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 Care Management and Social Work Services (CMSWS), 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 disciplines; and promote interprofessional collaboration in an integrated care environment.

This RFP includes two different core mental health care delivery and training categories that may be incorporated into proposals: 1) Mental Health Clinical Programs (General Mental Health Care and Specialty Mental Health Care, and 2) Medical Care Clinics/Teams (described in Section III). All submissions must be based on at least one of the core mental health clinical settings and may include components from both categories.

VHA is committed to improving mental health outcomes and mental health access for individuals who have been diagnosed with mental health disorders. The purpose of this RFP is to expand existing health professions education programs and establish new health professions education programs in areas that are aligned with VHA’s Mental Health Innovations Task Force which addresses the needs of Veterans experiencing five identified conditions: posttraumatic stress disorder (PTSD), depression, substance use disorder, insomnia, and chronic pain. The task force was chartered to expand the strategy for suicide prevention and to help improve mental health outcomes. The task force capitalized on VHA’s existing commitment to a personalized, proactive, patient-driven approach to care. In conjunction with the recommendations of the task force, proposals emphasizing “whole person health,” which promotes health and well-being, improving self-management and coping skills, and reducing risk factors for suicide, are encouraged.

Special consideration will be given to applications offering unique and innovative educational experiences embedded in a core mental health setting. Each facility is limited to one comprehensive proposal with all requested disciplines 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. All proposals should describe how education will foster interprofessional/interdisciplinary training, promote evidence-based practices, and address current gaps in mental health care. Applications may request positions in one or multiple disciplines, so long as position requests meet discipline-specific criteria outlined in Section IV.

Proposals selected for funding will result in the allocation of additional funded trainee positions to the facility on a recurring basis. Any site awarded positions from Phase I and II of this expansion, does not need to re-compete for those allocations. If you have any questions about prior MH Expansion allocations, please refer to the mental health subaccount in the Allocation Plan for Associated Health Trainees at http://vaww.oaa.med.va.gov/DBAHealth/ahRptAllocPlan1.aspx.
Important Notes (please refer to Section IV for detailed requirements by discipline):

- All training programs must be accredited (note exceptions in section IV below).
- Paid training positions in the primary mental health disciplines of psychiatry, psychology, and social work may be requested through this initiative.
- Positions for pharmacy residents will be considered provided the focus of the residency will be mental health.
- Training positions in clinical pastoral education may be requested if mental and behavioral health services are emphasized in the curriculum.
- Trainees from additional disciplines that currently receive funding from OAA may be considered with justification and if an ongoing, primary educational focus is on delivering behavioral or mental health care to Veterans.

**Exclusions:**

- Because OAA, in collaboration with MHS, is planning to establish pilot educational programs for licensed professional mental health counselors (LPMHC) and marriage and family therapists (MFT) through a separate mechanism, this RFP should not include requests for those two disciplines.
- 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 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) are considered Advanced Fellowships, and positions in MIRECCs should not be requested.
- Proposals submitted in response to this RFP may only request new trainee positions in behavioral and mental health in content areas described in this RFP and in programs that are already accredited or that are in the process of seeking accreditation. Funding will not be provided for other purposes, such as infrastructure, faculty development, or travel, which are the responsibilities of the local facility.

VA sites are encouraged to think creatively and innovatively about provision of mental health services and may submit non-traditional proposals with the stipulation that all trainees must receive clinical experiences in at least one of the core mental health content areas (See Section III).

II. **BACKGROUND AND RATIONALE FOR INITIATIVE**

OAA, with the concurrence of the Under Secretary for Health, has made a commitment to a 5-year expansion of approximately 1,200 clinical training positions in mental health. 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.
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. The Uniform Services Handbook provides guidance to all VA facilities detailing what mental and behavioral health services must be available for all Veterans, with plans to update the existing Mental Health Uniform Services Handbook in FY15.

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, nurses, pharmacists, physicians, psychologists, and social workers. Therefore, it is essential that all disciplines with eligibility to submit applications collaborate in the application process for this RFP. This OAA initiative is designed to enhance the development of true interprofessional care delivery teams that include core mental health professions and are aligned with the recommendations of the Mental Health Innovations Task Force. Moreover, OAA recognizes the need to expand positions in pipeline programs to address pressing needs and practitioner shortages in mental health-related professions.

The success of new educational partnerships will be critically dependent on the organization and culture of the clinical learning environment. Patient-centered, evidence-based clinical practices with strongly motivated leadership and high-functioning interprofessional teams will be essential for professional identity formation. The acculturation of learners to practice in patient-centered, team-based models of care is a central feature of this initiative. For a discussion regarding the development of interprofessional competencies, please see Core Competencies for Interprofessional Collaborative Practice, developed by the Interprofessional Education Collaborative, https://www.aamc.org/download/186750/data/core_competencies.pdf.

III. PHASE III OF THE 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 interprofessional clinical education programs in behavioral health. (Note: Many disciplines contribute to mental health care). Likewise, many clinical programs are supported by behavioral health teams, including Behavioral Health Interdisciplinary Program (BHIP) teams. Each facility is limited to one comprehensive proposal with all requested disciplines and clinical programs included. 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 foster interprofessional/interdisciplinary training, promote evidence-based practices, and address current gaps in mental health care.
Applications may request positions in one or multiple disciplines if the discipline-specific criteria described in Section IV are met.

Recurring positions will be made available under this RFP. **Sites awarded positions from Phase I and II of the expansion should only apply for Phase III funding if additional training positions are being requested.** OAA is particularly interested in soliciting proposals from facilities that can offer innovative and interprofessional educational opportunities, within the context of discipline-specific, accredited, educational programs that may be sponsored by VA and/or affiliated academic institutions. In addition, OAA would like to also fund sites that have not previously hosted funded mental health training programs, or have had small educational programs in the past, or that currently provide mental health care to Veterans in rural areas; Veterans who are older; Veterans who are returning from OEF/OIF/OND or Veterans with Serious Mental Illness (SMI).

OAA, in collaboration with MHS, OMHO, and CMSWS, 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 Innovations Task Force recommendations to prioritize achieving health and well-being. Clinical education should be integrated into at least one core mental health setting: Mental Health Clinical Programs (General Mental Health or Specialty Mental Health Programs) and/or Medical Care Clinics/Teams (to include PACT/PCMHI). In an effort to broaden the opportunities for expansion, sites may request additional positions in the following expansion categories (See Section IV for discipline-specific details):

- Mental health disciplines currently represented within an existing VA educational program (i.e., adding additional positions to existing training programs)
- New education training levels that will be added to existing accredited VA educational programs (e.g., adding a clinical postdoctoral fellowship to an existing internship or residency program)
- Mental health disciplines not yet represented in an existing VA educational program, so long as it is one of the disciplines identified in Section I and all RFP guidelines are met (e.g., adding social work or chaplain trainees to an existing educational program with other disciplines)
- New areas of training emphasis in existing educational programs that reflect the Mental Health Innovations Task Force Recommendations (e.g., adding wellness, suicide prevention, traumatic brain injury (TBI), chronic pain management, and coping with chronic disease rotations and mental health interventions through Home-Based Primary Care).
- New interprofessional VA clinical educational programs meeting all RFP criteria (e.g., cancer survivorship, weight management, etc.)

Many clinical program areas are important for the future of health care in VA. Any individual proposal must include a minimum of one of the core settings described below (Mental Health Clinical Programs and Medical Care Clinics/Teams). All proposed clinical education programs may include educational experiences in outpatient, inpatient, and residential settings.

**Core Mental Health Settings.** The two options described in this section represent core mental health clinical educational opportunities into which trainees from any of the mental health disciplines might be assigned. 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
A 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 disciplines have more brief appointments and these rotational goals would be adjusted).

A facility may choose to combine rotations from both options into one comprehensive proposal or select experiences from only one core mental health setting:

1. **Mental Health Clinical Programs:** This category includes the delivery of care in general or specialty mental/behavioral health settings. All trainees would spend the majority of clinical time providing care in an interprofessional mental health setting, working under the supervision of staff members who are full-time members of a general or specialty mental health team. Training for interprofessional care must be a core component of education, along with skill development in evidence-based discipline-specific care. 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:
     - Home Based Primary Care
     - Compensated Work Therapy
     - Community Based Outpatient Clinic (CBOC)
     - Community Living Center
     - Domiciliary
     - Homeless Veteran Programs
     - 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, expansion of training in Medical Care Clinics/Teams is encouraged. These trainees must spend the majority of clinical time providing care to Veterans experiencing behavioral or mental health symptoms who receive treatment in medical clinics, to include PACT. These educational programs would have a significant behavioral health component and/or incorporate a greater focus on providing specialized care to Veterans with mental health risk factors or diagnoses. For example, training could include rotations focusing on pain management, wellness, problem solving, suicide prevention, or chronic disease management. Additionally medical clinics that are aligned with PACT, including Tobacco Use Cessation, MOVE! Weight Management, and Primary Care and/or Mental Health Care-based pain management should be considered for trainees. As noted above, training for interprofessional care must be a core element of education, along with skill development in evidence-based, discipline-specific care. Clinical programs 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 (Note: These clinical programs may be attached to Primary Care or exist as stand-alone specialty medical clinics):
   - Tobacco-use cessation
   - Weight management
   - Diabetes
   - Pain management
Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC

VA Mental Health Education  
Expansion Initiative, Phase III  
Program Announcement

- Sleep disorders  
- Neurology  
- Cardiology  
- Pulmonology  
- Surgical  
- Oncology/cancer survivorship  
- Infectious diseases  
- Spinal cord injury (SCI)  
- TBI  
- Polytrauma Rehabilitation  
- Transplantation Evaluation  
- Blind Rehabilitation  
- Patient Aligned Care Teams (PACT)/ Primary Care Mental Health Integration (PCMHI) or Health Behavior Coordinator roles

Phase III also allows for the expansion of training within core mental health domains that address the following high-interest, cross-cutting areas:
- conditions of special concern identified by the VHA’s Mental Health Innovations Task Force (PTSD, depression, substance use disorder, insomnia, and chronic pain),  
- whole person health (wellness, risk reduction, stress management, and other patient-driven assistance to enhance functioning and quality of life),  
- and mental health services for:  
  - rural Veterans,  
  - older Veterans,  
  - Veterans returning from OEF/OIF/OND, and  
  - Veterans with serious mental illness.

IV. DISCIPLINE-SPECIFIC EXPANSION OPTIONS

This RFP invites facilities to submit proposals that include any combination of disciplines outlined in Section I. Training directors for specific disciplines at sites requesting positions from multiple disciplines are encouraged to collaborate closely throughout proposal development. Although multidisciplinary training proposals are encouraged, applications requesting positions in a single discipline may be submitted.

Clinical Pastoral Education (CPE)

1. **New Specialty Resident Level II Programs:** New sites that do not currently have CPE programs but have Board Certified Chaplains (BCC) who are Mentor-Certified to serve as supervising practitioners may apply for a maximum of two positions. This clinical education would be limited to only Chaplain trainees that have already completed their regular residency (Level I). These level II residents must be receiving advanced training specializing in mental health. New programs will have three years to achieve accreditation. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

2. **Additional Specialty Resident Level II Positions:** This clinical education would be limited to only CPE trainees that have already completed their regular residency (Level 1). These level II residents should be receiving advanced training specializing in mental health. Sites that currently have accredited CPE programs that can expand to include positions in Mental Health may request additional training positions. If the position is not
filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

Pharmacy

1. **New PGY-1 and 2 Pharmacy Residency Programs:** Applications from new pharmacy educational programs for PGY-2 residents will be considered. Positions for pharmacy PGY-2 residents will be considered provided the focus of the residency will be mental health and the assigned pharmacy preceptors are board-certified in psychiatric pharmacy or board-certified in ambulatory care pharmacy and have a defined mental health scope of practice. Additionally, the residency program needs to have obtained accreditation within 24 months of beginning its first trainee. PGY-1 positions may be requested if included in an interdisciplinary Medical Care Clinic/Team. PGY-2 positions may not be converted to PGY-1 positions if they are unfilled. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

2. **Additional PGY-2 Pharmacy Positions:** Positions for pharmacy PGY-2 residents will be considered provided the focus of the residency will be mental health and the assigned pharmacy preceptors are board-certified in psychiatric pharmacy or board-certified in ambulatory care pharmacy and have a defined mental health scope of practice. Residency programs must be accredited, and positions may not be converted to PGY-1 positions if they are unfilled. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

Psychiatry

1. **Expansion of Pipeline Psychiatry Residency Programs, PGY-1 to 4:** Residency programs must be accredited by ACGME with a non-VA, affiliated sponsor or an existing VA-sponsored program that is in good accreditation standing. No new VA-sponsored programs will be established under this initiative. Sites applying for psychiatry residents must have support from the Designated Institutional Official (DIO) from the affiliate.

2. **Expansion of Combined Programs in Internal Medicine/Psychiatry and Psychiatry/Family Medicine Residency Programs, PGY-1 to 4:** The parent programs must be accredited by ACGME and the combined program approved by ACGME. Sites applying for residents in combined programs must have support from the Designated Institutional Official (DIO) from the affiliate.

3. **Expansion of Accredited Subspecialty Psychiatry Fellowship Programs, PGY-5:** Fellowship programs must be accredited by ACGME with a non-VA, affiliated sponsor or an existing VA-sponsored program that is in good accreditation standing. No new VA-sponsored programs will be established under this initiative. Sites applying for psychiatry residents must have support from the DIO from the affiliate. The only psychiatry subspecialties eligible for consideration are: addiction psychiatry, brain injury medicine, geriatric psychiatry, and psychosomatic medicine. If any other psychiatry subspecialties are desired, consultation with Dr. Barbara K. Chang, Director of Medical & Dental Education, Barbara.Chang@va.gov, (502) 287-4722 or Dr. Judy Brannen, Clinical Director, Judy.Brannen@va.gov, (804) 675-5481 is recommended.
Psychology

1. **New Psychology Internship Programs**: OAA will accept proposals from any of the 40 facilities that do not have an existing internship program. If approved, a new training program must become a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and must receive accreditation from the American Psychological Association (APA) within three years of program initiation. VA’s Psychology Training Council (VAPTC) also coordinates a training director mentorship program. Sites interested in establishing an internship may consult with Dr. Loretta Braxton, VAPTC Chair, to be connected with a mentor. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

2. **Additional Psychology Internship Positions**: Both accredited internship programs and those newly established programs currently seeking accreditation may apply for additional positions. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

3. **New Psychology Fellowship Programs**: New fellowship programs may be established at any site that does not currently have a fellowship program or facilities wanting to expand into new specialty areas. If approved, a new fellowship program must become a member of the APPIC and must receive APA accreditation within three years of program initiation. VAPTC also coordinates a training director mentorship program. Sites interested in establishing a fellowship may consult with Dr. Loretta Braxton, VAPTC Chair, to be connected with a mentor. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline or facility.

4. **Additional Psychology Fellowship Positions**: Both accredited fellowship programs and those newly established programs currently seeking accreditation may apply for additional positions. If the position is not filled in subsequent years, OAA has the authority to reallocate the stipend to another discipline.

Social Work

1. **New Social Work Internship Programs in Mental/Behavioral Health**: OAA will accept applications from sites that do not currently have an existing social work internship program, depending on infrastructure and ability to support trainees. Proposals from states where no internship exists, along with facilities delivering care to rural Veterans, will receive special consideration. Funded social work interns must be in their second year field placement to receive VA funding. Each site requesting to establish a new internship may request up to four (500-hour) interns for the educational program, depending on facility infrastructure and capacity to support trainees. To be considered, the proposal should include a letter of support (LOS) from a graduate social work program accredited by the Council on Social Work Education (CSWE) indicating a desire to affiliate with the VA facility for internship training.

2. **Additional Social Work Mental/Behavioral Health Internship Positions**: Sites with existing internship programs that have the capacity to expand mental health positions may apply. Funded social work interns must be in their second year field placement to receive a VA stipend.
V. APPLICATION INSTRUCTIONS

A. DEADLINES. There are two key deadlines for this initiative:

1. **August 29, 2014.** A separate Letter of Intent (LOI), for each proposal, is due to OAA no later than 11:59 pm Eastern Daylight Time on August 29, 2014. 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.

2. **September 29, 2014.** The full proposal is due to OAA no later than 11:59 pm Eastern Daylight Time on September 29, 2014.

B. LETTER OF INTENT INSTRUCTIONS

LOI’s, not to exceed two pages, 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.

LOI’s are due no later than 11:59 pm Eastern Daylight Time on August 29, 2014, and must be uploaded to an OAA Support Center password protected web portal. Letters should be addressed to the Chief Academic Affiliations Officer (10A2D).

A special application entry point has been established for submission of both LOI’s and full applications in response to this Program Announcement. All LOI’s are to be submitted through the following site: [http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=21](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=21).

The individual from the education office submitting the LOI will need to register upon the first use of this portal. As the full proposal will be posted on the same portal, LOI’s should be in the document title to distinguish between the LOI and proposal submissions. After LOI’s are submitted, an automatically-generated confirmation e-mail will be forwarded. **Faxed, mailed, or e-mailed LOI’s will NOT be accepted.**

**LOI’s should be from the DEO and should contain the following information** (OAA recognizes that some of this information may evolve or change with the development of a full proposal):

1. Name, credentials, and contact information for the person responsible for the proposed education program.
2. Identify the core mental health setting(s): **mental health clinical program** and/or **medical care clinic/team** and list the content areas/rotations of submission anticipated.
3. Identify whether this is a new training program being proposed or an expansion of an existing program (refer to Section IV).
4. For each discipline for which training positions will be requested, the number and educational level of trainees (e.g., “2 Pharmacy Residents, PGY2” or “3 Psychology Postdoctoral Fellows”). **Please clearly indicate this information in a list format.**

C. PROPOSAL INSTRUCTIONS

Proposals 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 submission, which shall not exceed 10 pages of narrative, single spaced, with 12 point Arial or Calibri.
font. Margins must be at least one inch all around (excluding headers and footers). Proposals will be uploaded through the OAA Portal with three separate documents, Core Narrative, Support Letters, and Supplemental Materials (optional). These materials may not exceed 40 pages total. Any pages in excess of 40 will not be read or reviewed.

Core Narrative, not to exceed 10 pages must include these elements:
1. Designation of the core mental health setting under which the facility is requesting trainees (Mental Health Clinical programs and/or medical care clinics/teams), as well as any innovative content area/rotations discussed in Section III above aligned with the goals of VHA’s Mental Health Innovations Task Force. A facility may combine rotations from both settings listed above into a single proposal as long as the requirements for each are fully met (i.e., a trainee may train half time in a PTSD and Substance Use clinic and half time with Veterans with chronic pain in a medical clinic).

2. Name, position, and contact information for the person responsible for the interprofessional clinical education programs.

3. Name, title, and e-mail address of each individual to be notified of decisions regarding approval of the proposal. These must include the facility Director and the Designated Education Officer, the VISN-Mental Health leader, and the facility mental health lead. Only individuals listed with e-mail addresses included in the application will be notified.

4. Table of trainees requested. Copy the table in Appendix B into the application and ensure the below information is included:
   a. Disciplines requested
   b. Position requests for new or existing education program
   c. Level of training in discipline (e.g., psychology intern vs. postdoctoral fellow, or, for physician residents, PGY level)
   d. Number of trainee positions and hours per position requested for each discipline

5. 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).

6. Accreditation status of each involved discipline’s training program (it is understood that some VA programs such as social work internships do not have independent accreditation).

7. Identified faculty and supervisors, with credentials and qualifications briefly described.

8. VA training sites (e.g., specific clinics, CBOCs, or other venues to which trainees will be assigned), with brief descriptions of each site.
   a) Describe how training sites will be committed to patient-centered, team-based delivery models for providing clinical services to Veterans.
   b) Identify the relevant evidence based mental and behavioral health care practices in these training sites.
   c) Describe how the training venues will have appropriate, on-site supervision and role models for trainees of all involved professions.

9. Narrative description of the proposed clinical education programs, including a description of the Interprofessional Curriculum. The proposal should emphasize the “core” educational objectives and “critical” outcome measures that will be used to establish the effectiveness of the new curriculum. The curriculum must emphasize experiential learning in addition to didactic pedagogy. These elements should be included in the curriculum:
   a) Shared Decision Making: At a minimum, the proposals should address the assessment and alignment of health interventions with patients’ preferences, shared
goal setting, patient education, promotion of healthy behaviors, and self-management.

b) **Sustained Relationships**: Proposals should describe how trainees will be integrated into patient-centered practices at the VA, as well as how continuity will be maintained when trainees are not physically present. Ideally, there would be continuity with a panel of patients as well as with supervising practitioners.

c) **Interprofessional Collaboration**: Applicants should describe how they will design curricula to foster interprofessional learning, with an emphasis on experiential learning in addition to didactic experiences. Curricula need not be entirely “in common” between professions. Rather, they should reflect prior learning experiences and expected roles in high-functioning, interprofessional care teams in clinical settings.

d) **Performance Improvement**: Ongoing and substantial involvement in performance improvement activities must be integral components of the curriculum. Describe how trainees will establish, track, and use quality measures to enhance patient outcomes.

**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:

1) 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. 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.

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

3) VA Training Site Director or Program Director for each discipline requesting trainees

4) VISN Director

5) Designated Institutional Official at the affiliate for sites requesting psychiatry residents

6) Program Director for affiliated GME programs, in which positions are requested

7) Graduate social work master’s program accredited by the Council on Social Work Education indicating a desire to affiliate with VA for sites requesting social work interns

**Supplemental materials**. Supplemental materials, such as brief biographical sketches for the program training directors, may be added as desired, so long as the total number of pages in the proposal does not exceed 40.
D. 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 Letter of Intent 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 individual documents should be uploaded with all necessary materials included in one of the three files, Core Narrative, Letters of Support, or Supplemental Materials.
   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 Letters of Intent were initially uploaded. Proposals are to be submitted through the following site: http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=21. The individual from the education office who submitted the Letter of Intent will have registered upon the first use of this portal and should also submit the full proposal. Only sites that submit a Letter of Intent 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) **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) Required: 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 protected time for program training directors and supervisory staff. If applicable, demonstrated commitment from academic affiliates to support the training program expansions and to recruit for any new positions.  
   15 points
2) Strength of the proposed faculty and curriculum, including potential to achieve the primary objective of integrating trainees from multiple disciplines into high-functioning care teams focused on mental and behavioral health and all facets of health care that interface and the inclusion of thoughtful strategies to surmount difficulties of interprofessional endeavors.

25 points

3) Strength of the interprofessional team functioning in the sites for which trainees are requested, including evidence of high-functioning care teams and evidence of thoughtful strategies to integrate trainees in these interprofessional endeavors.

20 points

4) Incorporation of innovative emphasis areas consistent with VHA’s mental health innovation task force (conditions of special focus include PTSD, depression, substance use disorder, insomnia, and chronic pain), whole person health, and mental health services for Veterans residing in rural settings, older Veterans, Veterans returning from OEF/OIF/OND, and/or Veterans with serious mental illness.

25 points

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

15 points

VII. SCHEDULE

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>August 4, 2014</td>
<td>OAA sends Program Announcement to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.</td>
</tr>
<tr>
<td>August 29, 2014</td>
<td>Nonbinding letter of intent due to OAA, submitted by the Designated Education Officer.</td>
</tr>
<tr>
<td>September 29, 2014</td>
<td>Full Proposals from eligible facilities due in OAA via an ONLINE submission process, uploaded by the Designated Education Officer.</td>
</tr>
<tr>
<td>November 14, 2014</td>
<td>OAA notifies facilities about the approval/disapproval of proposals</td>
</tr>
<tr>
<td>July – September 2015</td>
<td>Trainees begin according to respective academic cycles</td>
</tr>
</tbody>
</table>
A. **General information:** Please contact Stacy Pommer at (202) 461-9877, (Stacy.Pommer@va.gov) or Ken Jones at (202) 461-9493 (Kenneth.Jones6@va.gov). Questions about inclusion of psychiatry residents should be referred to Barbara Chang at (502) 287-4722, (Barbara.Chang@va.gov) or Judy Brannen at (804) 675-5481, (Judy.Brannen@va.gov).

B. **Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk (oaahelp@va.gov) or contact David Bernett at (803) 647-5806, (David.Bernett@va.gov).
APPENDIX A: TRAINEE POLICIES

a. 

1) **Governance.** OAA maintains overall responsibility for the administration of VA’s Mental Health, Primary and Specialty Care education. Academic institutions providing physician trainees to these programs shall comply with the Program Requirements for Residency Education (as published on the ACGME website: http://www.acgme.org/acgmeweb/), the requirements of the Liaison Commission on Medical Education (LCME), and VA provisions for the training of medical students and residents. Applicable requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the program-specific Residency Review Committee (RRC) must be addressed in the proposal.

2) **Graduate Medical Education (GME) Program Sponsorship.** GME positions currently allocated to the facility may be included in activities undertaken as a part of this Program Announcement. **No new residency programs sponsored in the name of a VA facility may be initiated.** Existing, accredited psychiatry programs may seek additional positions under this RFP. Trainees must be supervised according VHA Handbook 1400.01, Resident Supervision, available at: http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2847.

3) **OAA Support for Trainees.** OAA will provide funds to VA facilities for residents’ stipends and fringe benefits. Funding of physician residents’ stipends and benefits through a disbursement agreement is recommended. Disbursement agreements cannot be used to fund administrative costs of residency training programs.

4) **Appointment and Compensation of Physician Residents.**
   a) **Appointment authority.** Appointments will be made under 38 U.S.C. 7406.
   b) **Stipend determination.** The stipends of individual positions or fractions of positions will be based on PGY levels and VA stipend rates based on the local indexed hospital. Physician resident positions can be paid directly or reimbursed under a disbursement agreement only for the time spent in educational or clinical activities at the VA facility, with excused absences as defined by VA policy (e.g., didactic sessions).

5) **Liability.** Physician residents and students 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.

b. **Trainees in Associated Health Disciplines:**

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 discipline’s educational accreditation bodies and with VA provisions for training in those disciplines.
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 sponsored in the name of an affiliate or in internships and residencies sponsored by the VA, such as psychology internships and postdoctoral training programs or pharmacy residencies.

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 or fractions of positions will be based on the discipline, educational level, and geographically adjusted VA stipend rates.

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: TRAINEES REQUESTED
Please use the table to list all new trainee positions requested under this initiative in your final application. You may add as many rows to the table as necessary.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Education Level</th>
<th>Is this a new training program? (Yes/No)</th>
<th># of Training Positions Requested</th>
<th>Hours per Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplaincy (Clinical Pastoral Education)</td>
<td>Post-Masters Specialty Resident Level II</td>
<td></td>
<td></td>
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<tr>
<td>Pharmacy</td>
<td>Residents (PGY-1)</td>
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<tr>
<td></td>
<td>Residents (PGY-2)</td>
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<tr>
<td>Psychiatry (includes combined residencies Psychiatry/Internal Medicine or Psychiatry/Family Practice)</td>
<td>Psychiatry Residents (PGY 1)</td>
<td></td>
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<td>N/A</td>
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<td></td>
<td>Psychiatry Residents (PGY 2)</td>
<td></td>
<td>N/A</td>
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<td></td>
<td>Psychiatry Residents (PGY 3)</td>
<td></td>
<td>N/A</td>
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<td>Psychiatry Residents (PGY 4)</td>
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<td>N/A</td>
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<td></td>
<td>Psychiatry Addiction Fellows (PGY 5)</td>
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<td></td>
<td>Psychiatry Brain Injury Medicine Fellows (PGY 5)</td>
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<td>Psychiatry Geriatric Fellows (PGY 5)</td>
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<tr>
<td></td>
<td>Psychiatry Psychosomatic Medicine Fellows (PGY 5)</td>
<td></td>
<td>N/A</td>
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<tr>
<td>Psychology</td>
<td>Interns</td>
<td></td>
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<tr>
<td></td>
<td>Postdoctoral Fellows, Year 1 (please indicate area)</td>
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<td></td>
<td>Postdoctoral Fellows, Year 2 (rehabilitation or neuropsychology)</td>
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<tr>
<td>Social Work</td>
<td>Interns (500 hour positions)</td>
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<tr>
<td>Other</td>
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