

VA Mental Health Education Expansion Initiative,  
 Phase V for Academic Year 2017-18

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), Care Management and Social Work Services (CMSWS), Pharmacy Benefits Management Office, and Specialty Care Service's National Chaplain Center 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.

Proposals will be considered for six mental health professions: Clinical Pastoral Education (CPE), Licensed Professional Mental Health Counseling (LPMHC), Marriage and Family Therapy (MFT), Pharmacy, Psychology, and Social Work. 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, nursing, and physician assistant mental health residency 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.

**Phase V: Profession-Specific Education Levels**

Profession	Educational Levels	Funded Hours per position
Chaplaincy (Clinical Pastoral Education)	Post-master's Specialty Resident Level II	2080 hours
Licensed Professional Mental Health Counseling	Pre-master's Intern	500 hours
Marriage and Family Therapy	Pre-master's Intern	500 hours
Pharmacy	Postdoctoral Resident (PGY 2)	2080 hours
Psychology	Doctoral Intern Postdoctoral Neuropsychology Resident (2 year program)	2080 hours/year
Social Work	Pre-master's Intern	500 hours

Two categories of programs may be incorporated into an application: 1) Interprofessional Program(s) and/or 2) Profession-Specific, Stand-Alone Program(s). Submissions may include a maximum of two interprofessional and three profession-specific stand-alone programs (five 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 six 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).

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.).

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.

Additionally, expanding homeless programs within VHA has been a high priority. These interprofessional programs enhance the delivery of mental health services, promoting the agency-wide effort to end homelessness among Veterans. Many individuals who have past involvement with the criminal justice system experience issues with homelessness. Thus, points will be awarded to proposals including exposure to working with Veterans in homeless programs and/or Veterans Justice Outreach (VJO) programs.

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.

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.4.), 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 five programs may be requested by each DEO (maximum of two interprofessional programs and three 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-IV 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> (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 must be accredited (Note exceptions in section IV. Social work, LPMHC, and MFT Internships are accredited under the graduate program of the academic affiliate, rather than being an independently accredited, VA-sponsored program).
- Paid training positions in the core mental health professions of LPMHC, MFT, 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 (thus these are limited to PGY-2 mental health specialty residency positions).
- Training positions in clinical pastoral education may be requested if mental and behavioral health services are emphasized in the curriculum for specialty Resident Level II programs.
- 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, social work) where programs are not sponsored in VA's name.

**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 April 2016 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.
- Mental Health Physician Assistant residency programs are handled through a separate RFP. As a result, Physician Assistant 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) and Psychosocial Rehabilitation (PSR) Fellowships are considered Advanced Fellowships, and positions in MIRECC/PSR should 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) 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 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*. 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 V OF VA'S MENTAL HEALTH EDUCATION EXPANSION INITIATIVE

As the final phase of a planned five-year expansion, 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 five programs (**maximum of two interprofessional and three 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-IV of MHEE should only apply for Phase V 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, or that currently provide mental health care to Veterans in rural areas.

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 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)
- 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 social work or chaplain 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 five proposed programs with a maximum of two interprofessional and three 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, 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 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), a pharmacy resident, a chaplain resident, and three social work 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/IP-Collaborative-PracticeCore-Competencies.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 six 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 a social work internship program that only includes social work master's level students in the curriculum. This expansion would not be adding social work positions to an existing interprofessional program (e.g., interprofessional pain 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 homeless programs, Veterans Justice Outreach programs, and Vet Centers. 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
  - 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.

**Clinical Pastoral Education (CPE): Post-master's Specialty Resident  
Level II Programs Only-2080 hours**

<b>Required Elements</b>	<b>New CPE Specialty Resident Level II Programs</b>	<b>Additional CPE Specialty Level II Positions</b>
Sites that do not have accredited CPE programs must have Board-certified Chaplains that are mentor-certified to serve as supervisors	<b>Yes</b>	<b>No</b>
Minimum of three position requests	<b>Yes</b>	<b>No</b>
Maximum of five position requests	<b>Yes</b>	<b>Yes</b>
Trainees must have completed Resident Level 1 program	<b>Yes</b>	<b>Yes</b>
Trainees must be receiving advanced training in Mental Health	<b>Yes</b>	<b>Yes</b>
New programs will have three years to achieve accreditation	<b>Yes</b>	<b>No</b>
Sites that currently have accredited CPE Residency Level II programs that can expand to include positions in Mental Health	<b>No</b>	<b>Yes</b>
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	<b>Yes</b>	<b>Yes</b>

**Licensed Professional Mental Health Counseling (LPMHC): Pre-Master's Internship  
Programs Only-500 hours (additional points during review process available)**

<b>Required Elements</b>	<b>New LPMHC Pre-Degree Internship Programs</b>	<b>Additional LPMHC Pre-Degree Internship Positions</b>
Sites that do not currently have funded LPMHC training positions	<b>Yes</b>	<b>No</b>
Seven pilot LPMHC sites with funded LPMHC positions wishing to expand	<b>No</b>	<b>Yes</b>
Must have sufficient infrastructure to support new or expanded training	<b>Yes</b>	<b>Yes</b>
LPMHC interns must have completed their clinical practicum to receive a VA stipend	<b>Yes</b>	<b>Yes</b>
Maximum of three position requests	<b>Yes</b>	<b>No</b>
Maximum of two position requests (existing programs only)	<b>No</b>	<b>Yes</b>
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.	<b>Yes</b>	<b>Yes</b>
Letter of support (LOS) from a graduate LPMHC program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) is required	<b>Yes</b>	<b>No</b>

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**Required Elements**

	<b>New LPMHC Pre-Degree Internship Programs</b>	<b>Additional LPMHC Pre-Degree Internship Positions</b>
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. <i>(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).</i>	<b>Yes</b>	<b>Yes</b>
Proposal should note the relevant state licensing requirements and the supervisors' credentials	<b>Yes</b>	<b>Yes</b>
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	<b>Yes</b>	<b>Yes</b>

**Marriage and Family Therapy (MFT): Pre-Master's Internship Programs  
Only-500 hours (additional points during review process available)**

<b>Required Elements</b>	<b>New MFT Pre-Degree Internship Programs</b>	<b>Additional MFT Pre-Degree Internship Positions</b>
Sites that do not currently have funded MFT training positions	<b>Yes</b>	<b>No</b>
One pilot MFT site with funded positions wishing to expand	<b>No</b>	<b>Yes</b>
Must have sufficient infrastructure to support new or expanded training	<b>Yes</b>	<b>Yes</b>
Funded MFT interns must be in their second-year field placement to receive VA funding	<b>Yes</b>	<b>Yes</b>
Maximum of three position requests	<b>Yes</b>	<b>No</b>
Maximum of three position requests (existing program only)	<b>No</b>	<b>Yes</b>
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.	<b>Yes</b>	<b>Yes</b>
Letter of support (LOS) from a graduate MFT program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is required	<b>Yes</b>	<b>No</b>
A minimum of two MFT supervisors are required to be on-site, and they must be	<b>Yes</b>	<b>Yes</b>

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**Required Elements**

	<b>New MFT Pre-Degree Internship Programs</b>	<b>Additional MFT Pre-Degree Internship Positions</b>
identified by name in the proposal		
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	<b>Yes</b>	<b>Yes</b>
Both supervisors must hold an approved supervisory credential (one must be AAMFT-approved supervisor; one may have state-supervisory credential)	<b>Yes</b>	<b>Yes</b>
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	<b>Yes</b>	<b>Yes</b>

**Pharmacy: PGY 2 Residency Programs Only - 2080 hours**

**Required Elements**

	<b>New PGY 2 Pharmacy Residency Programs</b>	<b>Additional PGY 2 Pharmacy Resident Positions</b>
The focus of the residency must be mental health <i>and</i> the assigned pharmacy preceptors must be board-certified in psychiatric pharmacy or board-certified in ambulatory care pharmacy <i>and</i> have a defined mental health scope of practice	<b>Yes</b>	<b>Yes</b>
Maximum of two position requests	<b>Yes</b>	<b>Yes</b>
Residency program must obtain accreditation within 24 months of beginning first trainee	<b>Yes</b>	<b>No</b>
Existing PGY 2 residency program must be accredited	<b>No</b>	<b>Yes</b>
PGY-2 positions may not be converted to PGY-1 positions if they are unfilled	<b>Yes</b>	<b>Yes</b>
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	<b>Yes</b>	<b>Yes</b>

**Psychology: Doctoral Internship Programs and/or Postdoctoral Neuropsychology  
Residency Programs Only-2080 hours**

**Psychology Doctoral Internship Program Requirements**

<b>Required Elements</b>	<b>New Psychology Doctoral Internship Programs</b>	<b>Additional Psychology Doctoral Internship Positions</b>
Sites that do not currently have an internship program	<b>Yes</b>	<b>No</b>
Sites that have an existing psychology internship program with the capacity to expand	<b>No</b>	<b>Yes</b>
Must have sufficient infrastructure to support new or expanded training	<b>Yes</b>	<b>Yes</b>
Minimum of two position requests required	<b>Yes</b>	<b>No</b>
New programs must become a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) during the first academic year with students	<b>Yes</b>	<b>Yes (if newly funded and not yet APPIC member)</b>
New programs must submit an initial application for “accreditation on contingency” from the American Psychological Association (APA) within one year of program initiation	<b>Yes</b>	<b>Yes (if newly funded and self-study has not yet been submitted)</b>
Full accreditation for new programs must be achieved within two years of receiving “accreditation on contingency” status.	<b>Yes</b>	<b>Yes (if newly funded and not yet fully accredited)</b>
Existing programs that have been funded for three years must have achieved full accreditation status to apply	<b>No</b>	<b>Yes</b>
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	<b>Yes</b>	<b>Yes</b>

**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 may consult with Dr. Joel Schmidt, VAPTC Chair, and Dr. Bernadette Pasquale, VAPTC Mentorship Program Coordinator, to be connected with a mentor.

**Psychology Postdoctoral Neuropsychology Residency Requirements**

<b>Required Elements</b>	<b>New Postdoctoral Neuropsychology Residency Programs</b>	<b>Additional Postdoctoral Neuropsychology Residency Positions</b>
Sites that do not currently have a neuropsychology residency must have a minimum of two board-certified neuropsychology supervisors on-site	<b>Yes</b>	<b>No</b>

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<b>Required Elements</b>	<b>New Postdoctoral Neuropsychology Residency Programs</b>	<b>Additional Postdoctoral Neuropsychology Residency Positions</b>
Sites that have an existing psychology residency with the capacity to expand	<b>No</b>	<b>Yes</b>
Must have sufficient infrastructure to support new or expanded training	<b>Yes</b>	<b>Yes</b>
New programs must become a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) during the first academic year with students	<b>Yes</b>	<b>Yes (if newly funded and not yet APPIC member)</b>
New programs must submit an initial application for “accreditation on contingency” from the American Psychological Association (APA) within one year of program initiation (simply obtaining a one-year, clinical psychology residency accreditation, with a neuropsychology emphasis, will not be adequate to maintain funding)	<b>Yes</b>	<b>Yes (if newly funded and self-study has not yet been submitted for specialty accreditation)</b>
Full specialty accreditation for new programs must be achieved within three years of receiving “accreditation on contingency” status	<b>Yes</b>	<b>Yes (if newly funded and not yet fully accredited)</b>
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 with a timeline approved by OAA)	<b>No</b>	<b>Yes</b>
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	<b>Yes</b>	<b>Yes</b>

**Note:** There has been considerable difficulty filling psychology postdoctoral clinical fellowship positions for the past two academic years. Since OAA is aware that the majority of neuropsychology fellowship positions have filled and there is a need for additional neuropsychologists within VA, only neuropsychology fellowship 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. Sites interested in establishing a neuropsychology residency may consult with Dr. Joel Schmidt, VAPTC Chair, and Dr. Bernadette Pasquale, VAPTC Mentorship Program Coordinator, to be connected with a mentor.

**Social Work: Pre-Master’s Internship Programs Only-500 hours**

Required Elements	New Social Work Pre-Degree Internship Programs	Additional Social Work Pre-Degree Internship Positions
Sites that do not currently have funded social work internship positions	Yes	No
Sites that are currently funded for social work internship positions	No	Yes
Must have sufficient infrastructure to support new or expanded training	Yes	Yes
Social work interns must have completed their first year field placement to receive a VA stipend	Yes	Yes
Maximum of three position requests	Yes	No (strong existing programs may apply for more)
Since many social work 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.	Yes	Yes
Letter of support (LOS) from a graduate social work program accredited by the Council on Social Work Education (CSWE) is required	Yes	No
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	Yes	Yes

**Note:** Since Social Work post-master’s fellowship programs are not currently accredited by CSWE, expansion for existing programs will not be considered in this area. OAA, CMSWS, and CSWE are working towards establishing accreditation standards for this educational level in the future.

**V. APPLICATION INSTRUCTIONS**

**A. Deadlines.** There are two key deadlines for this initiative:

- 1. June 29, 2016.** A non-binding Letter of Intent (LOI), is due to OAA no later than 11:59 pm Eastern Daylight Time (EDT) on Wednesday, June 29, 2016. 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. July 27, 2016.** The full proposal is due to OAA no later than 11:59 pm EDT on Wednesday, July 27, 2016.

**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=43>

LOIs are **due no later than 11:59 pm EDT on June 29, 2016**, 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** (see 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 the 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
- VISN Mental Health Lead
- Facility Chief of Mental Health
- Vet Center Team Leader (only 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 **45 pages**. Please refer to the maximum core narrative page limits below:

- One program = 8 pages
- Two programs = 11 pages
- Three programs = 14 pages
- Four programs = 17 pages
- Five programs = 20 pages

Proposals are due **no later than 11:59 pm EDT on Wednesday, July 27, 2016**, and must be uploaded through the aforementioned OAA Portal

(<http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=43>) with **three separate documents**:

- Document 1 - Core Narrative
- Document 2 - Letters of Support
- Document 3 - Supplemental Materials (optional)

The submission portal will only allow four documents to be uploaded, including the letter of intent (which must include the cover page template). All final application materials may not exceed 45 pages total. Any pages in excess of 45 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, MFT, and social work internships do not have independent accreditation).

- 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 should 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. **Facility directors must identify the percentage of release time authorized for each proposed training director.** 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. 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, MFT, and/or social work 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, MFT, or social work internship programs or for sites wishing to expand their internships based on a new affiliation.**
- 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.**

**Supplemental materials (optional).** 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 45.

#### 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: **Core Narrative, Letters of Support, and 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://vawww.oaa.med.va.gov/rfp/default.aspx?PID=43>. 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 and supervisory staff. If applicable, demonstrated commitment from academic affiliates to support establishment of the proposed training program.

Points  
**25**

- |    |   |           |
|----|---|-----------|
| 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 integrate trainees in these interprofessional endeavors.  | <b>15</b> |
| 3. | Incorporation of innovative emphasis areas consistent with VHA's mental health strategic goals  | <b>10</b> |
| 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.  | <b>20</b> |
| 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. | <b>15</b> |
| 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.   | <b>5</b>  |
| 7. | Special consideration for facilities that expose trainees to work with homeless Veterans programs. Assignments in HUD/VASH programs or Veterans Justice Outreach Programs (VJO) are possible rotations that work closely with homeless Veterans.  | <b>5</b>  |
| 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.  | <b>5</b>  |

**VII. SCHEDULE**

May 27, 2016	OAA sends Program Announcement to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.
June 29, 2016	Non-binding letter of intent due to OAA, via an ONLINE submission process, uploaded by the Designated Education Officer.
July 27, 2016	Full Proposals from eligible facilities due in OAA via an ONLINE submission process, uploaded by the Designated Education Officer.
September 7, 2016	OAA's target date for the notification to facilities about the approval/disapproval of proposals. This date is subject to change.

July – September 2017      Trainees begin according to respective academic cycles.

#### VIII. OAA CONTACT PERSONS

- A. **General information:** Please contact Stacy Pommer, LMSW at (202) 461-9877, [Stacy.Pommer@va.gov](mailto:Stacy.Pommer@va.gov) or the 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 Bennett at (803) 667-4100, [David.Bennett@va.gov](mailto:David.Bennett@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 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 will be based on the profession, 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: 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 five total programs (two interprofessional programs and three profession-specific stand-alone programs).**

- New program(s)**
  - Interprofessional Program(s): # being proposed: \_\_\_\_\_
  - Profession-Specific Stand-Alone al Program(s): # being proposed: \_\_\_\_\_
- Expansion of existing program(s)**
  - Interprofessional Program(s): # being proposed: \_\_\_\_\_
  - Profession-Specific Stand-Alone al 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 five total programs. You may leave rows blank if you are requesting positions in fewer than five programs.

Program Number	Program Specialty/Profession	Training Director Name	Training Director e-mail
Interprofessional #1			
Interprofessional #2			
Profession-Specific #1			
Profession-Specific #2			
Profession-Specific #3			

**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.

Profession	Education Level	# Positions Requested	Hours per Position (Select from dropdown)	New or Expanded Program	Interprofessiona l or Profession-Specific Stand-Alone Program
Chaplaincy (Clinical Pastoral Education)	Post-Masters Specialty Resident Level II		Choose an item.		

**Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC**

**VA Mental Health Education  
Expansion Initiative, Phase V  
Program Announcement**

<b>Profession</b>	<b>Education Level</b>	<b># Positions Requested</b>	<b>Hours per Position (Select from dropdown)</b>	<b>New or Expanded Program</b>	<b>Interprofessiona l or Profession- Specific Stand- Alone Program</b>
<b>Licensed Professional Mental Health Counseling Marriage and Family Therapy</b>	Pre-Master's Intern		Choose an item.		
	Pre-Master's Intern		Choose an item.		
<b>Pharmacy</b>	Resident (PGY-2)		Choose an item.		
	Psychology		Choose an item.		
<b>Psychology</b>	Doctoral Intern		Choose an item.		
	Postdoctoral Neuropsychology Resident - Year 1		Choose an item.		
	Postdoctoral Neuropsychology Resident - Year 2		Choose an item.		
<b>Social Work</b>	Pre-master's Intern		Choose an item.		

## 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:** 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**
- **VISN Mental Health Lead**
- **Facility Chief of Mental Health**
- **Vet Center Team Leader (only programs that include a Vet Center rotation)**

Proposals are due **no later than 11:59 pm EDT on Wednesday, July 27, 2016**, and must be uploaded through the aforementioned OAA Portal (<http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=43>) with three separate documents:

- **Document 1 - Core Narrative**
- **Document 2 - Letters of Support**
- **Document 3 - Supplemental Materials (optional)**

**Core Narrative**, not to exceed page limit specified in Section V.4. (1 program-8 pages, 2 programs-11 pages, 3 programs-14 pages, 4 programs – 17 pages, 5 programs – 20 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).
- Cover page table of trainees requested (copy from Appendix B), 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, MFT, and social work internships do not have independent accreditation).
- 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: 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. **Facility directors must identify the percentage of release time authorized for each proposed training director.** 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.
- VISN Director
- Graduate LPMHC, MFT, and/or social work accredited master's program **(only required for sites requesting to establish new LPMHC, MFT, or social work internship programs or for sites wishing to expand their internships based on a new affiliation.)**
- Vet Center Team Leader **(only required for sites 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 45.

**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=43>. **E-mailed or faxed proposals will not be reviewed.**