



## Behavioral Health Workforce Initiative SFY 2018/2019 Biennial Budget Funding Guidance and Application

**Request issued by OhioMHAS:** Thursday, July 27, 2017  
**Application due to OhioMHAS:** OhioMHAS will be accepting applications through 5:00 p.m. Friday, September 1, 2017; however, funding will be awarded on a first come first serve basis.

### Statement of Need:

Ohio is experiencing a shortage of new entry level behavioral health professionals as well as an inability to retain and support, on a long term basis, our existing behavioral health professionals at community behavioral health agencies. OhioMHAS has funding in the SFY 2018/2019 biennial budget to assist OhioMHAS certified community behavioral health providers with hiring/developing new entry level behavioral health professionals and to incentivize existing behavioral health professionals in attaining a higher level of professional recognition (credential). **OhioMHAS will be prioritizing funding to community behavioral health providers who indicate they will implement or expand workforce capacity associated with serving the deaf and hard of hearing populations.**

### Funding Opportunity:

It is projected that up to \$6,000,000 in funding will be available across the biennia. OhioMHAS will be accepting applications through 5:00 p.m. Friday, September 1, 2017; however, funding will be awarded on a first come first serve basis and as is available under the biennial budget by state fiscal year availability.

### Eligible Applicants:

The initiative will provide one-time funding of up to \$100,000 to each awarded community behavioral health provider that is regulated (certified/licensed) by OhioMHAS and to support provider administered workforce development programs. The award will be made for SFY18 or SFY19 to providers that accomplish the following (in no particular order):

- 1) Assist with defraying loss of direct service revenue when staff at the agency are involved with providing training supervision related to professional licensure/credentialing.
- 2) Provide funding for an agency to use for a student loan repayment program.
- 3) Provide funding for an agency to use for a tuition payment and/or reimbursement program.

### Scope of Work:

It is expected that the funding will be used to create new or to enhance existing professional development programs that a provider already has in place.

The following table represents the behavioral health professionals (by credential hierarchy within each profession) that are the professionals the funding can be used to support, including individuals who are pursuing an educational track for the assistant/trainee credential(s):

<b>Qualifying Behavioral Health Professional Credentials</b>			
<b>Chemical Dependency</b>	<b>Social Work</b>	<b>Marriage and Family Therapists</b>	<b>Professional Counselors</b>
CS Endorsement	Supervisory Designation	Supervisory Designation	LPCC-S
LICDC	LISW	LIMFT	LPCC
LCDC II/III	LSW	LMFT	LPC
CDCA	SWA/SWT	MFTT	CT

### **Questions and Technical Assistance**

All questions must be submitted electronically to [BHWI@mha.ohio.gov](mailto:BHWI@mha.ohio.gov) with "Behavioral Health Workforce Initiative Question" in the subject line. Please do not contact any OhioMHAS staff member directly with questions regarding this funding opportunity.

### **Operating Principles**

- 1) Funding will be provided based upon the order that requests are received with additional priority given to community behavioral health providers indicating they are implementing or expanding workforce capacity associated with serving the deaf and hard of hearing populations.
- 2) A community behavioral health provider, independent of number of sites/programs and/or business lines (MH and/or SUD) is eligible to submit a single request for up to \$100,000 and the request should be based upon current and projected agency staffing over the biennia.
- 3) Community behavioral health providers will be able to directly access funding using the OhioMHAS Grants and Funding Management System (GFMS).
- 4) Community behavioral health providers will be able to access the full amount of the award upon award announcement and are expected to begin supporting their workforce immediately. All awards must be fully expended by June 30, 2019.
- 5) Community behavioral health providers will need to report to OhioMHAS on a six-month interval on how the funds have been utilized and who the employee(s) are that are benefiting, including their identified professional attainment (please reference the Qualifying Behavioral Health Professional Credentials table above) and whether or not they are involved with implementing or expanding their ability to serve the deaf and hard of hearing populations. OhioMHAS has developed an excel reporting template that providers will use for reporting purposes. The excel reporting template and reporting expectation will be communicated upon awarding of funding.
- 6) OhioMHAS does not plan to reconcile the funding but does expect community behavioral health providers to fully invest their award into their workforce.

### **How to Request Funding**

Complete the "Request for Funding Form" by doing the following:

- 1) Identify the individual who will be the contact for the agency as they will need to submit the "Request for Funding Form" and will be the contact point for OhioMHAS on this project.
- 2) Enter the name of the agency on the "Name of Agency" line.
- 3) Enter the federal tax identification number of the agency on the "FTID of Agency" line.
- 4) Enter the amount of funding being requested, not to exceed \$100,000 on the "Amount of Funding Requested (not to exceed \$100,000)" line.
- 5) In the "Deaf and Hard of Hearing Population" table in the "Plan to Implement" cell, please indicate if the community behavioral health agency will be supporting this population by circling Yes or No.
- 6) Circle Yes or No for each of the initiative options. Circle Yes if the Agency plans to implement the option or No if the Agency doesn't plan to implement the option. Yes or No must be circled for each of the options.
- 7) In the "Qualifying Behavioral Health Professional Credentials" table, indicate the "Estimated Number of Staff Who Will Benefit" for each of the applicable levels of credentials.

- 8) Sign and date the "Request For Funding Form" and the 2018 OhioMHAS Agreement and Assurances document. **PLEASE USE BLUE INK.**
- 9) Scan the "Request For Funding Form" and the 2018 OhioMHAS Agreement and Assurances document so they can be submitted to OhioMHAS as e-mail attachments. Please use the .PDF format.
- 10) E-mail signed and dated "Request For Funding Form" and signed and dated 2018 OhioMHAS Agreement and Assurances document to: [BHWI@mha.ohio.gov](mailto:BHWI@mha.ohio.gov). Please put "BHWI Request For Funding" in the subject line.
- 11) You will receive a reply indicating your e-mail has been received.



## Behavioral Health Workforce Initiative SFY 2018/2019 Biennial Budget Request for Funding Form

Name of Agency: \_\_\_\_\_

FTID of Agency: \_\_\_\_\_

Amount of Funding Requested (not to exceed \$100,000): \_\_\_\_\_

<b>Deaf and Hard Of Hearing Population</b>	<b>Plan to Implement (please circle)</b>
Community behavioral health provider will implement or expand workforce capacity associated with serving the deaf and hard of hearing populations.	Yes
	No
<b>Initiative Options</b>	<b>Plan to Implement (please circle)</b>
Assist with defraying loss of direct service revenue when staff are involved with providing training supervision related to professional licensure/credentialing.	Yes
	No
Provide funding for employees/contractors to use for student loan repayment.	Yes
	No
Provide funding for employees/contractors to use for tuition payment and/or reimbursement.	Yes
	No

<b>Qualifying Behavioral Health Professional Fields</b>				
<b>Chemical Dependency</b>	<b>Social Work</b>	<b>Marriage and Family Therapist</b>	<b>Professional Counselor</b>	<b>Estimated Number of Staff who will Benefit</b>
<b>Qualifying Behavioral Health Professional Credentials</b>				
CS Endorsement	Supervisory Designation	Supervisory Designation	LPCC-S	
LICDC	LISW	LIMFT	LPCC	
LCDC II/III	LSW	LMFT	LPC	
CDCA	SWA/SWT	MFTT	CT	

By signing below, I agree that the agency will use the Behavioral Health Workforce Initiative funding for its intended purpose; to support professional development of individuals employed by or contracted with this agency. Any additional expectations of the professionals are solely determined between this agency and the professional.

\_\_\_\_\_  
Print Name of Agency Executive Director

\_\_\_\_\_  
Signature of Agency Executive Director

\_\_\_\_\_  
Date Signed

**PLEASE USE BLUE INK FOR SIGNATURE AND DATE**