

2016 ECE/Medical Home Learning Collaborative Application

Applications are due April 30th, 2016 5pm CT

Contact

ECE Program Director:

ECE Program:

Address:

City,

State

Zip code:

Phone:

E-mail:

Medical Provider Name:

Clinic/Organization Name:

Address:

City,

State

Zip code:

Phone:

E-mail:

Team Composition

ECE Team Member:

ECE Team Member:

Health Care Team Member:

Mental Health Team Member:

Family Member:

Strong preference will be given to applicants that include family perspective. Please describe how families will be actively engaged throughout the process.

Rationale and Capacity

1. Describe your respective programs.
2. Describe why strengthening this partnership is important for each of the partners and the families they serve. If appropriate, include the needs or barriers to accessing health care in your community.
3. Describe how these team members were chosen and the strengths they bring to the project.

Collaborative Goals and Objectives

1. Describe previous collaborative efforts that have occurred with this partnership, if any. Include barriers and successes you have experienced and how this collaborative will improve efforts.
2. For this particular partnership, what are the biggest strengths to support collaboration?
3. Describe how the team plans to implement any changes or sustain efforts after the program has ended.
4. Has either partner (either separately or jointly) conducted activities or instituted procedures to address the issues related to resilience, building protective factors, or toxic stress?
5. Describe the activities your partnership will complete if selected to participate in this learning collaborative. Include how your partnership will target building resiliency, supporting protective factors, and addressing toxic stress.

Building and Strengthening Partnerships

For either partner, describe any previous collaborations with organizations other than the one included with you in this application. How did/do these efforts support your organization? How did/do these efforts include and support families?

List any collaborative partners involved with this project outside of the ECE program and medical home (e.g. community partners, allied health and interdisciplinary professionals, etc.) and describe briefly how they will be involved in the collaborative. **Please do not use acronyms.** (150 word limit)

Community

Describe the most significant challenges in your community (eg, geographic, cultural, socioeconomic, political climate) related to family's accessing healthcare.

Budget

Budget detail:

Application Requirements

We strongly suggest including a letter of support from community partners i.e. WIC, local health department, community partners, AAP chapter, Head Start Regional Office, State Child Care consultant.

All applications are due April 30th, 2016 to AAP staff Florence Rivera frivera@aap.org. Any questions regarding the application should be directed to **Florence at (800) 433-9016, ext. 4790** or frivera@aap.org.