

PEDIATRIC INTEGRATED CARE COLLABORATIVE – INDIAN HEALTH SERVICES (PICC) 2016-2017

*Strengthening the Role of Primary Care in Serving Children and Families
Experiencing Trauma or Chronic Stress*

Due: **December 16th**

Please email completed applications to slarson@jhsph.edu

Questions? We are here to help!

Please contact Susan Larson:

Address: 624 N. Broadway (office # 751) Baltimore, MD 21205

Email: slarson@jhsph.edu

This Learning Collaborative aims to:

1. Increase accessibility of services for Native American communities by integrating trauma-informed behavioral health services with primary care,
2. Improve the quality of child trauma services for Native American communities by integrating behavioral and physical health services to increase mental wellness, overall functioning and quality of life for children and families, and
3. To customize, adapt and evaluate a Toolkit's recommended structures, resources and processes for the unique needs of Native American communities.

Learning Collaborative Application Packet

Part 1 contains a summary of the application process and key dates, and describes participation in this Learning Collaborative and necessary resources.

Part 2 contains application materials. Program organizers will use applicants' responses to tailor the program to best meet participants' needs. The content of your response is more important than the format in which it is presented (i.e., narrative, bulleted lists).

Application Process Summary and Key Dates

Monday, November 21, 2016

- Informational Conference Call (Optional)
 - Time: 12:00-1:00 EST (60 minutes)
 - Toll-free conference line: 1-888-651-5908; participant pass code: 269242.
- Prior to this time, questions can be emailed to Susan Larson at slarson@jhsph.edu

Friday, December 16, 2016 (5:00 PM EST)

- Deadline for submission of LC application
 - Questions welcome prior to the deadline.
 - E-mail completed application to Susan Larson at slarson@jhsph.edu
 - You will receive a confirmation of receipt within one business day of submission.

Friday, December 23, 2016

- Notification to teams.
- Between the submission deadline and this date there may be discussions/questions/dialog among the organizers and interested participants.

January - April, 2017

- Conference calls or Webinars to start the LC process.
- Launch assignments, including organizational self-assessment, baseline evaluation, and priority setting.
- Ongoing availability of organizers for assistance, discussion.

Late April, 2017 (exact date & location to be arranged before start of Collaborative)

- Learning Session 1

Early August, 2017 (exact date & location to be arranged before start of Collaborative)

- Learning Session 2

Part 1:

Background and Overview

Collaborative Requirements and Guidelines

OVERVIEW:

From 2013-2016, Johns Hopkins led three Learning Collaborative (LC) series to improve pediatric primary care's capacity to provide trauma services for children and families. By working with 27 sites, including two tribal, the LCs resulted in a trauma-informed care Toolkit. The next phase, funded by Indian Health Services, is intended to bring these efforts to tribal communities that are exposed to trauma or chronic stress. Trauma may include substance abuse, child abuse/neglect, interpersonal and community violence, high suicide rates, racism, and historical trauma.

Specific Learning Collaborative Goals

- Children and families have access to **services** and supports that prevent exposure to trauma and develop resiliency;
- Children and families are **screened** for exposure to trauma and trauma-related problems;
- Children and families with positive screens are **referred** to and receive mental health services that address their concerns in timely ways;
- Families feel they have had their trauma issues **addressed** with primary care and mental health providers in culturally responsive and sensitive ways;
- Primary care and mental health providers effectively **collaborate, communicate, and coordinate** children's and families' care.

Learning Collaborative Change Framework

The Learning Collaborative uses a "change framework" with five areas that are targeted to develop effective integrated care. Participating teams will identify priorities within each of these areas, choose and adapt strategies to meet these priorities, and develop ways of measuring progress.

1. Creating a trauma-, health-, and relationship-informed health system
2. Involving families in program development, implementation, and evaluation
3. Collaborating and coordinating with existing services including resources outside of the medical setting such as traditional healers, church counselors, Elders and community health workers
4. Promoting resilience through primary prevention of trauma and stress
5. Identifying, assessing and addressing trauma-related physical and mental health needs.

About the Collaborative Approach

The collaborative approach draws its strength from the creation and empowerment of multi-disciplinary and trans-organizational teams. The Learning Collaborative creates an opportunity for teams to form, use protected time to plan, and benefit from networking with others teams. ***The work is conducted over nine months, during which team members come together in person two times, on phone conferences monthly, and via an online Collaborative site.***

Benefits and Costs Associated with Participation

Team members will receive training, coaching, and consultation support from the LC planning team, national faculty, and other consultants via the two in-person Learning Sessions, phone conferences, and the online Collaborative website. Participation in this Collaborative will hopefully result in long-term relationships among teams that continue to support this work. Teams will be welcome to share the LC Toolkit with other sites.

Teams will be expected to commit the time necessary to make changes in their settings as indicated in the Collaborative Change Framework (described below).

COLLABORATIVE REQUIREMENTS AND GUIDELINES:

A. Core Team:

The **Core Team** will:

- Meet at least twice per month
- Participate on all Collaborative conference calls (roughly one per month)
- Actively use the online Collaborative extranet site
- Evaluate the fit of the Toolkit adaptation for their community
- Collect and share required monthly metrics
- Attend both in-person Learning Sessions

Ideally, the **Core Team** would be comprised of at least 5 individuals with the following focus areas:

- **Senior Leader:** High-level administrator from the local IHS service unit, tribal clinic, or primary care practice; responsible for providing leadership, support, and advocacy for the team. Someone who has a relationship with a mental or behavioral health counterpart.
- **Day-to-Day Manager:** High-level manager from the local IHS service unit, tribal clinic, or primary care practice. This person must have easy access to the Senior Leader and will have primary responsibility for overseeing and guiding all work in this project.
- **Trauma Experience:** At least one member of the team should have direct experience providing trauma services for children, adolescents and families.

- **Primary Care Expertise:** At least one member of the team should have direct experience providing primary care services for children and adolescents.
- **Family Advocate:** A service user who will represent family perspective and needs. Ideally, will have experience with family engagement strategies.

B. Extended Team (optional, but strongly encouraged over course of participation)

The make-up and size of the **Extended Team** will be decided by each Core Team. The Extended Team would meet roughly every other month to support the evaluation, implementation, and spread of changes selected by the Core Team. They are strongly encouraged to attend conference calls and use the project website, but they will not attend the in-person Learning Sessions. The goal of this team is to “extend” the work of the Core Team.

Members of the Extended Team should have experience with and a commitment to improving outcomes for children and families who have been or are at risk of being exposed to trauma. The most effective Extended Teams have diverse representation and include individuals from the agency’s administrative teams (e.g., Quality Improvement, Data Management, front desk staff), as well as additional family members, mental health/trauma clinicians, primary care providers, nurses, care coordinators, leaders from the local communities, other service providers, community partners, and interagency partners.

C. Sharing Monthly Progress

Teams will be sharing LC-related updates on a monthly basis. The purpose of collecting benchmarks is for each team to reflect on their progress. A small number of benchmarks (e.g., the number of pediatric patients screened for trauma) may be compared across teams, but the information collected will be primarily team-specific (note that none of the shared benchmarks contains any identifying information). Teams will regularly assess and report whether their changes are resulting in the progress they are hoping to see with guidance and technical assistance from project staff.

Part 2: Application Process Summary and Key Dates Learning Collaboration Application

Learning Collaborative Application

The information requested below will help us tailor the LC to participants' needs. Our hope is that in answering the questions, participants will be taking their first steps toward the LC goals.

Feel free to be brief in answering; however, the "text boxes" in the pages below will expand if you have more to say. Provide information in whatever way is easiest for you --the content of your response is more important than the format in which it is presented.

Primary Care/Trauma Center Information				
Name of Lead Agency (Primary Care):				
Trauma/MH Partner Name:				
Primary Care age group served (select all that apply)	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Pre-school/ Kindergarten	<input type="checkbox"/> Other Please specify: _____
MH/Trauma Partner age group served (select all that apply)	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Pre-school/ Kindergarten	<input type="checkbox"/> Other Please specify: _____
Contact Information				
Key Contact at Primary Care Site:				
Title:			Organization:	
Phone:	Fax:	Email:		

Part 1. Agency Description & Proposed LC Team Composition.

Agency Overview

Briefly describe the current structure and focus of the primary care site.

(e.g. information about your staff and patient population in terms of: number of providers, other staff onsite, organizational structure, partnerships with mental health/trauma centers, access to trauma-informed care, ages served, population demographics, types of trauma exposure, etc.).

Who is the proposed Senior Leader?

Please include name, title, and a brief description of this person's experience and commitment to the goals of this LC. Tell us how this person is situated in the organization to implement change.

Who is the proposed Day-to-Day Manager?

Please include the name, title, and a brief description of this person's experience and commitment to the goals of this Collaborative. Also describe the relationship/regular interactions between the proposed Day-to-Day Manager and the proposed Senior Leader.

Who is your Core Team?

Please include the names, current position, experience, and unique contribution each individual can provide and how these contributions will impact the team's success.

Part 1. Agency Description & Proposed LC Team Composition.

Extended Team Membership

Please explain the names, roles, number and types of organizational representatives, family members, and community partners you plan to include in your Extended Team. If possible, tell us about what makes you optimistic that such a group can be organized and become effective to help support this work.

Partnerships and Collaborations

Describe how the primary care site, the trauma/mental health partner, community partners, and other mental health agencies currently collaborate to best meet the needs of the children and families you serve.

Benchmarks and Evaluation

Identify the types of benchmarks that you currently track or believe that you could track to review physical and mental health outcomes for the children and families you serve. This information may be qualitative (e.g., INSERT) and/or quantitative (e.g., INSERT). Describe existing efforts your site has made to communicate or use these benchmarks with staff, partners, the community, and families.

Barriers, Challenges, and Opportunities

Name up to four of the most significant barriers or challenges you anticipate while participating in this Collaborative. For each, please describe how you might try to address it. Your answers help us develop the actual in-person Learning Sessions.

Part 2. Agency/Center and Staff Commitment

Agency/Site Goals and Reasons for Participation

What does your agency/site hope to achieve by participating in this LC? (e.g. goals for the staff, agency, or children and families you serve) How do the goals for this LC align with other current programs, projects, or priorities for your agency/site?

Staff Training

Describe how your agency/site currently provides training to staff and supports implementation of new skills or procedures. Are there prior training efforts that you felt were particularly successful or that might complement the LC goals (e.g. training on prevention, social-emotional development, trauma, primary care, working with families, etc.)?

Part 3. Organizational Capacity

Note: For this section you can answer questions generally or with an example of an activity

Engaging and Supporting Families

Describe how your agency/site currently engages families as partners in either clinical services or in advising/priority setting for the organization as a whole.

Support for Staff and Organizational Changes

Describe a major change that you or one of the partners on your team has undergone in recent years (preferably within the last five years) that required what you consider a shift in 'organizational culture.' Discuss how this change impacted leadership, staff, and the children/families you serve. Provide specific examples of what challenges this culture shift raised and how staff were able to support this change.

Part 3. Organizational Capacity

Part 4. Additional Information
If the Key Contact listed on the cover sheet is not the author of this application, please provide the following information:
Name of primary person completing application (Author's title, affiliation, and e-mail address)
Names of other individuals who contributed to the completion of this application