**LA & MS Delta Center**

**Community of Practice Application**

**Instructions**

Thank you for your interest in participating in the LA & MS Delta Center Community of Practice (CoP)! The application template begins on the following page. Please keep the following points in mind as you prepare and submit your application:

* Applicant teams should be made up of one behavioral health organization and one primary care organization. Applicant teams should submit **one** collaborative application.
* Applications are due by **5:00 pm CST** on **February 14, 2022**.
* Completed applications may be uploaded and submitted using [this online form](https://redcap.lphi.org/redcap/surveys/?s=T9MRHPFDKH).
* An informational webinar about this opportunity will take place on January 21, 2022 at 2:30 pm. Attendees will have the opportunity to learn more about the CoP and ask questions about the project and the application. [Click here](https://us06web.zoom.us/meeting/register/tZEpdu6trTotHNHjMfVqG2t67fAgDMIPXRwH) to register for the webinar.
* Applications should be in Microsoft Word or PDF file format. Other formats will not be accepted or reviewed.

**Scoring**

Applications will be scored on the following items to determine organizations’ alignment and readiness for participation in the CoP:

* Extent to which organizations have established telehealth services.
* Extent to which organizations have taken steps to address health equity.
* Demonstration that the behavioral health and primary care organizations already have a collaborative relationship or have a feasible plan to establish one.
* Extent to which both organizations’ needs and planned actions are aligned with the stated goals and objectives of the CoP.
* Demonstration that both organizations are committed to actively participating in all CoP activities and implementing change.

**Behavioral Health Organization Information**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Contact person** |
| Name |  |
| Title |  |
| E-mail address |  |
| Phone number |  |
| **Staff information** |
| Number of mental/behavioral health providers |  |
| Number of primary care providers |  |
| Number of staff who speak a language other than English |  |
| Languages spoken |  |
| Race/ethnicity |  |
| **Patient Demographics** |
| Race/ethnicity |  |
| Age |  |
| Payer mix |  |
| Income level  |  |

**Primary Care Organization Information**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Contact Person** |
| Name |  |
| Title |  |
| E-mail address |  |
| Phone number |  |
| **Staff Information** |
| Number of mental/behavioral health providers |  |
| Number of primary care providers |  |
| Number of staff who speak a language other than English |  |
| Languages spoken |  |
| Race/ethnicity |  |
| **Patient Demographics** |
| Race/ethnicity |  |
| Age |  |
| Payer mix |  |
| Income level  |  |

**Telehealth Services**

|  |  |
| --- | --- |
| **Behavioral Health Organization Responses** | **Primary Care Organization Responses** |
| Percent of visits each organization is currently doing via telehealth |
|  |  |
| On a scale of 1-5, how comfortable are your providers with using telehealth? (5= very comfortable, 1=very uncomfortable) |
|  |  |
| What barriers to telehealth do your clients/patients have?(List top 3 in order of importance) |
| 1.2.3. | 1.2.3. |
| **Behavioral Health Organization Responses** |
| What successes has your organization had with telehealth? (limit 150 words) |
|  |
| Please list the barriers to telehealth does your organization has in the following areas. |
| Financial |  |
| Staffing |  |
| Technology |  |
| Training |  |
| Operations and workflow |  |
| **Primary Care Organization Responses** |
| What successes has your organization had with telehealth? (limit 150 words) |
|  |
| Please list the barriers to telehealth does your organization has in the following areas. |
| Financial |  |
| Staffing |  |
| Technology |  |
| Training |  |
| Operations and workflow |  |

**Health equity**

|  |
| --- |
| **Behavioral Health Organization Responses** |
| How does your organization define “health equity”? (limit 50 words) |
|  |
| Please list what your organization has done to address health equity in the following areas. |
| Financial |  |
| Client/patient engagement and communication |  |
| Staffing |  |
| Operations and workflow |  |
| Training |  |
| What successes has your organization had in addressing health equity? (limit 150 words) |
|  |
| Please list the barriers to health equity does your organization has in the following areas. |
| Financial |  |
| Client/patient engagement and communication |  |
| Staffing |  |
| Operations and workflow |  |
| Training |  |
| **Primary Care Organization Responses** |
| How does your organization define “health equity”? (limit 50 words) |
|  |
| Please list what your organization has done to address health equity in the following areas. |
| Financial |  |
| Client/patient engagement and communication |  |
| Staffing |  |
| Operations and workflow |  |
| Training |  |
| What successes has your organization had in addressing health equity? (limit 150 words) |
|  |
| Please list the barriers to health equity does your organization has in the following areas. |
| Financial |  |
| Client/patient engagement and communication |  |
| Staffing |  |
| Operations and workflow |  |
| Training |  |

**Collaboration**

|  |
| --- |
| Describe how your organizations currently collaborate or plan to collaborate. (limit 250 words) |
|  |

**Community of practice**

|  |
| --- |
| What type of information and/or assistance do your organizations hope to get from participating in this community of practice? (limit 150 words) |
|  |
| How will your organizations use this information and assistance to improve your telehealth services in an equitable way? (limit 250 words) |
|  |
| Which staff members at your organization do you envision will be part of this work? (limit 150 words) |
|  |