Background & Introduction

DETAILS

As the impacts of the COVID-19 pandemic continue to unfold, new research points to an increased demand for access to mental health and substance use services by 80% across the nation, with an even higher growth in acuity (Morning Consult, 2021). Now more than ever, integrated whole-person care is critical to address this rise in health needs, and integrated care settings are uniquely positioned both as an essential access point for individuals seeking care and as a health home for collaborative and coordinated care with specialty services.

Let's work together to build workforce solutions that cross cultural, geographical and population specific barriers.

We are excited to extend the opportunity to 30 organizations to partner with the CoE-IHS in a groundbreaking Learning Collaborative titled, Workforce Innovations in Integrated Care Collaborative. Participating organizations will partner with the CoE-IHS to receive $25,000 and ongoing support to develop and implement innovative solutions to address integrated care workforce challenges. Upon applying, organizations will be asked to elaborate on their innovative workforce plans and throughout the collaborative, organizations will receive support from peers and subject matter experts in implementing and evaluating their planned solution. This learning opportunity will launch in late April and conclude with a virtual session in July.

This Learning Collaborative is supported by the <u>Center of Excellence for Integrated Health Solutions</u>, funded by a grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA). If you have any questions about this opportunity, please contact Integration@TheNationalCouncil.org.

Please allow 20-30 minutes to complete this form in one sitting. Applications will be closed on Friday, April 15, 2022 at 11:59p.m. EST.

WHO SHOULD APPLY

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

In order for an organization to truly benefit from this opportunity and gather the information needed to implement sustainable change, it is encouraged that organizations apply for this opportunity and participate in each activity as a team. To the extent possible, we recommend that teams be made up of members who represent diverse roles and identities (mixture of administrators, managers, direct service providers, and diversity in race, ethnicity, gender, gender identity, age, etc.).

For reference, view Full Application before beginning application.

QUESTIONS? If you have any questions, please check out our participant FAQ document or email us at integration@thenationalcouncil.org.

Workforce Innovations in Integrated Care Collaborative Application Form

Individual Team Lead Demographic Questions

* 1. **Team Lead Contact Information**

First and Last Name

Organization Name

Title

State/Province

ZIP/Postal Code

Email Address

* 2. **Race/Ethnicity** Please select the category that best describes your racial/ethnic background. (Check all that apply)

☐ American Indian or Alaska Native   ☐ Native Hawaiian or Other Pacific Islander

☐ Asian   ☐ Middle Eastern or North African

☐ Black or African American   ☐ White or Caucasian

☐ Hispanic, Latino/a, or Latinx   ☐ I prefer not to disclose.

☐ Race or ethnicity not listed (please specify)

* 3. **Personal Pronouns** My personal pronouns are:

◯ He/Him/His

◯ She/Her/Hers

◯ They/Them/Theirs

◯ Prefer not to disclose

◯ Individually defined:

* 4. **Disability** Do you identify as an individual with a disability?

◯ No

◯ Yes

◯ Prefer not to disclose

* 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?

○ No

○ Yes, please describe

[   ]

* 6. **Languages Spoken** Do you speak any language(s) other than English? (Please include American Sign Language (ASL) if you know this language).

○ No

○ Yes, please describe:

[   ]

Workforce Innovations in Integrated Care Collaborative Application Form

Organizational Questions

Please complete these questions on behalf of your organization.

* 7. **Organization Type** What best describes your organization? (Check all that apply)

☐ Community Behavioral Health Clinic (CBHC)

☐ Certified Community Behavioral Health Clinic (CCBHC)

☐ Federally Qualified Health Center (FQHC) or FQHC look-alike

☐ Substance Use Recovery Organization

☐ Other Mental Health Organization

☐ Other Physical/Primary Care Organization (medical/primary care, dental, physical therapy, urgent care, visiting nurse/hospice)

☐ Government agency, e.g. Public Health Department, Department of Health and Human Services division

☐ Other (please specify)

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* 8. **Population Served** What is the geographic population your organization serves? (check all that apply)

☐ Rural

☐ Urban

☐ Suburban

☐ Frontier

☐ Other (please specify)

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* 9. **Geographic Areas** Does your organization reside in one of the following designated HRSA shortage areas?

○ Health Professional Shortage Area (HPSA)

○ Medically Underserved Areas/Populations (MUA/P)

○ Both of the above

○ None of the above

* 10. **Populations Served** Which of the following populations does your organization primarily serve?

☐ Adults

☐ Older Adults

☐ Children & Adolescents

☐ Other (please specify)

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* 11. **Races & Ethnicities of Populations Served** Please describe the racial and ethnic background of population(s) served by your organization. (choose all that apply)

☐ American Indian or Tribal Communities – Reservation Settings

☐ American Indian or Tribal Communities – Rural settings (non-reservation)

☐ Alaska Natives Populations

☐ Black or African American Populations

☐ Latino/Latina, Latinx, or Hispanic Populations

☐ Other (please specify)

☐ Asian American or Pacific Islander Populations

☐ Middle Eastern or North African Populations

☐ Migrants/immigrants/refugee Populations

☐ Speakers of Other Languages

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* 12. **Membership** Is your organization currently a National Council for Mental Wellbeing member? *Check membership status in our Current Member directory.*

○ Yes

○ No

○ I don't know.

13. In order for an organization to truly benefit from this opportunity and gather the information needed to implement sustainable change, **it is encouraged that organizations apply for this opportunity and attend each session as a team.** Teams should be made up of:

- At least one clinical staff person/provider that provides clinical services to clients
- At least one administrative staff person that oversees internal practices, policies and budget
- Members who represent diverse roles and identities (mixture of administrators, managers, direct service providers, and diversity in race, ethnicity, gender identity, age, etc.)

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 1

Colleague 2

Colleague 3

Colleague 4

Colleague 5

Colleague 6

Colleague 7

Overview of Organization's Current Workforce Challenges

14. **Individuals Served** Approximately how many individuals are currently served per year by your organization?

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15. **Individuals Employed** Approximately how many individuals are currently employed by your organization?

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16. **In a few brief sentences**, please describe your organization's **largest workforce related challenges**. This could be related to recruitment of specific staff/roles, retaining staff, competition with other provider organizations, staff morale, compassion fatigue, technological difficulties related to provision of services & workforce, staff training, etc.).

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17. **In a few brief sentences,** please describe if there are specific departments, clinics/locations, employee role/type, employee demographic, etc., that have experienced more challenging workforce related issues that you would like to target through this opportunity.

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* 18. Please rate the extent to which your organization **agrees or disagrees** with the following statements reflecting your organization's current workforce related challenges.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Our organization is **continuing to experience workforce related challenges, primarily as a result from the COVID-19 pandemic**, that has continued to negatively impact our organization's workforce.	○	○	○	○	○
Our **organization experienced workforce related challenges prior to the COVID-19 pandemic, but is now experiencing an increase** in challenges due to the pandemic's impact.	○	○	○	○	○
Our **organization's leaders have openly acknowledged that workforce challenges are a high priority** to the organization that require immediate attention.	○	○	○	○	○
Our organization has **identified a specific team/department to manage and oversee** workforce related issues and improvements.	○	○	○	○	○
Our organization **has started to implement a strategy** for addressing workforce-related issues.	○	○	○	○	○

General Assessment of Organization's Readiness to Implement Workforce Innovations (cont'd)

* 19. Our organization has developed a strategy **(informed by staff across the organization)** to identify opportunities to address workforce related issues.

If answered Strongly Agree or Agree, complete open-ended question on following page.

◯ Strongly agree   ◯ Disagree

◯ Agree   ◯ Strongly disagree

◯ Neither agree nor disagree

* 20. Our organization views **diversity, equity, inclusion, and engagement of all staff as a priority for all workforce related efforts.**

If answered Strongly Agree or Agree, complete open-ended question on following page.

◯ Strongly agree   ◯ Disagree

◯ Agree   ◯ Strongly disagree

◯ Neither agree nor disagree

Open-Ended Questions

These open-ended questions will help inform our team and offer a clearer picture of your organization's current workforce challenges and possible solutions. Our team will carefully review these responses.

* 21. If your organization has developed **an organization-wide strategy (informed by staff across the organization) to address workforce related issues,** please briefly describe this strategy in a few sentences.

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* 22. If your organization views **diversity, equity, inclusion and engagement of all staff as a priority for all workforce related efforts**, please briefly describe this strategy in a few sentences.

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Organization's Plans

* 23. In under 500 words, please describe your past and/or anticipated **challenges or barriers** to implementing innovative and equitable workforce solutions within your organization.

* 24. In under 500 words, **please describe your organization's plan for implementing and testing an innovative strategy to address your organization's workforce challenges. Please include specific goals & objectives associated with these plans.**

* 25. Describe how your organization will use the $25,000 funds to achieve the required deliverables listed below. Please include your organization's budgeted cost associated with each of the 3 main deliverables (must be within $25,000 in total) and briefly describe the items, materials, and resources associated with each set of deliverables. Also, please remember the SAMHSA budget requirements and SAMHSA standard terms and conditions listed below, and ensure the costs you describe are allowable through SAMHSA funds.

- Sub-recipient budgets must include indirect rates of no more than 8% of the total proposed budget.
- Activities related to data collection and evaluation cannot exceed more than 10% of total proposed budgets.
- Sub-recipient budgets must comply with all funding restrictions included in the SAMHSA Standard Terms and Conditions.

Participant Deliverables:

Expectation	Description	Cost of Deliverable (Fixed)

An Innovative Workforce Strategy Plan designed, developed and presented in the leaning collaborative sessions.	To inform the design and implementation of the plan, participate in virtual sessions throughout the course of the learning collaborative. These sessions will include: • The launch session with all partner organizations • The mid-year session with all partner organizations • Final closing session with all partner organizations Present the innovative workforce strategy plan during the first virtual session on May 17, 2022.	based on individual organization budgets
The Innovative Workforce Strategy Implemented: A mid-year progress report submitted and presented during the learning collaborative sessions.	Present on progress of implemented workforce strategy during the 2nd virtual session on June 21, 2022.	based on individual organization budgets
The Innovative Workforce Strategy Implemented: A mid-year progress report submitted and presented during the learning collaborative sessions.	Present on progress of implemented workforce strategy during the 2nd virtual session on June 21, 2022.	based on individual organization budgets

Confirmation of Committment

* 26. If awarded, each participating partner organization is required to complete the deliverables listed here in the FAQ document to receive the $25,000 funding. **Please indicate if your organization is committed to attending all sessions and adhering to all participant expectations listed below.**

Sessions:

- Tuesday, May 17: 2-3:30pm ET
- Tuesday, June 21: 12:30-2pm ET
- Tuesday, July 19: 12:30-2pm ET
- Optional Coaching calls to be scheduled throughout series

◯ I agree

◯ I do not agree. Please explain: