



## Pediatrics Supporting Parents (PSP) Phase 2 Application

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### Key Dates

- **Application Release Date:** Monday, August 16, 2021
- **Informational & Technical Assistance Call:** Tuesday, August 31, 2021; 12pm ET
- **Email of Intent to Apply Due (required):** Friday, September 10, 2021
- **Application Due:** Thursday, September 30, 2021
- **Anticipated Notification of 1st Round Selection:** By Friday, October 15, 2021
- **Anticipated Virtual Site Visits (1-hour interview format):** Week of October 25 - November 5, 2021
- **Announcement and Notification of Final Selection of 3-5 Proof Point Communities:** Friday, November 19, 2021

### Instructions

- Please respond to Part 1 of the application based on the applying collaborative network and Part 2 as it relates to the collaborative network's pediatric primary care partner organization or practice. *Please note: for the purpose of this application, a collaborative network refers to a set group of independent entities (e.g., organizations and people) who interact collaboratively to better achieve shared or common goals.*
- Please note the word limits indicated for written responses.
- We recommend drafting responses in a separate document, then copy/pasting finalized responses in the [\*\*PSP Phase 2 Application form.\*\*](#)
- Please be sure to click submit after entering all responses.
- Application submission deadline **Thursday, September 30, 2021.**



## Applicant Contact Information

Please provide the contact information for the individual that will be the primary point of contact for the recruitment process. We will contact this individual with questions, updates and final decisions regarding your application.

- **Name** (write-in)
- **Pronouns** (write-in)
- **Title/Role** (write-in)
- **Organization** (write-in)
- **Email** (write-in)
- **Phone** (write-in)

## Part 1: Collaborative Network Information

Please respond to the questions below as it relates to the collaborative network of partners applying as a PSP Phase 2 Community.

**Name of the collaborative network applying to be a PSP Learning Community?** *If not applicable, please respond "N/A"* (write-in)

**Name of the neighborhood/borough/suburb, town, city, county, or mix of zip codes your collaborative network serves:** (write-in)

**Does the collaborative network serve an area that is predominantly urban, suburban, rural, tribal or other setting?** *(select all that apply)*

## Collaborative Network Partners

Please Note: *If selected for interviews, letters of support will be requested from each partner.*

**Local Early Childhood Partners** Name the community-based, early childhood partner organization(s) who will also participate in the PSP Phase 2 Shared Learning Community. (write-in)

**Parent Partners** Name the parent partners who will also participate in the PSP Phase 2 Shared Learning Community. (write-in)

**Payor Partners** Does the collaborative network or any of the supporting partner organizations have an established partnership with payor partners (e.g., managed care organizations (MCO), health plan providers, or state Medicaid)? (Yes, No, or Unsure)

- Is the collaborative network interested in establishing or further developing partnerships with payor partners as a part of the PSP Phase 2 Learning Community? (Yes, No, Unsure)



## **Collaborative Network Commitment to Equity and Engagement**

### **Family Engagement**

**Please provide a specific example of how the collaborative network has used community engagement to gather feedback from families. Please include if there were any barriers (childcare, transportation, linguistics, etc.) that were removed to make the engagement a success. (250 words or less)**

### **Commitment to Equitable Early Childhood Health & Well-being**

**Please provide a specific example that demonstrates how the collaborative network has achieved or hopes to achieve a commitment to equitable early childhood health and well-being. (250 words or less)**



## Part 2: Pediatric Practice Partner Information

Please respond to the questions below as it relates to the pediatric practice partner(s) within the collaborative network applying as a Phase 2 Learning Community.

- **Name of Primary Individual Representing the Pediatric Practice Partner** (write-in)
- **Title/Role of Primary Individual Representing the Pediatric Practice Partner** (write-in)
- **Pediatric Primary Practice Partner Organization Name** (write-in)

## Demographic and Organizational Information

Please answer the following question as it pertains to the collaborative network's pediatric primary care partner practice(s).

**Practice type** Select all that best describe the pediatric practice's clinical setting.

- Provider-owned private practice
- Non-provider owned clinic
- Federally Qualified Health Center, or other Community Health Center
- Tribal affiliated practice or clinic
- Military clinic
- Other: write in
- Hospital-owned clinic
- University-owned clinic
- Health Maintenance Organization

**Provider Types** Check all that apply to describe those doing well-child check-ups for children 0-3 in the practice/clinic where the pediatric primary care partner works:

- Physician
- Physician's Assistant
- Nurse Practitioner
- Resident
- Other: write-in



**What type of staff in the pediatric practice interact with children and families?**  
Check all staff that may interact with children and families that come to your practice/clinic for a well-child check-up.

- Front Desk staff
- Care Coordinator
- Family Partner
- Community Health Worker
- Behavioral Health Specialist (e.g. Social Worker, Mental Health Clinician)
- Billing/Insurance Coordinator
- Scheduling Coordinator
- Pharmacy staff
- Residents (specify the type of Resident in 'other')
- Other
  - Please specify other \_\_\_\_\_

**Organizational Size** How many total staff work at your practice/clinic? (write-in)

**Catchment Area:** Which of the following categories best describes how you define the community that your practice/clinic serves?

- Neighborhood/Borough** (e.g., Pope's Hill in Dorchester)
- Town** (e.g., Dorchester in Boston)
- City** (e.g., Boston)
- County** (e.g., Suffolk County, MA or the Greater Boston Area)
- Mix of Zip Codes** (e.g., only 02122)
  - **Please specify the name or zip codes of the community served.** (write-in)

### **Characteristics of the Population Served**

*Please describe the unique characteristics of the community the pediatric partner serves.*



**Patient Insurance Coverage** Please indicate the approximate percentage distribution of your patient population's insurance coverage for each of the following:

- % Medicaid
- % CHIP
- % Private Insurance
- % Uninsured

**Patient Race, Ethnicity & Language (REaL) Demographics**

For each of the following, please indicate the approximate distribution of your patient population's self-identified race/ethnicity. *Because some individuals may identify with multiple race/ethnicity categories, we do not expect this number to add to 100.*

- American Indian/Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other

Please specify the other races/ethnicities represented: \_\_\_\_\_

- Unknown

**Primary Home Language** For each of the following languages, please indicate the approximate distribution of your patient population's primary home language:

- English
- Spanish
- Chinese (including Mandarin and Cantonese)
- Tagalog
- Vietnamese
- Korean
- Arabic
- French or French Creole
- German
- Another non-English language

If known, please list the other non-English languages spoken: (write-in)



**Commitment to Diversity, Equity & Inclusion (DEI)**

Provide at least one specific example of describing how the pediatric partner has demonstrated a commitment to diversity, equity and inclusion (DEI). (250 words or less)

- How is the pediatric practice partner’s staff, physicians, and/ or board reflective of the community served?
- List one example of a change the pediatric practice has made in order to provide culturally appropriate/congruent care.

Please provide a specific example that demonstrates how the pediatric practice(s) has achieved or hopes to achieve a commitment to racial health equity. See PSP’s Commitment to Racial Health Equity statement in RFA. (250 words or less)

**Patient and Family Engagement**

Please provide an example of how the pediatric practice has engaged parents and families. Please include if there were any barriers (childcare, transportation, linguistics, etc.) that were removed to make the engagement a success. (250 words or less)

**Local or State Partners Addressing Social Determinants of Health** Describe any formal local or state partnerships that the pediatric practice/clinic has in place with organizations focused on housing, child welfare, education, food security, income security, or early childhood programming. (250 words or less)

**Commitment to Pediatric Redesign**

Please respond to the following questions as it relates to the applying pediatric partner’s practice.

<p><b>For each of the PSP Phase 2 Enabling Conditions listed below, please indicate how much of a priority implementing the enabling condition, as described, is for your pediatric practice(s).</b></p> <p><i>Scale: 5 - Essential Priority, 4 - High Priority, 3 - Neutral, 2 - Low Priority, 1 - Not a Priority</i></p>	
Enabling Condition	Priority Ranking
<p><b>Measurement:</b>  <i>Advancing observational tools and activities to promote early parent-child relationships.</i></p>	
<p><b>Provider Medical Training:</b>  <i>Piloting a training module around an observational tool to deliver early relational health supports.</i></p>	



<p><b>Public Financing Policy:</b>  <i>Accessing TA provisions to demonstrate how Medicaid/CHIP/Title V can finance social and emotional development practices and nurturing parent-child relationships through the pediatric channel.</i></p>	
<p><b>Integrate Technology:</b>  <i>Piloting an integrated platform that merges screening, assessment, and resource tools to maximize parent engagement, promote social and emotional development, and connect to existing electronic health record systems.</i></p>	

**Organizational Alignment with 14 Common Practices**

*In Phase 1, PSP invested in identifying the 14 most common practices that foster social and emotional development in children from birth to age 3. The 14 practices are grouped in three buckets: 1) nurture parents’ competence and confidence 2) connect families to supports to promote SED and address stressors; and 3) develop the care team and clinic infrastructure and culture.*

**14 Common Practices** Please use the following scale to indicate the level at which the pediatric partner has demonstrated the following 14 common practices.

- **4 – Exceeding Practice** - Practice has demonstrated / applied / accomplished indicators. Practice will have clearly defined goal(s) on the indicator. Efforts are not considered new.
- **3 – Meeting Practice:** Practice has clearly defined goal(s) on the indicator. Practice has defined goal(s) on the indicator and has begun to be implemented.
- **2 – Approaching Practice:** Practice is planning on implementing indicators or has emerging plans to develop goals but has not yet begun planning or implementation.
- **1 – Emerging Practice:** Practice has not demonstrated the ideal criteria or just beginning to think about what the goals are for the indicator.
- **N/A** - Pediatric partner has not yet considered demonstrating this practice.

<p><b>Nurture parents’ competence and confidence</b></p>	
	<p><b>Use strengths-based observations and positive, affirming feedback.</b></p>
	<p><b>Model activities and use strengths-based observations.</b></p>
	<p><b>Provide enhanced and tailored anticipatory guidance materials.</b></p>





	Partner with parents to co-create goals.
	Create opportunities for families to connect with other families.
	Integrate strategies to support the parents' well-being and mental health.
<b>Connect families to additional supports to promote healthy social and emotional development and address stressors</b>	
	Standardized workflow to provide developmental, behavioral, & social determinants of health (SDOH) screenings, health promotion, support, & resources.
	Cultivated community partnerships through clear processes and protocols.
	Outreach to parents during pregnancy.
<b>Develop the care team and clinic infrastructure and culture</b>	
	Integrate new roles into the care team.
	Foster care team communication and collaboration.
	Provide ongoing learning and development opportunities.
	Support care team well-being to prevent burnout/stress/fatigue and retention issues.
	Create environments and structures that promote relationships and positive patient experiences.

**Additional Practices**

Please list any additional practices the pediatric or community partners are using to foster social and emotional development in children 0-3 (i.e., increasing trust, relationship building, power-sharing, etc.). \*Optional (150 words or less).



**Thank you for applying to participate in the  
PSP Phase 2 Shared Learning Community!**