

Behavioral Health Workforce Education and Training Program for Paraprofessionals

OVERVIEW

On January 12th, the Health Resources and Services Administration (HRSA) released a funding opportunity for the Behavioral Health Workforce Education and Training (BHWET) Program for Paraprofessionals. The purpose of this program is to:

- Develop and expand community-based experiential training, such as field placements and internships;
- Increase the supply of students preparing to become peer support specialists; and
- Improve distribution of a quality behavioral health workforce.

HRSA will place special focus on addressing the specific concerns of children, adolescents, and transitional age youth in high-need and high-demand areas who are at risk for behavioral health disorders. HRSA will award over \$24 million in total funding to eligible applicants who implement either:

- Level I pre-service training, which includes didactic and experiential field training; or
- Both Level I and Level II in-service training, which also includes training at a registered Department of Labor apprenticeship site.

The full funding opportunity is available [here](#). Applications are due on April 12th.

FUNDING

HRSA will award up to 43 grants as follows:

- Up to \$350,000 annually for programs only implementing Level I pre-service training. At least 60 percent of the total requested budget per year must be dedicated only as support to trainees in the form of stipends, tuition/fees, and supplies. No more than 40 percent of total funding may be used for program management or other recipient activities.
- Up to \$500,000 annually for programs implementing Level I pre-service and Level II in-service training. At least 50 percent of total funding must be dedicated and distributed only as support to trainees in the form of stipends, tuition/fees, and supplies. No more than 50 percent of the total requested budget per year may be used for program management and other recipient activities.

Awarded applicants will also receive one-time funds of approximately \$216,000. For all organizations other than state, local or Indian tribal governments, indirect costs will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

Funding awarded through this program may not be used for:

- Construction;

- Foreign travel;
- Fringe benefits for trainees (i.e., life insurance, retirement plans, etc.); or
- Accreditation costs (i.e. renewals, annual fees, etc.)

Contracts are expected to last for four years starting on September 1st.

ELIGIBLE APPLICANTS

Eligible applicants include state-licensed mental health not-for-profit and for-profit organizations, including community-based organizations. Applicants must be:

- Able to support programs for Level I pre-service and/or Level II in-service (if applicable) training of peer support specialists and other behavioral health-related paraprofessionals; and
- Accredited by a nationally recognized accrediting agency or approved by the state government to provide a behavioral health-related paraprofessional certificate program.

Trainees must be a citizen or national/permanent resident of the United States and must be enrolled full or part-time in the certificate program in order to receive tuition and stipend support.

PROGRAM SERVICES

Awarded organizations must use program funding to:

- Provide participant/trainee support for tuition, fees, supplies and stipends to peer support specialists and other behavioral health-related paraprofessional trainees for no less than six months and no more than 12 months;
- Establish or expand the number of experiential training sites for such trainees in high-need and high-demand areas;
- Recruit a workforce of trainees interested in serving such areas who reflect a diverse set of racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, interested in serving high need and high demand areas;
- Demonstrate knowledge and understanding of the concerns of the population served, especially individuals with mental disorder symptoms or diagnoses, particularly children and adolescents, and transitional age youth;
- Enhance the existing paraprofessional certificate program(s) through curriculum development or enhancement and inclusion of experiential learning in the form of field placements or internships;
- Have in place at least one certificate training program in a behavioral health-related paraprofessional field (i.e., peer support specialist, outreach worker, mental health worker, etc.);
- Provide Level I pre-service training that includes both didactic and experiential training in the form of a field placement in an integrated, interprofessional setting and provide a certificate upon completion to prepare trainees to enter the workforce immediately upon program completion;
- Establish community-based partnerships in high need and high demand areas (e.g. hospitals, crisis centers, emergency departments, state and local health departments, etc.) to assist peer support specialists and other behavioral health-related paraprofessional trainees in obtaining employment following graduation from the program;
- If implementing a Level II in-service registered apprenticeship training model, aim for at least 50 percent of the Level I program completers to enter into a Level II in-service registered apprenticeship program;

- Promote the integration of behavioral health into primary care settings to improve access to quality behavioral health services, including but not limited to opioid use disorder and other substance use disorder prevention, treatment and recovery, in high need and high demand areas;
- Include technology integration by providing options for distance learning and developing didactic and experiential training activities that address strategies for providing telehealth services and increasing digital health literacy;
- Use an evidence-based continuous monitoring tool to evaluate program objectives and make adjustments as needed to improve program outputs and outcomes;
- Collect specified program and performance data and disseminate findings to appropriate audiences;
- Participate in program evaluations during and upon completion of the project period;
- Collaborate regularly during the project period with other BHWET Program grant recipients to leverage resources, enhance interdisciplinary training, and collaborate across regions; and
- Support career development in behavioral health and encourage career progression for behavioral health paraprofessionals.

APPLICATION

Proposals will be scored based on the following criteria:

- Purpose and Need (25 points)
- Response to Program Purpose (35 points)
- Impact (20 points)
- Organizational Information, Resources, and Capabilities (10 points)
- Support Requested (10 points)

Priority projects, which address the role of the family and lived experience of the consumer and family-paraprofessional partnerships, will be eligible for a bonus 5 points.

A funding preference will be available for qualified programs that:

- Have a high rate for placing program completers in settings with a principal focus of serving residents of medically underserved communities;
- During the previous two years, have achieved a significant increase in the rate of placing program completers in such settings; or
- Are new programs (completing less than three classes) that meet additional criteria (on p. 42).

Timeline

Applications must be submitted by April 12th.

Questions should be submitted to William Weisenberg at wweisenberg@hrsa.gov for business, administrative, or fiscal issues and Nicole Wilkerson at BHWET-Para@hrsa.gov for overall program issues and/or technical assistance.