

## Request for Funds - Behavioral Health Supervision

**Funding is for up to \$10,000 per applicant organization to support supervision for licensure of SUD and master's level behavioral health staff. Eligible applicants are current BHT partner organizations that provide behavioral health services to Medicaid clients in the BHT region. For full information about this funding opportunity, follow the link: <http://www.betterhealthtogether.org/bold-solutions-content/bh-supervision-funding-2021>**

1. Organization name

\* 2. Contact

Name

Email Address

Phone Number

\* 3. Fund request amount

*Not to exceed \$10,000 per organizations.*

\* 4. Were you funded for Behavioral Health Supervision in the first round (2021)?

*Note: first round funding does not impact eligibility for second round funding.*

Yes

No

\* 5. Measurable outcome(s) / output(s) of funding. At least one outcome/output must be included.

*For example,*

- Provide supervision to X SUD and master's level clinicians
- Provide X supervised hours to complete supervision needs for X clinicians
- Support X clinicians in completing training to become supervisors

\* 6. Narrative: Please detail how the requested funds will be used to support behavioral health supervision. Include estimates of what portion of the requested funds will be used for each activity.

*Up to 500 words*

*Note: Please be specific. This should be a plan, not just general intent.*

\* 7. Approximate timeline of activities

*Requested funds can be used over a timeline of up to 3 years from the start of the funding agreement*

\* 8. Attestation: These funds will not be used to pay for services billable under Medicaid, Medicare, other insurance, or other funding sources.

I attest to the above statement

\* 9. Attestation for organizations: My organization is a current BHT partner organization and provides behavioral health services to Medicaid clients in the BHT region.

*See link at top of page for definitions.*

I attest to the above statement