

**This worksheet is only a guide to help prepare your responses. Applicants must apply through the link on the website.**

## Cenla Mental Health Workforce Accelerator Program Placement Site Application

The Cenla Mental Health Workforce Accelerator Program aims to increase the number of qualified licensed Clinical Social Workers and Licensed Professional Counselors in the nine (9) parishes of Central Louisiana: Natchitoches, Winn, Grant, Catahoula, LaSalle, Rapides, Avoyelles, Vernon, and Allen. This application is to apply as a placement site for the program, starting Spring 2026.

<sup>^</sup> Required

\* This form will record your name, please fill your name.

### Placement Site Information

1. **Organization Name** \*

2. **Full name of person completing the application** \*

  
**EXAMPLE**

3. **Title of person completing the application** \*

4. **Email of person completing the application** \*

5. **Phone number of person completing the application** \*

6. **If the person completing the application is not the organization's point of contact, please provide the name and contact information below.**

**7. Organization Address****8. City****9. State****10. ZIP/Postal Code****11. Parish \*** Allen Avoyelles Catahoula Grant LaSalle Natchitoches Rapides Vernon Winn

# EXAMPLE

**12. Organization Type (Please select all that apply) \***

- Correctional Facility
- Government agency (Please specify under Other)
- Federally Qualified Health Center (FQHC)
- Health Care System Non-profit
- Health Care System For Profit
- Hospital-Non-System (Please specify under Other)
- Independent Practice/Private Practice
- Indian Health Service, Tribal Health, and Urban Indian Health Organizations
- Rural Health Clinic
- School Based Health Center (SBHC)
- Schools and Academic Institutions (not SBHC)
- Treatment Centers-Inpatient/Residential
- Other

# EXAMPLE

**13. Organizational leadership support will be critical for program success. By checking the box, I certify that organizational leadership is aware and supportive of participating in this program. (Please check box to indicate certification) \***

- I certify leadership is aware and supportive.

**14. What types of services does your organization offer? (Please select all that apply) \***

- Substance use – outpatient
- Substance use - residential treatment
- Substance use - Medication-Assisted Treatment (MAT)
- Mental health, adult – outpatient
- Mental health, children & youth – outpatient
- Mental health, adult - inpatient or partial hospitalization
- Mental health, children & youth - inpatient or partial hospitalization
- Supportive employment
- Housing
- Community outreach/mobile unit
- Home-based services
- School-based services
- Crisis stabilization
- Primary care
- Other

# EXAMPLE

15. **What types of populations does your organization specialize in serving? (Please select all that apply)**

- Children/Adolescents
- Transitional Age Youth/Young Adults
- Older Adults (65+)
- People of Color/Racial and/or Ethnic Minorities
- Veterans
- Medicaid recipients
- Medicare recipients
- Indigenous Populations
- LGBTQIA+
- Immigrants/Refugees
- Intellectual/Developmental Disabilities
- Unhoused or Unsheltered
- Other

# EXAMPLE

16. **Please share additional details about the populations served that you listed in the question above (e.g. treatment options and demographic information if available).**

17. **How many years has your organization been in business? (Please specify in years) \***

18. **What type of insurance does your organization accept? Priority is given to organizations that work with the uninsured, under insured, and Medicaid. (Please check all that apply) \***

- Uninsured
- Under insured
- Medicaid
- Medicare
- Private insurance
- Other

19. **Geographic areas your organization serves (Please check all that apply) \***

- Allen
- Avoyelles
- Catahoula
- Grant
- LaSalle
- Natchitoches
- Rapides
- Vernon
- Winn

# EXAMPLE

20. **Is your organization in an urban or rural service area? An urban area is designated as having a population of at least 5,000. \***

- Rural
- Urban

**21. What is the no-show rate for mental health counseling in your organization during the prior year?**

For example:

Total scheduled appointments: 400

Number of no-shows: 100

Calculation:  $(100 \div 400) \times 100 = 25\%$  no show rate \*

- 0-10%
- 11-20%
- 21-30%
- 31% and over

**22. Do you have a LMSW or PLPC currently employed who is working towards licensure? \***

- Yes
- No

**23. Do you have the capacity to meet the LPC requirements for indirect and direct client contact hours as defined in Appendix A? \***

- Yes
- No

# EXAMPLE

## Candidate Support

24. Does your organization provide health insurance options for all full-time employees?  
Please note this is a necessary component for eligibility in this program. (Please select yes or no) \*

- Yes
- No

25. Which of these benefits or incentives for employees does your organization provide?  
(Please select all that apply)

- Board Approved Clinical Supervision by LCSW-BACS or LPC-S
- Mileage reimbursement
- 401K match
- Student loan forgiveness
- Student loan repayment
- Employee assistance program
- Tuition reimbursement
- Hiring bonus
- Retention incentive
- Professional development stipend or reimbursement
- Specialized training, Continuing Education (CE) credits
- Housing benefits/subsidies
- Other

# EXAMPLE

26. **This program aims to increase the number of licensed clinicians from rural and underserved populations. Please select all the programming that your organization offers that supports employees from rural and underserved populations.**

- Culturally Competent Education/Consultation
- Dual Career Paths
- Employee Assistance Program
- Employee Resource Groups (ERGs)
- Incentive Pay for Bilingual Employees
- Leadership Program
- Loan Forgiveness
- Loan Repayment
- Mentorship
- Professional Development/Training Support/Incentives
- Other

# EXAMPLE

## Capacity for Launch

27. **Please select the start dates by which you anticipate having one (1) or more positions that meet program requirements. (Please select all that apply) \***

- Spring 2026
- Summer 2026
- Summer 2027

28. **Will the Cenla Mental Health Workforce Accelerator Program salary support allow your organization to create a new position? \***

- Yes, it would allow our organization to create a new position.
- No, this funding would be used to backfill an existing position.

# EXAMPLE

## Placement Site Position Details

29. Please fill out the following information for the highest priority position you want to fill and include the position title. \*

30. Is this position full-time? Please note that positions available must be full-time for eligibility in this program (Please select yes or no) \*

Yes  
 No

31. Please confirm that this is a clinical position in order to be eligible for this program. (Please select yes or no) \*

Yes  
 No

# EXAMPLE

32. This role can be fulfilled by (Please select all that apply) \*

Provisionally Licensed Professional Counselor working towards LPC  
 Social Worker - LMSW working towards LCSW

33. Please indicate the expected annual salary for this role, not including benefits. Please share the figure you would offer without any potential salary support from the Cenla Mental Health Workforce Accelerator Program. (Please note that the salary offered must meet the program minimum of \$40,000 per year.) \*

## Supervision and Capacity to Launch

34. Please indicate your organization's capacity to provide clinical supervision by the following (Please check all that apply) \*

- Board Approved Clinical Supervisor (LCSW-BACS)
- Licensed Professional Counselor Supervisor (LPC-S)
- Not staffed to provide LCSW-BACS or LPS-S clinical supervision.

35. By entering my name below, I certify that the information is true and correct to the best of my knowledge. \*

36. Date

EXAMPLE

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