

BHWD Grantee Final Report Draft

While this is only a draft of the final report and it may look different when it is finalized and published in the BHWD Grantee Portal, this draft is intended to help your organization prepare for the final report. You may need to reach out to different departments to gather certain information. This draft includes all the topics you will find in the final report and any numbers you will need to be prepared to share.

Funding Sources and Expenditures

Follow up to baseline survey funding questions

1. The State of California uses a July 1 - June 30 calendar as its Fiscal Year (FY); the federal government uses October 1 - September 30 as its FY. Some organizations use the calendar year January 1 - December 31 as their FY.

Please specify which FY the organization uses.

- California (July 1 - June 30)
 - Federal (October 1 - September 30)
 - Calendar Year (January 1 - December 31)
2. **What was the total organizational operating budget in the last FY?**
 3. **Does the organization have one or more physical site address(es) where the above-referenced services were delivered ?** (the alternative is that the organization only provides telehealth care).
 - Yes
 - No
 4. **What was the total annual rent for the organization's last FY (in US dollars)?** (Please only include the rent for your organization's location that is named in this NOA – not other locations.)
 5. **Is the organization's rent included as a direct or an indirect cost* of the overall budget?**
*Direct costs are typically defined as expenses that directly go into producing goods or providing services. Indirect costs are defined as general business expenses that are considered as operating costs.
 - Direct cost
 - Indirect cost
 6. **Please select all funding stream(s) that the organization uses to support rent:**
 - Grants/time-limited contracts
 - State/federal grants

- County contracts
- Foundation grants
- Medi-Cal billing
- Donations
- Revenue from participant payment
- In-kind support value
- Other
- N/A

7. Please provide a numeric percent* of each of the funding sources for each FY. *Each column must add up to 100.

	Previous FY	Current FY	Next/Projected FY
Grants/time-limited contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/federal grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue from participant payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-kind support value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please enter the total number of staff and their corresponding annual salaries for the entire organization-wide staff and for the staff who will be working with and getting paid from the PWI grant.

	Total annual salaries (in US dollars)	Total number of staff
Organization-wide staff	<input type="checkbox"/>	<input type="checkbox"/>
PWI Grant-related staff	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate the areas where the grant funds were allocated (Select all that apply)

- Employee benefits
- Employee wellness, Wellness committees, wellness spaces
- HR improvements
- HR Technology
- Job postings

- Consultants
- DEIJB+
- Management coaching and development
- Marketing and branding
- Meeting space rentals
- Outreach, career fairs
- Pipeline building/internships/intern stipends
- Recruitment bonuses
- Retention bonuses
- Salary evaluations
- Staff time, wages, fringe
- Staff training & retreats, morale building events
- Peer support specialist certification and training
- Strategic/organizational development activities
- Tuition reimbursement, loan forgiveness, prep courses and licensure fees
- Website updates/redesign
- Other (Please specify)

10. We may ask the following questions about the areas you selected.

- **How much funding was allocated to each of the areas selected categories?**
- **Please rank these areas in order of priority.**
- **How significant was the impact of the grant in each of the areas selected?**

Not Significant	Slightly Significant	Moderately Significant	Very Significant	Extremely Significant
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Grant Impact

11. How well has your organization adapted to the following changing environments as a result of the strategies developed through the grant?

	Not at all adaptable	Slightly Adaptable	Moderately Adaptable	Very Adaptable	Extremely Adaptable
Budget changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Market changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Political environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technology advancements	0	0	0	0	0
Other (Please specify)	0	0	0	0	0

12. Please indicate your level of agreement with each of the statements below.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Our organization achieved its initial objectives set out when applying for the grant.	0	0	0	0	0
The grant facilitated the development of valuable collaborations and partnerships that enhanced our organizational capacity.	0	0	0	0	0
Overall, the grant has had a positive impact on our organization’s growth and development.	0	0	0	0	0
Overall, the grant has had a positive impact on helping us address workforce challenges.	0	0	0	0	0
Overall, the grant has had a positive impact on the services we provide.	0	0	0	0	0
The grant has had a positive impact in other areas in our organization.	0	0	0	0	0

- a. Please elaborate on what other area(s) the grant has made an impact on.

Workforce

The following questions will ask about addressing the behavioral health workforce challenges in recruitment and retention.

13. Please indicate your level of agreement with each of the statements below.

- The grant effectively addressed key workforce challenges within our organization.

- The grant made it easier to recruit qualified staff.
- The new staff hired during the grant period have integrated well into the organization.
- Staff retention has improved since receiving the grant.
- The grant has helped in retaining experienced staff members.
- We were able to create new job opportunities due to the grant.
- The support provided by the grant was crucial for implementing strategic initiatives related to workforce management.

14. What strategies have you implemented to address the workforce development challenges? (Select all that apply)

- Competitive salaries
- Professional development opportunities
- Improved working conditions
- Employee recognition programs
- Flexible work schedules
- Other (Please specify)

15. Rate the effectiveness of the strategies deployed in your organization to recruit and retain skilled staff as a result of the grant.

Very Effective	Effective	Moderately Effective	Slightly Effective	Not Effective
○	○	○	○	○

16. Describe any challenges your organization faced in implementing strategies to address behavioral health workforce challenges. What BH workforce challenges remain for your organization?

17. Describe any successes your organization had in addressing behavioral health workforce challenges?

18. What additional support or resources would further allow you to address behavioral health workforce challenges?

Services

The following questions will ask about the grant's impact on your organization's delivery of services.

19. Please indicate your level of agreement with each of the statements below.

- Service delivery has become more efficient.
- We were able to offer new services.
- Patient outcomes have improved because of the grant.
- Patient satisfaction has increased.
- We were able to provide more comprehensive care.
- The grant has enabled us to reduce barriers to access for individuals from any of the following groups:
 - Unhoused
 - Returning to community from incarceration/Justice-involved

- Experiencing drug/alcohol challenges and/or in recovery from drug or alcohol problems
- Experiencing mental health challenges and/or in recovery from a mental illness.
- We were able to develop specialized programs tailored to the needs of specific populations.
- Our staff is better equipped to address the unique challenges faced by individuals who receive services through our organization.
- The grant had a positive impact on OUD services/OUD clients; or the grant allowed our organization to improve/expand OUD services; or the grant allowed staff to better serve OUD clients.

20. Describe any challenges your organization faced to improve services provided or the delivery of services? What service-related challenges remain for your organization?

21. Describe any successes your organization had in improving services provided or the delivery of services?

22. What additional support or resources would further allow you to address challenges faced in services provided or the delivery of services?

Challenges

The following questions will ask about the challenges your organization may have faced during the grant period.

23. Please indicate your level of agreement with each of the statements below.

- Our organization faced significant challenges in effectively utilizing the grant funds.
- Staffing limitations were a major challenge during the implementation of the grant-funded initiatives.
- The administrative requirements for managing the grant were burdensome.
- There were challenges in aligning the grant objectives with our organization's existing structure.
- Limited resources hindered our ability to fully utilize the grant.
- We faced unexpected obstacles that affected the implementation of initiatives.
- There were challenges in creating relationships with educational partners [MIP]
- There were challenges in recruiting interns. [MIP]
- There were challenges in interns completing their internship. [MIP]
- We were not able to offer employment to interns [MIP]
- We faced significant challenges in identifying and recruiting peers [PWI/EPOC]
- Other

24. Describe any unexpected obstacles that arose during the implementation of the {program} grant.
25. Describe solutions or strategies your organization implemented to overcome the challenges encountered during the grant period, provide specific examples.
26. What additional support or resources would have been helpful in overcoming challenges during the grant period?

Lessons Learned

27. How much has your organization's knowledge of best practices in behavioral health workforce development and change management improved due to the grant? [Not at all, slightly, moderately, significantly, exceptionally]

28. Please indicate your level of agreement with each of the statements below.

- We gained valuable insights into managing grant funds more effectively.
- Our organization learned important lessons about delivering services to underserved populations.
- The grant experience has improved our ability to collaborate with other organizations.
- We learned better strategies for recruiting and retaining qualified staff.
- The grant process highlighted areas where our organization needed to improve infrastructure or resources.
- Our team developed more effective methods for tracking and reporting program outcomes.
- The grant experience has strengthened our organization's overall strategic planning capabilities.

Sustainability

29. Rate your organization's improvement in sustainability and strategic planning capabilities due to the grant.

[No improvement, minor, moderate, major, transformative improvement]

30. Please indicate your level of agreement with each of the statements below.

- The initiatives started with the grant are sustainable beyond the conclusion of the funding period.
- We have developed a clear plan to sustain the benefits achieved through the grant.
-

31. Describe any plans or efforts to secure to sustain the initiatives started with the grant.

32. What challenges do you foresee in sustaining the grant-funded initiatives, and how do you plan to address them?

Feedback

33. Please indicate your level of agreement with each of the statements below.

- The process of obtaining and managing the grant was clear and well supported by AHP.
- The communication and support from AHP met our needs throughout the grant period.

34. What additional support or resources would have improved the effectiveness of the grant?

35. What areas should future grants focus on to enhance California's behavioral health workforce development challenges?

36. Any other comments or feedback you would like to share?

PWI/EPOC Specific Questions

1. Did participating in this grant facilitate your organization's ability to bill Medi-Cal for peer services?
2. Did participating in this grant facilitate your organization's ability to support staff with peer support specialist certification in CA?
3. Did participation in this grant improve recruitment of peer staff?
4. Did participation in this grant improve retention of peer staff?

MIP Specific Questions

1. What roles or positions did interns fill? (Select all that apply)
 - Role 1
 - Role 2
 - Role 3
 - Other
2. Please indicate your level of agreement with each of the statements below.
 - Interns have contributed positively to our organization.
 - Interns have helped us to increase our service capacity.
 - Interns have brought new ideas and perspectives to our organization.
 - Hosting interns has improved our overall organizational effectiveness.

- Interns have improved/expanded OUD services or treatment of OUD clients.
3. Describe any significant contributions or changes brought about by MIP interns.
 4. Please indicate your level of agreement with each of the following statements about trainings provided to interns:
 - Our organization provided sufficient training for interns.
 - Interns received comprehensive supervision and support from their supervisor
 - Interns received mentorship and support from their mentor
 - Interns had access to professional development opportunities.
 - The training provided to interns was relevant to their roles.
 - Interns were well-prepared to contribute to our organization.
 - Interns were well-prepared to contribute to the BH workforce.
 5. Describe any notable training and development initiatives for MIP interns.
 6. Please indicate your level of agreement with each of the following statements about the intern experience with your organization:
 - Interns were welcomed and valued within our organization.
 - Interns had clear roles and responsibilities.
 - Interns received regular feedback on their performance.
 - Interns had opportunities to engage in meaningful work.
 - Interns were satisfied with their overall experience.
 7. Describe the type of work MIP interns engaged in.
 8. Provide any feedback of comments from interns about their experience.
 9. Please indicate your level of agreement with each of the following statements about MIP intern's impact on staff:
 - Interns have reduced the workload of site staff.
 - Staff and mentors enjoyed working with interns.
 - Interns have integrated well into our team.
 - Interns have positively impacted our daily operations.
 -
 10. Describe any significant impacts on staff and operations as a result of hosting MIP interns.
 11. Please indicate your level of agreement with each of the following statements about educational partners:
 - The grant has strengthened our relationships with educational partners.
 - We have developed sustainable programs with our educational partners.
 - Collaboration with educational partners has improved service delivery.
 - Educational partnerships have enhanced staff recruitment and retention.

- We plan on maintaining partnerships with our current educational partners or other educational partners.
12. Describe any successful initiatives or programs developed in collaboration with educational partners.
 13. What additional support or resources would enhance your organization's collaboration with educational partners?
 14. Share a success story you had with the MIP program.
 15. What improvements or changes would enhance the MIP program at your organization?

BHRR Specific Questions

This is a follow up to the needs assessment questions in the BHRR Baseline Survey you completed at the start of the project.

You will be asked to answer the following questions by providing a rating from 1-5 in a Likert scale.

Organizational Development

Mission/Vision

1. Does the organization have a vision statement, mission statement, and statement of values?

Organizational Structure

2. Does the organization have an organizational chart demonstrating the organizational structure?

Board Composition and Responsibility

3. Does the organization have an external board of directors?

Sustainability

4. Does the organization have a strategic plan?
5. Does the organization have an annual work plan?
6. Does the organization have a business plan that addresses sustainability?

HR Improvements and Pipeline Creation

Recruitment - Pipeline Creation

7. Does the organization have policies and procedures on job descriptions?
8. Does the organization have policies and procedures on a staffing plan?
9. Does the organization have policies and procedures on recruitment and retention of staff?

Improving Salary and Benefits

10. Does the organization have policies and procedures regarding salary and benefits?

Workplace Culture

Workforce Development

11. Does the organization provide support to employees through supervision?

DEIJB

12. Does the organization have structures in place to assess the diversity of their staff?
13. Do you currently have a way to track, collect, and store data at your organization?
 - Yes, we use Excel spreadsheets, attendance forms, etc. but no software.
 - Yes, we use a data collection and storage software.
 - No, we have no means of collecting and/or storing data
14. How many people does each supervisor in your organization typically supervise?
 - 1-2
 - 2-3
 - 3-4
 - More than 4
15. Are the majority of clients served diagnosed with a serious mental illness?
 - Yes
 - No
16. Does your organization's leadership engage employees in the development of a strategic plan?

- Yes
- No

17. Does your organization offer flexible work schedules?

- Yes
- No

18. Does your organization allow for remote working opportunities?

- Yes
- No

19. Do you have an ongoing process to obtain employee feedback?

- Yes
- No

20. Are there policies or systems in place for airing grievances in a positive manner?

- Yes
- No

21. Is this policy communicated among employees in your organization?

- Yes
- No

22. Do staff receive regular updates regarding their performance?

- Yes
- No

23. Do you provide clinical staff CEU (continuing education units) stipends or other ways of paying for CEUs?

- Yes
- No

24. Do you provide clinical supervision to your pre-licensed eligible staff to collect hours towards licensure?

- Yes
- No

25. Do staff receive merit increases?

- Yes
- No

26. Do staff receive raises for obtaining additional certifications?

- Yes
- No

27. Do staff receive raises for obtaining a higher degree?

- Yes
- No

28. Do you pay for licensing prep courses and/or licensing exams for your clinical staff?

- Yes
- No

29. Do you provide tuition reimbursement?

- Yes
- No

30. What is the maximum amount of reimbursement you provide (in US dollars)?

31. Do you provide PTO (Paid Time Off)?

- Yes
- No

32. How many hours of PTO do you provide per year?

33. Please enter the salaries (in US dollars) of Direct Practice Staff and Supervisors. (therapists, outreach workers, health educators, navigators, case managers etc.) If you are not employing someone at the level indicated, please enter "-999".

	Under 2 years of experience	3-5 years of experience	5+ years of experience	5-10 years of experience
Peer (regardless of education level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HS Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA (no SUD credentials or certifications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA with SUD certifications/credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS (no SUD credentials or certifications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS with SUD credentials or certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MA/MSW/MFT/MS (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LCSW/LMFT/LPCC/ Master's level licensed clinicians and/or credentialed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PhD, PsyD, DSW, Doctorate level unlicensed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PhD, PsyD, DSW, Doctorate level licensed clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric mental health nurse practitioner (PMHNP) and Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Clinical Supervisors (any degree)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you

Thank you for taking the time to complete the survey. We are grateful for your participation and sharing your experiences. Your input helps us understand the challenges, successes, and opportunities for helping address the workforce challenges within the behavioral health field.