





# Mentored Internship Program (MIP) Administrative Coaching Call

Presented by the MIP Team

January 23, 2024, 10:00-11:00 a.m. and 11:30 a.m.-12:30 p.m. SoCal 1 & 2

January 24, 2024, 10:00-11:00 a.m. Bay Area 11:30 a.m.-12:30 p.m. NorCal & Capital



# Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

### Whose land are you on?

Option 1: Enter your location at Native Land CA

Option 2: Access Native Land website via QR Code





### Advocates for Human Potential, Inc. (AHP) MIP, Round 1 and Round 2 Team



Tara Fischer Project Director



Tiffany Malone **Deputy Director** 



Kate Cox Operations Manager



Kayla Halsey BHWD Data and Analyses Manager



Caitlin Storm Quality Assurance Coordinator



**Christian Citlali** Lead Grantee Coach



Xiomara Romero Grantee Coach



Aida Natalie Castro Grantee Coach



**Amanda Flores Grantee Coach** 



Vic Walker Operations Specialist



Krislyn LaCroix Operations Specialist





# MIP HUB and Past Events

Looking for past event recordings? Want to register for future events?

### **MIP HUB**

Username: mipgrantee Password: 2miP@hp





# Agenda

- 1. Implementation Plan
- 2. Sustainability Action Plan
- 3. MIP Events Restructuring, Attendance, and 1:1 Calls
- 4. Preparing for an Audit
- 5. Internship Clarification
- 6. Intern-Mentor Ratios
- 7. Onboarding Videos
- 8. Quarterly Reports
- 9. Intern Pre/Post Survey
- 10. Invoice Overview
- 11. Grantee Request Form
- 12. Upcoming Events
- 13. Q&A



# Implementation Plans

### MENTORED INTERNSHIP PROGRAM (MIP) GRANTEE IMPLEMENTATION PLAN

Organization:

Corresponding MIP Unique ID:

Point of Contact Name:

Point of Contact Email:

### DIRECTION OF USE

- Use this template format and the example contents to develop your agency's MIP Implementation Plan. EXAMPLE of a SMART GOAL: https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf
- In the "SMART Goal" column, SMART Goals have been prefilled, but you may add a row for additional SMART Goals that you would like to include. These goals can be quarterly, yearly, or for the entire duration of MIP.
- In the "Action Steps" column, list detailed steps that will be taken to complete the SMART Goal.
- In the "Responsible" column, identify the person expected to be accountable for this action.
- In the "Status" column, use the drop-down to enter the current status.
- In the "Timeframe & Due Dates" column, indicate your timeframe and/or the due date of the action.
- NOTE: The progress of your implementation plan will be monitored with your grantee coach during your monthly one on one check-ins.

Reporting Period	SMART Goal	Action Steps	Responsible	Status	Timeframe & Due Dates
Reporting Periods	SMART Goals have been prolitied but you may add a row for additional SMART Goals that you would like to include	List detailed steps that will be taken to complete the SMART Goal	Indicate a member of your staff that will be responsible for the detailed action	Click the cell and use the dropdown arrow to enter the status of the planned action	indicate the timeframe and/or due date of when this planned action will be completed
Reporting Period Ending June 30, 2023	By June 30, 2023, our organization will successfully execute the contract with AHP for the provision of services, including finalizing all contractual terms, obtaining necessary signatures, and submitting all required documentation in accordance with AHP's contractual requirements.				Started: Completed:
Ongoing as new MIP participants join	Within the first two months, New MIP participants will complete all four foundational courses: "Speaking with Pride: The Importance of Person First Language," "Behavioral Health Evidence-Based Practices with Historically Excluded Communities," "Vorkplace Ethics: Confidentiality, Ethical Dilemma, Matching Interns with Mentors," and "HIPAA Compliance/Clinical Motetaking."				Started: Completed:
Reporting Period Ending June 30, 2023	By the first reporting period, our organization will collaborate with at least one educational partner to establish a Memorandum of Understanding (MOU) or subcontract agreements and hold monthly meetings to review progress and discuss opportunities for joint initiatives in order to enhance educational programs and services beyond the project period.				Started: Completed:
Reporting Period Ending September 30, 2023	By the end of the reporting period, our organization will develop and update a formal onboarding plan for interns, establish regular meetings for interns' progress and feedback, and formally incorporate the onboarding plan into the grantee agency workflow.				Started:  Completed:

- Implementation Plans (IPs) are located on the MIP Administrative Portal.
- Use the Excel download and upload capability to update as needed.
- The MIP Coordinator is responsible for updating progress on the IP.
- The IP should tell a story of all the work you are doing in MIP and be used to note all MIP-related activities, challenges, changes, and updates.
- Updated IPs are due at the beginning of each new quarter to review with your Grantee Coach (GC) during 1:1.





# **PSAT to Sustainability**

- Grantees will be required to create three sustainability SMART goals utilizing the Program Sustainability Assessment Tool (PSAT) results and focusing on low-scoring and/or high scoring domains.
- Grantees are required to add these goals to their February IP, and submit for review by their GC via the MIP Administrative Portal.
- From February 2024 through December 2024, grantees will work toward completion of their PSAT SMART goals and report monthly progress on their IP during 1:1 check-ins with their GC.





# **MIP Events Restructuring**

Event	Attendees Required	Frequency	Focus/Purpose
Learning Collaborative	MIP Coordinator, Interns, Ed Partners, and Mentors	Quarterly/ Statewide 90 min	Provide TA specific for Interns, Mentors, BH Org/Ed Partners
Office Hours	Optional for MIP Coordinator, Interns, Ed Partners, and Mentors	Quarterly/ Statewide 30 min	Will be held directly following the LCs
Webinars and Continuing the Conversation	MIP Coordinator required, but everyone is invited	Monthly/ Statewide 60 min	SUD/OUD competency development
Admin Collective (Combines Admin Calls and Affinity Groups)	MIP Coordinator	Quarterly/ Statewide 60 min	Announcements, reminders, information sharing, grantees brag and grab
1:1 TA Coaching Calls	MIP Coordinator required, but other team members can attend	Monthly	Grantee Health and Adherence



# 1:1 TA Calls Structure

### Review required submissions

- o PSAT
- Quarterly Data Report (QDR)
- o IP
- Pre/Post Surveys
- Sustainability Plan

### Invoices

Review Spend Down and cross-check numbers

### Attendance

Review attendance of required events

### Interns, Mentors, Ed Partners

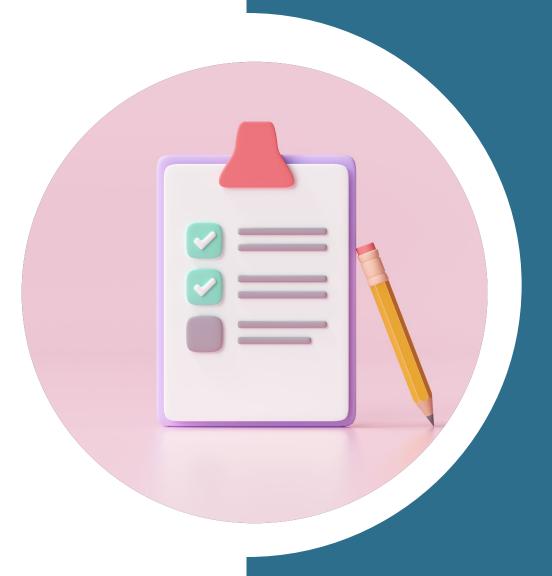
 Number of interns, mentors, and ed partners; any changes

### Progress

Overview of intern and program progress and any challenges or successes

### Questions





### **Preparing for an Audit**

### Initial Audit Request

- Proof of insurance for entire duration of contract
- Most recent completed financial, compliance, or single federal audits completed within the last 3 years.
- Copy of documented Internal Controls or Standard Operating Procedures that relate to the BHWD project, such as
  - Approval processes for payroll/timesheet submissions
  - Procurement and accounting procedures for purchases of goods and services
  - Policies directly related to the program performance, compliance, or deliverables for the BHWD project
- Inventory tracking list as required by the BHWD Subcontractor Agreement
- Detailed Financial Statement of Activity or Expenditures GL for the BHWD project (broken down by individual transactions)
- Completion of provided internal controls questionnaire (questionnaire provided by auditor during audit)
- Confirmation of payments received by grantee from Advocates for Human Potential (AHP) (letter provided by auditor during audit)





# **Preparing for an Audit**

### Grantee-Specific Requests later in the audit process

- Documentation proving completion of deliverables in the statement of work (SOW)
  - Attendance of all MIP Events
  - On-time submission of all MIP required documents
    - IP (updated quarterly)
    - Quarterly Report
    - PSAT and Sustainability Plan
- Documentation such as timesheets, paychecks, invoices, receipts, etc. related to purchases listed in the grantee's financial statement of activity.





# **Internship Clarification**

- Interns working at a non-contracted site
- Educational partners that do not have a brick-and-mortar in California
- Telehealth and remote work environments





### Intern-Mentor Ratio

 Reminder: have one identified mentor for every two interns.

 This ratio is intended to ensure adequate orientation and establish a meaningful mentor-intern working relationship.

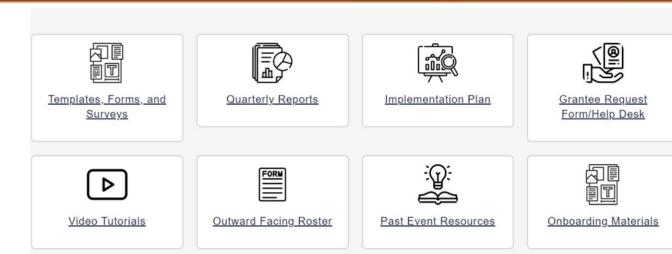
 For example: If you have 10 interns, you should have at least 5 mentors identified.

January is National Mentoring Month!





# MIP Hub Onboarding Videos



### Onboarding Materials for Interns and Mentors

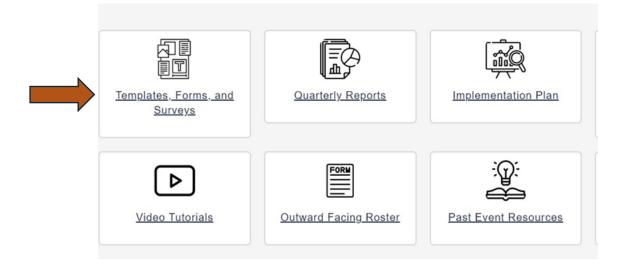
# Speaking with Pride (The Importance Person-first Language as Foundational to Diversity. Equity. and Inclusion) HIPAA Compliance and Clinical Notetaking Behavioral Health EBPs with Historically Excluded Communities Workplace Ethics: Confidentiality. Ethical Dilemma. Matching Interns with Mentors MIP Intern Pre/Post Evaluation Survey MIP Mentor Pre/Post Evaluation Survey.

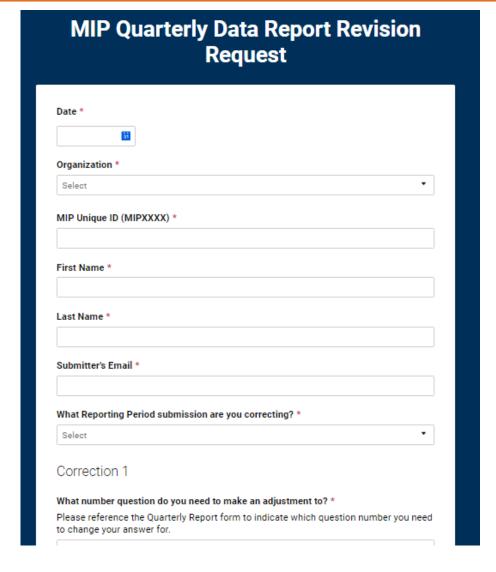




# MIP Hub Quarterly Data Report Revision Request

Quarterly Data Reports were due 1/15/23 for reporting period 10/1/23-12/31/23.









# Intern Pre/Post Survey & FAQ

Surveys are found on the hub under "Templates, Forms, and Surveys"



Mentored Internship Program's Templates, Forms and Surveys

### Templates, Forms and Surveys

Templates	Forms	Surveys
MIP Intern Invoice Template	MIP Grantee Request Form	MIP Intern Pre/Post Evaluation Survey
MIP Deliverables NCE Round 1 Invoice Template	Consultant/Subcontractor Agreement Form	MIP Mentor Pre/Post Evaluation Survey
MIP Deliverables Round 2 Invoice Template	MIP Quarterly Data Report Revision Request Form	MIP Organization Pre/Post Evaluation Survey
MIP Quarterly Data Report Tracking Sheet Template		MIP Quarterly Data Report Preview







# Intern Pre/Post Survey & FAQ

### When should interns complete these surveys?

- If a student has been recently **onboarded**:
  - Pre- surveys should be completed no later than 1 week after they start their internship.
- If an intern is completing their internship and will **no longer continue** at the organization as an intern:
  - The intern must complete their Post survey no earlier than 1 week before ending their internship.



# Intern Pre/Post Survey & FAQ

### How do we know if the surveys have been completed?

- During your 1:1 calls, your GC will notify you of who has completed the survey.
- It is the responsibility of the MIP Coordinator to then reach out to any intern who has not completed the survey.





# Round 1 NCE New Invoice Template

### **Round 1 NCE Invoice Template**

MIP INVOICE TEMPLATE

EMAIL COMPLETED INVOICE, INTERN INVOICE, AND RECEIPTS FOR EQUIPMENT, IF APPLICABLE, TO AP2@AHPNET.COM

Advocates For Human Potential, Inc.

**MIP Invoice Template** 

**ROUND 1 NO COST EXTENSION (NCE)** 

**Grantee Quarterly Deliverables Invoice** 

Agency Name:		
Address:		
Telephone #:		
Submitted by name:		
Submitted by email:		
Unique ID:		
Project #: 7438.01-0	03	
Click here to choose a reporting period	Interns Engaged interns per Quarterly Intern Invoice Form attached.	Deliverable Amount (per contract)
7438.01-003		Add total from Quarterly Intern Invoice Form. Please delete this text before submitting.
	Deliverable Description  The text below is part of the template. DO NOT DELETE.	Deliverable Amount (per contract)
	Activities/Deliverables MET QUARTER Click here to choose a reporting period DELIVERABLES, AS NOTED IN THE SOW.	Add total from payment schedule here (found in your contract). Please delete this text before submitting.
Total Amount Due		Total Amount Due  Add total of intern + quarterly deliverable amount from Attachment E here Please delete this text before submitting.





# Round 2 New Invoice Template

WIIP INVOICE TEIVIPLATE ROUND Z

EMAIL COMPLETED INVOICE, INTERN INVOICE, AND RECEIPTS FOR EQUIPMENT, IF APPLICABLE, TO AP2@AHPNET.COM

Advocates For Human Potential, Inc.

MIP Invoice Template ROUND 2

**Grantee Quarterly Deliverables Invoice** 

Please delete all instructional text BEFORE submitting.

Agency Name:		·
Address:		
Telephone #:		
Submitted by name:		
Submitted by email:		
Unique ID:		
Project #: 7438.01-00	04	
October 1, 2024 - December 31, 2024	<b>Equipment/Property Purchases</b> Include all receipts in one PDF and submit with this form	Deliverable Amount (per contract)
7438.01-004		
	Include equipment you purchased here. (If you did not purchase equipment this quarter, please delete this text before submitting. Do not replace with "no equipment purchased".) If you have equipment, please list it as:  *1 laptop at \$332.532 desks at \$151.21	Please add equipment total here. (If you did not purchase equipment in this quarter, please delete this text before submitting.  Do not replace with \$0.)
	Equipment listed must match included receipts	
	Interns Engaged interns per Quarterly Intern Invoice Form attached	Add total from Quarterly Intern Invoice Form. Please delete this text before submitting.
	Deliverable Description	Deliverable Amount
	The text below is part of the template. DO NOT DELETE.	(per contract)
	Activities/Deliverables MET QUARTER October 1, 2023 - December 31, 2023 DELIVERABLES, AS NOTED IN THE SOW.	Add total from payment schedule here (found in your contract). Please delete this text before submitting.
Total Amount Due		Add total of equipment + intern + quarterly deliverable amount from Attachment E here



### CA BHWD Mentored Internship Program (MIP) Quarterly Intern(s) Invoice Template



AGENCY NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
TEL. #:		EMAIL:		
PROJECT#	Select an option			
UNIQUE SITE ID:				

NAME OF INTERN (Please list names of interns alphabetically).	MONTH	TOTAL HOURS @ RATE FOR MONTH (hrs@\$)	TOTAL FEE PAID THIS MONTH	TOTAL MONTHLY BENEFITS PAID FOR INTERN (if applicable)	TOTAL AMOUNT PAID FOR INTERN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
	TOTAL	QUARTERLY INTE	RN(S) FEES:		\$





### **Grantee Request Form**

**Grantee Request Form** 



Templates, Forms, and <u>Surveys</u>



**Quarterly Reports** 



Implementation Plan



**Grantee Request** Form/Help Desk

Invoice templates



Video Tutorials



Outward Facing Roster



Past Event Resources



Onboarding Materials



Upcoming Events



Grantee Map



Resource Library



# **Grantee Request Form**

### **Reasons to submit a Grantee Request Form:**

- Adding/removing staff from MIP Roster
- Adding/removing staff to Constant Contact
- Requesting access/removing access to MIP Portal
- Address changes
- TTA request and administrative support



### **▼** smartsheet

### **MIP Grantee Request Form**

Use this form to request training and technical assistance, changes to your existing TTA plan, website support, grantee profile changes and more! Please allow 3 business days for a response.

31	
Grantee Organizat	tion * Jehavioral Health Organization that your are affiliated with
Select	
Unique ID (MIPXX	XX) *
Who is your Grant	ee Coach? *
Select	•
What can we help	you with? *
Select	•
Please write in a re Select or enter val	r role as part of the Mentored Internship Program * esponse if your role is not a given option  ue
Please write in a re Select or enter val Submitted By: *	esponse if your role is not a given option
Please write in a respectively.  Select or enter value.  Submitted By: *  Please write your to	esponse if your role is not a given option  ue
Please write in a re Select or enter val Submitted By: *	esponse if your role is not a given option  ue
Please write in a respectively.  Submitted By: * Please write your to the submitted su	esponse if your role is not a given option  ue  first and last name
Please write in a respectively.  Submitted By: * Please write your to the submitted su	esponse if your role is not a given option  ue  first and last name  es, screengrabs or documents that would help us to better understand
Please write in a respectively.  Submitted By: * Please write your to the submitted su	esponse if your role is not a given option  ue  first and last name  es, screengrabs or documents that would help us to better understand se upload them here.  Drag and drop files here or browse files

# Upcoming Events and Important Reminders

February Events	Time	Date
Webinar: Harm Reduction Evidence-Based Practice (EBPs)	12-1 p.m.	2/6/24
Continuing the Conversation	1-2 p.m.	2/8/24
Learning Collaborative: Intern	TBD	March
Learning Collaborative: Mentor	TBD	March
Learning Collaborative: BH Org/Ed Partner	TBD	March

# Questions

Please enter your questions in the chat box and/or send them to <a href="mailto:ca\_mip@ahpnet.com">ca\_mip@ahpnet.com</a>





# Thank you!