

## Organization General Information

**Please complete these questions on behalf of your organization.**

\* 1. Organization Name

\* 2. Organization Location

**Organization  
Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Country**

## Team Lead and Members

It is encouraged that organizations apply for this opportunity and attend each session as a team **(2-5 individuals)**. Complete the following personal information for each team member.

\* 3. Team Lead Contact Information

**First and Last Name**

**Title**

**Email Address**

\* 4. Please list the names, titles, and emails of additional colleagues who are applying with you as a part of your organizational team. *(100 max character limit per text box)*

**Format** - Jane Doe, Program Administrator, jdoe@abchealth.org

Colleague 2

Colleague 3

Colleague 4

Colleague 5

\* 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  
(100 character limit)

6. **Organization Mission** Please provide a brief description of your organization and its mission. (100 character limit)

\* 7. **Membership** Is your organization currently a National Council member?

- Yes
- No
- I don't know.

ECHO Participation

\* 8. This series will consist of **nine, 90-minute sessions**. It is strongly recommended that **all participants attend every ECHO session**, as this will make learning much more meaningful and will ensure each participant gets the most out of this opportunity.

Please select which sessions most of your team member will be able to participate in (*select all that apply*)

**Note:** Dates may be subject to change. We will be sure to give ample notice if this is the case.

**Session 1:**  
**Tuesday, November 14, 2023**  
3:30 PM EST - 5:00 PM EST

**Session 2:**  
**Tuesday, December 12th, 2023**  
3:00 PM EST - 4:30 PM EST

**Session 3:**  
**Tuesday, January 9th, 2024**  
3:30 PM EST - 5:00 PM EST

**Session 4:**  
**Tuesday, February 6th, 2024**  
3:00 PM EST - 4:30 PM EST

**Session 5:**  
**Tuesday, March 5th, 2024**  
3:00 PM EST - 4:30 PM EST

**Session 6:**  
**Tuesday, April 23rd, 2024**  
3:30 PM EST - 5:00 PM EST

**Session 7:**  
**Tuesday, May 14th, 2024**  
3:30 PM EST - 5:00 PM EST

**Session 8:**  
**Tuesday June 11th, 2024**  
3:00 PM EST - 4:30 PM EST

**Session 9:**  
**Tuesday, July 9th, 2024**  
3:30 PM EST - 5:00 PM EST

None of the above

**As an organization/team, please answer the following questions.**

\* 9. **ECHO Participation Goals** What do you and your team hope to gain from being involved in this ECHO series? (*100 max character limit*)

\* 10. **Challenges and Barriers** Related to at least 2 ECHO session topics (defined below), please briefly describe challenges or barriers your organization is facing. (100 max character limit per text box)

**Regulatory:**

Regulations at a federal or state level that impact workforce hiring, retention and how the behavioral health workforce is defined.

**Clinical Model Innovation:**

Clinical models that impact individuals with lived experience. This may also include how providers work together and leverage cross-discipline expertise.

**Policy:**

New policy or changes to existing policies that impact the workforce.

**Payment:**

Payment models that support workforce recruitment, retention and pave the way for the expansion of the workforce to be inclusive of new disciplines and providers.

**Workforce Expansion:**

Changes to how the behavioral health workforce is defined, trained, and supported for increased retention and recruitment.

**Quality and Accountability:**

The quality of services as well as the accountability of providers. This is aligned with the regulatory, policy and payment levers with the notion that part of reducing administrative burdens, regulation, and policy limitations is having better demonstration of behavioral health quality and accountability to outcomes.

11. **Priority Area Ranking** Please rank the 6 priority areas of addressing the workforce crisis according to your organization's greatest areas of need.

- Regulatory
- Policy
- Payment
- Clinical Model Innovation
- Workforce Expansion
- Quality and Accountability

12. **Additional Workforce Development Topics** Are there other topics or issues related to workforce development that are not related to the six priority areas that your organization is facing that would be beneficial to discuss? (100 max character limit)

13. **Actionable Change/Activity** Is there an actionable change or activity related to addressing workforce challenges that your team would like to pursue throughout the duration of this ECHO series? (100 max character limit)

\* 14. **Case Presentations** We ask that participants be willing to submit a case presentation to share their experiences, successes, challenges, and lessons learned related to the topics of this ECHO series.

**Please indicate if you (team lead) and your team are committed to submitting a case to be presented during an ECHO session**

- I agree. I, myself, am willing or someone from my team is willing to submit a case presentation form on behalf of my team and organization.
- I do not agree. (Please explain)  
(100 character limit)

Organization Demographic Information

15. Approximately how many staff are employed at your organization?

- 1-49
- 50-99
- 100-149
- 150+

\* 16. Which of the following categories of eligible ECHO participants applies to your organization type?

- Mental Health and/or Substance Use Provider Organization (*provides direct services*)
- Mental Health and/or Substance Use Association
- Other State or National Organization focused on Mental Health and Substance Use Workforce

Mental Health and/or Substance Use Provider Organization Questions

\* 17. **Organization Type** What best describes your organization? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Community Behavioral Health Clinic (CCBHC) | <input type="checkbox"/> Local government          |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC)             | <input type="checkbox"/> Health Care System        |
| <input type="checkbox"/> Community-based mental health center                 | <input type="checkbox"/> Peer-led organization     |
| <input type="checkbox"/> Substance Use/Recovery Organization                  | <input type="checkbox"/> Minority-led organization |
| <input type="checkbox"/> Other (please specify)<br>(100 character limit)      |  |

\* 18. **Services** What types of services does your organization offer? *(select all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Substance use - outpatient   | <input type="checkbox"/> Supportive employment          |
| <input type="checkbox"/> Substance use - residential treatment                                  | <input type="checkbox"/> Housing                        |
| <input type="checkbox"/> Substance use - Medication-Assisted Treatment (MAT)                    | <input type="checkbox"/> Community outreach/mobile unit |
| <input type="checkbox"/> Mental health, adult - outpatient                                      | <input type="checkbox"/> Home-based services            |
| <input type="checkbox"/> Mental health, children & youth - outpatient                           | <input type="checkbox"/> School-based services          |
| <input type="checkbox"/> Mental health, adult - inpatient or partial hospitalization            | <input type="checkbox"/> Crisis stabilization           |
| <input type="checkbox"/> Mental health, children & youth - inpatient or partial hospitalization |   |

Other (please specify)  
(100 character limit)

\* 19. **Populations Served** How would you describe your primary populations served? (select all that apply)

- Indigenous Populations
- Medicaid recipients
- LGBTQIA+
- Immigrants, Refugees, and/or Migrants
- People of Color/Racial and/or Ethnic Minorities
- Unhoused or Unsheltered
- Veterans
- People with Intellectual/Developmental Disabilities
- Children/Adolescents
- People with Substance Use Disorders
- Transitional Age Youth/Young Adults
- People with Serious Mental Illness
- Medicare recipients
- Older Adults (65+)
- Other (please specify)  
(100 character limit)

20. **Additional Details** Please briefly share other key details about the clients/communities your organization serves (100 max character limit)

\* 21. **Geographic areas your organization services** please give approximate percentage (%) below

Rural	<input type="text"/>
Frontier	<input type="text"/>
Urban	<input type="text"/>
Suburban	<input type="text"/>