



Behavioral Health Workforce Initiative SFY 2020 Funding Guidance and Application

Request issued by OhioMHAS: February 20, 2020
Application due to OhioMHAS: OhioMHAS will be accepting applications through 5:00 p.m. on March 19, 2020.
Due to anticipated substantial response to this request, applications will be subject to and awarded by randomized selection.

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 OhioMHAS certified/licensed community behavioral health centers (CBHCs). OhioMHAS has funding in the SFY 2020-2021 biennial budget to assist OhioMHAS certified/licensed CBHCs with hiring/developing new behavioral health professionals and to incentivize existing behavioral health professionals in attaining a higher level of professional recognition (credential).

Funding Opportunity:

Up to \$3,000,000 in funding is available across the biennium but will be awarded in SFY 2020. OhioMHAS will be accepting applications through 5:00 p.m. March 19, 2020. All applications submitted will be dated, timestamped and assigned an application number. OhioMHAS will select CBHCs for funding using a randomized selection process.

Eligible Applicants:

Please note: CBHCs that were recipients of a portion of the \$6 million funds for the behavioral health workforce initiative during the SFY 2018-2019 biennium are not eligible for the SFY 2020 funding cohort.

IMPORTANT: Registering with Ohio Shared Services

In order to receive this workforce allocation, your CBHC must be registered to conduct business with the state of Ohio in the Ohio Shared Services/OAKS payment system. To learn more on how to register, please visit <https://supplier.ohio.gov/>. Should you have questions about Ohio Shared Services or the registration process, you may contact via e-mail at ohiosharedservices@ohio.gov or call 1-877-644-6771.

IMPORTANT: Registering with OhioMHAS GFMS

In order to receive this workforce allocation, your CBHC must have an iPortal account in order to access the OhioMHAS GFMS application portal. If your CBHC does not already have an account, please go here: <https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html> and create one.

Scope of Work:

CBHCs must use the funding to create new or to attract new, retain existing, or advance the credentials of its direct service workforce.

The behavioral health workforce initiative (BHWI) will provide one-time funding of up to \$100,000 to each randomly-selected CBHC that is regulated (certified/licensed) by OhioMHAS. The funds

are to support CBHC-administered workforce development programs and must be used to accomplish the following (in no particular order):

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

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):

Qualifying Behavioral Health Professional Credentials			
Chemical Dependency	Social Work	Marriage and Family Therapists	Professional Counselors
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 with “Behavioral Health Workforce Initiative Question” in the subject line by 5 p.m. on Friday, March 13, 2020. Please do not contact any OhioMHAS staff member directly with questions regarding this funding opportunity.

Operating Principles

- 1) Funding will be provided based upon a randomized selection process.
- 2) A CBHC at the federal tax identification (FTID) number level, 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 CBHC staffing over the biennium.
- 3) CBHCs will be able to directly access funding using the OhioMHAS Grants and Funding Management System (GFMS).
- 4) CBHCs 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, 2021.
- 5) CBHCs 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). 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 funds.
- 6) OhioMHAS expects CBHCs to fully invest their award into their workforce.
- 7) Individuals benefiting from loan repayment and/or tuition payment/reimbursement must commit to working for the funded CBHC for a minimum of two (2) years and may not receive a total benefit through these funds of more than \$20,000.

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 CBHC 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 CBHC on the "Name of CBHC" line.
- 3) Enter the federal tax identification number of the CBHC on the "FTID of CBHC" 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) Circle "Yes" or "No" for each of the initiative options. Circle "Yes" if the CBHC plans to implement the option or "No" if the CBHC does not plan to implement the option. "Yes" or "No" must be circled for each of the options.
- 6) 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.
- 7) Sign and date the "Request for Funding Form" and the 2020 OhioMHAS Agreement and Assurances document. **PLEASE USE BLUE INK.**
- 8) Obtain a copy of the 2020 OhioMHAS Agreement and Assurances document from the OhioMHAS website here: https://mha.ohio.gov/Portals/0/assets/AboutUs/GrantsFunding/Allocations/2020/FY2020_OhioMHAS_AGREEMENTS_AND_ASSURANCES_1.pdf?ver=2019-04-24-070929-947.
- 9) Complete and sign and date the 2020 OhioMHAS Agreement and Assurances document. **PLEASE USE BLUE INK.**
- 10) Scan the "Request for Funding Form" and the 2020 OhioMHAS Agreement and Assurances document so they can be submitted to OhioMHAS as e-mail attachments. Please use the .PDF format.
- 11) E-mail signed and dated "Request for Funding Form" and the completed and signed and dated 2020 OhioMHAS Agreement and Assurances document to: BHWI@mha.ohio.gov. Please put "BHWI Request for Funding" in the subject line.
- 12) You will receive a reply indicating your e-mail has been received. This will serve as your verification of dating and timestamping of the application. Application numbers will be reflective of the order in which a given application was received.



Behavioral Health Workforce Initiative SFY 2020-2021 Biennial Budget Request for Funding Form

Name of CBHC: _____

FTID of CBHC: _____

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

Initiative Options	Plan to Implement (please circle)
Assist with defraying loss of direct service revenue when staff are involved with providing training and/or 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

Qualifying Behavioral Health Professional Fields				
Chemical Dependency	Social Work	Marriage and Family Therapist	Professional Counselor	Estimated Number of Staff who will Benefit
Qualifying Behavioral Health Professional Credentials				
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 CBHC will use the Behavioral Health Workforce Initiative funding for its intended purpose; to support professional development of individuals employed by or contracted with this CBHC. Any additional expectations of the professionals beyond those stated in "operating principles" number 7 above are solely determined between this CBHC and the professional.

Print Name of CBHC Executive Director

Signature of CBHC Executive Director

Date Signed

PLEASE USE BLUE INK FOR SIGNATURE AND DATE