CWS ECHO: Building a Stronger Behavioral Health Workforce - Application

Application Introduction

Thank you for your interest in the Center for Workforce Solutions ECHO series!

First Session The first session of this seven, 90-min sessions ECHO series will take place on ***Tuesday, October 8th 2024, from 2:30-4:00 PM (ET)***. <u>PLEASE HOLD THIS DATE AND TIME.</u> Upon acceptance into the ECHO series, an official calendar invite will be sent. Learn more about the ECHO Opportunity <u>here</u>. This application should be completed on behalf of the organization.

Duration and Deadline Please allow 15-20 minutes to complete this form. Applications will be closed on ***Thursday, September 19, 2024, 11:59 PM (ET).*** Applicants will be notified of decisions in ***early October 2024.***

Saving and Submitting Responses We strongly recommend downloading a copy of the ECHO application (see above for PDF links) and drafting responses in a separate document. Responses on a page will only be saved in Survey Monkey once you hit the orange "Next" button. <u>When you submit the application will no longer be able to edit responses.</u> You will know you have reached the end of the survey when you see the "END OF APPLICATION" note before the "Next" or "Done" button.

Open-Ended Responses We ask that you keep open-ended responses to 3000 characters, or roughly up to 600 words.

Questions? Please contact the team at: <u>workforce@thenationalcouncil.org</u>.

WHO SHOULD APPLY - TEAM LEADS

Team Leads should complete the application form below on behalf of all members of their organization who are interested in participating in this ECHO. The Team Lead should be **someone designated to be the main point of contact and an individual who can drive implementation/impact from the ECHO.**

Team members can include various level positions are your organization, though content will be geared towards decision makers (executive, clinical, and program, and operations leadership) and up-and-coming leaders (promising staff, new supervisors, etc.).

CWS ECHO: Building a Stronger Behavioral Health Workforce - Application

Organization General Information

Please complete these questions on behalf of your organization.

* Organization Name

[   ]

* Organization Location

Organization Address	[ ]
Address 2	[ ]
City/Town	[ ]
State/Province	-- select state -- ▼
ZIP/Postal Code	[ ]
Country	[ ]

Team Lead and Members

It is encouraged that organizations apply for this opportunity and attend each session as a team **(2-5 individuals)**. Complete the following personal information for each team member.

* Team Lead Contact Information

First and Last Name	[ ]
Title	[ ]
Email Address	[ ]

* Please list the names, titles, and emails of additional colleagues who are applying with you as a part of your organizational team.

Format - Jane Doe, Program Administrator, jdoe@abchealth.org

Colleague 2	[ ]
Colleague 3	[ ]
Colleague 4	[ ]
Colleague 5	[ ]

* **Special Accommodations** Do you (or anyone on your participating team) have special accommodation requests (such as American Sign Language interpreter) that we should be aware of? *(Select one)*

○ No

○ Yes, please describe (3000 character limit)

[   ]

* **Organization Mission** Please provide a brief description of your organization and its mission. *(3000 character limit)*

[   ]

* **Membership** Is your organization currently a National Council member? *(Select one)* *(Note: you can check if your organization is a member here)*

○ Yes

○ No

○ I don't know.

CWS ECHO: Building a Stronger Behavioral Health Workforce - Application

ECHO Participation

* This series will consist of **seven, 90-minute sessions on the 2nd Tuesday of the month (Oct 2024-April 2025).** It is <u>strongly recommended</u> that **all participants attend every ECHO session**, as this will make learning much more meaningful and will ensure each participant gets the most out of this opportunity.

Please select which sessions most of your team will be able to participate in: *(Select all that apply)*

Note: *Dates may be subject to change. We will be sure to give ample notice if this is the case.*
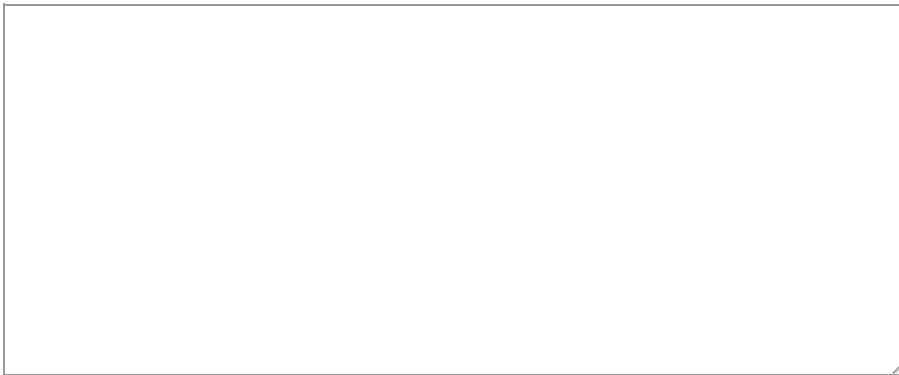
- [ ] **Session 1:**
  Tuesday, October 8, 2024
  2:30 PM ET - 4 PM ET

- [ ] **Session 2:**
  Tuesday, November 12, 2024
  2:30 PM ET - 4 PM ET

- [ ] **Session 3:**
  Tuesday, December 10, 2024
  2:30 PM ET - 4 PM ET

- [ ] **Session 4:**
  Tuesday, January 14, 2024
  2:30 PM ET - 4 PM ET

- [ ] **Session 5:**
  Tuesday, February 11, 2024
  2:30 PM ET - 4 PM ET

- [ ] **Session 6:**
  Tuesday, March 11, 2024
  2:30 PM ET - 4 PM ET

- [ ] **Session 7:**
  Tuesday, April 8, 2024
  2:30 PM ET - 4 PM ET

- [ ] None of the above

As an organization/team, please answer the following questions.

* **ECHO Participation Goals** What do you and your team hope to gain from being involved in this ECHO series? *(3000 character limit)*

[text box]

* **Workforce Challenges** Describe a specific workforce challenge(s) and/or intervention you are navigating at your organization. Please work to tie in how your challenge relates to one or more of the topic areas below: *(3000 character limit)*

- **Organizational Culture:** Challenges with recruitment and retention, issues with workplace culture, secondary trauma, burnout, wellness concerns, and sense of belonging at work.
- **Clinical models:** ineffective and inefficient systems, fragmented teams, not shared decision making power.
- **Workforce expansion:** shortages in the workforce and gaps in care, both clinical and non-traditional. Lack of diversity among professionals and representation of communities served.
- **Quality and accountability:** Administrative burden, lack of data and quality measures or difficulty implementing.
- **Regulatory & Payment:** inadequate reimbursement for behavioral health services, regulations affecting scope of work and services that can be provided.

* **Short Term Goal/Actionable Change** What is a short term goal you have related to the workforce challenge listed above that your team would like to pursue throughout the duration of this ECHO series? *(3000 character limit)*

* **Case Presentations** We ask that participants be willing to submit a case presentation to share a specific challenge and/or intervention related to workforce in their organization. Case presentation submissions should take around 20min to complete, and one case will be selected to present each session.

Please indicate if you (team lead) and your team are committed to submitting a case to be presented during an ECHO session: *(Select one)*

○ I agree. I, myself, am willing or someone from my team is willing to submit a case presentation form on behalf of my team and organization.

○ I do not agree. (Please explain):
(3000 character limit)

CWS ECHO: Building a Stronger Behavioral Health Workforce - Application

Organization Demographic Information

Approximately how many staff are employed at your organization? *(Select one)*

○ 1-49

○ 50-99

○ 100-149

○ 150+

* Which of the following categories of eligible ECHO participants applies to your organization type? *(Select one)*

○ Mental Health and/or Substance Use Provider Organization *(provides direct services)*

○ Mental Health and/or Substance Use Association

○ Other State or National Organization focused on Mental Health and Substance Use Workforce

CWS ECHO: Building a Stronger Behavioral Health Workforce - Application

Mental Health and/or Substance Use Provider Organization Questions

* **Organization Type** What best describes your organization? *(Select all that apply)*

☐ Certified Community Behavioral Health Clinic (CCBHC)

☐ Federally Qualified Health Center (FQHC)

☐ Community-based mental health center

☐ Substance Use/Recovery Organization

☐ Other (please specify)
(3000 character limit)

☐ Local government

☐ Health Care System

☐ Peer-led organization

☐ Minority-led organization

---

* **Services** What types of services does your organization offer? *(select all that apply)*

☐ Substance use - outpatient

☐ Substance use - residential treatment

☐ Substance use - Medication-Assisted Treatment (MAT)

☐ Mental health, adult - outpatient

☐ Mental health, children & youth - outpatient

☐ Mental health, adult - inpatient or partial hospitalization

☐ Mental health, children & youth - inpatient or partial hospitalization

☐ Other (please specify)
(3000 character limit)

☐ Supportive employment

☐ Housing

☐ Community outreach/mobile unit

☐ Home-based services

☐ School-based services

☐ Crisis stabilization

* **Populations Served** How would you describe your primary populations served? *(select all that apply)*

☐ Indigenous Populations	☐ Medicaid recipients
☐ LGBTQIA+	☐ Immigrants, Refugees, and/or Migrants
☐ People of Color/Racial and/or Ethnic Minorities	☐ Unhoused or Unsheltered
☐ Veterans	☐ People with Intellectual/Developmental Disabilities
☐ Children/Adolescents	
☐ Transitional Age Youth/Young Adults	☐ People with Substance Use Disorders
☐ Medicare recipients	☐ People with Serious Mental Illness
	☐ Older Adults (65+)

☐ Other (please specify)
(3000 character limit)

[text box]

* **Geographic areas your organization services** please give approximate percentage (%) below

Rural [text box]

Frontier [text box]

Urban [text box]

Suburban [text box]

Additional Details Please briefly share other key details about the clients/communities your organization serves:*(3000 character limit)*

[text box]

END OF APPLICATION **You have reached the end of the application. Please note that once you submit you will no longer be able to edit your responses. When finished, please click the orange "Next" button below to submit your response.**