

2026-2027 Behavioral Health Training Institute for Health Officials

Request for Applications

The National Council for Mental Wellbeing is pleased to announce the **2026-2027 Behavioral Health Training Institute (BHTI) for Health Officials**.

Through a Request for Applications (RFA) process, **up to 20 public health and behavioral health officials will be selected to participate in the 12th cohort** of this seven-month professional development initiative. Selected health officials will gain direct access to training and technical assistance opportunities on behavioral health topics, including but not limited to:

- Building and/or enhancing cross-sector partnerships between public health and behavioral health systems.
- Building and/or enhancing mental health and substance use supports and recovery-oriented systems of care.
- Recruiting, developing, and retaining a qualified public health and behavioral health workforce.
- Addressing and integrating mental wellbeing into public health settings and cultivating mental health resiliency.
- Implementing evidence-based and/or evidence-informed behavioral health interventions.

Program Overview

From December 2026 through July 2027, the BHTI cohort will participate in:

- One introductory, welcome webinar.
- Free attendance at the National Council's annual conference on mental health and substance use treatment – [NatCon27](#).
- One two-day, in-person training ahead of NatCon27.
- Up to four customized technical assistance engagements/virtual workshops and trainings on various topics related to mental health and substance use, including didactic learning, resource sharing, activities, and peer exchange.
- Free access to the [Mental Health First Aid at Work](#) training(s).
- Up to two affinity group calls to facilitate collaboration, peer learning, and support on various topics (*TBD based on participant needs assessment*).
- A final graduation/prag and borrow event to conclude the program year.

- Dedicated time to discuss and address problems and challenges facing cohort participants' agencies and health departments, including opportunities to connect the cohort to additional subject matter experts for further technical assistance and/or coaching.

The two-day, in-person training will take place April 10-11, 2027, and will precede [NatCon27](#) from April 12-14, 2027, in New Orleans, Louisiana. Program participants will be granted the opportunity to attend [NatCon27](#) (the National Council's conference on mental health and substance use treatment) for FREE. **Thanks to support from the Centers for Disease Control and Prevention's (CDC) National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (Public Health Infrastructure Center), the National Council will cover travel, lodging expenses, and conference registration fees for program participants.¹**

To inform technical assistance and resources offered throughout the program, applicants will be asked to complete a brief training and technical assistance (TTA) needs assessment survey as part of the application process.

Applicants will be required to identify a strategic challenge or opportunity relevant to their organization or community that they will work on throughout the program. Examples of relevant issues may include workforce recruitment and retention, staff wellbeing and burnout prevention, public health-behavioral health integration, or other organizational or community priorities related to advancing public health and behavioral health outcomes.

Up to 20 public health and behavioral health officials will be selected to participate in this year's program.

Program Activities

Participants should be available to participate in the following program activities:

- One BHTI introductory/orientation webinar: **Wednesday, December 9th, 3-4 PM ET**
- One two-day, in-person training preceding [NatCon27](#) in New Orleans, Louisiana²
- The two-day in-person training institute (April 10-11, 2027) will include an intensive behavioral health training focused on the systems, challenges, and opportunities facing public health and behavioral health jurisdictions across the country.

¹ This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$200,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

- FREE access to [NatCon27](#) on April 12-14, 2027.
- Conference programming for public and behavioral health official program participants, featuring customized public health programming and workshop sessions for public and behavioral health officials.
- Access to ground-breaking conference speakers. Past NatCon speakers include:
 - Nzinga Harrison, MD, psychiatrist and author
 - Patrick Kennedy, retired politician and mental health advocate
 - Adam Grant, popular science author and professor specializing in organizational psychology
 - Michelle Obama, former First Lady of the United States
 - Brené Brown, PhD, LMSW, social scientist and best-selling author
 - Vivek Murthy, MD, U.S. surgeon general
 - Hillary Clinton, former United States Secretary of State
 - Rahul Gupta, MD, MPH, MBA, FACP, the first medical doctor to head the Office of National Drug Control Policy (ONDCP)
 - Rob Lowe, award-winning actor, author, and director
 - Isabel Wilkerson, Pulitzer Prize-winning journalist and New York Times best-selling author
- Up to four virtual workshops and two affinity group calls on various topics related to mental health and substance use, including an interactive training to provide mental health tools to public health and behavioral health officials using the Mental Health First Aid (MHFA) at Work curriculum.
- Bi-weekly Behavioral Health Training Institute (BHTI) Newsletters (Behavioral Health e-Digests), catered to the cohort including program updates, behavioral health resources, and upcoming events.

Program Expectations

The estimated time commitment for participation in this seven-month program is roughly 45-50 hours (includes the introductory webinar; two-day, in-person training; [NatCon27](#); up to six virtual workshops, webinars, and/or affinity group calls; resource sharing; ad hoc coaching; and technical assistance).

Travel, lodging expenses, and conference registration for the training institute (April 10-11, 2027) and [NatCon27](#) (April 12-14, 2027) will be covered for program participants by the National Council.²

Applicant Eligibility

This opportunity is open to any public health official of a state, tribal, territorial, or local governmental public health agency.

Public health officials may apply in partnership with a behavioral health official from a community behavioral health organization (CBHO) within their jurisdiction, or as an individual. **Preference will be given to team applications with one public health official and one behavioral health official.**

Defining Public Health Officials

For the purposes of this RFA, *public health officials or public health partners (PHPs)* are defined as chief health officials or highest-ranking employees with administrative and managerial authority for governmental health agencies.

- According to the Association of State and Territorial Health Officials (ASTHO), state or territorial health officials are defined as “chief health officials for each U.S. state and territory, as well as the District of Columbia,” and most often have job titles such as state health official (SHO), state health secretary, or commissioner of health.
- The National Association of County and City Health Officials (NACCHO) defines local and tribal health officials as “the top executives at a local health department (LHD)” who are responsible for the overall administration of the LHD.
 - Local and tribal health department top executives have many different titles across the U.S. such as director, health officer, nurse manager, health commissioner, and others.
 - The top agency executive is defined as the highest-ranking employee with administrative and managerial authority at the level of the LHD.
- In addition to tribal health officials working within a specific tribe/reservation, program participation is also open to Indian and tribal health officials serving in leadership positions within other Indian and tribal health programs or

² **NOTE:** For the National Council to cover a participant’s travel, lodging, and conference registration expenses, attendance at the two-day training is **MANDATORY**. Participants will be required to verify their attendance at the two-day training during the application process.

organizations (e.g., Urban Indian Health Programs (UIHPs), Urban Indian Health Organizations (UIHOs), etc.).

Defining Behavioral Health Officials

For the purposes of this RFA, behavioral health officials or behavioral health partners (BHPs) are defined as executive-level professionals at a CBHO or other behavioral health agency/organization that provides direct services to individuals with mental health and/or substance use challenges.

Behavioral health officials are only eligible to apply in partnership with a public health official from the public health department/agency within their jurisdiction. The behavioral health agency must be located in the same jurisdiction as the public health department/agency with which they are applying.

Applicant Submission

All applications are due by **11:59 p.m. ET on Friday, November 6, 2026**, and must be submitted online through the following link:

<https://nationalcouncil.awardsplatform.com/>

Selected applicants will be notified the week of November 23, 2026.

Questions about the application or this initiative?

Contact Camile Clifford at CamilleC@thenationalcouncil.org.

2026-2027 Behavioral Health Training Institute for Health Officials

Application Questions *(for reference only)*

Part I. Demographics

Public Health Official/PHP ³	
First and Last Name	
Credentials	
Job Title	
Public Health Department/Agency	
Street Address	
City, State	
Zip code	
Email Address	
Phone Number	
Have you or someone else from your agency participated in this program before?	Y/N If yes, please provide the past participant's name: _____

³ **NOTE:** Public health officials/PHPs are eligible to apply for this opportunity as individual applicants **OR** as paired team applications in collaboration with their counterpart from a behavioral health organization within their jurisdiction. Applicants who are applying as paired teams in conjunction with a behavioral health official should provide their counterpart's contact information below. Responses to the short answer questions in Part III of this application should reflect both health officials.

Please select your US HHS Region .	Region I: CT, ME, MA, NH, RI, VT	Region II: NJ, NY, Puerto Rico, Virgin Islands	Region III: DE, DC, MD, PA, VA, WV	Region IV: AL, FL, GA, KY, MS, NC, SC, TN	Region V: IL, IN, MI, MN, OH, WI
	Region VI: AR, LA, NM, OK, TX	Region VII: IA, KS, MO, NE	Region VIII: CO, MT, ND, SD, UT, WY	Region IX: AZ, CA, HI, NV and the six U.S. Associated Pacific Jurisdiction s	Region X: AK, ID, OR, WA

Public health officials applying as individual applicants can skip the next section and go directly to Part II.

Partnering Behavioral Health Official/BHP (optional)	
First and Last Name	
Credentials	
Job Title	
Behavioral Health Agency	
Street Address	
City, State	
Zip code	
Email Address	
Phone Number	
Have you or someone else from your agency participated in this program before?	Y/N If yes, please provide the past participant's name: _____

Part II. Assessment

This section will help inform the program’s curriculum, the behavioral health training for health officials and the in-person training institute. We would like to know more about what content would make this training institute most valuable to you and your agency.

What types of behavioral health (mental health and/or substance use) prevention programming, treatment, and supportive services are currently provided within your health department’s scope of services? <i>(This should include direct service provision as well as via referrals to other providers)</i>	☐ Mental health prevention programming and treatment ☐ Substance use prevention and screening ☐ Substance use treatment (including medication for addiction treatment (MAT)) ☐ Substance use recovery and support services ☐ Overdose prevention services ☐ Social services ☐ Crisis intervention ☐ Inpatient services ☐ Mutual support groups and peer-run services ☐ At home through tele-behavioral or home-based services ☐ School-based services ☐ Other, please specify: _____
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Please select the top five behavioral health topic areas that you want to address through participation in this program AND briefly describe what you’d like to know more about or engage in actionable discussions related to the topic(s) selected.

Behavioral Health Topic Area	Would you like to learn more or engage in actionable discussions about this topic?	Briefly describe what specifically you’d like to know more about.
Behavioral health care funding/financing		
Behavioral health treatment models that can be adapted for and implemented in public health		

systems/settings (e.g., collaborative care, SBIRT, problem-solving treatment behavioral activation, motivational interviewing)		
Building cross-state and cross-sector partnerships		
Certified Community Behavioral Health Clinics (CCBHCs)		
Children and youth mental health and substance use and expanded access to mental health services		
Crisis Care and 988		
H.R.1 and Medicaid program changes		
Integrating mental health and substance use services into public health/primary care settings		
Mental health and substance use legislative/policy development		
Mental health and substance use partnerships with criminal justice system		
Mental health and substance use recovery, including extending the care continuum to support long-term recovery		
People with lived experience (including the use of peers, recovery coaches, etc.)		
Public health programming addressing the opioid epidemic		
Risk factors for mental health and substance use challenges		

Substance use and overdose prevention and screening		
The science of addiction (e.g., using the science of drugs, brain science, and behavior to develop effective prevention and treatment approaches)		
Trauma-informed, resilience-oriented care (including for leadership, staff and community mental health resiliency)		
Workforce development: Building behavioral health capacity among public health workforce		
Other, please specify: _____		

Mental Health First Aid®

Have you participated in/received training in [Mental Health First Aid](#) (MHFA)?

If you answered yes, please respond to the following questions:

- a. Which MHFA training did you receive/participate in? (e.g., Adult MHFA, Teen/Youth MHFA, MHFA At Work, etc.)
- b. Is your certificate still valid? When does it expire?

If you are applying in partnership with a Behavioral Health Official, please respond to the following questions:

For Behavioral Health Partners: Have you participated in/received training in [Mental Health First Aid](#) (MHFA)?

If you answered yes, please respond to the following questions:

- a. Which MHFA training did you receive/participate in? (e.g., Adult MHFA, Teen/Youth MHFA, MHFA At Work, etc.)
- b. Is your certificate still valid? When does it expire?

Part III. Short Answer

- 1 Why are you interested in participating in the Behavioral Health Training Institute for Health Officials program? (400-word limit)

- 2 What issues, problems, challenges or opportunities does your agency face in addressing mental health and/or substance use related needs within your jurisdiction? Which of these challenges would you like to work on or address while participating in BHTI? (300-word limit)
- 3 What do you hope to gain from participating in this program? (250-word limit)
- 4 Please describe any collaborations/partnerships you currently have and/or wish to have with mental health and substance use partners. Please include a description of any projects/initiatives and partnerships that could be leveraged to support organizational change and address the issue, problem or challenge mentioned in question 2. If you do not currently have existing collaborations/partnerships, please indicate any plans/ideas you have related to exploring or establishing such, particularly in relation to organizational change and addressing identified challenges. (250-word limit)

Question #5 for paired team applications only:

- 5 What enhanced/improved partnership opportunities between your respective agencies do you anticipate by participating in this program? How might it help address the challenges outlined in question 2? (300-word limit)

Part IV. Participation Checklist and Applicant Confirmation

Each participant should commit to participating in the outlined program activities.

Please confirm all of the activities you will participate in if selected:

- ☐ **Introductory webinar for health officials:** Scheduled for Wednesday, December 9th, 2026, 3-4 PM ET
- ☐ **Up to six virtual workshops:** Workshops are tentatively scheduled to occur monthly, beginning in January 2027. Topics are TBD based on assessed participant needs.
- ☐ **Addressing challenges/opportunities:** Dedicated time to work on, discuss and problem-solve identified challenges and opportunities facing cohort participants' agencies and health departments.
- ☐ **2-day BHTI in-person training:**
 - ☐ Saturday, April 10 – Sunday, April 11, 2027

- [NatCon27](#), which will feature renowned expert speakers and customized public and behavioral health programming for health officials and their behavioral health partners.
 - Monday, April 12, 2027: Day 1, NatCon27
 - Tuesday, April 13, 2027: Day 2, NatCon27 (continued)
 - Wednesday, April 14, 2027: Day 3, NatCon27 (continued), ends by 1:00 p.m.
- **Behavioral Health Training Institute for Health Officials cohort file-sharing website**, which will include a resource library, regular posting of latest and greatest news and tools in behavioral health, and access to National Council webinars customized to meet the identified needs of health officials.