**Appendix B: System of Care Letter of Support Template**

*Please only complete if your practice is part of a system of care (e.g., accountable care organization or accountable entity).*

To: RI MomsPRN Selection Committee

From: (Insert System of Care Representative)

RE: RI MomsPRN Perinatal Behavioral Health Learning Collaborative

Date: Insert

[Insert practice name and/or site] is a member of our system of care and is interested in participating in the RI MomsPRN Perinatal Behavioral Health Learning Collaborative. We believe that this practice and/or site location would benefit from participation and, as a system of care, we are willing to provide the management support needed to assist the practice with making this transformation as well as support practice reporting of screening data, including any demographic / referral data as applicable.

As a system of care, we will provide the practice with (check all that apply):

Practice reporting support for perinatal depression, anxiety, substance use screenings

IT assistance for behavioral health templates within the practice electronic health record

The participation of a system of care representative to meet with the RI MomsPRN practice facilitator and other relevant staff as needed based on the goals of the performance of improvement plan

Commitment to collaborate and communicate with the RI MomsPRN practice facilitator to ensure   
 that initiative requirements are met within designated timeframes.

Other: (please describe below)

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  |   System of Care Digital Signature Date | |  | | --- | |  |   Practice Digital Signature Date |
| |  | | --- | |  |   Position | |  | | --- | |  |   Position |
| |  | | --- | |  |   Email | |  | | --- | |  |   Email |
| |  | | --- | |  |   Phone | |  | | --- | |  |   Phone |