Subject: Calling All Innovators- Opportunity to Build your Organization's Integrated Care Capacity

Is your organization ahead of the curve on integration of primary care and behavioral health? Are your integrated care teams flexible and open to rapid implementation of change? Do you have critical issues you want to address as you build your integrated care model? Do you want to be a leader in primary care and behavioral health integration?

THE OPPORTUNITY

If so, then consider **applying** to participate in **1 of 5 Innovation Communities (IC)** with the **SAMHSA-HRSA Center for Integrated Health Solutions**. Innovation Communities are groups of up to 35 organizations selected to share knowledge and apply learned skills to drive measurable change for a high-priority issue in health care integration. Lessons learned over the course of the IC are compiled and shared with the health care field so other organizations can benefit.

THE TOPICS

Motivated, solutions-oriented organizations are invited to **apply to** participate in one of the communities for:

- Developing High Functioning Primary Care Teams

- Building Integrated Behavioral Health in the Primary Care Setting

- Chronic Disease Self-Management in Behavioral Health Settings

- Population Health Management in Behavioral Health Settings

- Who is Responsible for Care Coordination

Working together over 9 months, Innovation Communities bring together organizations to learn how to address a particular challenge to integration, implement measureable improvements, and form best practices to share with other organizations integrating primary and behavioral health care. Each innovation community is facilitated by two staff from CIHS and up to three additional subject matter experts related to the topic of focus.

TIMELINE

Innovation Communities will run from December 2014-August 2015 and will include the following activities:

- A kickoff webinar (1.5 hours) to review the goals, timeline, and expectations of the Innovation Community; to introduce participants to the community faculty and key staff contacts; and answer questions. Participants will leave the kickoff with assignments and contact information for ongoing support.

- Monthly (a total of 8 sessions) webinar/face-time sessions composed of expert teaching, discussion, peer sharing, participant presentations, and guided cross-participant coaching.

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- Four facilitated coaching calls to discuss work plan needs and individual coaching.

- Closing focus group webinar (3 hours).

YOUR TEAM

Innovation Community participants have buy in from their executive leadership and a defined core implementation team of at least 4-5 members. The team will work with Innovation Community faculty to identify and define challenges, generate solutions, implement these solutions, and evaluate the outcomes. Each team typically consists of a member of the administration/leadership, a clinical supervisor, primary and/or secondary consumers, and a data collection/analyst. The core implementation team must have support from leadership and be willing and able to commit adequate time, energy, and enthusiasm to participate in all innovation community activities.

EXPECTATIONS

In addition to the activities above, the team will also:

- Participate in organizational self-assessments

- Establish practical and meaningful performance indicators within in a nine month timeframe

- Continuously monitor progress, implementation barriers, and effective strategies

- Identify/develop tools and resources associated with successful implementation

- Record and share lessons learned about the systemic and organization-specific factors affecting the adoption And sustainability of integrated health innovations

- Complete evaluation materials (e.g., satisfaction survey materials, gap analysis/solutions survey materials).

Ready to Get Started?

For more information, visit our website **APPLY NOW** By 5:00 pm ET on Tuesday, December 2, 2014. For more information about the Innovation Communities, please contact Hannah Mason at hannahm@thenationalcouncil.org.

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