

## Behavioral Health Workforce Bonus and Housing Stipend Incentive Program Q&A

Question	Answer
<p><b>We are a private, for-profit healthcare organization. We do have 25 employees. do all those 25 employees need to be a licensed behavioral healthcare professional?</b></p>	<p>The employee limit eligibility criteria for a private "for-profit" organization are 25 or less full time equivalent (FTE) direct behavioral health care workers. Applicant "for profit" organizations do not need to consider employed staff that are not direct behavioral health care workers for the requirement mentioned in the question.</p>
<p><b>I've received information about the new workforce bonus and housing stipend program and am hoping you can clarify what would be considered FTE status for this program. Is it 40 hours per week?</b></p> <p><b>This is in reference to the requirement of 25 or less FTE direct service employees on staff for a for-profit agency.</b></p>	<p>Generally, a full-time employee is any employee who works an average of at least 30 hours per week for more than 120 days a year. It is recommended to honestly use what your organization already considers "full time equivalent" for the positions that the org is recruiting for. <b>For example</b>, many full-time therapists are expected (usually with some flexibility) to see 25-26 clients per week. Adding assessments and notes (plus other admin) can easily be about 32 hours + hours worked. This would qualify as 1 FTE by most organization's standards. Using that same basis, 15-16 hours worked on average may be calculated as 0.5 FTE.</p>
<p><b>We are interested in applying for the Behavioral Health Workforce Bonus and Housing Stipend funding but wanted to confirm that we are an eligible entity. We meet the description below except we are not solely a behavioral health organization. We offer primary care, dental, vision, and behavioral health. Are we still eligible?</b></p>	<p>If the providers who will ultimately receive these funds are full time direct behavioral health care workers (that fit within the 23 different credentials in the RFA document you cited below), then your organization is eligible to apply. Please indicate "other" on the application and specify your organization type (i.e., "integrated care for-profit")</p>
<p><b>The Smartsheet application is straightforward, but is there a character limit to the essay question? The RFA's Section VI states the "Information to be provided by the applicant organization on the application", which asks for a slightly different set of information and includes a word limit. Should this be given in through a different format? If so, how? Or should this required information be included in the essay question? Should the 500-word limit plan be observed in the Smartsheet application?</b></p>	<p>The 500-word limit is to be observed on the Smartsheet application, and we do not need anything else other than what is on the application. It was not possible to put a character limit on the text box in the application and it cuts off at about 1,000 words (4,000 characters to be exact). Again, the word limit is still expected to be observed despite the text box in the application allowing more words.</p>

<p>Please help us understand a rule that may be in opposition to the Sign-on bonus, Retention bonus, and Housing Stipends. BOLI has said that we will need to offer that if we offer sign-on bonuses we must provide that same amount of compensation to other positions we currently have that are similar in nature. Can you please help us clarify how this rule will affect these new stipends? It appears that as of Sept 29th Oregon's Equal Pay Act states that we must pay people "the same amount as other people doing comparable work (including wages, bonuses, benefits and more)." Before Sept 29th the exception allowed us to provide bonuses without considering them to be compensation. We did find the highlighted section below from BOLI that doesn't prohibit sign-on bonuses, but we are not sure we entirely understand how it would work. we did receive some clarification from BOLI found in an email communication found at the end of this message, and it appears that this rule would greatly hinder sign-on bonuses for all eligible organizations listed in the RFA.</p>	<p>This is a great question, but unfortunately the Behavioral Health Workforce Initiative can only advise that you discuss this with your organization's own legal counsel or with the Oregon Bureau of Labor and Industries (BOLI). This opportunity was directed by the OR legislation via House Bill 2949 (2021) and now House Bill 4071 (2022).</p> <p>Please visit BOLI's employer assistance webpage for their contact information <a href="#">here</a>.</p>
<p>Our organization was awarded monies from HB4004 for workforce stability. Monies received were used to provide employees with a onetime bonus/incentive to increase workforce retention. Symmetry Care did create policies to enhance recruitment and retention. Would this be considered supplemental to that award? Could monies from this grant be used to enhance retention by tying it to quarterly performance goals? Any clarification would be appreciated. Thank. You.</p>	<p>According to the RFA terms, these funds cannot supplement any existing bonus program. Therefore, it would have to replace an existing program or be separate and offered to different staff who also hold the credentials found in the list in the RFA (Section IV.). Those staff members would also need to provide direct services to clients/patients. Please note, that the funds cannot only be used for retention bonuses but need to also be used for sign-on and/or housing stipends.</p>
<p>1. Is it permissible to apply for the full amount of \$120,000.00 for a project that has a 12-month timeline - versus the 2-year timeline identified in the RFA? 2. Section VI of the RFA asks for information - specifically "Populations served by organization" and "Current direct behavioral health care worker capacity" - but there is no place in the application to provide this info. In the interest of being complete and accurate, how should this info be submitted? 3. Since improving skills and supporting credentialing can be helpful in retaining employees - can any of this funding be used to help existing staff get their credentials? We're thinking things like Problem Gambling and DUII Counseling credentials.</p>	<p>1) Technically no, but if you feel like you have a clear and solid plan to use these funds for their intended purpose then I encourage you to apply. However, if selected for an award, please know that you may be held to reporting requirements for 2 years vs. 12 months.  2) This was in an older version of the application, and you can disregard that. However, if you want to include that information then you can add it to the essay answer (keeping in mind that it will increase your word count).  3) Unfortunately, this funding cannot be used for anything except bonuses and housing stipends. However, it could be used to grant bonuses/housing stipends to staff who are considered hired into a new role/promoted to fulfill those direct service roles mentioned.</p>
<p>It appears that we meet all the requirements other than "Serve adults or youth, at least 50% of whom are any one or more of the following: uninsured, enrolled in the state medical assistance program (Medicaid), or enrolled in Medicare" Two of our locations serve 46% and 47% of youth population enrolled with state medical assistance. Would we be able to apply or since we are under the 50% mark we would be disqualified?</p>	<p>In these close cases, it is recommended that an organization apply, but should disclose in the essay question that they may not on average meet the 50% criteria.</p>

<p><b>Can we get clarification on the rural definition?</b></p> <p><b>“Rural” means any geographic area in Oregon ten or more miles from the centroid of a population center of 40,000 people or more.</b></p> <p><b>Does the “rural” definition come into play based on where our patients reside, not where our locations are? This effects our eligibility based on the “communities who are underserved” definition. Does OHA have a specific % of rural patients needed for a location to qualify.</b></p>	<p>That “rural” definition is for the practice site location, but only in reference to housing stipends not to overall applicant eligibility. Rural populations being served in an urban area to still be rural and “underserved”. This should not change your eligibility. The providers recruited for positions in an urban area are still eligible to receive bonuses, but not housing stipends unless the providers are recruited from out of state. We do not have a specific percentage for populations underserved for eligibility on this grant.</p>
<p><b>Regarding our eligibility for this opportunity, I wanted to clarify one of the criteria: "Serve adults or youth, at least 50% of whom are any one of more of the following: uninsured, enrolled in the state medical assistance program (Medicaid), or enrolled in Medicare." The department of our agency intending to apply for this opportunity meets the above criteria -- however, I am not entirely sure if this applies to the agency at large. Would our department-specific application be eligible regardless of our agency's eligibility as a whole?</b></p>	<p>If the department on average meets that criterion, then it is encouraged that your organization apply. The referenced criterion in the question only applies to the behavioral health providers and who they provide services to.</p>
<p><b>We have two clinicians who work 32 hours/week. At our organization, that's considered full-time (and the feds consider 30 FT). Is 32 hours FT for the purpose of this grant? I didn't see a definition of FT in the announcement.</b></p>	<p>The employees in this scenario would be considered "full time". The federal definition of 30 hours per week is a perfect baseline to consider using as "full time".</p>
<p><b>Regarding fund distribution for sign-on bonuses, is it allowed to distribute a \$3000. sign-on bonus over the first three months of employment? For example, paying \$1000. bonus in month one, \$1000. in month two, and \$1000. in month three.</b></p>	<p>Yes, that falls within the funding guidelines of this grant.</p>
<p><b>"Funding may not be used to supplement other bonus programs being offered within organizations using funds other than funds received under this grant program." Our organization previously had a sign-on bonus program, but this was cut due to lack of funding. Would using grant funds for sign on bonuses be considered "supplementing" a previously existing sign on bonus program?</b></p>	<p>No, this example would not be considered "supplementing" a sign-on bonus program and would be considered a new bonus incentive program using these grant funds. Therefore, this falls within the funding guidelines for this grant. However, an example of supplementing an existing bonus program would be an organization that <b>currently</b> provides a \$1,000 sign on bonus and tries to use another \$1,000 from this grant to supplement that program to ultimately offer \$2,000 as a sign on bonus. This is not permitted according to the funding guidelines. The program is intended to offer a new bonus/stipend program incentive or replace an existing program incentive. No mixing of other funds and funds from this grant are permitted.</p>
<p><b>Would a Experiential Therapist (Inpatient units) – Essentially fills the Recreation Therapist/Art Therapist type role- be eligible to receive a bonus or housing stipend from this grant?</b></p>	<p>If those providers are credentialed as a Licensed Art Therapists or Licensed Certified Art Therapists, then they would qualify. Unfortunately, any providers or behavioral health care workers that do not fall within the credentials outlined in the RFA/Grant Terms are not eligible to receive incentives from this grant. Please</p>

	email <a href="mailto:tim.r.nesbitt@dhsoha.state.or.us">tim.r.nesbitt@dhsoha.state.or.us</a> for any recommendations on behavioral health credentials that should be considered for opportunities similar to this one in the future.
<b>Regarding fund distribution for sign-on bonuses, is it allowed to distribute a \$3000. sign-on bonus over the first three months of employment? For example, paying \$1000. bonus in month one, \$1000. in month two, and \$1000. in month three.</b>	Yes, that falls within the funding guidelines of this grant.
<b>Can retention bonuses be tied to performance metrics?</b>	Yes, that falls within the funding guidelines of this grant.
<b>Are peer run organizations eligible for this funding?</b>	Yes, so long as the organization employs peers that provide direct behavioral health care services and falls within the other eligibility criteria in the RFA.
<b>Can funds be used for an incentive bonus for our existing staff to become credentialed? We have positions to fill, but also would love for some of our existing client-facing staff to become credentialed to better serve their roles.</b>	Technically no, as these funds must be used for retention, sign-on, or housing stipends. However, it would be possible to make this a part of a retention bonus program. For example, provider retention bonus with credential advancement has increased amount vs. provider who has kept same credential.
<b>Can retention be used for existing employees or is that for new hires only?</b>	Yes, existing employees can receive retention bonuses.
<b>Can funds be solely used for one incentive? For example, only sign on bonuses.</b>	The funding guidelines allow this accept in the case of retention bonuses. Funding cannot only be used for retention bonuses.
<b>Is an FQHC that provides Behavioral Health eligible to apply?</b>	Yes
<b>Does this grant require organizations to have certification from OHA?</b>	No
<b>When listing vacant positions on the application, do we list for the entire organization or just the positions we wish to implement the bonuses for?</b>	You should do this just for the department or section the applicant organization intends to use the funding for.
<b>1) In the eligibility section, it indicates that these funds can be provided to full-time behavioral health care workers filling permanent employment positions. We wanted to confirm what is meant by full-time. May funds only be used for employees in 1.0 FTE positions, or are part-time employees in permanent positions also eligible to receive these bonuses/stipends?</b>	1) That is correct. Funds may only be used for what is considered FTE 1.0 positions by the applicant organization. Part-time permanent positions are not eligible at this time but may be part of another funding opportunity in the future.
<b>2) Can funds be used to cover taxes/fringe benefits associated with the bonus/stipend payments?</b>	2) No, they cannot.
<b>3) Our organization has multiple behavioral health business units. Can we only apply for one grant for the entire organization? Or can each of our business units apply for a separate grant?</b>	3) Only one grant can be applied for per organization.
<b>I want to confirm that any position that has been open since <u>before</u> July 1 (much longer than 8 weeks) is eligible for inclusion.</b>	The section of the application that this example appears to be referencing is for any positions that an organization has struggled with filling (8 weeks or more) since July 1st, 2022. That section is not related to eligible

positions. If awarded, an applicant organization can use the bonuses/housing stipends for any eligible position regardless of how long that position has been open. Please refer to page 3-4, section IV. of the RFA and Grant Terms document for a list of eligible provider types.