2021 HB 1504 Behavioral Health Internship Funding Opportunity

# About this Funding

In 2021, the Washington State Legislature passed HB 1504: WORKFORCE EDUCATION INVESTMENT ACT, establishing a behavioral health workforce pilot program and training support grants for community mental health providers including, but not limited to, clinical social workers, licensed mental health counselors, licensed marriage and family therapists, clinical psychologists, and substance abuse treatment providers.

Washington State Heath Care Authority (HCA) awarded $292,666 to North Central Accountable Community of Health (NCACH) to implement a 2 year workforce pilot program ($146,333 per intern year) in this region. In order to access these funds, organizations must be a community behavioral health organization and serve primarily Medicaid clients. *NCACH may allocate additional funding to include organizations who do not meet the HCA’s criteria, and therefore encourage all interested agencies to apply.*

NCACH seeks to **support organizations willing to precept, supervise, or train professionals seeking careers in behavioral health or having a behavioral health component**, who need clinical experience in order to complete their education and certification requirements. Organizations will receive funding, up to $50,000, based on the type of internship offered.

# Eligibility Information

This funding is open to organizations in Chelan, Douglas, Grant and Okanogan counties who provide behavioral health services to residents living in those counties. Organizations must be willing and have the capacity to precept an intern in need of additional hours to complete certification or degree.

# Primary Responsibilities of Organization when awarded funds

* Register in the Washington Financial Executor Portal (WAFE). NCACH is able to assist as necessary.
* Work with the Intern to develop mutually beneficial objectives to include the advancement of the concept of bi-directional integration and interprofessional practice.
* Submit quarterly reports as outlined by NCACH.
* Willing to participate in a Behavioral Health Internship/Preceptor Report Out at the end of the funding period

# Application Process

**Applications are due Friday, October 22, 2021.**

Submit project applications electronically to:

Wendy Brzezny, Whole Person Care Collaborative Manager

email icon  [wendy.brzezny@cdhd.wa.gov](mailto:wendy.brzezny@cdhd.wa.gov)   
phone-fixed_318-33263  (509) 886-6435

**Questions?** We encourage questions from prospective applicants, including partners currently receiving funds through NCACH, who would like to check for fit before spending time on the application.

2021 HB1504 Behavioral Health Internship Funding Application

# Contact Information

|  |
| --- |
| **Lead Organization:**  *The organization that would sign the MOU and be responsible for managing funds and reporting requirements.* |
| **Application Contact Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. |
| **Mailing Address:** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. |

# Internship

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Funding Allocation per Intern:** | **SUDP-SUDPT** | **Bachelor-level** | **Masters-level** | **Doctoral-level** | | $ 10,000.00 | $ 15,000.00 | $ 20,000.00 | $ 25,000.00 | |
| **Number of Interns Requested:** Click or tap here to enter text.  **Funding Amount Requested** (maximum award per organization): Click or tap here to enter text. |
| **Internship Level** (use drop-down menu to indicate number of interns in each category):  SUDP-SUDPT: Choose an item.  Bachelor-level: Choose an item.  Masters-level: Choose an item.  Doctoral-level: Choose an item. |
| **Geographic Regions Served by Project:** (check all that apply):  Chelan County  Douglas County  Grant County  Okanogan County  Confederated Tribes of the Colville Reservation |
| Site Intern will be located: Click or tap here to enter text. |
| What percent of your clients are insured by Medicaid?  <25% 25-50%  51-75%  >75% |
| Population Intern will serve (check all that apply):  Pediatric  Adult SUD Mental Health  Other: Click or tap here to enter text. |
| This internship is:  New  Enhancing or expanding existing |
| Do you have an existing application process?  Yes  No  If yes, are you willing to help another organization who may not have a process?  Yes  No  If no, do you need assistance with creating a process?  Yes  No |

# Project Information

*Please respond to the following questions directly in this document. We encourage you to be concise with your responses.*

1. Please describe the internship program you are proposing, including target population, and your organization’s capacity to implement the program.

Click or tap here to enter text.

1. What, if any, opportunities for bi-directional integration, interprofessional education, or cross training would be available as part of this internship?

Click or tap here to enter text.

1. Please explain why your organization is applying for preceptor funds.

Click or tap here to enter text.

1. Please explain the anticipated role and responsibilities of:

The intern: Click or tap here to enter text.

The preceptor/supervisor: Click or tap here to enter text.

1. Please list the timeframe/ duration for the internship(s).

Click or tap here to enter text.

# Budget Template

|  |  |
| --- | --- |
| **Grants / Other Sources of Funding** | |
| *Line Item Description* | *Dollar Amount* |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| **TOTAL INCOME** | $Click or tap here to enter text. |

Examples of income may include other grants or stipends.

|  |  |
| --- | --- |
| **Expenses/ Planned Budget** | |
| *Line Item Description* | *Dollar Amount* |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. |
| **TOTAL EXPENSES** | $ Click or tap here to enter text. |
| **NCACH Funding Request** | Click or tap here to enter text. |

Examples of expenses may include stipend to intern, stipend to preceptor organization, training, evaluation, etc.