CSLC — **Child Safety** LEARNING COLLABORATIVE

EDC — Education Development Center

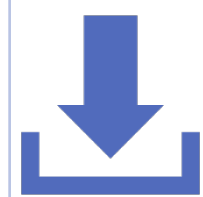CSN — Children's Safety Network

Day 1: April 18, 2023

Learning Session 7

Technical Tips

Join by phone or computer audio. Click on microphone (bottom left) for settings

Access resources from links in the chat

Mute yourself when you're not talking

This session is being recorded

Use the chat to ask questions at any time

Funding Sponsor

Agenda Day 1

Welcome

Who's In The Room?

Celebrating CSLC Achievements

Storyboard Presentation

Sustaining the Gains: Strategies & Successful QI Stories

Storyboard Presentation

Stretch Break

Sustaining the Gains: Adapting Evidence-Based Approaches

Discussion: Adaptations in Title V Work

Sharing Out

Storyboard Presentation

What To Expect from Day 2

CSN Team

Jennifer Leonardo

CSN Director

Jenny Stern-Carusone

CSN Associate Director/MVTS Topic Lead

Maria Katradis

CSN Data Manager/SSHP Topic Lead

Clare Grace Jones

CSLC SUIDP Topic Lead

Lauren Gilman

CSLC BP Topic Lead

Cindy Rodgers

CSN Sr Training & Technical Associate

Bina Ali

Director, CSN Economics & Data Analysis Research Center

Kristen Boudreau

CSN Project Coordinator

HRSA Maternal & Child Health Bureau

Diane Pilkey

CSN Project Officer
Senior Nurse Consultant
Division of Child, Adolescent and
Family Health (DCAFH)

Maureen Perkins

Public Health Analyst, Injury &
Violence Prevention Programs
Division of Child, Adolescent and
Family Health (DCAFH)

Bethany Miller

Deputy Director
Division of Child, Adolescent and
Family Health (DCAFH)

Who's In the Room?

Lauren Gilman

ICE BREAKER!

Random Breakouts

- Each breakout will be 5 min – Everyone will be re-shuffled into random breakouts
- Use the time to have each person introduce themselves and answer the following questions:

1. What aspect of your job brings you the most satisfaction?

2. If you could go back in time to yesterday morning, what advice would you give yourself?

https://checkin.daresay.io/

Celebrating CSLC Achievements

Lauren Gilman

CSLC Vision

Reduce fatal and serious injuries among infants, children, and adolescents in participating states and jurisdictions by:

- Building and improving partnerships

- Implementing and spreading evidence-based and evidence-informed strategies and programs, especially among the most vulnerable populations

CSN Framework for Quality Improvement and Innovation in Child Safety

CSLC helps state/jurisdiction teams strengthen these three components

State/jurisdiction teams experience these improvements

Effective state/jurisdiction teams increase child safety

Child Safety Expertise

Leadership And Management

Systems Improvement

Workforce Development

Outputs

Child Safety System Development

Positive Health Impact

Health Equity
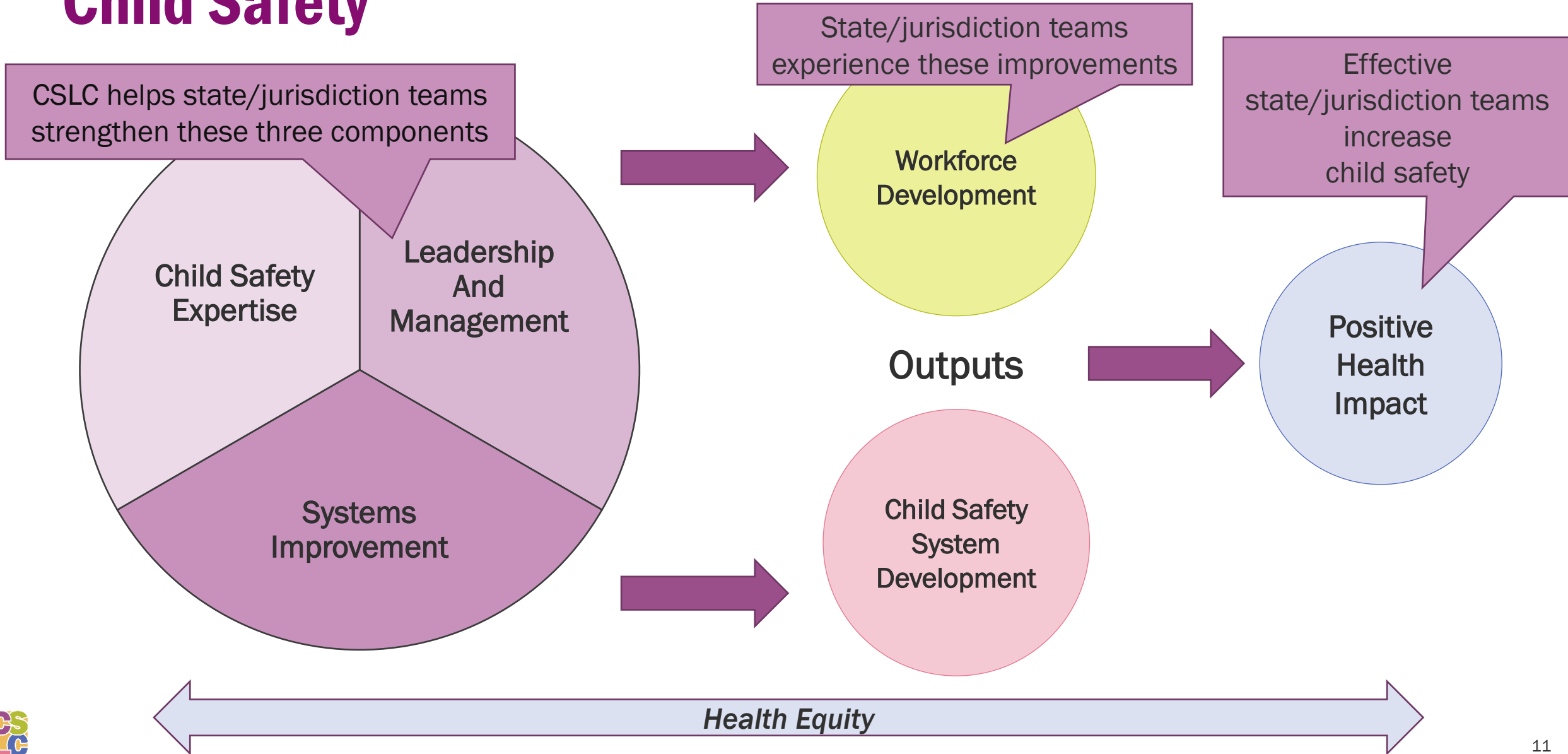
Child Safety Learning Collaborative Time Frame

YOU ARE HERE

| Cohort 1 November 2018- April 2020 | Cohort 2 May 2020 - October 2021 | Cohort 3 November 2021- April 2023 |

Child Safety Learning Collaborative

Current and Former CSLC Teams
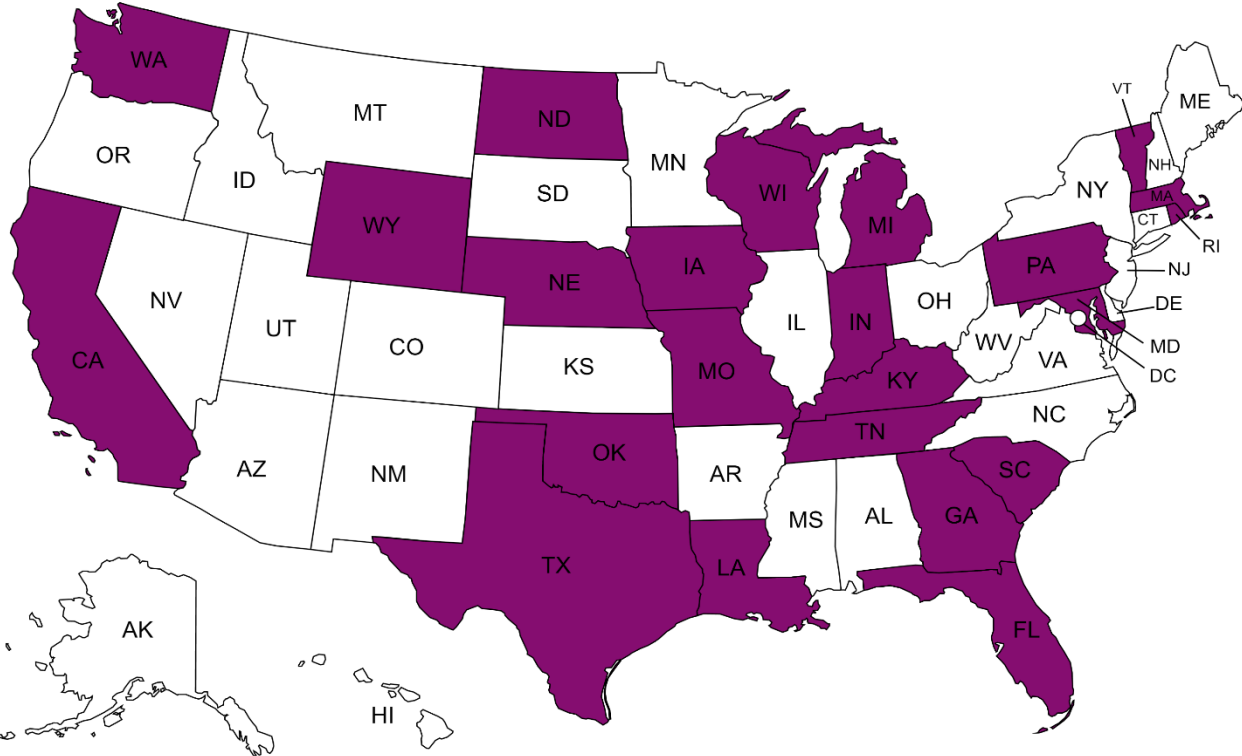
Northern Mariana Islands

Current CSLC Topics

Motor Vehicle Traffic Safety

Suicide and Self-Harm Prevention

Bullying Prevention

Sudden Unexpected Infant Death Prevention

Fireside Chat

- **Chris Borges**, California State SIDS Coordinator, California Department of Public Health/Center for Family Health/Maternal, Child and Adolescent Health Division

- **Megan Selheim**, Youth and Young Adult Health Program Manager, Wyoming Department of Health

Storyboard 1

Nebraska

Motor Vehicle Traffic Safety

Nebraska Motor Vehicle Safety Storyboard

Scotts Bluff National Monument

Vision

Reduce high rates of teen motor vehicle crashes

Table 1. Top Ten Nebraska Counties of Teen Driver and Passenger-Involved Crash Rates by Vehicle Miles Traveled, 2016-2020

Overall Crash				Improver Driving Related Crash				Speeding Related Crash				Distraction Related Crash			
County	Miles	Freq	Rate	County	Miles	Freq	Rate	County	Miles	Freq	Rate	County	Miles	Freq	Rate
Scotts Bluff	1,503.2	846	56.3	Box Butte	493.7	84	17.0	Box Butte	493.7	30	6.1	Platte	1,682.6	157	9.3
Adams	1,231.5	677	55.0	Scotts Bluff	1,503.2	225	15.0	Adams	1,231.5	56	4.5	Scotts Bluff	1,503.2	137	9.1
Platte	1,682.6	880	52.3	Platte	1,682.6	243	14.4	Madison	1,530.5	68	4.4	Box Butte	493.7	44	8.9
Madison	1,530.5	763	49.9	Saline	599.5	85	14.2	Scotts Bluff	1,503.2	66	4.4	Saline	599.5	49	8.2
Lancaster	12,612.4	6,196	49.1	Adams	1,231.5	168	13.6	Platte	1,682.6	68	4.0	Adams	1,231.5	98	8.0
Saline	599.5	287	47.9	Madison	1,530.5	178	11.6	Colfax	644.7	24	3.7	Dodge	1,834.2	138	7.5
Douglas	22,621.1	10,786	47.7	Dodge	1,834.2	213	11.6	Dawes	483.8	17	3.5	Phelps	568.9	42	7.4
Sarpy	6,922.9	3,137	45.3	Hall	3,449.5	388	11.2	Saline	599.5	21	3.5	Red Willow	557.5	41	7.4
Hall	3,449.5	1,562	45.3	Brown	213.9	24	11.2	Saunders	1,258.1	42	3.3	Lincoln	3,220.6	234	7.3
Box Butte	493.7	209	42.3	Phelps	568.9	61	10.7	Dodge	1,834.2	60	3.3	Hall	3,449.5	237	6.9
Statewide	101,475.3	35,859	35.3	Statewide	101,475.3	6,904	7.5	Statewide	101,475.3	1,917	1.9	Statewide	101,475.3	4,071	4.0

Data source: Nebraska Department of Transportation County Level Vehicle Miles Travel, 2016-2020.

Current Team

FCCLA NEBRASKA STATE ASSOCIATION

Chelsey Greene

Four Corners Health Department — Public Health

Simera Reynolds

madd Nebraska
NO MORE VICTIMS

Sara Draper

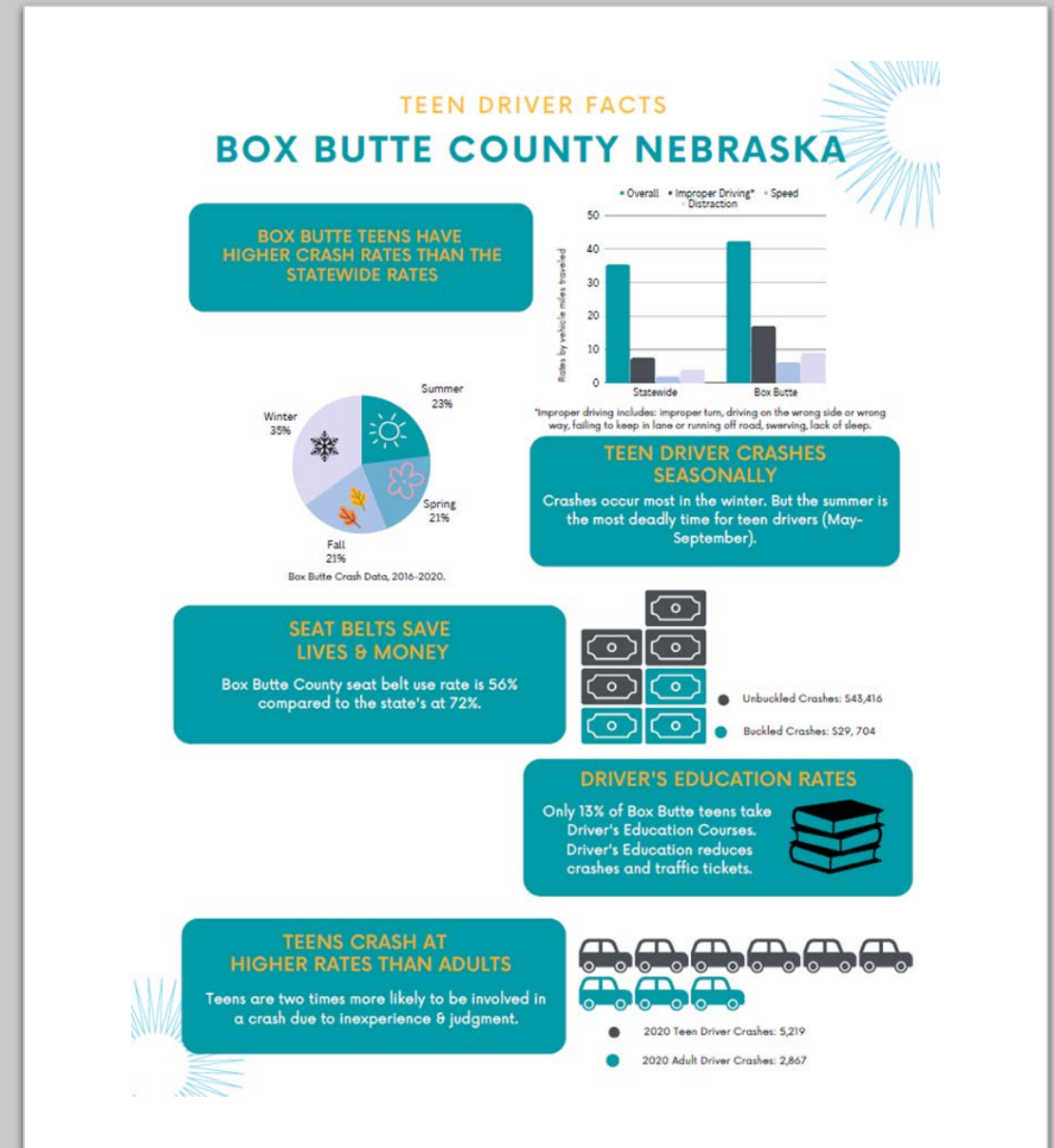NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jeanne Bietz

Strategy to Date

- Identification of counties with high teen crash rates, low seat belt use and low uptake of driver's education

- Choose one county to run a PDSA for quality improvement of a fact sheet specific to that community

- Fact sheet will be used to inform, bring awareness and promote community action

TEEN DRIVER FACTS

BOX BUTTE COUNTY NEBRASKA

BOX BUTTE TEENS HAVE HIGHER CRASH RATES THAN THE STATEWIDE RATES

*Improper driving includes: improper turn, driving on the wrong side or wrong way, failing to keep in lane or running off road, swerving, lack of sleep.

Box Butte Crash Data, 2016-2020.

TEEN DRIVER CRASHES SEASONALLY

Crashes occur most in the winter. But the summer is the most deadly time for teen drivers (May-September).

SEAT BELTS SAVE LIVES & MONEY

Box Butte County seat belt use rate is 56% compared to the state's at 72%.

Unbuckled Crashes: $43,416
Buckled Crashes: $29,704

DRIVER'S EDUCATION RATES

Only 13% of Box Butte teens take Driver's Education Courses. Driver's Education reduces crashes and traffic tickets.

TEENS CRASH AT HIGHER RATES THAN ADULTS

Teens are two times more likely to be involved in a crash due to inexperience & judgment.

2020 Teen Driver Crashes: 5,219
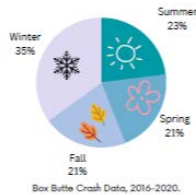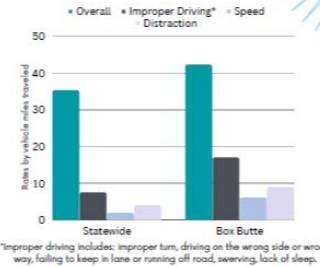2020 Adult Driver Crashes: 2,867

Progress to Date

- Engaged local health department, law enforcement, hospital, schools and parents
- Continual communication with the local health department on feedback provided and questions about information presented within the fact sheet
- On version 9 of fact sheet

Next Strategy

- Implementation of evidence-based strategies within Box Butte County communities
  - Discuss strategies with community
  - Determine which one(s) would be a good fit for community to carry out
  - Identify local partners and resources
- Use this system approach with next county

Questions?

Sustaining The Gains: Strategies & Successful QI Stories

Lauren Gilman

Sustaining the Gains v. Spread

- <u>Sustaining the Gains</u> – Ensuring that implemented changes are a part of the day-to-day operation of the system, and that there are ongoing resources to support continued operations at the site level
  - ➤ Would the change persist even if its champion were to leave?

- <u>Spread</u> – Getting your tested change ideas spread across your state system and into an increasing number of settings and sites, using data, communication, champions, implementation tools, and leadership

Sustaining the Gains: Common Challenges

- Change is not an embedded part of the system
  - Shared aim and goals, required resources, policies, procedures, measures
- Other priorities/funding streams took resources away
- Staff turnover

Focus on the QI Process

Testing changes is important, but documenting those tests is even more important!

- This lets new staff know what has already been attempted and in what context(s)
- It demonstrates a commitment to understanding and improving existing processes

Quality Improvement Tools

90-Day Aim	Monthly Reports	Change Package Crosswalk Tool	Health Equity Planner	Operationalizing Form	PDSA cycles	Stakeholder Analysis	Storyboard

Enter any other quality improvement tools you've been using in the chat

Examples of Successful Use of QI

- Use of Testing Before Implementation

- Documenting Change & Partnerships Through PDSAs

- Aligning State Action Plans with CSLC Change Packages

- Embedding Health Equity with Stakeholders Across CSLC Strategies

NATIONAL
CFRP
Center for Fatality Review & Prevention

May 2022

Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams

CSN Children's Safety Network at Education Development Center

CSNA Children's Safety Now Alliance

SAFE KIDS WORLDWIDE
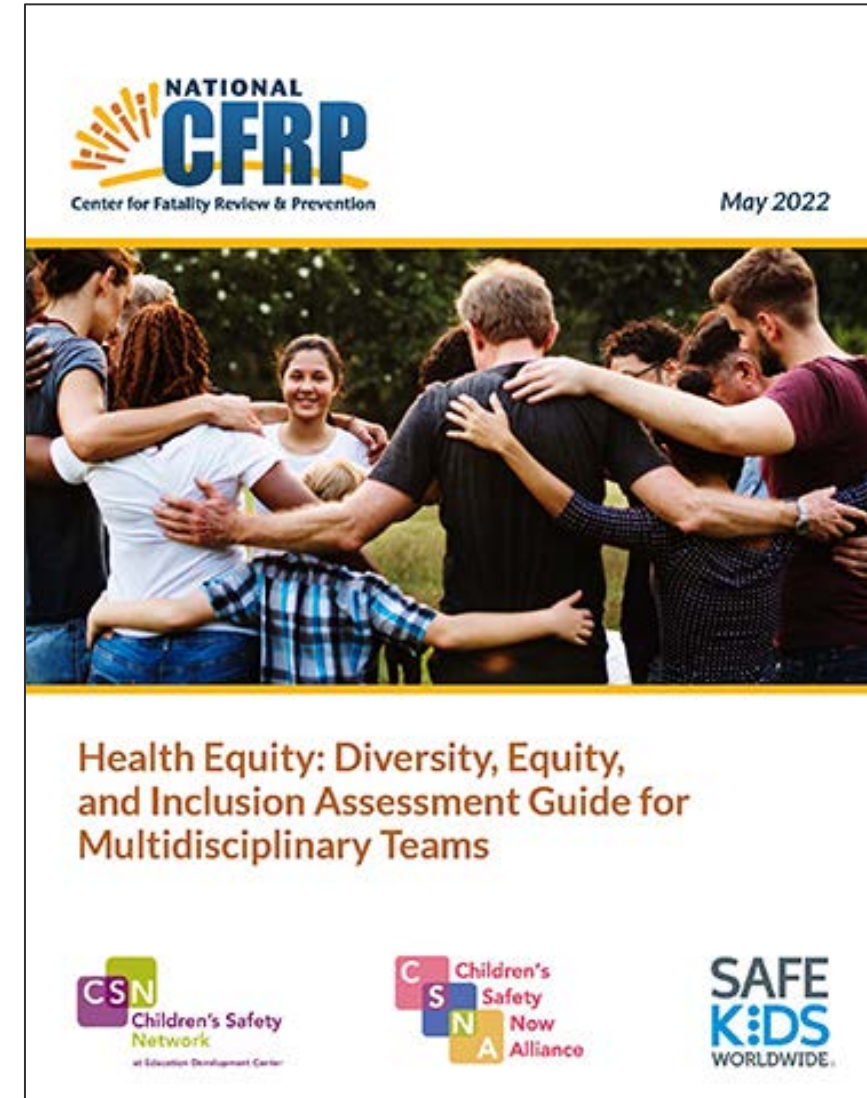
go.edc.org/CSNHE

Testing Before Implementation: GA SUIDP (Cohorts 2 & 3)

- **Vision:** To educate professionals on how tobacco cessation increases safe infant sleep and contributes to a reduction in SUID and to motivate safe sleep advocates to also be tobacco cessation advocates.

- **How:** Tested small changes to the content and format to increase buy in to refer patients/clients to the GA Quitline. This included adding content, offering virtually, adding CEUs and using pre- and post-tests to evaluate effectiveness.

- **Results so far:** They are seeing an increase in confidence and requests for Quitline materials and trainings.

- **Next steps:** They are continuing to monitor referrals and create additional, complementary materials.

Documenting Change & Partnerships: FL SSHP (Cohorts 2 & 3)

State Submissions

— Operationalizing

Florida | Operationalizing | SSHP

— PDSA

7/26/22 - 12/01/22 | Strategy 6: Implement a multi-component suicide and self-harm prevention program. | Objective of this cycle

2/15/22 - 3/15/22 | Identifying MTSS programs in Volusia | Objective of this cycle: Develop | Cycle#: 1 | Tasks: View | Download

Identifying the Impact of SEL programs in Volusia County | Objective of this cycle: Develop | Cycle#: 1 | Tasks: View | Download

— QI Documents

Florida Suicide and Self Harm Prevention 2022-02-15
Date Submitted: March 11, 2022
Spread Status: CSN Reviewed
Spread Date: February 15, 2022

Edit

Aligning State Action Plans with CSLC Change Packages: PA SUIDP (all Cohorts) & WI MVTS (Cohorts 1 & 2)

- [Change Package Cross-Walk Tool](#) enables teams to connect the change package strategies to the people and processes in their own context

CSLC Change Package and State IVP Work Cross Walk
Instructions and Strategy Example

This crosswalk worksheet is intended to be a tool to help you and your team see the connections between the CSLC change package and your state action plan – whether it be a direct part of your CSLC QI work or not. Using this tool will help to map all the change package strategies and understand how your CSLC QI work can benefit the work of your state action plan and beyond.

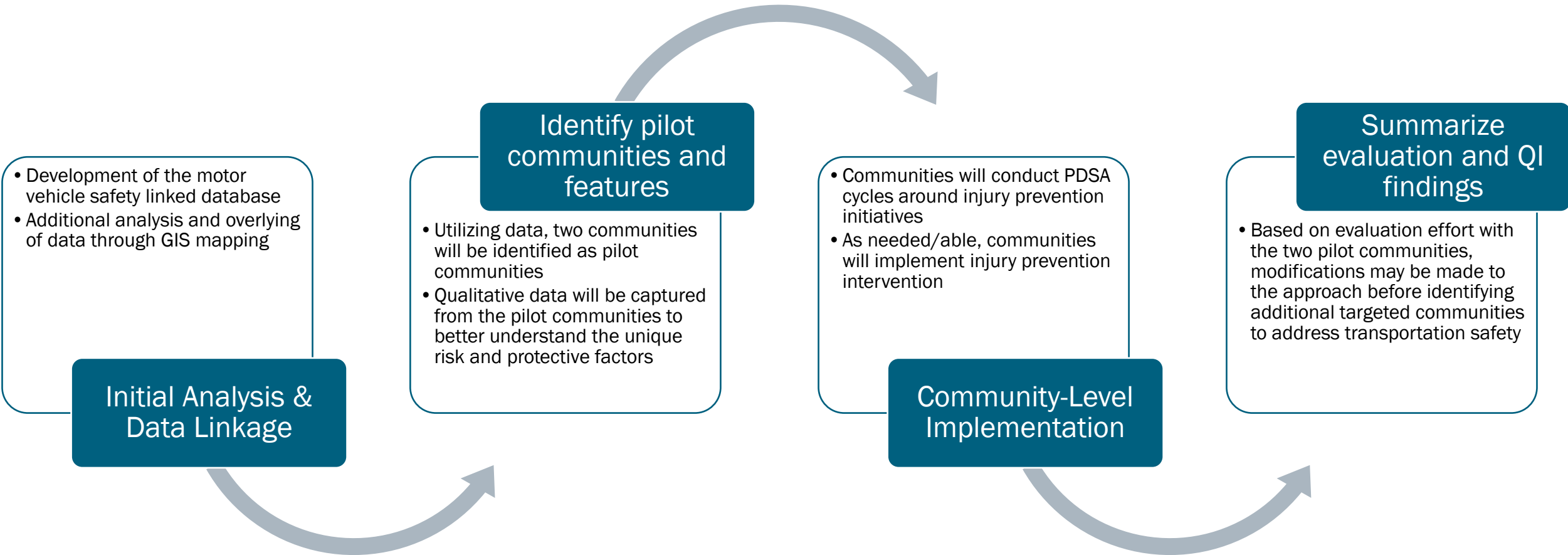Below is a completed strategy with instructions and an example.

Instructions: *Complete the table below. Check the box to the left if this strategy is part of your CSLC QI work.*

☒ **Strategy 1:** Work with hospitals and birthing facilities to provide infant safe sleep training to health care providers

Description of related work/program at state level:	Describe work you are doing at the state that is related to this strategy. Consider work in your state action plan or being led by other agencies. Use this space to describe the program/work in detail. For example: The state is working to increase the number of new nurses and midwives receiving safe sleep training in birthing facilities across the state. In an effort to ensure the training is effective, all birthing facilities are being asked to select from one of three evidence-based trainings on infant safe sleep and commit to providing the training to a newly hired nurses and midwives within 3 months of their initial start date.
Lead Agency/Department:	List the agency and/or department leading this program/work. For example: The Department of Public Health, Division of Maternal and Child Health
Partners:	List all relevant partners. For example: Hospital association, county public health offices

Instructions: *Complete the table below for each measure. Check the box to the left of the measure if this is a measure you are tracking as part of your work for the CSLC. If you are not tracking data for this work, please indicate N/A in the cells. If this is a strategy and measure you are working on for the CSLC, you can use the information from your operationalization form to populate these cells.*

CSLC Measure?	Measure	Operationalization of Measure	Goal	Data Source	Additional Comments
☒	1. Number of hospitals and birthing facilities providing infant safe sleep training to health care providers	Use this space to describe how your program/work is defining each component of the measure. (*you can take this directly from your Operationalization form)	Describe the goal associate with this measure. (*you can take this directly from your Operationalization form)	Use this space to describe the source of the data that will be used to	Use this space to add any additional information that may be relevant.

Embedding Health Equity with Stakeholders Across CSLC Strategies: NE MVTS (Cohorts 2 & 3)

Initial Analysis & Data Linkage
- Development of the motor vehicle safety linked database
- Additional analysis and overlying of data through GIS mapping

Identify pilot communities and features
- Utilizing data, two communities will be identified as pilot communities
- Qualitative data will be captured from the pilot communities to better understand the unique risk and protective factors

Community-Level Implementation
- Communities will conduct PDSA cycles around injury prevention initiatives
- As needed/able, communities will implement injury prevention intervention

Summarize evaluation and QI findings
- Based on evaluation effort with the two pilot communities, modifications may be made to the approach before identifying additional targeted communities to address transportation safety

Storyboard 2

Georgia

Sudden Unexpected Infant Death Prevention

Georgia Department of Public Health, Tobacco Cessation

Vision

- Educate professionals on how tobacco cessation increases safe infant sleep and contributes to a reduction in SUID
- Motivate safe sleep advocates to also be tobacco cessation advocates

Challenge

- Format in which to offer the tobacco cessation information to professionals
  - Presentation materials
  - Handouts
  - Newsletters
  - Social media
  - Others
- Buy in to refer patients/clients to the GA Quitline

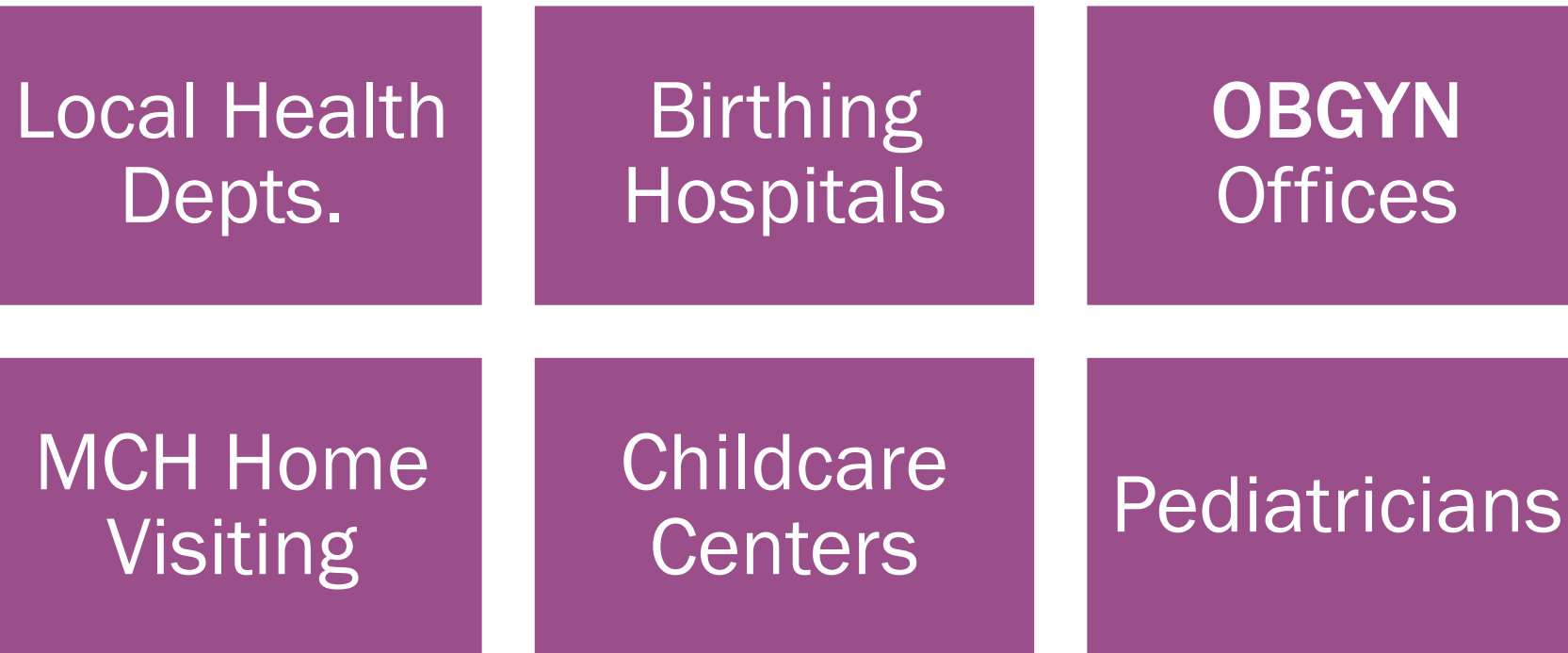# Your Current Team

Collen Commons
Tobacco
Cessation

Terri Miller
Safe Infant Sleep

Chinwe Ejikewe
Evaluator

Donye Caldwell
Safe Infant Sleep

Linda Pham
MCH Analyst

Potential Additional Team Members

Local Health Depts.	Birthing Hospitals	**OBGYN** Offices
MCH Home Visiting	Childcare Centers	Pediatricians

Strategy to Date

- Training was offered in a virtual webinar format
- CEU's were available to be earned and a certificate of completion upon request
- Professionals who participated in the webinar completed a poll at the beginning of the webinar and a post-survey

American Academy of Pediatrics

Safe Infant Sleep Recommendations

2022 Task Force Updates

Terri Miller, Safe Infant Sleep Program Manager, Injury Prevention Program

GEORGIA DEPARTMENT OF PUBLIC HEALTH
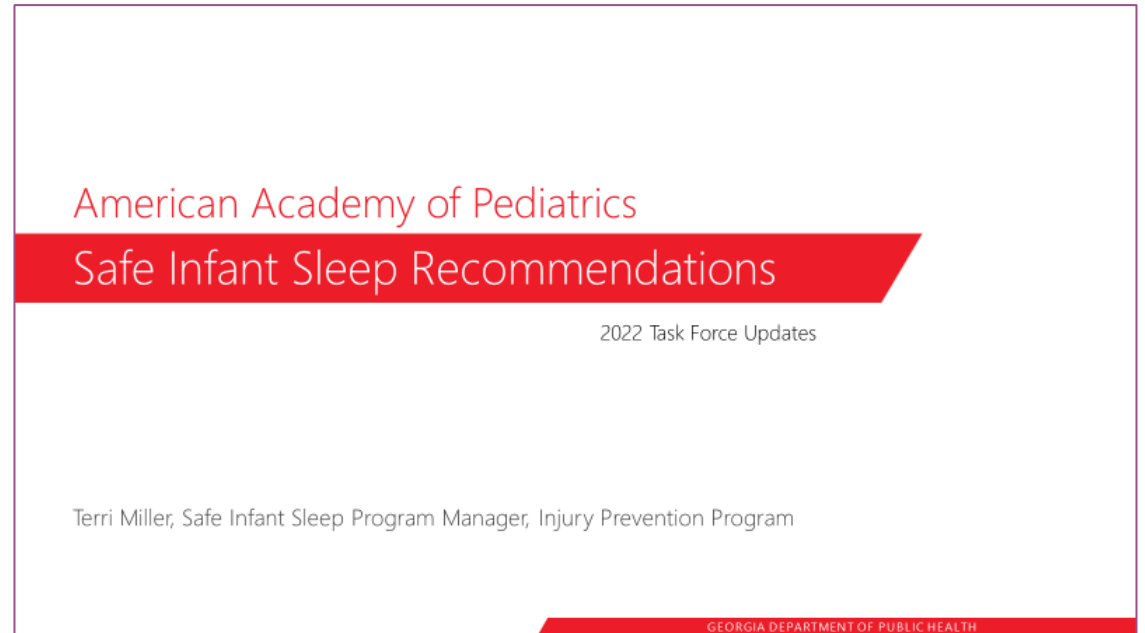
Progress to Date – Poll Results

Do you currently or have you ever referred patients/clients to the GA Tobacco Quitline? (N=122), Poll Before Presentation, March 2023

| Response	Count
I'm unaware of this service.	47
No, it's not part of my responsibilities.	22
Yes, when necessary.	53
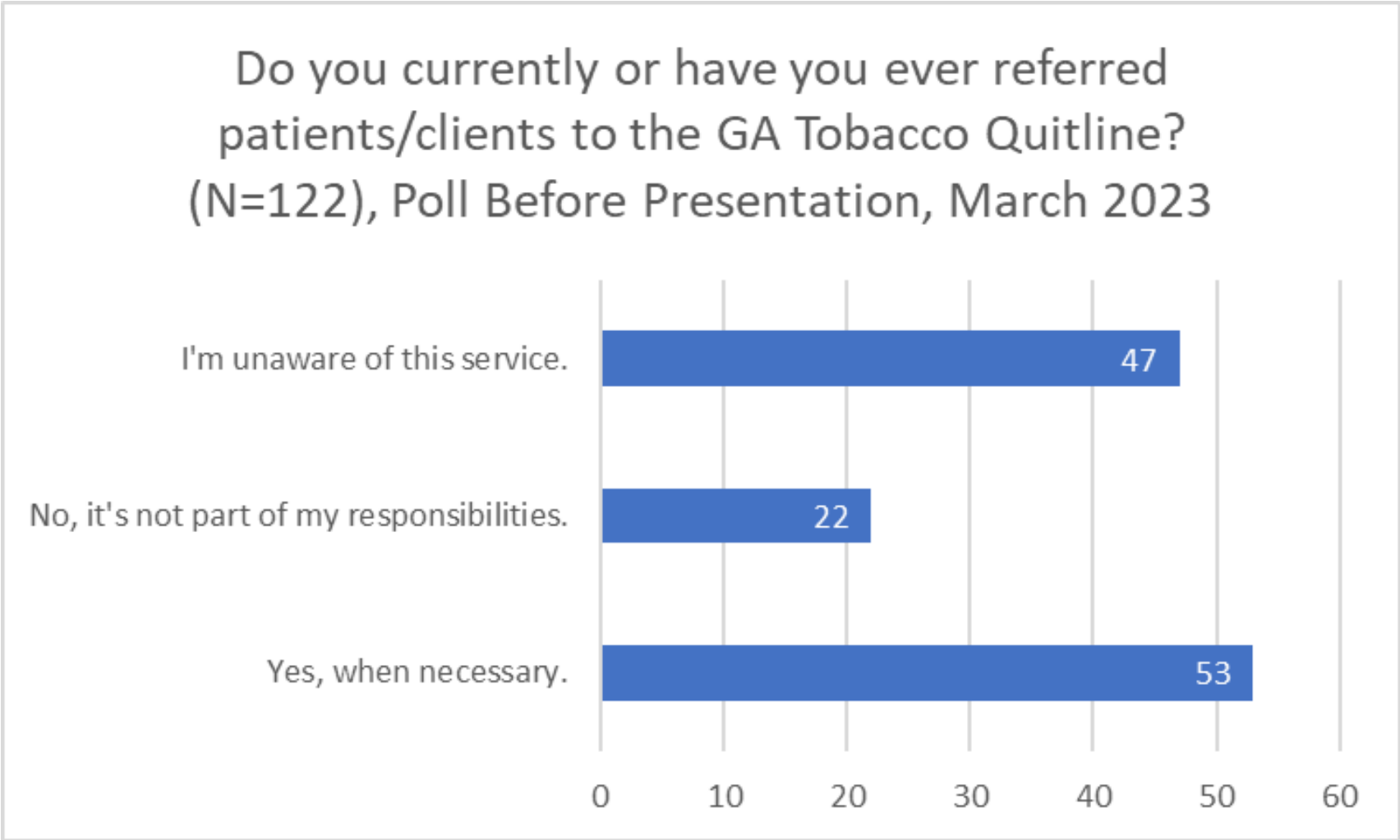
Progress to Date – Evaluation Results

- To date the training was rated:
  - How helpful was the information in this presentation?
    - 4.8 out of 5 stars (n=173) for being very helpful
- Tobacco Cessation Program Manager has been contacted for materials and more information on GA Quitline Referral Training
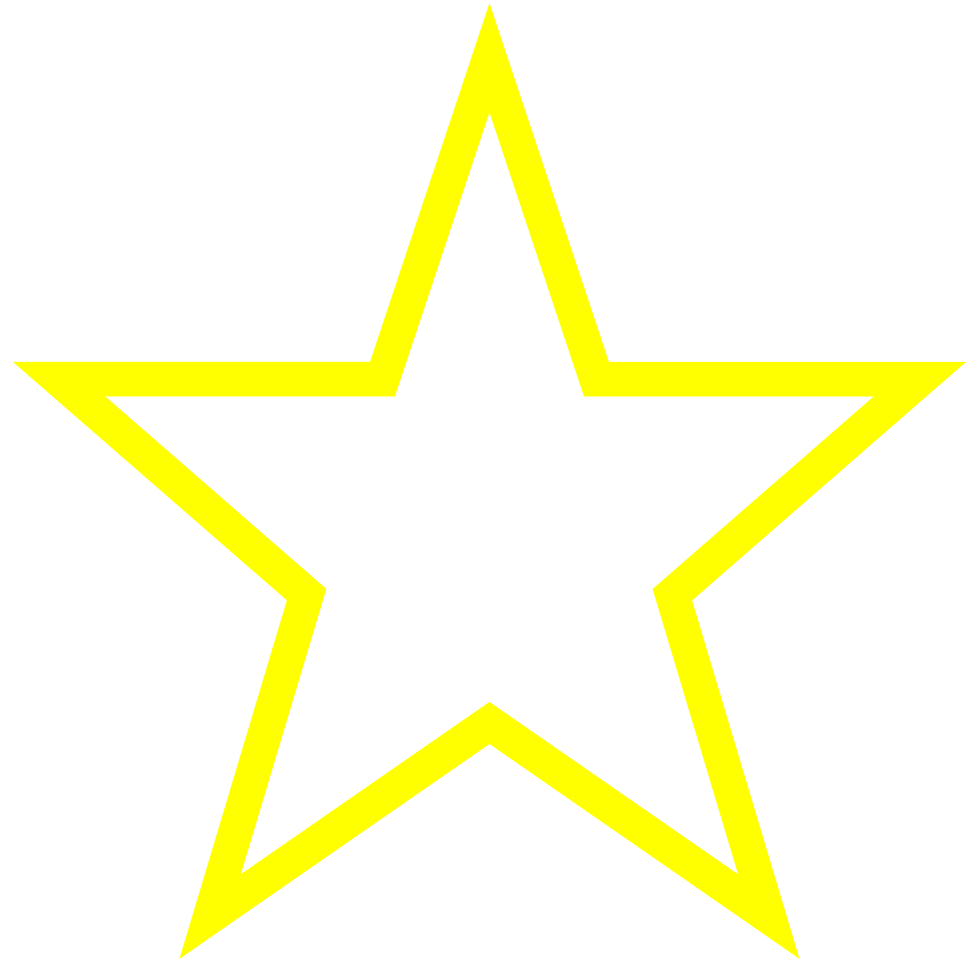
Evaluation Results - Continued

Q5 I feel confident talking about tobacco use and that it contributes to the risk of SUID.

Legend: Very Uncon... | (no label) | Neutral | (no label) | Very Confid...

Evaluation Results - Continued

Q6 Do you plan to refer patients or clients to the Georgia QuitLine after this presentation?
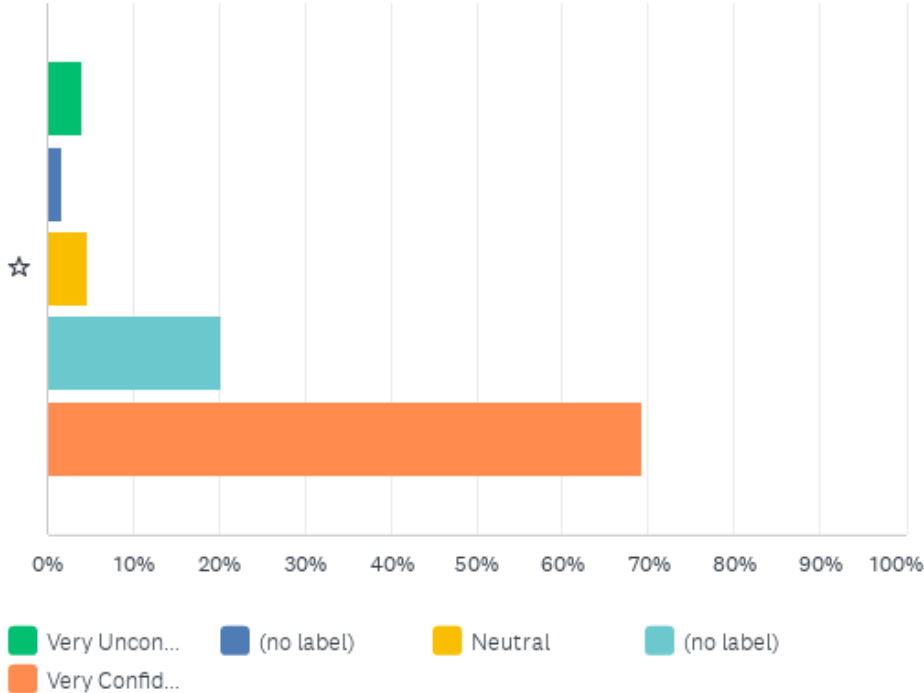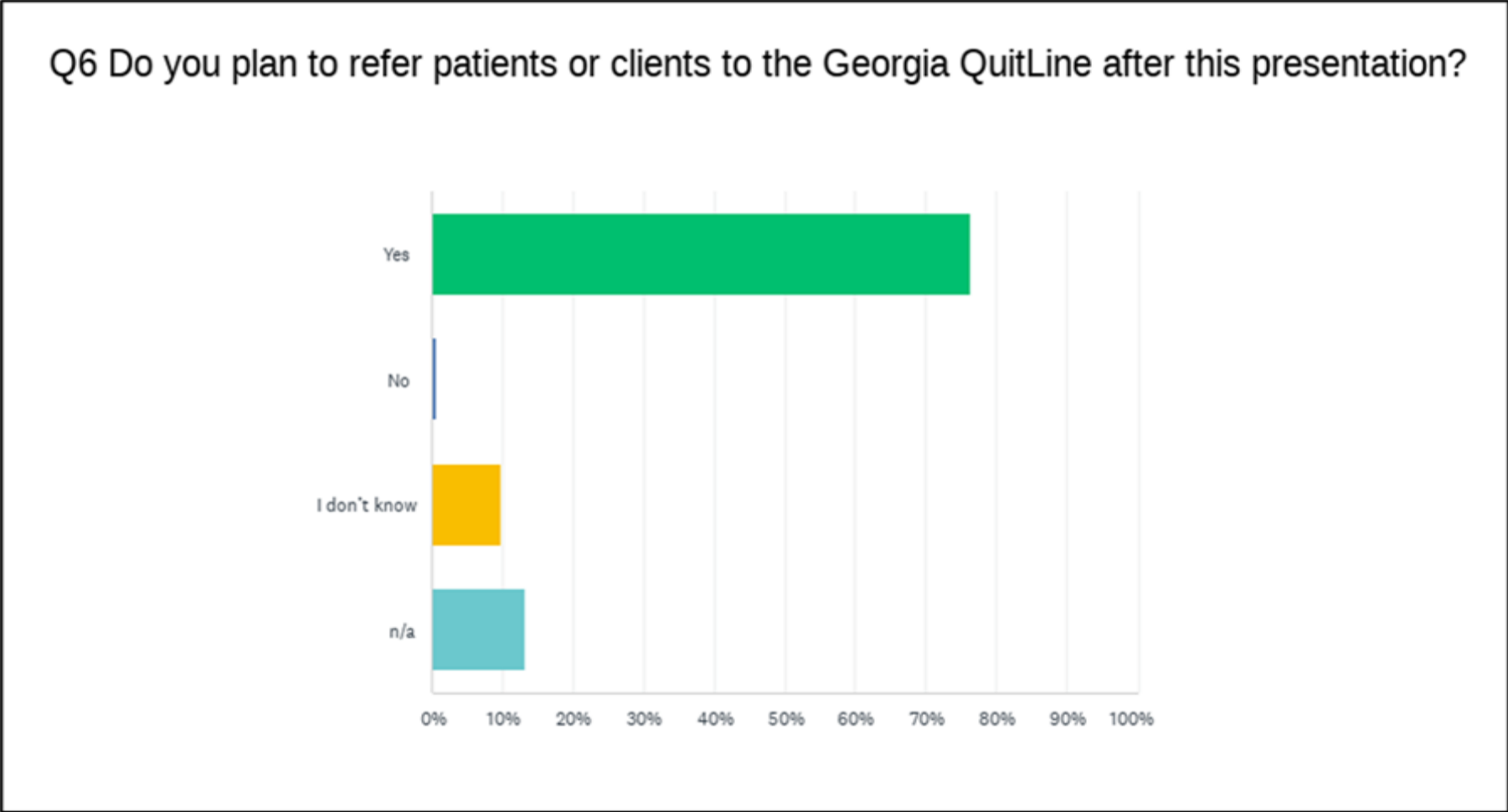
Evaluation Results - Continued

Q7 Would you like a more detailed training or information on the GA Tobacco QuitLine or referral process?
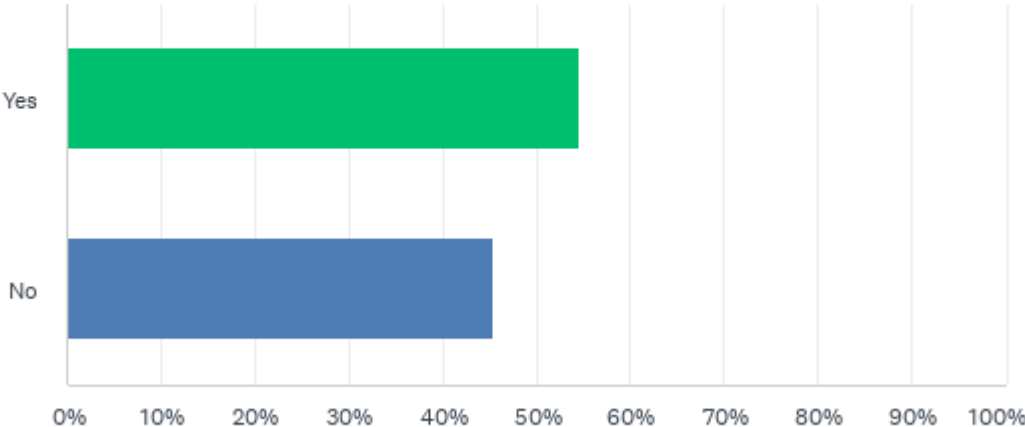
Possible Next Strategy

- Continue to offer the training in a webinar format
- Offered on-demand at the request of a facility
- Continue to monitor referrals to the GA Quitline to evaluate if they are increasing from the baseline
- Create visual collateral for social media, print and other publications

Questions?

10 MINUTE STRETCH BREAK

Adapting Evidence-Based Approaches

Bina Ali

CSN-A Resource: Adapting Child Safety Interventions

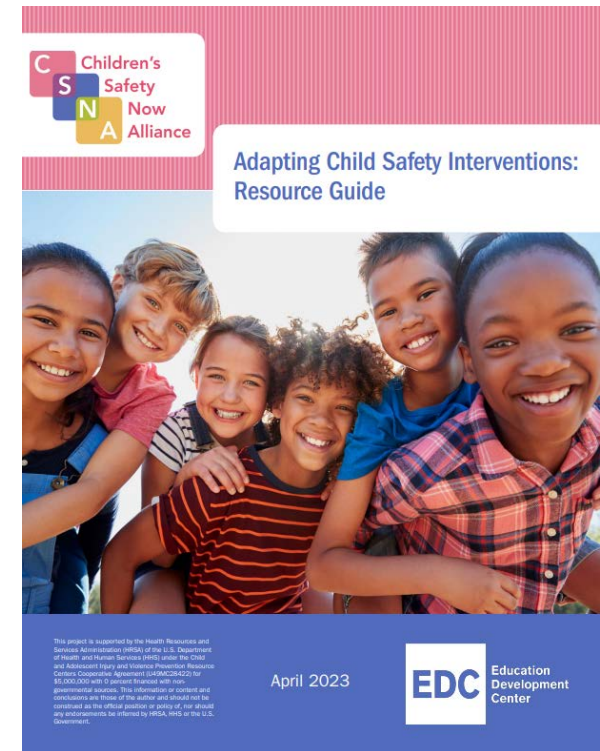- **Purpose of this resource:** To help meet the need of states and jurisdictions by providing information and resources on evidence-based practices adaptation.

- The guide includes:
  - Overview of intervention adaptation
  - Information on core elements and other key concepts
  - Specific steps in program adaptation
  - Examples from the field
  - Resources for implementing each step of the adaptation process

Children's Safety Now Alliance

Adapting Child Safety Interventions: Resource Guide

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.

April 2023

EDC Education Development Center

CSN-A Resource: Adapting Child Safety Interventions

Evidence-based practices exist to inform injury prevention practices. However, those practices often require adaptations to address:

- Socio-demographic characteristics of the community
- Community setting and context
- Organization's capacity

What Can Be Adapted?

- Many aspects can be modified, including its planning process, contents, intended population, delivery, and evaluation

- Adaptations should not alter the core elements

- Core elements refer to components that are tied to the program's theory of change and believed to be responsible for the intervention's effectiveness

The "Green-Yellow-Red Light" Approach

Describes the types of adaptations that are safe (green); those that merit caution and the support of an expert (yellow); and those that should be avoided (red)

Green light changes are usually minor, made to improve program fit, and are considered okay to make.	**Yellow light** changes usually involve adding or modifying intervention components, and should be approached with caution	**Red light** changes are those made to core intervention components, and should be avoided when possible.

Source: National Cancer Institute. Implementation science at a glance; n.d.
https://cancercontrol.cancer.gov/sites/default/files/2020-07/NCI-ISaaG-Workbook.pdf

52

Steps in the Adaptation Process

1. Engage the community and define the issue
2. Assess organizational capacity and readiness
3. Review evidence-based interventions, choose one, and re-assess the organizational capacity
4. Select non-core components that can be modified and develop adaptations
5. Train staff and test adapted materials
6. Implement the adapted intervention and evaluate the implementation and outcomes
7. Assess and make further adaptations

CSLC Case Studies on Adaptations

- Bullying Prevention: Adapting for Context and Priority Populations
- Suicide and Self-Harm Prevention: Adapting to Increase Capacity

Discussion: Adaptations in Title V Work

Clare Grace Jones

Breakout Instructions

For this breakout you will be placed in random groups, so that you will have a chance to connect and discuss adaptations across topic areas.

Breakouts will be for approximately 20 minutes with time to share out with the large group to follow.

Storyboard 3

Louisiana

Suicide and Self-Harm Prevention

Louisiana:
Suicide and Self Harm Prevention

Presenter:

Nicole Cousins, MS

Data Team Program Monitor

Bureau of Family Health – OPH – Louisiana Dept. of Health

Project Rationale

The Problem:

- Data from multiple sources demonstrates a need for suicide prevention programs in schools and increased focus on children's mental and emotional health

- Legislation has recognized unexpected deaths of children as a significant public health concern warranting review and action

- National Violent Death Reporting System (NVDRS):

  - In 2017, we began to gather critical data on homicide, suicide and unintentional firearm fatalities using NVDRS

  - NVDRS helps state and local officials understand the circumstances contributing to violent deaths by linking data from multiple sources including: Medical Examiner, Coroner, law enforcement, toxicology, and vital statistics records

    - 2020 LA-VDRS data show that among children 10-19 years old, 23% of violent deaths are due to suicide

Louisiana Youth Suicide

- Louisiana suicide rates have been increasing

- Especially among youth ages 15-19

- Louisiana suicide rate in 2021 for youth 10-19 years old exceeded the US rate

- 7.5 vs. 6.8 per 100,000

Louisiana Suicide Rate Per 100,000 Ages 10-19
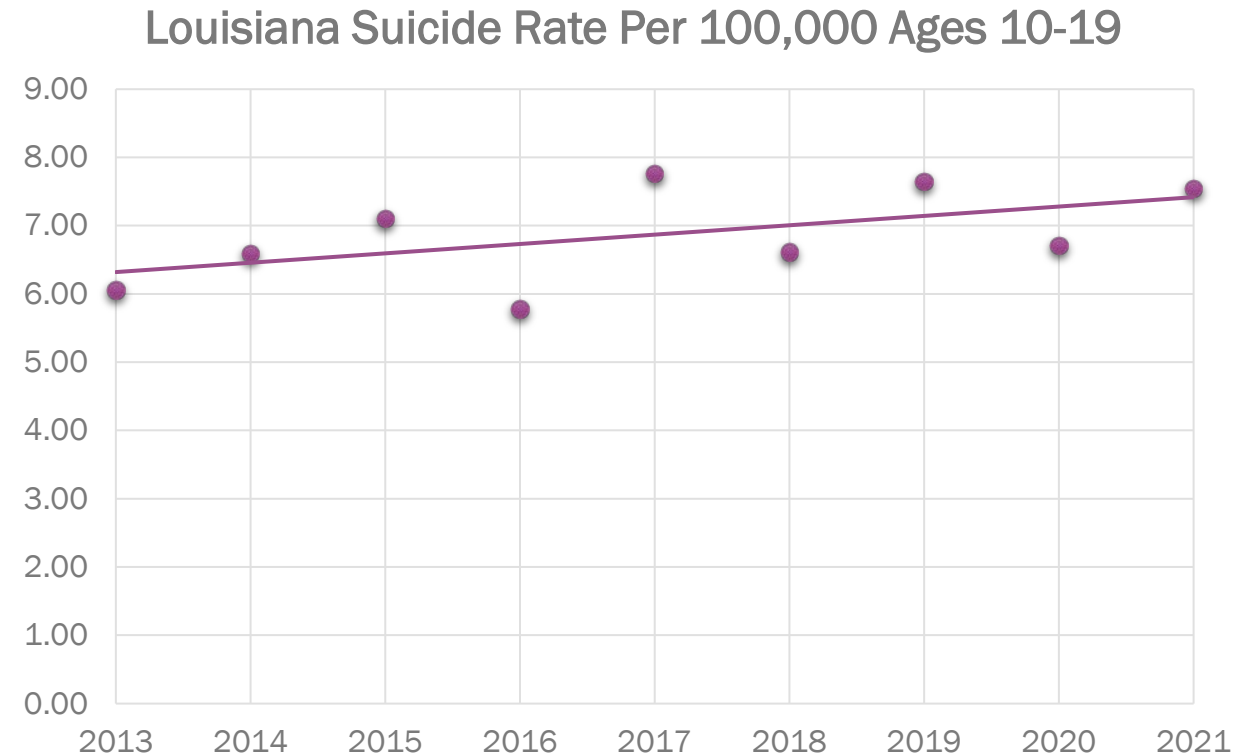
Louisiana Youth Suicide

- Among Louisiana High School students who took the 2019 Youth Risk Behavior Survey (YRBS)

- 17.7% seriously considered attempting suicide

- 15.2% attempted suicide

- Nationally, 8.9% of US high school students reported attempting suicide

- New data coming out this spring will help to inform our work as we move forward

Suicide Mechanism

Between 2013 and 2021, 373 Louisiana youth age 10-19 died of suicide

- 55% from firearms
- 31% from hanging
- 6% from self poisoning

Louisiana State Child Death Review (CDR) and Suicide Prevention Recommendations

Established in 1992, CDR aims to identify the causes of unexpected child death and methods for prevention

CDR works to:

- Strengthen/identify opportunities to build capacity in:
  - Suicide prevention programs for children
  - School-based bullying prevention programs
  - Support for schools in effectively implementing suicide prevention tools and, should a death occur, support schools in responding to the loss
- Determine if anticipatory guidance in healthcare exists when providers suspect a child is suicidal
- Support follow up care efforts after emergency visits for suicide attempts
- Enforce suicide safety intervention plans as a standard of care for suicidal children

Louisiana's SSHP Team

Gatekeeper training statewide with the goal of offering training to a wide range of organizations that serve children.

- Participating Organizations:
  - OPH Region 4 Public Health Office
  - Louisiana Office of Behavioral Health
  - Louisiana Department of Education
  - Louisiana Office of Public Health – Bureau of Family Health
    - ✓ Adolescent School Health Program
    - ✓ Child Death Review Team
    - ✓ National Violent Death Reporting System
    - ✓ ED-SNSRO
  - The Family Tree Information Education and Counseling Center

Team Member Roles

BFH Staff

- Lead- Data to Action Team Program Assistant, BFH
- School Based Health Team
- Region 4 Maternal Child Health Coordinator
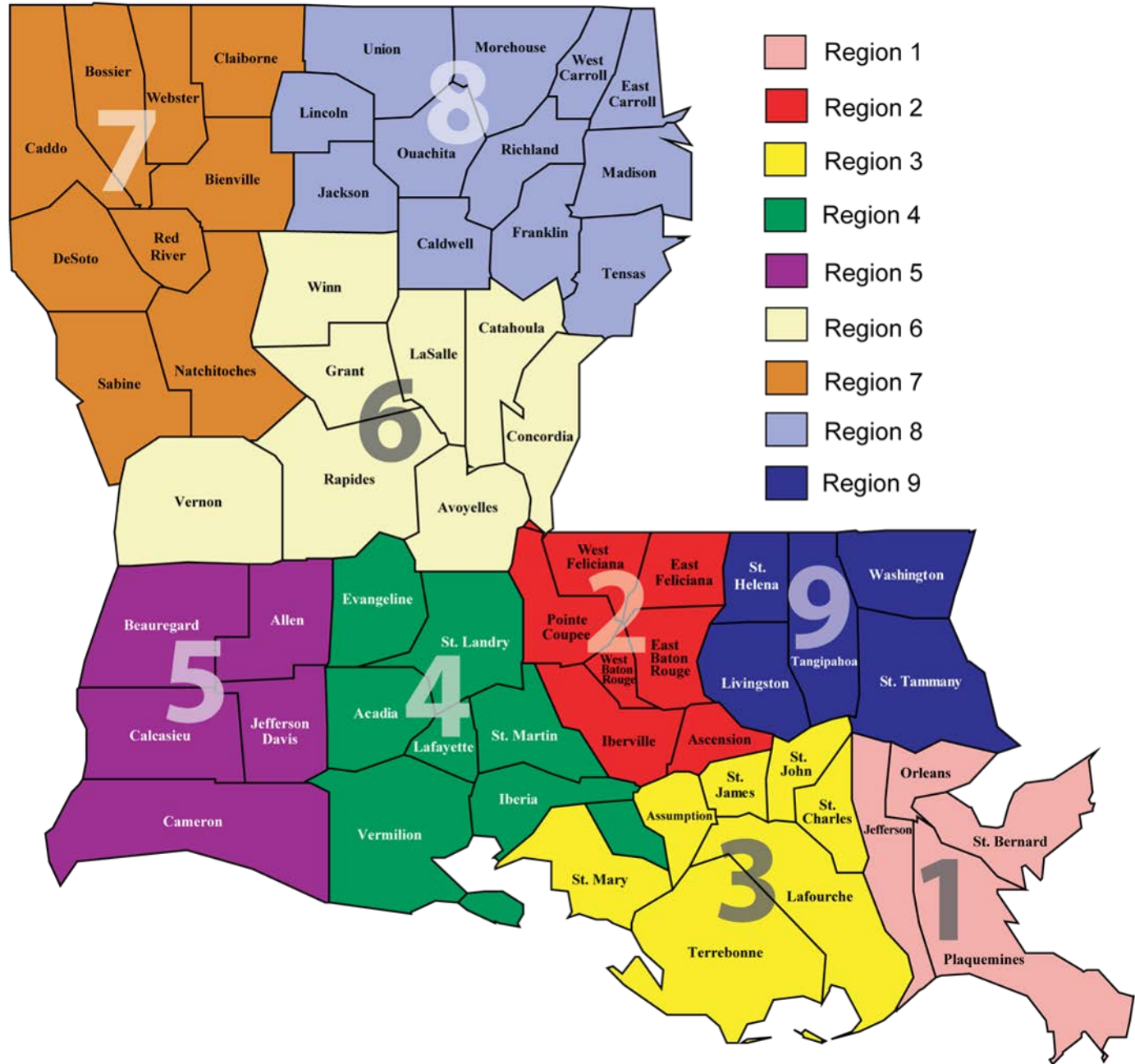- Suicide/Injury Epidemiologist
- Injury Prevention Coordinator

Local Partners

- Office of Behavioral Health Suicide Prevention Manager
- Suicide Prevention Coordinator, The Family Tree Lafayette
- Gatekeeper Trainer, The Family Tree Lafayette
- Department of Education, Program Manager
- Local School Systems
- Regional Medical Director

Impact Story

- Feedback from the local community/health care providers resulted in shift in AIM from Cohort 1 which was valid and reliable screening in ERs

- With support from CSN, team shifted change package selection to gatekeeper training

- Embarking on this work has led to stronger collaborative relationships and increased resources for suicide prevention in Louisiana

- Thanks to an increase in use of the virtual world, Louisiana's team was able to quickly expand gatekeeper training statewide

- In cohort 3, Louisiana secured funding and established consistent monthly gatekeeper training sessions and is looking to expand to new audiences and organizations serving children

Project Approach

Measures

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

AIM Statement

- Spread access to evidence-based gatekeeper training to youth serving organizations (educators and child welfare) statewide through the availability of virtual QPR training and self-directed Living Works START models.

Cohort 2 Louisiana New Focus

Two types of Gatekeeper training being offered to school-based health professionals:

1. Question Persuade Refer (QPR) Training - QPR teaches how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help
2. LivingWorks Start - Online Suicide Prevention Training 90-minute self-guided training program that teaches trainees to recognize when someone is thinking about suicide and connect them to help and support

Strategy to Date

Cohort 3: Expansion - Partners

New Orleans Musicians' Clinic & Assistance Foundation

UNO Residence Life and Counseling Center

Court Appointed Special Advocates

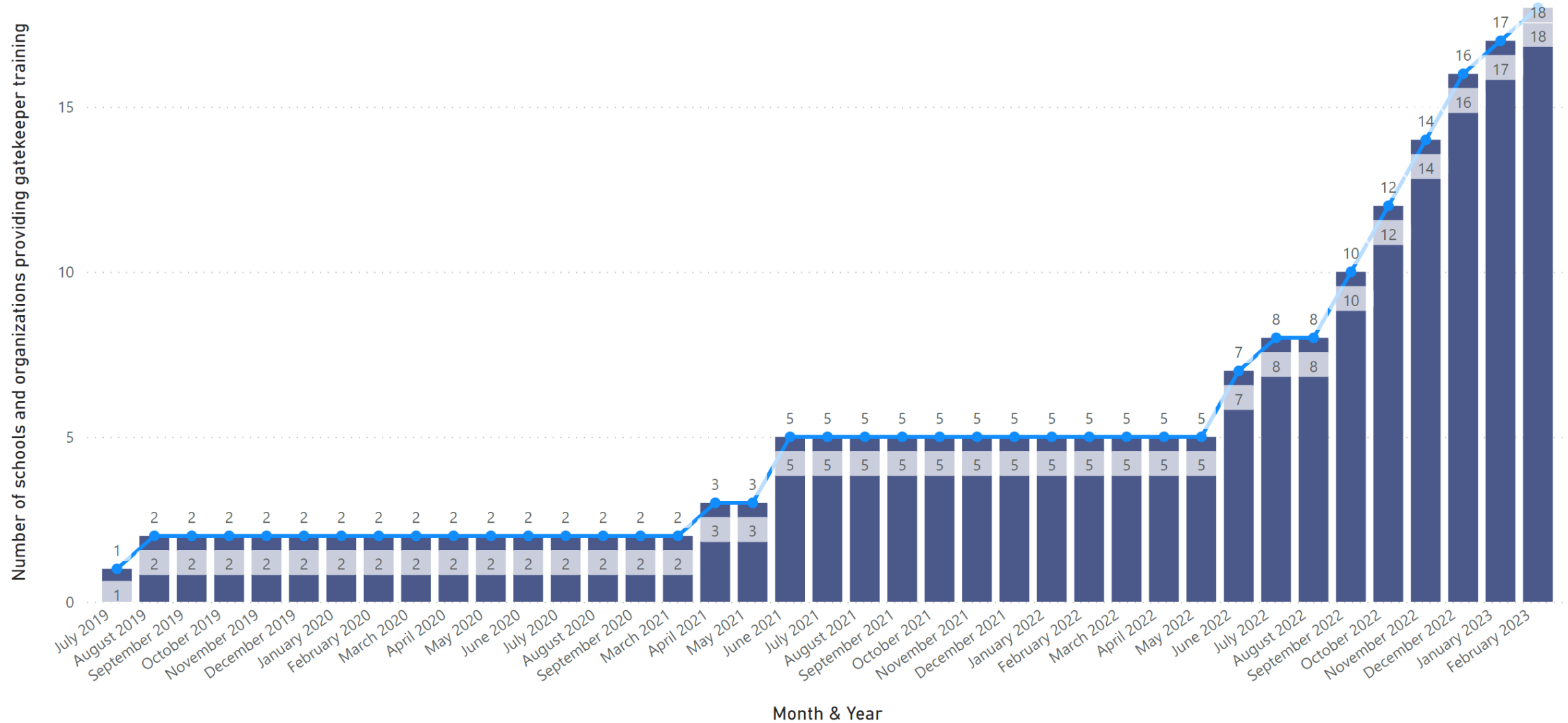LAFASA Merakey ACDC Inc.

CASA of Terrebonne

Clinic and Behavioral Health

Juvenile Probation Officers

Healing Hearts and Hands

Measure 2. Number of schools and organizations providing gatekeeper training

Question Persuade Refer and LivingWorks

Family Tree Sessions 2021:

- LivingWorks START: (83)
- LASBHA Conference: (59)
- Eventbrite Sessions: (61)
- DOE Conference: (21)
- DCFS Trainings: (104)

Total: 328 people trained

Family Tree Sessions 2022:

- June (2 sessions) (68)
- July (1 session) (11)
- August (1 session) (11)
- September (2 sessions) (19)
- October (2 sessions) (39)
- November (2 sessions) (20)
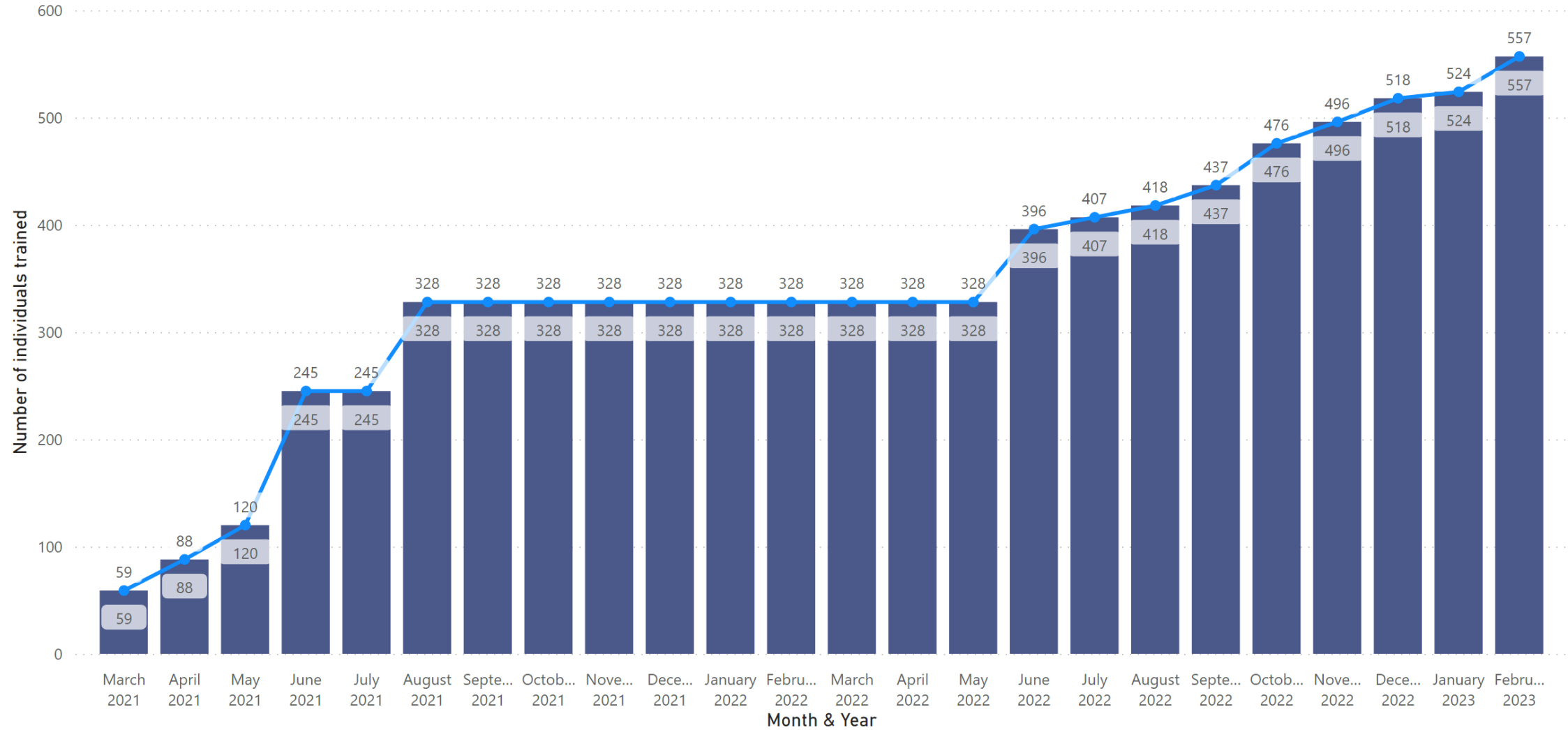- December (2 sessions) (22)

Total: 190 people trained

Family Tree Sessions 2023:

- January (1 session) (6)
- February (1 session) (33)
- March (1 session) (3)

Total: 42

Measure 2a. Number of individuals trained

Process Measures

- # of schools and organizations participating in QPR and Living Works trainings:
  - 18 total
- # of professionals and parents trained:
  - 560 total

Lessons Learned

- ☑ Testing interventions in systems within which the bulk of the CSLC team has no direct involvement requires more time and can be influenced by systems changes beyond team control

- ☑ Importance of deliberate planning, stakeholder analysis, stakeholder needs assessment, researching best approach to meet needs, flexibility and ability to respond to stakeholder needs

- ☑ Virtual training can be successful and a more efficient way to increase access for certain organizations and professionals
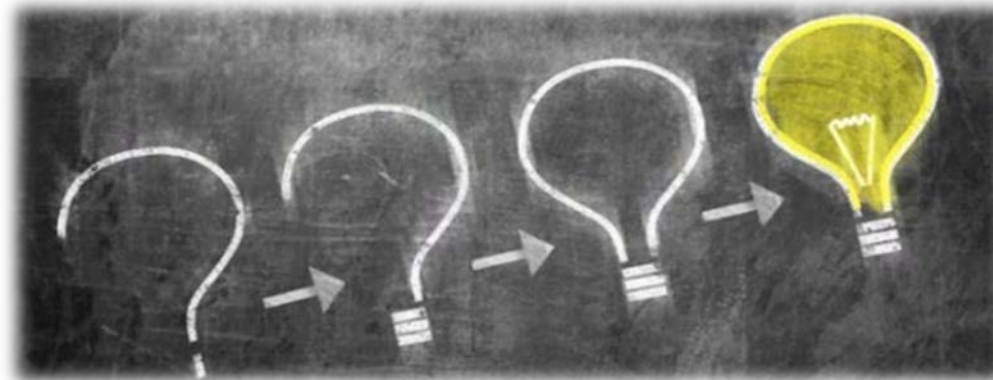
Next Steps . . .

- Expanding audience:
  - Our Gatekeeper trainers are looking to expand to new audiences such as veterans
- CSLC Catalyzed work:
  - Suicide Community Alert Network (SCAN)
  - CDC Comprehensive Suicide Prevention Grant
    - BEACON Community Care Connections

Acknowledgments – Thank you to our team!

Lafayette Area Champions and Partners

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- Janice Zube

Louisiana Department of Health:

- Megan Jespersen, Darrell Montgomery

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- Jane Herwehe, Amanda Perry, Faith Boudreaux, Jason Lochmann, Kristen Sanderson, Lizzy Nguyen,

The Family Tree Information Education and Counseling Center

- Brittney Williams, Mallory Gothe, Rachel Belloni

Additional Information & Questions

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Questions?

What To Expect From Day 2

Jenny Stern-Carusone

Agenda Day 2

Welcome and Recap of Day 1

Ice Breaker Activity

Storyboard Presentation

Sustaining the Gains: Best Practices and Planning For Spread

Sustaining the Gains: Leveraging Social Media for Public Health

Discussion: Using Social Media & Partnerships

Sharing out

Stretch Break!

Storyboard Presentation

Being Part of Something More: Using the CSLC To Strengthen Your Work

Being Part of Something More: Findings from the CSLC Evaluation

Final Web Portal Review & CSLC Next Steps

Web Portal Scavenger Hunt

What Will You Do By Next Tuesday?

Thank you!

Please fill out our evaluation:

https://www.surveymonkey.com/r/CSLCLS7Day1

Visit our website:

www.ChildrensSafetyNetwork.org

See you tomorrow!
1:00-4:00p ET