

APPENDIX A: RFA RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF OFFICIAL AUTHORIZED TO BIND APPLICANT TO A PROVIDER AGREEMENT TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED

Name	Role (Clinician, Supervisor, Leadership, Point Person)	Credential / Licensed	Salaried or Contract

CBH is looking to understand your agency's interest and motivation in integrating TIC practices into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of TIC from the onset of engaging in the TIC Implementation Academy. Please respond to the following sections.

1. **Executive Summary:** Provide a summary of the reasons why your agency should be selected to participate in the TIC Implementation Academy.
2. **Population Served:** Describe the population served at your agency. Include the number of individuals served annually. Indicate any unique characteristics of the population (e.g. primarily Spanish speaking, geographic location, etc.). On average, what percent of individuals served in your program are CBH members?
3. **Treatment Program:** Describe the programming in your program and current treatments offered in your agency. Please be certain to include information about each of the following:
 - a) What specific steps have you taken to promote trauma-informed client care that supports recovery and resilience? Include any barriers.
 - b) What steps has your organization taken to assess the level of trauma-informed practices, policies, and protocols that exist within your agency? Include any barriers.
 - c) Discuss how TIC practices will be incorporated into your existing array of services.
4. **Staff support:** Describe the specific steps your organization has taken to promote staff wellness and support. Be sure to include any challenges presented to ensure this and what steps have been taken to address these challenges.
5. **Diversity, Equity, and Inclusion (DEI):** How is your organization addressing issues of DEI in order to address systemic issues that may be barriers to clients served and to staff? Are there any challenges to addressing DEI and systemic issues, and if so, how is your organization managing these challenges?
6. **Physical Environment:** How is your organization addressing the physical environment in order to ensure that it is welcoming and supportive for the clients and staff and that reinforces the concept of recovery and resilience?
7. **Sustainability:** Describe in detail your plans to support sustainability in the following ways:

- a) Leadership's role in ensuring a culture that integrates TIC into standard practices
- b) Strategies to address turn over and increase utilization of TIC practices into the organization
- c) Plan to provide continued TIC training within the organization after the completion of the training of trainers. How will TIC trained staff members begin providing TIC trainings within the organization?
- d) Integration of TIC into policies and practices

License: Please indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses are eligible for TIC Training.

License from DHS: _____

The following signature is required to confirm your agency's interest in applying for TIC Implementation Academy slated to begin in July 2021.

EXECUTIVE DIRECTOR NAME (Print) _____

EXECUTIVE DIRECTOR SIGNATURE _____

DATE _____