**HEALTHY MINDS PARTNERSHIP TECHNICAL ASSISTANCE APPLICATION FORM**

Application due date: December 10, 2021, by 8 p.m. MST

Please complete all questions and upload this application form at: [***http://www.bcidahofoundation.org/healthymindspartnership\_award***](http://www.bcidahofoundation.org/healthymindspartnership_award)

1. Please share why your school is applying to partner for school-located behavioral health services.
2. Provide a brief description of the unique needs of your student population, including demographics and available data/evidence to support the need to bring behavioral health services into your school. (Examples of data may include attendance, behavioral disruptions, etc.)
3. How many students are enrolled at your school?
4. What percentage of students at your school are eligible for free and reduced lunch?
5. Has your school/staff completed Trauma-Informed and/or Resiliency training? (Please highlight your answer, and if “Yes”, provide a brief description and when.)
   1. Yes
   2. No
6. Does your school currently use a Positive Behavior Interventions and Supports (PBIS) framework? (Please highlight your answer, and if “Yes”, please provide a brief description.)
   1. Yes
   2. No
7. Has your school identified an available office or classroom space for a behavior health provider to meet with students? (The space can be near school counselors and/or office administration; it should not be in secluded area of the building.) (Please highlight your answer.)
   1. Yes
   2. No
8. Describe community partnerships between your school and external organizations.
9. What behavioral health providers in your community does your school currently refer students/families to?
10. What type of support do you think would be most helpful to your school in developing the Healthy Minds Partnership? (Please highlight your top three priorities.)
    1. Project management
    2. Peer support
    3. Subject matter expertise
    4. Interviewing behavioral health providers
    5. Communicating internally with school team
    6. Building a common language around youth behavioral health
    7. Creating a referral process with school counselors
    8. Other (please specify):
11. Traditionally there is a school champion who acts as the primary point of contact for the duration of the Healthy Minds Partnership Technical Assistance Award. If you have a Healthy Minds Partnership program champion identified, please provide their contact information below.

Name:

Position/Title:

Email:

Phone number:

1. All technical assistance award application finalists must be willing to participate in a one-hour, videoconference interview with Blue Cross of Idaho Foundation for Health staff. Will you be able to accommodate for a one-hour videoconference interview the weeks of **November 29 – December 17, 2021**? School district superintendent or assistant superintendent, school principal, school counselor, and other individuals should be available during this time. (Please highlight your answer.)
   1. Yes
   2. No
2. Can leadership, staff, and the identified champion commit to spending **around 5 hours per month from February-June 2021** to establish a school-located behavioral health partnership and complete the Healthy Minds Partnership Technical Assistance Award? (Please highlight your answer.)
   1. Yes
   2. No