



November 9, 2021

1:00-4:00pm EST

Learning Session 5: Day 1



WELCOME!

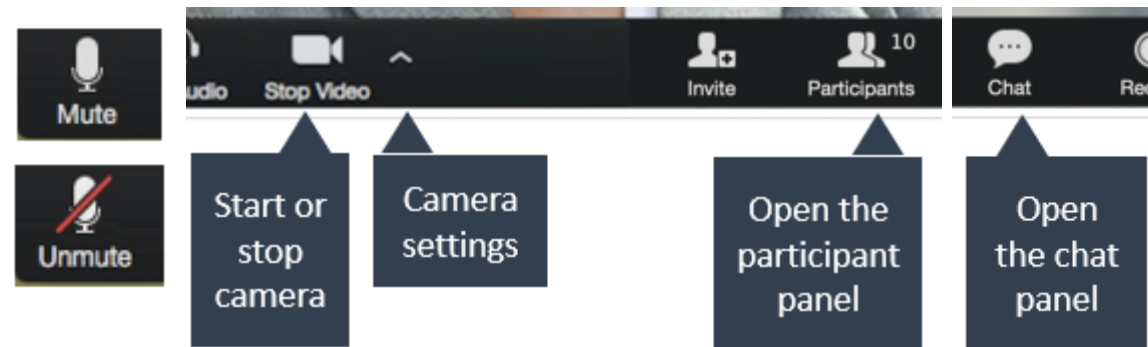
Please take a moment to rename yourself in the list of participants to reflect the team you are representing. Here's how:

1. Hover over your name in the participants list
2. Using the shorthand team names to the right, change your name using the following convention: "TX – Mary Smith"



Join in the conversation!

We encourage you to use your video camera throughout the Learning Session and you can unmute/mute yourself at any time with the controls at the bottom of your screen.



This call is being recorded and will be archived on the CSLC Webportal.

Technical Tips



Join audio via your computer if possible



Use the chat to ask questions at any time



Mute yourself when you're not talking



Rename yourself to indicate your state:
"State – Your name"



Turn on your video camera to increase our connectedness



This session is being recorded



This call is subject to the CSLC Data Sharing Agreement.

Funding Sponsor

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 (U49MC28422) for \$5,000,000 with 0 percent financed with non-governmental sources. 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.

Welcome



**Jennifer Leonardo,
Children's Safety Network Director**

Agenda: Day 1

- Welcome
- Who's in the Room?
- Child Safety Expertise: Child Safety Data
- CSLC Impact
- Improving Child Safety: Framework, Methods, Tools
- Storyboard Sharing
- Leadership and Management: Ensuring Team Success
- Storyboard Sharing
- Looking to Day 2

Education Development Center

Applying Prevention Science and Public Health Strategies to promote Health and Reduce Disparities

- We reach people where they live, learn, and work
- Our products and services support healthy development across the life cycle
- In the U.S. and globally, we seek to reduce the ‘long and winding’ path that keeps the best prevention, interventions, and services from getting to those who would benefit the most

EDC in the US

The reach and composition of our staff and partners reflect the diverse audiences we serve.

We work in every State and Jurisdiction, and with many Tribal entities.

We partner with agencies, organizations, practitioners, providers, and consumers.

Our work is supported by many federal sponsors (SAMHSA, CDC, HRSA, NIH, OJJDP, DoD, VA, IHS), states, foundations.





ChildrensSafetyNetwork.org

Vision: All infants, children, and adolescents are safe and healthy, with nurturing, safe relationships and environments.

Mission: Work with the national Children's Safety Now Alliance, partners, and state and jurisdiction maternal and child health and injury and violence prevention programs to achieve results and innovation in child safety nationwide.

Our work: Providing training and technical assistance, including our learning collaborative, webinars, white papers, fact sheets, publications, and infographics in **child injury prevention topics** such as:

- Bullying Prevention
- Poisoning Prevention
- Safe Sleep
- Suicide and Self-Harm Prevention
- Motor Vehicle Traffic Safety
- [See our website for more!](#)

Child Safety Efforts are Title V National Performance Measures

- NPM 5: Percent of infants placed to sleep on their backs
- NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
- NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
- NPM 9: Percent of adolescents, ages 12-17, who are bullied



Collective Impact by 2023

Overall CSN 2023 objectives for CSLC states, from 2018 through 2023, are:

From the baseline established in the first year of the project period

Targeted Change	What Changes	Data Sources
4% decrease	state-level injury-related fatalities, hospital admissions from non-fatal injuries, and injury-related ED visits	NVSS and HCUP data
5% decrease	state-level SUID rates	NVSS data
4% increase	safe sleep behaviors	Pregnancy Risk Assessment Monitoring Systems (PRAMS)
2% decrease	bullying victimization	Youth Risk Surveillance System (YRBS) and National Children's Health Survey data

Children's Safety Network Staff



Jennifer Leonardo
Director



Jenny Stern-Carusone
Associate Director &
CSLC Lead



Cindy Rodgers
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Assistance Specialist



Bina Ali
Research Scientist



Maria Katradis
CSLC Co-Manager



Jim Vetter
CSLC Co-Manager



Erin Ficker
CSLC Co-Manager



Kate Sinclair
Research Associate
& Project Coordinator

Opening Remarks



**Maureen Perkins, Public Health
Analyst
HRSA MCHB CSN Project Officer**



Health Resources and Services Administration

November 2021



HRSA
Health Resources & Services Administration

Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

Introductions- HRSA team



Diana Espinosa
Acting Administrator
Health Resources and
Services Administration



Dr. Michael Warren,
Associate
Administrator
Maternal and Child
Health Bureau



Dr. Sara Kinsman
Director
Division of Child,
Adolescent, and Family
Health

HRSA Funding (dollars in millions)

HRSA Program	FY 2021 Enacted
Primary Health Care	\$5,684
HIV/AIDS	\$2,424
Maternal and Child Health	\$1,381
Health Workforce	\$1,679
Rural Health	\$330
Healthcare Systems	\$129
Family Planning*	\$286
Vaccine Injury Compensation	\$11
Program Management	\$155
TOTAL	\$12,080

* Administered by the HHS Office of the Assistant Secretary of Health, Office of Population Affairs.



Maternal and Child Health Bureau



Mission:
**Improve the health of America's mothers,
children, and families.**

Title V Maternal and Child Health Block Grant



In 2019, the Title V MCH Block Grant Program funded 59 states and jurisdictions to provide health care and public health services for an estimated 60.3 million people (including pregnant women, infants, children, children with special care needs, and their families) in the United States:

- 92% of all pregnant women
- 98% of all infants
- 60% of all children, including those with special health care needs



Between 2000 and 2018, the national:

- Infant mortality rate declined by 17%
- Child mortality rate declined by 26%

MCHB Goals

1. Assure access to high-quality and equitable health services to optimize health and well-being for all Maternal and Child Health (MCH) populations
2. Achieve health equity for MCH populations
3. Strengthen public health capacity and workforce for MCH
4. Maximize impact through leadership, partnership, and stewardship



MCHB Objectives

Goal 3: Strengthen public health capacity and workforce for MCH

- Objective 3.1. Strengthen State and local MCH agency capacity and infrastructure to provide and sustain the 10 essential public health services
- Objective 3.4. Translate science to practice and policy to implement effective strategies and innovations that impact MCH population health outcomes.

Goal 2: Achieve health equity for MCH populations

- Objective 2.3. Invest MCHB resources to improve the health of all populations and communities that are marginalized, including those affected by racism and ableism.

Child Injury Violence & Prevention Programs and Team

- **Fetal, Infant and Child Death Review**

- Diane Pilkey



- **National Action Partnership to Promote Safe Sleep**

- **HRSA Bullying Prevention Initiative**

- **Children's Safety Network**

- Maureen Perkins



Adolescent Health Branch Chief:: Bethany Miller



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www.HRSA.gov



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Who's in the Room?



**Erin Ficker,
SUID Prevention Topic Lead**

CSLC Priority Injury Topics



Bullying Prevention



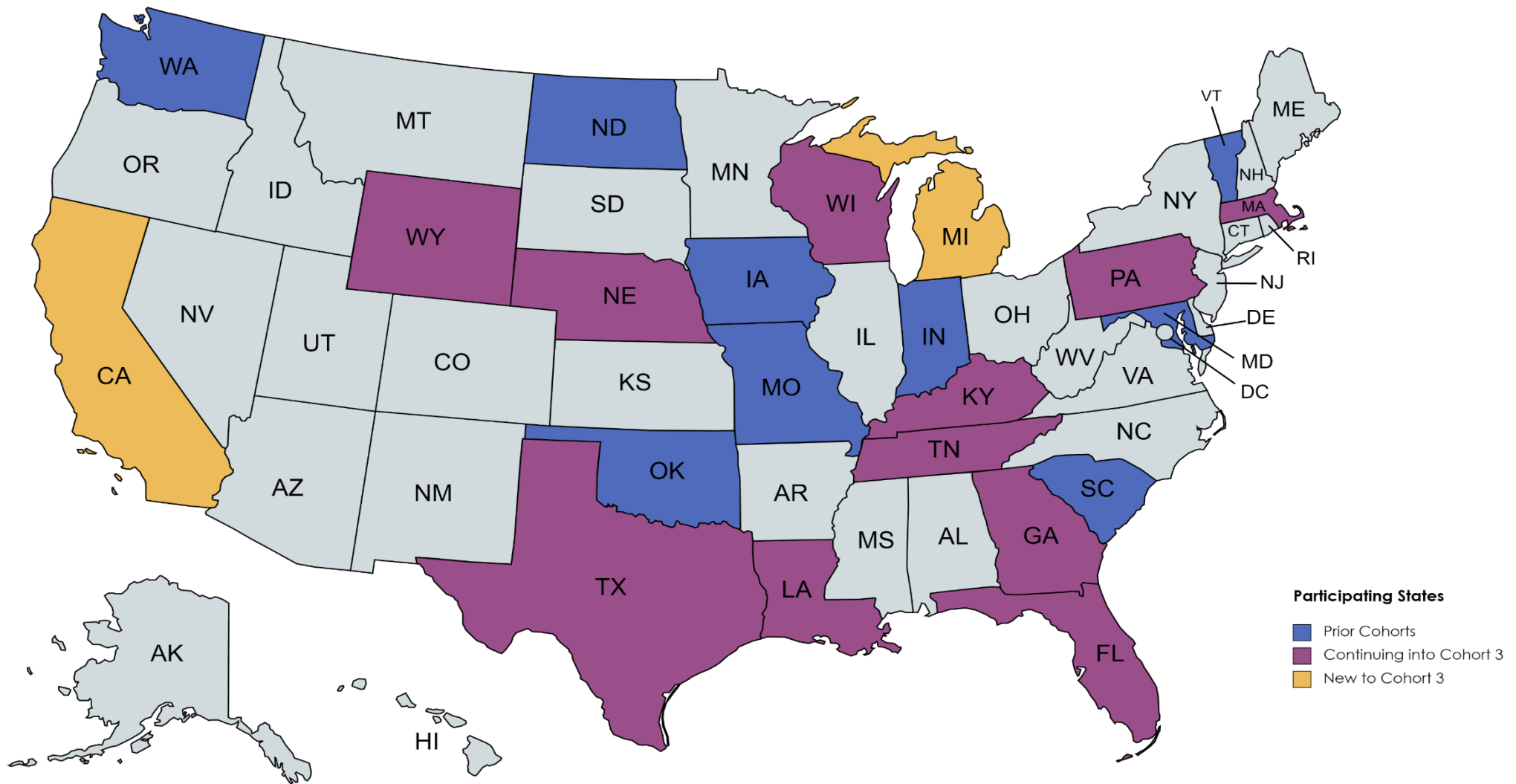
Motor Vehicle Traffic Safety



Sudden Unexpected Infant Death Prevention

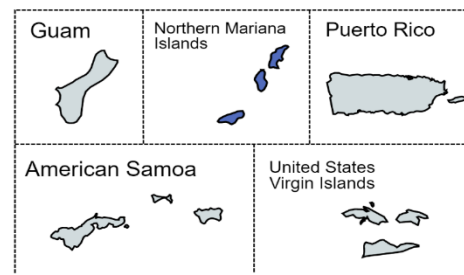


Suicide and Self-Harm Prevention

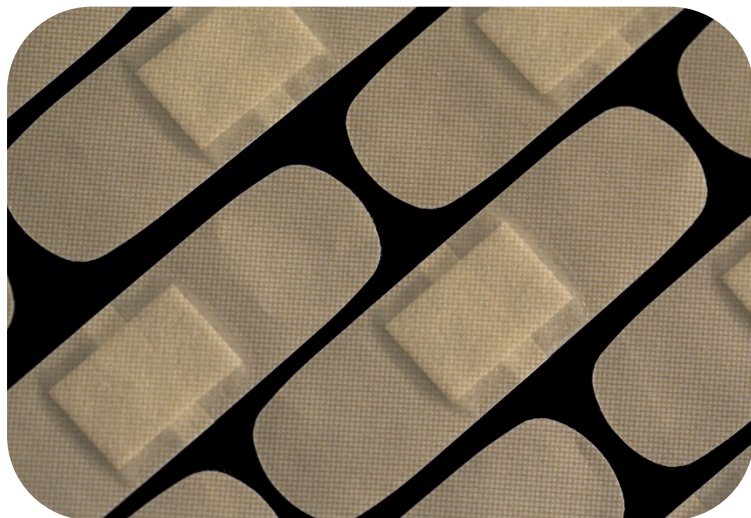


Participating States

- Prior Cohorts
- Continuing into Cohort 3
- New to Cohort 3



What area do you work in?



Injury Violence
Prevention



Maternal Child
Health

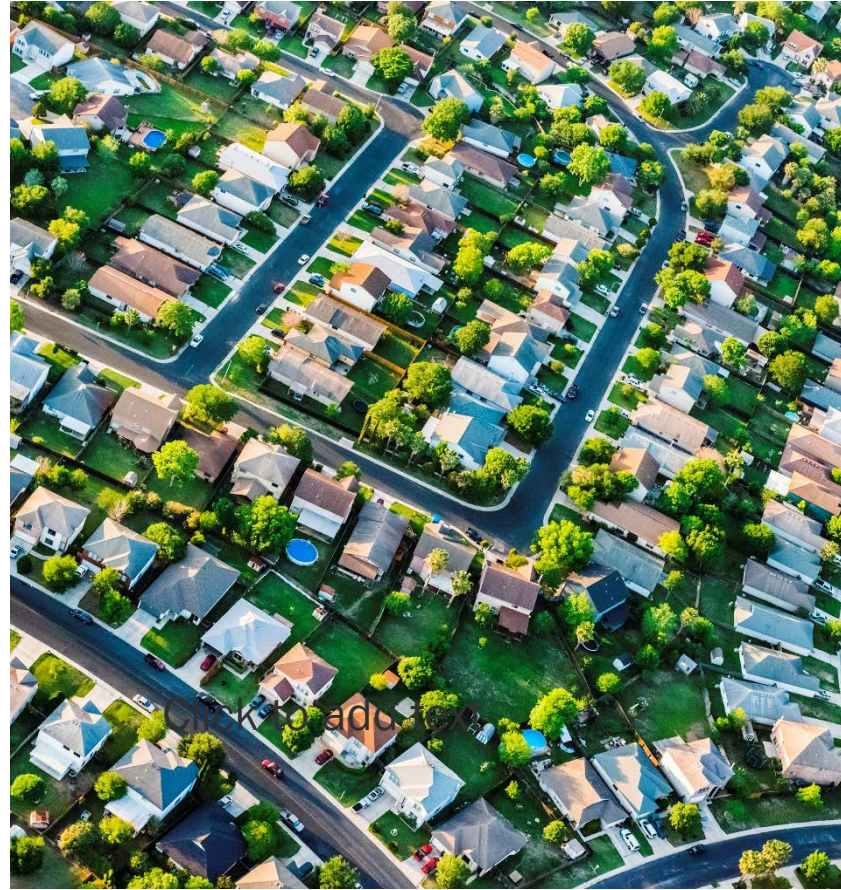


Other
(add to chat)

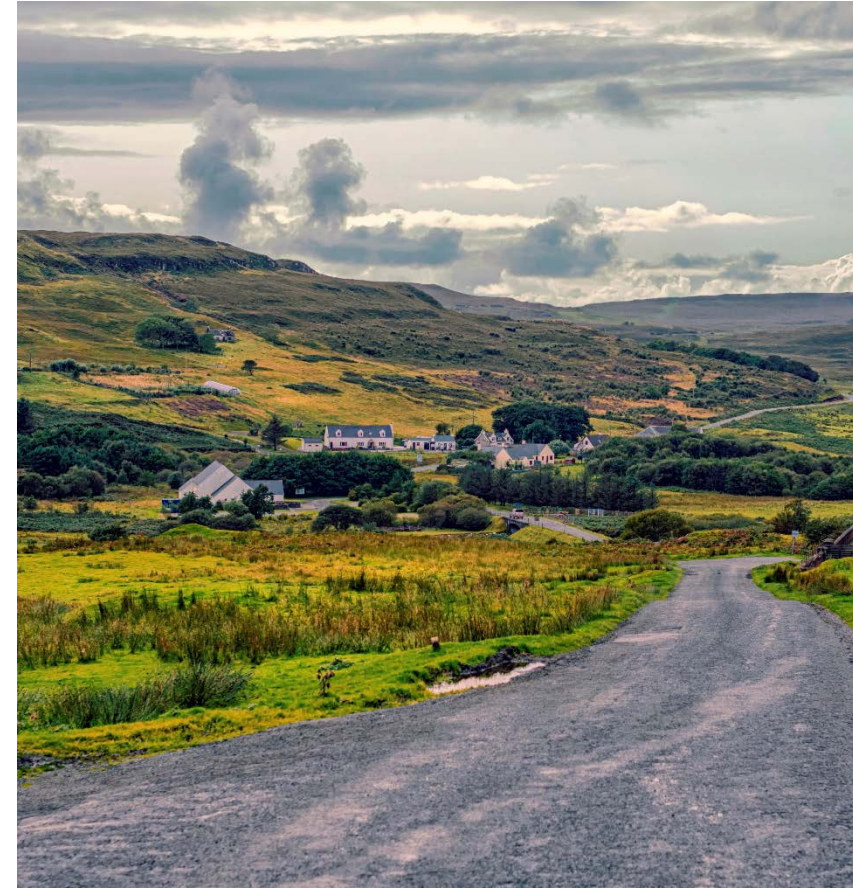
What type of community do you serve?



Urban



Suburban



Rural

Child Safety Expertise: Child Safety Data



Bina Ali, Research Scientist, Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC)

Getting to Know You

Have you previously participated in another Learning Collaborative?

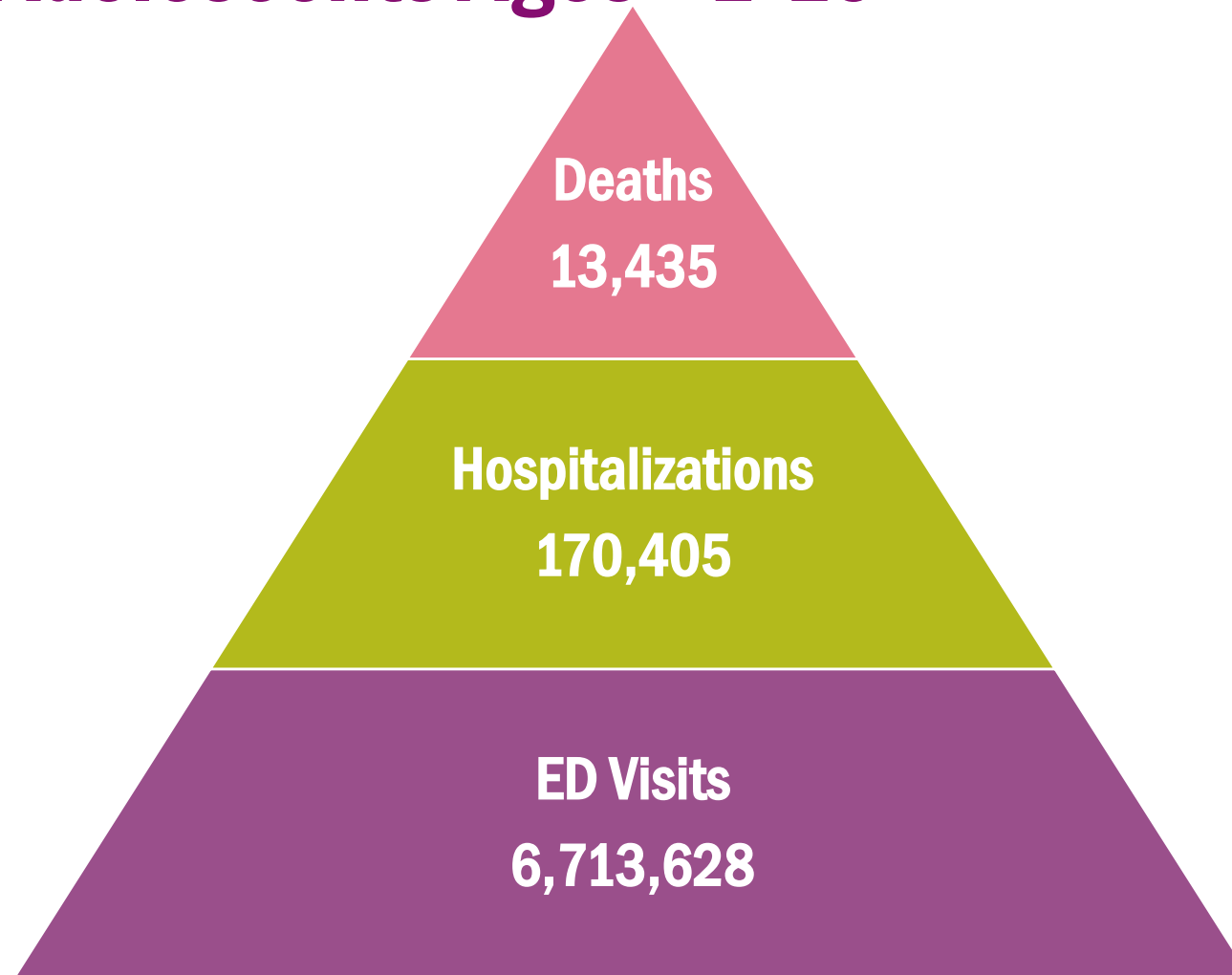
How often do you look at data to guide your work?

We use data to...

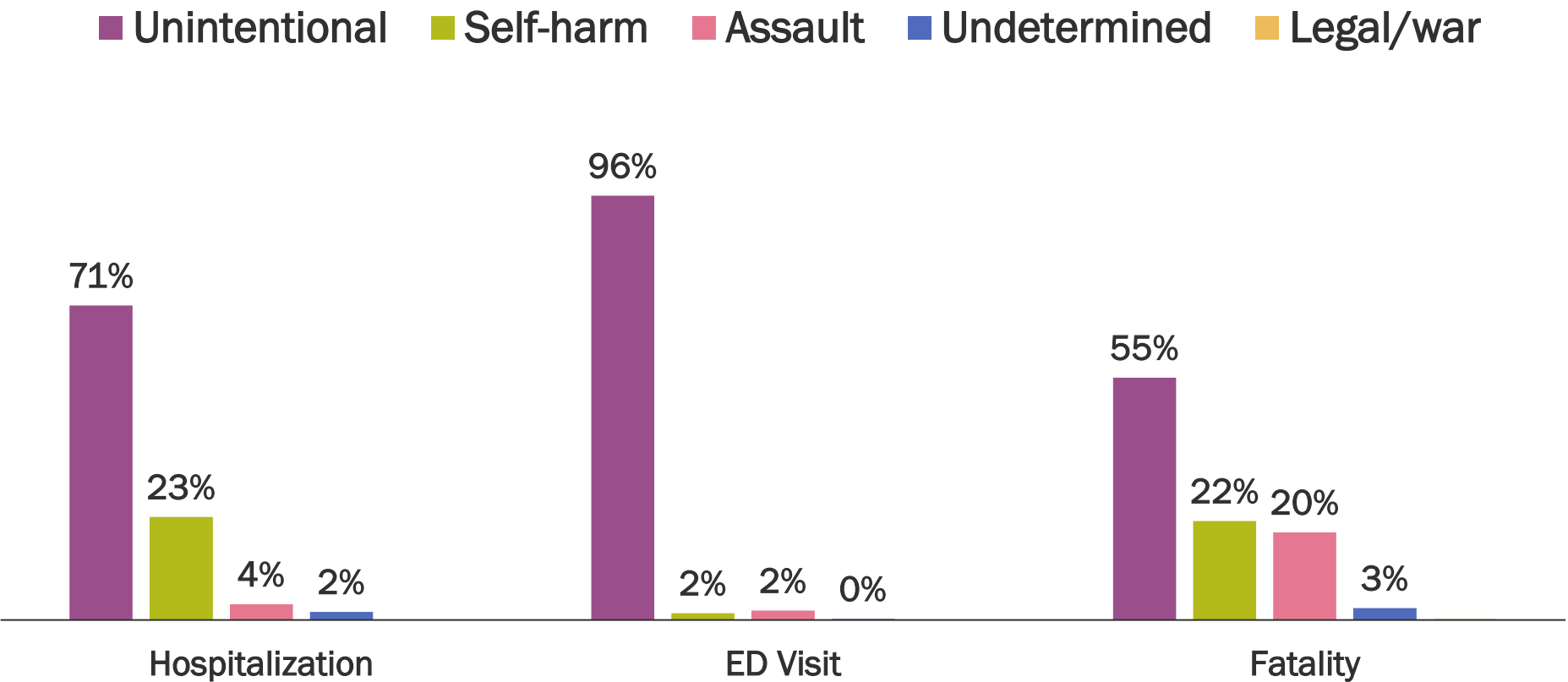
- Identify communities and populations at higher risk for negative health outcomes
- Understand risk and protective factors
- Improve program implementation
- Determine achievement of our aim
- Understand changes over time
- Compare state data to national benchmarks or to other states
- Provide accountability to stakeholders
- Increase support for initiatives
- Contribute to the scientific base
- Inform decision-making processes

Injury Pyramid, US 2018

Children and Adolescents Ages <1-19



Distribution of Injuries in Children and Adolescents, US 2018



CSLC Cohort 3 Topic Selection

- Leading Causes of Injury Deaths
- Leading Causes of Injury Hospitalizations
- Leading Causes of Injury ED Visits
- Trends and patterns of common injuries
- Stakeholder Input (CSN Alliance, HRSA)



Bullying Prevention



Motor Vehicle Traffic Safety



Sudden Unexpected Infant Death Prevention



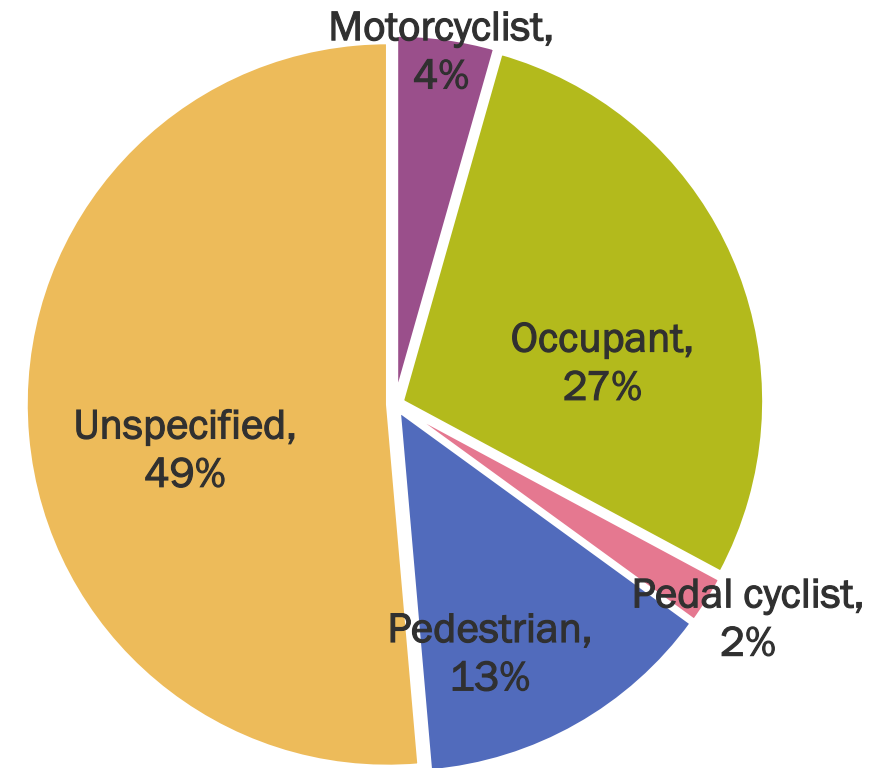
Suicide and Self-Harm Prevention



Motor Vehicle Traffic Safety

Motor Vehicle Traffic Injury Types in Children and Adolescents

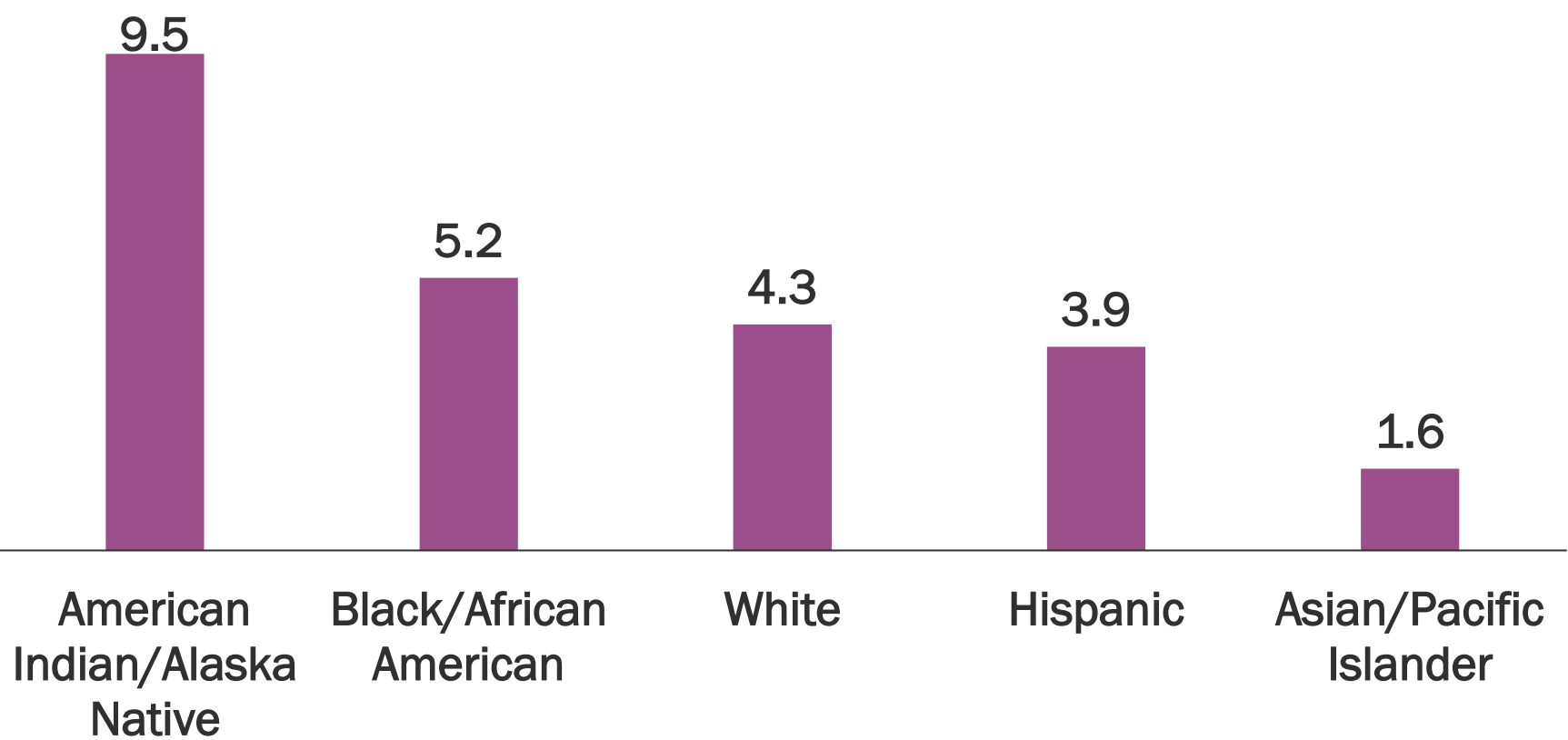
- Motorcyclist
- Occupant
- Pedal cyclist
- Pedestrian
- Other
- Unspecified (Details unavailable about the types of vehicles involved or the role of the person who was injured)



Source: NCHS, Multiple Cause of Death, 2017-2019

Unintentional MVT Injury Death Rate by Race/Ethnicity

Death Rate Per 100,000 U.S. Children and Adolescents Aged 0-19



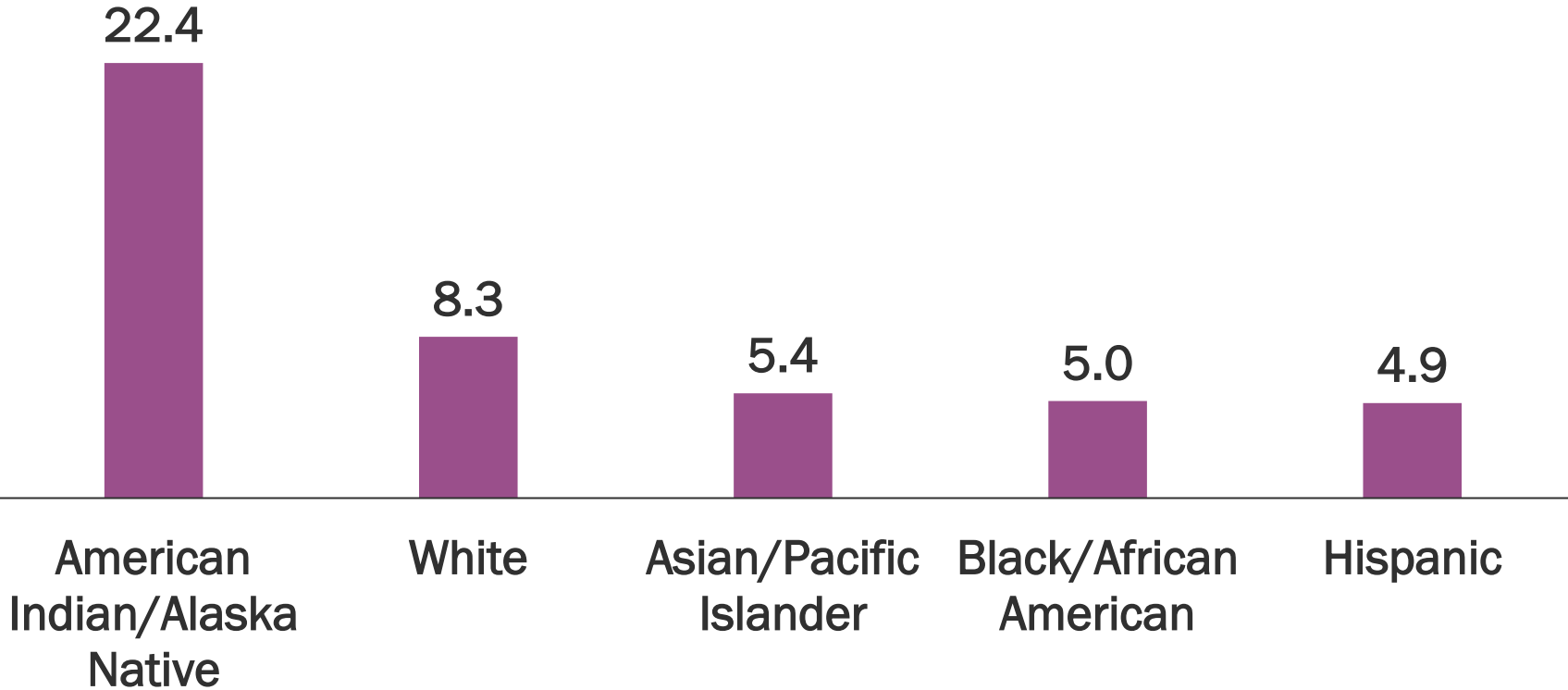
National Death Rate: 4.3 per 100,000 US Children and Adolescents



Suicide and Self-Harm Prevention

Suicide Death Rate by Race/Ethnicity, Adolescents Aged 10-19

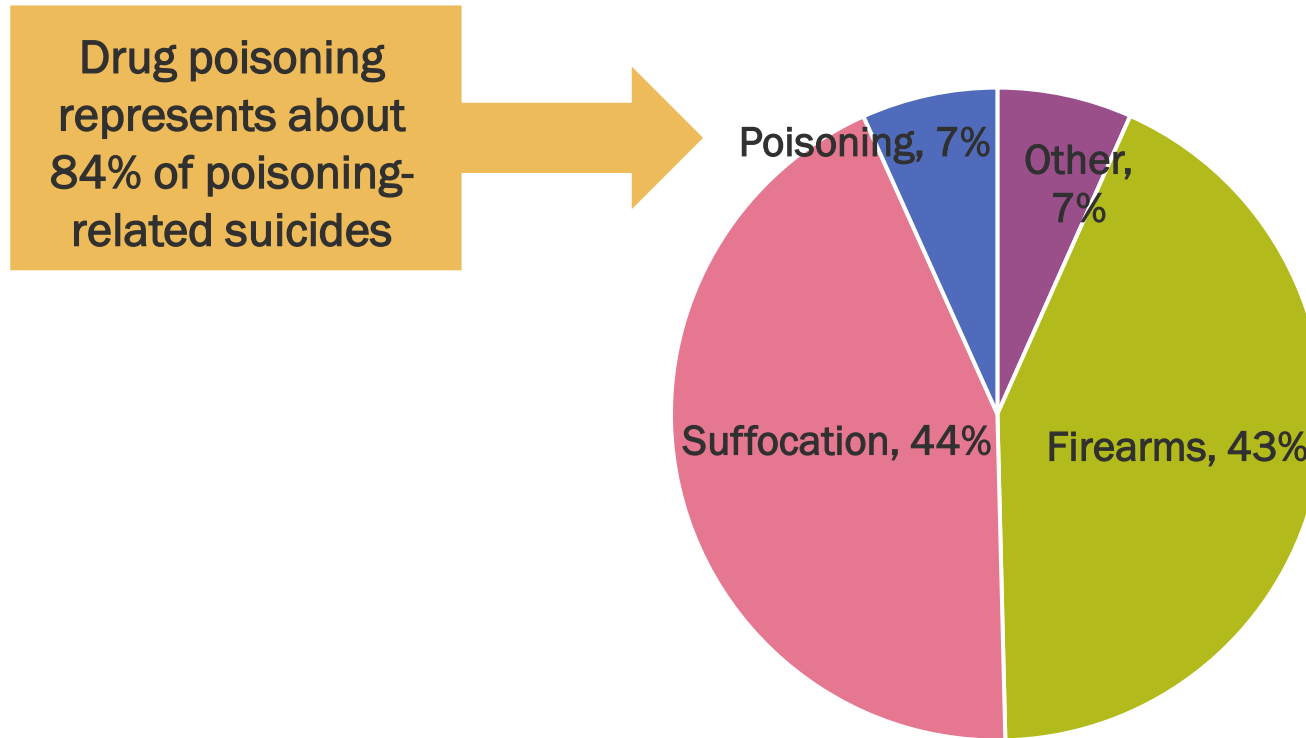
Suicide Rate Per 100,000 US Adolescents Aged 10-19



National Death Rate: 7.0 per 100,000 US Adolescents

A Priority Issue: Suicide Mechanisms

Adolescent Deaths by Suicide Mechanism





Bullying Prevention

Bullying Prevention Background

Bullying is any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance, and is repeated multiple times or is highly likely to be repeated (CDC)

Primary data sources for CSN:

Youth Risk Behavior Surveillance System

- **Bullying victimization:** Bullied on school property
- **Cyberbullying:** Bullied electronically, including being bullied through e-mail, chat rooms, instant messaging, websites, or texting

YOUTH REPORTED

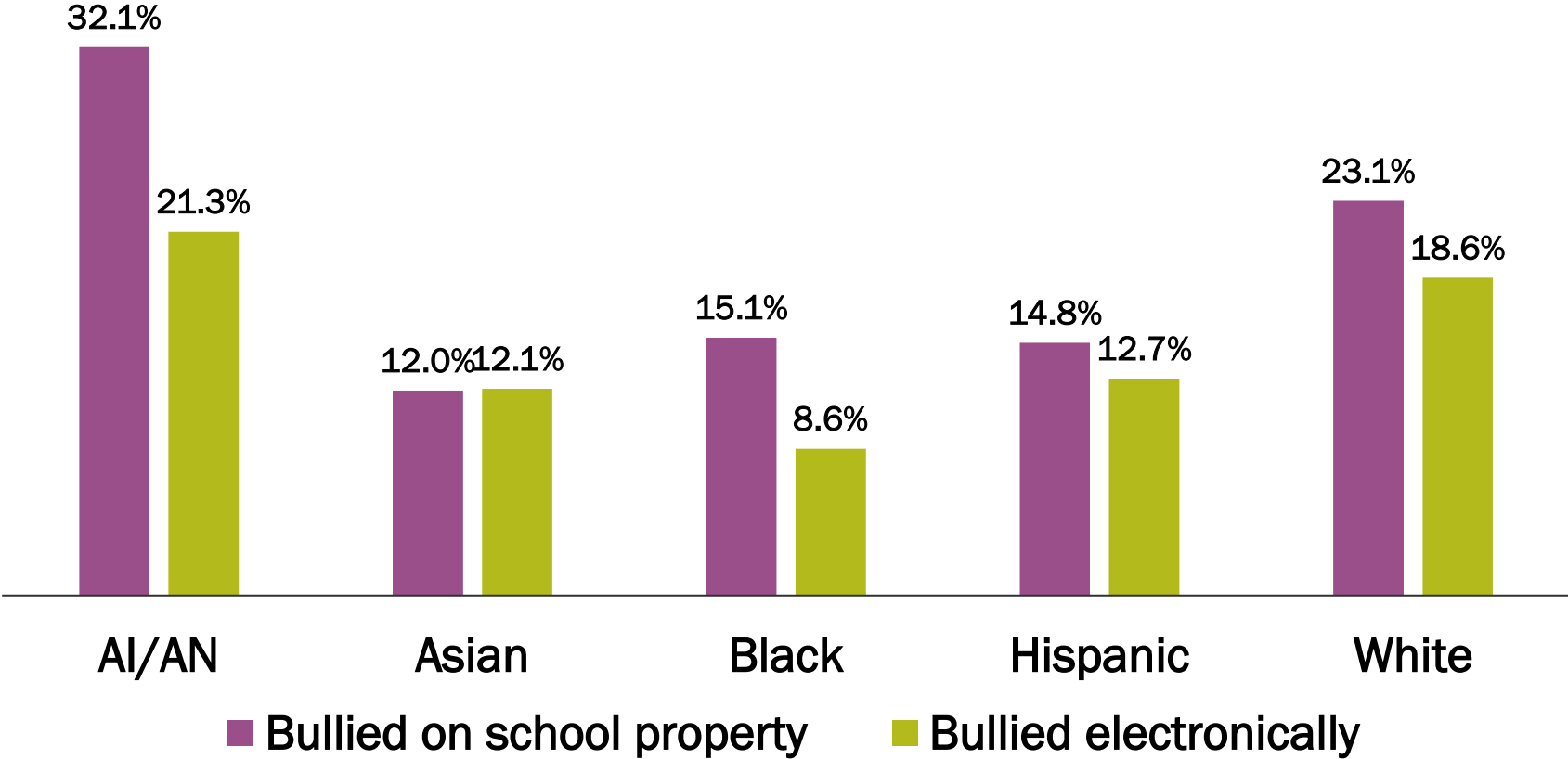
National Survey of Children's Health

- **Bullying victimization:** Child bullied, picked on, or excluded by other children
- **Bullying perpetration:** Child bullies others, picks on them, or excludes them

PARENT/GUARDIAN REPORTED

Bullying Victimization by Race/Ethnicity

Percent of U.S. High School Students Bullied on School Property and Bullied Electronically



National Percent
of Students
Bullied on School
Property: 19.5%

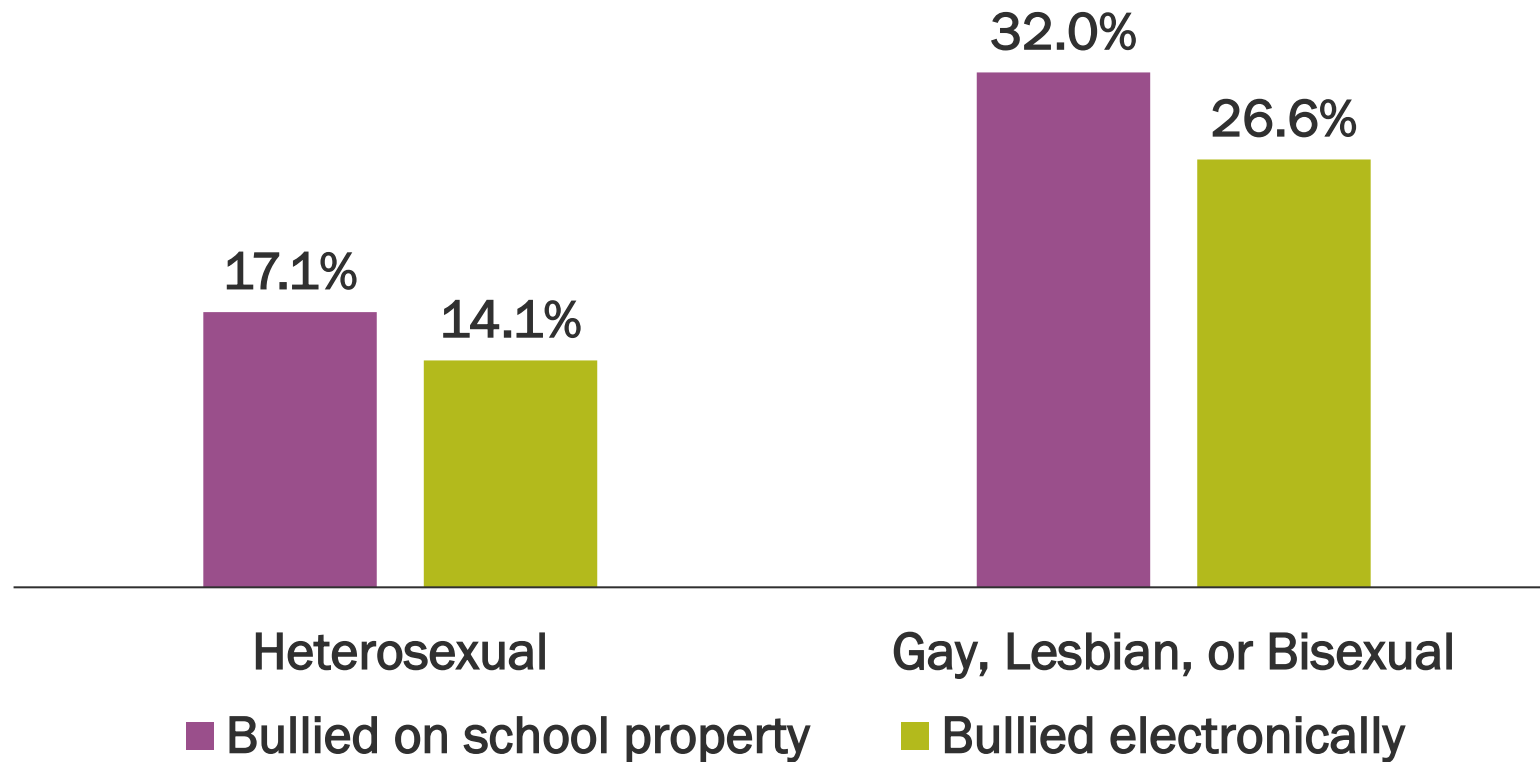
National Percent
of Students
Bullied
Electronically:
15.7%



Source: Youth Risk Behavior Surveillance System, 2019

Bullying Victimization by Sexual Identity

Percent of U.S. High School Students Bullied on School Property and Bullied Electronically





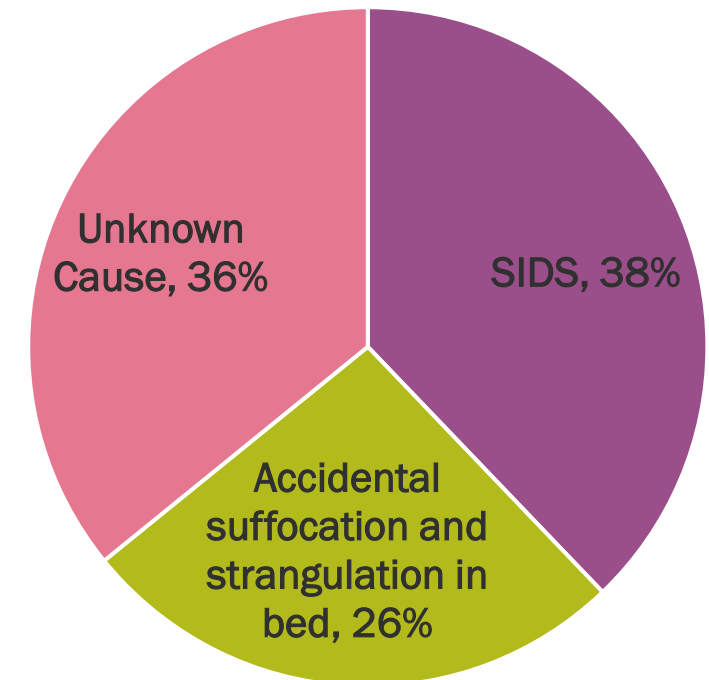
Sudden Unexpected Infant Death Prevention

SUID Background

Sudden unexpected infant deaths (SUID) refers to:

Sudden infant death syndrome (SIDS)	Deaths that remain unexplained after a thorough case investigation
Accidental suffocation and strangulation in bed	Relies on scene evidence of an infant being suffocated or strangled by items or persons in a sleep environment
Other unknown causes during the first 12 months of life	Death listed as “unknown” or “undetermined” with no other cause of death or no known cause of death. When deaths are pending investigation, they often get labeled as unknown cause

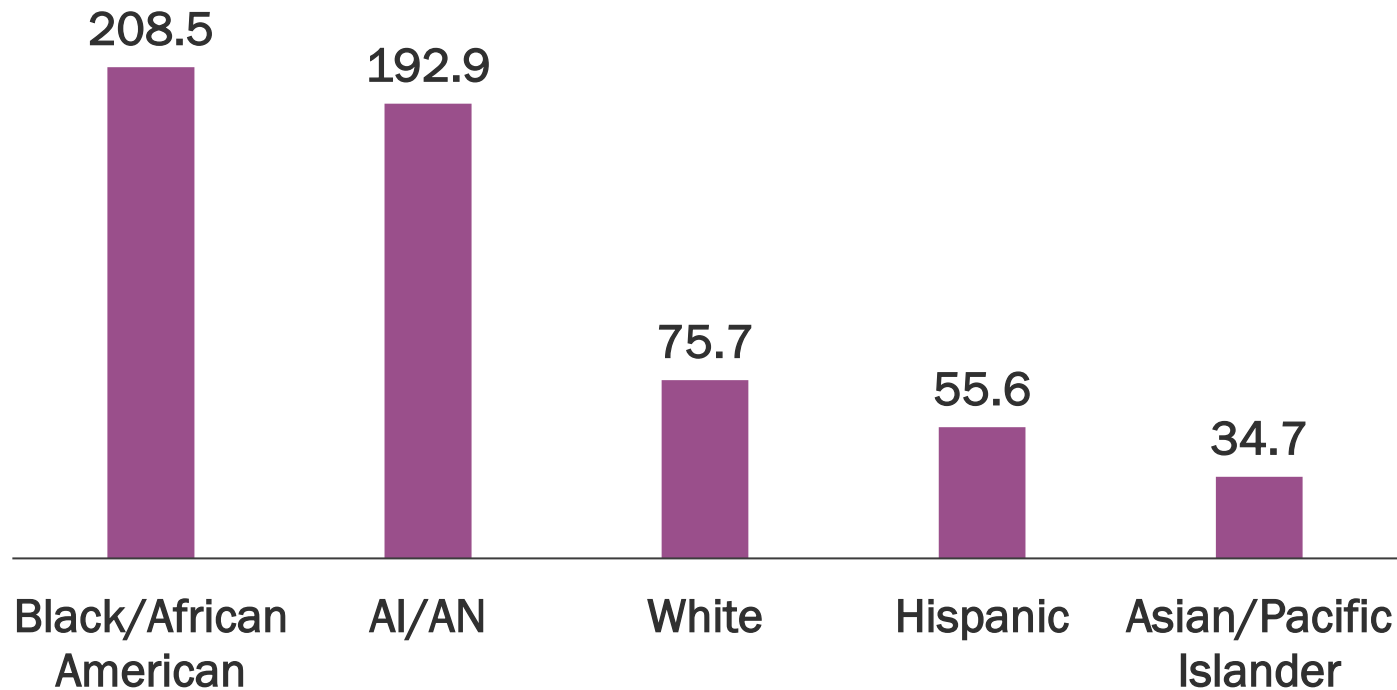
Source: <https://www.cdc.gov/sids/data.htm>



Source: NCHS, Multiple Cause of Death, 2017-2019

SUID Rate by Race/Ethnicity

Death Rate Per 100,000 Infants Aged <1



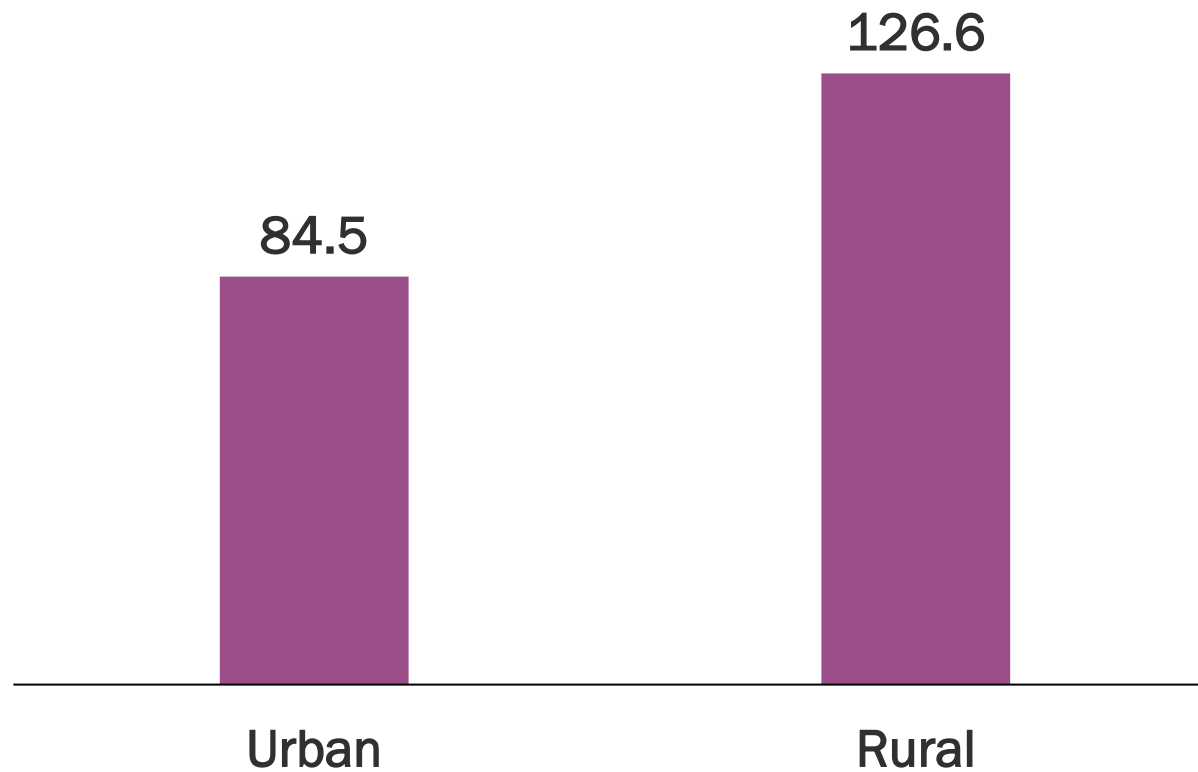
**National Death Rate:
90.1 per 100,000 US
Infants**

Research shows unsafe sleep practices are higher among mothers in minority racial/ethnic groups, younger than 25 years of age, and with less than or equal to 12 years of education (Bombard et al., 2018)

Source: NCHS, Multiple Cause of Death, 2017-2019; Bombard et al., 2018

SUID Rate by Urbanicity Type

Death Rate Per 100,000 U.S. Infants Aged <1

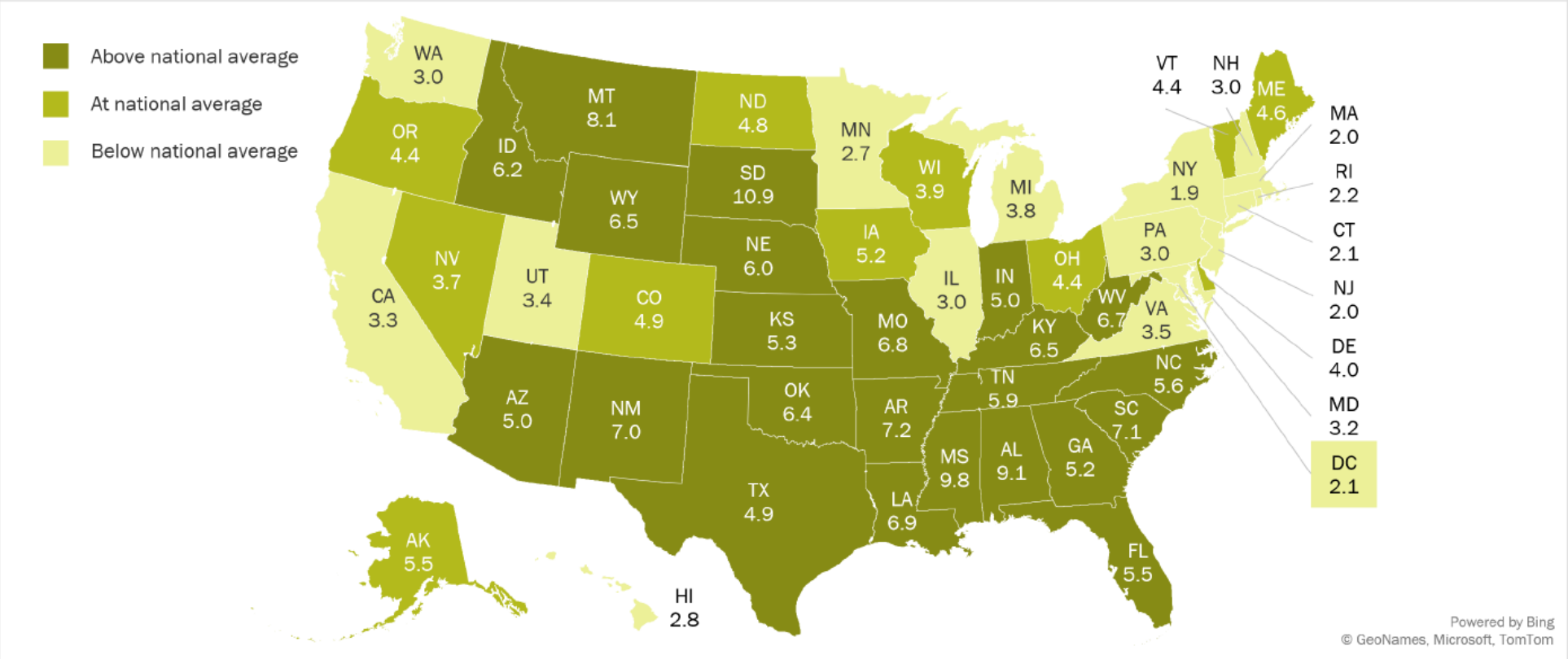




CSLC Child Safety Topics Data Maps

Unintentional Motor Vehicle Traffic Injury Death Rates Among Children and Adolescents Aged 0-19, 2016-2019

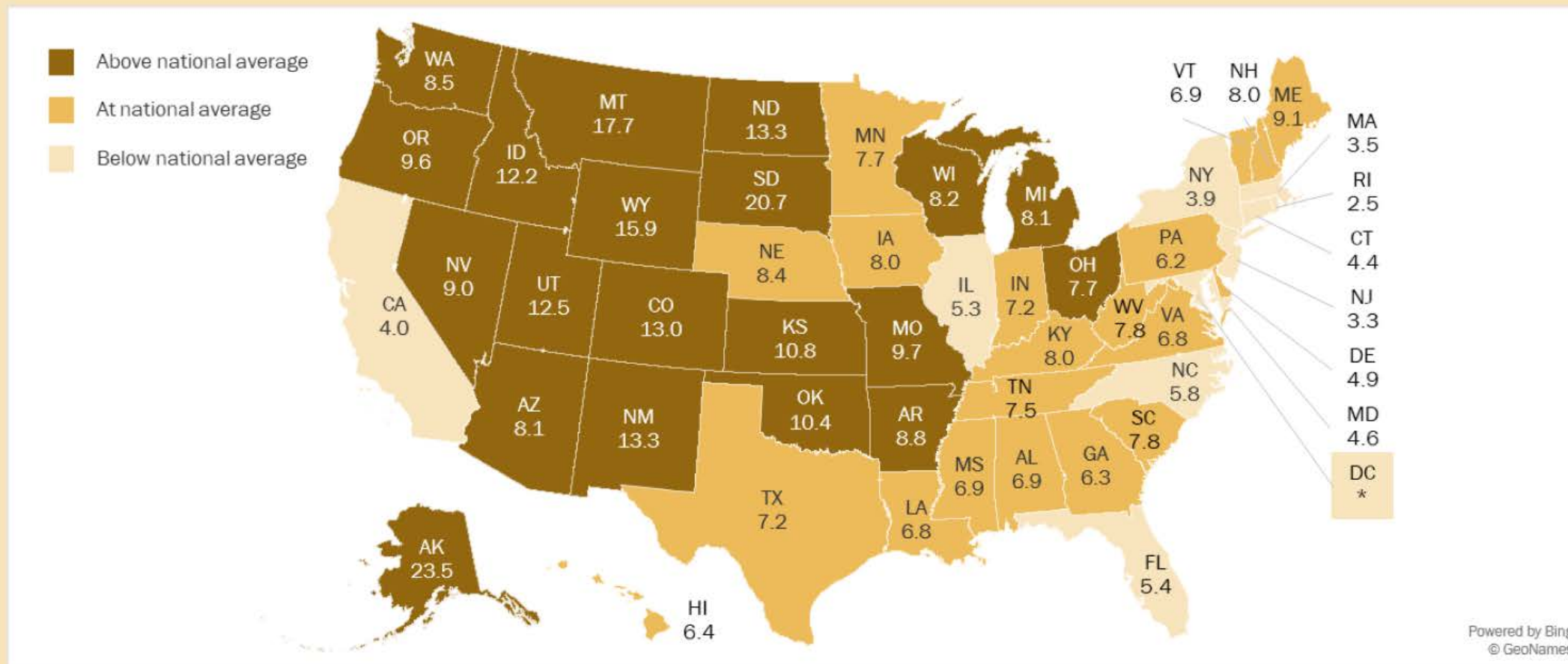
Unintentional Motor Vehicle Traffic Injury Death Rates Among Children and Adolescents Aged 0-19, 2016-2019. State Rate Comparison to National Rate – 4.4 per 100,000 Population



Data Source: National Center for Health Statistics (NCHS), Multiple Cause of Death, 2016-2019

Suicide Death Rates Among Adolescents Aged 10-19, 2016-2019

Suicide Death Rates Among Adolescents Aged 10-19, 2016-2019. State Rate Comparison to National Rate – 6.8 per 100,000 Population

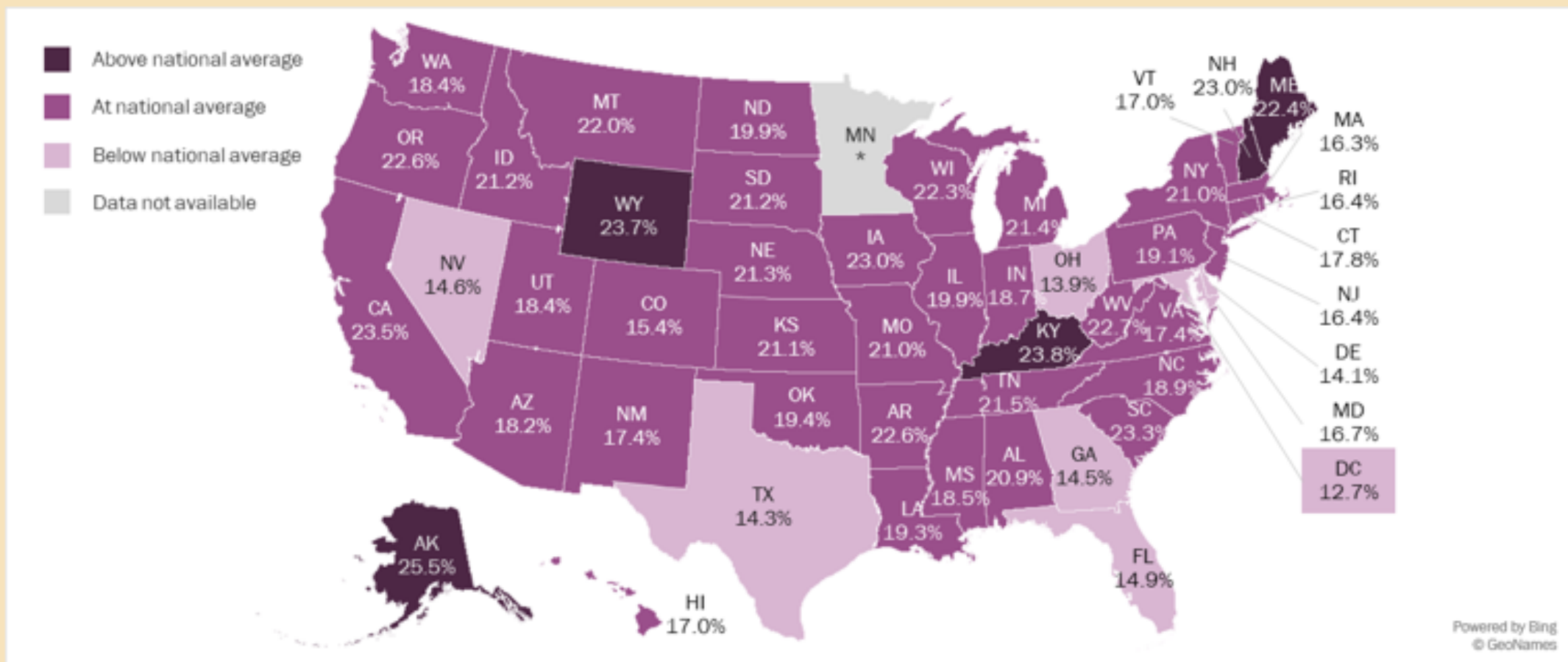


Data Source: National Center for Health Statistics (NCHS), Multiple Cause of Death, 2016-2019

Note: Asterisk denotes data suppressed/data not shown due to small death counts.

Bullying Victimization Among U.S. Youth in Grades 9-12, 2019

Bullying Victimization Among U.S. Youth in Grades 9-12, 2019. State Percent Comparison to National Percent – 19.5%

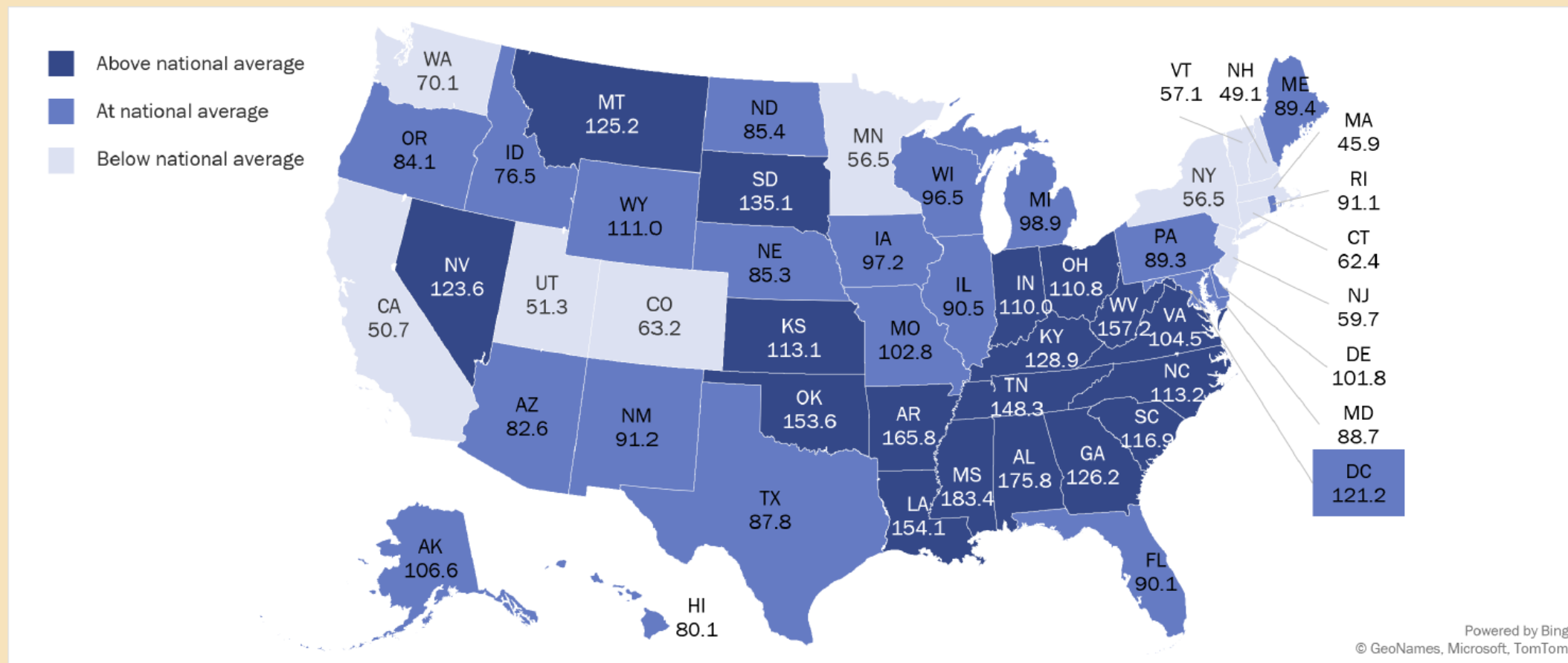


Data Sources: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2019; Vermont Youth Risk Behavior Survey, 2019

Note: Delaware data were based on YRBS 2017; Indiana and Wyoming data were based on YRBS 2015. Vermont data were based on the Vermont Youth Risk Behavior Survey, 2019. Oregon and Washington data were calculated based on US 2019 YRBS data. Asterisk denotes data not available.

Sudden Unexpected Infant Death Rates Among Infants Aged <1, 2016-2019

Sudden Unexpected Infant Death Rates Among Infants Aged <1, 2016-2019. State Rate Comparison to National Rate – 90.8 per 100,000 Population



Data Source: National Center for Health Statistics (NCHS), Multiple Cause of Death, 2016-2019

CSN Uses Multiple Data Sources to Guide CSLC

- Multiple Causes of Death (MCOD)
- Healthcare Cost and Utilization Project (HCUP) databases
- Youth Risk Behavior Surveillance Survey (YRBS)
- National Survey of Children's Health (NSCH)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- National Crime Victimization Survey (NCVS)
- Fatality Analysis Reporting System (FARS)
- National Survey on Drug Use and Health (NSDUH)
- And more...

Data Guide Program Evaluation and Quality Improvement

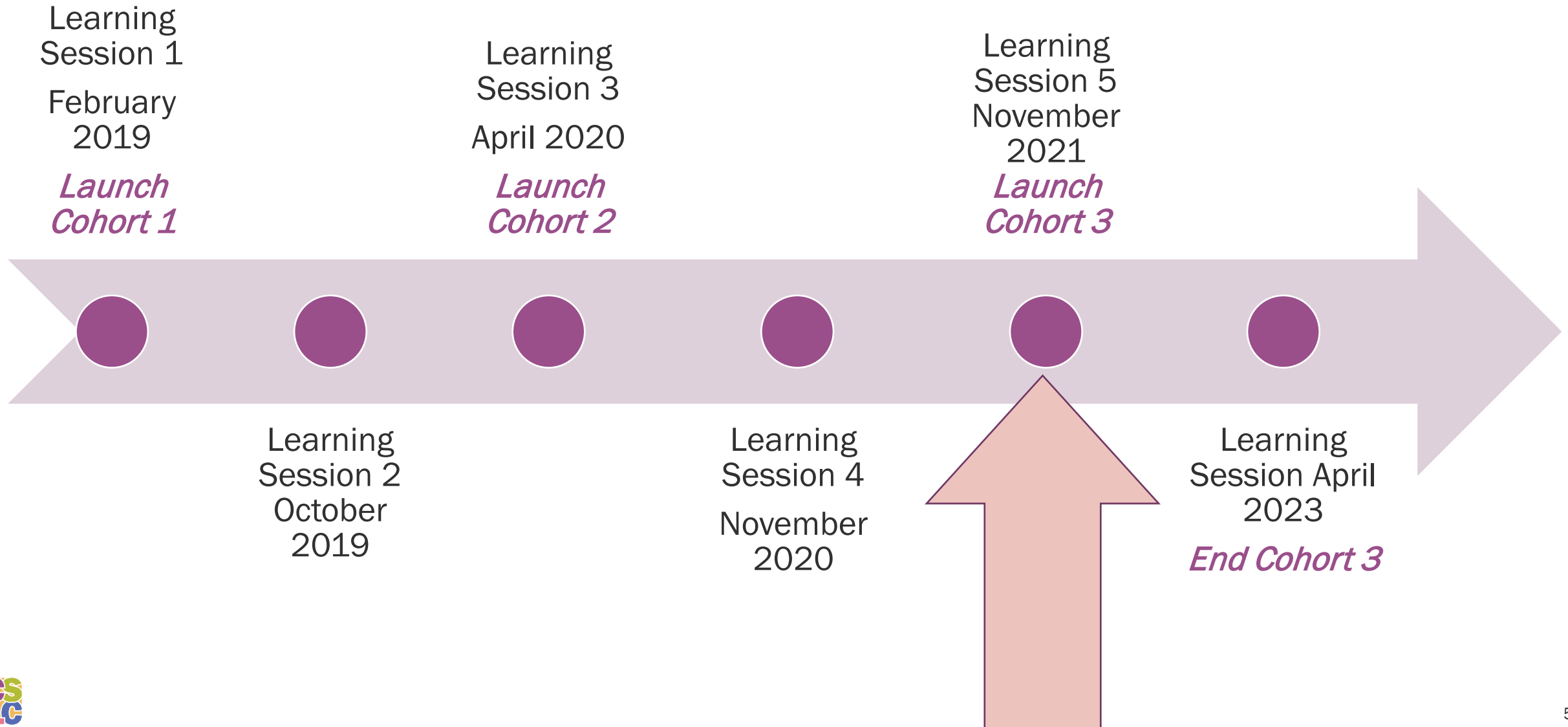
- Identification of priority community/population
- Needs of the priority population
- Subgroups within the priority population with the greatest need
- Geographic location of subgroups with greatest need
- Understanding of current programs/practices that are working well to resolve identified needs
- Identification of potential barriers/facilitators
- Monitoring of desired changes over time
- Quality improvement processes to improve current practices

CSLC Impact: A Retrospective



**Jenny Stern-Carusone,
CSN Associate Director**

Where We Are On Our Journey

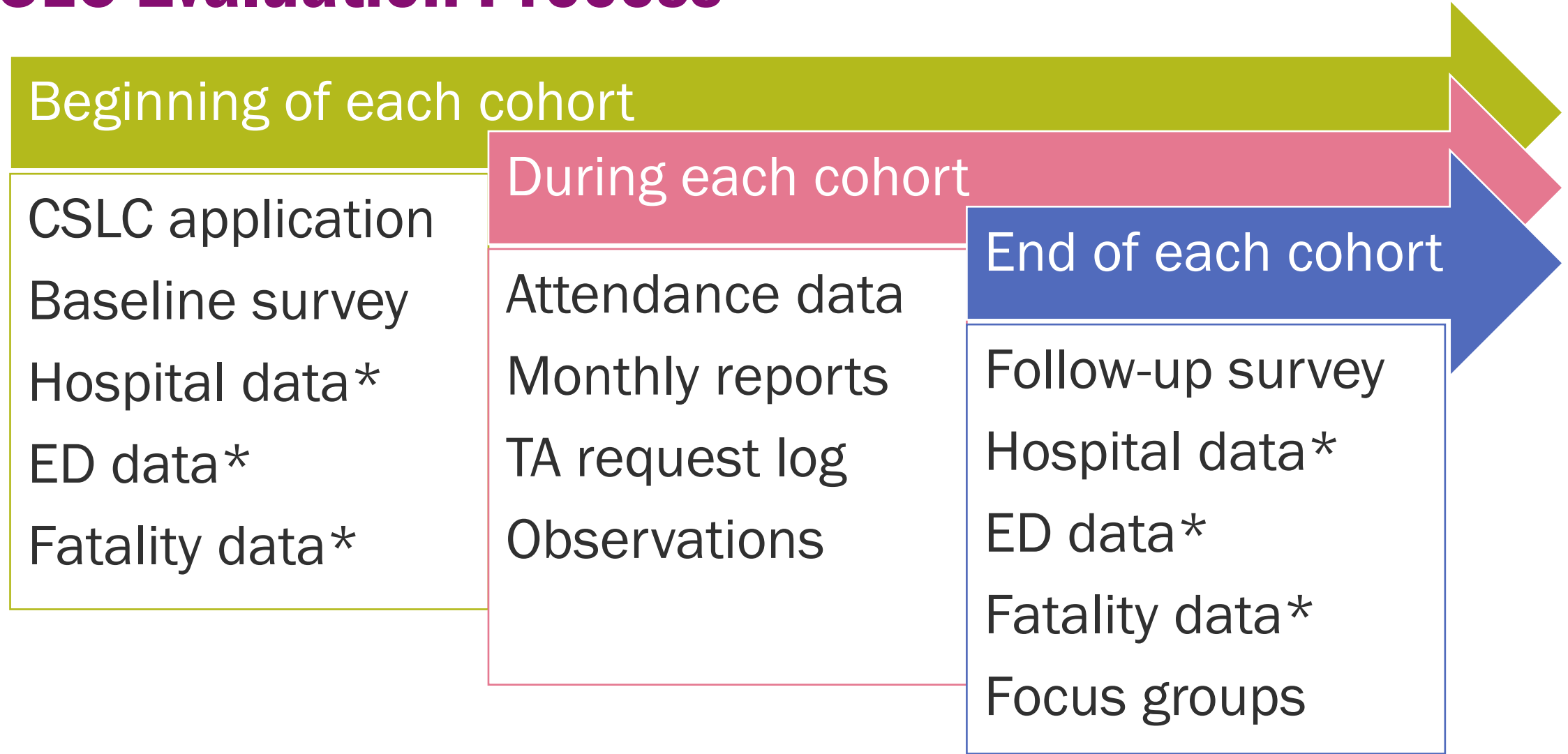


Collaborative Aim

Using data from our November 2018 baseline survey, CSN and the CSLC are working together to achieve the following objectives by 2023:

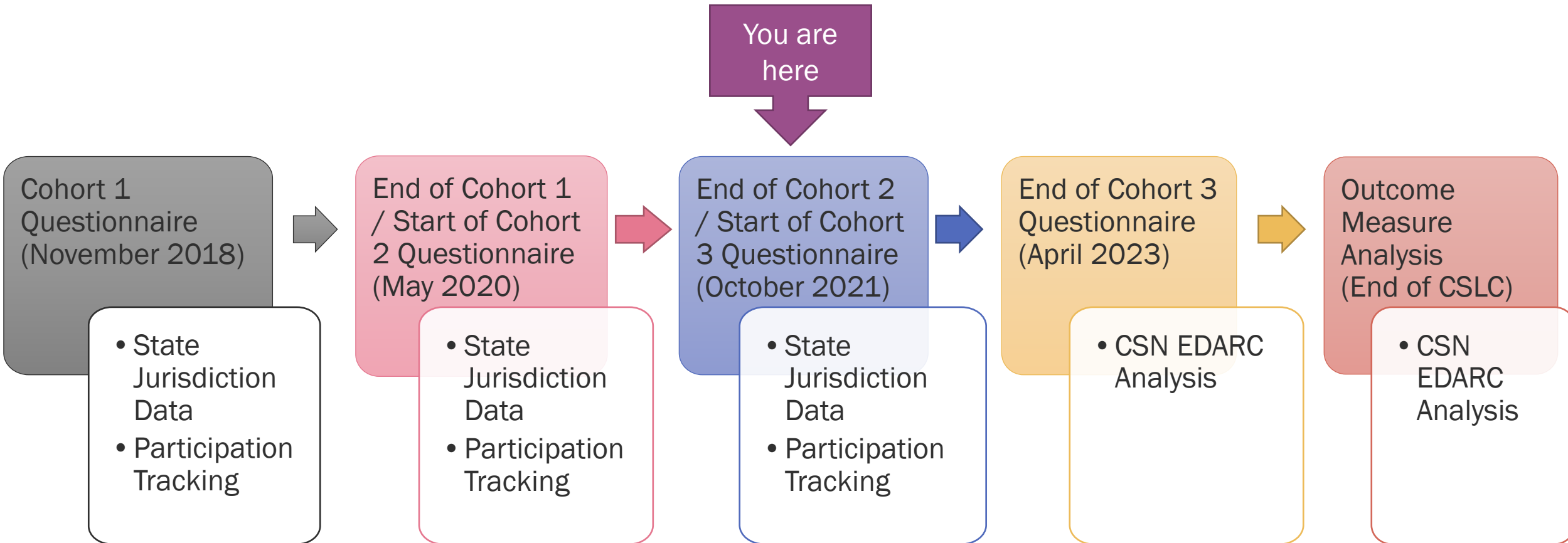
1. **Decrease** the mortality rate from SUID by 5% and increase safe sleep behaviors by 4%
2. **Decrease** bullying victimization by 2% for ages 6-19
3. **Decrease** suicide related fatalities and self-harm related hospitalizations, and emergency department visits by 4% for ages 10 through 19
4. **Decrease** motor vehicle traffic related fatalities, hospitalizations, and emergency department visits by 4% for ages 0 through 19

CSLC Evaluation Process



* To be obtained and analyzed by CSN EDARC operated by PIRE.

Timeline of CSLC Evaluation



CSLC Collective Impact – Cohort 1 Spread



6240 individuals receiving education on Poison Control Center services

↑6468%



5 schools/organizations implementing EB bullying prevention programs

↑400%



636 CPS Technicians trained & certified

↑29%



11 organizations offering CPS education to parents/caregivers

↑175%



151 schools providing TDS education to teens

↑59%

CSLC Collective Impact – Cohort 1 Spread



241 hospitals/birthing facilities providing safe sleep training to health care providers

↑ 4%



48 HV programs distributing safe sleep educational materials

↑ 41%



52 organizations implementing/spreading evidence based safe sleep campaigns

↑ 56%



17 schools/organizations providing Zero Suicide

↑ 400%



20 schools/organizations providing multi-component SSHP program

↑ 300%



219 schools/organizations providing gatekeeper training

↑ 742%

Cohort 2 Gains –Bullying Prevention

- Worked with the program developer to adapt an evidence-based bullying prevention program for schools to be used in out-of-school time settings—and then adapted the in-person training to a virtual training
- Developed a peer-led training program on bullying prevention in the workplace



Bullying Prevention

Cohort 2 Gains –Motor Vehicle Traffic Safety

- Pivoted in-person trainings to online modules, both synchronous and asynchronous (CPS seat installation education and car seat checks; CPST certifications; TDS education).
- Created innovative communication campaigns
 - Teen-inspired approaches
 - Ipad photo booths promoting safe driving images for teens to share on Instagram
 - TikTok video competition
 - Social media developed for partners (Facebook Live, prepared materials to post on sites)
 - Magnets, decals and at-a-glance information cards for parents/caregivers, youth and EMS/Law Enforcement



**Motor Vehicle Traffic
Safety**

Cohort 2 Gains –Sudden Unexpected Infant Death Prevention

- Pivoted in-person trainings to video training for home visitors
- Increased reach to hospitals statewide using virtual meeting technology and training
- Partnered with other maternal and child health programs to increase reach of safe sleep education and impact
- Worked with county-level public health to reach populations with elevated rates of SUID
- Created networks to share quality improvement tools and approach with partners at local level



**Sudden Unexpected
Infant Death Prevention**

Cohort 2 Gains –Suicide and Self-Harm Prevention

- Developed mental health toolkit for parents/caregivers of students in crisis; comprehensive resource guide to distribute statewide
- Increased cooperation among schools, organizations, and health care providers about SSHP
- Increased awareness of COVID-19 effects on child and adolescent mental health (PSAs, increased need for training and resources)



Suicide and Self-Harm
Prevention

Improving Child Safety: Framework, Methods, & Tools

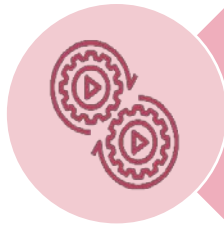


Jennifer Leonardo,
Children's Safety Network Director

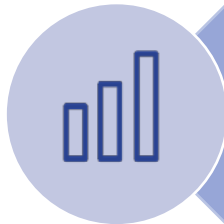
Quality Improvement in the Learning Collaborative



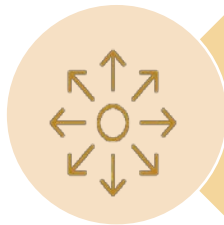
Identify areas that are ripe for improvement



Develop a system to support innovation and sustainability



Use data to inform decision making



Implement and spread evidence-driven strategies and programs





Poll Question: What Quality Improvement Frameworks are You Familiar With?

- Framework for Quality Improvement and Innovation in Child Safety
- Model for Improvement
- Lean
- Six Sigma
- Results Based Accountability
- Collective Impact
- Other

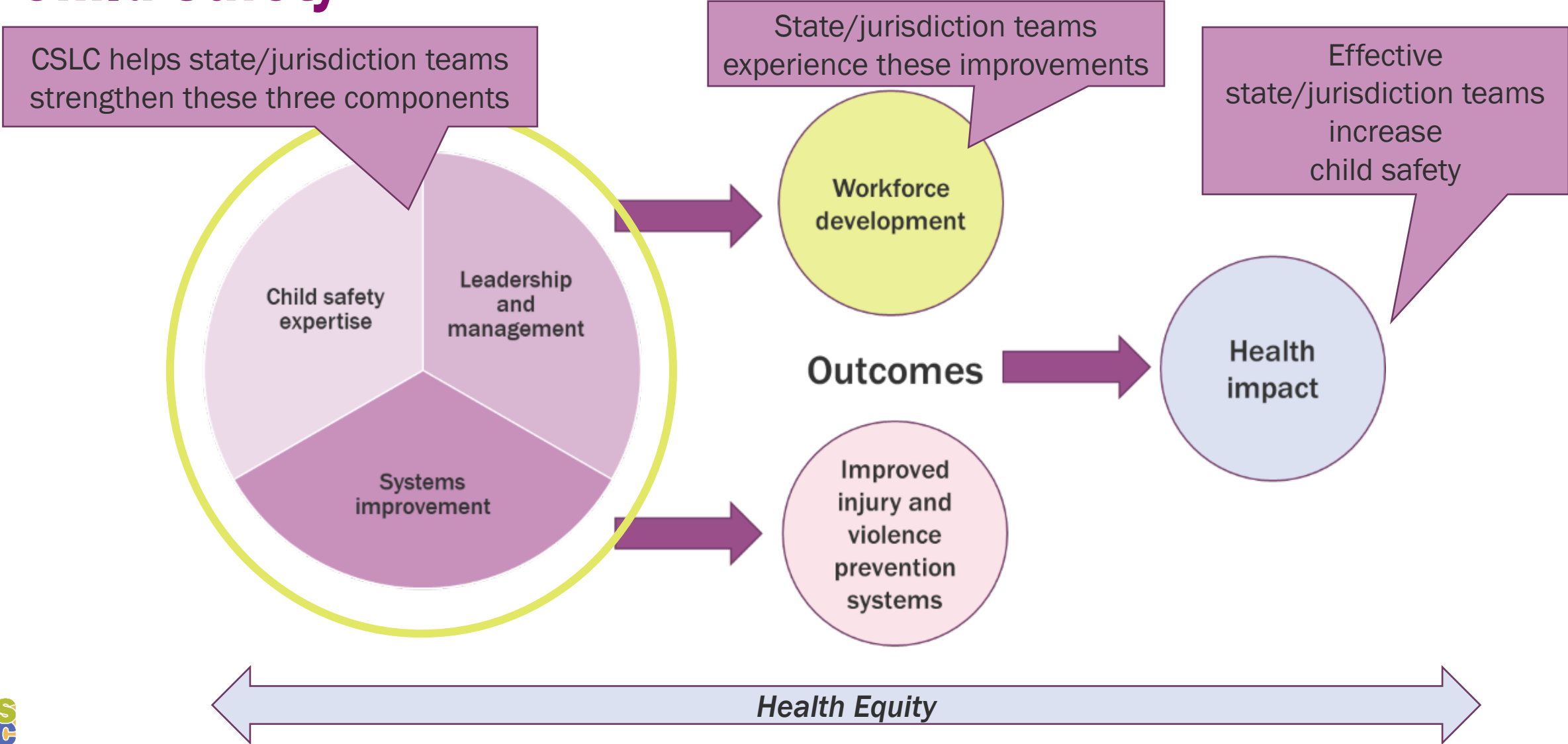
Poll Question: What Quality Improvement Methods are You Familiar With?

- Surveys
- Benchmarking
- Brainstorming
- Problem Solving
- Statistical Methods
- Planned Experiments/Study Design
- Plan-Do-Study-Act Cycle

Poll Question: What Quality Improvement Tools are You Familiar With?

Tool Name	Annotate  	Tool Name	Annotate  
Systems Map		SMART Aim	
Flow Diagram		90-Day Aim	
Causal Loop Diagram		Run Chart	
Data Collection Forms		Frequency Plot	
Operational Definitions Form		Trend Analysis	
Force Field Analysis		Gantt Chart	
Cause and Effect Diagram		Priority Matrix	
Root Cause Analysis		Implementation Planner	
Driver Diagram/Change Package		Spread Planner	
Outcome Measure Data Sheets			

CSN Framework for Quality Improvement and Innovation in Child Safety



Leadership and Management

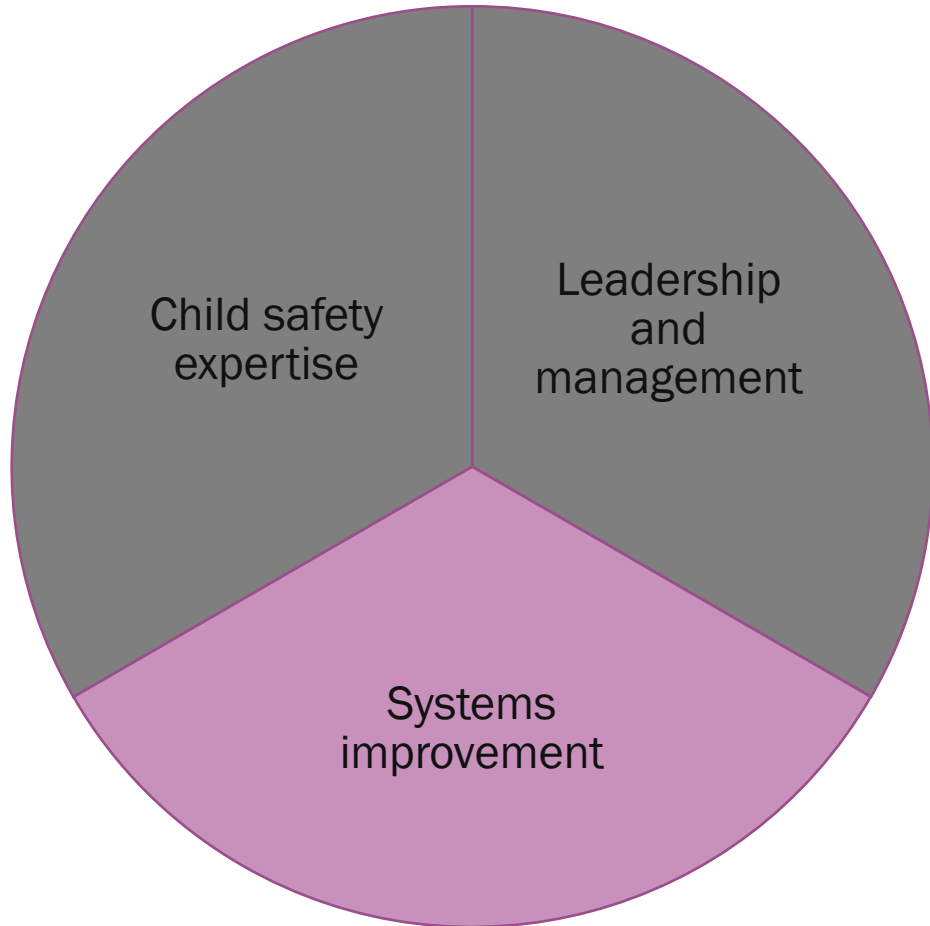


- Engaging leadership and building a team
- Stakeholder analysis
- Levels of partner engagement

Is there someone responsible for integrating health equity in your child safety work?

Does your department or program have a vision, strategic plan, or operational plan to advance health equity?

Systems Improvement



- Systems thinking
- Testing changes, monitoring implementation, and evaluating outcomes
- Plan-Do-Study-Act (PDSA) cycles

Do you use health disparity data to inform your child safety strategies and programs?

Have you planned for access for your population(s) of interest (e.g., physical, virtual, health literacy, address stigma, address economic barriers, etc.)?

Child Safety Expertise



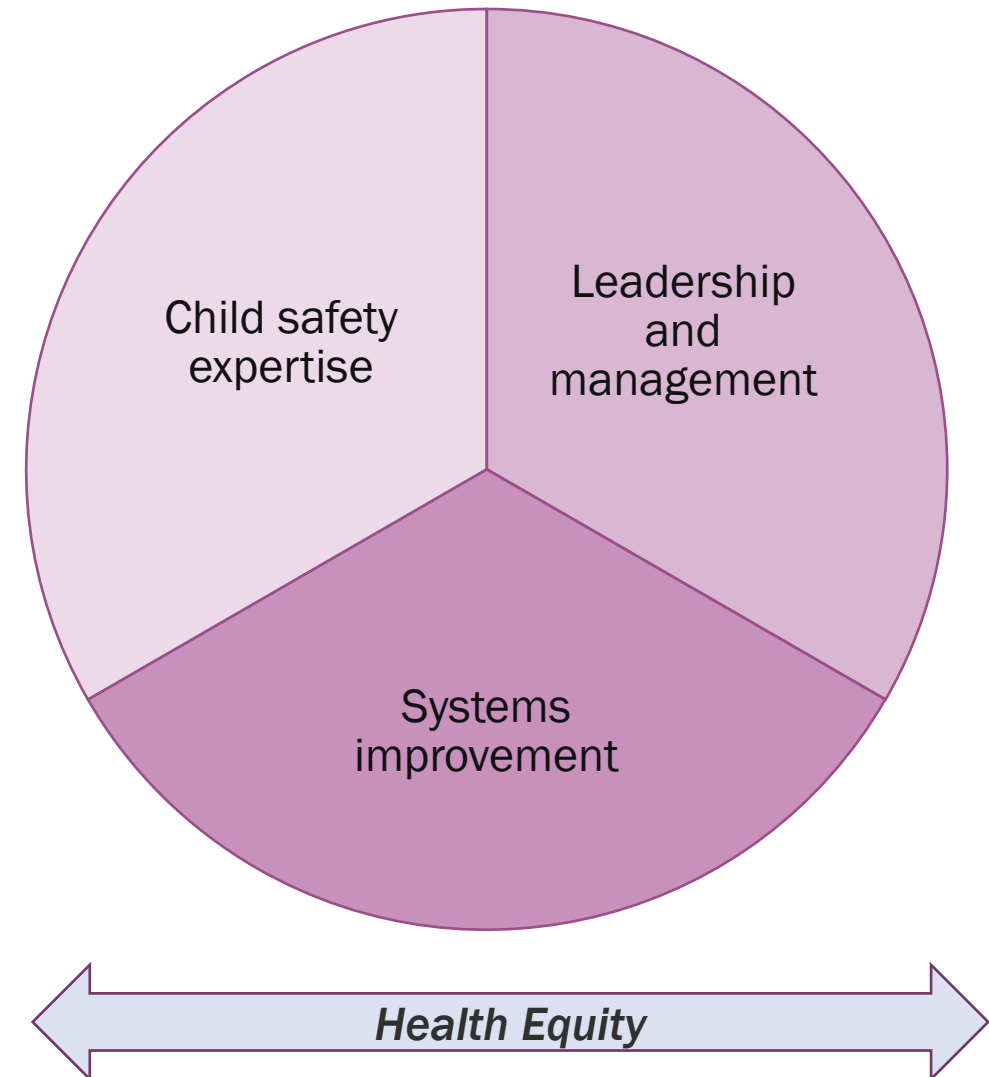
- Evidence-based and evidence-informed interventions
- Sources for training and resources

Are you engaging a diverse community of stakeholders who are representative of your population(s)?

Are you implementing evidence-based or evidence-informed child safety strategies that integrate culturally-tailored approaches?


Poll Question: What aspect of the CSN Framework might help your state/jurisdiction team most?

- Leadership & Management
- Systems Improvement
- Child Safety Expertise
- Health Equity




Leadership and Management

- Who will lead your team and how?
 - What new task forces and partnerships will you establish?
 - Who will set and maintain the team's direction?
 - What new training and education does your team need?
- What management structures do you have in place?
 - When and how do you meet?
 - Do you keep agendas and minutes?
 - How and when are you collecting data?
 - How and when are you analyzing and applying data?
 - How do you measure performance?



Is health equity
part of your
organizational
culture?



Is your leadership
representing the
communities you
serve?

Systems Improvement: How Are we Defining Our Child Safety System?

“An interdependent group of items, people, or processes with a common purpose [aim]”

- An organization
- A division
- A coalition
- A program
- A project
- Partnerships

Systems Improvement: Key Components of a System

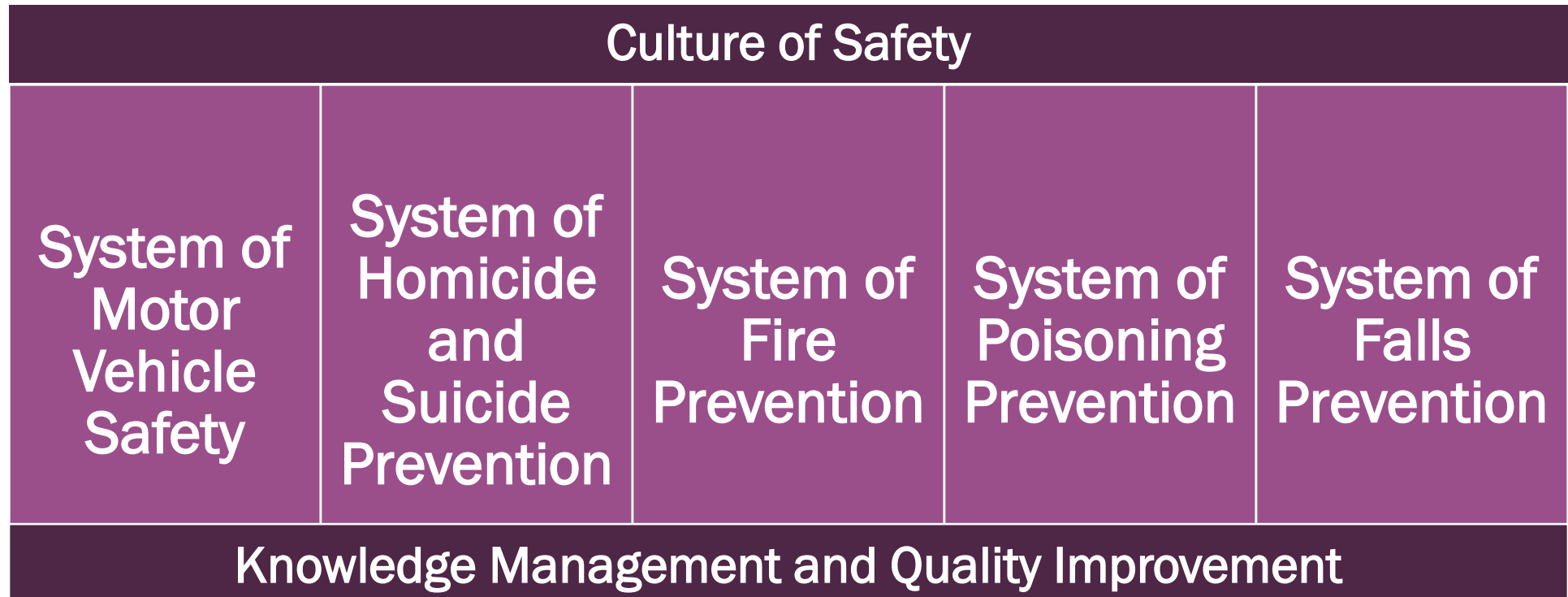
- Aim
- Inputs
- Processes
- Outputs
- Relationships and Interactions

“In a system, not only the parts, but the relationships among the parts become opportunities for improvement”

Source: The Improvement Guide, Pg. 37

Systems Improvement: Sketching your Child Safety System

General Aim Statement: The State aims to reduce homicide, suicide, motor-vehicle, fire, poisoning, and falls-related mortality and hospitalizations.



Systems Improvement: Scanning the Environment

- Hospitalization, emergency department, and death data
 - Healthcare cost and utilization project
 - National emergency medical services information system
 - Syndromic surveillance system
 - Child death review
 - Violent death reporting system
- Partners
 - Children's Safety Network
 - State Epidemiologist
 - Hospital epidemiologist
 - Child death review coordinator
 - Medical examiner or coroner

What disparities do you see across populations?

Are these disparities associated with SDoH?

What other data do you need to understand and best serve your population?

Systems Improvement: What Are We Aiming To Achieve?

SPECIFIC! Includes a clear and well-defined **SYSTEM** (location) and **POPULATION** (who exactly?)

MEASURABLE! Includes **QUANTITATIVE GOALS** (how much?)

ACTIONABLE! Within your sphere of influence

REALISTIC! (but be ambitious) It is aligned with organization's priorities, you have the time and resources

TIME-BOUND! Includes a **TIME FRAME** by when results will be achieved (by when?)

Overall CSLC Aim Statement

Increase child safety for 0-19 year olds in the United States by May 2023 through a 4% decrease in the rate of injury-related deaths, hospitalizations, and emergency department visits related to motor vehicle traffic safety, 4% decrease for suicide and self harm, 5% decrease in SUID and 4% increase for reported safe sleep behavior, and 2% decrease for reported bullying victimization from the 2018 baseline for CSLC states. This will be done through training and technical assistance to CSLC states for implementing and spreading evidence based child safety strategies.



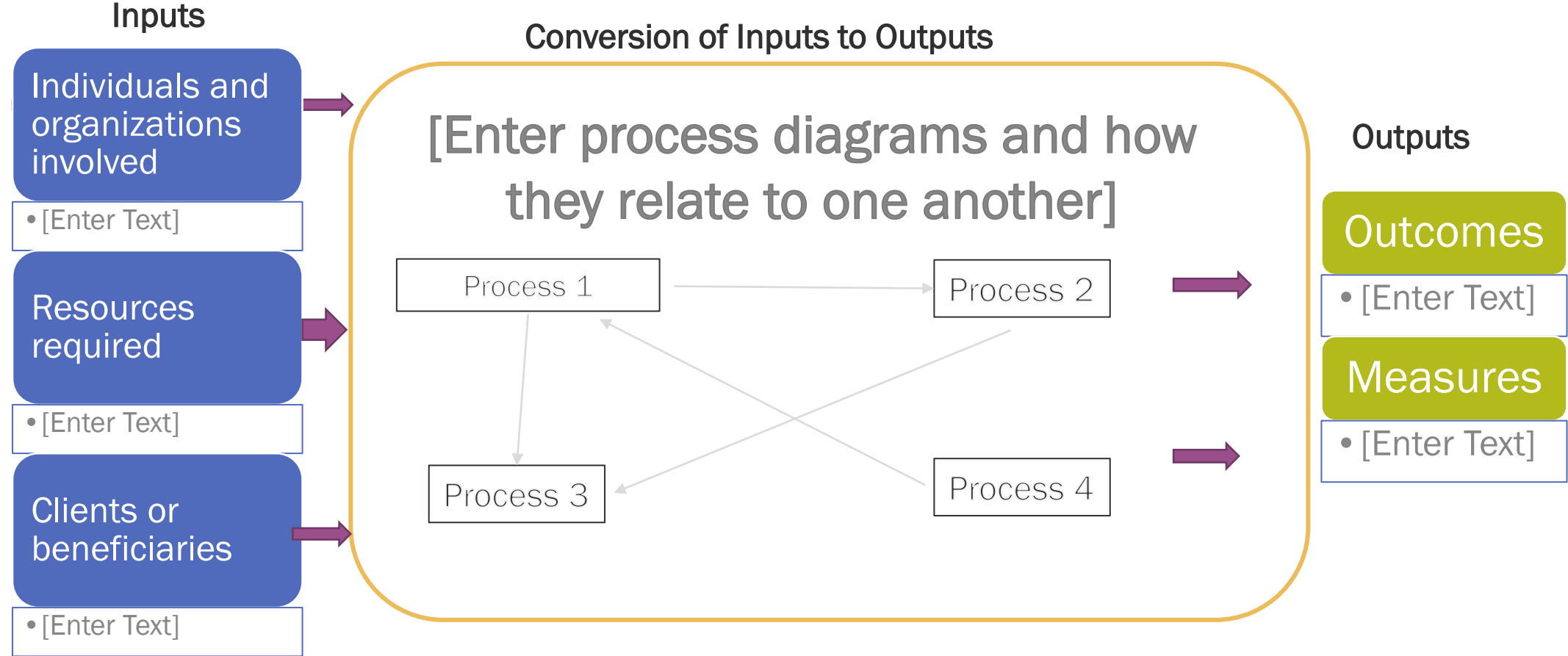
CSLC Suicide and Self-Harm Prevention Aim Statement

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.**



Systems Improvement: Mapping the Components of a System

Aim of the System:_____



“In a system, not only the parts, but the relationships among the parts become opportunities for improvement”

Source: The Improvement Guide, Pg. 37

Suicide Prevention System

Aim: By April 2023, the state/jurisdiction will decrease suicide-related fatalities by 4% from the state/jurisdiction May 2020 baseline for children and adolescents ages 10 through 19

Goal: Provide services to individuals at risk for suicide who present at a hospital emergency department

Individuals and Organizations

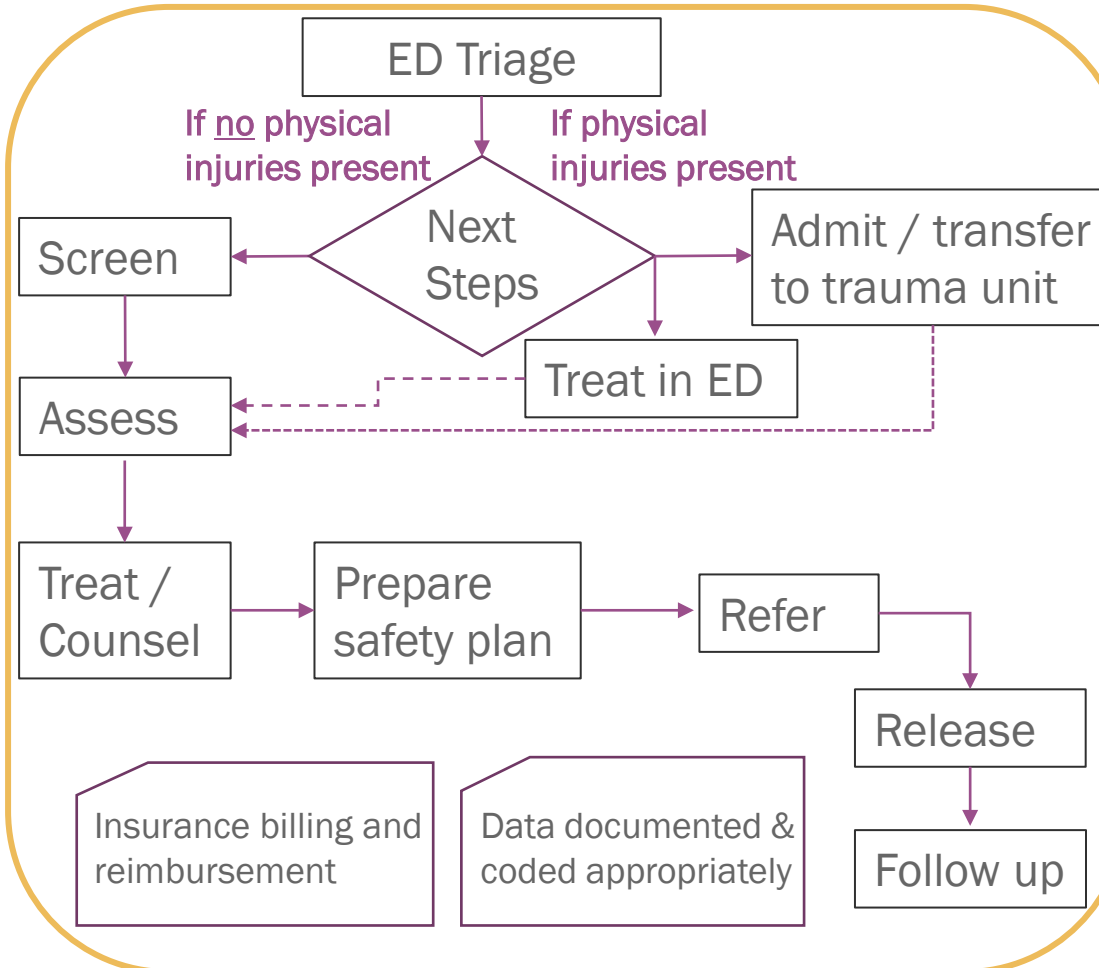
- Hospitals
- Hospital emergency departments
- Primary care providers and emergency department providers - Doctors, nurses, physician / medical assistants
- Psychologists / Psychiatrists / mental health clinicians
- EMS
- Crisis teams / crisis counselors
- Social workers
- Law enforcement
- Public / Private payers

Resources

- Appropriate training
- Knowledge of injury coding
- EHR system
- ED protocols
- Patient flow analysis
- ED beds / rooms
- Screening tools
- Assessment tools
- Safety / Plans of care
- Time
- Referral information

Persons at risk & their family and friends

Processes Linked Together



Outcomes that benefit persons at risk

- Screening / Assessing for risk performed
- Appropriate services referred
- Appropriate services rendered
- Safety / Care planning conducted
- Increased awareness of issue raised

Measures

- % of patients screened for suicide risk
- % of patients assessed for imminent risk
- % of patients with a safety / care plan
- % of patients who screen positive and receive referral
- % of referrals that result in an appointment for treatment

Are you engaging the community and using best practices?

Are you reaching communities that have historically been underserved?

Are you using a multi level approach?

Child Safety Expertise: Evidence Based and Evidence Informed Strategies

Strategies	Measures
1. Implement and spread Zero Suicide in health and behavioral health organizations throughout the state or jurisdiction	Number of organizations using Zero Suicide
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	Number of schools and organizations providing gatekeeper training
3. Implement and spread valid and reliable screening for suicide risk among schools and healthcare organizations throughout the state or jurisdiction	Number of schools and health care organizations that use a valid and reliable screening tool for suicide risk
4. Implement and spread evidence-based parenting/caregiving programs that include resources on adverse childhood experiences	Number of schools and organizations providing evidence-based parenting programs that include resources on adverse childhood experiences
5. Implement and spread evidence-based social and emotional learning programs for children and adolescents	Number of schools and organizations providing social and emotional learning programs
6. Implement and spread evidence-based multi-component suicide and self-harm prevention programs for children and adolescents	Number of schools and organizations providing evidence-based multi-component suicide and self-harm prevention programs

Child Safety Expertise: What Change Will We Make?

Strategy 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.)

Operationalize: We are partnering with the Tennessee Suicide Prevention Network (TSPN) to deliver Question, Persuade, Refer (QPR) trainings to youth impactors who serve children and youth within their communities across the state.

Are your resources equitably distributed?

Are your strategies culturally sensitive?

Have you considered health literacy and access to resources?

Systems Improvement: How Will We Know We Have Improved Our Child Safety System?

Strategy 2 measure: Number of schools and organizations providing gatekeeper training

Report the number of schools and organizations monthly. Report the name of the training(s) being implemented and spread. **Report the number of individuals trained.** Report the number of children and adolescents reached through the training(s). If professionals are trained (versus children and adolescents), report the number of children and adolescents with which the professionals work. You may need to estimate the number of children and adolescents reached (e.g., number of children in the grades receiving the training or the number of children in the school that interact with professionals who have been trained).

Goal: By December 2019, we will increase the number of youth impactors trained to utilize QPR from 12,846 persons trained in 2018 to 13,000 persons trained in 2019.

Systems Improvement: Plan-Do-Study-Act to Test Our Changes

Strategy: Improved awareness of and adherence to questioning, persuading, and referring peers to suicide and self-harm support through youth impactor gatekeeper training. This first PDSA focuses on youth impactors' willingness to commit to using gatekeeper training.

Develop additional information and local supports and resources for youth impactors, including mobile phone contact information for community members they can refer peers to.

Act

Plan

Tasks: Find 5 youth impactors to provide feedback on QPR

Prediction: 4 out of 5 youth impactors will find the QPR training helpful. 3 out of 5 will have feedback on improving it.

Measures of Success: Number of completed surveys

- 5 of 5 found the training helpful.
- 3 students will use skills from the training immediately.
- 2 students reported needing additional tools and supports.

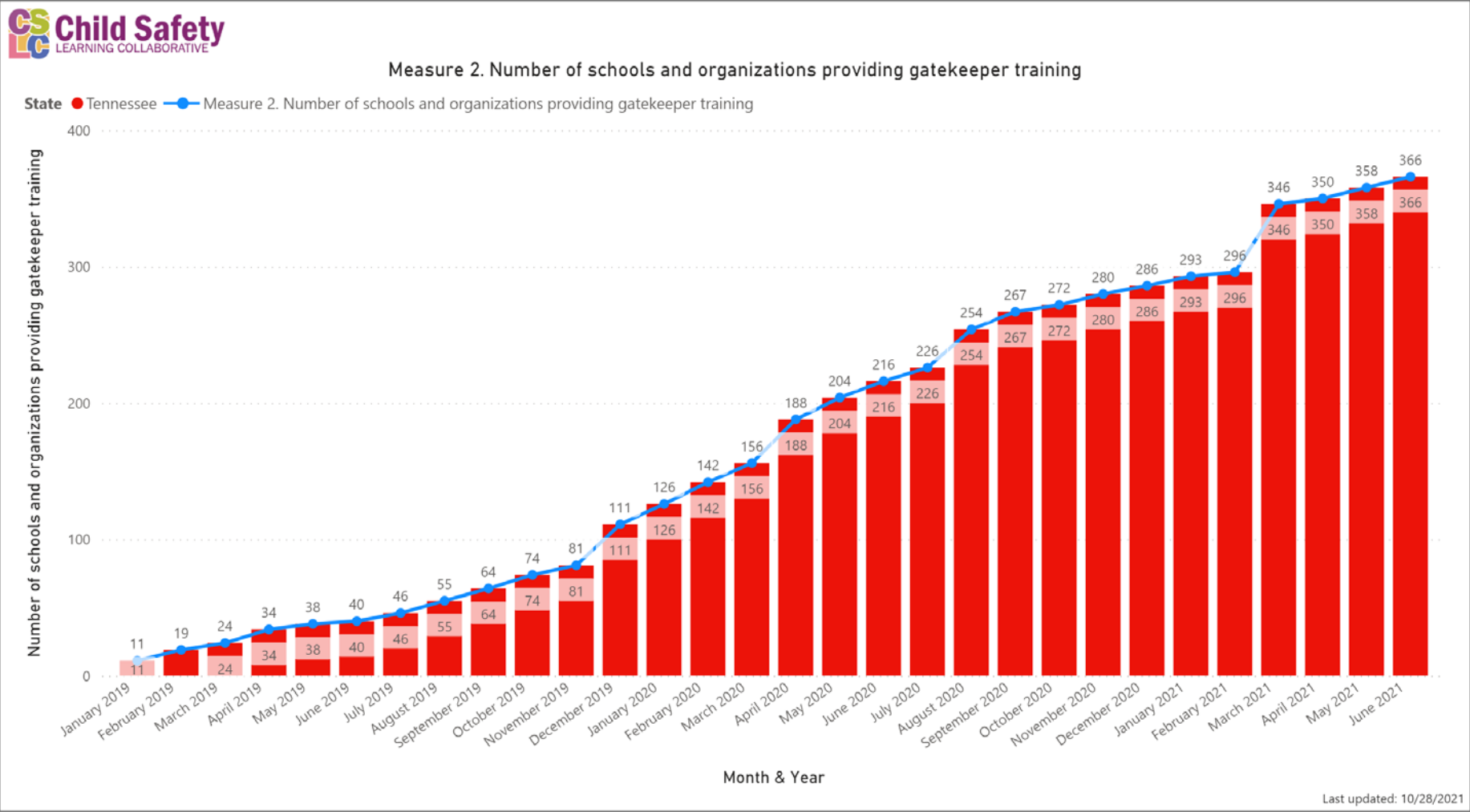
Study

Do

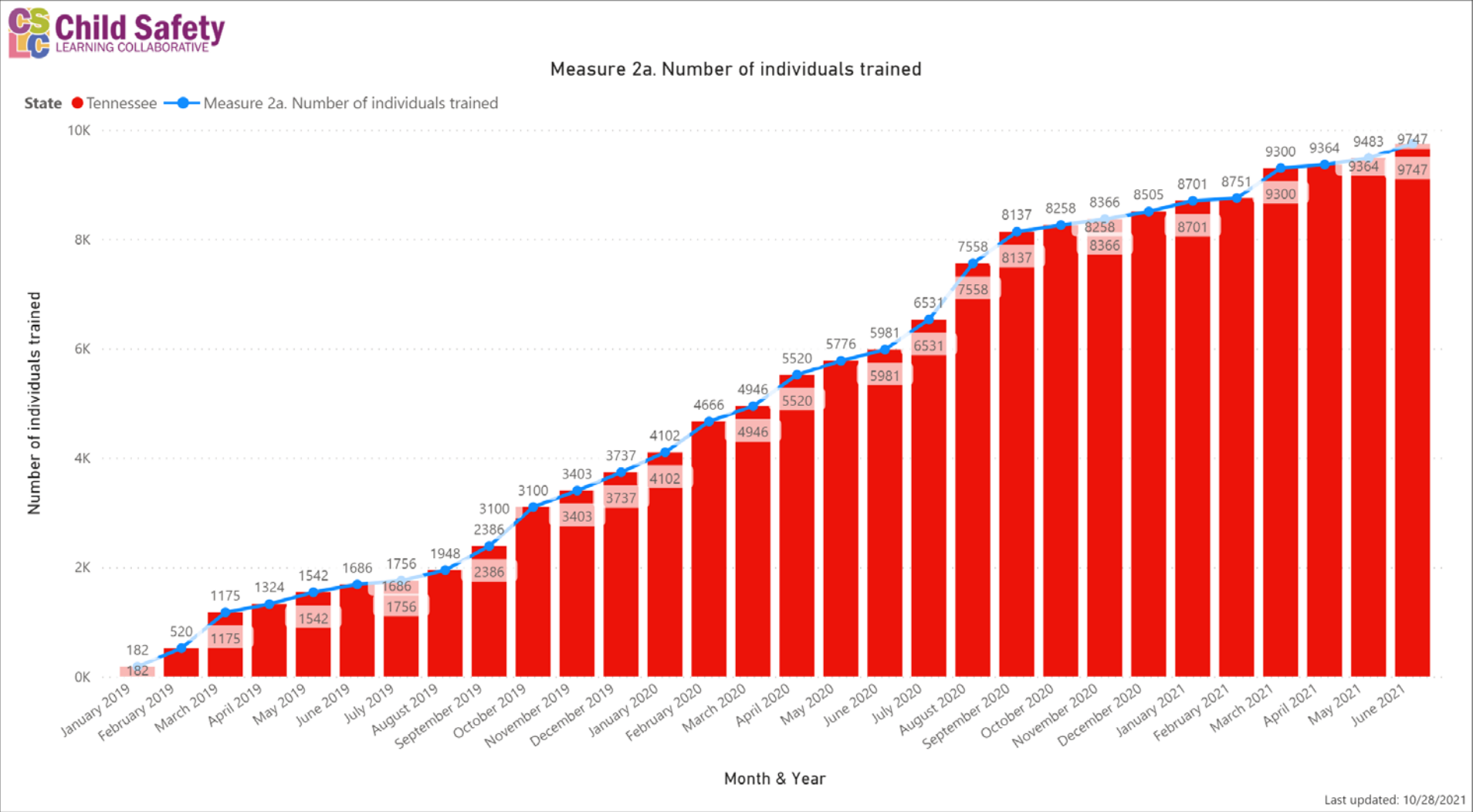
Ask the school to identify youth for the test.

QPR information and training provided for 5 youth impactors

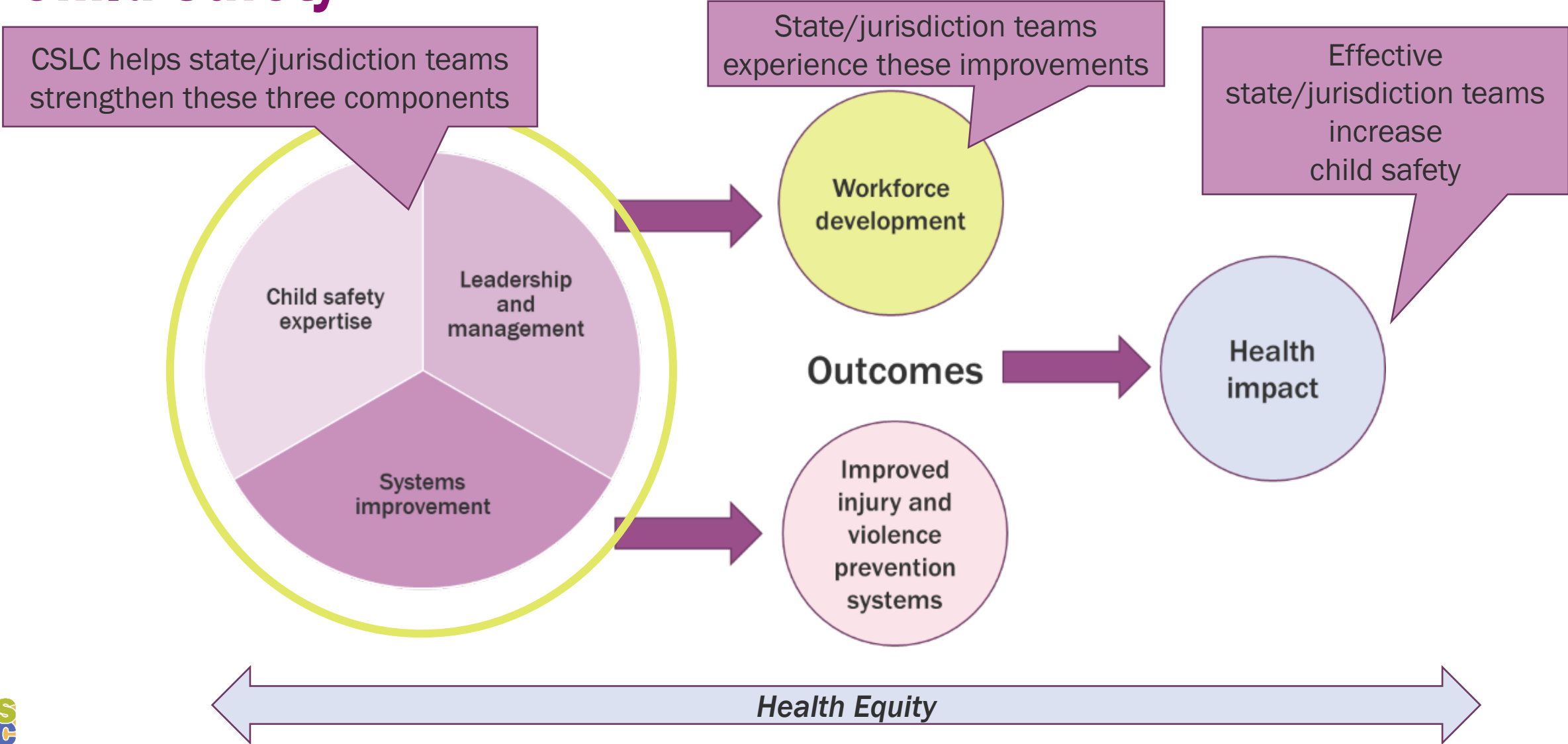
Systems Improvement: How will You Know You Have Improved Your Child Safety System?



Systems Improvement: How will You Know You Have Improved Your Child Safety System?



CSN Framework for Quality Improvement and Innovation in Child Safety





Stretch Break

Storyboard #1



**Florida Suicide and Self-Harm
Prevention**

***Cory Smith, Suicide Prevention
Coordinator***

When You Wish Upon a STAR

Social norms

Teaching skills

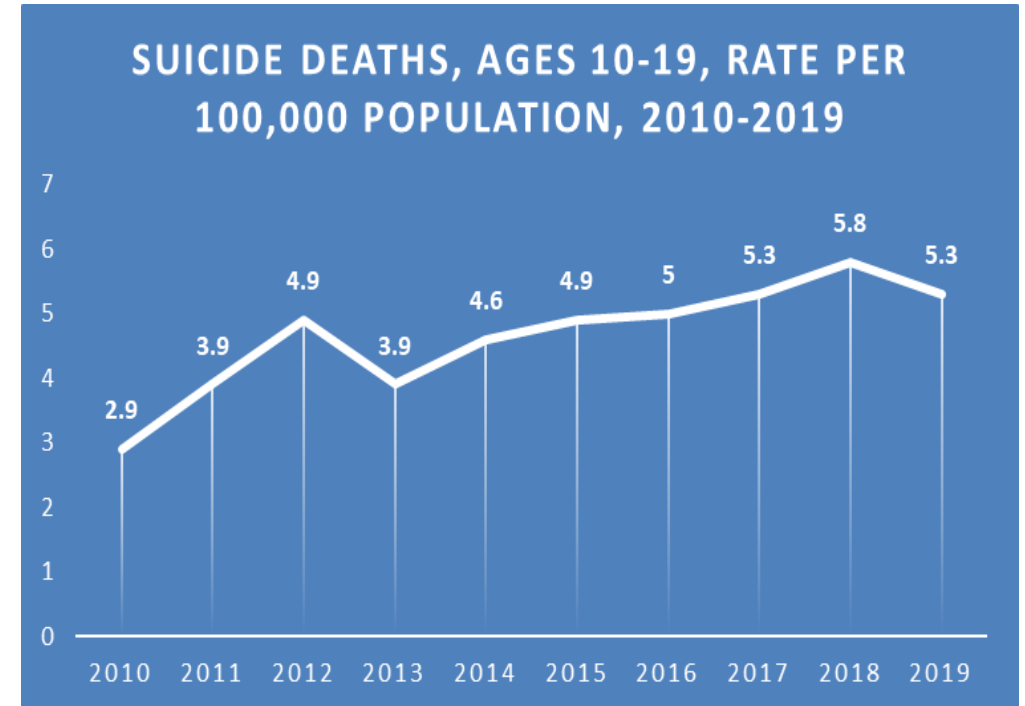
Advocacy

Resources



Florida Youth

- Florida's youth suicide rate is 5.4 per 100k (U.S. is 6.6 per 100k)
- From 2010 to 2019:
 - suicide has increased from a rate of 2.9 to 5.4
 - High school students reporting making a plan increased from 9.4% to 15.6%
- In 2019, 4.8% of high school students reported smoking cigarettes and 17.6% reported being offered, sold or given an illegal drug on school property



Florida Youth: Bullying and Suicide

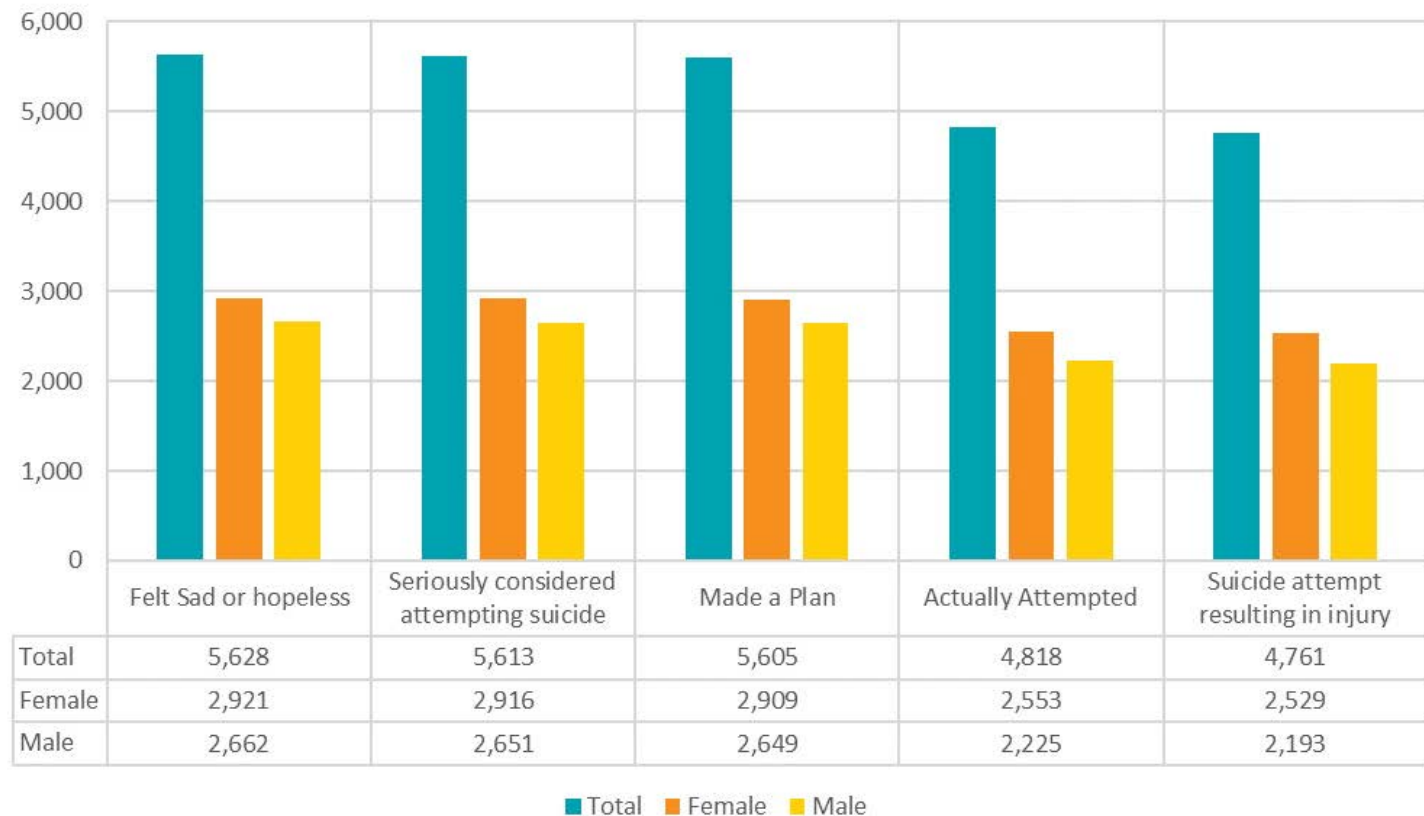
- Bullying behavior and suicide-related behavior are closely related. Youth reporting involvement with bullying behavior are more likely to report high levels of suicide-related behavior than youth without involvement in bullying behavior.
- The relationship is strong enough to make evidence-based recommendations to improve prevention efforts.
- The most vulnerable youth face significant risks
 - Youth with disabilities (learning and physical)
 - LGBTQ youth



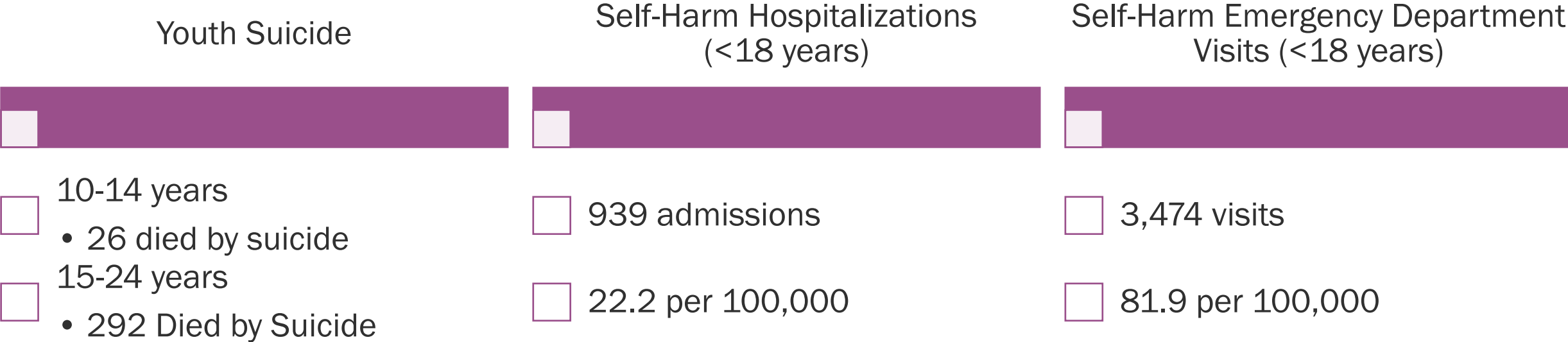
2019 Youth Risk Behavioral Survey

- 7.9% Reported Suicide Attempt
 - 9.6% were female, 6% were male
 - 11.2% were Asian, 9.5% were Black/AA
 - 20.8% identified as Bisexual and 20.4% as LGBTQ
- 11.8% Reported Making Plan
- 15.6% Seriously Considered Attempting Suicide
- 33.7% Experienced Feelings of Sadness or Hopelessness daily for 2+ weeks

Self-Harm Among High School Students, 2019



Suicide Deaths and Non-Fatal Intentional Self-Harm, 2019



Problem Statement

- Suicide accounted for 20.1% of the leading causes of death in 2019 among youth between the ages of 10 to 19
- Suicide was the 2nd highest leading cause of death among youth between the ages of 10 to 19 in Florida in 2019



FL STAR Team - Aim & Goals

Florida STAR Team will work to decrease suicide-related fatalities and self-harm-related hospitalizations, and emergency department visits for children and adolescents ages 10 through 19, through the implementation and spread of evidence-based suicide and self-harm prevention strategies and programs by April 2023.

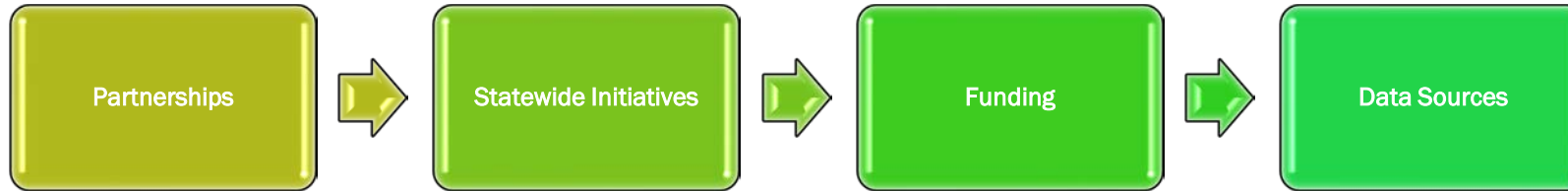
Our goals are to:

1. Decrease the mortality rate from suicide by 4%
2. Decrease the rate of suicide/self-harm related hospitalizations by 4%
3. Decrease the rate of suicide/self-harm-related ED visits by 4%; all relative to Florida's baseline

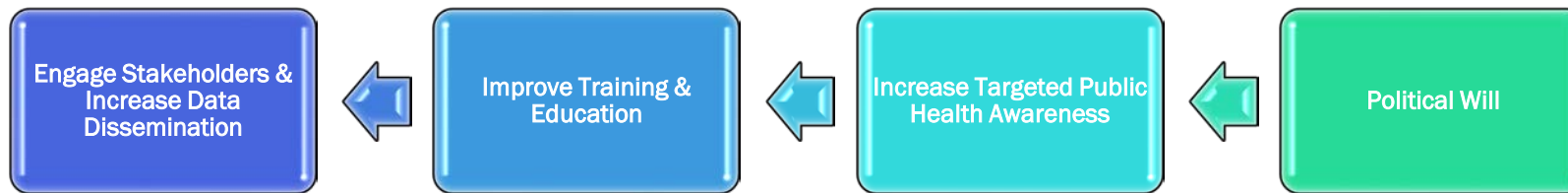


Theory of Change

Resources



Activities



Outcomes





Potential STAR Strategies

1. Implement and spread evidence-based parenting/caregiving programs that address risk factors for adverse childhood experiences.
2. Implement and spread evidence-based social and emotional learning programs (SEL) for children and adolescents.
3. Implement and spread valid and reliable screening for suicide risk among schools and healthcare organizations throughout the state or jurisdiction.

Measuring Our Strategies

- # of schools and organizations providing evidence-based parenting programs that address risk factors for ACEs
- # of schools and orgs providing social and emotional learning programs
- # of schools and health care organizations using a valid and reliable screening tool for suicide risk



Meet the Team:



- **Florida Department of Children and Families**

- Amanda Regis
 - Suicide Prevention Specialist
- Anna Gai
 - Statewide Office of Suicide Prevention Director
- Jeffery Cece
 - Block Grant Coordinator

- **Florida Behavioral Health Association**

- Jennifer Johnson
 - Senior Director of Public Policy

- **Florida Department of Health in Volusia County**

- Marisol Bahena
 - Health Data Analyst
- Ethan Johnson
 - Assistant CHD Director

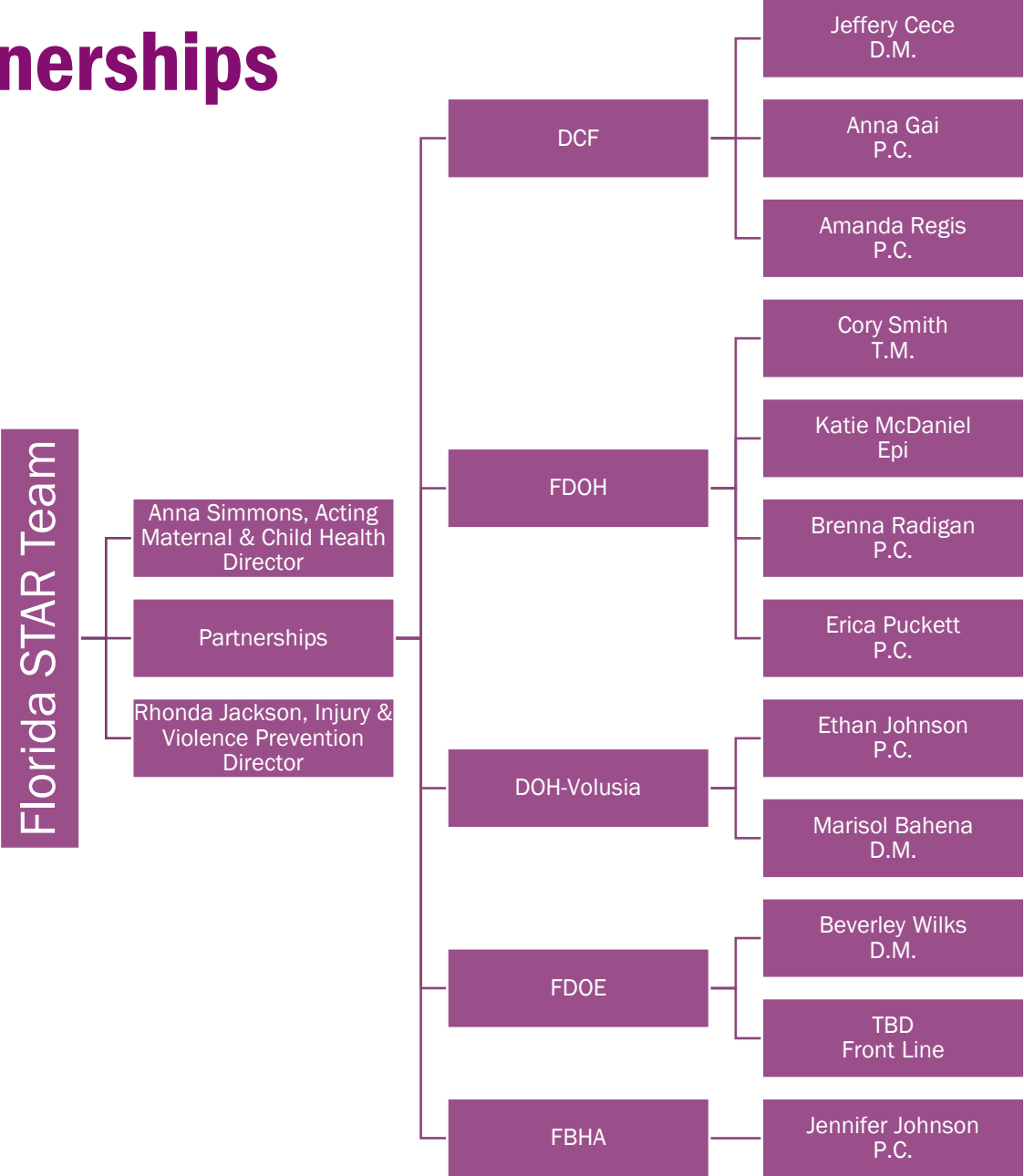
- **Florida Department of Health**

- Anna Simmons
 - (Acting) Maternal & Child Health Director
- Rhonda Jackson
 - Injury & Violence Prevention Director
- Brenna Radigan
 - CADR Prevention Specialist
- Cory Smith
 - Suicide Prevention Coordinator
- Erica Puckett
 - CADR Project Coordinator
- Katie McDaniel
 - Environmental Manager, Public Health Research

- **Florida Department of Education**

- Beverley Wilks
 - School Social Work Consultant

Roles and Partnerships



Key

T.M. Team Manager
D.M. Data Manager
P.C. Project Coordinator
Epi Epidemiologist



Florida's Impact

- **State Health Improvement Plan**
 - Reduce mental, emotional, and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.
- **2020-2023 Florida Suicide Prevention Interagency Action Plan**
 - Goal 2 – Prevention – Increase prevention education approaches
 - Goal 3 – Intervention – Increase effective intervention

Our 90 Day Aim

Over the next 3 months,
Florida will assess the
landscape of our programs
and determine the level of
services and the impact of
our data collection.



Next Steps to Sustain

Continue to collaborate and ensure statewide alignment with our efforts

Review baseline data and existing suicide prevention efforts in Florida





Hopes, Dreams and Aspirations

CSLC encourages Florida to have a comprehensive understanding of our infrastructure, identify systems we can improve and how to strengthen our partnerships with stakeholders.

Florida STAR Team has reflected on our work, acknowledged where we are, and how we can go about filling in the gaps.

Leadership & Management: Ensuring Team Success



Erin Ficker, CSN

Discussion Question

Have you ever been part of a group/team that you felt connected and committed to?

- What made you feel connected?
- What kept you coming back?

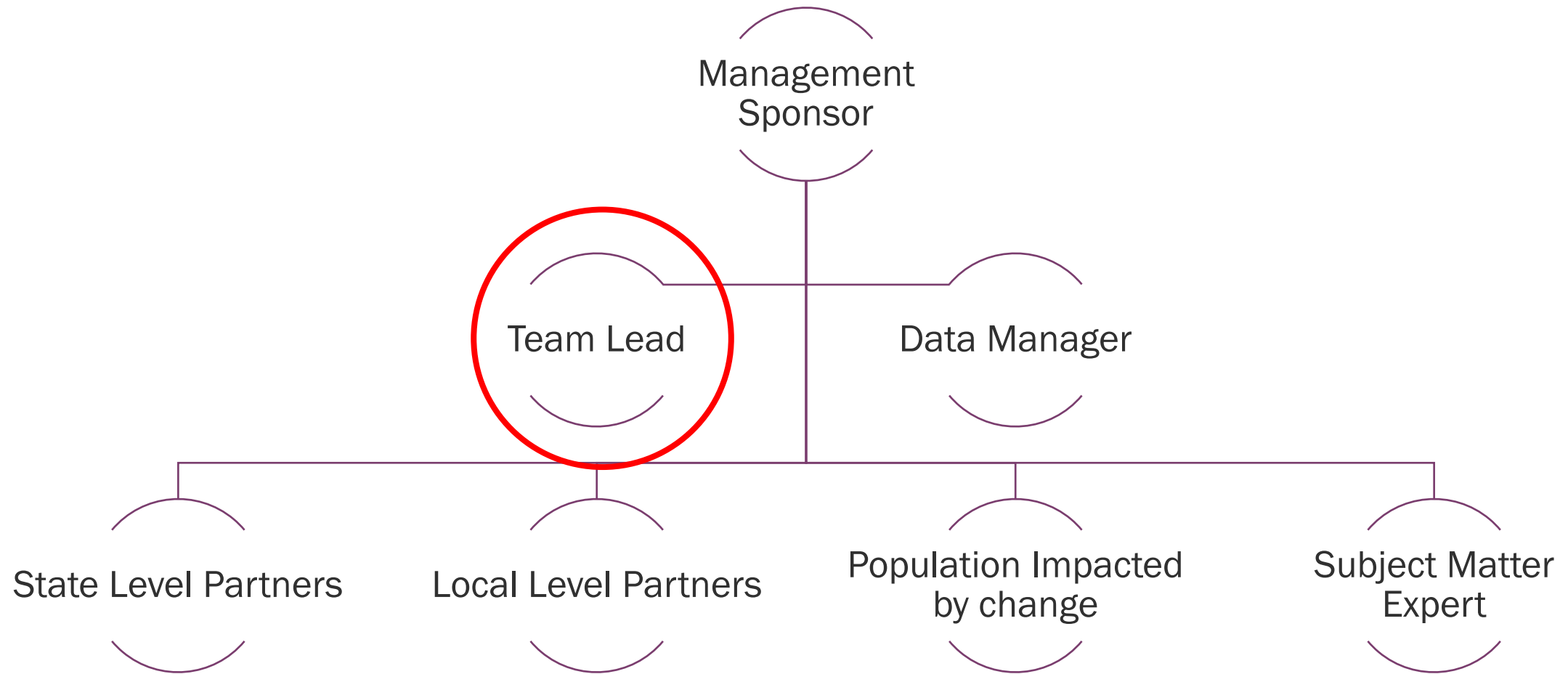


Characteristics of a Leader

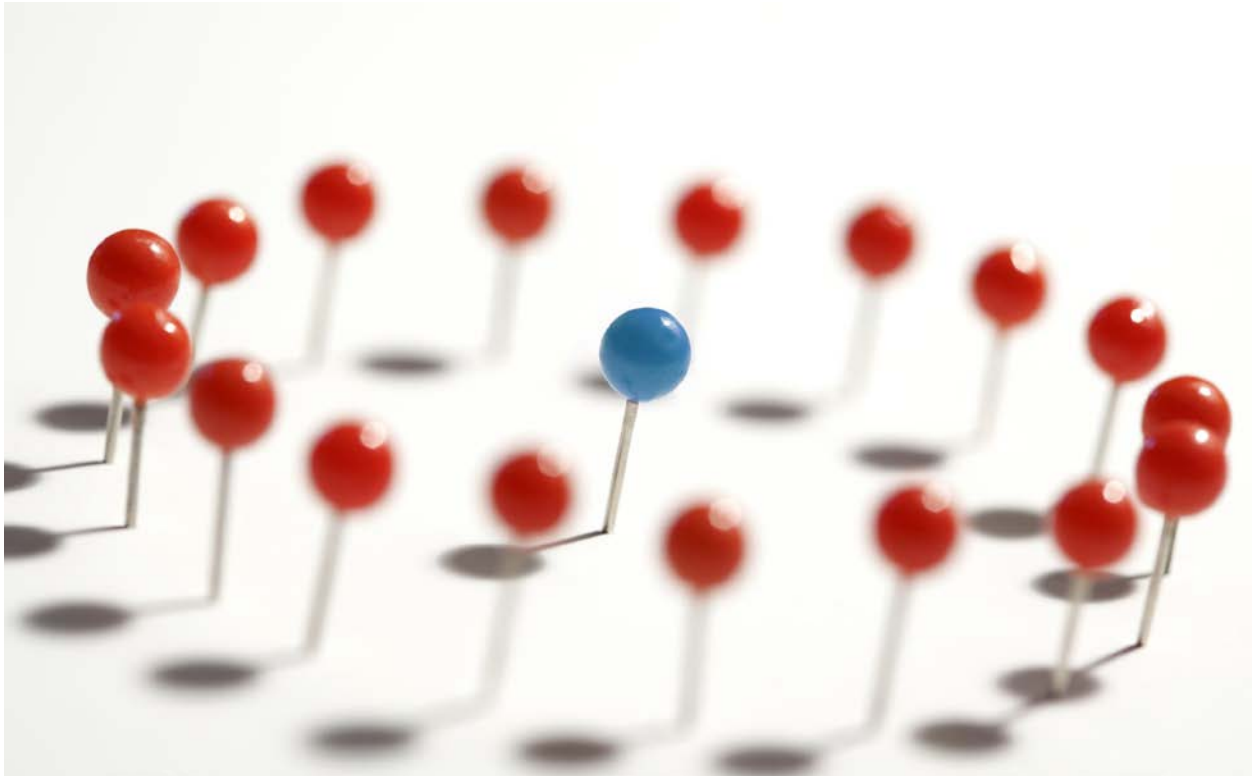
- Organized
- Persistent
- Innovative
- Comfortable with data
- Focused
- Optimistic



Improvement Team Structure



Team Lead



- Gains support from management sponsor
- Assembles project/change team
- Identifies problem/program in need of change
- Works with team to identify program and changes needed
- Facilitates change team process
- Delegates work identified as necessary to implement change
- Oversees measures

Shifting to a Leadership Change Mindset

Shift Perspective from....	To...
Individual heroics	Collaborative actions
Despair and cynicism	Hope and possibility
Blaming others for problems	Taking responsibility for challenges
Scattered, disconnected activities	Purposeful, interconnected actions
Self-absorbed	Generosity and concern for common goods

Key Factors in Leading Change

1. Communicate urgency by framing the challenge
2. Build the core team
3. Create a shared vision
4. Include others in planning
5. Overcome obstacles together
6. Focus on results
7. Create opportunity for short term wins
8. Maintain support for facing ongoing challenges
9. Make change stick in organizational systems and culture

Quality Improvement Requires a Team

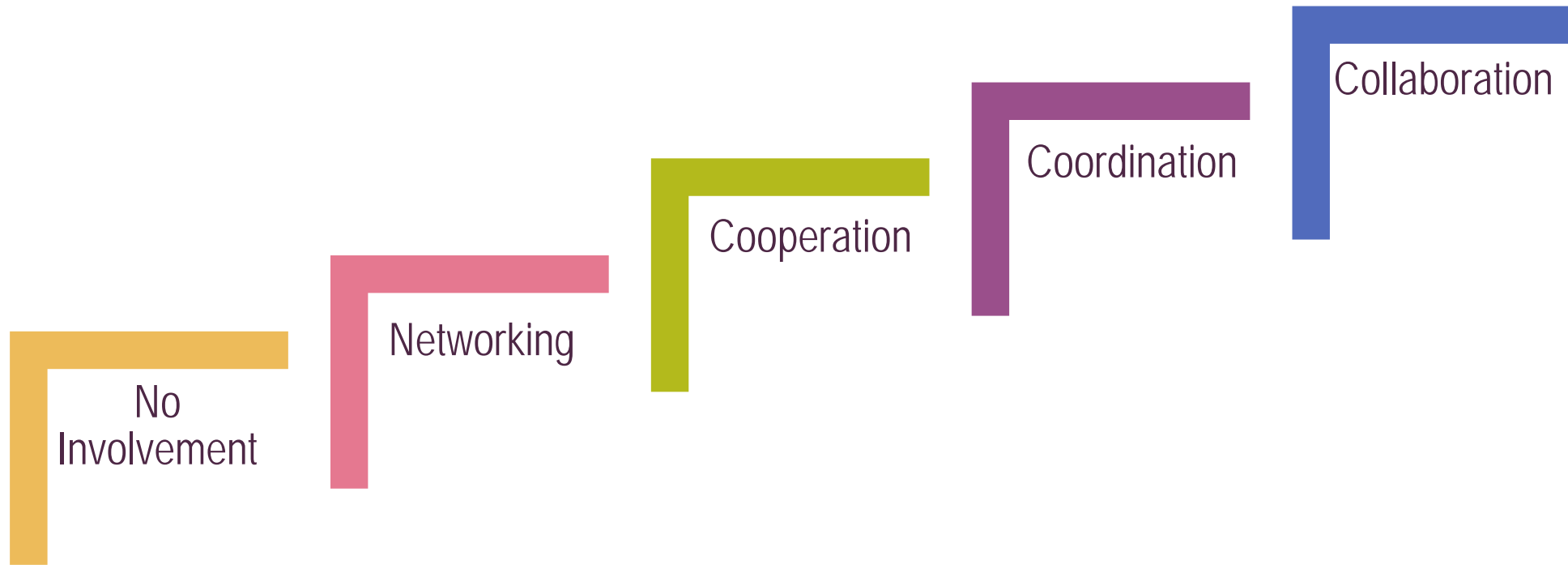
- Identify the problem
- Identify possible solutions
- Monitor data
- Test changes
- Determine if the change was an improvement



Building The Team

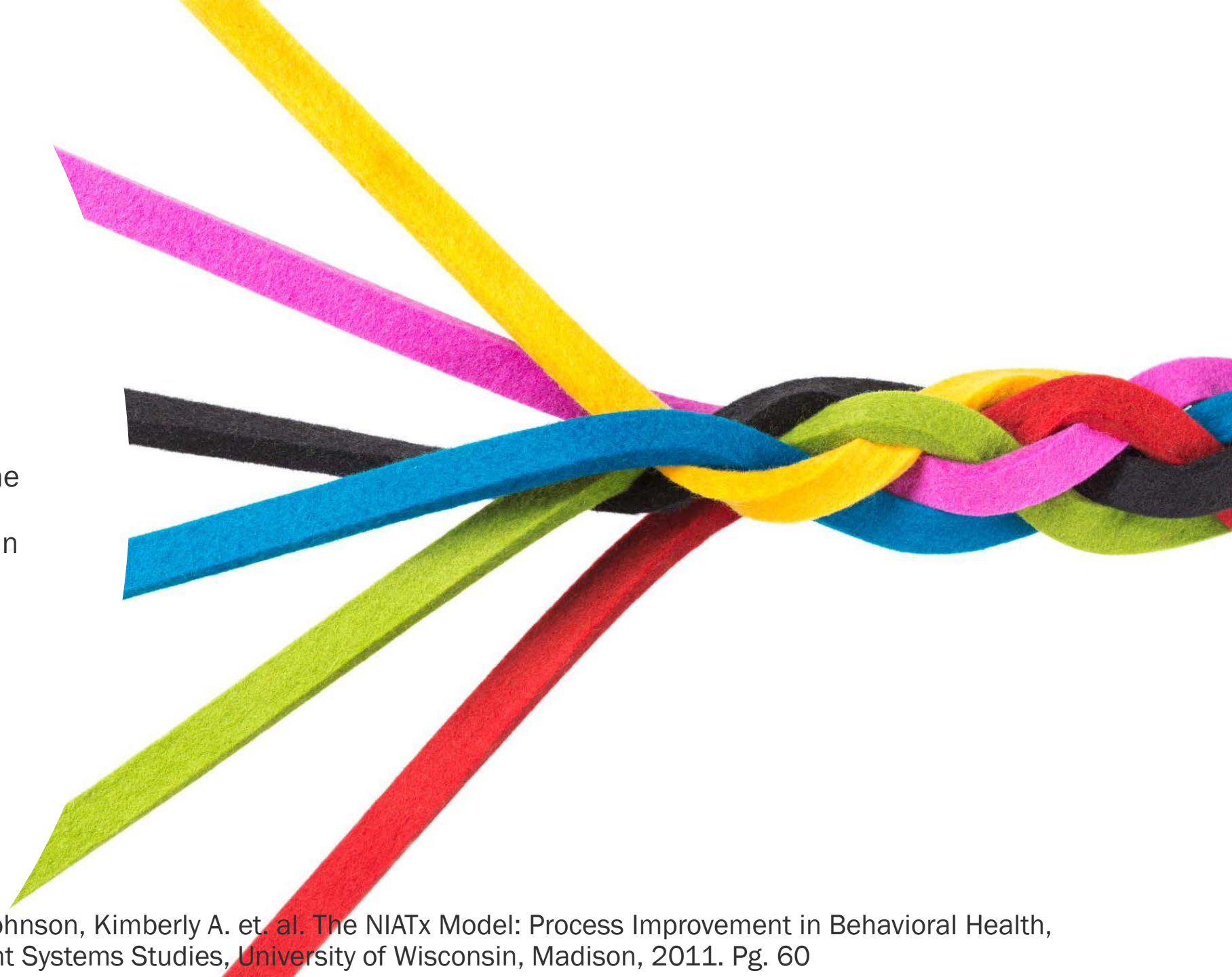
- Include state level agencies working on the same or similar issues
- Recruit regional level agencies and individuals that can support the change
- Bring in local level staff and agencies working directly in the field to provide an understanding of what is working and what is not working
- Include data specialists that can help identify and interpret success measures
- Include subject matter experts that can help identify evidence-based practices to address identified issues and challenges

Levels of Engagement

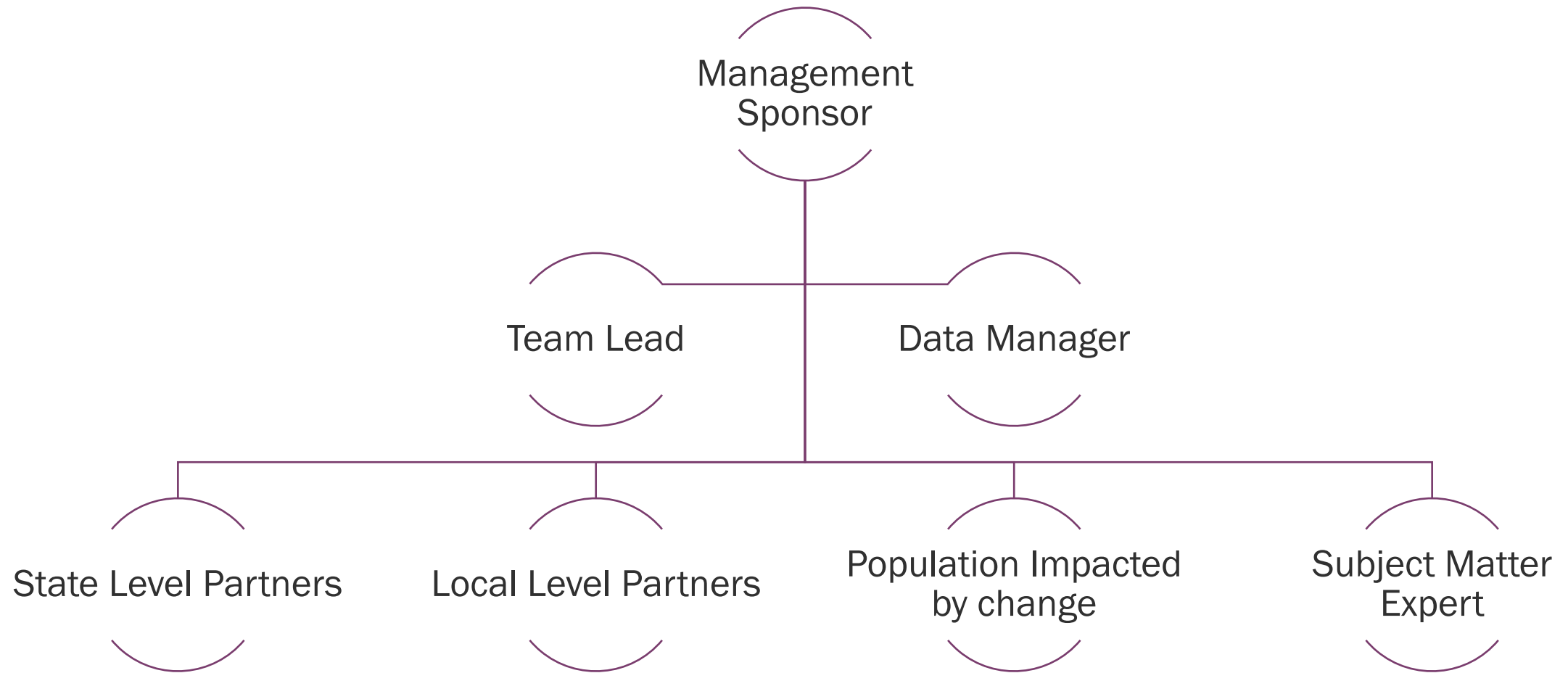


Team Members

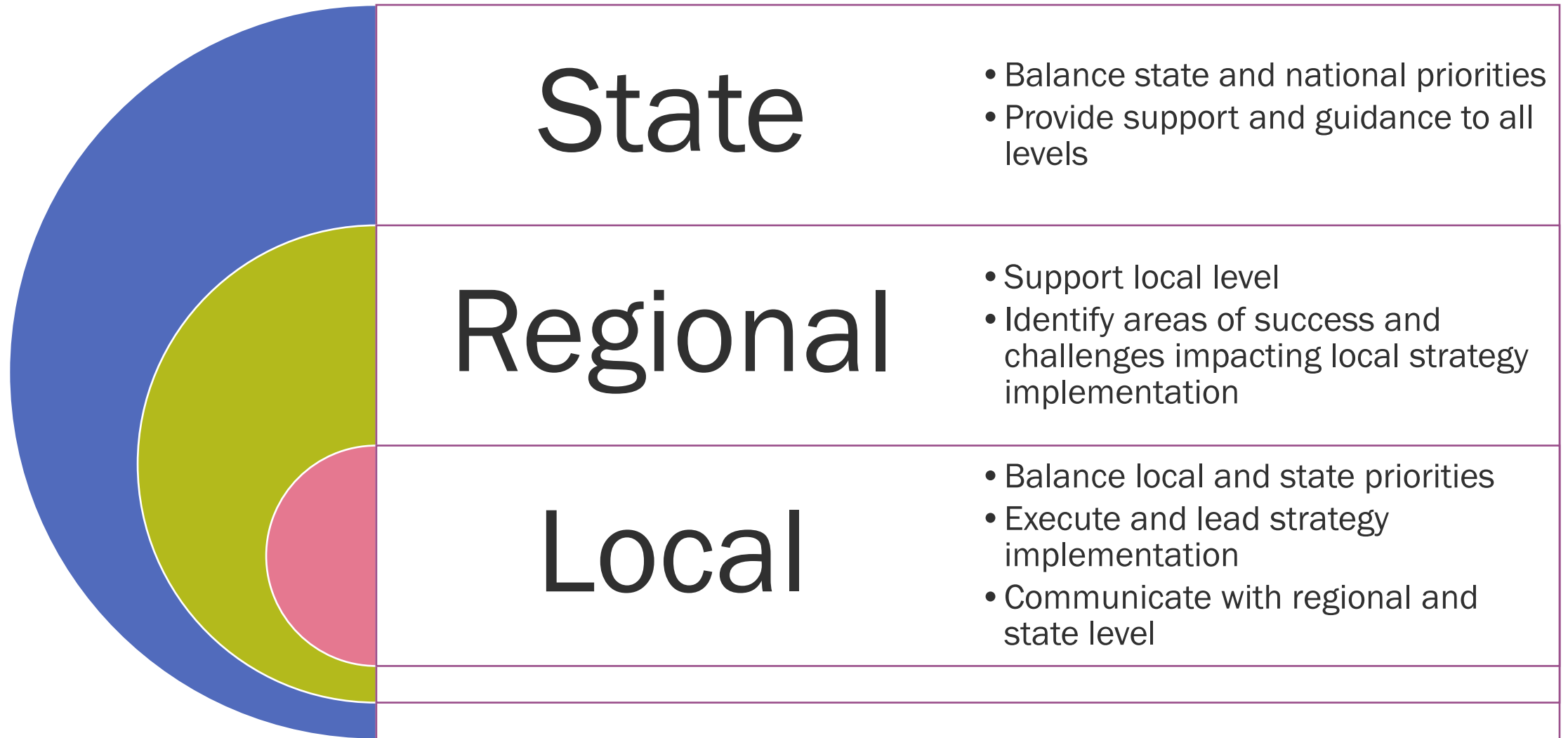
- Include multiple sectors and populations
- Take an active role in making the change and using QI principles
- Involved at key decision points in the project
- Can take on tasks at various stages of project
- Lead projects and strategies at state, regional, and local levels
- Report challenges and success to team



Improvement Team Structure



Leadership at All Levels



Team Roles Throughout Improvement Process

	Develop AIM	Educating the Team	Meetings	PDSAs	Communication
Management Sponsor	✓	✓			
Team Lead	✓	✓	✓	✓	✓
Subject Matter Expert		✓		✓	
Data Specialist		✓	✓	✓	✓
Team Members		✓	✓	✓	✓

Poll Question: Which of the following roles do you have filled on your team? (select all that apply)

- Management Sponsor
- Team Lead
- Subject Matter Expert
- Data Specialist
- Other team members



Add in the
chat

Tell us about the other team members – what role are those who you have identified filling on your team?

Stakeholder Recruitment Considerations

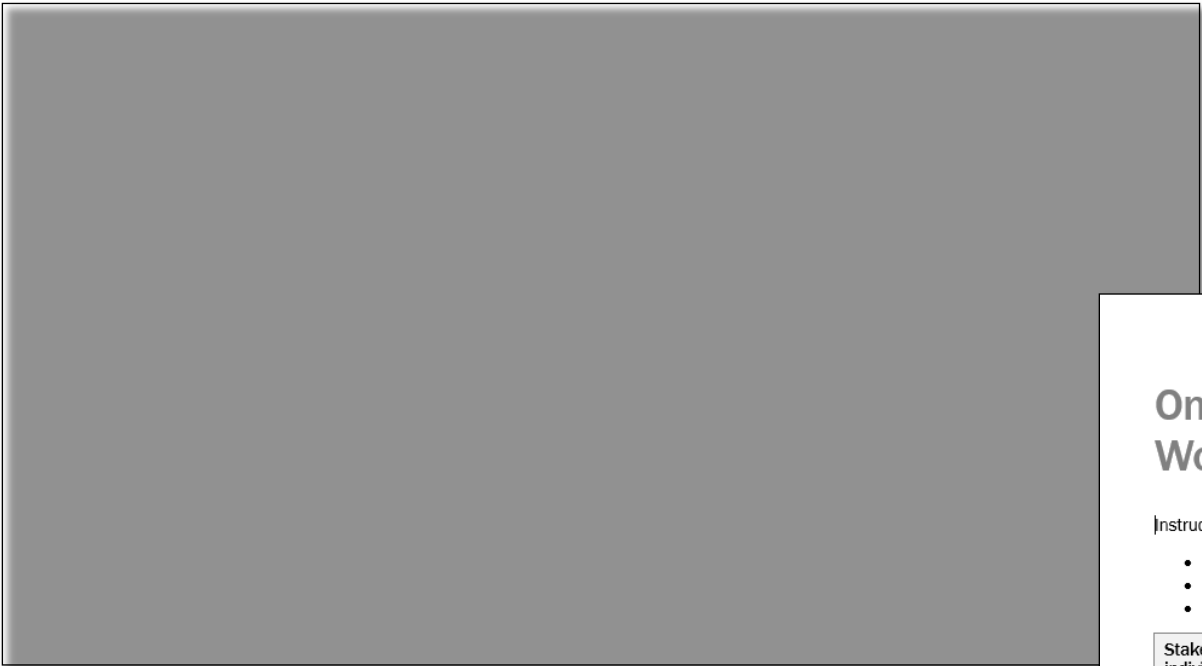
Initial Stakeholders

- Motivation to engage
- Biggest concern
- Barriers to participation
- Strategies to gain support
- Next steps
- Person responsible for recruitment

Ongoing Stakeholder

- Current level of engagement
- Need for ongoing level of engagement
- Barriers to participation
- Increase or maintain engagement
- Next steps
- Person responsible for maintaining relationship

Key Stakeholder Tools



Ongoing Stakeholder Analysis Worksheet



Instructions:

- Create a list of current stakeholders and rank their priority/importance to your success
- Complete a 'stakeholder analysis worksheet' for each stakeholder in the table below
- Designate team members to pursue next steps to secure key stakeholders for your initiative

Stakeholder group or individual	What is their current level of engagement? Is this level we need moving forward?	What is the barrier to their support/participation?	What do we need to do to increase or maintain their engagement?	Next steps	Person responsible

Break Out Discussions

Continuing Teams

- Are there stakeholders you want to add?
- Are there stakeholders you can let go of?
- How will you maintain engagement?

New Teams

- Who do you need to add to ensure success?
- How will you recruit new members?
- How will you maintain engagement?

Storyboard #2



Nebraska Motor Vehicle Traffic Safety
*Jeanne Bietz, Motor Vehicle Safety
Coordinator*

PREPARED PARENTS: ROADMAP TO TEEN DRIVING

You are invited to this free one hour interactive webinar that will cover four very important areas of teen driver safety. Parents with teens ages 13-16 should attend along with their teen(s).





Topics Presented:

- ✓ What are Graduated Driver Licensing (GDL) driving laws and how do they keep your teen safe?
- ✓ How to start a conversation with your teen about alcohol and drugs.
- ✓ What happens if my teen doesn't follow the laws?
- ✓ Oh that insurance. HOW MUCH DOES IT COST? And ways to reduce cost.
- ✓ Open Q & A. Can submit questions ahead of time through registration.

Date: Sept. 29, 2021
Time: 4pm to 7pm

Speakers:
Jeanne Bietz, NE Injury Prevention Program
Sara Draper, MADD Nebraska
Keith Biehl, Nebraska State Patrol
Scott Bacon, AAA Nebraska

Register in advance: <https://madd.com/us/webinars/register/2021/09/29/nebraska>
Contact: Jeanne Bietz@nebraska.gov with registration questions.

Nebraska Teen Driver Safety

Nebraska Graduated Driver Licensing [GDL]

DRIVING RESTRICTIONS



Cell Phones:

No use of any type of interactive wireless communication device while operating a motor vehicle while in motion. Violation carries a \$200 fine for first offense and assessed points on license. Second offense is a \$300 fine and a third offense is \$500.



Seat Belts:

All occupants riding with a permit holder, including the driver, must wear a seat belt. Violation carries a \$25 fine. Citation issued to GDL permit holder.*



Nighttime Driving:

Holder of a Provisional Operator Permit (POP) shall not drive from midnight to 6 AM unless to or from school activities or work. Violation carries a one point assessment on driving record.*



Passengers:

Holder of a School Permit (SCP) may only transport family members who reside with them to the school attended by the holder.

A holder of a Provisional Operator Permit (POP) is limited to one passenger younger than 19 who is not an immediate family member, for the first 6 months. Violation carries a one point assessment on driving record.*



Alcohol:

ZERO TOLERANCE (alcohol and other drugs) laws for drivers under the age of 21. First offense results in court impounding permit or license for 30 days. A driver under 21 is subject to the same DUI laws as a person age 21 or over if the blood alcohol content is .08 (BAC) or greater.*

*ENFORCEMENT

The above list of violations is not exclusive and there are other Nebraska law violations that can affect driving permits and driving privileges upon judgement of or conviction for the specific violation.

Violation of any driving restrictions can result in a suspended or revoked license. Individuals under 21 accumulating two or more points within one year are required to take a driver improvement course within three months.

GDL laws are in place for your teen's safety. They keep your teen safe by keeping them out of situations (those above) that put them at higher risk for a crash.

Nebraska GDL laws cover teens ages 14 to 17. A teen driver must hold a POP for one year before receiving an unrestricted license.

NE GDL INCLUDES:

school learners permit, school permit, learners permit, provisional operators permit.

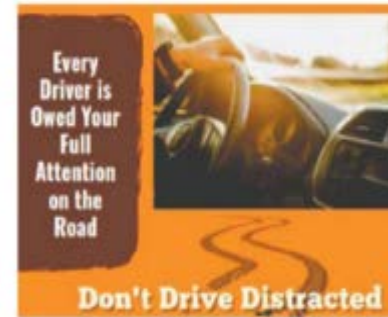
GDL RESOURCES

ParentsDriveTheMessage NE GOV
www.dmv.nebraska.gov

For more info, contact
402-471-2515



GRAPHIC COURTESY OF YAZMIN RATZLAFF
Yazmin Ratzlaff's drawing earned first place in Malcolm High School's contest to create a safe driving promotion. Her art is now displayed on a billboard in Lincoln.



GRAPHIC COURTESY OF ADDYSSON HANSON
Addyson Hanson earned second place in a safe driving art contest, sponsored by the Nebraska Department of Transportation. Her art is displayed on the DOT's website.

Malcolm students get artfully aware



Vision

- *Establishment of Teens in the Driver Seat program in Nebraska schools and youth serving organizations in order to reduce teen related motor vehicle crashes, injuries and deaths.*
- *Improve teen driving behavior and knowledge.*
- *Increase parental teen driver involvement and knowledge.*



Howells-Dodge Consolidated School
National FCCLA Award for FACTS and TDS work

Challenge

- *Maintaining schools through staff changes.*
- *Recruiting new schools, finding right point of contact.*
- *Continual outreach, audience always changing.*
 - *Parents*
 - *Teens*
- *Organizational and partner turnover.*

Your Current Team

Jeanne Bietz, Injury Prevention Program

Simera Reynolds, Four Corners Health Department★

Chelsey Greene, FCCLA State Adviser★

Sara Draper, MADD Nebraska★

Strategy to Date

- Persistent sharing of the program with partners.
- Follow-up with schools that have change in staff.
- Partnership with FCCLA on new contacts and sharing program information.
- Promoting survey results showing positive change in driving behavior and knowledge.
- Reach of parents through free webinar.
 - Strong partnership with MADD NE, State Patrol and AAA.
- Continued distribution and promotion of GDL materials to partners including driver education courses, law enforcement, DSN, schools, parents and teens.

A PEER-TO-PEER SAFE DRIVING PROGRAM FOR AMERICA'S YOUTH



Teens are the solution!

Created in 2002, TDS is the first peer-to-peer program for teens that focuses solely on traffic safety and addresses all the major risks - distracted driving (like phones and other teen passengers), nighttime/drowsy driving, low seat belt use, speeding, and impaired driving. Teens learn about risks and plan and conduct meaningful activities and outreach designed to change risky driving and passenger behavior throughout the entire school year.



Teens lead TDS outside the classroom!

The program is extra-curricular, ran by a group of teens under the guidance of a teacher or school sponsor, and won't distract from classroom time. Many schools utilize TDS as a project for their teen organizations and competitions, but the program can also be taken on by a group of teens interested in traffic safety or who need a community service project. All messaging is peer-approved and designed to be delivered by teens, for teens.



TDS works!

Schools that deploy TDS and are consistent with messaging and outreach for at least three years in a row tend to show:

 200% increase in risk awareness	 14% increase in seat belt use	 30% decrease in cell phone use while driving
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We are here to help!

Texas A&M Transportation Institute gives you the science, guidance, and project resources to implement a successful program. TDS provides activity ideas, guided activities, and even contests which often provide incentives (gift cards) upon completion. If you need additional support or have questions, your school will have an assigned TDS representative to contact.



What you get - for FREE!

The TDS program and resource kit are FREE. Plus, your team can earn awards and cash prizes for completing outreach and activities. Need more? Download our safe driving app - You in the Driver Seat - from your favorite app store and earn gift cards for driving distraction-free. Even more? Join our national Teen Advisory Board where you can be part of the future of the TDS program.



Program areas!

Teens in the Driver Seat is available to Nebraska high schools and Teens in the Driver Seat Junior High program is available to Nebraska middle schools, thanks to Nebraska Highway Safety Office. Contact Jeanne Bietz, Nebraska TDS Coordinator at jeanne.bietz@nebraska.gov for more program information.








Contact
jeanne.bietz@nebraska.gov
 for more program information.




Progress to Date

- *Persistent sharing has led to conversation with the largest school district in Nebraska to consider the program through a built in Freshman Seminar course (fingers crossed 😊.)*
- *Maintaining many schools over the last seven years.*
- **ACTUAL REAL LIFE REPORTED CHANGE IN TEEN DRIVING BEHAVIOR AND KNOWLEDGE.**
- *Consistent use of GDL materials.*
 - *Materials offered in Spanish*

Figure 1a	Reported driving behaviors in the past month: STATISTICALLY SIGNIFICANT IMPROVEMENTS							Statistically Significant Change* ('14-'15 to '20-'21)
	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	
1. Rode in a vehicle without wearing a seat belt ^o	58.9%	57.5%	55.8%	49.4%	45.9%	49.1%	44.3%	Yes
2. Rode or drove in a vehicle without wearing a seat belt* (combines rode and drove without a seat belt)	60.4%	59.5%	57.7%	54.0%	49.1%	51.2%	46.7%	Yes
3. Drove a vehicle with passengers who did not wear a seat belt*	63.8%	55.8%	58.8%	59.0%	53.7%	51.9%	48.8%	Yes
4. Drove a vehicle with two or more other teenagers without anyone over the age of 21 in the vehicle [#]	79.9%	74.7%	75.4%	68.3%	69.7%	69.5%	69.2%	Yes
5. Rode in a vehicle with two or more other teenagers without anyone over the age of 21 in the vehicle ^o	69.6%	68.0%	71.7%	61.3%	56.0%	61.0%	58.9%	Yes
6. Drove after 12 AM (midnight) without anyone over the age of 21 in the vehicle [#]	63.5%	60.4%	61.7%	48.6%	49.1%	55.0%	45.4%	Yes
7. Street-raced*	24.7%	22.2%	24.9%	17.6%	16.5%	19.0%	14.6%	Yes
8. Rode in a vehicle with a driver who had been drinking alcohol ^o	19.5%	18.9%	17.6%	15.5%	15.5%	18.4%	13.2%	Yes

Next Strategy

- *Broader look into health equity as it relates to teen driver safety.*
 - *Addressing disproportionately affected populations.*
 - *Solutions to health inequity and access to resources such as drivers education.*
 - *Use of Health Equity Planner*
 - *Creation of a teen driver safety novel database*

Health Equity Planner to Implement and Spread Child Safety Strategies in Communities

A TOOL FOR PUBLIC HEALTH AND TITLE V AGENCIES

What to Expect from Day 2



Jenny Stern-Carusone
CSN Associate Director

Day 2 Agenda

- Welcome
- Systems Improvement: Goal Setting
- Systems Improvement: Adapting to Your Local Context
- CSLC Web Portal: A deep dive
- State Share: All Teach, All Learn
- CSN: Beyond the CSLC
- Next Steps

See you
tomorrow!

