



**Day 2: April 19, 2023**

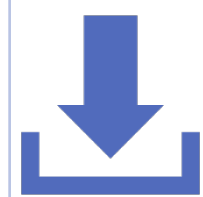
**Learning Session 7**



# 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



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.

# 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?

# Ice Breaker Activity



**Lauren Gilman**

# Mood Meter Activity


**🐾 ON A SCALE OF CAT, 🐾  
HOW ARE YOU FEELING TODAY?**



# Storyboard 4

Florida

Suicide and Self-Harm Prevention



Florida Social norms, Teaching Skills,  
Advocacy and Resources



# FLORIDA SSHP LEARNING SESSION 7



By the Florida S.T.A.R Team





# TABLE OF CONTENTS

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## DATA COMPARISONS

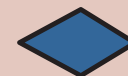
- State and national
- Florida Hospitalizations and ED Visits

## SURVEYS

- Methodology changes
- Survey Results

## CSLC CHANGE PACKET

- Problem statement
- Aim & Goals
- Theory of Change
- Strategies & Measures
- Strategies & Measures
- Meet the Team
- Continuing the work



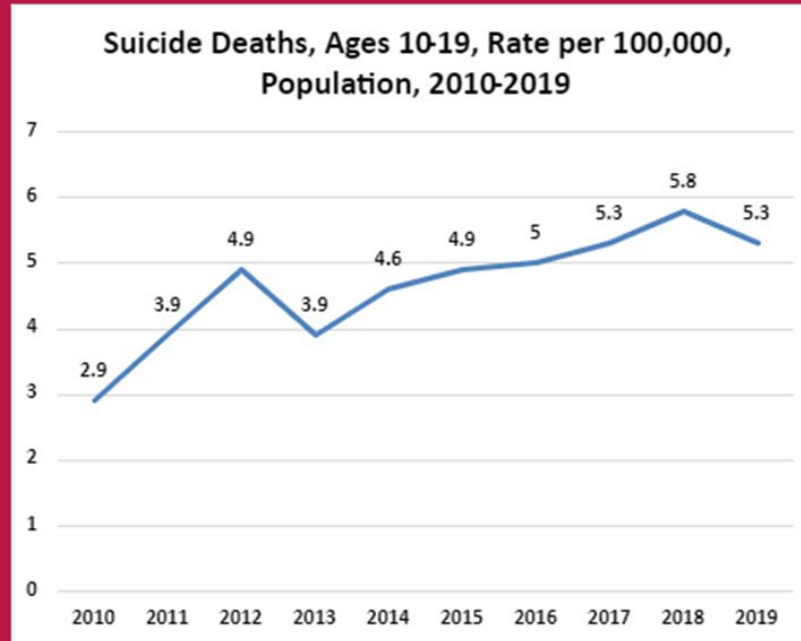
Florida SSHP LS7

5.4 PER 100K

2019 RATE OF YOUTH  
SUICIDE IN FLORIDA

2.9% TO 5.4%

INCREASE IN SUICIDE  
FROM 2010 TO 2019



9.4% TO 15.6%

INCREASE IN HIGH SCHOOL  
STUDENTS REPORTING  
MAKING A PLAN FROM 2010  
TO 2019

Sources:

Centers for Disease Control and Prevention. National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. {2021 Oct. 18}.

Florida SSHP LS7

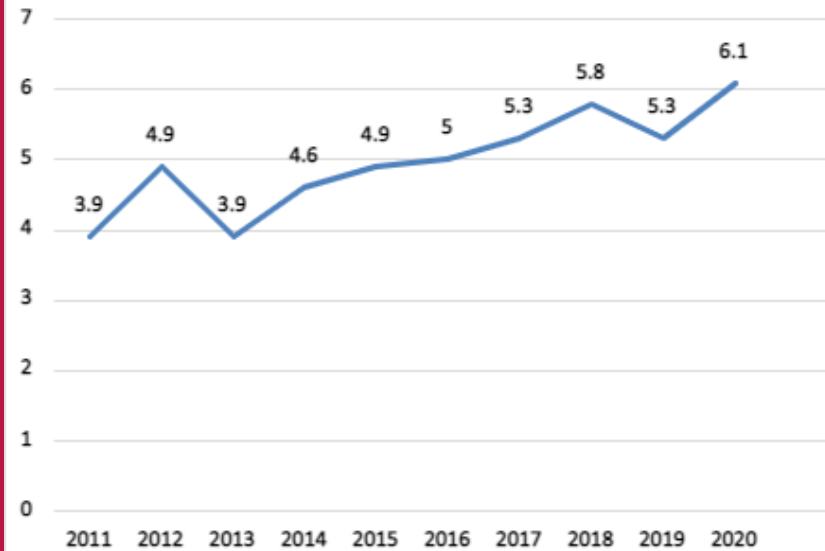
6.13 PER 100K

2020 RATE OF YOUTH  
SUICIDE IN FLORIDA

3.9% TO 6.1%

INCREASE IN SUICIDE  
FROM 2011 TO 2020

Suicide Deaths, Ages 10-19, Rate per 100,000,  
Population, 2010-2019



10.4% TO 13.8%

INCREASE IN HIGH SCHOOL  
STUDENTS REPORTING  
MAKING A PLAN FROM 2013  
TO 2021

Sources:

Centers for Disease Control and Prevention. National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. {2021 Oct. 18}.

# 2019



| Youth Suicide  | Self-Harm Hospitalizations ( <18 years) | Self-Harm Emergency Department Visits (<18 years) |
|--|---|---|
| 10 - 14 years <ul style="list-style-type: none"> <li>26 died by suicide</li> </ul> | 939 admissions                          | 3,474 visits                                      |
| 15-19 years <ul style="list-style-type: none"> <li>102 died by suicide</li> </ul>  | 22.2 per 100,000                        | 81.9 per 100,000                                  |

Source: Florida Health CHARTS. Suicide Deaths. Retrieved from [https://flhealthcharts.com/charts/LoadPage.aspx?l=rdPage.aspx?rdReport=Death\\_DataViewer&cid=0116](https://flhealthcharts.com/charts/LoadPage.aspx?l=rdPage.aspx?rdReport=Death_DataViewer&cid=0116)



# 2021



| Youth Suicide  | Self-Harm Hospitalizations ( <18 years) | Self-Harm Emergency Department Visits (<18 years) |
|--|---|---|
| 10 - 14 years <ul style="list-style-type: none"> <li>29 died by suicide</li> </ul> | 1,374 admissions                        | 5,144 visits                                      |
| 15-19 years <ul style="list-style-type: none"> <li>99 died by suicide</li> </ul>   | 31.9 per 100,000                        | 119.2 per 100,000                                 |



# SURVEY METHODOLOGY CHANGES

## 2019

- Youth risk behavioral survey (YRBS)
- Florida Youth Tobacco Survey (FYTS)

## 2021 - Forward

- Florida Youth Substance Abuse Survey (FYSAS)

- YRBS ended in Florida in 2021. For data analysis purposes, Florida used similar survey questions found in the FYSAS and FYTS.
- FYSAS and FYTS surveys high school students on thinking about committing suicide or attempting suicide.
  - YRBS #26: 'During the past 12 months, did you ever seriously consider attempting suicide?'
  - YRBS #27: 'During the past 12 months, did you make a plan about how you would attempt suicide?'
- The FYTS asks high school students if they have 'felt sad or hopeless for two or more weeks in a row and stopped usual activities.'
  - YRBS: 'Experienced feelings of sadness or hopelessness daily for two or more weeks.'



# SURVEY RESULTS

## 2019 FLORIDA YRBS

- YRBS - Among high school students reported:
  - 4.8% currently smoking cigarettes
  - 7.9% suicide attempt
  - 11.8% making a plan
  - 15.6% seriously considered attempting suicide
  - 33.7% experienced feelings of sadness or hopelessness daily for 2+ weeks

## 2021 FLORIDA YRBS & FYTS

- YRBS - Among high school students reported:
  - 3.3% currently smoking cigarettes
  - 8.9% suicide attempt
  - 13.8% making a plan
  - 17.7% seriously considered attempting suicide
  - 39.3% experienced feelings of sadness or hopelessness daily for 2+ weeks
- FYTS - Among high school students:
  - 1.7% currently smoking cigarettes (past 30 days)
  - 35% feeling sad or hopeless for 2+ weeks in a row and stopped doing usual activities

## 2022 FYSAS AND FYTS

- FYTS - Among high school students reported:
  - 1.7% currently smoking cigarettes (past 30 days)
  - 33.1% feeling sad or hopeless for 2+ weeks in a row and stopped doing usual activities
- FYSAS
  - 34.2% thinking about committing suicide
  - 8.1% attempting suicide

Source:

Centers for Disease Control and Prevention (CDC). 1991-2019 High School Youth Risk Behavior Survey Data. Available at <http://yrbs-explorer.services.cdc.gov/>. Accessed on [2021 Oct. 18].

Florida Department of Children and Families (DCF). 2019 Florida Youth Substance Abuse Survey. Available at <https://myflfamilies.com/sites/default/files/2022-12/2019%20FYSAS%20State%20Report%20%28Final%29.pdf>. Accessed on [202 Mar. 7].

Florida Department of Health (FDOH). 2019 Florida Youth Tobacco Survey Data. Available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer&cid=125>. Accessed on [2023 Mar. 7].



# USING THE SSHP CHANGE PACKAGE

- Problem Statement
- FL STAR TEAM - Aim & Goals
- Theory of Change
- FL STAR Strategies & Measures
- Meet the Team
- Continuing after Cohort 3





# PROBLEM STATEMENT



Suicide accounted for 17.9% of the leading causes of death in 2020 among youth between the ages of 10 to 19.

- Decreased by 2.2% (2019).



Suicide was the 3rd highest leading cause of death among youth between the ages of 10 to 19 in Florida in 2020.

- Decreased from 2nd highest (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.



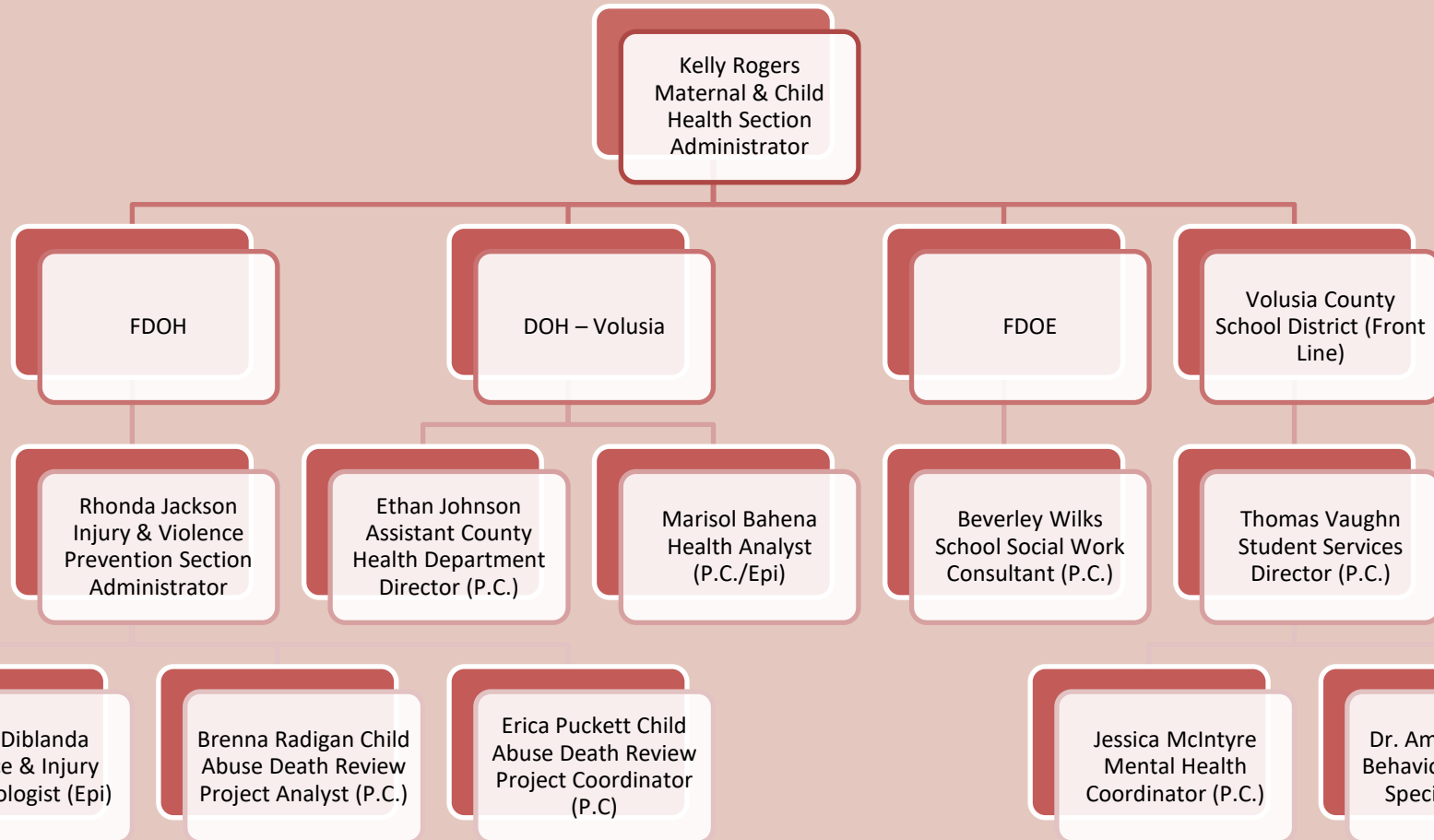
|  |   |
|--|---|
| Decrease the mortality rate from suicide by 4%   | Decrease the rate of suicide and self-harm related hospitalizations by 4% |
| Decrease the rate of suicide and self-harm related emergency department visits by 4%; all relative to Florida's baseline |   |

# THEORY OF CHANGE



| Resources             | Activities   | Outcomes  |
|-----------------------|--|---|
| Partnerships          | Increase Multi-Sector Collaboration                  | Fewer youth hospitalized due to suicide and self-harm injuries        |
| Statewide Initiatives | Improve Training & Education                         | Fewer youth are visiting the ED due to suicide and self-harm injuries |
| Funding Opportunities | Educate Stakeholders and Increase Data Dissemination | Increased funding streams for youth                                   |
| Data Sources          |  | suicide prevention  |

# FLORIDA S.T.A.R TEAM



### Key

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

# FL S.T.A.R STRATEGIES & MEASURES



Implement and spread evidence-based multi-component suicide and self-harm prevention programs for children and adolescents.

- Florida is implementing a Multi-tiered System of Supports (MTSS). The MTSS involves the systematic use of multi-source assessment data to most efficiently allocate resources in order to improve learning for all students, through integrated academic and behavioral supports.

## Measure 6

- The number of schools and organizations providing evidence-based multi-component suicide and self-harm prevention programs
  - Under MTSS, there are 16 EBP available in FL's pilot county, Volusia.

## Measure 6a

- The number of children and adolescents who participated in the programs.
  - School enrollment data from participating schools.



# CONTINUING THE WORK

- Identify Volusia County Schools implementing all MTSS tiers.
- Identify the disciplinary and substance abuse referrals at these schools.
- Use these referrals at selected schools to analyze discrepancies.
- Conduct analysis on implementation, evaluating fidelity and create improvement plan.
- Create process questions to educate school leadership on QI planning
- Research funding opportunities supplement fill training gaps.

# PREDICTIONS



Schools with high MTSS utilization will show low rates of disciplinary and substance abuse referrals

Schools lacking any positive relationship with MTSS utilization will be attributable to training needs.


School leadership will approve a quality improvement plan and implement.

Training needs will be able to be supplemented through existing grant opportunities.





# FL S.T.A.R'S VISION FOR THE FUTURE

CSLC encouraged Florida to have a comprehensive understanding of our infrastructure, identify systems we can improve, and introduces us to diverse sets of partners. 



Reflecting on our work, Florida STAR Team acknowledges where we are, and what work needs to be done to fill in the gaps and provide strong suicide prevention programming for youth in all counties.

# Questions?

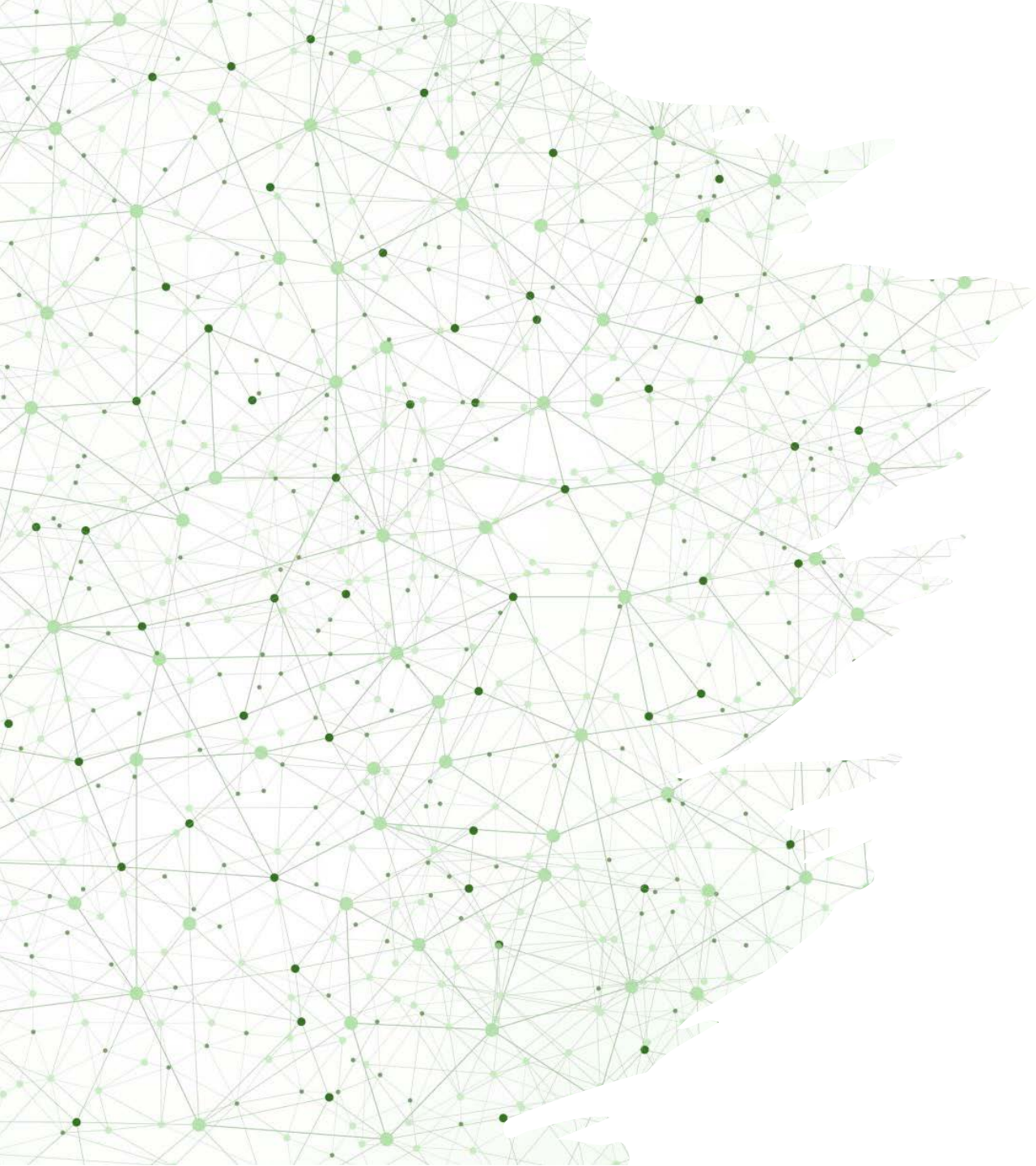




# Sustaining the Gains: Best Practices and Planning For Spread



Jenny Stern-Carusone



# Objectives

- Identify best practices for sustaining the gains
- Identify spread ready changes
- State key components of a spread plan
- Understand the role of communication in spread

# Old Way

## Creating a New System

Improvement



Sustaining the Gains



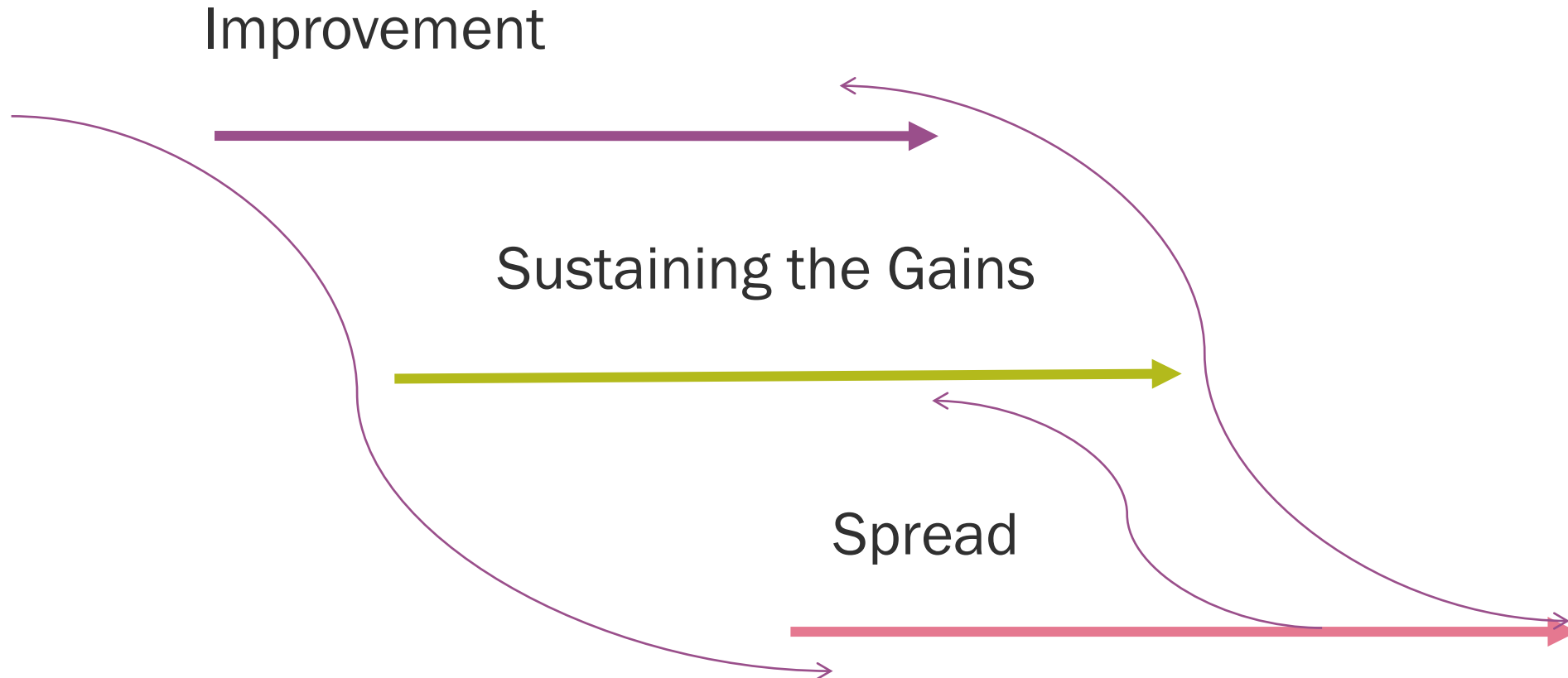
Spread



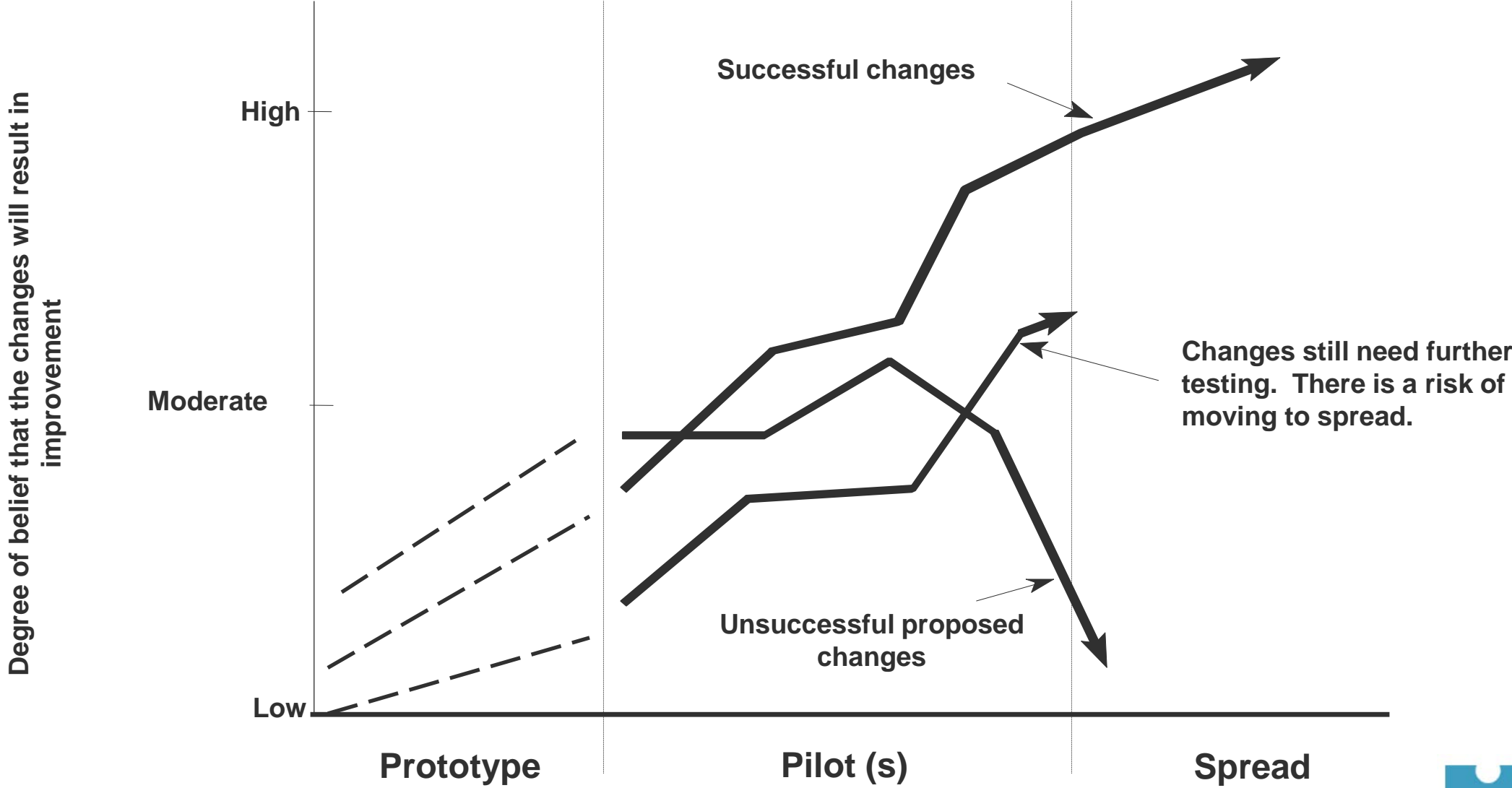
# New Way

## Creating a New System

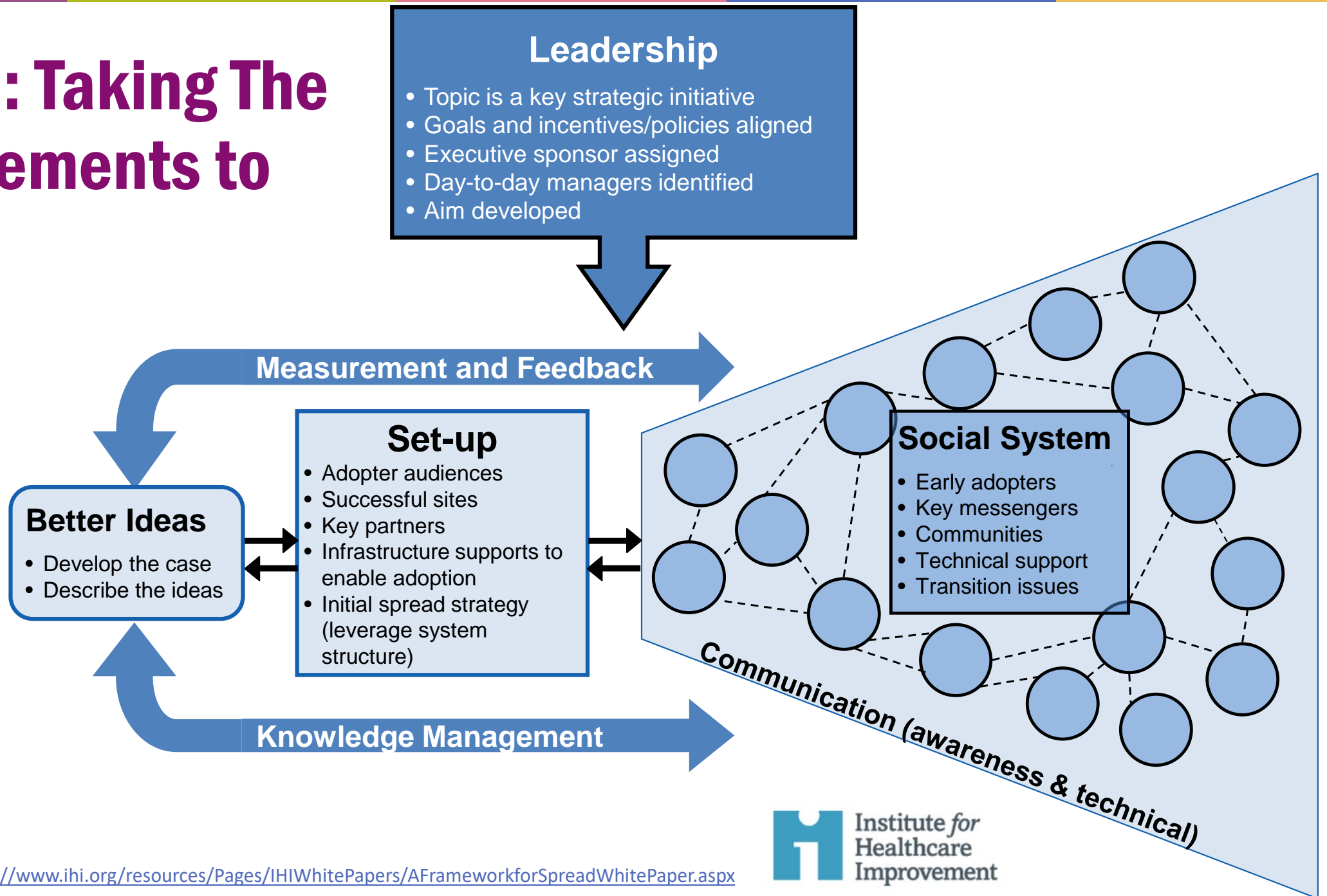
It's much more organic than we thought



# Where is Your Change?



# Spread: Taking The Improvements to Scale



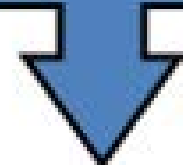
# Components of a Spread Plan

# Leadership and Management

- Can you identify the leaders that champion your work?
- Are you able to connect your work to larger strategic initiatives?
- Does leadership provide incentives that are aligned with your work?
- Do you have adequate resources to achieve your goals?
- Is there policy and procedure supporting your work?
- Are there systems to manage?

## Leadership

- Topic is a key strategic initiative
- Goals and incentives/policies aligned
- Executive sponsor assigned
- Day-to-day managers identified
- Aim developed





# Leadership: Strategic Significance? Designated Person? Policy Support?

## Leadership for Spread

- ◆ To what extent is spread of injury and violence prevention child safety strategies on this topic a priority strategic initiative for the key leadership organizations you have identified in your state?  
 Not at all  Slightly  Moderately  Very  Extremely
  - For which organizations is it a priority? How do you know?
  - Whose commitment do you need to secure? How might you go about doing that?
  - Whose commitment are you unsure of? How might you clarify this?
  
- ◆ Is there a designated person with authority and influence responsible for spread of injury and violence prevention child safety strategies on this topic throughout the state or jurisdiction within your own organization?  
 Yes  No  Unsure
  - If yes, is the person responsible passionate about the strategies selected?  
 Yes  No  Unsure
  - Is success in spreading the strategies widely part of his/her goals/strategic objectives?  
 Yes  No  Unsure
  - What might convince this person of the importance of the selected strategies?
  - If there isn't currently a designated person, who might take on this role?

# Better Ideas: Knowing You've Got a Winning Strategy



- What is the need to expand?
- Where are the gaps and areas for improvement?
- What are the best practices or better ideas?
- What is “evidence” that you have an improvement?
- How likely is it that the idea will spread?

**Think about one item worthy of spread in your project. Rate the change on a scale of 1-5. {1 - very weak; 3 - ok; 5 -very strong}**

| Characteristics    | Rating |
|--------------------|--------|
| Relative Advantage |        |
| Compatibility      |        |
| Simplicity         |        |
| Trial-ability      |        |
| Observability      |        |

Source: The Improvement Guide, Pg. 200-201



# Better Ideas: How do you know it will spread?

## Better Ideas

- ◆ How confident do you feel in your ability to make the case for adoption of the selected strategies as a better idea than other strategies that might be implemented?

Not at all  Slightly  Moderately  Very  Extremely

- What evidence do you have that adoption of the selected strategies will lead to improved outcomes?

- Have you considered the benefits for all adopter groups? Have you considered what is in it for them personally?  Yes  No  Unsure

- If not, what needs to be done?

- ◆ How confident do you feel in your ability to counter important arguments against spread?

Not at all  Slightly  Moderately  Very  Extremely

- Have you identified the key arguments against spread within different stakeholder groups?

Yes  No  Unsure

- If not, what needs to be done?

- If yes, have you developed effective responses to the key counter arguments?

Yes  No  Unsure

- If not, what needs to be done?

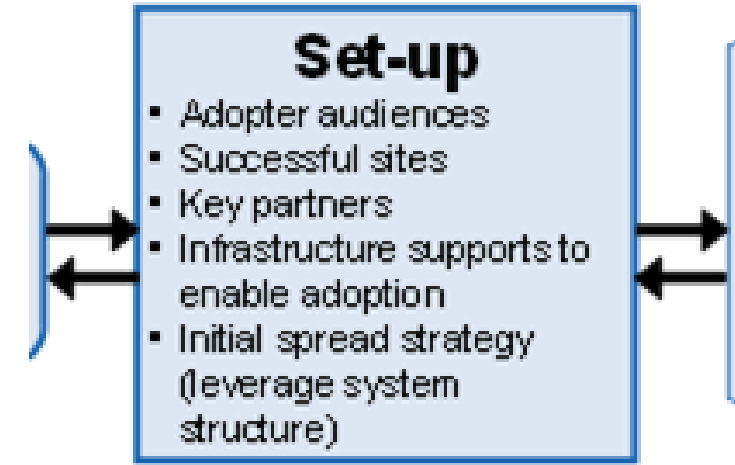
# Set Up: Questions to Consider

Target population:

- What changes do you plan to spread and to whom?

Adopter audience:

- Who makes the adoption decisions for the improvements you plan to spread?
- Will adoption be voluntary for providers? Staff?



# Set Up: Who? How? When?

## Set-Up for Spread (Implementation Plan)

- ◆ What is your target population for the strategies you have selected?  
\_\_\_\_\_
- ◆ What is your implementation plan for spread? Consider: where will change come from; how do you envision making it happen (e.g. use a broad-based communication campaign, identify and use opinion leaders, share comparative data).  
\_\_\_\_\_
- ◆ Who are the key target groups you need to reach to implement your plan for spread (e.g. community leaders, teachers, counselors, nurses, pediatricians, media figures, others)?  
\_\_\_\_\_
- ◆ Are there one or more successful sites that you can point to as a model for the state?  
 Yes  No  Unsure
  - If yes, how many successful sites are there? \_\_\_\_\_ What percent is this of the target population? \_\_\_\_\_
  - Have they implemented all the strategies you have chosen?  Yes  No  Unsure
  - Have they achieved the goals of the initiative?  Yes  No  Unsure
  - Are the sites representative of the target population?  Yes  No  Unsure
  - How so? \_\_\_\_\_
  - What is the potential role of the successful site(s) in spreading to new sites?  
\_\_\_\_\_
  - If there is not a successful site in the state, how will you demonstrate the feasibility of success?  
\_\_\_\_\_

# Managing Knowledge to Enable Spread

## Make the case for the new system

- The reasons people would want to make the changes

## Describe the new system

- “What is being spread”
- The concepts and ideas that form the content of the new system

## Transition materials

- Specific methods, tools, examples, and documents to assist people in adopting the content

## Technical Support

- Where people can go with questions regarding the changes

# Measurement, Feedback & Knowledge Management

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## Measurement and Feedback

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- ◆ What is the system for feedback?
  - How will assessment of progress and learning be communicated back to sites to support and encourage further progress?  
[Redacted]
  - What is the initial strategy to recognize and reward participation and progress?  
[Redacted]
  - How will progress be communicated to leadership?  
[Redacted]
  - What are your plans to establish two-way communication between those leading spread and the sites? (Consider: What existing venues can be used? What new communication venues need to be created? Who will be responsible to monitor effectiveness of two-way communication?)  
[Redacted]

- 
- ◆ How will outcomes be tracked and reported?

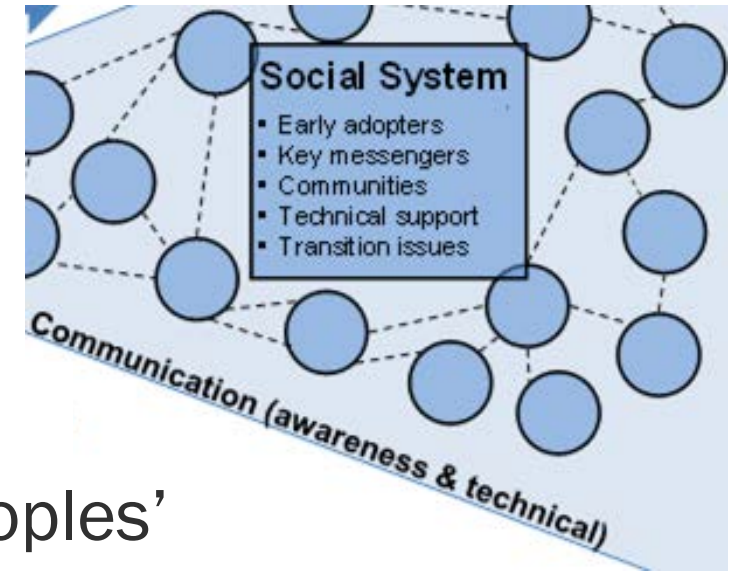
*(Note: CSN will track the CSLC outcomes of fatalities, hospitalizations, and emergency department visits when public data become available. For cohort 1 this will take place in 2023. CSLC encourages state strategy teams to meet with their state epidemiologists to explore if real time state-level outcome data is available to analyze on a more frequent basis.)*

- How will outcomes be monitored?  
[Redacted]
- Who will be responsible for collecting, analyzing, and sharing the data?  
[Redacted]



# Social System: Communicating Your Plan

- Identify early adopters, opinion leaders, connectors and salespersons
- Understand the relevant circumstances affecting peoples' ability/willingness to adopt the changes
- Take advantage of the existing relationships within the system
- Develop “communities of practice” among those with similar roles
- Communication Strategy – How will individuals make their decision to adopt the changes?



# Communication Plan: Moving from Awareness to Action

## Awareness

- Broad marketing and communication

## Persuasion

- Data feedback

## Decision

- Case studies, individualized communication

## Implementation

- Tools and resources
- Access to technical expertise

## Confirmation

- Feedback
- Leadership

# The Way We Communicate is Important

SHARE  
INFORMATION

SHAPE  
BEHAVIOR



| General Publications                                   | Personal Touch                | Interactive Activities  | Public Events  | Face-to-face                         |
|--|-------------------------------|---|--|--------------------------------------|
| Flyers<br>Newsletters<br>Videos<br>Articles<br>Posters | Letters<br>Cards<br>Postcards | Telephone<br>email<br>Visits<br>Seminars<br>Learning sets<br>Modeling | Road shows<br>Fairs<br>Conferences<br>Exhibitions<br>Mass meetings | One-to-one<br>Mentoring<br>Shadowing |

*Adapted from Ashkenas, 1995*

(C) 2001, Sarah W. Fraser

# Understanding Roadblocks to Change and Catalyzing Action

## Reactance

- The more we push the more resistant others become
- Use choice, ask questions and highlight gaps

## Endowment

- If it's not significant enough to change, people do the status quo
- Highlight the cost of doing nothing

## Distance

- If new information is too far from a person's zone of acceptance it backfires and more data doesn't help (e.g., fake news, Covid)
- Find areas of agreement, the unsticking point and ask for less

## Uncertainty

- Uncertainty halts decision making
- Make things easier to try, "trialability"

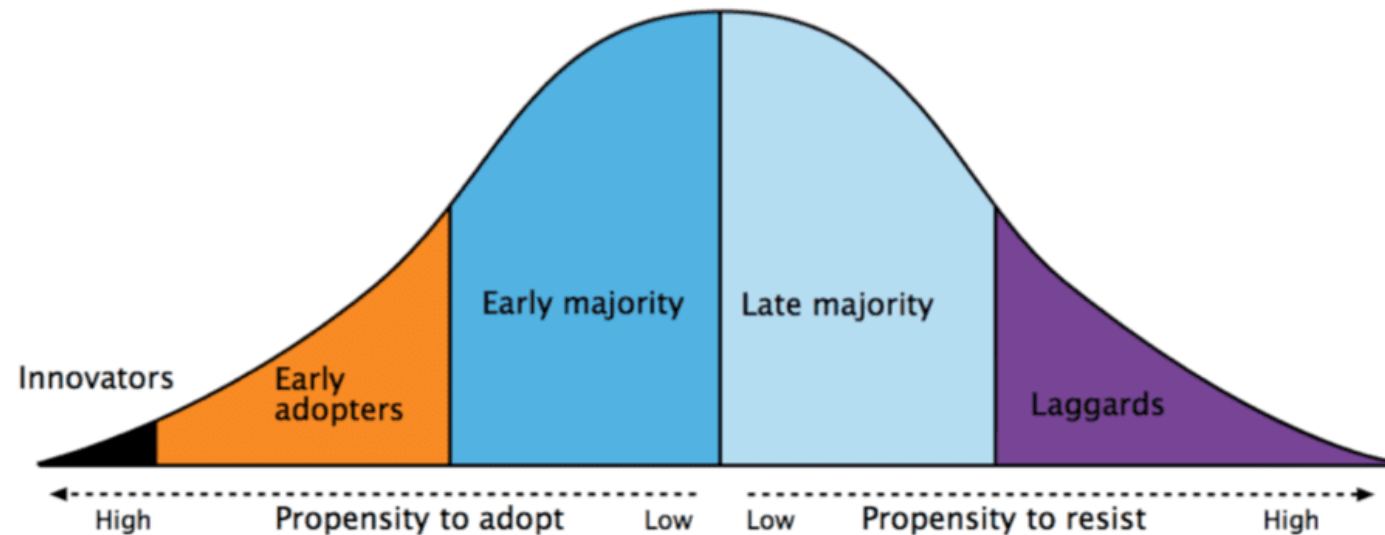
## Corroborating Evidence

- Sometimes more evidence is needed to overcome the translation problem – *It may be a problem, but do I have this problem?*
- Use multiple sources and increase number and diversity

Source: J. Berger, *The Catalyst: How to Change Anyone's Mind*

# Summary of Spread Tips

- Design to facilitate adoption
- Address resistance
- Move changes to the “left” – infrastructure, IT, policy
- Mobilize the political will for the change
- Foster innovation
- Create and execute a comprehensive Spread strategy/plan
- Remember: communicate, communicate, communicate!



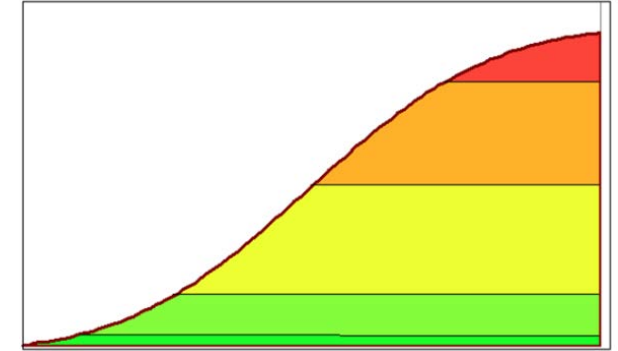
# Adoption is a SOCIAL thing!



A better  
idea...



...communicated through a  
social network...



...over time

# **Sustaining the Gains: Leveraging Social Media for Public Health**



**Clare Grace Jones**

# Overview

- Overview
- Quick share and activity
- What the research tells us
- Tips for creating a social media plan
- Questions, discussion and idea sharing
- Additional resources



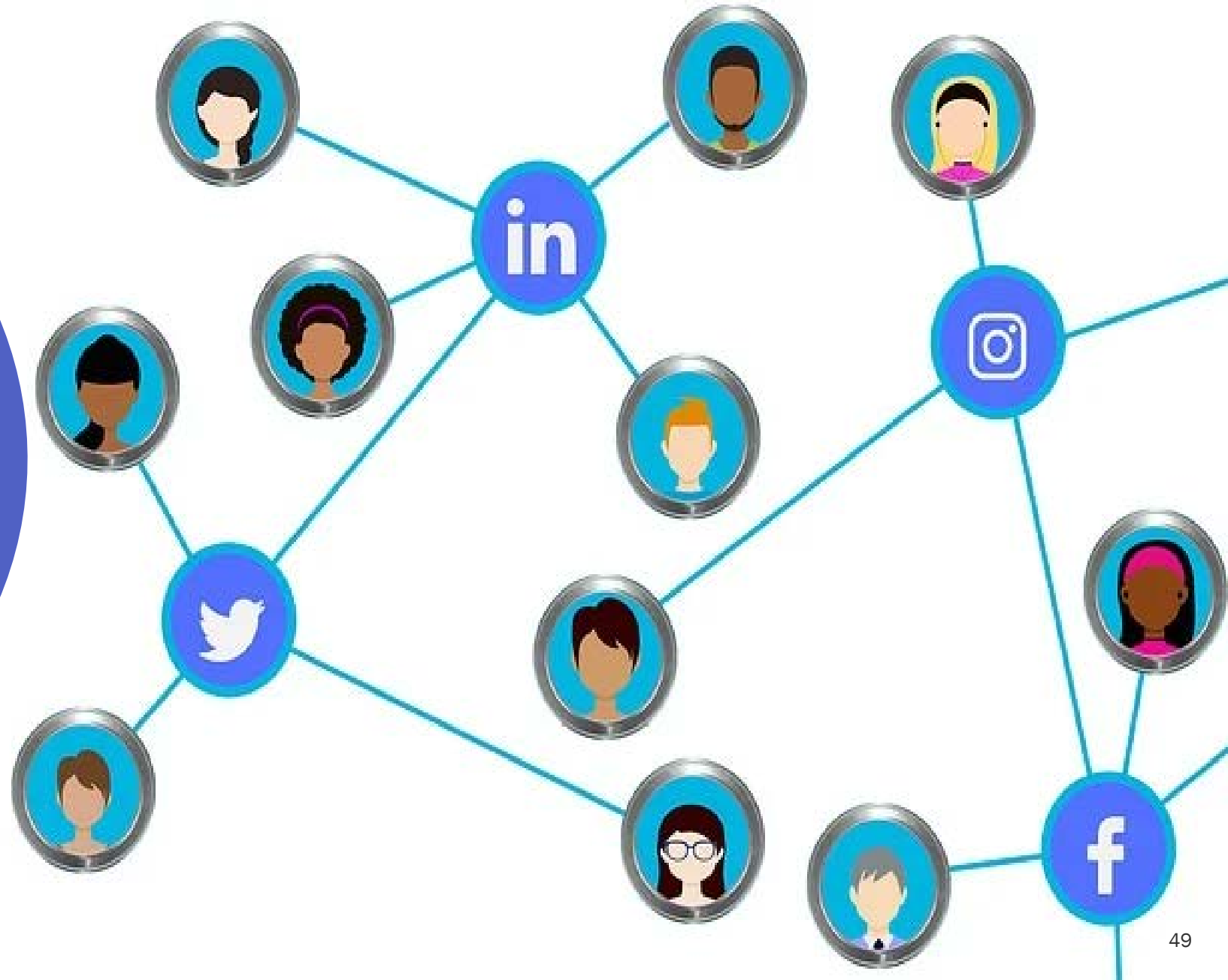


# Quick Shares

What was a favorite or impactful social media post you saw this week?

Why did it stand out to you?

Who did you share/discuss it with?



# Examples



CSN @ChildrensSafety · Apr 5

Racial/ethnic disparities in [#drowning](#) risk exist: drowning rates among American Indian or Alaska Native children and Black or African American children remain highest. Experts in our recent webinar ([go.edc.org/DROWNPREV](#)) provide [#guidance](#) on how to address these disparities.

**LACK OF CLOSE SUPERVISION IS A RISK FACTOR FOR DROWNING**

ALWAYS PROVIDE ACTIVE AND ATTENTIVE SUPERVISION TO CHILDREN IN BODIES OF WATER

See the **Racial/Ethnic Disparities in Drowning Webinar**

**ChildrensSafetyNetwork.org**

2 5 162



CSN @ChildrensSafety · Feb 1

Today is the first day of [#TeenDatingViolenceAwarenessMonth](#). Check out the CSN-A's new TDVP Fact Sheet ([go.edc.org/CSNA-TDVP](#)) with the most recent data on teen dating violence, disparities between populations, risk and protective factors, and guidance for [#prevention](#).

**THERE ARE 4 FORMS OF TEEN DATING VIOLENCE:**

- PHYSICAL VIOLENCE
- SEXUAL VIOLENCE
- PSYCHOLOGICAL AGGRESSION
- STALKING

LEARN ABOUT IT, TALK ABOUT IT, **TAKE ACTION.**

Get the **Teen Dating Violence Prevention Fact Sheet**

**ChildrensSafetyNetwork.org**

3 2 127



Children's Safety Network (CSN)

Published by Constant Contact · March 3 ·

A driver aged 16-19's risk of being in a fatal crash is nearly 3x higher compared to drivers aged 20 and over. To help increase the [#safety](#) of teen drivers, check out our 2022 TDS Resource Guide ([go.edc.org/TDS](#)), which provides resources and strategies to guide prevention.

**TEEN DRIVERS ARE NEARLY THREE TIMES MORE LIKELY TO BE IN A FATAL CRASH.**

WE CAN INCREASE THE SAFETY OF YOUNG DRIVERS.

Get the **Teen Driving Safety Resource Guide**

**ChildrensSafetyNetwork.org**

# Opening Activity



**Stand up - Sit down**



# Social Media in Public Health



According to [this article](#) posted by the CDC:

- Social media can encourage citizen participation, optimize health systems, be an interactive space for science dissemination, support health policies, and promote healthy behaviors.
- Social media interventions can be successful in vulnerable populations, including low-income sectors, rural areas, and minority ethnic groups.
- Text, photos, videos, locations, and social networks can be used for public health surveillance, optimizing policy interventions, geographically identifying vulnerable groups in need of resource allocation, and designing policies that consider how individuals interact inside communities.



# **Social Media Provides a Way for “Trusted Messengers” to Share Your Messages**





# Tips for Leveraging Social Media and Creating A Social Media Plan



# ADAPTING PUBLIC HEALTH MESSAGES FOR SOCIAL MEDIA TIPS YOU CAN USE WITH YOUR COMMUNITIES

[Adapting Public Health Messages for Social Media: Tips You Can Use With Your Communities,](#)  
[Johns Hopkins Bloomberg School of Public Health](#)



# Additional Considerations

- Seek input and feedback from your populations of focus
- Use plain language, avoid jargon and abbreviations- [Plain Language Materials & Resources](#)
- Consider accessibility- [Improving the Accessibility of Social Media in Government](#)
- Representation matters- Check out these two articles: [Why Representation Matters and Why It's Still Not Enough](#) and [The Importance of Representation and Inclusion](#)
- Consider Image Sources- [Explore the Public Health Image Library](#)

# Additional Resources and References



Centers for Disease Control and Prevention, National Public Information Network, [Social Media Support for Public Health Professionals](#)

Engage Africa Foundation, [Best Practices for Social Media Marketing for Health Promotion](#)

Self Made Health Network, [Leveraging Social Media to Maximize Reach: Health Equity A toolkit for every organization—and every budget](#)

# Additional Resources and References

Stellefson M, Paige SR, Chaney BH, Chaney JD. [Evolving Role of Social Media in Health Promotion: Updated Responsibilities for Health Education Specialists](#). Int J Environ Res Public Health. 2020 Feb

Gatewood, Johanzynn MPH; Monks, Sheryl L. MFA; Singletary, Camelia R. MPH; Vidrascu, Elena MS; Moore, Justin B. PhD, MS, FACSM. [Social Media in Public Health: Strategies to Distill, Package, and Disseminate Public Health Research](#). Journal of Public Health Management and Practice 26(5):p 489-492, September/October 2020

Mendoza-Herrera K, Valero-Morales I, Ocampo-Granados ME, Reyes-Morales H, Arce-Amaré F, Barquera S. [An Overview of Social Media Use in the Field of Public Health Nutrition: Benefits, Scope, Limitations, and a Latin American Experience](#). Prev Chronic Dis 2020



# SOCIAL MEDIA

Questions, Discussion and Idea Sharing

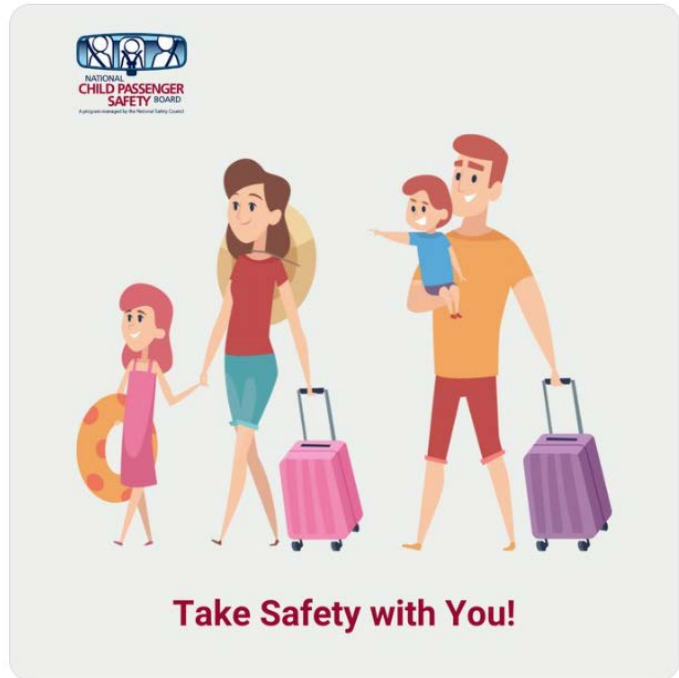
# Sharing Partner Social Media

**CSN** @ChildrensSafety · Mar 31  
 Ahead of National Child Abuse #Prevention Month, which begins tomorrow, wear blue today to show your support and commitment to preventing child abuse and neglect. Check out @PCAAmerica's website for more ways to get involved: [go.edc.org/PCAA](https://go.edc.org/PCAA) #CAPMonth2023



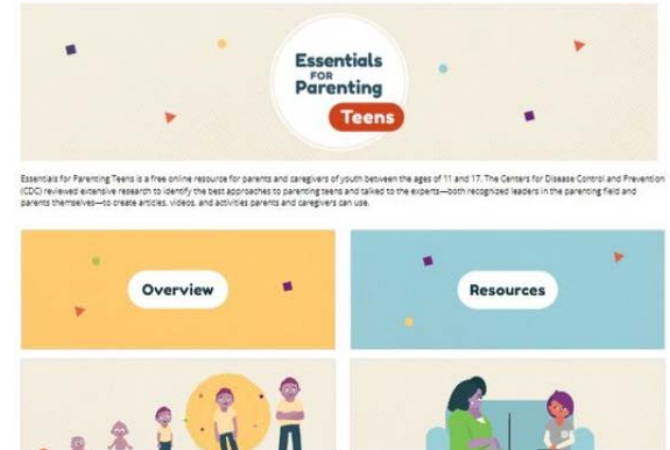
ALT  
 1 88

You Retweeted  
**NCPSB** @NCPSB · Apr 4  
 Traveling this spring or summer? Get safety tips to use if you're flying with children. Find them here: [bit.ly/3FFkBoF](https://bit.ly/3FFkBoF) #KeepEachOtherSafe #TechsRule #safety #carseat #education #training #fly #buckleup @NSCsafety @NHTSAgov @safekids



7 8 562

**CSN** Children's Safety Network (CSN)  
 Published by Constant Contact · March 17 at 11:54 AM ·  
 The CDC has released a new #resource titled "Essentials for Parenting Teens," which includes free evidence-informed articles, videos, and activities intended for parents with youth ages 11-17. Check it out here: [go.edc.org/EFPT](https://go.edc.org/EFPT) #childhealth #safety



**CSN** Children's Safety Network (CSN)  
 Published by Kristen Boudreau · March 22 at 10:52 AM ·



**PIRE** Pacific Institute for Research and Evaluation  
 March 20 at 5:17 PM ·  
 PIRE has a strong history of engagement with #LGBTQ communities. This National #LGBTQHealth Awareness Week, we want to share some of our projects and resources ... See more

# Discussion: Using Social Media & Partnerships



**Clare Grace Jones**

# Breakout Instructions

We will breakout by topic groups for 20 minutes.  
Select your topic breakout and click “join”





**Stretch Break**



# Storyboard 5

Wisconsin  
Bullying Prevention



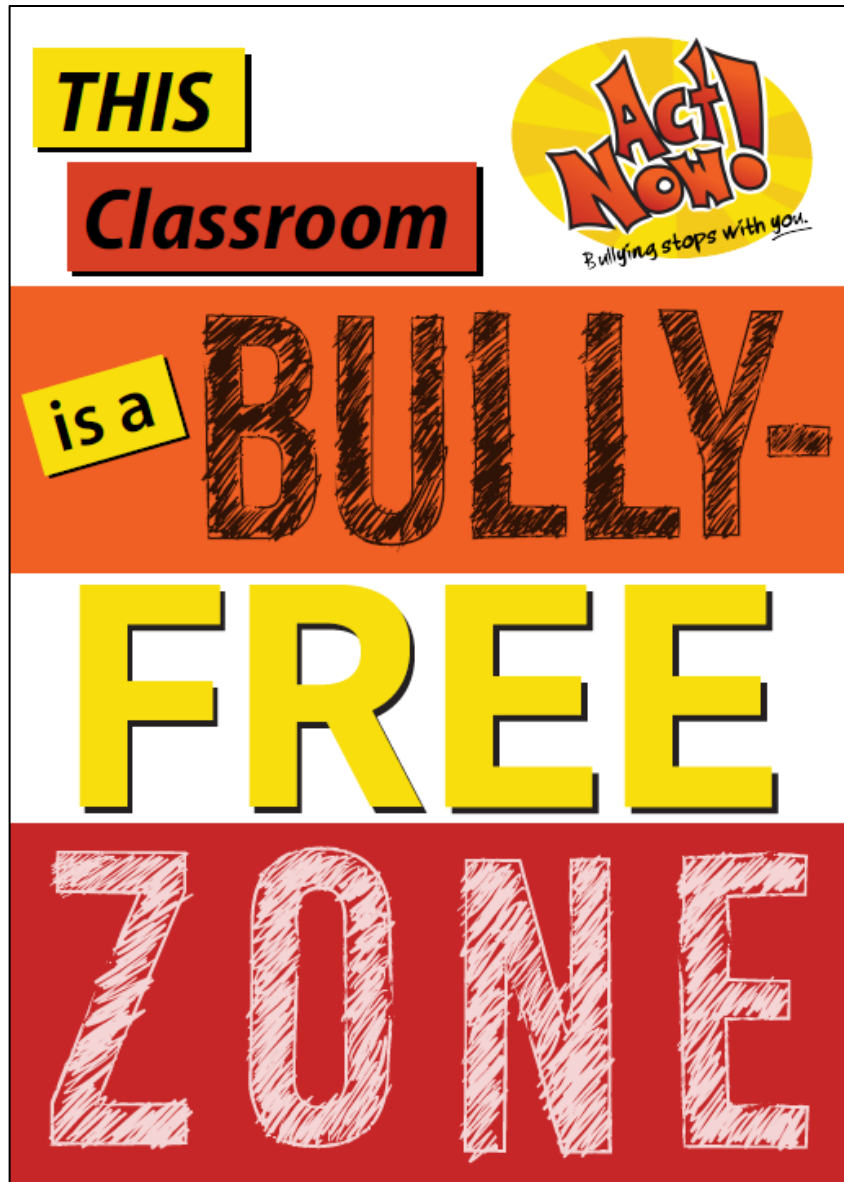
# Cohort 3 Bullying Prevention

Update  
March 2023



Children's  
Wisconsin

# Vision



## **Long-term Aim:**

*Wisconsin will have easily measured metrics used systematically throughout the state to more effectively quantify the burden of bullying.*

*Update: We continue to work through the PDSA cycle to identify ways to collect this data.*

## **Short-term Aim:**

*Participation in Children's Wisconsin's bullying prevention and mental & emotional health e-Learning courses will increase by 10% by the end of Cohort 3.*

*Update: 2020-2021 – Total Enrollments 69,071*

*2021-2022 – Total Enrollments 71,874 = Dif of +4%*


*2022 -2023 – tracking ahead of last year by 1,273*

# Challenges


- *Challenges to reducing bullying in Wisconsin:*
  - *Lack of shared measurement of the incidence of bullying*
  - *So many competing priorities in schools*
  - *Increased stressors due to the pandemic, social and political climate, contributing to challenges with mental & behavioral health*
- *Update: Challenges listed above continue.*



# Team Wisconsin!



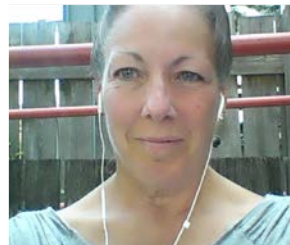
Ashley  
Injury Prevention Coordinator



Catherine  
e-Learning Technical Specialist




Clay  
e-Learning Representative



Deena  
Community Health Project Manager



Judy  
Community Education Manager



Katie  
Director, Community Education & Outreach



Libbe  
Injury Prevention Program Manager



Maria  
Community Health Evaluation Project Manager



Susan  
E-Learning Communications & Program Specialist

\*\*\*All team members are currently from Children's Wisconsin.

# Potential Additional Team Members

Wisconsin  
Department of Public  
Instruction

University of  
Wisconsin – Madison  
Wisconsin Center for  
Education Research

Wisconsin  
Department of Health  
Services

Update  
CSLC

K – 12 Schools

Wisconsin School  
Counselors  
Association

Wisconsin PTA

# Strategy - Update

- *We continued marketing our e-Learning courses throughout the State.*
- *We continue using our LMS to track pre-and post-test scores and Salesforce to track enrollments.*
- *We focused our work on growing enrollments in the high school cyberbullying mini-course.*



# Strategy Update

1. Through partnership talks with colleagues in Children's WI Safety Center, whose work includes high school programs, we decided to pilot a high school cyberbullying campaign.
  2. Safety Center colleagues introduced us to some of their champion schools and through those contacts we identified 5 high schools to pilot our High School Cyberbullying Campaign. Pilot ran from February – April of 2022.
    - 312 enrollments in the Cyberbullying 9-12 Mini-Course.
    - 6,085 total students reached through the five campaigns
  3. Teen Health Newsletter launched with initial distribution to 899 high school educator contacts.
  4. Feedback from students and educators indicated they liked the design of the campaign and felt the resources included in the campaign kits were helpful.
  5. Students reported learning:
    - How to be part of the solution
    - To think before they post
    - How to report cyberbullying to the digital platform they are on (many shared that they didn't know digital platforms have a process for reporting cyberbullying).
1. *Increase participation in the high school cyberbullying course, through running PDSA's to test effectiveness of new marketing strategies.*



# Strategy Update

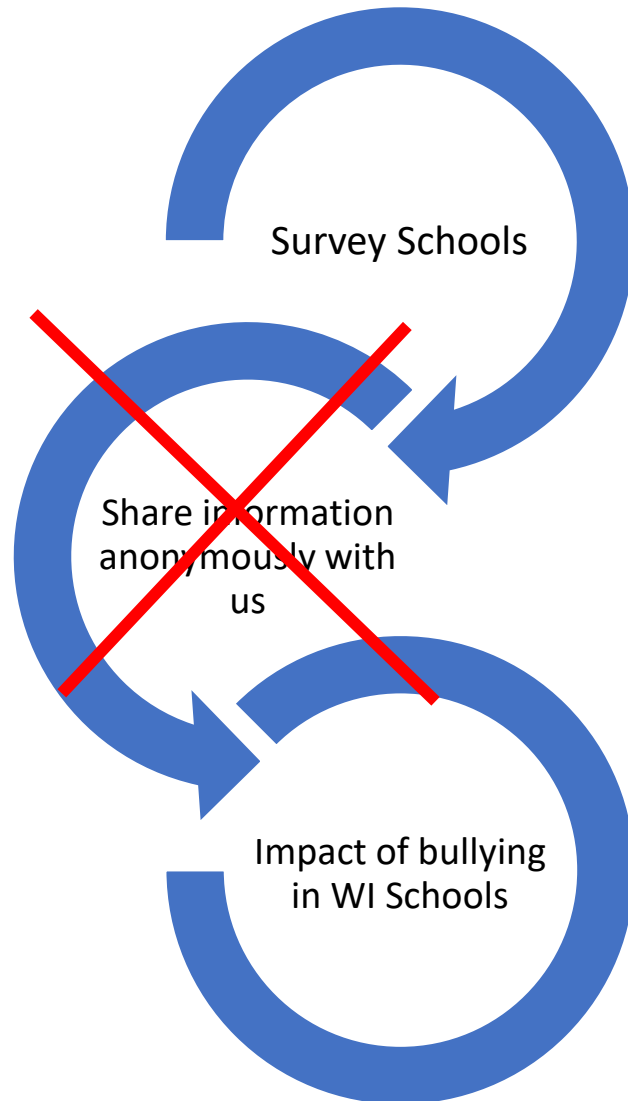
1. *Increase participation in the high school cyberbullying course, through running PDSA's to test effectiveness of new marketing strategies.*

Success of the pilot encouraged us to run the campaign again during the 2022-2023 school year.

While post –campaign summary reports won't be in until later in May we can report the following:

- 6 high schools have enrolled.
- 674 students are enrolled in the Act Now! Cyberbullying 9-12 Mini-course.

# Strategy Update



2. *Continuing conversations around how to move toward more systematic measurements around bullying in Wisconsin.*
1. Our work focused on identifying if schools collect data on bullying and how they store and use that data. **Full Stop.**
2. PDSA identified other possibilities. Current work includes exploring ways to:
  - Use data we already have.
  - Explore what other states are already doing.
  - Add additional questions to current pre- and post-test course questions or satisfaction surveys.

# Questions?



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



Clare Grace Jones

# Fireside Chat

- **Kim Beam**, TX Dept of State Health Services, MCH Regional Program Administrator
- **Elizabeth Dunlevey**, Pennsylvania Department of Health Injury and Violence, Prevention Director
- **Terrence Love**, Tennessee Department of Health Injury Prevention, Program Director
- **Nicole Cousins**, Louisiana Bureau of Family Health - Data Action Team, Program Assistant



# Being Part of Something More: Findings from the CSLC Evaluation



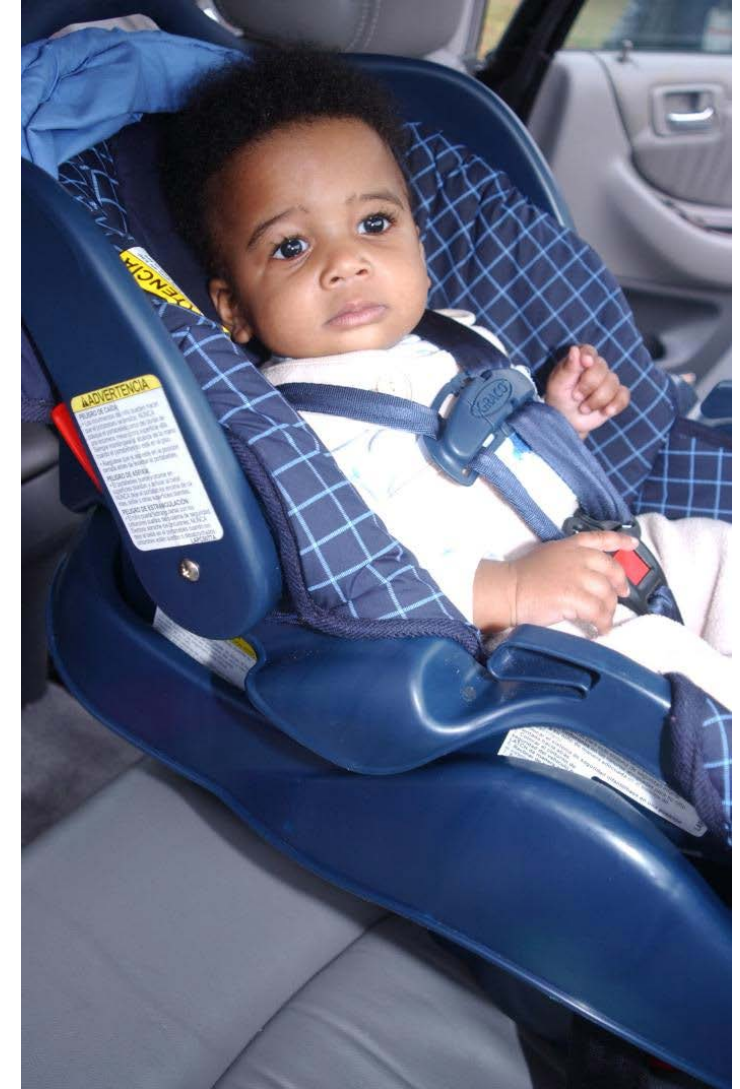
**Bina Ali**

# CSN Goal and Objectives

The overarching CSN goal is to reduce injury-related deaths, hospitalizations, and emergency department visits and promote child safety.

**CSN 2023 Objectives:** From the baseline established in the first year of the project period,

- 4% decrease in injury-related death, hospitalization, and ED visit rates
- 5% decrease in SUID rates
- 4% increase in safe sleep behaviors
- 2% decrease in bullying victimization



# CSN Goals Related to MCH Performance Measures

## Title V MCH Services Block Grant

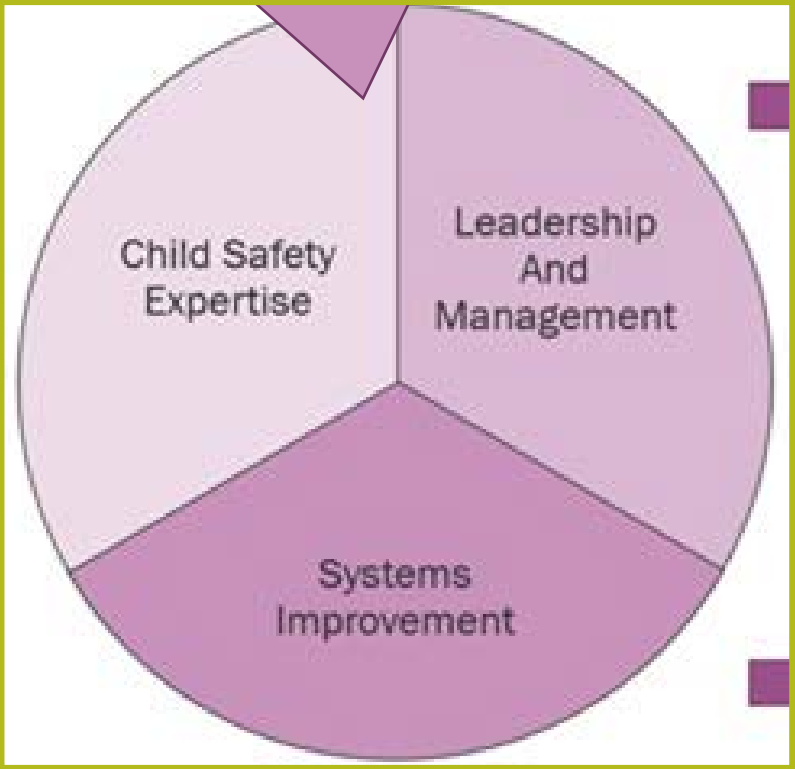
### National Performance Measures – Injury Hospitalization, Safe Sleep, Bullying

| No. | National Performance Measure   |
|-----|--|
| 5   | Percent of infants placed to sleep on their backs<br>Percent of infants placed to sleep on a separate approved sleep surface<br>Percent of infants placed to sleep without soft objects or loose bedding |
| 7   | Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9<br>Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19                          |
| 9   | Percent of adolescents, ages 12 through 17, who are bullied or who bully others<br>Percent of youth in grades 9-12 who are bullied   |



# 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



**Outputs**



# CSN Framework Inputs

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

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

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

|                                  |   |
|----------------------------------|---|
| <b>Child Safety Expertise</b>    | Evidence-based and evidence-informed interventions                  |
|                                  | Sources for training and resources                                  |
| <b>Leadership and management</b> | Engaging leadership and building a team                             |
|                                  | Stakeholder analysis  |
|                                  | Levels of partner engagement  |
| <b>Systems improvement</b>       | Systems thinking  |
|                                  | Testing changes, monitoring implementation, and evaluating outcomes |
|                                  | Plan-Do-Study-Act (PDSA) cycles                                     |

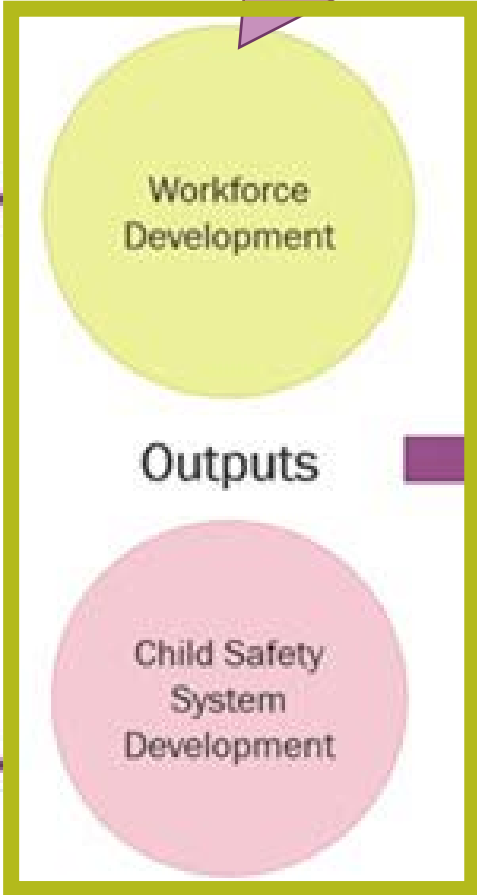


# Framework for Quality Improvement and Innovation in Child Safety

CSLC helps state/jurisdiction teams strengthen these three components



State/jurisdiction teams experience these improvements



Effective state/jurisdiction teams increase child safety



# CSN Framework Outputs

## Workforce Development

- Knowledge, skills, and competencies of a workforce to carry out public health services, including delivery of effective programs and interventions (Public Health Foundation, 2022).

## Child Safety System Development

- The progress in spreading evidence-based and evidence-informed child safety strategies and programs.

# Evaluation Results from CSLC Cohort 1 and CSLC Cohort 2

- In CSLC Cohort 1,
  - 26 teams across 18 states/jurisdictions participated
  - One team dropped out due to staffing issues
- In CSLC Cohort 2,
  - 19 teams across 13 states/jurisdictions participated
  - Two teams dropped during the cohort due to staffing issues



# Workforce Development: Knowledge Development

| Knowledge Item   | % Reporting<br>“A Little, Some, Much, Or A<br>Great Deal of Development” |               |
|--|--|---------------|
|  | CSLC Cohort 1  | CSLC Cohort 2 |
| Systems thinking framework   | 100%   | 100%          |
| Data collection strategies   | 100%   | 100%          |
| SMART objectives   | 100%   | 100%          |
| Accessing and implementing evidence-driven practices, programs, and policies | 100%   | 100%          |
| Improvement monitoring processes (e.g., PDSA)                                | 100%   | 100%          |
| Scaling-up evidence-driven practices, program, and policies                  | 100%   | 100%          |

# Workforce Development: Effectiveness of CSLC Strategies/Tools

| CSLC Strategies/Tools                                       | % Reporting<br>“A little, Some, Much, Or A Great Deal of Improvement” |               |
|---|---|---------------|
|   | CSLC Cohort 1   | CSLC Cohort 2 |
| Child safety system   | 93%   | 94%           |
| Data collection and analysis process                        | 93%   | 100%          |
| Partnership with other agencies on common goals             | 100%  | 100%          |
| Organization/department's strategic plan                    | 100%  | 100%          |
| Programmatic decisions in program implementation and spread | 86%   | 100%          |
| Program/project organization                                | 100%  | 100%          |

# Cohort 1: Child Safety Systems Improvement



6240 individuals receiving education on Poison Control Center services

Average Change  
(Fold Change)

↑ 65.7



5 schools/organizations implementing bullying prevention programs

↑ 5.0



636 CPS technicians trained & certified

↑ 1.3



174 inspection and fitting stations established

↑ 1.1

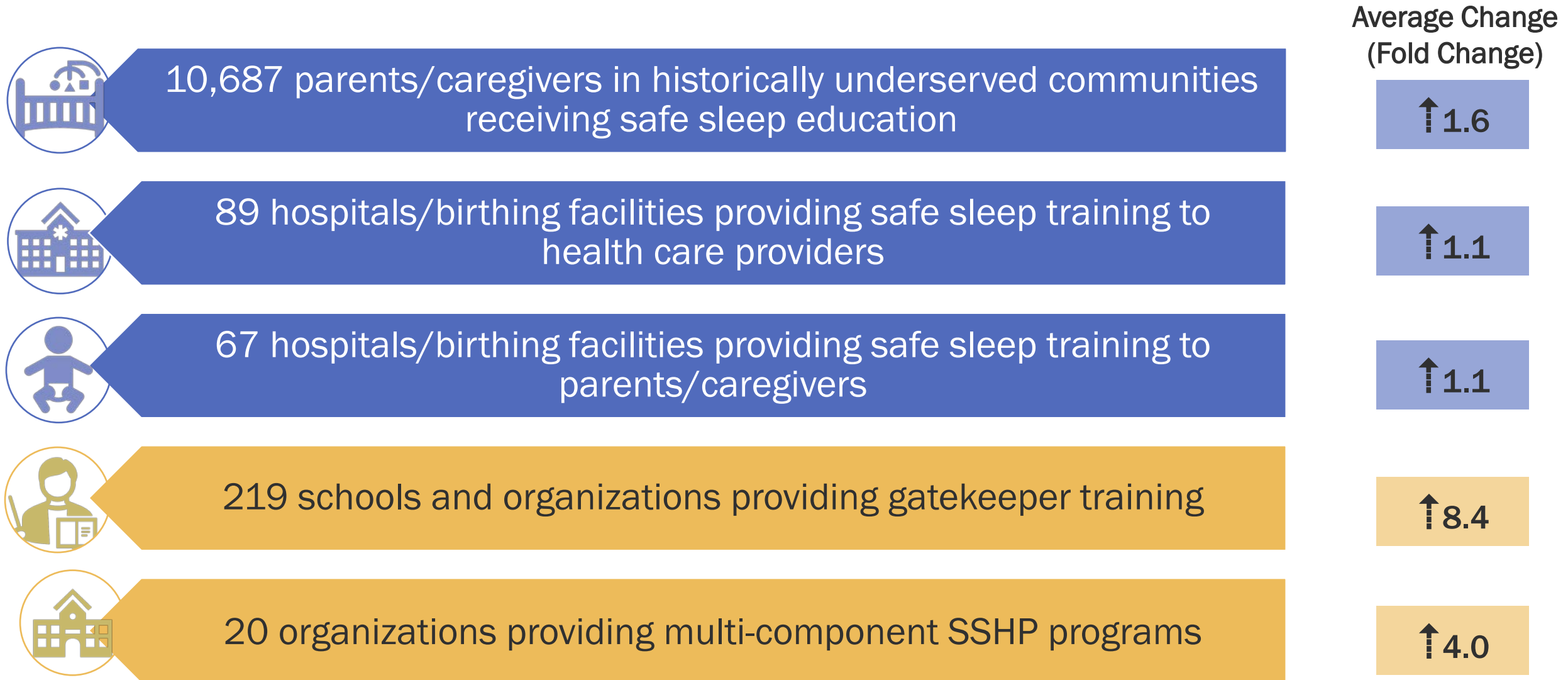


151 schools and organizations providing teen driver safety education to teenagers

↑ 1.6



# Cohort 1: Child Safety Systems Improvement (Cont.)



# Cohort 2 Gains

## Bullying Prevention

- Worked with the program developer to adapt an evidence-based bullying prevention program for schools
- Developed a peer-led training program on bullying prevention in the workplace

## Motor Vehicle Traffic Safety

- Pivoted in-person trainings to online modules
- Created innovative communication campaigns

## 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 programs and created networks to increase reach and share quality improvement tools

## Suicide and Self-Harm Prevention

- Developed mental health toolkit for parents/caregivers of students in crisis
- Increased collaboration among schools, organizations, and health care providers
- Increased awareness of COVID-19 effects on child and adolescent mental health

# CSLC Contributions to the Prevention Field

- Collaboratively reduce fatal and serious injuries among infants, children, and adolescents
- Collectively, improving our workforce and child safety systems
- Sharing our work and lessons learned through publications and presentations



# Final Web Portal Review & CSLC Next Steps



**Jenny Stern-Carusone**

# CSLC Web Resources

## Child Safety Learning Collaborative

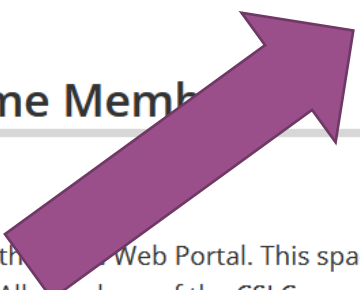
[Member's Section](#)   [Calendar](#)   [Topics](#)   [States/Jurisdictions](#)   [Submit](#)

**Welcome Members**


Welcome to the CSLC Web Portal. This space is for members to share data, resources, learn from one another and collaborate. All members of the CSLC are subject to the [CSLC Agreement](#).

The Child Safety Learning Collaborative represents an opportunity for states and jurisdictions to advance evidence-based strategies for injury and violence prevention. States and jurisdictions are working with one another to increase the adoption of evidence-based policies and practices at state and local levels. Refer to the [CSLC Web Portal User Guide](#) for pointers on how to get the most out of this site.

For questions about the Child Safety Learning Collaborative, please contact: Jenny Stern-Carusone: [jstern-carusone@edc.org](mailto:jstern-carusone@edc.org)



- CSLC Contact List
- CSN CSLC Staff
- Resource Library
- Learning Sessions
- Storyboards
- Member Account



WEBINAR

### The Child Safety Learning

# CSLC Contact List

## CSLC Contact List

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SSHP Data Manager  
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[Ibitola.Asaolu@tn.gov](mailto:Ibitola.Asaolu@tn.gov)

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Massachusetts Department of Public Health, Division of  
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Contract Manager for Primary Violence Prevention Grant  
Program  
BP Primary Point of Contact Data Manager  
(617) 624-5459  
[l.jane.ayers@mass.gov](mailto:l.jane.ayers@mass.gov)

# CSLC Resource Library

**SEARCH**

**TOPICS**

- Bullying Prevention
- Motor Vehicle Traffic Safety
- Poisoning Prevention
- Sudden Unexpected Infant Death Prevention
- Suicide and Self Harm Prevention

**STATE/JURISDICTION**

Results 1 - 15 of 56

| Resource                              | Topics                                    | Links  |
|---------------------------------------|---|--|
| Child Safety Data for Selected Topics | Bullying Prevention                       | <a href="#">Download the PDF of the Resource Guide</a> |
| Child Safety Data for Selected Topics | Suicide and Self Harm Prevention          | <a href="#">Download the PDF of the Resource Guide</a> |
| Child Safety Data for Selected Topics | Sudden Unexpected Infant Death Prevention | <a href="#">Download the PDF of the Resource Guide</a> |
| Child Safety Data for Selected Topics | Motor Vehicle Traffic Safety              | <a href="#">Download the PDF of the Resource Guide</a> |

# Archived Recordings & Slides of Learning Sessions

## — Learning Session 6: November 17, 2022 (cohort 3)

### Learning Session 6 in review!

Thank you to so many of you for attending Learning Session 6 just before the Thanksgiving holiday. We had representation from 85% of our C3 states with 30 participants and we covered a lot of ground in two hours.

Our Federal Project Officer from HRSA, Diane Pilkey kicked us off with a solid reminder of how important the work teams are doing in the CSLC is to fulfilling the 4 goals of the [HRSA MCHB strategic plan](#) :

1. Access
2. Equity
3. Capacity
4. Impact

We heard many strong examples of how this is being accomplished by strategy teams through the application of quality improvement methods and the CSLC change packages, including the following:

- › **Wisconsin's BP** team has been testing their cyberbullying prevention course originally designed for K-8 grades in high schools and building off the experience of their IVP team's prior efforts implementing Sourc
- › **Kentucky SSHP** has developed a community of practice as part of their Zero Suicide work to increase impact, and recently learned that some of the hospitals they already partner with are now integrating ZS trai
- › The **Tennessee SSHP** team shared a rich update of their broad-spectrum of suicide prevention work, including an excellent example of running a PDSA with the Good Behavior Games, determining to abandon ti multiple settings. They reported terrific increases in their social media and communication strategies and have created a mental health and [suicide prevention services directory](#) that is available for public dow

We then shifted our focus to using data and creating data visualizations. Once again, our strategy teams shared robust examples of how they are achieving these tasks:

- › **Nebraska MVTS** collects data from many sources, including the DMV, Dept of Transportation, Dept of Highway Safety, hospitals and school districts. Jeanne noted that "because of the CSLC, we have a great gro offered compared to crash data, using SES data from the Dept of Education to further refine their outreach and enhancing impact by engaging community partners to customize their interventions to local conte adequate fit.
- › **Louisiana SSHP** had lots of partners stating how they wanted more real-time data since suicide death data are a couple of years behind and created a dashboard to showcase their data. To achieve this, they inr the Department of Health. This involved establishing a partnership between their ID-Epi team who handles the syndromic surveillance data, Office of Technology Services who has Tableau experts, and our team finalizing it and have been sharing it with all our suicide prevention partners.
- › **California SUIDP** has a variety of [interactive data dashboards](#) that are organized by population (maternal/infant/adolescent). Users are able to drill down to the county level and look back over a 5-year period

Check out the [CSN Blog](#) for more thoughts on this topic!

Our CSN Director, Jennifer Leonardo, rounded out the day with a robust presentation on the phases of improvement and how to sustain your gains and move towards spread of your evidence-based strategies. A ke useful resources that are posted in the CSLC Resource Library include:

- › [Phases of Improvement Decision Tree](#)
- › [Phases of Improvement Checklist](#)
- › [CSLC Spread Planner](#)

If you missed joining us on November 17 or just want to go back for a refresher, you can access the LS6 slides and recording in the [Learning Sessions section](#) of the CSLC Web Portal (be sure you are signed in first!)



# Topic Pages

## Child Safety Learning Collaborative

[Member's Section](#)

[Calendar](#)

[Topics](#)

[States/Jurisdictions](#)

[Submit](#)

### Child Safety Learning Collaborative Strategy Teams



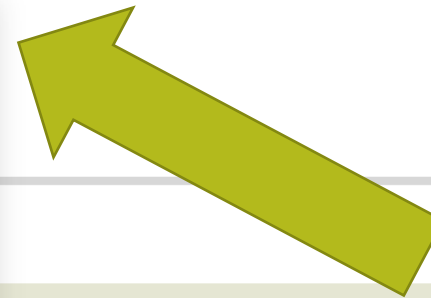
**Topic teams** are comprised of individual state/jurisdiction strategy teams that are working on a common topic of the Child Safety Learning Collaborative Summit. The teams are comprised of representatives from various organizations within the participating states/jurisdictions. States/jurisdictions are encouraged to participate in up to two strategy teams. The teams will also include CSN staff and advisors from national organizations and federal agencies with expertise in child safety.

Bullying  
Prevention

Motor Vehicle  
Traffic Safety

Sudden  
Unexpected  
Infant Death  
Prevention

Suicide and Self  
Harm Prevention



# Archived Recordings of Topic Calls

## Reports and Data

TOPIC CALLS

COLLABORATIVE CHARTS

RESOURCES

- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #8 (Tuesday, February 14, 2023 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #7 (Tuesday, December 13, 2022 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #6 (Tuesday, October 11, 2022 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #5 (Tuesday, August 9, 2022 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #4 (Tuesday, June 14, 2022 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #3 (Tuesday, April 12, 2022 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3, Call #2 (Tuesday, February 8, 2022 - 01:00pm)
- + Suicide and Self-Harm Prevention Topic Call, Cohort 3 Call #1 (Tuesday, December 14, 2021 - 01:00pm)

# States/Jurisdictions Pages

Child Safety Learning Collaborative

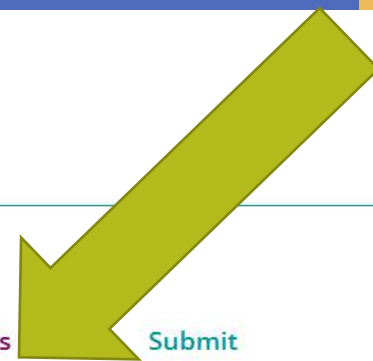
[Member's Section](#)

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[Topics](#)

[States/Jurisdictions](#)

[Submit](#)



## States/Jurisdictions CSLC Profiles

### States and Jurisdictions Participating



Florida



Georgia

- Florida
- Georgia
- Kentucky
- Louisiana
- Massachusetts
- Missouri
- Nebraska
- Pennsylvania
- Tennessee
- Texas
- Vermont
- Washington
- Wisconsin
- Wyoming



Kentucky



Louisiana



# States/Jurisdictions Pages

## Texas

View

Edit

Delete

Layout

Revisions

Clone



Use the right side navigation to be taken to that section on the page.

This is subject to the data sharing agreement, by continuing you agree to [these terms](#).

Strategies and Measures Data Section

MOTOR VEHICLE TRAFFIC SAFETY

SUICIDE AND SELF-HARM PREVENTION

# States/Jurisdictions Pages: State Submissions

MOTOR VEHICLE TRAFFIC SAFETY

>> MVTS Topic Page

## State Submissions

+ Operationalizing

+ PDSA

+ QI Documents

+ Shared Resources



### Nebraska Information

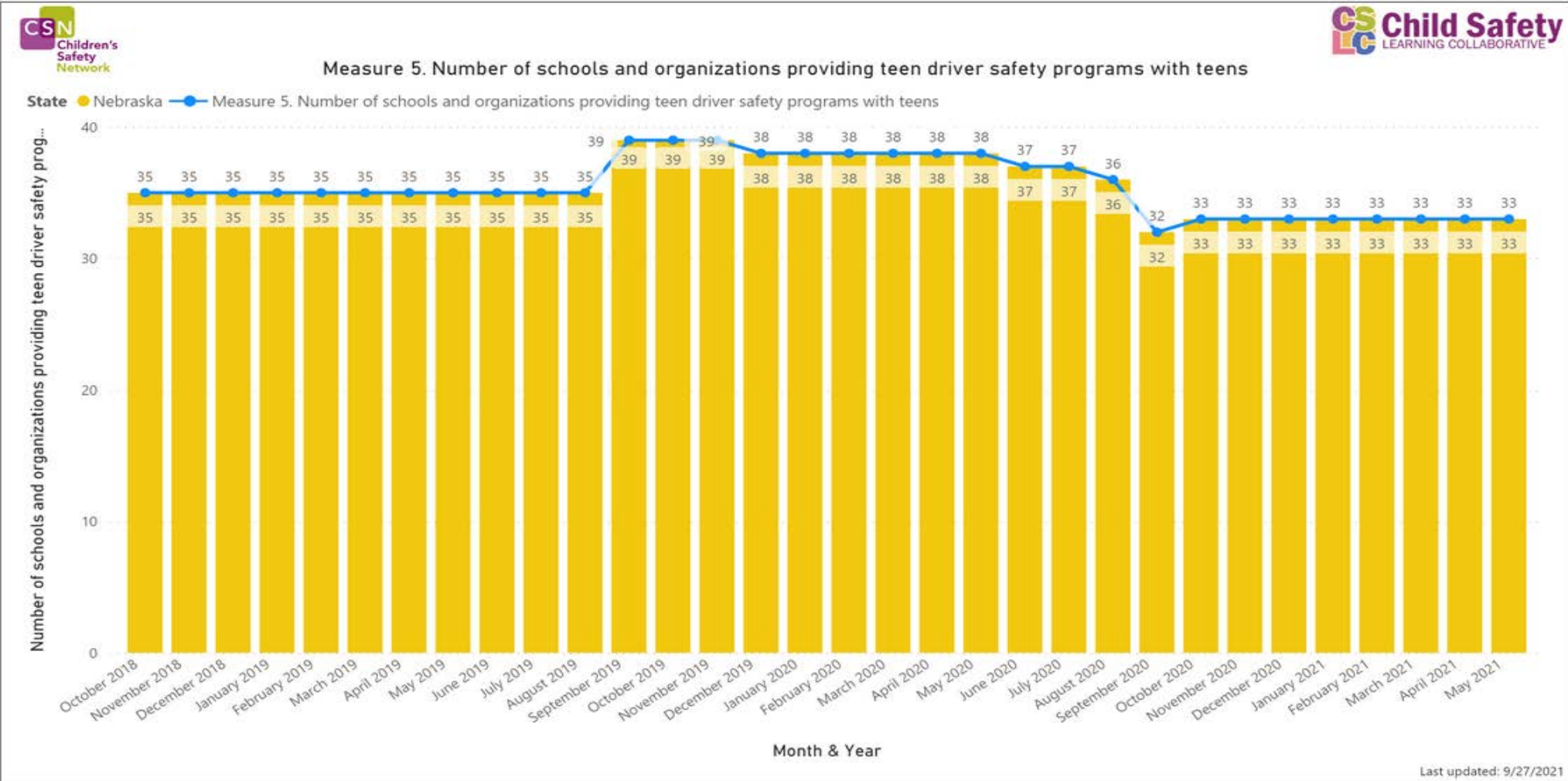
- > Submissions
- > Monthly Data
- > Charts
- > Team Roster
- > Team Profile



# States/Jurisdictions Pages: Right Click to Download Charts

State/Jurisdiction Charts

To download, right click each chart and select 'save image as' to save the chart on your computer.



# CSLC Data Submission

## Child Safety Learning Collaborative

[Member's Section](#)

[Calendar](#)

[Topics](#)

[States/Jurisdictions](#)

[Submit](#)

### Add content

#### CSLC BP Monthly Report

Use CSLC BP Monthly Reports to submit BP data

#### CSLC BP Operationalizing

#### CSLC MVTS Monthly Reports

Use CSLC MVTS Monthly Reports to submit MVTS data

#### CSLC MVTS Operationalizing

#### CSLC PSDA

#### CSLC PP Monthly Report

Use CSLC PP Monthly Reports to submit PP data

#### CSLC PP Operationalizing

#### CSLC QI Documents

Use this content type to upload your QI related documents

#### CSLC Shared Resources

Use this content type to upload shared materials

#### CSLC SSHP Monthly Report

Use CSLC SSHP Monthly Reports to submit SSHP data

#### CSLC SSHP Operationalizing



TA Request Form

BP Operationalizing

PSDA Online Form

MVTS Operationalizing

BP Monthly Report

SSHP Operationalizing

MVTS Monthly Report

SUIDP Operationalization

SSHP Monthly Report

Share Resource

SUIDP Monthly Report

QI Documents



# How You Can Use Your Data

- **Quantitative:**

- Copy your charts to use during internal and external meetings with key stakeholders
- Collect data that would be of use to your constituents, funders, partners
- Review data for trends, anomalies, goals

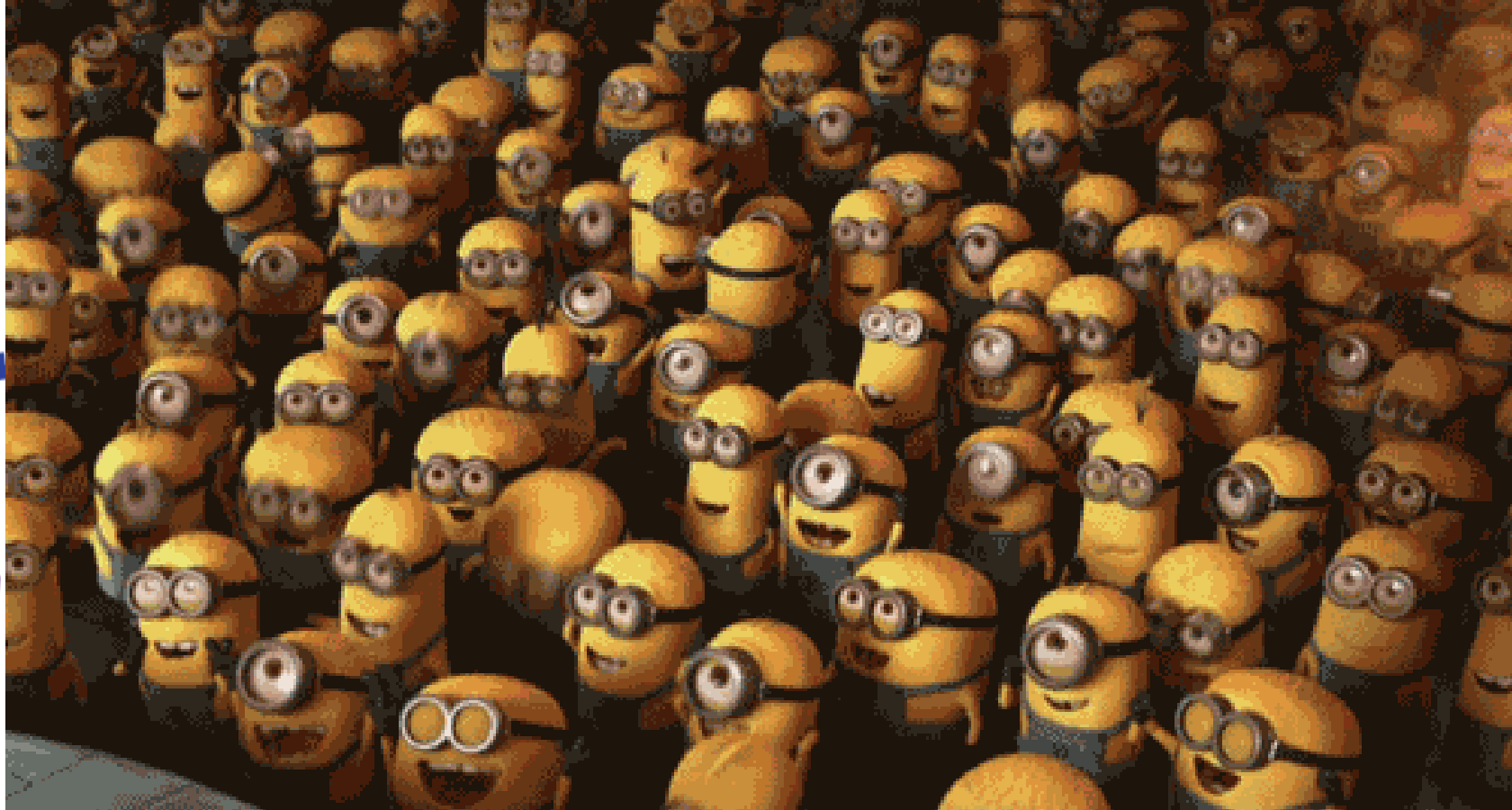
- **Qualitative:**

- Collect relevant information about your progress per month, including but not limited to meetings with key partners, information learned, key challenges and successes
  - Reflect and self-assess based on our progress scale (more on this during our upcoming Learning Session)
  - Develop a historical account of what your team has done to address your topic
- You can export all of your Monthly Reports in an Excel Spreadsheet

# Web Portal Scavenger Hunt!

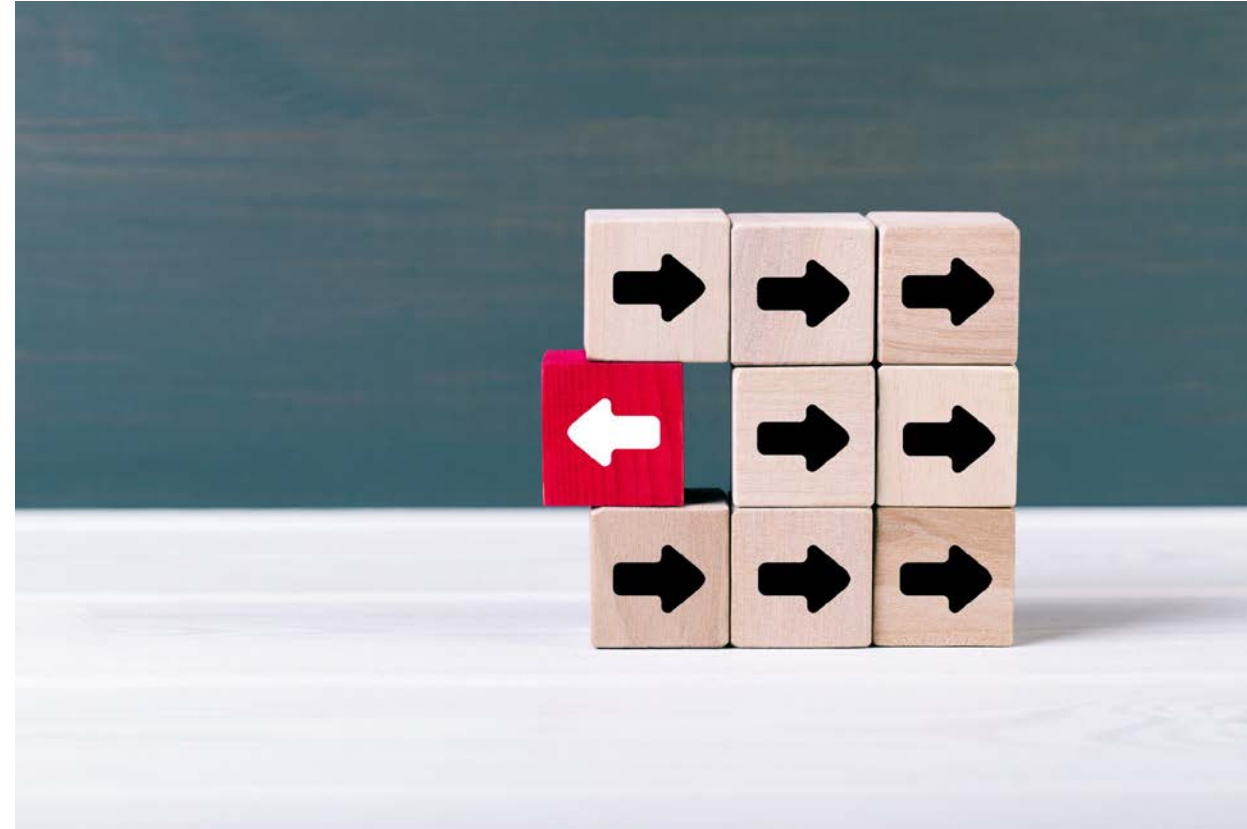
- You'll be sent to random breakouts to do one of the closeout activities we've gone over today.
  - Find and save the contact information of someone in your breakout room
  - Download your topic's change package
  - Download a PDSA or other state submission
  - Download an Excel Spreadsheet of your state/jurisdiction data
  - Download a data chart
- Once you accomplish your activity, leave the breakout room to return to the main room!

# Celebration Slide



# Closing Out of the CSLC

- Enter Data Through April 2023 (Please submit by May 15)
- Update Past Monthly Reports with quantitative and qualitative data (Can update through the end of May)
- **Download** any data, charts, or resources you want from the CSLC Web Portal
- **Complete the CSLC post-evaluation** – will be sent out today to **Team Leads**
- Reach out to your topic lead for **Technical Assistance** at any time



*The web portal will remain open until May 31<sup>st</sup>, so please complete all activities by that date.*

# Questions?



# What Will You Do By Next Tuesday?



# Thank you!

Please fill out our evaluation:

<https://www.surveymonkey.com/r/CSLCLS7Day2>



Visit our website:

[www.ChildrensSafetyNetwork.org](http://www.ChildrensSafetyNetwork.org)