

Strengthening Integrated Care for Rural Youth ECHO (2024) - Application Form

Team Lead Demographic Questions

Please allow 15-20 minutes to complete this form in one sitting. Applications will be closed on Friday, Feb. 2, 2024 at 11:59p.m. EST.

SEE APPLICATION QUESTIONS

If you would like to view application questions before you begin, see the PDF of the application.

WHO SHOULD APPLY—TEAM LEADS

Team leads should complete the application form on behalf of all members of their organization who are interested in participating in this ECHO. The Team lead will be the main point of contact and should be an individual who can drive implementation/impact from the ECHO.

We encourage organizations to apply for this opportunity and attend each session as a team, so they can benefit fully from this ECHO and gather the information needed to implement sustainable change. Ideally, this team should include:

- **At least one lead clinician who provides clinical services and/or oversees clinical practices.**
- **An administrative staff person that oversees internal practices and policies.**
- **Team members who represent diverse roles and identities (mixture of administrators, managers and direct service providers with diversity in race, ethnicity, gender identity, age, etc.).**
- **At least one client/patient/consumer leader or advocate who receives services from your organization.**

Individual providers are also welcome to apply, even if they do not have a team or colleagues that can join them.

QUESTIONS? Please check out our participant FAQ document or email us at integration@thenationalcouncil.org.

*** 1. Team Lead Contact Information**

First and Last Name

Organization Name

Title

State/Province

ZIP/Postal Code

Email Address

2. **Role at Organization** What best describes your role at your organization?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (please specify)

* 3. **Special Accommodations** Do you (or anyone on your participating team) have special accommodation requests (such as an American Sign Language interpreter) that we should be aware of?

- No
- Yes (please describe)

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Organizational Questions

Please complete these questions on behalf of your organization.

*** 4. Organization Type** What best describes your organization? (Check all that apply.)

- Community Behavioral Health Organization
- Certified Community Behavioral Health Clinic (CCBHC)
- Federally Qualified Health Center (FQHC) or FQHC look-alike
- Substance Use Recovery Organization
- Other Mental Health Organization
- Other Physical/Primary Care Organization (medical/primary care, dental, physical therapy, urgent care, visiting nurse/hospice)
- Government agency, e.g. public health department, Department of Health and Human Services division
- Other (please specify)

5. Populations Served Which of the following groups of people does your organization serve? (check all that apply)

- Adults
- Children and Youth
- Older Adults
- Rural and/or Frontier
- Other (please specify)
- Urban
- Suburban
- Migrants/Immigrants/Refugees
- Speakers of Other Languages

6. Race and Ethnicity of Populations Served Please describe the racial and ethnic background of population(s) served by your organization. (Choose all that apply.)

- American Indian or Tribal Communities - Reservation Settings
- American Indian or Tribal Communities - Rural Settings (non-reservation)
- American Indian or Tribal Communities - Urban Settings (non-reservation)
- Alaska Native Populations
- Black or African American Populations
- Other (please specify)
- Latino/Latina, Latinx or Hispanic Populations
- Asian American or Pacific Islander Populations
- Middle Eastern or North African Populations
- White or Caucasian Populations

* 7. **Membership** Is your organization currently a National Council member?

Check [our website](#) to see if you are a member.

- Yes
- No
- I don't know

8. We encourage organizations to apply for this opportunity and attend each session as a team, so they can benefit fully from this ECHO and gather the information needed to implement sustainable change. Ideally, this team should include:

- At least one lead clinician who provides clinical services and/or oversees clinical practices.
- An administrative staff person that oversees internal practices and policies.
- Team members who represent diverse roles and identities (mixture of administrators, managers and direct service providers with diversity in race, ethnicity, gender identity, age, etc.).
- At least one client/patient/consumer leader or advocate who receives services from your organization.
- Individual providers are also welcome to apply, even if they do not have a team or colleagues that can join them.

Please list the names, titles and emails of additional colleagues who are applying with you as a part of your organizational team. If you have more than 7 team members, please indicate this.

If you do not have your team established at the time of application, but plan on building one, indicate "TBD."

If you apply as an individual with no ability to form a team, you may forego this question.

Format: Jane Doe, Program Administrator, jdoe@abchealth.org

Colleague 1	<input type="text"/>
Colleague 2	<input type="text"/>
Colleague 3	<input type="text"/>
Colleague 4	<input type="text"/>
Colleague 5	<input type="text"/>
Colleague 6	<input type="text"/>
Colleague 7	<input type="text"/>

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Organizational Change—Integrated Care Questions

9. **Organizational Change—Integrated Care** When it comes to making changes and improvements to the following organization practices, my organization:

	Has not discussed this yet	Has had some discussion, but not action	Is making plans for changes or action	Is currently implementing changes or action	Has implemented change or action already, and is monitoring	I don't know
Applying integrated care models and approaches (integration of general health, mental health and substance use treatment services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. **Barriers and Challenges** At my organization, the following are often barriers to integrating health care (general health, mental health, substance use treatment services): Choose all that apply.

- Lack of knowledge or awareness of integrated care
- Lack of training and education in physical health treatment among mental health and substance use treatment providers
- Lack of individual providers/workforce shortage
- Lack of administrative infrastructure - health information technology (HIT), billing and coding, costing, policies and procedures
- Lack of training and education in mental health and substance use treatment among primary care providers
- Lack of awareness of connection to integrated care and lowered health care costs, as well as improved health outcomes
- Other (please describe)

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Organizational Practices to Advance Equitable Care

12. **Barriers and Challenges** At my organization, the following are often barriers to advancing **health equity** specifically among youth in rural settings with marginalized identities, such as LGBTQ+ and BIPOC youth

Health equity, according to the CDC, is the “state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.”

- Lack of staff training and education in providing equitable integrated care for marginalized populations** (topics such as: whole person health trends, affirming and inclusive care, opportunities for partnerships, staff training and support for working with youth in rural settings with marginalized identities, such as LGBTQ+ and BIPOC youth, cultural humility, social determinants of health, etc)
- Lack of time and organizational resources to **prioritize these services and populations (youth with marginalized identities, such as LGBTQ+ and BIPOC youth)**
- Lack of **leadership buy-in** to support related initiatives
- Lack of **individual providers/workforce shortage** of diverse backgrounds and identities
- Lack of awareness of connection to advancing whole-person care for youth and lowered health care costs, as well as improved health outcomes
- Lack of **resources and/or partnerships** to address health disparities among youth with marginalized identities, such as LGBTQ+ and BIPOC youth, in rural areas (related to transportation, housing, employment, faith and spiritual settings, etc)
- Lack of **knowledge around how many youth with marginalized identities, such as lgbtq+ and BIPOC youth, are in the community** and/or served by the clinic or organization
- Other (please describe)

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ECHO Questions

* 13. What do you hope to gain from participating in this ECHO series?

14. What questions, expectations or concerns do you have about this ECHO?

* 15. **Case Presentations** Discussions around case presentations from participating organizations are a core component of all ECHOs. We ask that all participating organizations be willing to submit a case presentation form to share their organization's current experiences, successes, challenges and lessons learned. Cases related to the following topics are especially encouraged:

- Trends in whole person health among youth in rural communities
- Providing integrated care among youth in rural communities
- Enhancing safety among youth in integrated care services
- Community partnerships (with faith-based and spiritual settings, schools, other community groups) and family supports
- Youth and provider lived experiences: receiving healthcare services
- Strategies for supporting health providers and addressing workforce challenges

Please indicate if you (team lead) and your team are committed to submitting a case presentation form which may be selected for you to present during an ECHO session.

- I am willing, or someone from my team is willing, to submit a case presentation form on behalf of my team and organization.
- I do not agree. (please explain)

* 16. **Attendance** It is strongly recommended that all participants attend every ECHO session, as this will make learning much more meaningful and will ensure each participant gets the most out of this opportunity.

Please indicate if you, as the team lead, are committed to attending and participating in all **six** of the ECHO sessions.

- I agree. I am committed to attending and participating in all 6 of the ECHO sessions.
- I do not agree. (please explain)