



PPN PsySTART® Learning Collaborative FAQ

What is the PsySTART Learning Collaborative 2.0?

As part of the Pediatric Pandemic Network (PPN) focus on using children's hospitals as engagement hubs for community pediatric preparedness, the PsySTART 2.0 project now extends participation to PPN hubs and their community preparedness partners (community hospitals, schools, behavioral health facilities, EMS, emergency management, etc.) who are interested in improving their community capacity to manage impact of trauma from disasters, active shooter incidents, and everyday medical emergencies.

Some key features of this collaborative include but are not limited to:

- Participating sites will receive, at no cost, training for their staff and on-going consultation on implementation of the PsySTART System for trauma informed pediatric emergency support. This includes training for hub site implementation leads, allowing PPN hubs to engage their local partner agencies in pediatric mental health preparedness using a train-the-trainer model.
- The PsySTART PPN project includes: no cost access to the PPN PsySTART mobile web app system, training in use of and development of individual clinical decision support automated referral algorithms, and use of population level situational awareness of pediatric risk trending in the local hospital area or larger community to guide response and recovery. An optional Homeland Security Exercise and Evaluation Program (HSEEP) compliant drill and exercise protocol is also available for participants.
 - This includes continuous Quality Improvement (CQI)/implementation consultation calls to all participating hubs and local partners to assist in localization and implementation of project tools and models.
 - Additionally, participants will have the opportunity to guide the PsySTART PPN System configuration through their feedback and participation in this pilot.
- In addition, there is an opportunity for sites who have successfully implemented the triage component to be trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for Children using the stepped approach and tele-behavioral health delivery of TF-CBT. This will be limited to sites who have implemented the triage component and have identified mental health staff to provide stepped TF-CBT. This will include training in TF-CBT and consultation calls in implementation which will enable participants to be eligible for national TF-CBT certification. All at no cost.
 - There will also be a 2 hour training for providers already trained in TF-CBT at participating institutions on how to integrate their PsySTART Triage process with the Stepped Care Model for TF-CBT.

What is expected of my organization to participate in the collaborative?

Expectations depend on the intended engagement with the collaborative: mental health triage track, implementation assistance, or as a Triage Champion.

Each participating school in the mental health triage track will be expected to:

- Provide a single, primary point of contact for your school or district's participation in this collaborative
- Complete an application form to join the collaborative
- Participate in 3 Learning Sessions, each approximately 1.5 hours
- Participate in PsySTART Triage Training, approximately 2 hours
- Engage organizational (building or district) partners and leadership to implement PsySTART triage by the end of the collaborative (August 2024 before the new school year begins)
- Provide feedback on delivered trainings, learning sessions, and the collaborative as a whole
- Maintain contact and respond to inquiries from the collaborative project team
- OPTIONAL: Engage in additional offered trainings, "office hours" for troubleshooting, provide feedback and input into the design of future collaboratives, and offer insight and feedback to other participating sites regarding PsySTART implementation.

What were some of the barriers to successful implementation in the last learning collaborative? What was important for success?

1. Successful sites (schools, hospitals, etc.) had a "champion" who was able to engage site successfully with staff and leadership. Lacking a "champion", some sites found it difficult to get buy in and difficult to organize the efforts.
2. It was important for participating sites to identify and decide on specific factors before a successful launch. It was critically important for these sites to have a shared vision amongst their implementation team. For example:
 - a. Who would do the triage?
 - b. Where would the triage happen?
 - c. How would information about the triage follow the patient?
3. Another noted barrier from last year's collaborative was linking the PsySTART system into the site's Electronic Medical Record (EMR). For schools, this could be any records keeping system, not specifically healthcare records. A pilot EMR/PsySTART integration project is currently in process to address this. More will be shared with the collaborative as that effort advances.

Where do I sign up?

This collaborative has no cost to join and is being offered to PPN Sites, EMSC All-Grantee partners, and their associated spokes/local partners including schools and districts who are participating in PBIS implementation. There is limited space in this year's collaborative and priority will be given to prior participating sites and those prepared for engagement.

To learn more about this opportunity, please view the **recorded Information Session**. All interested parties should **complete the form before April 1st** to be considered for this collaborative. If you have any questions or concerns about this process or the collaborative, please contact m.schreiber@ucla.edu and/or trevor@proteanpreparedness.consulting

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