



PROGRAM INFORMATION

Eligibility:

- This project is for Idaho public middle/junior and senior high schools.
- Individuals interested in becoming trained in, and utilizing the A-CRA model must have:
 - ✓ at least a bachelor's degree,
 - ✓ at least two years of experience providing behavioral health services to those with substance use disorders diagnoses, or with co-occurring substance use and mental health diagnoses.
- There are no licensing requirements for participants.
- Individuals interested where education and experience does not meet the requirements will be evaluated on a case-by-case basis. Contact BPA Health (contact information below) with questions or concerns regarding these requirements.

Participating schools will be required to:

- Commit to complete:
 - ✓ basic certification within six months of training,
 - ✓ and full certification within twelve months of training.
- Record (audio) A-CRA sessions with students and submit to Chestnut Health System as a part of A-CRA certification.
- Be able to engage 3 to 6 students between the ages of 14 to 24 to participate in the A-CRA model to complete A-CRA Certification.

Participating schools will receive:

- Incentives payable in 3 installments:
 1. Upon completion of training,
 2. Upon completion of basic certification,
 3. Upon completion of full certification.
- Access to Clinical Supervisor to complete A-CRA certification.
- Access to Chestnut Health System's EBTx program required for certification activities.

Completing the Form:

STEP 1: Thoroughly review and complete all fields on the application.

STEP 2: Check the box for verification and acknowledgment of Administrator support.

STEP 3: Click the **SUBMIT BUTTON** at the **TOP OF THIS PAGE** (will send as an attachment to BPA Health – verify that it has been sent by checking the **SENT** or **OUTGOING** folders in your email).

STEP 4: Sent Applications will receive a **REPLY EMAIL** from BPA Health as confirmation the form was received.

NOTE: DO NOT FAX the Application it must be submitted electronically.

*Questions or concerns should be directed to -
Lynette Hall at BPA Health, 208-947-1318 or at lynette.hall@bpahealth.com*



PROGRAM APPLICATION

School Name	District Name and Number (if applicable)	Size of Student Body	# of School Staff interested in A-CRA Certification
School Address		City	State / Zip
Administrator Name	Contact Number	Email	
Application Contact Name	Contact Number	Email	

Please *respond in detail* to the following questions / statements – Because this sheet is sent electronically, if the response exceeds the space allowed, all information will be retrievable once the form has been submitted.

1. Please describe the population of your student body and why you are interested in the A-CRA program for your population.

2. About how many students between the ages of 14 - 24 in your student body would benefit from the A-CRA approach?

3. How will your school address student concerns about having sessions recorded as a part of the certification process?

4. Please describe your school's ability to provide support to staff seeking A-CRA certification.

5. Please provide any other information about why your school, staff, and student body would benefit from A-CRA services.

Date:

Signature of Administrator:

By completing the **Date and Signature** fields submitter acknowledges the full awareness and commitment of the school Administrator.