

## **Pilot Program: VA Pre-Degree Internships for Licensed Professional Mental Health Counselors and Marriage and Family Therapy for Academic Year 2015-16**

### **I. PURPOSE AND OVERVIEW**

**Request for Proposals (RFP):** The Veterans Health Administration (VHA) Office of Academic Affiliations (OAA), in collaboration with Mental Health Services (MHS) of the Office of Patient Care Services and the Office of Mental Health Operations (OMHO), solicits proposals to establish a pilot program to begin funded internship opportunities for Licensed Professional Mental Health Counselor (LPMHC) or Marriage and Family Therapy (MFT) trainees. The initiation of training in these two professions will increase expertise in critical areas of need; expand the recruitment pipeline of well-trained, highly qualified healthcare providers in mental health professions; and promote interprofessional collaboration in an integrated mental health care environment. This pilot program is planned for three years contingent on the availability of funding and demonstrated success of the program through formal evaluation criteria. Funding decisions for this RFP will be based primarily on the quality of the proposals submitted and on their congruence with VA strategic initiatives.

VHA is committed to improving mental health outcomes and access for Veterans and their families who are experiencing adjustment difficulties or coping with mental health disorders. OAA has engaged in a major expansion of a range of mental health training positions in the professions of psychiatry, nursing social work, psychology, pharmacy and chaplaincy. This RFP, while part of the overall Mental Health Education Expansion, is specifically focused upon establishing funded LPMHC and MFT internship programs.

The RFP includes two different core mental health care professions' pre-degree internship programs: 1) LPMHC or 2) MFT.

Many Veterans reside in rural or remote settings. Facilities serving largely rural or remote populations often have difficulty recruiting staff. VA has clearly demonstrated that establishing training programs facilitates recruitment, especially at rural or remote facilities. Furthermore, trainees who receive their degree at the end of their training can be directly appointed to open staff positions, expediting the conventional hiring procedures. To facilitate the establishment of programs at sites that serve Veterans in a primarily rural or setting, points will be awarded to proposals to reflect the proportion of Veterans served who reside in rural or very rural settings.

**Each facility is limited to one comprehensive proposal. Although we recognize that a VA 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.** Every proposal must address how MFT or LPMHC trainees will practice in the interprofessional mental health environment and leverage resources of existing training programs in other mental health professions.

Proposals selected for funding will result in the allocation of additional funded trainee positions to the facility on a pilot basis for the next three academic years with future funding contingent on program evaluation.

**Important Notes (please refer to Sections III and IV for eligibility criteria and detailed information):**

Accreditation: Internships are carried out in collaboration with masters (LPMHC) or masters and doctoral programs (MFT). **All affiliated training programs must be accredited either by the Council for Accreditation of Counseling and Related Educational Program (CACREP) or Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), respectively.**

Funding: Programs approved for funding will receive a specified number (a maximum of three positions may be requested per profession per annum; Interns do not all need to participate in the training program at the same time (i.e., a site may have one intern in the fall, one in the spring, and one in the summer). Academic programs may require internship appointments for more than 500 hours, which is permissible through a secondary without-compensation (WoC) appointment, without any break in training. Internships of less than 500 hours may be requested in the proposal, although that is not encouraged as this may weaken the experience. Note that internship stipends may not be split (for example, two interns would not be permitted to share the hours of one, 500-hour internship stipend). Only stipend funding may be requested or awarded. Infrastructure, faculty development, and/or travel are the responsibilities of the local facility.

With respect to capitalizing on local training opportunities or focusing on special emphasis conditions, VA sites are encouraged to think creatively and innovatively about provision of mental health services. Programs may emphasize training and clinical experiences with special populations, patient needs, and or unique geographic/cultural training opportunities provided by the health care facility. For example, a program could focus on the mental health issues of Native American/Alaska Natives, women's mental health, or other local areas of expertise in mental health care.

## **II. BACKGROUND AND RATIONALE FOR PILOT**

The Office of Academic Affiliations leads VHA's health professions statutory education mission that enables VA to enhance the learning environment, to provide excellent care to Veterans, and to develop, recruit, and retain high quality professional staff. Starting in Academic year 2013, OAA made a commitment to a 5-year expansion of 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. In 3 years, this effort has resulted in 556 newly funded trainee positions in psychiatry, nursing, psychology, social work, pharmacy, and chaplaincy within VA.

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, as well as established professions that are new to VA.

Proposed programs that integrate trainees from a variety of professions in a true interprofessional training model will receive the most favorable review. To this end, it will be important to collaborate with the leaders of other training programs to seek areas of integration and collaboration. At a minimum, proposals to establish internships in MFT or LPMHC should describe how the curriculum for the internship will foster knowledge and experience in working with other 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](https://www.aamc.org/download/186750/data/core_competencies.pdf).

Close collaboration with an academic affiliate in the development of the proposal will be critical, as the internship should serve as a senior practicum experience just prior to completion of the didactic training program. The internship needs to be logically connected with the curriculum of the graduate program, meeting accreditation requirement. Furthermore, the internship should help to refine clinical skills and knowledge acquired in the graduate training.

### **III. CRITERIA FOR VA FACILITY ELIGIBILITY**

The nature of the internship program, populations served, training experiences provided, and qualifications and skills of faculty and staff must be appropriate to the VA mission and to relevant accreditation standards. Clinical settings should provide a range of experiences in patient diagnosis and management, provide exposure to patients of varying backgrounds and cultures, and foster appropriate levels of responsibility in carrying out professional functions.

Site Characteristics. The facility must provide evidence of committed leadership, appropriate clinical and educational programming, and sufficient workload to support a culture of excellence in LPMHC or MFT training. The site must demonstrate:

- A. VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment.
- B. Strong leadership and support by the facility's Designated Education Officer (DEO).
- C. Evidence-based clinical activities and workload to support proposed training programs.
- D. Administrative infrastructure to support the proposed internship program.

- E. Evidence of sound strategies for programmatic and learner evaluation.
- F. A minimum of two full-time credentialed staff who are hired into the MFT or LPMHC job series (consistent with the program), for provision of supervisory support, professional role modeling, and administrative functions. Individuals who may be licensed LPMHCs or MFTs but are not working in those job series may not serve as primary supervisors. State licensing authorities and accreditation bodies often require special credentials for supervisors. The proposal should note the relevant requirements in the proposal and state the supervisors' credentials. An identified internship program training director with appropriate administrative time to manage program-related activities. It is estimated that 0.25 FTE would be required, depending on the size and complexity of the training program.
- G. Facility willingness to assist the academic affiliate in maintaining their CACREP or COAMFTE accreditation relative to these internship placements.
- H. Demonstrated willingness of an accredited academic affiliate to assign students to the internship.
- I. Funded facilities will need to submit an annual report of activities and outcomes for the intern program to OAA. This should include at a minimum, number of individuals that applied, lessons learned, changes proposed for the next year, analysis of feedback from interns, analysis of feedback from academic or other partners (if any), overall satisfaction with the program by intern and faculty, and job placement for graduating interns. In addition, a formal evaluation will be conducted by OAA that will include site visits, and staff and trainee interviews.

#### **IV. DETAILED INFORMATION**

As previously indicated, each facility is limited to one comprehensive proposal. Although we recognize that a VA 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. Proposals should include discussion of how the curriculum will foster interprofessional/interdisciplinary training/practice, promote evidence-based practices, and address current gaps in mental health care.

Recurring positions will be made available under this RFP during the three-year pilot program. A maximum of three, 500-hour intern positions may be requested for each academic year for each program

The RFP calls for the expansion of behavioral health staff to include MFT and LPMHC trainees. While training may describe supervised experiences in outpatient, inpatient, and/or residential mental health settings, it is recognized that behavior contributes to the totality of health. Thus, proposals calling for integration of MFT and LPMHC trainees in primary care and medical specialty clinics as well as specialty programs with a strong behavioral contribution (pain management, smoking cessation, weight management, etc.) will be considered.

Evaluation Plan: Proposals must include a brief annual evaluation plan. Concepts to measure would include satisfaction with the program by the Chief of Mental Health Services, the affiliate program

director, and trainees; employment history including the percentage of former trainees hired (this may be recomputed each annum as trainees may join the staff after a period of separation) and number of trainees directly appointed as employees; measures of program impact (e.g., impact on patient satisfaction, expansion of clinical services, expansion of type of care available, reductions in wait time, other impact measures). Note: Failure of the affiliate to maintain accreditation will result in immediate cessation of funding, closure of the internship, and termination of the affiliation agreement.

## V. APPLICATION INSTRUCTIONS

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

1. **April 17, 2015.** A non-binding Letter of Intent (LOI) is due to OAA no later than 11:59 pm Eastern Daylight Time on April 17, 2015. 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 submitted proposals. Letters will be reviewed by OAA staff, who will only contact the DEO should questions or concerns arise (plan to prepare the full proposal unless instructed otherwise by OAA).
2. **May 15, 2015.** The full proposal is due to OAA no later than 11:59 pm Eastern Daylight Time on May 15, 2015.

### B. LETTER OF INTENT INSTRUCTIONS

Non-binding LOI's, not to exceed two pages, must be submitted by the VA 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 April 17, 2015**, 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=34](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=34).

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.***

**LOIs 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): Name, credentials, and contact information for the person responsible for the proposed education program (this likely would be the proposed training director). In addition, the LOI should briefly describe the training proposed and the number of positions for each profession being requested.

The LOIs will be reviewed. **OAA will contact the DEO only if there are any concerns. Unless specifically instructed not to do so by OAA, a full proposal should be developed.** Do not wait for feedback on the LOI to proceed with the development of the full proposal.

### 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 8 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)**. Each file must be uploaded as an Excel, Word, or PDF format. These materials may not exceed 35 pages total. Any pages in excess of 35 will not be read or reviewed.

**Core Narrative**, not to exceed 8 pages must include these elements:

1. The facility must provide evidence of committed leadership, appropriate clinical and educational programming, and sufficient workload to support a culture of excellence in mental health training. A description of the mental health training setting (inpatient/outpatient, clinics, common patient issues, treatment modalities), the name, position, and contact information for the director(s) of training responsible for the internship program(s)
2. Brief biographies of training faculty should be included. Information about previous experience in providing training to MFT or LPMHC trainees should be noted. As noted above, the supervisory credentials, relative to licensure and accreditation requirements should be noted. A minimum of two supervisors is mandatory (if this is an extensive list, this may be placed in an appendix)
3. Table of Approval Notification E-mails. **Copy the table in Appendix B into the application** with the 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, the facility mental health lead, and the Director of Training for the proposed program. **Only individuals listed with e-mail addresses included in the application will be notified.**
4. Table of trainees requested. **Copy the table in Appendix C into the application** and ensure the below information is included. Please note that sites may delete rows from the table for professions that are not being requested.
  - a. Profession requested (LPMHC or MFT)
  - b. Position requests for program (a maximum of three, 500-hour pre-degree internship positions may be requested).
  - c. Number of trainee positions requested.
5. Details of how trainees will be assigned to the VA training sites (e.g., whether the trainee experience will be full-time for a brief period or appointed longer for a part-time appointment in the identified settings or rotational in nature and, if rotational, the duration of each clinical experience).
6. Accreditation status of each involved profession's academic affiliates program (it is understood that VA MFT and LPMHC internships do not have independent accreditation).
7. Identified faculty and supervisors, with credentials and qualifications briefly described. Note that a Director of Training would need to be specified. A minimum of two VA employees appointed in the relevant job series (MFT or LPMHC) from the profession(s) being requested (including the training director), must be identified. We recognize that there are other individuals who may hold MFT or LPMHC licenses and may be appointed to VA positions, but for legal reasons, the supervisors must be appointed in the MFT or LPMHC job series. Each supervisor will need to hold any required supervisory credentials mandated by their relevant

licensing board (state licensing boards vary on this requirement, but supervisors must hold the minimum supervisory requirement of their relevant licensing board). It is permissible to have members of other mental health professions who meet the qualification standards of other title 38-5 (psychology, psychiatry, social work, nursing) professions serve as secondary or co-supervisors, with the understanding that primary supervision must come from a designated supervisor hired in the same job series.

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 (note that while Telehealth care may be included in the training experience, the supervisor and the trainee must be located at the same facility).
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.
10. Evaluation Plan: As noted above in Section IV, describe an annual evaluation plan for the program.

**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. Submissions missing any letter of support will be considered incomplete and will not be reviewed.**

- a. 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.
- b. Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education
- c. VA Training Site Director or Program Director for **each profession** requesting trainees

- d. Chief, Mental Health Services or equivalent position
- e. 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, but the VISN Mental Health lead will often facilitate the approval by the VISN Director.**
- f. Director of Training or Dean of the proposed academic affiliate's accredited graduate program voicing support and affirming accreditation of the program. Note that clear endorsement from a potential academic affiliate is key requirement for the program.

**Supplemental materials.** Supplemental materials, such as proposed didactics or 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 35.

#### 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, and/or PDF formats may be used (PDF formats are preferred). Letters must include a signature (i.e., they must be a scanned copy of an original, signed document). No more than three individual documents should be uploaded with all necessary materials included in one of the three files, **Core Narrative (required), Letters of Support (required), or Supplemental Materials (optional).**
  - 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=34](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=34). 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. However, Letters of Intent are non-binding.

  - 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 rural location, 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. There must be demonstrated commitment from academic affiliates to support the training program expansions. **20 points**
  
- 2) Required: Strong statement of support from academic affiliate(s) (must be a CACREP or COAMFTE accredited program). **15 points**
  
- 3) Strength of the proposed faculty and curriculum. The curriculum should provide specific objectives of the internship and detail how those objectives will be achieved. Points will be given to programs that propose providing interprofessional training/experiences designed to integrate trainees with staff/trainees from multiple professions into high-functioning care teams focused on mental and behavioral health. **30 points**
  
- 4) Incorporation of innovative emphasis areas consistent with VHA's mental health innovation task force recommendations (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. **20 points**
  
- 5) Special consideration for facilities serving a primarily rural or very rural patient population. A score, from 0 to 15 points, will be computed for your facility. Using patient FY 15 census data from the VSSC Rural Health Data Cube, these points will be computed using the following formula ((# of patients with rural zip code + # of patients with highly rural zip code)/total patient census for facility) x 15. **15 points**

**VII. SCHEDULE**

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|----------------|---|
| March 31, 2015 | OAA sends Program Announcement to facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website. |
| April 17, 2015 | Non-binding Letter of Intent due to OAA via an ONLINE submission process, uploaded by the Designated Education Officer.                       |

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|-------------------------|---|
| May 15, 2015            | Full Proposals due in OAA via an ONLINE submission process, uploaded by the Designated Education Officer.   |
| July 1, 2015            | OAA notifies facilities about the approval/disapproval of proposals. Facilities establish Affiliation Agreements with partner programs in collaboration with DEO. |
| September-December 2015 | Trainees begin according to respective academic cycles  |

#### VIII. OAA CONTACT PERSONS

**A. General information:** LPMHC internship proposals: please contact Stacy Pommer at (202) 461-9877 ([Stacy.Pommer@va.gov](mailto:Stacy.Pommer@va.gov)). MFT internship proposals: please contact Dr. David Latini (832) 377-9927 ([David.Latini@va.gov](mailto:David.Latini@va.gov)). General questions can be directed to Dr. Ken Jones at (202) 461-9493 ([Kenneth.Jones6@va.gov](mailto:Kenneth.Jones6@va.gov)) or to the whole Associated Health Education team at [Assoc.Health@va.gov](mailto:Assoc.Health@va.gov).

**B. Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk ([oaahelp@va.gov](mailto:oaahelp@va.gov)) or contact David Bernett at (803) 667-4100, ([David.Bernett@va.gov](mailto:David.Bernett@va.gov)).

#### APPENDIX A: TRAINEE POLICIES

**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.

- 1) 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 appropriately accredited academic affiliate.
- 2) OAA Support for Trainees.** OAA will provide funds to VA facilities for trainee stipends and fringe benefits when involved in activities of these programs.
- 3) 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 profession, educational level, and geographically adjusted VA stipend rates.
  - c) For PAID coding purposes, LPMHC interns will be identified by the use of Pay Plan AD; Series Code 0101, Title Code 80, Assignment Code 00; Title LPMHC Intern; Subaccount, 1051; FTE, 0.1. MFT interns will be identified by the use of Pay Plan AD; Series Code 0101, Title Code 80, Assignment Code 00; Title MFT Intern; Subaccount 1051; FTE, 0.1.
- 4) 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).
- 5) 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: NOTIFICATION OF DECISION**

Please use the table to list the 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, the Designated Education Officer, the VISN-Mental Health leader, and the facility mental health lead. You may add additional rows as needed. **Only individuals listed on this chart with e-mail addresses identified will be notified. Please also note that this should be included as an appendix in a Word document as part of your core narrative.**

| Title                        | Name | E-Mail Address |
|------------------------------|------|----------------|
| Facility Director            |      |                |
| Designated Education Officer |      |                |
| VISN Mental Health Lead      |      |                |
| Facility Mental Health Lead  |      |                |
| Program Director of Training |      |                |
| (Others may be added)        |      |                |

**APPENDIX C: TRAINEES REQUESTED**

Please use the table to list all new trainee positions requested under this initiative in your final application.

| <b>Profession</b>                                    | <b>Education Level</b>      | <b># of Training Positions Requested (limited to 3 per program)</b> | <b>Hours per Position (limited to 500 hours per trainee)</b> |
|--|-----------------------------|---|--|
| <b>Marriage and Family Therapy</b>                   | Pre-Masters or Pre-Doctoral |   |  |
| <b>Licensed Professional Mental Health Counselor</b> | Pre-Masters                 |   |  |