

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

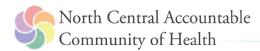
Applications are due Friday, October 22, 2021.

Submit project applications electronically to:

Wendy Brzezny, Whole Person Care Collaborative Manager

- wendy.brzezny@cdhd.wa.gov
- **\((509) 886-6435**

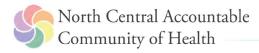
Questions? We encourage questions from prospective applicants, including partners currently receiving funds through NCACH, who would like to check for fit before spending time on the application.



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:					
Email:					
Mailing Address:					
Phone:					
Internship					
Funding Allocation nor Intern	SUDP-SUDPT	Bachelor-level	Masters-level	Doctoral-level	
Funding Allocation per Intern:	\$ 10,000.00	\$ 15,000.00	\$ 20,000.00	\$ 25,000.00	
Number of Interns Requested:					
Funding Amount Requested (m	aximum award p	er organization):			
	•				
Internship Level (use drop-dow	n menu to indica	te number of intern	is in each category	'):	
☐ SUDP-SUDPT:		Bachelor-level:			
☐ Masters-level:		Doctoral-level:			
iviasters-level.		Doctoral-level.			
Geographic Regions Served by Project: (check all that apply):					
\square Chelan County \square Dou	ounty Douglas County Grant County Okanogan County			County	
☐ Confederated Tribes of the Colville Reservation					
Confederated Tribes of the Colvine Reservation					
Site Intern will be located:					
What percent of your clients are	e insured by Med	licaid? <25%	25-50% 51-7	² 5% >75%	
Population Intern will serve (check all that apply):					
oparación micenn um serve (em	con an enac apply	,.			
□Pediatric □ Adult □SUD	☐ Mental Hea	alth Other:			
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 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.
- 2. What, if any, opportunities for bi-directional integration, interprofessional education, or cross training would be available as part of this internship?
- 3. Please explain why your organization is applying for preceptor funds.
- 4. Please explain the anticipated role and responsibilities of:

The intern:

The preceptor/supervisor:

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

Budget Template

Grants / Other Sources of Funding		
Line Item Description	Dollar Amount	
TOTAL INCOME		

Examples of income may include other grants or stipends.

Expenses/ Planned Budget			
Line Item Description	Dollar Amount		
TOTAL EXPENSES			
NCACH Funding Request			

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