**Massachusetts League of Community Health Centers & MassGeneral Brigham (MGB)**

# *Care Teams Special Projects Program*

**Application**

*Please submit completed Cover Sheet and application materials to* [*SpecialProjects@MassLeague.org*](mailto:SpecialProjects@MassLeague.org) *by*

*Friday, August 26th by 5:00 PM EST.*

**COVER SHEET**

Name of Community Health Center

Organization Site Address

*If your health center has more than one address, please use the site address of the location you are based out of.*

CEO/Equivalent Name

CEO/Equivalent E-Mail Address

CFO Name

CFO E-Mail Address

**The special project care team will be comprised of no fewer than two and no more than four behavioral health providers. Please provide the details of each project team member, below:**

**Team Member #1**: *required*

Name

E-Mail Address

Provider Type

Psychiatrist

Psychologist

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Licensed Independent Clinical Social Worker (LICSW)

Licensed Certified Social Worker (LCSW)

Licensed Mental Health Counselor (LMHC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Alcohol and Drug Counselor 1 (LADC1)

Start Date at Organization

Confirm Full Time Employment Status – *as defined by your organization*

Are you currently fulfilling any other service obligation, i.e. National Health Service Corp, the MDPH State Loan Repayment Program, DSRIP Student Loan Repayment Program, etc.?

If yes, please provide the name of the program.

*Please note, any service obligation to the National Health Service Corp, the MDPH State Loan Repayment Program, or other loan repayment programs must be completed in order to be eligible for this program. If the applicant is part of the Public Service Loan Forgiveness Program, they are eligible to apply.*

What language(s) if any, other than English, do you speak at home and/or in your community or workplace?

Please check all that apply:

Arabic

Cantonese

Cape Verdean Creole

French

Haitian Creole

Khmer

Mandarin

Portuguese

Russian

Sign Language

Spanish

Vietnamese

None

Other

**Team Member #2**: *required*

Name

E-Mail Address

Provider Type

Psychiatrist

Psychologist

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Licensed Independent Clinical Social Worker (LICSW)

Licensed Certified Social Worker (LCSW)

Licensed Mental Health Counselor (LMHC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Alcohol and Drug Counselor 1 (LADC1)

Start Date at Organization

Confirm Full Time Employment Status – *as defined by your organization*

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French

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Khmer

Mandarin

Portuguese

Russian

Sign Language

Spanish

Vietnamese

None

Other

**Team Member #3**: *(if applicable to your project team)*

Name

E-Mail Address

Provider Type

Psychiatrist

Psychologist

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Licensed Independent Clinical Social Worker (LICSW)

Licensed Certified Social Worker (LCSW)

Licensed Mental Health Counselor (LMHC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Alcohol and Drug Counselor 1 (LADC1)

Start Date at Organization

Confirm Full Time Employment Status – *as defined by your organization*

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French

Haitian Creole

Khmer

Mandarin

Portuguese

Russian

Sign Language

Spanish

Vietnamese

None

Other

**Team Member #4**: *(if applicable to your project team)*

Name

E-Mail Address

Provider Type

Psychiatrist

Psychologist

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Licensed Independent Clinical Social Worker (LICSW)

Licensed Certified Social Worker (LCSW)

Licensed Mental Health Counselor (LMHC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Alcohol and Drug Counselor 1 (LADC1)

Start Date at Organization

Confirm Full Time Employment Status – *as defined by your organization*

Are you currently fulfilling any other service obligation, i.e. National Health Service Corp, the MDPH State Loan Repayment Program, DSRIP Student Loan Repayment Program, etc.?

If yes, please provide the name of the program.

*Please note, any service obligation to the National Health Service Corp, the MDPH State Loan Repayment Program, or other loan repayment programs must be completed in order to be eligible for this program. If the applicant is part of the Public Service Loan Forgiveness Program, they are eligible to apply.*

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Please check all that apply:

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French

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Khmer

Mandarin

Portuguese

Russian

Sign Language

Spanish

Vietnamese

None

Other

**Diversity Survey:***The following questions are optional and are for internal data collection purposes only. Your answers will not be included in any materials received by our external review committee. This survey is optional for each project team member.*

Which of the following best describes your race/ethnicity? [Please check all that apply.]

White

Hispanic, Latino, or Spanish

Black or African American

Asian

American Indian or Alaskan Native

Middle Eastern or North African

Native Hawaiian or other Pacific Islander

Bi-Racial/ Multi-Racial

*self-description*

Some other race, ethnicity, or origin:

*self-description*

Prefer not to say

Please feel free to elaborate on your response.

What is your gender identity? [Please check all that apply.]

Female

Male

Transgender (ftm)

Transgender (mtf)

Non-Binary

Gender Fluid

Prefer to self-describe:

*self-description*

Prefer Not to Say

What is your sexual orientation? [Please check all that apply.]

Straight

Lesbian

Gay

Bisexual

Queer

Asexual

Pansexual

Prefer to self-describe

*self-description*

Prefer not to say

**Required Application Materials**

1. Submit a proposal that is no more than five one-sided, single-spaced pages using Times New Roman 12 pt. font and include the components below.

*Due to the large number of applicants, please be advised that proposals exceeding the five-page limit may not be reviewed at the discretion of the review committee.*

* + Proposal summary and how it will advance behavioral health within the CHC.
  + Proposal description/methods/activities:
    - Describe proposed project in detail and how it will benefit behavioral health at the organization, the community, and patients served. Projects do not have to be clinical in nature, but must focus on advancing behavioral health efforts. Please note: If any of the proposed project activities could appear duplicative of a service covered by MassHealth and/or another third-party payer, please be sure to clarify how those activities are distinct from covered services. (Such activities might include but are not limited to: care coordination, patient consults, nutrition counseling, and provision of pharmacy services.)
  + Proposal goals and objectives:
    - Outline the project's primary goals and objectives, as well as the specific outcome measures that will be used to assess the project’s level of success.
  + Description of how the proposed project will focus on behavioral health within the CHC.
  + Timeline and milestones for implementation of the proposed project.
  + Evaluation plan for the proposed project including metrics and outcome measures. Please specify how any quantitative or qualitative data will be collected including from participating providers and/or patients.
  + Plan for sustaining the project’s work and/or impact after funding ends.
  + If applicable, target population:
    - Describe the patient/client population addressed by the proposed project, including diagnoses, income, households, age, sex, ethnicity/race, and/or other relevant characteristics as appropriate.
  + Staff responsible for the proposed project:
    - Describe the roles of each project team member
    - Describe if/how any other clinicians/staff members may be impacted by the project.

1. Statement from the project team describing the following:
   * Interest, vision, and commitment to the proposed project, inclusive of how the project will benefit behavioral health at the organization, the community, and patients served.
   * Individual focus on behavioral health, and commitment to a career working in community settings and working in communities of need.
   * Experience and demonstrated service to underserved communities or special populations.
   * Any relevant volunteer and leadership activities that would impact the proposed project.
2. Curriculum Vitae/resume of each project team member
3. Two letters of support describing the organization’s support of the project. One letter of support must come from the Executive Director/CEO or equivalent and the second must come from the Behavioral Health Director or equivalent.
4. Submit the Cover Sheet with the completed application.

**Appendix Contents**

* + Budget for the project (maximum is $40,000) with brief narrative describing planned expenditures. The grant funds are primarily intended to cover the cost of the provider(s) time to plan, implement, and achieve the proposal’s goals and objectives. Examples of potential expenses are listed below:
* Salary, taxes, and fringe benefits for the provider(s)
* Tuition or other program fees
* Clinical coverage expenses
* Training
* Equipment/project materials
* Funds may not be used for lost revenue.