



# Star Rating System (SRS) Application for Limited Technical Assistance

**For agencies that receive financial support from the Community Mental Health Fund.**

The limited technical assistance (LTA) is a short-term process focused on the SRS.

The technical assistance will be provided by Culture Journey LLC. Organizations that receive support from the community mental health fund, who seek more in-depth assistance, or want to work with another consultant may apply for [Innovation Funding](#).

There is no financial cost to participate, but agency staff are responsible for carrying out the project's work within a reasonable scope and time frame. Six hours of direct consultant time can be provided at key points in the process. LTA concludes with a report and recommendations.

## Limited Technical Assistance Phases

1. Initial orientation and commitment to engage
2. Review of SRS Self-Assessment of current organization or program
3. Dialogue on identified gaps and priority setting
4. Action planning
5. Final report & Recommendations

## Organization Information

1. Organization Applying:	
2. Contact Name & Title:	
3. Direct Phone Number:	
4. Email:	
5. Website:	

## Organization Preparation

	YES	NO
6. Does your organization have an active advisory group that works in the areas of diversity, equity, inclusion, cultural and linguistic competence, and access?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can staff who will be working with our consultant commit time to the LTA Project?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have the staff working on the project watched the SRS video on our website?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your organization completed at least two Essential Areas of the SRS before applying?	<input type="checkbox"/>	<input type="checkbox"/>

## Agency Staff that will be responsible for the LTA project

10. Name:	
11. Title:	
12. email:	
13. Direct Phone:	
14. Duties at the organization: (Please list all duties)	

## Equity Advisory Structure

Describe your advisory structure for diversity, equity, inclusion, cultural and linguistic competence, and accessibility.		
15. Are committee members able to commit time to engage in the LTA project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. List members of the organization's responsible committee (name, title, role on committee)		
Committee Name: _____.		
Chair: _____.		
Co-Chair: _____.		
Members:		
1. _____	2. _____	
3. _____	4. _____	
5. _____	6. _____	
7. _____	8. _____	
9. _____	10. _____	

## Utilizing Limited Technical Assistance (LTA)

17. What is your organization's goal for LTA?

18. Please list any potential barriers to implementation/completion:

19. How does your organization plan to resolve these barriers to ensure successful participation?

20. How will the organization adopt changes and or improvements following completion of LTA?

21. Describe the desired impact on mental health programs and services:

Thank you for taking the time to apply for Limited Technical Assistance!  
We will review your application and let you know if your organization was approved and the next steps. We will review your application in a first come first serve basis.

**When you have completed this application please send to:**  
[administration@jacksoncountycare.org](mailto:administration@jacksoncountycare.org)



*Supporting equitable and quality mental health care in Jackson County.*