Request for Applications:
Trauma-Informed Primary Care Initiative

The National Council for Behavioral Health, in partnership with and sponsored by Kaiser Permanente, is pleased to offer a Learning Community for primary care safety net organizations, such as Federally Qualified Health Centers (FQHCs and Look-Alikes) and direct care providers, to implement a trauma-informed care approach to help meet the needs of the primary care safety net population. Through a 9-month Learning Community, participating organizations will:

- Adopt trauma-sensitive screening, assessment, and treatment practices that will aid their efforts to successfully treat patients with chronic, uncontrolled health conditions such as COPD, hypertension, diabetes.
- Explore the impact of traumatic life events on a person’s chronic physical health conditions, overall health and lifestyle, use of services and capacity for self-management.
- Systematically track changes in health indicators for a target population chosen by the primary care organization.

Participants will have access to state-of-the-art content and nationally known Learning Community facilitators and subject matter experts. Organizational Self-Assessments© (OSA), action plans, and ongoing data collection will facilitate continuous quality improvement initiatives.

Learning Community Rationale

Adverse life events represent those events that individuals are likely to experience as traumatic, i.e., terrifying and/or overwhelming in a way that exceeds the person’s internal and external coping resources, such as abuse, neglect, or loss of caregiver.

The Adverse Childhood Experiences (ACE) study, a groundbreaking investigation conducted by Kaiser Permanente and the Centers for Disease Control and Prevention in 1998, revealed that the number of adverse life events a person experienced before the age of 18 was positively associated with increasingly higher risk for mental health, physical health and addiction problems, lasting through adulthood.

The purpose of this initiative is to help re-align the health care system to address the needs of patients for whom adverse life events are compromising their physical health and educate primary care organizations on the importance of recognizing the impact of trauma on health conditions. Evidence suggests organizations engaging in a robust trauma-informed care program will increase positive health outcomes within their patient population.

The initiative will assist primary care organizations in identifying patients with a history of trauma/adverse life events and adopt evidence-based best practices, and help inform the field that these efforts impact the overall health of the populations served.
Benefits to Participating Primary Care Organizations

- Participating organizations will receive free expert consultation to assist in the achievement of project objectives. All consultant fees and travel expenses to in-person meetings will be covered for up to three organizational representatives.
- Participating organizations will have access to specialized tools and strategies that they can use beyond the duration of the project.
- Engaging in trauma-informed care will accelerate health and wellness of patients and improve the capacity of organizations to address the needs of their patients.
- Participating organizations will be helped to align activities in this project with other organizational quality initiatives.
- Participating organizations will have the opportunity for professional recognition as the initiative receives local, state, and national attention and generates presentations and papers.

Learning Community Process

Teams from up to 14 primary care organizations in Kaiser Permanente’s target regions (described in Criteria for Participation) will participate in a 9-month Learning Community that includes:

- Kick-Off Webinar on Thursday May 28, 2015 from 2:00 – 3:00 PM EST
- Two Face-to-Face Meetings
  - Kickoff Meeting: June 9 – 10, 2015, Washington, DC
  - Summit Meeting: March 2016, Las Vegas, NV
- A Seeking Safety Training for behavioralists from each primary care organization on June 8, 2015 in Washington, DC (this day-long training immediately precedes the 1.5-day kick off meeting on June 9-10, 2015)
- Individual and small group-based coaching calls
- Five webinars with national experts
- Quarterly data submissions, as described under Organizational Commitments

Travel expenses will be covered for up to three members of the Core Implementation Team for the two in-person meetings.
Criteria for Participation

- Primary care organizations, such as FQHCs and FQHC Look-alikes, in one of the following Kaiser Permanente Service Areas:
  - Northern California
  - Southern California
  - Colorado
  - Georgia
  - Hawaii
  - Maryland, Virginia, Washington, DC
  - Oregon and Washington
- Organization supports social-emotional well-being through provision of one or more of the following behavioral health services on site: individual, group, family, or couple therapy
- If selected to participate, the organization is capable of providing both individual and group short-term, trauma-focused therapy
- Adherence to the requirements as described under Organizational Commitments

Organizational Commitments

✓ Complete and submit an application by COB Friday April 24, 2015
✓ Identify one or more patient cohorts that are particularly challenging and a high priority for the organization. Applicants are encouraged to choose a population that they are focusing on for other initiatives, such as one of the populations for NCQA certification. For example, the applicant may choose to focus on patients:
  - With poorly controlled chronic health conditions
  - Who are pregnant
  - Who are high utilizers of emergency room services
  - With significant mental health and addiction problems
  - Who have an unhealthy lifestyle that mitigates the value of primary care
  - Who have difficulties adhering to treatment, such as two or more outstanding preventive health measures
✓ Establish and empower a Core Implementation Team (CIT) whose members typically include:
  - A member of the organization’s senior management team (such as the Executive Director or Chief Medical Officer)
  - A primary care provider
  - A behavioralist practitioner
  - Staff person/project manager who is able and willing to oversee the data collection.
  Additional individuals are often considered part of the Core Implementation Team, such as direct care providers, peer specialists, and people with lived experience of trauma, mental illness or substance use.
The Core Implementation Team will attend/view all training webinars, both face-to-face Learning Community meetings, and participate in the majority of individual and small group consultation calls over the course of the initiative.

Participate in data collection and other Continuous Quality Improvement (CQI) activities for both the organization and the Learning Community. Participating sites will be expected to submit a limited amount of data and participate in up to two focus groups to support the quantitative and qualitative elements of a program evaluation, as well as to support site-specific quality improvement initiatives. Data collected will likely include:

- Numbers of patients screened for history of trauma/adverse life events;
- Numbers subsequently assessed;
- Results of workforce surveys conducted pre- and post-Learning Community that reflect staff knowledge surrounding the impact of trauma across the lifespan and trauma-sensitive practice; and
- Health information regarding the individual organization’s target population that is meaningful to the organization and identified in collaboration with the Learning Community faculty, such as change in blood pressure, BMI, ED/hospital utilization participation in supportive and/or therapeutic processes, increased patient activation, improvement in self-reported health status/wellness measures.

All information collected will be aggregate and not at the individual patient level.

Application Submission Instructions

All applications are due **COB Friday April 24, 2015** and must be submitted online through [http://nationalcouncil.nonprofitcms.org/a/solicitations/home/1016](http://nationalcouncil.nonprofitcms.org/a/solicitations/home/1016). The selected agencies will be notified on or before Monday May 11, 2015.

For more information regarding the Trauma-Informed Primary Care Initiative, please visit our [website](http://nationalcouncil.nonprofitcms.org) or contact [JordanW@thenationalcouncil.org](mailto:JordanW@thenationalcouncil.org).
Trauma Informed Primary Care Initiative (TIPCI) Application Questions

Submit final application online at [http://nationalcouncil.nonprofitcms.org/a/solicitations/home/1016](http://nationalcouncil.nonprofitcms.org/a/solicitations/home/1016).

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<th>Question</th>
<th>Organization Name</th>
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<th>Telephone (xxx-xxx-xxxx, ext)</th>
<th>CEO Name</th>
<th>E-Mail Address</th>
<th>Assistant to the CEO, Name</th>
<th>Assistant E-Mail Address</th>
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Contact us for more information at communications@theNationalCouncil.org
Short Answer Questions

1. Please tell us why your organization would like to participate in this initiative and/or any other supportive comments. (400 word limit)

2. Describe your likely target population (e.g., pre-natal women, uncontrolled diabetes, etc.). (300 word limit)

3. Given your target population, list likely indicators that would be meaningful for your organization to track (e.g., blood pressure, fasting blood sugar, primary or specialty care appointment adherence, ED and/or hospital utilization) and your capacity to track said measures. (400 word limit)

4. Please describe any special individual/group programs you provide for specific health conditions or circumstances (e.g., chronic disease self-management; wellness programs; prevention programs; pre-natal programs; collaborations with psychiatric/addiction programs; integrated care programs; other special projects). (400 word limit)

5. Describe any previous efforts to address trauma among your patients, including any previous use of evidence-based screening and/or assessment tools. (300 word limit)

6. Level of Confidence: Implementing the aims of the Trauma-Informed Primary Care Initiative

Please indicate your LEVEL OF CONFIDENCE in being able to implement the following elements of this initiative:

A. Identifying a high need cohort of patients that would likely have buy-in from staff.

- Very Confident
- Confident
- Somewhat confident
- Unsure at this time

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B. Engaging one or more primary care providers to facilitate a warm hand-off or referral to the behavioral health practitioner(s).

- Very Confident
- Confident
- Somewhat confident
- Unsure at this time

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C. Ability to modify existing work flows to introduce a trauma screening and assessment process for your target patient population.

- Very Confident
- Confident
- Somewhat confident
- Unsure at this time

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<th>Very Confident</th>
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D. The willingness, capacity and ability of the behavioral health practitioners to participate in training focused on expanding their role in assessing and providing short term trauma focused counseling in both individual and group modalities.

- Very Confident
- Confident
- Somewhat confident
- Unsure at this time

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<th>Very Confident</th>
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E. The ability of the organization to track screening and assessment rates for the target population using an evidence-based tool.

Very Confident  Confident  Somewhat confident  Unsure at this time
4  3  2  1

F. The ability to track improvement in health indicators for the patients involved in trauma related support provided by the behavioral health practitioner.

Very Confident  Confident  Somewhat confident  Unsure at this time
4  3  2  1

G. The willingness and capacity of the behavioral health practitioner to track utilization and outcomes for the patients to whom they offer trauma-focused care through individual and/or group services.

Very Confident  Confident  Somewhat confident  Unsure at this time
4  3  2  1

H. The willingness of medical staff to attend webinars focused on meeting the aims of the initiative.

Very Confident  Confident  Somewhat confident  Unsure at this time
4  3  2  1
Organizational Commitments

We have identified the following individuals as our core team:

<table>
<thead>
<tr>
<th>Role</th>
<th>Title</th>
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<tr>
<td>Member of Senior Management Team</td>
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<td>Primary Care Practitioner</td>
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<td>Behavioral Health Practitioner</td>
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<td>Quality Improvement and Data Reporting</td>
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<tr>
<td>Others*</td>
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*Teams are welcome to include additional individuals in program activities. Travel costs for more than three individuals will be incurred by the organization.

These individuals commit to work jointly on:

- Kickoff Webinar
- Initial Learning Session
- Data Reporting
- Individual and Group Calls
- Webinars
- Presentation of progress, data, learnings and tools
- Closing Summit

By submitting this joint application, we commit to providing organizational leadership and support for our team in order to successfully reach project goals.

Signature: ________________________________________________________________

Name: ____________________________________________________________________

Title: Chief Executive Officer/Executive Director

Date: __________________________