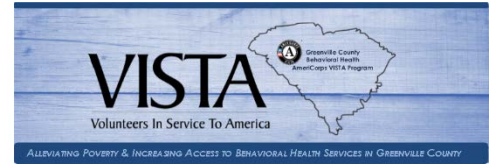


2020-2021 SITE APPLICATION

GREENVILLE COUNTY BEHAVIORAL HEALTH (GCBH)
AMERICORPS VISTA PROGRAM



APPLICATION DIRECTIONS

Thank you for applying to be a 2020-2021 site for one or more Greenville County Behavioral Health (GCBH) AmeriCorps VISTA Member(s). To be considered as a GCBH VISTA placement site and/or to be placed on the waiting list for the 2020-2021 service year, the applicant non-profit or government agency **MUST**

- Have a staff representative attend one of the information sessions held on Monday, March 16, 2020 at 9:45 AM & 12:30 PM at the Hughes Main Library (25 Heritage Green Pl., Greenville, SC 29601) AND
- Submit a **complete application to the program sponsor, Mental Health America of Greenville County, no later than 12 p.m. (noon) on Monday, March 23, 2020.** Applications must be emailed to mhagc@mhagc.org. The sponsor will confirm receipt with an email.

**Organizations are asked to submit one application even if multiple VISTAs will be placed in multiple buildings.*

BASIC SITE INFORMATION

Organization Information

Agency Organization Name _____

Executive Director (ED): Name _____ Phone _____ Email _____

Organization Website Address _____ EIN _____

Organization Mailing Address (Please include full zip code) _____

Physical Address (if different than mailing address) _____

Projected VISTA Supervisor Information

Name of Projected VISTA Supervisor(s) _____

Title(s) of Projected Supervisor(s) _____

Is this a full-time employee of the agency? Y___ N___

Phone of Projected Supervisor(s) _____ Email of Projected Supervisor(s) _____

How many total 2020-2021 GCBH AmeriCorps VISTA positions is your agency seeking? 1___ 2___ 3___ 4___

Has your organization hosted an AmeriCorps VISTA position (from any program) before? Y___ N___

Has at least one site employee ever served as an AmeriCorps Member or Site Supervisor? Y___ N___

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POSITION DESCRIPTIONS For each GCBH VISTA position your agency is pursuing for the 2020-2021 Program Year, please specify the requested information. Please note that your response for "Goal" on this application would inform the "Goal of the Project" on the VISTA Assignment Description (VAD). Similarly, the "Objectives" on the application would be the basis of the VAD "Objective of Assignment" sections. Please refer to the MHAGC.org website for samples of 2019-2020 VADs.

Title of Position #1: _____

Focus Need: Mental Health___ Opioid___

Overall Goal of the Project (35 word maximum):

Three Key Objectives to be Achieved (150 total word maximum for all three objectives combined):

a)

b)

c)

If Applicable **Title of Position #2:** _____

Focus Need: Mental Health___ Opioid___

Overall Goal of the Project (35 word maximum):

Three Key Objectives to be Achieved (150 total word maximum for all three objectives combined):

a)

b)

c)

:

If Applicable **Title of Position #3:** _____ **Focus Need:** Mental Health___ Opioid___

Overall Goal of the Project (35 word maximum):

Three Key Objectives to be Achieved (150 total word maximum for all three objectives combined):

a)

b)

c)

If Applicable **Title of Position #4:** _____ **Focus Need:** Mental Health___ Opioid___

Overall Goal of the Project (35 word maximum):

Three Key Objectives to be Achieved (150 total word maximum for all three objectives combined):

a)

b)

c)

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CONNECTING VISTA WORK TO PROGRAM FOCUS

1. ALLEVIATING POVERTY: **Describe the specific poverty-related need that your site's proposed VISTA position(s) will address. Provide any relevant data that demonstrates how the work would benefit at least one low-income population in Greenville County.** *(100 word maximum)*

2. INCREASING ACCESS TO BEHAVIORAL HEALTH CARE IN COMMUNITY:

A) Describe the specific behavioral health need that your site's proposed VISTA position(s) will address. Provide any relevant data that demonstrates how the work would positively benefit mental health and/or substance use-related services. *(100 word maximum)*

B) If your agency is selected for the July 2020 VISTA Cohort or for the 2020-2021 waiting list, to what degree is your site able to participate in the ECHO Rx Coalition and the Greenville County Behavioral Health (GCBH) Coalition? *(Please check all that apply.)*

Each VISTA at my site will attend monthly ECHO Rx Coalition meetings. *(Required for opioid-focused positions)*

Each VISTA at my site will attend monthly Greenville County Behavioral Health (GCBH) Coalition sub-committee meetings and quarterly Coalition meetings. *(Required for all GCBH VISTA positions)*

At least two staff members from my agency will attend GCBH Coalition sub-committee meetings, and one agency representative will attend the quarterly Coalition meetings. *(Required for all GCBH VISTA positions)*

As of July 2020, my agency will meet all other requirements for membership of the Greenville County Behavioral Health Coalition. *(Required for all GCBH VISTA sites)*

3. BUILDING ORGANIZATIONAL CAPACITY: **How will the VISTA positions at your site improve internal systems and increase your organization's ability to achieve its mission?** *(50 word maximum)*

4. ALLOWING FOR SUSTAINABILITY OF WORK: **What is the organization's plan for ensuring that there is long-term impact of the work conducted by your agency's VISTA(s)?** *(50 word maximum)*

SUPPORTING VISTAS

5. CULTURAL COMPETENCE SUPPORT FOR YOUR VISTA: **GCBH VISTAs come from all over the country and may represent diverse:**

- **Thoughts, communication styles, customs, beliefs, and values;**
- **Race, color, and national origin;**
- **Disability (physical or mental);**
- **Age;**
- **Religion;**
- **Political affiliation;**
- **Gender identity and expression; and**
- **Sexual orientation.**

What steps has your agency taken to build the cultural competence of your staff? Please cite specific trainings or practices. (100 word maximum)

6. **Will your site provide ALL of the following REQUIRED supports for each VISTA position?** Y___ N___

- A work space with a computer station and access to a telephone;
- Mileage reimbursement for service-related activity (at a per-mile rate consistent with the federal reimbursement rate);
- Supplies necessary for the VISTA's service;
- \$4,000-per VISTA cost-share made payable to the program sponsor in two \$2,000 installments in June/July 2020 and in January 2021;
- A housing stipend totaling \$600 for the service year to be paid to the landlord by the site/organization (\$150 on a quarterly basis);
- A non-refundable uniform cost of \$250 for each VISTA at your site;
- Initial on-site and ongoing training required to fulfill their work assignment;
- A weekly workload at your agency (or in the community for which the VISTA represents your site) of approximately 36-37 hours (*Please note– the 36-37 hours should not include lunch breaks*);
- Allowing VISTA to complete a shift/independent project at MHAGC offices for an additional 3-4 hours each week;
- Allowing VISTA to complete three weeks of On-Site Orientation Training at the start of the service year;
- Allowing VISTA to attend monthly GCBH VISTA meetings/trainings of a max. of 8 hours/month; and
- An on-site full-time employee to serve as a supervisor to provide day-to-day support.

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7. **Please indicate which of following (if any) OPTIONAL supports your agency would provide to VISTA(s) placed at your site.** *Please mark any that apply and leave blank if none apply.*

A housing stipend above the \$150/quarter rate. *Please specify amount of support* _____

Paying for the VISTA to participate in a professional development course or opportunity to include membership in a PULSE Young Professionals cohort, Toastmaster, etc.

Please specify type/value of membership _____

Free or Reduced Rates for Gym Membership *Please specify type and value of support* _____

Meals or Dining Plan *Please specify type/value of support* _____

8. **If my agency is selected for the July cohort OR the wait list, someone from my agency will attend the mandatory half-day site training the week of 7/13/20 (with the day/time TBD).** Y__ N__

9. **If my agency is selected for the July cohort OR the wait list, my agency will meet all member expectations for the Greenville County Behavioral Health Coalition as of July 2020.** Y__ N__

OPTIONAL: SUPPORTING THE PROGRAM

10. **My agency will arrange/pay for the following option(s) for ALL GCBH VISTAs in the program in the 2020-2021 year:** *Please leave blank if none of the following apply.*

Free or Reduced Rates for Gym Membership *Please specify type/value* _____

Meals or Dining Plan *Please specify type/value* _____

A cultural awareness training for site supervisors and/or VISTAs *Please specify type/value* _____

A meeting space for monthly meetings or on-site orientation and training for the VISTA cohort.

Please specify type/value _____

Professional development course or opportunity to include membership in a PULSE Young Professionals cohort, Toastmaster, etc. *Please specify type/value* _____

Providing a gift/item valued at \$300 or more. *Please specify type/value* _____