



## **Pediatrics Supporting Parents (PSP)**

### **Phase 2 Learning Community Request for Applications (RFA)**

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- **About PSP**
- **The Current Opportunity**
- **Shared Learning Initiative Overview**
- **Funding Details**
  - **Current Grant Amount**
  - **Future Grant Making**
  - **Duration and Process**
  - **Commitment to Racial Health Equity**
- **Selection Process for 3-5 Proof Point Communities**
- **Eligibility Criteria - Who Should Apply?**
- **Application Overview**
  - **Key Dates**
  - **How to Apply**
  - **Intent to Apply and Application**
- **Appendix A: 14 Common Practices**
- **Appendix B: Components of the 12-month Planning and Co-Design Phase**



## **PSP Phase 2 Learning Community Aims to Support Existing Early Childhood Health and Well-being Networks**

*Is your community committed to supporting the well-being of young children? Are you involved in an existing collaborative network of early childhood providers that includes pediatric providers, community-based partners, family-led organizations, and/or managed care organizations? Is your network committed to improving racial equity for children 0-3?*

If you answered, yes, to all the above, we encourage you to apply and be a part of Phase 2 of the **Pediatrics Supporting Parents (PSP) initiative** to improve pediatric care by equitably supporting the youngest patients and their families. Through PSP, 3-5 communities across the country will receive grant funding and technical assistance (TA) to maximize and build on existing strengths and commitments.

### **About PSP**

The **Pediatrics Supporting Parents (PSP) initiative** aims to improve the lives of families with young children ages 0-3, with a dedicated focus toward children and families who are predominantly at-risk or historically underserved, including but not limited to **Black and Indigenous People of Color (BIPOC)**. PSP will do this by leveraging the pediatric channel to promote nurturing parent-child relationships and support children's social and emotional development. PSP is launching Phase 2 of its national initiative to advance the standard of care in the pediatric setting to improve social and emotional development (SED) of children ages 0-3 and strengthen parent-child relationships.

In Phase 1, a [comprehensive scan](#) of nearly 70 evidence-based and evidence-informed programs, and deep engagement with a sub-set of programs, led to the identification of 14 common practices that promote the social and emotional development of young children and the parent-child relationship ([Appendix A](#)). PSP hopes to center practice change on the 14 common practices and lift up the centrality of strong, strengths-based, trusting, and humble relationships.

In addition to identifying the 14 common practices, PSP has successfully elevated and built momentum around the importance of **social and emotional development / parent-child relationships**, and prioritized work that creates the conditions necessary for practice transformation to take hold. PSP has worked to address several structural barriers such as limited time in the pediatric primary care visits, insufficient provider reimbursement, incompatible electronic medical records, and insufficient training for providers. Key activities from Phase 1 include:

- Unlocking the funding potential of Medicaid, CHIP, and Title V through the creation of a Medicaid [Blueprint](#), Title V [Guide](#), and 9-state National Workgroup.



- Assessing the use of and demand for technology and engaging parents and pediatric practices in the development of an integrated platform in support of developmental promotion, early detection, referral, and linkage to services for pediatric patients.
- Advancing observational tools and activities that can be completed in the well-child visit setting to promote early parent-child relationships.

### **The Current Opportunity**

Three to five communities across the nation will be competitively selected to participate in a multi-year shared-learning initiative and serve as “proof point communities,” achieving concrete changes in pediatric primary care that support SED and nurturing parent-child relationships. Together, the 3-5 proof point communities will pursue opportunities to share best practices, gain learnings in pediatric care transformation, and identify opportunities to foster continued collaboration across the field to improve outcomes for children and families.

The focus, innovation and action of this work will inform national pediatric transformations and policy changes. Babies can't wait, apply to join PSP today!

### **Shared Learning Initiative Overview**

The PSP Phase 2 Learning Community will be rooted in the wisdom and goals of 3-5 communities, by creating the space for communities to engage in a two-part Shared Learning Community. This includes: **(A) a 12-month planning and co-design process of a 3-year PSP Learning Community; and (B) a 3-year implementation phase of the co-designed PSP Learning Community.** Pediatric practices will be supported to adopt common practices from among the 14 that are most relevant to their community to promote SED in children ages 0-3 years. PSP will also invest in strengthening key national and state enabling conditions (e.g., public financing/reimbursement, measurement, technology/screening, and training/professional development) that will facilitate uptake and spread in communities beyond the 3-5. In addition, through a cross-sector collaborative model employed within communities, lessons from this work can extend beyond the health care space and into broader fields such as early care and education, early intervention, public health, child and family services, etc. Lastly, embedded across all components of the Phase 2 project structure is a commitment toward equity and community engagement.

### **Enabling Conditions**

As noted above, in addition to investing directly in the 3-5 communities, PSP will also invest in strengthening key enabling conditions at state and national levels so that lessons learned from proof points can be more easily adapted and embedded in other communities. In the first phase of work, PSP and its partners identified several structural barriers that make it challenging for pediatric primary care to embrace a focus on SED and early relationships, in addition to children's physical health. These barriers include, but are not limited to, insufficient provider reimbursement, limited time, incompatible electronic medical records/technology inefficiencies,



lack of measures to assess progress, and insufficient provider training. Over the last three years, PSP prioritized work in four areas to address these barriers and in Phase 2, **PSP will sponsor proof point communities to implement strategies that address one or more of the following enabling conditions:**

- 1) **Measurement:** Advancing observational tools and activities to promote early parent-child relationships.
- 2) **Medical Provider Training:** Piloting a training module around an observational tool to deliver early relational health supports.
- 3) **Public Financing Policy:** Accessing TA supports to demonstrate how Medicaid/CHIP/Title V can finance social and emotional development practices and nurturing parent-child relationships through the pediatric channel.
- 4) **Integrated Technology Platform:** Piloting the integration of a parent-driven technology platform that maximizes parent engagement, merges multiple screening and assessment tools to existing electronic health record systems.

## Funding Details

- **Current Grant Amount:**
  - **A) Planning and Co-design: A 12-month planning grant ranging from \$100,000 - \$200,000**
    - Community-specific planning and design process. January 2022 – June 2022 (6 months).
    - B) Shared community co-design process across 3-5 sites: July 2022 – December 2022 (6 months)
- **Future Grantmaking:**
  - **B) Implementation and Learning: Up to 3 years**
    - Each community (applicant) will receive an annual investment ranging from \$400,000 to \$750,000. January 2023 – December 2025 (3 years). *Please note: Implementation and learning grants will begin after the planning and co-design has informed the structure of this phase of work.*
    - Funding will also be available throughout the implementation phase for work on the enabling conditions. *The strategy for the enabling conditions will be co-designed and informed by proof point communities and collaborative decision-making processes.*
- **Duration & Process:** The PSP Phase 2 Shared Learning Community is a multi-year initiative with two parts:
  1. **A) 12-month Planning and Co-design (January 2022 – December 2022)**



- a. Community-specific planning and design process (6 months): The first 6-month community-specific planning and design process will serve as an opportunity for communities to come together to identify how PSP can build on existing strengths and commitments. Design elements include but are not limited to:
  - i. Use of funds
  - ii. Technical assistance
  - iii. Governance
  - iv. Learning
  - v. Commitment to racial health equity
  
- b. Shared community co-design across 3-5 sites process (6 months): A 6-month co-design process across the communities to co-create the initiative's national and cross-community structure for what a 3-year partnership will look like. This includes but is not limited to:
  - i. National strategic investments
  - ii. Technical assistance
  - iii. National governance and decision-making
  - iv. Shared learning
  - v. Commitment to racial health equity
  - vi. Field building

*NOTE: Please see Appendix B for how PSP is currently thinking about key components of the planning phase. These are starting points from which we hope to refine or restructure in collaboration with our community partners.*

2. **B) 3-year, PSP Learning Community (January 2023 – December 2025)**
    - c. This period of work will be built out in the first 12 months of the PSP Community. Each community will receive annual investments to implement plans for pediatric transformation and shared learning.
- **Commitment to Racial Health Equity**: PSP intentionally centers on those experiencing the impacts of historical and institutional racism and community disinvestment. To achieve true and equitable population-level change, we deliberately follow a targeted universalism approach in which universal goals are achieved through a targeted set of strategies, designed in response to how different groups are situated within structures, culture, and across geographies. In addition, we honor the centrality of family in child well-being. Families are the experts on their children, and we are committed to co-creating solutions with families throughout all aspects of this work. Proof point communities will be expected to center racial equity in all aspects of their work by engaging in meaningful, ongoing collaboration with local parents in the design, testing, and implementation of new approaches, solutions, and measures to improve SED and



support healthy parent-child relationships. All proof point communities will be expected to participate in a racial equity level-setting to ensure a common language and basic understanding of racial equity principles and how they apply to this work.

1. **Equity Champions:** Each proof point community will also designate and train 1-2 team members to serve as Equity Champions, supporting and centering racial equity throughout the initiative.
2. **Racial Equity Capacity Building:** All proof point communities will increase their capacity and capability to adopt a racial health equity lens across their work during the Phase 2 Shared Learning Initiative.

### **Selection Process for 3-5 Proof Point Communities**

A panel made up of PSP partner organizations (e.g., Center for the Study of Social Policy, EC PRISM, Family Voices, Health Leads, HealthySteps, Help Me Grow, Manatt Health, and the PSP Funders) and parent leaders will select 3-5 communities to participate in a multi-year shared learning initiative (12-month planning and co-design period and a 3-year implementation and learning period).

- Proof point communities selected to participate in **PSP Phase 2 Learning Community** will collectively represent a diverse collaborative of geographic areas, sectors, pediatric practice partners and demographics of the population served.
- Proof point communities at all levels of this work will center the social and emotional development of parent-child relationships through a multi-level community engagement approach to pediatric practice change.
- Strong preference will be given to applicant networks who demonstrate existing partnerships and activities that reflect the 14 Common Practices ([Appendix A](#)).
- Applications will be assessed by a panel of PSP partners and parent leaders based on the eligibility criteria.

### **Eligibility Criteria – Who Should Apply?**

PSP seeks to fund 3-5 communities with an existing collaborative network of early childhood providers, including pediatric providers, community-based partners, family-led organizations, and/or managed care organizations who are committed to improving racial health equity for children ages 0-3 by leveraging pediatric primary care to support children’s social and emotional development and nurturing parent-child relationships. To participate as a proof point community in PSP’s Shared Learning Community, applicants must demonstrate the following criteria:



- **Existing Community-based Partners or Collaborative Network:** Applying communities should represent an already established or pre-existing group of community-based partners that provide direct service to or focus on increasing the well-being of children 0-3, who serve the same community.

The following partners should be represented:

- Pediatric primary care partner organization or practice
  - Early childhood-focused community-based partner(s)
  - Parents of children 0-3
  - Local payer (i.e., Medicaid health plan or state agency) - *optional, but preferred*
- **Pediatric Partner or Practice:** One or more pediatrician(s) or pediatric practice(s) represented within the applying collaborative network.
  - **Serve Communities Experiencing the Most Health Disparities:** Serve a geographic community or patient community that reflects communities experiencing the most health disparities and historically underserved children and families, including but not limited to Black and Indigenous People of Color (BIPOC).
  - **Engaging and Centering Patients and Families:** Demonstrated commitment to involving and being receptive to parent and community feedback through routine and transparent processes that aim to center parents and disrupt power imbalances.
  - **Advancing Diversity, Equity and Inclusion:** Pediatric partner has established a commitment to Diversity Equity and Inclusion (DEI) at the leadership and staff levels, and among partner organizations.
  - **Committed to Redesign of Pediatric Primary Care:** Leadership support across all partners, and especially pediatric partners to provide the capacity for staff and providers to engage in system redesign efforts to support the design, integration, and evaluation of new processes into the existing pediatric primary care well-visit model.
  - **Seeking to Advance Early Childhood Social and Emotional Development:**
    - Evidence of early adoption of and commitment to integrating the 14 common practices shown to promote SED in children 0-3 ([See Appendix A](#)).
    - Pediatric partner aims to improve the social and emotional development (SED) of children ages 0-3 and strengthen parent-child relationships by accessing technical assistance support made available around enabling conditions areas such as (1) **public financing policy**, (2) **measurement**, (3) **integrated technology**, and (4) **medical provider training**.
  - **Located in a PSP Priority State:**



- California, Kansas, Maine, Massachusetts, Nevada, New York, North Carolina, Ohio, Oregon, Virginia, Washington, Wisconsin

## Application Overview

### ● 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):** Thursday, September 10, 2021
- **Application Due:** Friday, 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

### ● How to Apply

1. Submit an email of intent. Applicants should submit an email of intent to [info@pediatricssupportingparents.org](mailto:info@pediatricssupportingparents.org) by **Friday, September 10, 2021**.
2. Attend Informational and Technical Assistance Call on **Tuesday, August 31 at 12pm ET**. *Optional, but recommended.*
3. Submit PSP Phase 2 Application: Full applications received from applicants that did not submit an Email of Intent will not be considered.
4. Submit supporting documentation upon being selected as finalists.

### ● Intent to Apply and Application

- Review the PSP Project Summary and Eligibility Criteria for Proof Point Communities
- Join the [PSP Phase 2 RFA Informational and Technical Assistance](#) call to learn about the PSP initiative, application and ask questions about the recruitment and application process on **Tuesday, August 31 at 12pm ET**. **Register [here](#) to attend the RFA Information and Technical Assistance Call.**
- Submit Email of Intent to [info@pediatricssupportingparents.org](mailto:info@pediatricssupportingparents.org) by **Friday, September 10, 2021**.
- Complete the PSP Phase 2 Proof Point Communities Application by **Friday, September 30, 2021**. *Recommend using the application template to draft responses, then copy/paste finalized responses in the [PSP Phase 2 Application form](#).*



## Appendix A: 14 Common Practices

### Common Practices





## Appendix B: Components of the 12-month Planning and Co-Design Phase

*PSP is currently considering the following components as being co-designed with communities during the planning and codesign phase. These are starting points from which we hope to refine or restructure in collaboration with our community partners.*

- **Use of funds:** Investments may be used for a range of activities including, but not limited to pediatric staff, stakeholder partners and/or parents' participation in the PSP initiative, including convenings, independent work to pilot new processes, regular reporting of measures; project management and evaluation; relevant staff trainings; efforts to strengthen the involvement of the community in the design and improvement of services; adaptations to electronic health records, communications support and any other related technical assistance to support improvement in child health and parent/community engagement.
- **Technical assistance:** In addition to financial support, proof point communities will receive ongoing individual and group technical assistance overseen by PSP and delivered by a network of subject matter experts in pediatric trauma-informed care and early childhood development; racial equity; parent leadership and community engagement; social health technology adoption; quality improvement and innovation; and practice operations and financing. Proof point communities will also receive support around the development and implementation of their efforts and parent/community engagement plans to guide integration efforts.
- **Governance:** Proof point communities will be expected to identify a subgroup of at least 4-6 partner representatives to serve as the PSP Learning Community site team. The site team should include at least one pediatric clinician/pediatric practice partner, a parent of a child 0-3 or other patient representative, and a representative of a community-based organization. Members of the site teams are expected to attend all learning initiative convenings and participate in the national PSP steering committee and an enabling condition working group. The site teams will also be expected to report on existing governance structures. The site team members will be engaged to co-create PSPs strategic priorities and recommend opportunities for investment.
- **Shared Learning Community:** Proof point communities have the opportunity to participate in a learning community that includes relevant subject matter experts, local and national governance members, evaluation consultants, and key staff members from PSP and its partner grantee organizations, including the Center for Study of Social Policy, Help Me Grow National Center, Family Voices, Manatt Health, and HealthySteps. **Over time, the learning community has the opportunity to grow and develop using the following:**



1. **Tracking Learning:** Documentation of redesigned well-visits, the integration of common practices, enabling conditions and lessons learned relevant to the sector will be led and identified in collaboration with the selected 3-5 proof point communities.
2. **Change Package:** Sector learnings will be shared with the broader early childhood community via a roadmap/playbook for universal adoption of common practices in well-visits and case studies describing how each of the proof point communities demonstrated changes in pediatric primary care delivery to improve SED and parent-child relationships.
3. **Convenings:** Each year, the learning community will meet annually in-person and quarterly (3-4 times throughout the year) through webinars or topic-specific group calls as well as virtual meetings for workgroups. Affinity groups may also convene virtually throughout the initiative to further support the work of participating proof point communities.
4. **Site visits:** PSP leadership/steering committee and relevant subject matter experts will conduct annual, in-person visits with each community in order to support pilot development and refinement and discuss opportunities for ongoing technical assistance.
5. **Evaluation & Reporting:** An external evaluation consultant will support proof point communities to continuously track and report quarterly on 1-3 outcome measures related to parent child relationships, SED, and early relational health. Shared outcome measures will be selected by the PSP working group on early relational health measurement in collaboration with the Family Voices National Brain Trust.
6. **PSP Enabling Condition Working Groups:** Proof point communities will be expected to work with PSP enabling condition working groups on measurement, financing/reimbursement, technology, and training to inform work at the state and national level.