Great Minds Guidebook for Community Behavioral Health Centers

User Manual

Version 1.0

8/3/2023

Table of Contents

1.   Introduction and Overview

The health and success of Ohio's families and communities depends on a robust and accessible behavioral health workforce. The focus of this funding opportunity is to create and support effective strategies to recruit and retain behavioral health professionals. This will be achieved by filling the unmet need for behavioral health professionals in home and community-based settings. This effort will help provide an immediate infusion of talent to stabilize our workforce while growing and sustaining for the future.

This handbook focuses on instructions for Community Behavioral Health Centers (CBHCs) to prepare and apply for funding for providing internship site support to Great Minds interns.

2.   Getting Started

Instructions: CBHCs who want to participate in funding should take the preparation steps below:

2.1   Obtaining Your Unique Entity Identification (UEI) Number

Confirm your organization has obtained a UEI number from SAM.gov. All new funding applications (grants and allocations) that use the OhioMHAS Grants and Funding Management System (GFMS) now require an applicant to provide their organization's UEI number when they submit their applications for approval.
Click sam.gov/content/home to learn more about the sign-up process for a UEI number.

2.2   Register with Ohio Shared Services

Register with Ohio Shared Services (if not already registered). Prior to applying for this funding opportunity, your OhioMHAS certified 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 ohiopays.ohio.gov. Should you have questions about Ohio Shared Services or the registration process, you may contact Ohio Shared Services via e-mail at ohiosharedservices@ohio.gov or call 1-877-644-6771. Registration with Ohio Shared Services is required to be eligible for these workforce funds.

2.3   Register with Grants and Funding Management System (GFMS)

Register with the OhioMHAS Grants and Funding Management System (GFMS) (if not already registered). To receive these workforce funds, your OhioMHAS certified CBHC must have an OH|ID account to access the OhioMHAS iPortal which will allow access to the GFMS application. If your OhioMHAS certified CBHC does not already have an OH|ID citizen account/login, please visit mha.ohio.gov/supporting-providers/apply-for-funding/how-to-apply and create one. Additional guides can be found at mha.ohio.gov/supporting-providers/apply-for-funding/how-to-apply/02-gfms-user-registration.

3.   Identifying Eligibility for Elevated Grant Dollars

In order to create a diverse workforce around the state, OhioMHAS has identified a way to incentivize programs that serve marginalized populations and address specific areas with workforce shortages. Communities with the greatest barriers to health and those serving communities with the most significant workforce shortages will be eligible for an enhanced payment rate.

CBHCs who want to identify if they are eligible for an elevated rate should take the following steps:

3.1   Identify if you are in an Ohio Health Improvement Zone

This will be determined using the Ohio Health Improvement Zone score(s) (0 – 100) of the community where the CBHC(s) will be hosting an intern. To find your CBHC's practice location(s) Ohio Health Improvement Zone score(s), use the Address Lookup function at: odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones.

Step 1: Look-up Instructions

Address Lookup Instructions

1. Type an address in the text box. Including all address parts will ensure better accuracy.

2. Click Submit. In a few moments, address results should appear below, and census tract number can be copied and pasted into the census tract filter to view SVI details.

3. Click Reset to clear text and start over.

Address Lookup

30 E Broad St, Columbus, OH 43110   ①

② ◊ Submit   ③ ↻ Reset

Result Fields:

Matched Address
This is the matching address found in the census database. if this is incorrect, try including more parts of the address like city, state, and zip code.

Census tract
This is the census tract of the 'Matched Address' field above. Copy this tract into the census tract filter using the instructions below to view SVI details.

County
This is the county name of the 'Matched Address' field above. Click the same county on the left to filter the view.

Census Tract Search:

Step 1: Copy the census tract provided in the result fields.
Step 2: In the top right-hand corner of the dashboard, click on the drop down arrow under the "Census Tract Name" and uncheck the "All" option at the top of the census tract list. That should uncheck all the census tracts.
Step 3: Paste the census tract copied from step 1 into the "Search (Enter)" text box and check the census tract on the result list. Then click on "Apply".

Error Descriptions:

Address cannot be blank. Please type an address and try again.
The address field needs a valid address to successfully find a tract or county value.

No Matches.
The address lookup wasn't able to find any matches for the input address. Please review the address for accuracy. The address lookup is most accurate when all address parts are present when submitting.

No response from census.gov server. Please try again.
The geocoding service provided by census bureau might be down. Try again later.

3.2 Identify if you are in a U.S. Health Resources and Services Administration (HRSA) Mental Health HPSA

Step 1: To find out if your CBHC's practice location is in a HRSA Health Professional Shortage Area (HPSA) for Mental Health practitioners visit:data.hrsa.gov/tools/shortage-area/by-address

Find Shortage Areas by Address

Enter an address to determine if it is in a shortage area: Geographic or Population HPSA or MUA/P and the details about that shortage area. Results can be viewed as text or on a map.

Search Shortage Areas by Address

Step 2: A "Yes/No" will indicate if you are in a Mental Health HPSA shortage area.

Search Criteria

Please provide a street address, city, and state **or** a street address and ZIP Code.

Street Address:
Address

City:
City

State/Territory:

ZIP Code:
ZIP Code

☑ Include geographic (FIPS) codes ❶

Search   Reset

Address
16 W Long, Columbus, OH

Standardized address
16 W Long St, Columbus, Ohio, 43215

[+] More about this address

In a Dental Health HPSA: ✗ No

In a Mental Health HPSA: ✔ Yes

HPSA Name: LI - Franklin County
ID: 7393908495
Designation Type: HPSA Population
Status: Designated
HPSA Score: 16
Designation Date: 06/28/2022
Last Update Date: 06/28/2022

4.   Applying for the Great Minds Internship Site Support Grant

CBHCs who want to apply should take the following next steps:

Beginning on August 7, 2023, the application opportunity will be open. Please find step-by-step information guides and tutorials on our website at mha.ohio.gov/supporting-providers/apply-for-funding/how-to-apply. There are detailed guides for first time users, as well as more experienced users.

4.1   Accessing Your Account

4.1.1   New Users

First-time users can access a step-by-step user guide at mha.ohio.gov/supporting-providers/apply-for-funding/how-to-apply/02-gfms-user-registration or follow the below instructions. Access the OhioMHAS iPortal by logging into OHID.ohio.gov

   A. Go to Create OH|ID Account
       •   Enter your name, date of birth and email.
       •   We will email you a one-time PIN to verify your email address.
       •   Create your User ID. This will be your OH|ID. We recommend using your organizations email address as your User ID.
       •   Create a password.
       •   Agree to the terms and conditions.
       •   Answer the verification question so we know that you are not a robot.

4.1.2   Returning Users

Enter your User ID and Password. Please refer to highlighted areas for help if you have forgotten your User ID or Password.

User ID

[   ]

FORGOT YOUR USER ID?

Password

[👁̸]

FORGOT PASSWORD?

[🔒 Log In]

Get login help

If you need additional assistance with logging in, creating your OH|ID, resetting your Password, or remembering your User Id; Directions and additional links for assistance can be acquired using this link: ohid.ohio.gov/wps/myportal/gov/ohid/help-center/help-logging-in/help-logging-in

4.2   GFMS Application Helpful Hints

A YouTube video on how to apply for a grant in GFMS can be found at:

mha.ohio.gov/supporting-providers/apply-for-funding/how-to-apply/05-how-to-apply-for-a-grant-in-GFMS

Please watch the entire video for step-by-step instructions on creating your GFMS application. See helpful hints below as you start working in GFMS on your application.

GFMS

APPLICATION   ∨

» Face Sheet

Organization Information

Federal Requirements

Project Narrative

Community Assessment

Service Capacity

Staff Description

Implementation Plan

Line Item Budget

Project Documentation

Assurances

Signature

Submit

Grant Approval

Face Sheet:

➤ **Who are you applying to for funding:** Ohio Department of Mental Health and Addiction Services (OhioMHAS)
➤ **State Fiscal Year:** 2024
➤ **Service Type:** Community Support
➤ **Project Area:** GM Internships
➤ **Program Title:** Great Minds Internship Site Support
➤ **Requested Amount:** Ensure you match the amount you applied for. This number should align with the total amount on your line-item budget. This amount should be what you anticipate requesting for the entire 2023-2024 school year.

Project Narrative:

Please use this project narrative in your application:

➤ Many Ohio behavioral health providers are experiencing problematic turnover rates with frontline staff. In an attempt to grow the behavioral health workforce, our program offers internship opportunities to students obtaining higher education degrees in order to enter this workforce. This funding opportunity will support several Great Minds Fellowship interns by providing training, support, and supervision. This opportunity will allow for up to ($2,500-$3,000, please select which applies to your agency) per intern to support these efforts.

Service Capacity:
➤ Please only select the population you plan to target with this grant. This should be answered in relation to the interns you plan to support.

Staff Description:
➤ Please only include staff working on the grant, you do not need to list all of the staff within the agency.
➤ The credentials you select for the staff will pull through on to your implementation plan form

Implementation Plan:
- ➤ **Define Project Model:**
  - ○ **Project Model Type:** Other
  - ○ **Project Model:** Great Minds Internship Site Support
  - ○ **Description:** This will pre-populate (Grantee will - provide a quality supervision experience for the student, including direct supervision, coordinating tasks and learning opportunities, reviewing documentation, and training. – assist with student onboarding- HR Activities – Support IT needs, such as equipment, and EHR Training).
  - ○ **Starting Date:** 8/7/2023
  - ○ **Ending Date:** 6/30/2024
- ➤ **Choose your NOMs:** Check "Build workforce knowledge, skills and abilities"
- ➤ **Choose your Objective:** Check "Increase capacity of behavioral health professional in the workforce through paid internships in the Great Minds Fellowship initiative".
- ➤ **Define Objectives:**
  - ○ **"In this grant fiscal year, of the_____ people served…":** Input the number of individuals you plan to serve (this is an educated guess based upon past work and should align as closely with actual numbers as possible).
  - ○ **"…by this intervention, _____ will achieve this objective.":** Input the target/predicted number of the people that will achieve the objective of your project.
  - ○ Select your level of change based upon your project objectives.
- ➤ **Define Strategy and Services:**
  - ○ **Number of Participants:** This should be the same number you put in under "define objectives."
  - ○ **Date Range:** Starting Date: 08/07/2023-6/30/2024
  - ○ **Job Title:** Check the box of the credential(s) providing services (note- you need to add staff in the "staff description" section for this to show up and to be able to click through this section).

Line-Item Budget:
- ➤ For this grant opportunity, on the line-item budget please direct your dollars to the **Contractual Line** as a **Personal Service Contract**. Do not designate dollar amounts into the different categories.
- ➤ The narrative entered initially should detail the total amount of funding that each grantee anticipates they will request for the year.
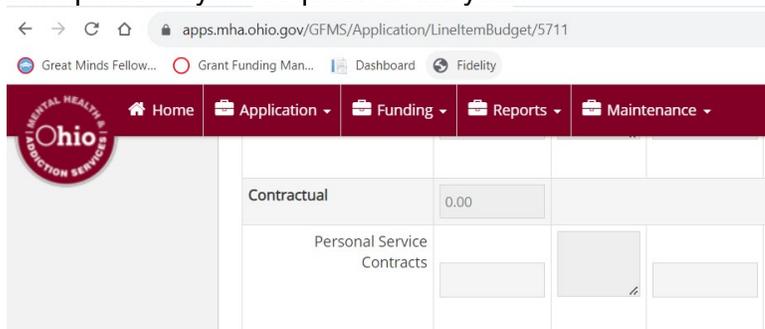
Project Documentation:
  ➢ Upload your insurance policy declaration page and your last annual audit in the locations requested and answer all corresponding questions.

Signature Page:
  ➢ Download a blank copy of the signature page and have your CEO and President of Board of Directors sign it.
      o A new copy of this document must be signed for every grant application in GFMS. Please do not use last year's signature page or a signature page from another grant application. Be sure to complete all information on the signature sheet including the grant number.

4.3   Applications in Subsequent Years

To receive funding for subsequent State Fiscal Years, either the grantee will need contact the program lead to Renew the GFMS Application ---or--- the program lead may automatically Renew all GFMS Applications at the beginning of each State Fiscal Year until all funding is exhausted.

Once the GFMS application has been renewed by the program lead, the grantee will receive a notice that they may apply for the new State Fiscal Year. The renewal application will contain some information that is carried forward from the original application. The renewal application will be assigned a new grant number.

5.   Award Notification

Once your application has been completed and submitted, an e-mail will be generated to notify the project lead and fiscal department for review. Once reviewed, you will receive one of the below e-mail notifications:

5.1   Notice of Subaward (NOSA)

If approved, the CBHC's primary program contact will be notified via email that your grant application has been approved.

Sample E-mail:

> We are pleased to inform you that the following grant application has been approved:
>
> **Grant Number:** xxxxxx
> **Fiscal Year:** 2024
> **Program Title:** Great Minds Internship Site Support
> **Service Type:** Community Support
> **Project Area:** GM Internships
> **Organization:** xxxxxxxxxx
> **Approved By:** Project Lead

If the grant application is rejected by the project lead or fiscal department, then you will need to act as outlined in the email that will be sent to the CBHC's primary program contact.

Sample E-mail:

> RE: Your Action Required: GFMS Grant Application Returned for Revisions
>
> We are returning the following grant application for further revision:
>
> **Grant Number:** xxxxxx
> **Fiscal Year:** 2024
> **Program Title:** Great Minds Internship Site Support
> **Service Type:** Community Support
> **Project Area:** GM Internships
> **Organization:** CBHC
>
> Your proposal may be eligible for funding. However, we require additional information and/or clarification in the following areas:
>
> (REASON AND ACTION TO BE TAKEN WILL BE OUTLINED IN BODY OF EMAIL)
>
> Please provide the requested information and resubmit your application for further review.

5.2   Funding Info

The funding information for this award is: State Funding – Fund 5HC8 – ALI 652698

6.   Reporting

Instructions: CBHCs will be required to complete the data collection tool for each intern before making disbursement requests each semester:

6.1   Data Collection Tool Dates

OhioMHAS approved data collection tool can be found in Appendix A.

The grantee will need to email the <u>workforce@mha.ohio.gov</u> email box requesting their GFMS application be returned so that they can upload the required report.

CBHCs are required to track and upload program information into GFMS using a OhioMHAS provided data collection tool. Your data, which will be completed for each student that participates, must be reported within 30 days from the end of each semester. Reporting due dates:

- January 31, 2024
- July 1, 2024
- September 30, 2024
- January 31, 2025

6.2 Uploading Your Data Report

Face Sheet

Organization
Information

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» Project Documentation

Assurances

Signature

Submit

Grant Approval

Under project documentation, upload the required data report (found in Appendix A). Once uploaded, re-submit your application. Your application will then be routed for OhioMHAS approvals to return to NOSA Awarded Status.

Please allow 2-5 business days for the approval process to be completed prior to submitting your disbursement request.

Uploaded Additional Attachments				
Action	Document Name	Description	Uploaded Date	Uploaded By

7.   Disbursement of Funds

Instructions: At the end of each semester, providers can request disbursement by completing the disbursement request steps outlined below. The GFMS application must be in NOSA Awarded Status prior to submitting a disbursement request. Disbursement requests must be made no later than 30 days following the completion of each semester of school. Further disbursement instructions and a video can be found at mha.ohio.gov/supporting-providers/apply-for-funding/how-to-apply/06-how-to-create-and-submit-a-disbursement-request.

In the Line-Item Budget table, enter the amounts to be disbursed in the <u>Requested Amount</u> column. Upload the Tracking Form for that appropriate term in the project documentation section.

Select the **Submit Disbursement Request** button.

8.   Trouble Shooting and Support

For any programmatic questions related to the Great Minds Fellowship initiative please reach out to: workforce@mha.ohio.gov

If at any time you are in need of GFMS technical support including, iPortal access and/or GFMS access, you can reach out to the OhioMHAS Helpdesk. Please include a detailed message referencing the error you are having along with any applicable screenshots to: mhahelpdesk@mha.ohio.gov

Appendix A: Reporting/Tracking Sheet

CBHCs are required to track and upload program information into GFMS using a OhioMHAS provided data collection tool. Data must be reported within 30 days from the end of each semester. Reporting due dates:

- January 31, 2024
- July 1, 2024
- September 30, 2024
- January 31, 2025

Reporting/Tracking Sheets are coming soon. Please check back here for updates: highered.ohio.gov/initiatives/workforce-development/great-minds