



## **FUNDING OPPORTUNITY ANNOUNCEMENT**

**West Virginia Behavioral Health Workforce Initiative**

**Application Due Date: Wednesday, April 3, 2019**

## **I. Funding Opportunity Description**

### **Rationale**

The Health Resources Services Administration (HRSA) has determined that West Virginia has 127 Mental Health Professional Shortage Area designation sites within West Virginia. The numbers affected, and severity of current addiction, related to the opioid epidemic in particular, have overwhelmed the current workforce. Consistent with West Virginia's general population, the behavioral health workforce in West Virginia is growing older and many in the workforce are getting closer to retirement. With this extreme level of need, it is not surprising that producing sufficient behavioral health providers is a significant workforce challenge for West Virginia.

The state's behavioral health workforce lacks master and doctoral level specialists particularly those who can practice in clinical environments. West Virginia needs to encourage more students who complete undergraduate degrees in social work, psychology and related majors to continue on to master's level programs in social work, psychology, and counseling. Additionally, these master's level graduates need to be enticed to complete further requirements for licensure as licensed independent clinical social workers, licensed professional counselors, and licensed clinical psychologists.

### **Objectives**

The goal of this funding opportunity is to increase the number of licensed independent clinical social workers, licensed professional counselors, and licensed clinical psychologists in West Virginia. By focusing on increasing the number of these practitioners, West Virginia will be better equipped to provide behavioral health services to more West Virginians and train a greater number of therapists in future years.

All proposals must be primarily focused on increasing the number of clinically credentialed practitioners; however, students and/or practitioners supported through the proposed activities do not have to attain the desired credential during the grant period. Programs may target a variety of groups including undergraduate students, graduate students, and existing workforce.

Potential program components include:

- Creation of career pathway infographics that illustrate career options and the education and experience required to succeed in those careers.
- Outreach directed at current practitioners on topics such as encouraging them to return to school to continue their training or to serve as supervisors of trainees.
- Mentoring programs connecting undergraduate or master's level trainees with licensed independent clinical social workers, licensed professional counselors, and licensed clinical psychologists.
- Support for training experiences that give trainees exposure to high demand job settings for licensed independent clinical social workers, licensed professional counselors, and licensed clinical psychologists.
- Developing more formal licensure preparation programs that trainees can access to help them navigate the supervision and licensure process.
- Development of technical assistance programs or other supports to help increase the use of telehealth for supervision.

For more ideas on potential programs, please see Appendix A West Virginia Behavioral Health Workforce Initiative White Paper. This White Paper was developed by the West Virginia Higher Education Policy Commission and a group of behavioral health stakeholders during 2018. Proposed projects for the current funding opportunity are not required to be ones listed in the White Paper; it is only provided as a way to share ideas.

## **II. Award Information**

### **Eligibility**

Organizations eligible to apply as the lead applicant for this funding are any public or private institution of higher education in West Virginia that offers a baccalaureate or master's level psychology, social work or counseling program. Other types of organizations such as behavioral healthcare sites or community-based nonprofits may be included as co-applicants but may not be the lead applicant.

Multiple applications can be submitted from a single institution, however, programs, particularly those of the same discipline, within a single institution are encouraged to collaborate. Collaborative applications between two different institutions of higher education and/or another type of organization also are encouraged.

Applications that include multiple partners must designate a lead applicant. The lead applicant must be a higher education institution. Other partnering institutions and/or organizations are eligible to receive grant funds through a contract with the lead applicant.

### **Summary of Funding**

Funding will be provided in the form of a grant agreement. Each applicant is eligible for funding of up to \$25,000. The Commission expects to make six awards. The exact amount of funding awarded and number of projects funded will depend on the number and quality of proposals received.

### **Application Deadline**

Proposals must be submitted by Wednesday, April 3, 2019. The Commission will notify awardees by late April. The one year grant period will run from May 1, 2019 to April 30, 2020.

### **Grant Requirements**

Grantees will be required to adhere to the following:

1. The Commission will release funds only after receipt of a signed grant agreement and an invoice, which contains all pertinent payment information. Grantees may draw down the full grant award amount at the outset of the project.
2. Grantees must complete a mid-grant progress report and a final report. Each report will require a narrative and budget update on program activities.
3. Grantees must attend four quarterly collaborative meetings with Commission staff and the other grantees to share progress and obstacles in implementing their projects. Two meetings will be in person in Charleston and two will be videoconferences. These meetings will be convened by the Commission and will facilitate information sharing among grantees.

4. Grantee must return any unused funds from this award at the end of the specified performance period to the Commission unless the grantee receives written permission to carry-over funds beyond the initial performance period.
5. All materials and information developed under the grant program will be required to be shared with other grantees and interested stakeholders.

### **Prohibited Expenses**

The following types of expenses are not chargeable to this grant opportunity:

- Indirect costs.
- Promotional items such as logo branded material.
- Alcoholic beverages.

All purchases for materials that can be utilized beyond the scope of the proposed project will be reviewed on a case by case basis that evaluates the relevance and necessity of the purchase for fulfilling the objectives of the project and the proposed plan for handling the item upon conclusion of the grant. Examples of these types of items include computers, tablets, video equipment, and cameras.

## **III. Application and Submission Information**

### **Content and Form of Application**

Applications for funding must consist of the following documents in the following order:

#### **A. Cover Page With Basic Applicant Information**

- Applicant name
- Address
- Contact information (names, titles, phone, email, mailing address)

#### **B. Exhibit A Statement of Work**

#### **C. Exhibit B Budget Detail**

#### **D. Exhibit C Budget Justification**

Template forms and guidelines for completing Exhibits A, B and C are included in this document.

### **Application Submission**

Proposals should be submitted by email to Jordyn Reed, Health Sciences Program Coordinator at [jordyn.reed@wvhepc.edu](mailto:jordyn.reed@wvhepc.edu). Please provide original files (Excel, Word, etc.) and not PDF files.

## **IV. Application Review Information**

### **Review Process**

Applications will be reviewed based on the following criteria:

- The appropriateness of the project strategies, outcomes and time frames for initiation through completion of the project;
- The reasonableness and justification for the itemized costs noted in the budget; and
- The adequacy and completeness of the description of scope of services and activities to be provided with the grant funding.

### **Proposal Revisions**

The Commission reserves the right to request revisions to the submitted proposal if, upon review, it is determined the proposed work plan does not meet the goals and requirements of this funding opportunity.

## **V. Additional Information**

All questions related to this opportunity should be directed to Laura Boone, Senior Director of Health Sciences at 304.558.0530 or [laura.boone@wvhepc.edu](mailto:laura.boone@wvhepc.edu).

## **EXHIBIT A**

### **Statement of Work**

*Please provide a one to two page overview of the proposal.*

## EXHIBIT B

### Budget Detail

Description of Budget Item	Initial Budget	Change (+ / -)	Final Budget
Salaries and Benefits			
Contractual			
Hospitality			
Supplies			
Travel			
Miscellaneous			
Total Approved Budget			

Grantee must request prior approval and a change order when:

- 1) A change in the scope of the grant agreement has occurred. A change in scope is a significant change in activity from what was originally described in the statement of work or workplan contained in the grant agreement;
- 2) The project timeline is moving slower than anticipated and the grantee needs additional time to complete the work and/or expend all the project funds (a no cost extension of the end date);
- 3) Transferring more than 10 percent of the total approved budget between expense categories;
- 4) A new purchase of equipment that is \$1,000.00 or more and was not included in the initial grant request; or
- 5) The grantee encounters circumstances necessitating that it terminate the agreement.

## EXHIBIT C

### Budget Justification

#### PART I: Amount Requested From the Commission

***Where an expense category has more than one budgeted expense, create separate entries for each expense with individual descriptions and amounts. Also include the total amount of all expenses in the category on the top line next to the name of the expense category. You can remove the definitions below once you begin entering your own descriptions.***

**Salaries and Benefits:** **\$X,XXX**

*Salaries and benefits should be established within the personnel system of the grantee institution. Break out by individual positions and include each individual's salary and benefit amount and the percentage of the person's time paid under the grant. Include a brief description of the person's duties under the grant. This expense category includes stipends if fringe is charged on the stipend amount.*

**Contractual:** **\$X,XXX**

*List all contractors to which payments are made from this funding source, describe the purpose of the contract, the anticipated number of hours to be contributed, and the amount paid to each.*

**Hospitality:** **\$X,XXX**

*Breakdown costs such as food, nonalcoholic beverages, facility rental, entertainment and other expenses relating to hosting events. In addition to costs, provide the purpose of the hospitality and the number of individuals receiving hospitality.*

**Supplies:** **\$X,XXX**

*Include materials needed to execute the project. Typically, supplies are materials that will be used up during the grant period. Equipment including materials that will be used beyond the grant period, ie computers, office furniture, etc should be listed under Miscellaneous.*

**Travel:** **\$X,XXX**

*Travel costs should be paid according to reimbursement guidelines used by the grantee institution. If mileage is included, provide the mileage rate.*

**Miscellaneous:** **\$X,XXX**

*Include any costs that do not meet the descriptions of other expense categories. Costs frequently falling under Miscellaneous include stipends where no fringe is charged, equipment, meeting registration costs, study materials, printing costs, and advertising.*



**PART II: Matching Funds**

*Although not required, the Commission encourages grantees to contribute to their Commission-sponsored project. This support may include cash match or in-kind support from the grantee or other partners. Using the same expense categories as above, provide a brief description of any match below and also include the source (grantee or other partner), the type (cash or in-kind), and the amount. In some instances, it may be difficult to quantify the exact amount of match in which case it is fine to provide an estimate. The match information does not need to be included on the budget grid on the first page of this document.*

<b>Salaries and Benefits:</b>	<b>\$X,XXX</b>
<b>Contractual:</b>	<b>\$X,XXX</b>
<b>Hospitality:</b>	<b>\$X,XXX</b>
<b>Supplies:</b>	<b>\$X,XXX</b>
<b>Travel:</b>	<b>\$X,XXX</b>
<b>Stipends:</b>	<b>\$X,XXX</b>
<b>Miscellaneous:</b>	<b>\$X,XXX</b>
<b>TOTAL MATCH:</b>	<b>\$X,XXX</b>

## APPENDIX A

### Behavioral Health Workforce Initiative

#### INTRODUCTION:

The Health Resources Services Administration (HRSA) has determined that West Virginia has 127 Mental Health Professional Shortage Area designation sites within West Virginia. With this extreme level of need, it is not surprising that producing sufficient behavioral health providers is a significant workforce challenge for West Virginia. Behavioral health careers cover a range of career options, and many require advanced degrees and specialized training with additional continuing education throughout one's career. Job duties often involve providing services for children, adolescents and adults who may be dealing with behavioral and emotional problems, mental illness, life stresses, trauma and substance use.

Working in behavioral health can be extremely hard work, which can lead to burnout. It also can be very rewarding, and dedication and passion of the workforce are often higher than the salaries. The numbers affected, and severity of current addiction, related to the opioid epidemic in particular, have overwhelmed the current workforce. Consistent with West Virginia's general population, the behavioral health workforce in West Virginia is growing older and many in the workforce are getting closer to retirement.

Through the leadership of the Department of Health and Human Resources, West Virginia has actively sought and received significant federal grant funding to support and improve the state's behavioral health infrastructure. Funding also has been secured from philanthropy and other private entities. Some of these awards have included support for behavioral health workforce development, however, West Virginia still lacks a consistent supply of funding focused solely on behavioral health workforce development, which impedes its ability to advance dedicated and continual resources towards the issues it faces.

In 1991, the Legislature enacted the Rural Health Initiative Act to provide funding towards the placement and retention of primary care providers in underserved areas of West Virginia. Due to the state's leadership in investing in primary care workforce development, West Virginia now offers meaning rural-focused training and educational experiences for trainees with expressed interest in careers in rural primary care. The funding is allocated to the Higher Education Policy Commission which uses both large and small grants to the academic health centers, primary care employers, and other related stakeholders to pilot new ideas, provide sustainable funding to strategies that are effective, and support key infrastructure like housing for students completing rotations in rural areas.

The model used for the Rural Health Initiative for primary care workforce development could translate well for behavioral health workforce development. The components below describe the key pieces that a sustained funding source for behavioral health workforce development could be allocated toward. This particular proposal focuses on careers in advanced practice social work, psychology, school psychology, and counseling. These professions were selected because they are among the most critical for West Virginia's behavioral health workforce success, but also the programs where the state lacks providers and funding to support workforce development is scarce.

The initiatives described below could be executed through a centralized state-funded program operating out of the Higher Education Policy, which would then administer some initiatives on a statewide basis and advance the rest through large and small grants to training programs, behavioral health employers, nonprofits, and other stakeholders. Alternatively, these initiatives could be supported through a mixed allocation with funding for statewide coordination at the Higher Education Policy Commission and direct appropriation increases to the budgets of public institutions of higher education.

The Behavioral Health Workforce Initiative would have the following focus areas:

1. Promoting careers in behavioral health
2. High school pipeline programming
3. College pipeline programming
4. Enrichment activities and support for master's/doctoral-level trainees
5. Career development and skills enhancement for the existing workforce
6. Improving trainees' access to clinical supervisors
7. Incentivizing Careers in Behavioral Health
8. Attainment of specialized addiction credentials

#### FOCUS 1: Promoting careers in behavioral health

Behavioral health is a rapidly evolving field with many job opportunities. Students and potential students need to understand what the career options for behavioral health are, what those jobs entail, and the coursework they need to complete to prepare for a particular career. The development of marketing materials in a variety of mediums (live presentations, videos, interactive websites, posters, etc.), and for a variety of audiences (ie high school students, college students, existing workforce who may want to return to school etc) are needed. Initiatives may include:

- The creation of career pathway infographics that illustrate career options and the education and experience required to succeed in those careers. (brochure from Nebraska: <https://www.unmc.edu/bhecn/ documents/career-pathways-brochure.pdf>; Pathways from Nebraska: <https://www.unmc.edu/bhecn/ documents/career-pathways-infographic.pdf>), public service announcements/video clips.
- Informational videos about training program in West Virginia particularly the state's advanced practice programs.
- Informational videos about career locations such as behavioral health centers, private therapy practices, and veterans' facilities.
- Outreach materials directed at current practitioners on topics such as encouraging them to return to school to continue their training or to serve as supervisors of trainees.

#### FOCUS 2: High School Pipeline Programming

Programs that expose students during high school to career options have been successful in fields such as STEM and primary care. In order to improve younger students' understanding of what the training and career path for behavioral health looks like, funding is needed for pipeline programming. Early identification of students from high need areas of the state with an interest in behavioral health careers will allow these students exposure to the supportive resources they need to complete their training and the development of relationships that will follow them along their training path. Initiatives may include:

- Modeling Nebraska’s successful Ambassador Program, which has successfully created a pipeline of students interested in behavioral health beginning as early as their high school years.
- Job shadowing opportunities in settings such as comprehensive behavioral healthcare settings and federally qualified health centers.
- Behavioral health-focused career fairs as well as better integration of behavioral healthcare employers into existing healthcare career fairs.
- Conference or summer camp for students interested in behavioral health careers. (see sample agenda from Nebraska: <https://www.unmc.edu/bhecn/documents/sample-agenda-bhecn-high-school-conf.pdf>; camp: <https://www.unmc.edu/bhecn/programs/ambassador-program/farm-camp-2017.html>).
- Dual credit psychology class offerings in high schools to allow high school students to receive college credit and a more in depth introduction to psychology.
- Mentoring programs connecting high school students with college students and more advanced trainees pursuing behavioral health careers. This program could be done virtually like the Nebraska Virtual Mentor Network.

### FOCUS 3: College Pipeline Programming

Pipeline activities initiated in high school should extend into the college years as students start to narrow down their career choices and can include more focus on the specifics of the career ladder and the realities of the career. Initiatives may include:

- Continuation of programming begun at the high school level such as mentorship, conferences, and job shadowing.
- Cohort programs for students interested in pursuing advanced degrees. Potential cohorts may include: students with “lived” experience, students from rural areas who want to return home to practice, students with specific interests such as substance abuse, and non-traditional/working students.
- Immersion opportunities that allow students to spend a week during the summer working with other students in a behavioral health setting and learning about the community surrounding the setting.
- Increasing the base funding at the department level to allow for hiring of additional faculty to help with increasing program sizes where appropriate and/or to increase faculty salaries to assist with faculty recruitment and retention challenges.
- Piloting consolidated coursework to get students through the education system faster, i.e. a 4+1 degree to complete a BSW and an MSW.
- Development of academic or professional certificates in addiction or substance use disorders.
- Relationship building between professors at undergraduate and graduate level to improve advising on master’s level programs.
- Community-based training experiences and projects that expose students to high need facilities, agencies and geographic areas.
- Increasing the use of guest speakers in classroom to improve trainee’s understanding of what occurs in the field.
- Hiring behavioral health career advisors for campuses.

### FOCUS 4: Enrichment Activities and Support for Master’s/Doctoral-Level Trainees

West Virginia needs to encourage more students who complete undergraduate degrees in social work, psychology and related majors to continue on to master's level programs. The state's behavioral health workforce lacks master and doctoral level specialists particularly those who can practice in clinical environments. Initiatives may include:

- Continuation of programs begun at the high school and college level such as cohort programs, mentor programs, guest speakers from the field, career advisors, and community-based training experiences.
- Identification of more field instructors who can provide advanced supervision to master's and doctoral level trainees.
- Expanded training for field instructors that includes training that occurs at the field site in addition to virtual training and asking field instructors to travel to campus.
- Funding for housing and/or a host family network for students completing clinical rotations away from their campus.
- Developing more formal licensure prep programs that trainees can access to help them navigate the supervision and licensure process.
- Increasing the base funding at the department level to allow for hiring of additional faculty to help with increasing program sizes where appropriate and/or to increase faculty salaries to assist with faculty recruitment and retention challenges.

#### FOCUS 5: Career Development and Skills Enhancement For the Existing Workforce

In addition to the workforce pipeline, it is critical to focus on improving existing employee competencies to address the evolving needs of individuals with behavioral health concerns. New research in the prevention and treatment must reach providers in a relevant and affordable manner, so that they incorporate best practices in providing assessments, brief interventions, proper prescribing methods, and treatment protocols. With the existing workforce already stretched thin and limited budgets, it can be challenging for employers to allow employees to miss work in order to attend trainings or pay the costs associated. The current workforce who does not hold an advanced degree or clinical credential where appropriate should be encouraged to continue their education and advanced to the next level in their profession. Initiatives may include:

- Outreach programs to identify members of the current workforce who would like to return to school to tackle the next step in their career pathway.
- Tuition assistance for existing workforce interested in continuing their career to achieve a master's level or doctoral credential.
- Development of a state funded reimbursement system for employers to access to cover costs associated with sending staff to training programs (everything from one day conferences to education programs resulting in a new credential or degree for the employee) and/or reimburse lost productivity.
- Creation of a centralized web site of upcoming training offerings as well as individuals qualified to provide training on an as needed basis is needed in order to most effectively promote training.
- Often grants cover the cost of training, however, additional sustainable funds also are needed to ensure trainings on all relevant topics are needed and that they are available in a variety of formats and lengths. Funds also could support training with no registration costs, free continuing education, and travel costs for attendees.

## FOCUS 6: Improving Trainees' Access to Clinical Supervisors

As behavioral health trainees progress towards full licensure, they must meet regularly with an independently licensed clinician for supervision. Unfortunately, connecting a trainee with a qualified professional is often complicated due to the overall number of people qualified to provide supervision and those individuals having protected time to provide supervision. If West Virginia is able to increase the number of practitioners able to provide supervision, it will allow the behavioral health workforce in West Virginia to grow exponentially as the increased number of supervisors will allow more trainees to complete their supervision and also achieve licensure. Initiatives may include:

- Individuals providing supervision typically charge an hourly rate in recognition of their own lost earning time. Typically, the trainee seeking supervision is responsible for paying these costs. The availability of a funding pool to pay for supervision would eliminate the financial burden on the trainee and allow some trainees to complete their supervision requirements more quickly because they will not have to look for ways to pay for the supervision.
- Utilization of telehealth by licensed providers and supervised trainees to complete the trainee's supervision requirements for licensure. Technical assistance programs are needed to work with existing providers and sites to identify current barriers and resolve them to improve the use of telehealth.
- Development of a centralized listing of individuals qualified and willing to provide supervision.
- Outreach to universities on the value of allowing faculty to serve as supervisors and provide credit for time spent supervising when making determinations related to promotion and tenure.
- Provide CEUs for supervisor training or offer supervisors access to free CEU training on other topics.

## FOCUS 7: Incentivizing Careers in Behavioral Health

Careers in behavioral health are rewarding but typically not well paid. When coupled with the reality that most trainees will graduate with considerable student debt, opportunities are needed both throughout the trainee path and once in practice to help eliminate debt as a factor in persuading students from pursuing careers in behavioral health. In addition to practice setting, training programs often struggle to pay competitive wages to recruit and retain faculty who are qualified and possess the terminal degree needed to satisfy accreditation requirements. Initiatives may include:

- Funding to pay for field training, internships, practicums etc. in high need areas and with high need populations, i.e. substance use disorder or in rural areas. Currently, not all students receive payment for practicums or internships and the addition of funding could be a tremendous boost in directing students towards accepting experiences in more challenging settings.
- Reimbursement to employers who allow employees to serve as supervisors or private practice providers who serve as supervisors.
- Increased tuition assistance for students in master's and doctoral programs.
- Development of a state funded behavioral health workforce loan repayment program that includes the professions of advanced practice social work, counseling, psychology, and

school psychology. The loan repayment program should target professionals working in the highest demand areas of their respective fields (both types of employment settings and geographic areas). This program or a similar program could also be open to schools of social work, psychology, school psychology, and counseling to use for faculty recruitment.

#### FOCUS 8: Attainment of Addiction Credentials

Once professionals secure licensure counselors, social workers, psychologists, and school psychologists, West Virginia would benefit greatly from a large number of these professionals also achieving certification as alcohol and drug counselors or addiction counselors. The certification process involves both supervised practice and the passage of an exam. This additional level of specialized training will allow providers to better serve West Virginians with substance use disorders. Initiatives may include:

- Funding to cover the certification application fees as well as renewal fees to ensure once certification is achieved, providers do not let it lapse.
- Similar to barriers associated with licensure in other fields, funding is needed to help trainees afford the cost of supervision and/or to reimburse employers who allow employees to serve as supervisors or private practice providers who serve as supervisors.