**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 practice name and/or site] is a member of our system of care. The practice 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 to assist the practice with making this transformation.

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 and if applicable, optional reporting requirements

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

[ ]  A system of care representative will meet with the RI MomsPRN practice facilitator during the
 startup phase and thereafter as needed

[ ]  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)

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