I. PURPOSE AND OVERVIEW

Request for Proposals (RFP): The Office of Academic Affiliations (OAA, 10A2D), in collaboration with Veterans Health Administration (VHA) Mental Health Services (MHS), Office of Mental Health Operations (OMHO), and Office of Patient Care Services Physician Assistant Services (PAS) national program solicits proposals to expand opportunities in Department of Veterans Affairs (VA) behavioral and mental health clinical educational programs. Such expansion is intended to increase expertise in critical areas of need; expand the recruitment pipeline of well-trained, highly qualified healthcare providers in behavioral and mental health professions; and promote interprofessional collaboration in an integrated care environment.

Four Targeted Professions: Proposals will be considered for four mental health professions: Licensed Professional Mental Health Counseling (LPMHC), Marriage and Family Therapy (MFT), Mental Health Physician Assistants (MHPA), and Psychology. Applications are solicited for a variety of educational levels (see table below). Profession-specific requirements are outlined in Section IV. Although mental health psychiatry residency and nursing positions are being awarded through independent RFPs, we strongly encourage sites to describe how the training of these professions will be integrated into interprofessional training requested through this solicitation.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Educational Levels</th>
<th>Funded Hours per position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Professional Mental Health Counseling</td>
<td>- Pre-master’s Intern</td>
<td>500 hours</td>
</tr>
<tr>
<td>Marriage and Family Therapy</td>
<td>- Pre-master’s Intern</td>
<td>500 hours</td>
</tr>
<tr>
<td>Mental Health Physician Assistant</td>
<td>- Post-master’s Resident</td>
<td>2,080 hours/year</td>
</tr>
<tr>
<td>Psychology</td>
<td>- Doctoral Intern (new programs only)</td>
<td>2,080 hours/year</td>
</tr>
<tr>
<td></td>
<td>- Postdoctoral Neuropsychology Resident (2 year program)</td>
<td></td>
</tr>
</tbody>
</table>

Two Types of Programs Possible: Two categories of programs may be incorporated into an application: 1) Interprofessional Program and/or 2) Profession-Specific, Stand-Alone Program(s). Submissions may include a maximum of one interprofessional and two profession-specific stand-alone programs (three programs total). Interprofessional programs must provide training to students in multiple mental health professions. For this category, sites have the option to establish a new program or expand an existing program. Proposals may request one or multiple professions through this category for an existing interprofessional program that currently includes trainees from multiple professions in the curriculum. Profession-specific stand-alone programs must only include requests for positions in one of the four professions being considered for funding. These programs would not have an interprofessional curriculum and students from other professions would not be integrated in an existing mental health program (see Section IV for additional details).
Points for proposals from facilities serving rural Veteran populations: As VHA is challenged by access issues, particularly at facilities serving rural Veteran populations, points will be awarded to proposals based on the proportion of enrolled Veterans who reside in rural or highly rural zip code areas, using facility-specific patient census data. Additional points will be awarded for programs incorporating specific training in working with rural health populations (e.g., telehealth, home-based primary care, etc.).

Points for innovation and for partnerships with Vet Centers: Special consideration will also be given to applications offering unique and innovative educational experiences in mental/behavioral health settings. OAA has partnered with VHA’s Readjustment Counseling Service to establish a Memorandum of Understanding (MOU) template that allows existing VAMC training programs to include rotations in Vet Centers. These rotations provide a unique opportunity for trainees to work with Veterans and their families experiencing readjustment challenges. Talking points and the MOU template may be reviewed by clicking on the hyperlinks corresponding to each document. Points will be awarded for sites including Vet Center rotations in proposed curricula. Since Physician Assistants are not hired in Vet Centers, MHPA residents are not permitted to train in this setting. LPMHC, MFT, and psychology are professions that are typically hired in Vet Centers.

Points for programs that focus upon and/or include suicide prevention: The VA has recognized that veterans are at an increased risk for suicide and has implemented a national suicide prevention strategy to address this problem. This includes multiple processes and strategies designed to better identify and treat veterans in emotional crisis as well as those Veterans who are not currently in crisis in hopes of preventing suicide. The VA program for suicide prevention is based on a public health approach which is ongoing, utilizing universal, selective, indicated strategies while recognizing that suicide prevention requires ready access to high quality Mental Health Services, supplemented by programs that address the risk for suicide directly. To support this effort, VA needs to continue to develop a group of well-trained mental health clinicians who can tackle this problem. Thus, points will be awarded to proposals including exposure to suicide prevention programs and other programs that identify and treat Veterans in emotional crisis.

MFT and LPMHC internships: The addition of MFTs and LPMHCs to the VA mental health workforce has expanded VA facilities’ staffing options and enabled VA to better meet the needs of a Veteran population increasingly in need of mental health care services. As VA’s demand for mental health professionals grows, we expect that VA will continue to successfully recruit MFTs and LPMHCs into its mental health workforce. Because MFTs and LPMHCs are still a relatively new profession within VA and decisions to hire into this occupation are made at a local level, the pace of hiring may vary from site to site. To promote continued increases in the number of MFTs and LPMHCs hired throughout the country, VHA is encouraging sites to create clinical training opportunities. Training clinicians helps with hiring by providing a pipeline of highly qualified potential staff.

One comprehensive proposal per facility Designated Education Officer: Each facility is limited to one comprehensive proposal (details of length requirements adjusted relative to the number of programs requested are included in Section V.D.), with all requested professions and clinical programs included. Although we recognize that a health care system may have multiple divisions, proposals must be coordinated through the facility Designated Education Officer (DEO), who is the OAA liaison. Health care systems with multiple divisions that have different DEOs at each campus may submit no more than one application per DEO. A maximum of three
programs may be requested by each DEO (maximum of one Interprofessional program and two Profession-Specific Stand-Alone Programs). All proposals should describe how education will foster interprofessional training, promote evidence-based practices, and address current gaps in mental health care. Applications may request positions in one or multiple professions, so long as position requests meet profession-specific criteria outlined in Section IV.

**Funding for facilities awarded positions will be provided by OAA and expected to recur in subsequent years, assuming the program demonstrates evidence of educational quality.** Any site awarded positions from Phase I-V of VA’s Mental Health Education Expansion, does not need to re-compete for those allocations. If you have any questions about prior MH Education Expansion allocations, please refer to the mental health subaccount in the Allocation Plan for Associated Health and Nursing Trainees at [http://vaww.oaa.med.va.gov/DBAHealth/ahRptAllocPlan1.aspx](http://vaww.oaa.med.va.gov/DBAHealth/ahRptAllocPlan1.aspx) (select facility at top of report and click “view report”).

**Important Notes (please refer to Section IV for detailed requirements by profession):**

- VA sites are encouraged to think creatively and innovatively about the provision of mental/behavioral health services and may submit non-traditional proposals that meet the anticipated staffing needs for future mental health care.
- All training programs in Psychology, LPMHC, and MFT must be accredited (Note exceptions in section IV. LPMHC and MFT Internships are accredited under the graduate program of the academic affiliate, rather than being an independently accredited, VA-sponsored program. At this time, MHPA programs are not currently accredited but if the site is approved for funding it would be required to seek accreditation at the time accreditation becomes available again.
- Paid training positions in four of the core mental health professions of LPMHC, MFT, MHPA, and psychology may be requested through this initiative.
- Requests must list the desired number of funded positions for each profession (refer to Cover Page Template in Appendix B).
- Proposals submitted in response to this RFP may only request new trainee positions in behavioral and mental health in the two categories (interprofessional, profession-specific stand-alone).
- Requested positions must be for professions with accredited, VA-sponsored programs or programs that are in the process of seeking accreditation (e.g., psychology internship) or for professions with accredited affiliate-sponsored programs (e.g., LPMHC, MFT) where programs are not sponsored in VA’s name. Accreditation is not currently available for Physician Assistant programs, so MHPA programs are exempt from this requirement.

**Exclusions:**

- Physician training, including psychiatry residency training, is being expanded by OAA through the Veterans Access, Choice and Accountability Act (VACAA). Programs wishing to expand residency training for psychiatrists may request positions through the VACAA RFP released March 2017 or in future VACAA RFPs.
- Mental Health Nurse Practitioner (MHNP) residency programs are handled through a separate RFP. As a result, nursing positions may not be requested through this RFP.
- Positions in clinical pastoral education, pharmacy, and social work have been funded in previous phases of Mental Health Education Expansion and may be included in future years. However, positions in those professions are not available in this phase of Mental Health Education Expansion.

May 5, 2017
• Positions funded by OAA’s Advanced Fellowship section may not be requested through this RFP. Advanced Fellowship programs generally include a clinical research emphasis and are unaccredited programs. In addition, Mental Illness Research, Education and Clinical Centers (MIRECC) and Psychosocial Rehabilitation (PSR) Fellowships are considered Advanced Fellowships, and positions in MIRECC/PSR may not be requested.

• Funding will not be provided for other purposes, such as infrastructure, faculty development, or travel support. These are the responsibilities of the local facility, using existing Veterans Equitable Resource Allocation (VERA) education supplement dollars designated for training.

II. BACKGROUND

OAA, with the concurrence of the Under Secretary for Health, has made a commitment to a five-year expansion of approximately 1,200 clinical training positions in mental health. This Phase VI RFP extends this initiative further. Subsequent phases may be available if budget and VA priorities align with the initiative. This initiative reflects the convergence of several trends and commitments within VHA. Specifically, this initiative is a response to the current efforts to enhance access to mental and behavioral health services for Veterans and to promote ongoing efforts to transform VA’s primary and mental health care delivery systems. It is also specifically intended to support VHA’s commitment to expansion of its mental health workforce. OAA recognizes the need to expand positions in pipeline programs to address pressing needs and practitioner shortages in mental health-related professions.

Since 2004, VA has re-emphasized its commitment to meeting mental and behavioral, as well as Veterans’ physical health needs. The agency formally adopted the VHA Comprehensive Mental Health Strategic Plan in 2004, followed in 2008 by VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, which was amended in November 2015. The Uniform Services Handbook provides guidance to all VA facilities detailing what mental and behavioral health services must be available for all Veterans.

III. PHASE VI OF VA’S MENTAL HEALTH EDUCATION EXPANSION INITIATIVE

This RFP invites facilities to submit proposals that match their areas of strength or areas in which they have the potential to enhance innovative clinical education programs in behavioral and mental health. Each facility is limited to one comprehensive proposal that must include all requested professions within a maximum of three programs (maximum of one interprofessional and two profession-specific stand-alone programs). Although we recognize that a health care system may have multiple divisions, proposals must be coordinated through the facility DEO. Health care systems with multiple divisions that have different DEOs at each campus may submit no more than one application per DEO. All proposals should describe how education will promote evidence-based practices and address current gaps in mental health care. Applications may request positions in one or multiple professions if the profession-specific criteria described in Section IV are met.

Recurring positions in subsequent years will be made available under this RFP if facilities demonstrate educational quality. Sites awarded positions from Phase I-V of MHEE should only apply for Phase VI funding if additional training positions are being requested. OAA is particularly interested in soliciting proposals from facilities that can offer innovative educational opportunities, within the context of profession-specific, accredited, educational programs that may be sponsored by VA and/or affiliated academic institutions. In addition, OAA would like to fund sites that have not previously hosted funded mental health training programs,
or have had small educational programs in the past, that currently provide mental health care to Veterans in rural areas, or have a focus on suicide prevention and crisis management.

OAA, in collaboration with MHS, OMHO, and PAS, encourages both the expansion of VHA’s core mental health training opportunities and incorporation of specialized or innovative clinical program content areas into the core settings that align with VHA’s Mental Health current strategic goals to assist Veterans in improving their health and well-being. Clinical education should be integrated into one program category: Interprofessional Program(s) or Profession-Specific Stand-Alone Program(s). In an effort to broaden the opportunities for expansion, sites may request additional positions in the following expansion classifications (See Section IV for profession-specific requirements):

- Mental health professions currently represented within an existing VA educational program (i.e., adding additional positions to existing training programs in LPMHC, MFT, MHPA, or neuropsychology)
- Adding a neuropsychology postdoctoral residency to an existing psychology doctoral internship or residency program.
- Mental health professions not yet represented in an existing VA educational program, so long as it is one of the professions identified in Sections I and IV and all RFP guidelines are met (e.g., adding LPMHC or MHPA trainees to an existing educational program with other professions).
- New areas of training emphasis in existing educational programs that will meet anticipated mental health expertise needs (e.g., wellness, suicide prevention, traumatic brain injury [TBI], chronic pain management, interventions for homeless Veterans, coping with chronic disease, mental health interventions through Home-Based Primary Care, Vet Center rotations, etc.).
- New interprofessional or profession-specific stand-alone VA clinical educational programs meeting all RFP criteria (e.g., establishing a psychology doctoral internship program at a facility that has not previously hosted an internship).

Program Categories. Many clinical program areas are important for the future of health care in VA. Any individual application must indicate whether the proposed program(s) is categorized as interprofessional or profession-specific stand-alone. Each submission may not exceed three proposed programs with a maximum of one interprofessional and two profession-specific stand-alone programs. Below are criteria to identify the appropriate category(s) to include in your proposal. All proposed clinical education programs may include educational experiences in outpatient, inpatient, and residential settings. It is essential that all professions with eligibility to submit applications collaborate in the application process for this RFP.

A. Interprofessional Programs
In support of VA’s national transformation of its primary, mental health and specialty care delivery systems, preparing the future health professions workforce for practice in this new environment is a priority. An essential component of patient-centered primary, mental health or specialty care practice is interprofessional collaboration among members of the health care team in an integrated environment. Interprofessional practice in an integrated care environment that allows health care team members to use complementary skills to effectively manage the physical and mental health of their patients, using an array of tools that support information sharing, in a secure environment, among relevant providers. High-functioning teams addressing behavioral and mental health needs require collaboration among diverse professions, including, but not limited to, chaplains, LPMHCs, MFTs, MHPAs, nurses, pharmacists, physicians, psychologists, and social workers.
In order for a proposed program to be categorized as Interprofessional, the curriculum must demonstrate a minimum of two criteria from the list below:

- To the greatest extent possible, trainees from two or more different professions (not all need to be funded through this RFP) learn and engage in supervised practice in a joint training program. Both profession-specific and interprofessional training objectives and competencies are identified.
- Shared didactics exist for trainees from multiple professions (led by a faculty from a range of professions).
- Trainees from multiple professions share responsibilities (e.g., co-facilitate groups, develop combined case formulations, carry out assessment/intervention activities jointly). For example, an interprofessional mental health/homeless Veteran team might be proposed including psychology interns, psychiatry residents (funded thru VACAA), an MHPA resident, and three MFT interns.

For a discussion regarding the development of interprofessional competencies, please see Core Competencies for Interprofessional Collaborative Practice, developed by the Interprofessional Education Collaborative, https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report_final_release_.PDF.

**B. Profession-Specific/Stand-Alone Programs**

While interprofessional training is desired, smaller facilities establishing new training programs may not be prepared to initiate training for multiple professions. Thus, facilities have the option to propose single-profession programs. Proposed programs in this category must only include requests for positions in one of the four professions being considered for funding (See Sections I and IV). These programs would not meet criteria for achieving an interprofessional curriculum and students from other professions would not be integrated in the training program. Generally, these proposals are expected to come from rural/remote programs, which currently lack the capacity to establish interprofessional training. In order for a proposed program to be categorized as Profession-Specific/Stand-Alone, the curriculum must demonstrate all four criteria from the list below:

- Trainees from one profession learn and engage in supervised practice without trainees from other professions.
- Trainees from only one profession are represented in the training objectives and competencies.
- Didactics exist for trainees from only one profession (led primarily by faculty from the same profession).
- Trainees from one profession do not share responsibilities with trainees from other professions.

An example of a program in this category is an expansion of an LPMHC internship program that only includes mental health counseling master’s level students in the curriculum. This expansion would not be adding LPMHC positions to an existing interprofessional program (e.g., interprofessional substance use disorders program), but rather adding this profession to an existing program that has profession-specific training objectives, rotations, and didactics.

**Mental Health Settings.** The two categories of programs described above must provide clinical educational opportunities in mental/behavioral health settings. Typically, a trainee is not assigned full-time or for a full year to one setting, but rather would rotate through settings as
part of a broad and comprehensive clinical education program. OAA expects that, for each trainee approved for these educational programs, the facility would commit to rotating the equivalent of 100% of an FTEE through the new position. Typically, this time commitment would be from a combination of several trainees, and a trainee would participate in the rotation throughout the entire training year (Note: Some professions have more brief appointments and these rotational goals would be adjusted). Below is a list of settings to consider when developing your curriculum. Additional points will be awarded to facilities proposing programs including rotations in suicide prevention and other programs that address emotional crises in veterans. To generate ideas, here are some potential rotations/settings:

1. **Mental Health Clinical Rotations**
   The rotations identified below include the delivery of care in general or specialty mental/behavioral health settings. Some examples of potential patient-centered training areas may include, but are not limited to, the following settings:
   - Outpatient Mental Health Clinics
   - PTSD Clinic
   - Substance Use Disorder Clinic
   - Psychosocial Rehabilitation and Recovery Clinic (PRRC)
   - Mental health care provided in the following contexts:
     - Vet Centers
     - Homeless Veteran Programs
     - Suicide prevention and crisis management programs
     - Veterans Justice Outreach Programs
     - Home Based Primary Care
     - Compensated Work Therapy
     - Community Based Outpatient Clinic (CBOC)
     - Community Living Center
     - Domiciliary
     - Tele-Mental Health

2. **Medical Care Clinics/Teams**
   To address the health disparities of patients with chronic mental illness and behavioral health needs of the general Veteran population, including training rotations in Medical Care Clinics/Teams is encouraged. Clinical rotations that focus on the needs of special groups are encouraged and should emphasize the delivery of care in settings that may include, but are not limited to, the following:
   - Patient Aligned Care Teams (PACT)/Primary Care Mental Health Integrations (PCMH-I)
   - Tobacco-use cessation
   - Weight management
   - Diabetes
   - Pain management
   - Sleep disorders
   - Neurology
   - Cardiology
   - Pulmonology
   - Surgical
   - Oncology/cancer survivorship
   - Infectious diseases
   - Spinal cord injury (SCI)
   - TBI
   - Polytrauma Rehabilitation
   - Transplantation Evaluation
   - Blind Rehabilitation

**IV. PROFESSION-SPECIFIC EXPANSION CRITERIA**
This RFP invites facilities to submit proposals that include any combination of professions outlined in Section I. Training directors for specific professions at sites requesting positions from multiple professions are encouraged to collaborate closely throughout proposal development. Although interprofessional training proposals are encouraged, applications
requesting profession-specific stand-alone programs and/or positions in a single profession may be submitted.
**Licensed Professional Mental Health Counseling (LPMHC): Pre-Master’s Internship Programs Only - 500 hours** *(additional points during review process available)*

<table>
<thead>
<tr>
<th>Required Elements</th>
<th>New LPMHC Pre-Degree Internship Programs</th>
<th>Additional LPMHC Pre-Degree Internship Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites that do not currently have funded LPMHC training positions</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Eight pilot LPMHC sites with funded LPMHC positions wishing to expand</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Must have sufficient infrastructure to support new or expanded training</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>LPMHC interns must have completed their clinical practicum to receive a VA stipend</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Maximum of three position requests</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Maximum of two position requests (existing programs only)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Since many LPMHC pre-degree internship programs require more than 500 hours of clinical training, it is permissible for students to be appointed without compensation after the stipend is utilized.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Letter of support (LOS) from a graduate LPMHC program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) is required</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Minimum of two full-time credentialed VA staff available on-site who are hired into the LPMHC occupation series, for provision of supervisory support, professional role modeling, and administrative functions. <em>(Individuals who may be licensed LPMHCs but are not working in the LPMHC occupation series may not serve as primary supervisors but may provide supplemental supervision/mentoring. Individuals must be able to provide supervision as per their licensure).</em></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proposal should note the relevant state licensing requirements and the supervisors’ credentials</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>If any of the internship positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another profession or facility</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Marriage and Family Therapy (MFT): Pre-Master's Internship Programs

<table>
<thead>
<tr>
<th>Required Elements</th>
<th>New MFT Pre-Degree Internship Programs</th>
<th>Additional MFT Pre-Degree Internship Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites that do not currently have funded MFT training positions</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Three pilot MFT site with funded positions wishing to expand</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Must have sufficient infrastructure to support new or expanded training</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Funded MFT interns must be in their second-year field placement to receive VA funding</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Maximum of three position requests</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Maximum of two position requests (existing program only)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Since many MFT pre-degree internship programs require more than 500 hours of clinical training, it is permissible for students to be appointed without compensation after the stipend is utilized.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Letter of support (LOS) from a graduate MFT program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is required</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A minimum of two MFT supervisors are required to be on-site, and they must be identified by name in the proposal</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>One supervisor must be a VA staff member boarded in the MFT occupation series. It is acceptable that the second supervisor be a faculty member at the affiliated COAMFTE-accredited academic program, but the supervisor must have a WOC appointment at the VA facility and be available a minimum of one-half day per week on-site at the VA</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Both supervisors must hold an approved supervisory credential (one must be AAMFT-approved supervisor; one may have state-supervisory credential)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>If any of the internship positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another profession or facility</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Mental Health Physician Assistant (MHPA) Post-Master’s Residency Programs

**Only-2,080 hours**

<table>
<thead>
<tr>
<th>Required Elements</th>
<th>New MHPA Post-Master’s Residency Programs</th>
<th>Additional MHPA Post-Master’s Residency Programs Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites that do not currently have funded MHPA training positions</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Three pilot MHPA site with funded positions wishing to expand</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Must have sufficient infrastructure to support new or expanded training</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Maximum of three position requests (new programs)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Maximum of two position requests (existing program only)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical director who is a board-certified psychiatrist</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Learning experiences must explicitly address the mental health content identified in the Psychiatry Certificate of Additional Qualification content blueprint (<a href="http://www.nccpa.net/Psychiatrycb">http://www.nccpa.net/Psychiatrycb</a>)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A minimum of two MHPA supervisors are required to be on-site, and they must be identified by name in the proposal</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Program expected to work toward accreditation along an agreed upon timeline once accreditation for PA residencies is available again</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>If any of the residency positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another profession or facility</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Psychology: Doctoral Internship Programs (new programs only) and/or Two-Year Postdoctoral Neuropsychology Residency Programs-2,080 hours/year

Psychology Doctoral Internship Program Requirements

<table>
<thead>
<tr>
<th>Required Elements</th>
<th>New Psychology Doctoral Internship Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites that do not currently have an internship program</td>
<td>Yes</td>
</tr>
<tr>
<td>Sites that have an existing psychology internship program with the capacity to expand</td>
<td>No</td>
</tr>
<tr>
<td>Must have sufficient infrastructure to support new training</td>
<td>Yes</td>
</tr>
<tr>
<td>Minimum of two position requests required to be considered an internship class</td>
<td>Yes</td>
</tr>
<tr>
<td>New programs are expected to participate in national match services which may require annual payment of dues.</td>
<td>Yes</td>
</tr>
<tr>
<td>New programs must submit an initial application for “accreditation on contingency” from the American Psychological Association (APA) within one year of program initiation and notify OAA upon submission (through a national database) in order to initiate payment centrally</td>
<td>Yes</td>
</tr>
<tr>
<td>Full accreditation for new programs must be achieved within two years of receiving “accreditation on contingency” status.</td>
<td>Yes</td>
</tr>
<tr>
<td>If any of the internship positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another profession or facility</td>
<td>Yes</td>
</tr>
<tr>
<td>New programs may not apply for accreditation as a consortium with other non-VA parties.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: VA’s Psychology Training Council (VAPTC) coordinates a training director mentorship program to assist facilities that are new to training. Sites interested in establishing an internship are strongly encouraged to consult with Dr. Bernadette Pasquale, VAPTC Chair, and Dr. Amy Silberbogen, VAPTC Mentorship Program Coordinator, to be connected with a mentor. We recommend that sites take advantage of this opportunity while preparing this application, as sites that work with mentors as they prepare proposal materials typically submit a higher quality product. In addition, sites awarded funding to establish a psychology doctoral internship will be required to work with a mentor and provide status updates to OAA semi-annually.
Two-Year Psychology Postdoctoral Neuropsychology Residency Requirements

<table>
<thead>
<tr>
<th>Required Elements</th>
<th>New Postdoctoral Neuropsychology Residency Programs</th>
<th>Additional Postdoctoral Neuropsychology Residency Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites that do not currently have a neuropsychology residency must have a minimum of two board-certified neuropsychology supervisors on-site</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sites that have an existing psychology residency with the capacity to expand</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Must have sufficient infrastructure to support new or expanded training</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New programs are expected to participate in national match services which may require annual payment of dues.</td>
<td>Yes</td>
<td>No (all existing programs must already be APPIC members)</td>
</tr>
<tr>
<td>New programs must submit an initial application for “accreditation on contingency” from the American Psychological Association (APA) within one year of program initiation and notify OAA upon submission in order to initiate payment centrally (simply obtaining a one-year, clinical psychology residency accreditation, with a neuropsychology emphasis, will not be adequate to maintain funding)</td>
<td>Yes</td>
<td>No (all existing programs must already have submitted self-study)</td>
</tr>
<tr>
<td>Full specialty accreditation for new programs must be achieved within three years of receiving “accreditation on contingency” status</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Existing programs that have been funded for three years must have achieved full accreditation status to apply (exception: sites that have been funded for more than three years that will submit their initial application to APA by October 1, 2017)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>If any of the residency positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another profession or facility</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New programs may not apply for accreditation as a consortium with other non-VA parties.</td>
<td>Yes</td>
<td>No. All existing programs must already be in the process of seeking accreditation or accredited. Existing consortia must have already had agreement approved by OGC.</td>
</tr>
</tbody>
</table>
Note: There has been considerable difficulty filling psychology postdoctoral clinical residency positions for the past several academic years. Since OAA is aware that the majority of neuropsychology residency positions have filled and there is a need for additional neuropsychologists within VA, only neuropsychology residency requests will be considered at the postdoctoral level.

As noted above, VA’s Psychology Training Council (VAPTC) coordinates a training director mentorship program to assist facilities that are new to training. We strongly encourage sites interested in establishing a neuropsychology residency to consult with Dr. Bernadette Pasquale, VAPTC Chair, and Dr. Amy Silberbogen, VAPTC Mentorship Program Coordinator, to be connected with a mentor while preparing your application materials. Sites that work with mentors as they prepare proposal materials typically submit a higher quality product. In addition, sites awarded funding to establish a neuropsychology residency will be required to work with a mentor and provide status updates to OAA semi-annually.

V. APPLICATION INSTRUCTIONS

A. Deadlines. There are two key deadlines for this initiative:
1. June 15, 2017. A non-binding Letter of Intent (LOI), is due to OAA no later than 11:59 pm Eastern Daylight Time (EDT) on Thursday, June 15, 2017. These letters are to allow OAA to project the demand for expansion positions and to allow us to plan for the review panels that will be needed to review these proposals.

B. Letter of Intent Instructions
LOIs, not to exceed two pages, plus an additional page with a completed cover page template (copy Appendix B), must be submitted by the medical center or health care system’s DEO rather than by individual service lines within the medical center. Each DEO is limited to one LOI submission for each facility or health care system. LOIs are non-binding, meaning that submitting an LOI does not compel the facility to submit a complete proposal.

A special application entry point has been established for submission of both LOIs and full applications in response to this Program Announcement. All LOIs must be submitted through the following OAA portal: http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=52

LOIs are due no later than 11:59 pm EDT on June 15, 2017, and must be uploaded to the OAA password protected web portal. Letters should be addressed to the Chief Academic Affiliations Officer, Dr. Robert Jesse (10A2D) and must include a completed cover page template (copy and complete Appendix B).

The individual from the facility education office, or a designee assigned by the DEO, submitting the LOI must register upon the first use of this portal. As the full proposal will be posted on the same portal, “LOI” should be identified in the document title to distinguish between the LOI and final proposal submissions. After the LOI is submitted and “complete” is selected, an automatically-generated confirmation e-mail will be forwarded both to the submitter and to OAA staff. Faxed, mailed, or e-mailed LOIs will NOT be accepted.
LOIs should be from the DEO (or designee) and should contain the following information
(OAA recognizes that some of this information may evolve or change with the development of a
full proposal):
- Name, credentials, and contact information for the person responsible for each proposed
  program (Cover page template in Appendix B must be included in LOI). Each facility or
  health care system’s DEO is limited to submitting one proposal.
- Identify whether each proposed program is new or an expansion of an existing program
  (included in Cover Page Template).
- Indicate the number of trainees in each educational level being requested (included in Cover
  Page Template). Note that a program(s) may be awarded fewer positions than initially
  requested in the LOI and/or proposal based on reviewer feedback or budget limitations.

C. Notification of Decisions (NEW REQUIREMENT)
After the DEO or designee registers to the portal, it is important that they select the “Award
Notify List” link (in blue) on the left side of the portal menu. This allows the submitter to enter
the email addresses of all individuals who should be notified of the proposal review result. The
email entry screen is linked to the VA Global Address List. This allows you to enter the name of
a VA employee to be notified in the search box, and the individual’s email will be displayed.
Select the correct name and then click the blue button “add to list below” to move an e-mail to
the notification list at the bottom of the screen. You may add non-VA e-mail addresses directly
at the bottom of the page, and only one address must be included per line. Only those e-mail
addresses listed in the portal will be notified when award results are released. You must
include the following individuals in your list:
- Medical Center Director
- Designated Education Officer
- Each program’s proposed Director of Training
- MHPA Medical Director (Mental Health Physician Assistant programs only)
- VISN Mental Health Lead
- Facility Chief of Mental Health
- Vet Center Team Leader (only LPMHC, MFT, or psychology programs that include a Vet
  Center rotation)

D. Proposal Instructions
Proposals must be submitted by the medical center or health care system’s DEO (or designee)
rather than by the individual service line within the medical center. Each DEO is limited to one
narrative submission single spaced, with 12 point Arial or Calibri font. The core narrative page
limit varies based on the number of programs (Interprofessional and/or profession-specific
stand-alone) your site requests. Full proposals may not exceed 40 pages. Please refer to the
maximum core narrative page limits below:
- One program = 8 pages
- Two programs = 11 pages
- Three programs = 14 pages
Proposals are due **no later than 11:59 pm EDT on Thursday, July 27, 2017**, and must be uploaded through the aforementioned OAA Portal (http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=52) with **three separate documents**:  
- Document 1 - Core Narrative  
- Document 2 - Letters of Support (all letters combined)  
- Document 3 - Supplemental Materials (optional)

The submission portal will only allow four documents to be uploaded, including the LOI (which must include the cover page template). All final application materials may not exceed 40 pages total. Any pages in excess of 40 will not be read or reviewed. The three final documents must be submitted through the aforementioned OAA Portal where LOIs were uploaded. **Only facilities that submitted a non-binding LOI may complete a full application.**

**Core Narrative** (refer to page limits listed in this section above) must include these elements:  
- Designation of the category under which the facility is requesting trainees (Interprofessional or Profession-Specific Stand-Alone program).  
- Identify any innovative content area/rotations.  
- Name, position, and contact information for the person responsible for each clinical education program being proposed (copy from Appendix B).  
- Cover page table of trainees requested, including revisions to what was initially submitted with LOI (if applicable). **Copy the table in Appendix B into the application** and ensure the information below is included. Please note that sites may delete rows from the table for professions/educational levels that are not being requested.  
  - Professions requested  
  - Position requests for new or existing education program  
  - Level of training in profession (e.g., psychology intern vs. postdoctoral neuropsychology resident-Year 1)  
  - Number of trainee positions requested for each profession  
  - Category of program for each profession’s trainee requests (If you are requesting positions in the same profession for multiple programs in different categories please indicate “both”)  
- Details of how trainees will be assigned to the VA training sites (e.g., whether the trainee experience will be full-time, year-long in the identified settings or rotational in nature and, if rotational, the duration of each clinical experience).  
- Accreditation status of each involved profession’s training program. It is understood that some VA programs such as LPMHC and MFT internships do not have independent accreditation and that accreditation is not currently available for PA programs.  
- Identified faculty and supervisors, with credentials and qualifications briefly described.  
- VA training sites/settings (e.g., specific clinics, CBOCs, Vet Centers or other venues to which trainees will be assigned for rotations), with brief descriptions of each site/setting.  
  - Describe how training sites will be committed to patient-centered, team-based delivery models for providing clinical services to Veterans.  
  - Identify the relevant evidence based mental and behavioral health care practices in these training sites.  
  - Describe how the training venues will have appropriate, on-site supervision and role models for trainees of all involved professions.
Letters of Support must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, behavioral and mental health care, and patient-centered practice models. There must be a letter of support from each of the individuals listed below (if those professions are included in the proposal). Submissions missing any letter of support for professions included in the proposal will be considered incomplete and will not be reviewed.

- **Facility Director.** The director's letter must address the facility’s commitment to the educational process, including sufficient release time for the program training directors, mentors, and supervisors to be fully engaged in the educational mission and process. Similarly, sufficient release time must be identified supporting educational and administrative activities, including curriculum development. Note: It is estimated that at minimum, 30% of the training director’s time will need to be devoted to this program and initial development may take substantially more time (up to 50% until accreditation is achieved). Facility directors must identify the percentage of release time authorized for each proposed training director, which must be a minimum of 30%. For any proposals that will ultimately result in membership expectations (psychology internships and residency), the director must indicate willingness to pay membership fees for any required professional or match organizations. OAA is now centrally funding accreditation fees for all psychology internship and residency programs. Currently, accreditation is not available for MHPA residency programs. For medical centers applying for an MHPA program, the medical center director must indicate their willingness to pay the accrediting fees for their residency program, should accreditation become available in the future.

- Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education
- VA Training Site Director or Program Director for each profession requesting trainees. If a profession is represented in multiple programs being proposed, include support for all programs that will include the profession in one letter.
- VISN Director. The letter of support must be from the VISN Director or Acting/Interim VISN Director. Please note that a letter from the VISN Mental Health lead may not replace a letter from the VISN Director.
- Graduate LPMHC and MFT accredited master’s program indicating a desire to affiliate with VA. Please note these letters of support are only required for sites requesting to establish new LPMHC or MFT internship programs or for sites wishing to expand their LPMHC/MFT internships based on a new affiliation.
- PA Residency Medical Director (Board-certified Psychiatrist - MHPA programs only)
- Vet Center Team Leader indicating a desire to establish an MOU with the VAMC. The letter must state the number of Vet Center supervisors available and boarded in each profession requesting trainee rotations. Please note these letters of support are only required for sites including Vet Center rotations in the training curriculum (MHPA programs are not eligible to have Vet Center rotations).

Supplemental materials (optional). Supplemental materials, such as brief biographical sketches for the program training directors and didactic schedules, may be added as desired, so long as the total number of pages in the proposal does not exceed 40.

E. Submission of Proposals
1. **Preparation of Applications.** The VA Designated Education Officer (DEO), ACOS/Education, or equivalent should be the focal point for coordination and submission of the LOI and full proposals.
a. **File formats.** Word, Excel, PDF, or TIF files formats may be used. Letters must include a signature (i.e., they must be a scanned copy of an original, signed document). Three separate documents: 1. **Core Narrative,** 2. **Letters of Support,** and 3. **Supplemental Materials (optional),** should be uploaded with all necessary materials included in one of these three files. The submission portal will only allow four total documents to be uploaded, including the LOI.

b. **Font and margin sizes.** Font size must be 12-point Arial or Calibri for narrative portions. Margins must be at least one inch all around (excluding headers and footers).

2. **Online submission instructions:**
Applicants will submit the Core Narrative, Letters of Support, and supplemental materials using the OAA Support Center web portal where LOIs were initially uploaded. Proposals are to be submitted through the following site: [http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=52](http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=52). The individual from the education office who submitted the LOI will have registered upon the first use of this portal and should also submit the full proposal. **Only sites that submitted a non-binding LOI may complete full applications.**

a. The application will be uploaded as two or three files, depending on whether supplemental materials are submitted.

b. Applications may be changed or modified up to the closing date for applications. Only authorized individuals may upload files or other information into the application database.

c. After materials are submitted, a confirmation e-mail will be sent identifying all files that were uploaded successfully.

d. Only e-mail addresses listed in the portal will be notified when award results are released (see details in Section V.C.).

e. **Faxed, mailed, or e-mailed applications will NOT be accepted.**

VI. REVIEW PROCESS

A. **Review Committee:** An ad hoc, interprofessional peer review committee designated by the Chief Academic Affiliations Officer (CAAO) will assess the merits of applications. Reviewers will have demonstrated expertise and leadership in education and patient care. The CAAO may, at her/his discretion, create subsets of applications for special review according to considerations such as rurality, site complexity, and other needs consistent with VA goals and missions.

B. **Review Criteria:** Applications will be scored according to these criteria:

1. Demonstrated commitment from the local VA facility and VISN, including executive and program management levels, to patient-centered care and the particular requirements of this Program Announcement, by guaranteeing a minimum of 30% protected time for program training directors, 10% for clinical supervisors, and 10% for the medical director (MHPA programs only). If applicable, demonstrated commitment from academic affiliates to support establishment of the proposed training program.

<table>
<thead>
<tr>
<th>Points</th>
<th>25</th>
</tr>
</thead>
</table>

2. Strength of the interprofessional team functioning in the programs for which interprofessional programs are requested, including evidence of high-functioning care teams and evidence of thoughtful strategies to
3. Incorporation of innovative emphasis areas consistent with VHA’s mental health strategic goals 10

4. Special consideration for facilities that have not previously hosted clinical education programs or facilities that have had relatively small training programs (3 or fewer trainees) that wish to expand. 20

5. To promote proposals for training in rural health settings, points will be awarded (up to 10) based upon the proportion of patients residing in a rural or highly rural zip code area. Up to five additional points will be awarded for programs incorporating specific training in working with rural health populations. This may include telehealth, home-based primary care, or other innovative special programs focusing on rural health. 15

6. Special consideration for facilities that include rotations at Vet Center(s) in the facility’s region. The facility must have an existing Memorandum of Understanding (MOU) with the Vet Center(s) or be willing to establish the MOU if funding is awarded. The Vet Center must have collaborated with the VA facility on how rotations will be established. 5

7. Special consideration for facilities that expose trainees to work with suicide prevention and other crisis management programs. 5

8. Special consideration for facilities that include requests for LPMHC and/or MFT training positions. The position requests may be for new or expanded LPMHC/MFT programs. 5

VII. SCHEDULE

May 5, 2017 OAA sends Program Announcement to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.

June 15, 2017 Non-binding letter of intent due to OAA, via an ONLINE submission process, uploaded by the Designated Education Officer.

July 27, 2017 Full Proposals from eligible facilities due in OAA via an ONLINE submission process, uploaded by the Designated Education Officer.

September 29, 2017 OAA’s target date for the notification to facilities about the approval/disapproval of proposals. This date is subject to change.

July – September 2018 Trainees begin according to respective academic cycles.

VIII. OAA CONTACT PERSONS
A. **General information:** Please contact David Latini, PhD, LMSW at (832) 377-9927, David.Latini@VA.gov or the Associated Health Education team at assoc.health@va.gov.

B. **Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk oaaahelp@va.gov or contact David Bernett at (803) 667-4100, David.Bernett@va.gov.
APPENDIX A: TRAINEE POLICIES

Trainees in Associated Health Professions:

1. **Governance.** OAA maintains overall responsibility for the administration of VA’s health professions education. All “associated health” trainees (defined here as trainees not in dentistry, medicine, or nursing) included in these teams shall comply with the Program Requirements of the respective profession’s educational accreditation bodies and with VA provisions for training in those professions.

2. **Program Sponsorship.** Currently allocated facility associated health trainee positions may be included in activities undertaken as a part of this Program Announcement. All trainees must be in programs accredited in the name of an affiliate or in internships and residencies sponsored by the VA, such as psychology internships and postdoctoral neuropsychology residencies. MHPA programs are exempt from this requirement, as no accreditation for those programs is available at this time. Should accreditation become available in the future, funded MHPA programs will be expected to obtain accreditation as a requirement for maintaining funding.

3. **OAA Support for Trainees.** OAA will provide funds to VA facilities for trainee stipends and fringe benefits when involved in activities of these programs.

4. **Appointment and Compensation of Trainees.**
   a. **Appointment authority.** Appointments will be made under 38 U.S.C. 7405.
   b. **Stipend determination.** The stipends for individual positions will be based on the profession, educational level, and geographically adjusted VA stipend rates. Stipend rates for all AHE trainees may be found at [http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx](http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx).

5. **Liability.** Trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

6. **Trainee expenses.** Except as specified above, expenses connected to trainee recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the trainee.
APPENDIX B: COVER PAGE TEMPLATE

Facility Name: ________________________ VISN: ________
Does this facility/healthcare system have multiple campuses  □ Yes  □ No

If yes, name the individual campuses that will be applying for programs: ______________________

Check as many that apply and include the number of programs for each category: Each healthcare system/facility may not exceed three total programs (one interprofessional programs and two profession-specific stand-alone programs).

□ New program(s)
  □ Interprofessional Program(s): # being proposed: ______________________
  □ Profession-Specific Stand-Alone Program(s): # being proposed: ______________________

□ Expansion of existing program(s)
  □ Interprofessional Program(s): # being proposed: ______________________
  □ Profession-Specific Stand-Alone Program(s): # being proposed: ______________________

TRAINING DIRECTOR CONTACT INFORMATION
Please include information for each program you plan to include in your application. You may not exceed three total programs. You may leave rows blank if you are requesting positions in fewer than three programs.

<table>
<thead>
<tr>
<th>Program Number</th>
<th>Program Specialty/Profession</th>
<th>Training Director Name</th>
<th>Training Director e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession-Specific #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession-Specific #2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TRAINEES REQUESTED
Please use this table to list all new trainee position requests under this initiative and include this with your letter of intent. You will also want to copy this table into your final application. Please note you may remove any rows that do not apply to your application.

If trainee positions for the same profession are being requested for multiple programs, please indicate “both” in the column identifying new or expanded program and/or profession-specific stand-alone or interprofessional program.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Education Level</th>
<th># Positions Requested</th>
<th>Hours per Position</th>
<th>New or Expanded Program</th>
<th>Interprofessional or Profession-Specific Stand-Alone Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Professional Mental Health Counseling</td>
<td>Pre-Master's Intern</td>
<td>500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Family Therapy</td>
<td>Pre-Master's Intern</td>
<td>500</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note: If you are requesting a new neuropsychology residency with one position that will alternate between year 1 and year 2, please only indicate one position next to year 1. If you are a new program requesting two positions that will be staggered each academic year please indicate one position for each year (1 and 2), and we recognize that the year 2 position will not fill in AY19 since you will only have a year 1 resident for the start of the program.
APPENDIX C: CHECKLIST

CHECKLIST FOR PROPOSAL SUBMISSION
This is a checklist to assist you in submitting a complete proposal. You need not submit this checklist with the proposal, as it is for your use only.

Notification of Decisions (should be completed at time LOI is submitted): DEO must select the “Award Notify” link on the left side of the OAA portal menu to enter the email addresses of individuals who should be notified of the proposal review result. Only those e-mail addresses listed in the portal will be notified when award results are released. You must include the following individuals in your list:
- Medical Center Director
- Designated Education Officer
- Each program’s proposed Director of Training
- MHPA Medical Director (Mental Health Physician Assistant programs only)
- VISN Mental Health Lead
- Facility Chief of Mental Health
- Vet Center Team Leader (only LPMHC, MFT, or psychology programs that include a Vet Center rotation)

Proposals are due no later than 11:59 pm EDT on Thursday, July 27, 2017, and must be uploaded through the aforementioned OAA Portal (http://vaww.oaa.med.va.gov/RFP/default.aspx?PID=52) with three separate documents:
- Document 1 - Core Narrative
- Document 2 - Letters of Support (all letters combined)
- Document 3 - Supplemental Materials (optional)

Core Narrative, not to exceed page limit specified in Section V.4.D. (1 program-8 pages, 2 programs-11 pages, 3 programs-14 pages). Proposals must include these elements:
- Designation of the category under which the facility is requesting trainees (Interprofessional or Profession-Specific Stand-Alone program).
- Identify any innovative content area/rotations.
- Name, position, and contact information for the person responsible for each clinical education program being proposed (copy from Appendix B, rows may be deleted if not applicable).
- Cover page table of trainees requested (copy from Appendix B, rows may be deleted if profession/level of training is not being requested), including revisions to what was initially submitted with LOI (if applicable).
- Details of how trainees will be assigned to the VA training sites.
- Accreditation status of each involved profession’s training program (it is understood that some VA programs such as LPMHC and MFT internships do not have independent accreditation and PA residencies are not currently accredited).
• Identified faculty and supervisors, with credentials and qualifications briefly described.

• VA training sites/settings (e.g., specific clinics, CBOCs, Vet Centers or other venues to which trainees will be assigned for rotations), with brief descriptions of each site/setting.

• Describe how training sites will be committed to patient-centered, team-based delivery models for providing clinical services to Veterans.

• Identify the relevant evidence based mental and behavioral health care practices in these training sites.

• Describe how the training venues will have appropriate, on-site supervision and role models for trainees of all involved professions.

**Letters of Support** must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, behavioral and mental health care, and patient-centered practice models. There must be a letter of support from each of the individuals listed below:

• Facility Director. The director’s letter must address the facility’s commitment to the educational process, including sufficient release time for the program training directors, mentors, and supervisors to be fully engaged in the educational mission and process. Similarly, sufficient release time should be identified supporting educational and administrative activities, including curriculum development. Note: The medical center must document that 30% of the training director’s time will be released to be devoted to this program. For new programs, initial development may take substantially more time. Ten percent release time should be provided for clinical supervisors who are centrally involved in the training program. For MHPA programs, the Medical Director must receive a minimum of 10% release time. **Facility directors must identify the percentage of release time authorized for each proposed training director and medical director (for MHPA programs only).** For any proposals that will ultimately result in accreditation expectations (such as psychology internship or postdoctoral fellowship programs), the director must indicate willingness to pay accreditation fees and membership fees for any required professional or match organizations.

• Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education

• VA Training Site Director or Program Director for **each profession** requesting trainees.

• MHPA Medical Director (Mental Health Physician Assistant programs only)

• VISN Director

• Graduate LPMHC and/or MFT accredited master’s program (**only required for sites requesting to establish new LPMHC or MFT internship programs or for sites wishing to expand their internships based on a new affiliation.**).
• Vet Center Team Leader (only required for sites requesting LPMHC, MFT, and/or psychology trainees and those including Vet Center rotations in the training curriculum).

Supplemental Materials (optional). Supplemental materials, such as brief biographical sketches for the program training directors and/or calendar of didactic seminars, may be added as desired, so long as the total number of pages in the proposal does not exceed 40.

Submission of Proposals
• Full proposals are submitted by VA Designated Education Officer (DEO), ACOS/Education, or equivalent.

• Acceptable formats for submitted files are Word, Excel, or PDF formats.

• Letters of support include a signature (e.g., they must be a scanned copy of an original, signed document).

• Font size must be 12-point Arial or Calibri for narrative portions.

• Margins must be at least one inch all around (excluding headers and footers).

• Files are uploaded by DEO, ACOS/E, or equivalent using the OAA portal at http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=52. E-mailed or faxed proposals will not be reviewed.