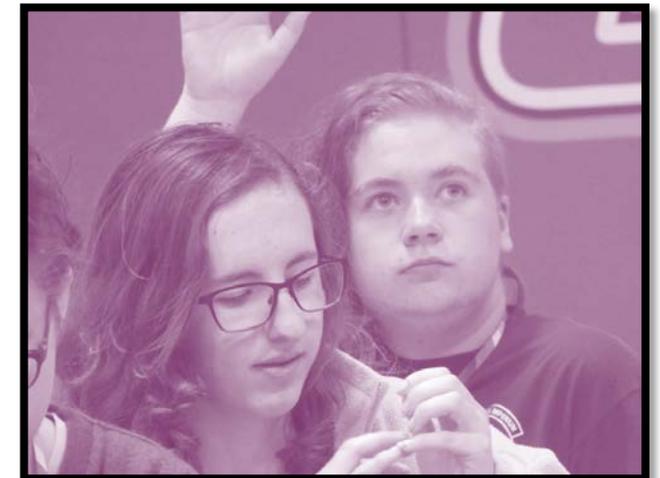
Types of Bullying?

“Cyber bullying is more common than real life bullying”



What is bullying?

“ We no longer have PowerPoint presentations on it (bullying). There aren't bullying posters anymore, there are now mental health posters.”



Where do you get your messaging?

“If teachers had to report everything they hear they wouldn't even have time to teach us.”

Next Steps

- The Iowa Team and Iowa Safe Schools agreed that the evidence-based bullying prevention program could be integrated into future school-based GSA programming and is sustainable with little financial resources
- Title V Needs Assessment and shift performance measures and programming

Wisconsin's Motor Vehicle Traffic Safety Team



**Deena Liska,
Children's Wisconsin,
Injury Prevention Program
Manager Teen Driving**



Project goals

- Address risks related to reckless and distracted driving by teens in Wisconsin
- Increase collaboration between state partners
- Increase the number of program trainers
- Increase the number of youth who participate in the program



Process

- Fire and EMS professionals were identified through Emergency Medical Services for Children
- Train-the-trainer sessions were delivered by Children's Wisconsin
- Training and program materials were provided at no cost to the agency and a stipend was offered to offset their time
- After training agencies worked with schools and driver education programs to conduct sessions with local youth

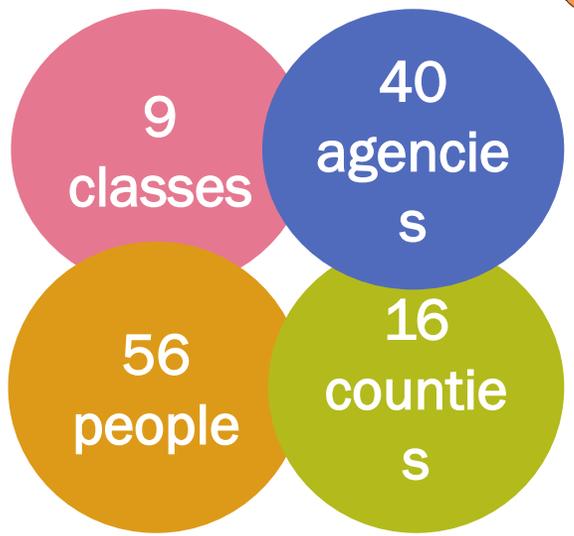
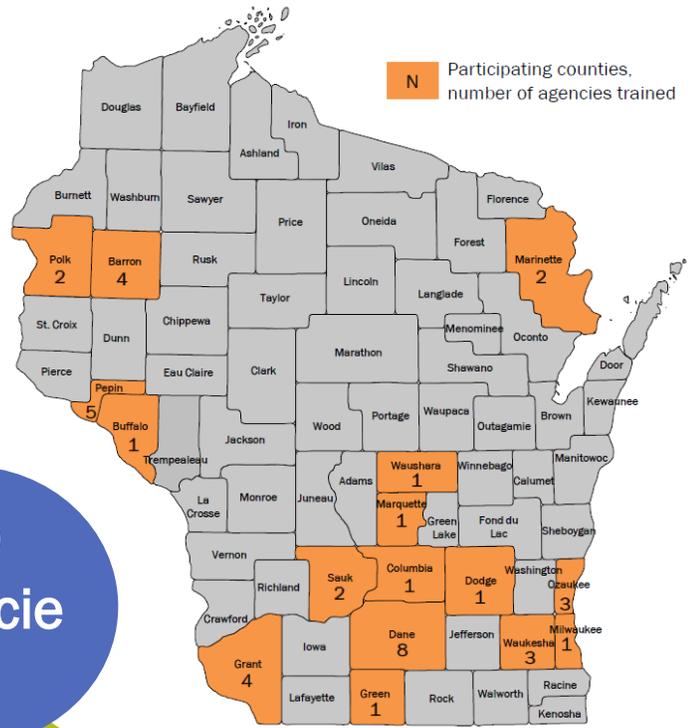


Process, cont.

- Department of Health Services provided funding for materials and stipends through the Wisconsin Violence and Injury Prevention Program (WIVIPP)
- Department of Transportation funded travel expenses
- Both agencies provided support by promoting the sessions and connecting the organizers with appropriate community resources



Results



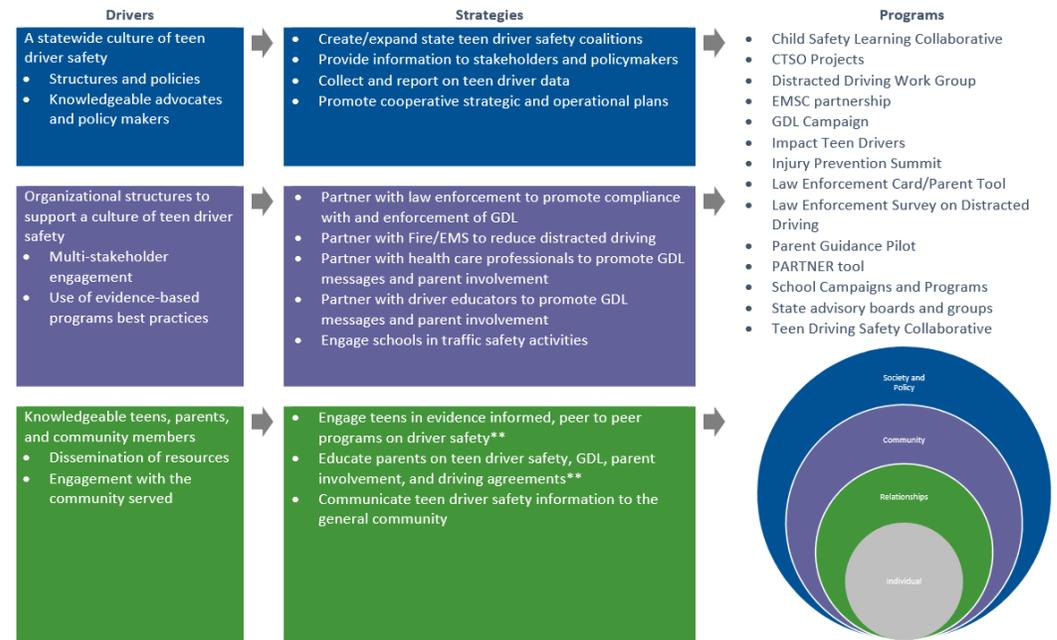
- Initial anecdotes suggest that Impact Teen Drivers sessions were impactful to youth
- In two of the communities that conducted sessions, students discussed the content with their caregiver, who relayed accurate details back to the EMS Trainer

Role of Children's Safety Network

- Participated in the Child Safety Collaboration Innovation and Improvement Network (COIIN) and the Child Safety Learning Collaborative (CSLC)
- Learned and applied a variety of quality improvement methods
 - Stakeholder Analysis
 - Phases of Improvement
 - Plan, Do, Study Act (PDSA) cycles
 - Spread Planning

Wisconsin Teen Driver Safety Plan

• Our vision is to improve the health of Wisconsin teens by preventing traffic-related loss.
 By December 31, 2019, our aim is to decrease the crash related deaths, hospitalizations, and emergency department visits of 15-19 year olds by 3%, and reduce the number of drivers age 20 or younger involved in fatal crashes by 5% from the 5-year rolling average (from 76 to 69). *



*Taken from DHS and DOT strategic plans **denotes Child Safety Learning Collaborative strategy

Successes

- A clear theory of change, organized around the social-ecological model, provides clear direction for the work
- We were able to leverage working relationships that were in place for many years, so when the opportunity around program, funding, and staffing aligned, we were able to move quickly from piloting the program to implementation
- The time from opportunity to completion of the project was under 6 months
- Next steps...

Tennessee's Suicide and Self Harm Prevention Team



Brittany Willis
Suicide Prevention
Program Director



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



Youth/Child Suicide in Tennessee

- Suicide is the **2nd** leading cause of death for children aged 10-17 in Tennessee
- In 2018, Tennessee lost **39** children under the age of 18 to suicide
- Youth/Children between the ages of 15 and 24 experienced the **highest rates for both self-harm injury and suicidal ideation** in Tennessee
- Youth/Children accounted for **37%** of the total self-harm related emergency department visits from 2016 to 2018

Child Safety Learning Collaborative: Focus Strategy

Process Measures

1. # of organizations using Zero Suicide
2. # of schools and organizations providing gatekeeper training
3. # of schools and health care organizations that use a valid and reliable screening tool for suicide risk
4. # of schools & orgs providing evidence-based parenting programs that include resources on adverse childhood experiences
5. # of schools and organizations providing social and emotional learning programs
6. # of schools and organizations providing evidence-based multi-component suicide and self-harm prevention programs

- **Strategy 2:** Implement and spread evidence-based gatekeeper trainings (QPR: Question, Persuade, Refer) to youth impactors across the state
- **Aim:** To increase the number of QPR Trainers in those Tennessee counties which have high youth suicide ideation or death by suicide

Question, Persuade, Refer (QPR)

Designed to Teach Participants:

- How to recognize the warning signs of suicide and question someone about whether or not they are having thoughts of suicide
- How to offer hope and persuade an individual in crisis to get help
- How to refer an individual experiencing a suicidal crisis to help in order to save their life



**Ask A Question,
Save A Life**

Suicide and Self-Harm Prevention

Operationalization Goal # 1

Based off the QPR training data available and the definition for youth impactor that we had in 2018, Tennessee operationalized a goal of increasing the number of youth impactors trained to utilize QPR **from 252** total youth impactors trained in 2018 **to 372** total youth impactors trained in 2019.

Youth Impactor(Original Definition):

any person within a community who works in a school setting or any person who works directly with children/youth.

Suicide and Self-Harm Prevention

Operationalization Goal # 2

- After setting operationalization goal #1, Tennessee reviewed more accurate QPR training data from TSPN for 2018
- Established a clearer definition of youth impactor and, as a collaborative team, we decided to update our operationalization goal for the child safety learning collaborative
- We strived to increase the number of youth impactors trained to utilize QPR (Question, Persuade, Refer) **from 2,846** total youth impactors trained in 2018 **to 3,000** total youth impactors trained in 2019

Youth Impactor(Redefined): any person within a community who works with or interacts with children/youth.

Outcome Measures

Through our work with the CSLC:

- 111 QPR gatekeeper trainings were provided to 3,737 youth impactors across the state in 2019
- As of May 1, 2020, 77 QPR gatekeeper trainings have been provided to 1,783 youth impactors across the state in 2020

Examples of Youth Impactors Trained:

- School teachers, counselors, social workers, and other support staff
- Youth Group leaders and other staff members within faith-based organizations
- Evidence-Based Home Visitors
- Home Educators
- Boys and Girls Club staff
- Bus Drivers

Progression through Action

Successes

- Setting a clear definition for “youth impactor” influenced the way we viewed our chosen strategy and it helped us determine a more accurate operationalization goal when considering who to offer QPR trainings to within the state
- Obtaining and analyzing quality QPR training data for 2018 and 2019 is helping us make a more precise operationalization goal for our chosen strategy in 2020

Challenges

- A clear definition of who we should consider a “youth impactor” limited our operationalization goal in the beginning
- Limited QPR training data was available in the beginning of the collaborative and it made it difficult to fully set an accurate aim for our chosen strategy

Current 90-Day Aim Statement

Selected Strategy & Measure (From Change Package)	Period 3: 90-Day Aims				
	Goal(s)	Action(s) to Support PDSA	Responsible Party	Due Date	Progress Toward Goal(s)
Implement and spread evidence-based gatekeeper trainings	To increase the number of QPR Trainers in those	Schedule meeting with TN CSLC SSHP team members to discuss goals for Cohort 2	Brittany	8/12/2020	In beginning stages
(QPR: Question, Persuade, Refer) to youth impactors across the state.	Tennessee counties which have high youth suicide ideation or death by suicide.	Reach back out to Poison Center to offer virtual QPR trainings	Brittany	8/12/2020	In beginning stages
		Expand ESSENCE rapid prevention response plan to include new partners such as The Oasis Center and juvenile detention centers	Brittany	8/12/2020	In beginning stages
		TSPN regional directors will continue to promote and offer QPR trainings to youth impactors across the state	TSPN Regional Directors	8/12/2020	In beginning stages

Data to Action: ESSENCE Monitoring

Syndromic surveillance system used to:

1. Monitor disease trends
 2. Detect potential outbreaks early
 3. Follow the size, spread, and tempo of outbreaks
 4. Provide reassurance that an outbreak has not occurred
- **Utilizes patient encounter data from emergency departments to detect potential outbreaks**
 - **Data available in near real-time**
 - Can detect outbreaks earlier than traditional surveillance methods
 - Quickly provides necessary demographic information
 - **Relies on syndromes to detect outbreaks**
 - Key words in the chief complaint field
 - Discharge diagnosis codes

ESSENCE Monitoring

- **95** hospitals currently reporting (~80% percent of hospitals within the state that could be reporting into ESSENCE)
- Currently performing weekly monitoring for suicide attempts, suicidal ideation, and intentional self-harm visits in children 18 years of age and under using ESSENCE database

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

ESSENCE Rapid Prevention Response Plan

- ESSENCE monitoring helps indicate areas within the state showing increased levels of suicide-related behavior in children/youth. When an increase is seen within a region/county in TN, it triggers an alert within the ESSENCE database
- Developed a rapid prevention response plan in collaboration with the TN Suicide Prevention Network
- Currently notify Coordinated School Health Coordinators, TSPN Regional Directors, the TN Department of Mental Health and Substance Abuse Services, and Centerstone staff of weekly ESSENCE alerts

Next Steps

- Continue to build partnerships with new organizations
- Continue to invite new stakeholders to join suicide prevention task force team
- Continue to monitor suicidal ideation, suicide attempts, and intentional self-harm emergency room visits in children and youth under 18 years of age using the ESSENCE database and continue to improve ESSENCE Rapid Prevention Response Plan for Children 18 and under
- Expand ESSENCE data surveillance and response plans to include persons of all ages
- Develop and distribute additional needs assessment surveys in order to review gaps in services and identify resources to address them
- Create Suicide Prevention Resource Guide
- Continue to collect data weekly on suicidal ideation, suicide attempts, and suicide deaths occurring across the state and provide a weekly data report in an effort to monitor for increases in suicide-related behavior

Contact Information



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Questions?



Please enter your questions in the Q & A pod



Framework for Quality Improvement and Innovation in Child Safety:

A Guide to Implementing Injury and Violence Prevention Strategies and Programs



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (grant number U49MC29422) for \$1,199,653. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

May 2020



Coming Soon: New CSN-A Resource!

Thank you!

Please fill out our evaluation: <https://www.surveymonkey.com/r/7JNJKWM>



Visit our website:
www.ChildrensSafetyNetwork.org