Contact Info

Welcome to the Community-Based Organization (CBO) Behavioral Health Workforce Grant Program. The purpose of this grant program is to fund CBOs to increase and retain behavioral health workforce through scholarships, stipends, loan repayments, recruitment bonuses, recruitment actives, and retention bonuses.

This program is available to CBOs as defined as a 501(c)3 non-profit organizations based in the community **that currently provide behavioral health services** (mental health and/or substance use disorder services) exclusively or in combination with health and/or other services.

Before you begin the application, **please review the PDF version of this application** to ensure you have all materials ready and available.

Please complete the application in one session.

What is the name of your Community-Based Organization (CBO)?

____

Block 11

Is your organization a non-profit organization?

- ○ Yes
- ○ No

Your program is not eligible for HCAI funding.

Please choose which services your organization offers. (Can select more than one)

- ☐ Mental health
- ☐ Substance Use Disorder (SUD) care
- ☐ Behavioral health (combined mental health and SUD services)
- ☐ Health services
- ☐ Other

Your program is not eligible for HCAI funding.

You selected *other* for question 'which services your organization offers' please describe other:

____

Administrator

Please provide the primary address for the CBO:

Street Address Line 1	
Street Address Line 2	
City	
State	
Zip Code	

Please provide your contact information.

First Name	
Last Name:	
Title:	
Phone Number (xxx-xxx-xxxx)	
Email Address	

The legal address for your organization must match the address on file with the IRS. Is the legal address for your organization a PO box?

- ◯ Yes
- ◯ No

Please provide the legal address for your organization:

PO Box

City

State

Zip Code

Exec Summary

Briefly describe the services your agency provides and communities targeted. Briefly discuss planned recruitment, retention, and educational support activities, and your previous experience carrying out these activities. (maximum 1,000 characters)

Community Based Organization (CBO)-Services

Does your organization have a contract with one or more counties to provide mental health services?

- Yes
- No

Please choose which level(s) of care your organization provides.

- Partial Hospitalization
- Medication-Assisted Treatment (MAT)
- Inpatient
- Outpatient
- Rehabilitation
- Preventative Care

- ☐ Crisis Services
- ☐ Other
- ☐ None

You selected *other* for question 'which level(s) of care your organization provides.' please describe other:

[ ]

Are you receiving funding from another source to assist with workforce activities such as Scholarships, Stipends and Loan Repayments?

- ○ Yes
- ○ No

Which behavioral health personnel(s) does your organization employ?

- ☐ Associate or licensed clinical or health service psychologist
- ☐ Associate or licensed clinical social worker
- ☐ Associate or licensed marriage and family therapist
- ☐ Associate or licensed professional clinical counselor
- ☐ Case worker seeking training or education for a promotional opportunity
- ☐ Occupational therapist
- ☐ Peer personnel
- ☐ Psychiatric mental health nurse practitioner
- ☐ Psychiatric nurse specialist
- ☐ Psychiatric registered nurse
- ☐ Psychiatrist (general, child and adolescent, and addiction)
- ☐ Substance use disorder counselor (aka Alcohol and Other Drug counselors)
- ☐ Other licensed or certified behavioral health personnel
- ☐ Other non-licensed or non-certified behavioral health personnel

You indicated that your organization employs "Other licensed or certified behavioral health personnel" Please list this personnel

[ ]

You indicated that your organization employs "Other non-licensed or non-certified behavioral health personnel" Please list this personnel

Staff Data

How many total behavioral health staff do you employ?

Does your organization employ registered/certified SUD personnel?

- ☐ Certified SUD (AOD) counselors
- ☐ Registered SUD (AOD) counselors
- ☐ No

How many staff are **registered** SUD (AOD) counselors?

How many staff are **certified** SUD (AOD) counselors?

Please enter the percentages of Staff that speak these Medi-Cal Threshold languages:

This question is required and will be scored.

	% Staff that speaks Threshold Language
Arabic	0 %
Armenian	0 %
Cambodian	0 %
Cantonese	0 %
Farsi	0 %
Hmong	0 %
Korean	0 %
Mandarin	0 %
Other Chinese	0 %

	% Staff that speaks Threshold Language
Russian	0 %
Spanish	0 %
Vietnamese	0 %
Tagalog	0 %
#Conjoint, Total#	0 %

The following two demographic questions will only be used for reporting and analysis purposes. HCAI will not share your individual responses with any third party and will only disclose demographic information collected in response to these questions in aggregate or as may be required by applicable law, including the California Public Records Act.

While you are not required to respond to these questions, your answers will help us to evaluate the effectiveness of HCAI programs in recruiting a diverse and culturally competent health workforce.

Please enter the ethnicity of your staff:

This question is **not required** and will **not** be scored.

	2021-2022
Hispanic or Latino	0 %
Non Hispanic or Latino	0 %
Unknown	0 %
#Conjoint, Total#	0 %

Please enter the race of your staff:

This question is **not required** and will **not** be scored.

	2021-2022
American Indian or Alaska Native	0 %
Asian	0 %
Black or African American	0 %

	2021-2022
Native Hawaiian or Other Pacific Islander	0 %
White	0 %
Multiracial	0 %
Other Race	0 %
Unknown	0 %
#Conjoint, Total#	0 %

Facilities L&M 1

We are collecting information about your service sites for application scoring purposes. **Please only include service sites that offer Mental Health or Substance Use Disorder Services**

How many service sites does your program have? (Max 150)

Facilities L&M 2

Service Site: ${lm://CurrentLoopNumber} of ${lm://TotalLoops}

Please enter contact information for Service Site: ${lm://CurrentLoopNumber}

Site Name

Street Address

Street Address 2

Suite/Dept

City

State

Zip Code

Service Site ${lm://CurrentLoopNumber}. On average, how many behavioral health staff work at this site each year.

Service Site ${lm://CurrentLoopNumber}. On average, how many behavioral health clients are served at this site each year.

Please select the Program Type(s) of the Service Site: For Service Site ${lm://CurrentLoopNumber} (Select all that apply)

- ☐ Health care services
- ☐ Mental Health Program
- ☐ Social Services
- ☐ Substance Use Disorder Program
- ☐ Other

Service Site: ${lm://CurrentLoopNumber} of ${lm://TotalLoops}

You indicated that Service Site ${lm://CurrentLoopNumber} is an *other* type of Service Site. Please describe.

Is your site licensed through DHCS as an SUD program? For Service Site${lm://CurrentLoopNumber}

- ○ Yes
- ○ No
- ○ Not Applicable

Please provide the share of clients, by age range, for the past 12 months (June-June) for Site: ${lm://CurrentLoopNumber}:

0-17 years old	0	%
18-25 years old	0	%
26-64 years old	0	%
65 +	0	%

Total	0	%

Please provide Payer mix information for the past 12 months (June-June) for Site: ${lm://CurrentLoopNumber}:

Medicare/Medi-Cal (dually eligible)	0	%
Medi-Cal	0	%
Uninsured	0	%
Other	0	%
Total	0	%

You indicated that Service Site ${lm://CurrentLoopNumber} is: ${q://QID211/ChoiceNumericEntryValue/9}% funded by "Other". Please Describe.

Cultural Competency

Please select the strategies your organization currently use(s) to recruit and support employees from underrepresented communities. (Select all that apply):

- ☐ Agency uses data to identify underrepresented groups
- ☐ Agency uses pipeline/recruitment programs
- ☐ Staff assist junior high/high schools focused around behavioral health career opportunities in underserved communities
- ☐ Program requires staff to regularly participate in mentoring activities
- ☐ Other
- ☐ None of the above

You indicated that you will use Other strategies to recruit and support employees from underrepresented communities. Please describe:

Please select the strategies your organization will use to encourage staff to provide clinical services in areas of unmet need. (select all that apply)

- ☐ The agency will prioritize workers coming from underserved communities
- ☐ Staff will be selected based on strong interest to provide clinical services in areas of unmet need
- ☐ The agency plans to set up marketing and outreach programs to recruit workers who have interest in providing clinical services in underserved communities
- ☐ The agency will offer incentives to staff who commit to providing clinical services in underserved communities
- ☐ This agency requires workers to commit to clinical practices in a community with unmet needs
- ☐ Other
- ☐ None of the above

You indicated that you will use Other strategies to encourage your staff to practice in areas of unmet need. Please describe:

Select the strategies your organization will incorporate to implement culturally responsive care training into program operations (select all that apply):

- ☐ Hire staff who come from similar cultural backgrounds as the communities served
- ☐ Hire bilingual staff, lectures and staff who speak the geographical areas key languages
- ☐ Provide staff annual training in cultural competency education
- ☐ Instill professionalism that incorporates multi-cultural social etiquette and norms of behavior
- ☐ Offer activities that incorporate various culturally diverse celebratory traditions
- ☐ Other
- ☐ None of the above

You indicated that you will use Other strategies to implement culturally responsive care training into program operations. Please describe:

New*Budget Block 2.0

What activities is your organization proposing to implement?

You must select two or more choices

- ☐ Undergraduate Educational Scholarships
- ☐ Clinical Master and Doctoral Graduate Education Stipends
- ☐ Loan Repayments
- ☐ Recruitment Activities
- ☐ Recruitment Bonuses
- ☐ Retention Bonuses

How many awards does your organization plan to make in each of the following periods:

	December 2023	June 2024	December 2024	June 2025
Undergraduate College & University Scholarships	0	0	0	0
Clinical Master & Doctoral Graduate Education Stipends	0	0	0	0
Loan Repayments	0	0	0	0
Recruitment Bonuses	0	0	0	0
Retention Bonuses	0	0	0	0
#Conjoint, Total#	0	0	0	0

Please complete your proposed budget below.

	FY 2022-23	FY 2023-24	FY 2024-25
Undergraduate College & University Scholarships	$ 0	$ 0	$ 0
Clinical Master & Doctoral Graduate Education Stipends	$ 0	$ 0	$ 0
Loan Repayments	$ 0	$ 0	$ 0
Recruitment Activities	$ 0	$ 0	$ 0
Recruitment Bonuses	$ 0	$ 0	$ 0
Retention Bonuses	$ 0	$ 0	$ 0
#Conjoint, Total#	$ 0	$ 0	$ 0

What are your proposed administrative costs? Your total administrative costs may not exceed 15% of the total budget. Keep in mind that your proposed program costs are $0.

	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Administrative activities	$ 0	$ 0	$ 0	$ 0

Do you anticipate your organization will contract out for some or all of the administration of this grant program?

- Yes
- No

204

Please upload verification of your non-profit status.

STD 204 Signatory:
Please download, complete, and upload Std204.

Is the STD 204 Signatory the same as Grant Agreement Signatory?

- Yes
- No

Grant Agreement Signatory:

First Name
Last Name:
Title:
Phone Number (xxx-xxx-xxxx)
Email Address

Signature Block

I certify that the information contained herein is true and and the most current information available at time of application submission.

I certify that I am qualified to submit this application on behalf of the agency.

Please type your first and last name in the box below. By clicking the forward arrow button, you are submitting your application

Powered by Qualtrics