

**VA Mental Health Education Expansion, Phase IV for Academic Year 2016-17:
Establishment and/or Expansion of Psychology Doctoral Internships,
Postdoctoral Neuropsychology Residencies, and/or Marriage and Family Therapy
Pre-Degree Internships**

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) and the Office of Mental Health Operations (OMHO), solicits proposals to expand training opportunities in Department of Veterans Affairs (VA) behavioral and mental health clinical educational programs. Such expansion is intended to increase expertise in critical areas of need; expand the recruitment pipeline of well-trained, highly qualified healthcare providers in behavioral and mental health disciplines; and promote interprofessional collaboration in an integrated care environment.

Phase IV of the Mental Health Education Expansion (MHEE) targets two critical training programs needed for an occupation listed on the Office of the Inspector General's (OIG) top five difficult to recruit professions: psychology doctoral internships and two-year neuropsychology fellowships/residencies (hereafter referred to as residencies). Proposals will be considered to either add positions to existing programs or establish new doctoral internships and/or neuropsychology residencies. In addition, proposals are solicited to establish marriage and family therapy (MFT) pre-degree internships. 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.

Special consideration will 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 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 links corresponding to each document above. Points will be awarded for sites including Vet Center rotations in proposed curricula.

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.C.), with all requested disciplines and clinical programs included. Although we recognize that a health care system may have multiple divisions, proposals must be coordinated through the facility Designated Education Officer (DEO), who is the OAA liaison. Health care systems with multiple divisions that have different DEOs at each campus may submit no more than one application per DEO. If a health care system has one DEO for multiple campuses, a maximum of four programs may be requested. In all other circumstances a maximum of three programs may be proposed. 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 both disciplines, so long as position requests meet discipline-specific criteria outlined in Section IV.

Proposals selected for funding will result in the allocation of additional funded trainee positions to the facility on a recurring basis. Any site awarded positions from Phases I-III of the MHEE does not need to re-compete for those allocations. If you have any questions about prior MHEE allocations, please refer to the mental health subaccount in the Allocation Plan for Associated Health Trainees at <http://vaww.oaa.med.va.gov/DBAHealth/ahRptAllocPlan1.aspx>.

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

- VA sites are encouraged to think creatively and innovatively about the provision of mental/behavioral health services and may submit non-traditional proposals.
- Psychology doctoral internships and neuropsychology residencies must be accredited (existing programs) or become accredited by the Council on Accreditation of the American Psychological Association within three years from the onset of funding. If a site has had an existing neuropsychology residency for more than three years, new positions may only be requested if OAA has approved a timeline for the site to receive specialty accreditation.
- MFT pre-degree internships are not independently accredited. Affiliated MFT programs must hold accreditation with the Commission on Accreditation for the Marriage and Family Therapy Education (COAMFTE) and demonstrate their willingness to partner with VA.
- Requests will list the desired number of stipend-funded positions. Funding may not be requested nor awarded for purposes other than stipend support. Infrastructure, faculty development, or travel support are the responsibilities of the local facility, using existing Veterans Equitable Resource Allocation (VERA) dollars designated for training.

Exclusions:

- As this RFP is focusing on current specific hiring needs for VHA, it does not include psychiatry, pharmacy, chaplain, licensed professional mental health counselors (LPMHC), social work, or related mental health training positions.
 - o Physician training, including psychiatry residency training, is being expanded in VHA by OAA through the Veterans Access, Choice and Accountability Act (VACAA). Programs wishing to expand residency training for psychiatrists are encouraged to contact Dr. Judy Brannen of the OAA Graduate Medical Education section. Expedited procedures exist to expand psychiatry training opportunities through VACAA.
 - o We anticipate that the planned round V (and final round) of the MHEE, anticipated for release in summer 2016, will include an interprofessional/multidisciplinary focus.
 - o Because OAA, in collaboration with MHS, is already planning to establish pilot educational programs for licensed professional mental health counselors (LPMHC) through a separate mechanism, proposals to this RFP should not include requests for those LPMHC pre-degree internships.
- Mental Health Nurse Practitioner (MHNP) residency programs are awarded positions through a separate RFP. As a result, nursing trainee positions may not be requested through this RFP.
- Positions funded by OAA's Advanced Fellowship section may not be requested through this RFP. Advanced Fellowship programs generally include a clinical research

emphasis and are unaccredited programs. In addition, Mental Illness Research, Education and Clinical Centers (MIRECC) are considered Advanced Fellowships, and training positions for MIRECCs should not be requested.

II. BACKGROUND AND RATIONALE FOR INITIATIVE

OAA, with the concurrence of the Under Secretary for Health, has made a commitment to a 5-year expansion of clinical training positions in mental health. This initiative reflects the convergence of several trends and commitments within VHA. Specifically, this initiative is a response to the current efforts to enhance access to mental and behavioral health services for Veterans and to promote ongoing efforts to transform VA's primary and mental health care delivery systems. It is also specifically intended to support VHA's commitment to expansion of its mental health workforce.

Since 2004, VA has re-emphasized its commitment to meeting the mental and general physical health needs of Veterans. 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.

In support of VA's national transformation of its primary, mental health and specialty health 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 health 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.

While this RFP focuses on three specific training programs, proposed programs should include an interprofessional focus, to the maximum extent possible. This can be achieved by embedding trainees into interprofessional training programs, integrating with training programs for other disciplines, and ensuring that there are discipline-specific *and* interprofessional training objectives, curriculum, didactics (led by faculty from a range of disciplines), and competencies. The acculturation of learners to practice in patient-centered, team-based models of care is a central feature of this MHEE initiative. For a discussion regarding the development of interprofessional competencies, please see *Core Competencies for Interprofessional Collaborative Practice*, developed by the Interprofessional Education Collaborative, https://www.aamc.org/download/186750/data/core_competencies.pdf.

III. PHASE IV OF THE MENTAL HEALTH EDUCATION EXPANSION INITIATIVE

This RFP invites facilities to submit proposals that match their areas of strength or areas in which they have the potential to enhance innovative interprofessional clinical education programs. This may include traditional mental health settings, but VHA has more recently

sought to integrate mental health care into general medical settings (e.g., primary care – primary care mental health integration) and specialty medical care (e.g., pain management, weight management, movement disorders clinic, polytrauma recovery program). A non-exhaustive list of potential training settings includes: outpatient mental health clinics, PTSD Clinic, Substance Use Disorder Clinic, and Psychosocial Rehabilitation and Recovery Clinic (PRRC). Mental health care training provided in the following contexts may be considered: home-based primary care, compensated work therapy, community-based outpatient clinic (CBOC), community living center, domiciliary, homeless veteran programs, tele-mental health, and rotations in Vet Centers. Expanding training in behavioral health integration is encouraged in primary care or specialty care settings, which may include: tobacco-use cessation, weight management, diabetes, pain management, sleep disorders, neurology, cardiology, pulmonology, surgery, oncology/cancer survivorship, infectious diseases, spinal cord injury (SCI), traumatic brain injury, polytrauma rehabilitation, transplantation evaluation, blind rehabilitation, patient aligned care teams (PACT)/ Primary Care Mental Health Integration (PCMHI), or Health Behavior Coordinator roles.

Each facility is limited to one comprehensive proposal with all requested disciplines and clinical programs included (the length of the proposal may be adjusted if two or more types of training are requested - see detailed page length guidance in Section V.C.). By policy, the Designated Education Officer (DEO; may be called an Associate Chief of Staff for Education) is charged with the oversight of all clinical training 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 foster interprofessional/interdisciplinary training, promote evidence-based practices, and address current gaps in mental health care.

Recurring positions will be made available under this RFP. **Sites awarded positions from Phases I - III of MHEE should only apply for Phase IV funding if additional training positions and/or programs are being requested.** OAA is particularly interested in soliciting proposals from facilities that can offer innovative and interprofessional educational opportunities, within the context of discipline-specific, accredited, educational programs that may be sponsored by VA and/or affiliated academic institutions.

OAA would also like to fund sites that have not previously hosted funded mental health training programs or have had small educational programs in the past. By design, many of the original VA facilities were constructed in urban settings with close proximity to traditional medical schools/colleges. While this model initially served VA well, many Veterans now live in rural or remote settings. Thus, it may be extremely inconvenient for Veterans to travel to urban centers to receive their care. VHA is seeking to expand training beyond our traditional urban locations to better meet the needs of Veterans. We have a good track record of hiring our own trainees in VA, especially in mental health training programs. Establishing training at rural and remote facilities can be one of the most effective strategies to address staffing needs in underserved areas.

IV. DISCIPLINE-SPECIFIC EXPANSION OPTIONS

This RFP invites facilities to submit proposals that include any combination of disciplines outlined in Section I. Training directors for specific disciplines at sites requesting positions from multiple disciplines are encouraged to collaborate closely throughout proposal development.

Psychology Doctoral Internships

- A. New Psychology Internship Programs: OAA will accept proposals from any facility that does not have an existing internship program. If approved, a new training program must become a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and must receive accreditation from the American Psychological Association (APA) within three years of program initiation in order to continue to receive funding. 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. Loretta Braxton, VAPTC Chair, and Dr. Bernadette Lauber, VAPTC Mentorship Program Coordinator, to be connected with a mentor. If any of the internship positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another discipline or facility.
- B. Additional Psychology Internship Positions: Both accredited internship programs and those newly established programs currently seeking accreditation (contingent with the OAA requirement of becoming APA-accredited within three years of initiating a new program) may apply for additional positions. If any of the positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another discipline or facility.

Neuropsychology Residencies (2 year programs)

- A. New Neuropsychology Residency Programs: New neuropsychology residency programs may be established at sites not currently offering this training, as long as two board-certified neuropsychology supervisors are available. If approved, a new neuropsychology residency program must become a member of APPIC and must receive APA accreditation in neuropsychology (simply obtaining a one-year, clinical psychology residency accreditation, which focuses on neuropsychology, will not be adequate to maintain funding) within three years of program initiation. We recognize that in some instances a site will not have sufficient outcome data to receive full accreditation within three years, and in those situations accreditation with contingency status must be obtained within the first three years. As noted above, VAPTC coordinates a training director mentorship program. Sites interested in establishing a fellowship may consult with Dr. Loretta Braxton, VAPTC Chair, and Dr. Bernadette Lauber, VAPTC Mentorship Program Coordinator, to be connected with a mentor. If any of the positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another discipline or facility.
- B. Additional Neuropsychology Residency Positions: Specially accredited, two-year neuropsychology post-doctoral residency programs and those newly established programs currently seeking accreditation (contingent with the OAA requirement of becoming APA-accredited within three years of initiating a new program) may apply for additional positions. If a site has had an existing neuropsychology residency for more than three years, new positions may only be requested if OAA has approved a timeline

for the site to receive specialty accreditation. If any positions are not filled in subsequent years, OAA has the authority to reallocate the stipend(s) to another site.

Marriage and Family Therapy Pilot Pre-Degree Internships

New MFT Pre-Degree Internship Programs: OAA will accept applications from sites for a MFT pre-degree internship program. Funded MFT interns must be in their second year field placement to receive VA funding. Each site requesting to establish a new internship may request a maximum of three, 500-hour pre-degree internship positions for the educational program, depending on facility infrastructure and capacity to support trainees (longer internship appointments are permissible on a WoC basis to meet academic affiliate internship requirements). To be considered, the proposal should include a letter of support (LOS) from a graduate MFT program accredited by COAMFTE and indicating a desire to affiliate with the VA facility for internship training. As per OAA general policy, at least two supervisors (one serving as the Director of Training (DoT) and professionally boarded in the MFT occupation series) should be identified. Both supervisors must hold COAMFTE Supervisor Certification. The MFT discipline and its pilot training programs are new to VHA. To support the establishment of this pre-degree internship program, it is permissible to have one of the two supervisors who is primarily a faculty member from the affiliated academic institution who becomes a WoC appointee to assist the DoT in establishing the internship. As the program progresses, it will be desirable to have at least two certified supervisors who are both VA staff and boarded in the MFT occupation series.

V. APPLICATION INSTRUCTIONS

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

1. **June 24, 2015.** A non-binding Letter of Intent (LOI), is due to OAA no later than 11:59 pm Eastern Daylight Time (EDT) on Wednesday, June 24, 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 these proposals.
2. **July 22, 2015.** The full proposal is due to OAA no later than 11:59 pm EDT on Wednesday, July 22, 2015.

B. LETTER OF INTENT INSTRUCTIONS

LOI's, not to exceed two pages, must be submitted by the medical center or health care system's DEO rather than by individual service lines within the medical center. Each DEO is limited to one LOI submission for each facility or health care system. LOI's are non-binding, meaning that submitting an LOI does not compel the facility to submit a complete proposal.

LOI's are **due no later than 11:59 pm EDT on Wednesday, June 24, 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 OAA portal: http://vawww.oaa.med.va.gov/rfp_general/default.aspx?PID=38.

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 should be identified in the document title to distinguish between the LOI and proposal submissions. After LOI's are submitted, an automatically-generated confirmation e-mail will be forwarded. **Faxed, mailed, or e-mailed LOI's will NOT be accepted.**

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

1. Name, credentials, and contact information for the person responsible for the proposed education program. The identified training director must be professionally boarded in the occupation series for the program(s) being requested. Health care systems having only one DEO across multiple campuses may request a maximum of 4 programs. All other submission requests must not exceed 3 programs.
2. Identify the health setting(s) for the training program and list the content areas/rotations of submission anticipated.
3. Identify whether this is a new training program being proposed or an expansion of an existing program (refer to Section IV).
4. For each discipline for which training positions will be requested, indicate the number and educational level of trainees (e.g., "2 Psychology Interns," or "3 Neuropsychology Residents (2 Year 1 and 1 Year 2)," 3 MFT Pre-degree Interns). **Please clearly indicate this information in a list or table format.**

C. PROPOSAL INSTRUCTIONS

Proposals must be submitted by the medical center or health care system's DEO rather than by individual service lines within the medical center. Each DEO is limited to one narrative submission, single spaced, with 12 point Arial or Calibri font. The page limits will vary with the number of programs proposed: one program – page limit is 8-pages of narrative; two programs – 11-page limit; three programs – 14-page limit. For health care systems with multiple campuses and only one DEO, a maximum of four programs may be proposed, with a 17-page limit. Margins must be at least one inch all around (excluding headers and footers). Proposals will be uploaded through the aforementioned OAA Portal (http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=38) with three separate documents: **Core Narrative, Letters of Support, and Supplemental Materials (optional)**. The submission portal will only allow four documents to be uploaded, including the letter of intent. Regardless of the number of programs proposed, all final application materials may not exceed 40 pages total. Any pages in excess of 40 will not be read or reviewed. The three final documents must be submitted through the aforementioned OAA Portal where LOI's were initially uploaded. **Only sites that submitted a non- blinding LOI may complete a full application.**

Core Narrative, not to exceed previously stated page limitations, must include the following elements for each proposed program:

1. General description: A description of the training proposed (psychology internship, neuropsychology residency, and/or MFT pre-degree internship). The narrative should detail the following for each program: training objectives, a brief description of the curriculum and competency expectations at the end of training, the unique settings/rotational structure under which training will occur, and the plan for didactics.

Interprofessional training: Points will be awarded for proposing integrating other training programs to provide interprofessional education. In general, this means that trainees from different disciplines will be in some shared didactics taught by an interprofessional faculty, the trainees will engage in some co-patient work, and there are some opportunities for cross-supervision from other disciplines. Ultimately, trainees should be able to verbalize: their discipline's unique contribution to patient care, other discipline's unique contributions, the areas of overlap, when to make a handoff, and when to co-manage an issue. Often interprofessional training needs coordination. If such training will be identified, please identify who will oversee the interprofessional education.

Innovative training: Any innovative elements of the training should be identified. Veterans face unique health and mental health problems. Points will be awarded for innovative curriculum development which may offer new training curriculum/methodologies that may better address patient needs in a variety of settings.

2. 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, the DEO discipline-specific training director(s), and the VISN and facility mental health leads. **Only individuals listed with e-mail addresses included in the application will be notified.**
3. 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 disciplines/educational levels that are not being requested.
 - a. Disciplines requested (Psychology Intern, Neuropsychology Resident, and/or MFT Pre-Degree Intern).
 - b. Position requests for new or existing education program.
 - c. Level of training in discipline (e.g., psychology intern vs. neuropsychology resident/PGY level). To illustrate, two neuropsychology resident positions may be requested, with one position for each program year (PGY) and with the second position being filled beginning in Academic Year 2017-18).
 - d. Number of trainee positions and hours per position requested for each discipline.
4. 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).
5. Accreditation status of each involved discipline's training program (it is understood that MFT pre-degree internships do not have independent accreditation).

6. Identified faculty and supervisors, with credentials and qualifications briefly described (brief but more comprehensive biosketches may be included in supplemental materials).
7. VA training sites (e.g., specific clinics, CBOCs, Vet Centers, 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.
8. Narrative description of the proposed clinical education programs, including a description of the interprofessional curriculum. The proposal should emphasize the “core” educational objectives and “critical” outcome measures that will be used to establish the effectiveness of the new curriculum. The curriculum must emphasize experiential learning in addition to didactic pedagogy. These elements should be included in the curriculum:
 - a) Shared Decision Making: At a minimum, the proposals should address the assessment and alignment of health interventions with patients’ preferences, shared goal setting, patient education, promotion of healthy behaviors, and self-management.
 - b) Sustained Relationships: Proposals should describe how trainees will be integrated into patient-centered practices at the VA, as well as how continuity will be maintained when trainees are not physically present. Ideally, there would be continuity with a panel of patients as well as with supervising practitioners.
 - c) Interprofessional Collaboration: Applicants should describe how they will design curricula to foster interprofessional learning, with an emphasis on experiential learning in addition to didactic experiences. Curricula need not be entirely “in common” between professions. Rather, they should reflect prior learning experiences and expected roles in high-functioning, interprofessional care teams in clinical settings.
 - d) Performance Improvement: Ongoing and substantial involvement in performance improvement activities must be integral components of the curriculum. Describe how trainees will establish, track, and use quality measures to enhance patient outcomes.
 - e) Innovation: If training programs are designed to meet innovative training solutions to behavioral health care, these should be specified. Describe how training outcomes may be compared to more traditional approaches.

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.**

- 1) Facility Director. The director’s letter must address the facility’s commitment to the educational process, including sufficient release time for the program training directors, mentors, and supervisors to be fully engaged in the educational mission and process. Sufficient release time that supports educational and administrative activities should be identified, including curriculum development.

For any proposals that will ultimately result in accreditation expectations (both psychology internship and/or 2-year neuropsychology residency programs), the director must indicate willingness to pay accreditation fees and membership fees for any required professional or match organizations.

- 2) Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education.
- 3) VA Training Site Director or Program Director for **each discipline** requesting trainees.
- 4) VISN Director. **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.**
- 5) Program Director for affiliated MFT programs, in which positions are requested (if applicable) indicating accreditation status of the program and interest in affiliating with a MFT pre-degree internship.

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

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, or PDF, files formats may be used. Letters must include a signature (i.e., they must be a scanned copy of an original, signed document). Three individual documents should be uploaded with all necessary materials included in one of the three files, **Core Narrative, Letters of Support, or Supplemental Materials.**
 - b) **Font and margin sizes.** Font size must be 12-point Arial or Calibri for narrative portions. Margins must be at least one inch all around (excluding headers and footers).
2. **Online Submission Instructions:**

Applicants will submit the Core Narrative, Letters of Support, and supplemental materials using the OAA Support Center web portal where Letters of Intent were initially uploaded. Proposals are to be submitted through the following portal: http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=38. The individual from the education office who submitted the Letter of Intent will have registered upon the first use of this portal and should also submit the full proposal. Only sites that submit a Letter of Intent may complete full applications.

 - a) The application will be uploaded as two or three files, depending on whether supplemental materials are submitted.
 - b) Applications may be changed or modified up to the closing date for applications. Only authorized individuals from the education office 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 clinical health professions 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 protected time for program training directors and supervisory staff. If applicable, demonstrated commitment from academic affiliates to support the training program establishment.
20 points
- 2) Strength of the proposed faculty and curriculum, including potential to achieve the primary objective of integrating trainees from multiple disciplines into high-functioning care teams focused on mental and behavioral health and all facets of health care that interface and the inclusion of thoughtful strategies to surmount difficulties of interprofessional endeavors.
15 points
- 3) Strength of the interprofessional team functioning in the sites for which trainees are requested, including evidence of high-functioning care teams and evidence of thoughtful strategies to integrate trainees in these interprofessional endeavors.
15 points
- 4) Incorporation of innovative emphasis areas consistent with VHA's mental health innovation task force (conditions of special focus include PTSD, depression, substance use disorder, insomnia, and chronic pain), prevention and wellness, whole person health, and older Veterans, Veterans returning from OEF/OIF/OND, and/or Veterans with serious mental illness. Innovative proposals addressing other behavioral health issues, not included above, will be considered.
20 points
- 5) Special consideration for facilities that have not previously hosted clinical education programs or facilities that have had relatively small training programs (3 or less trainees) that wish to expand.
10 points
- 6) To promote proposals for training in rural health settings, points will be awarded (up to 10) based upon the proportion of patients residing in a rural or highly rural zip code area. Up to five additional points will be awarded for programs incorporating specific training in working with rural health populations. This may include telehealth,

home-based primary care, or other innovative special programs focusing on rural health.

15 points

- 7) 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.

5 points

VII. SCHEDULE

June 3, 2015	OAA sends Program Announcement to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.
June 24, 2015	Nonbinding letter of intent due to OAA, via an ONLINE submission process, uploaded by the Designated Education Officer.
July 22, 2015	Full Proposals from eligible facilities due in OAA via an ONLINE submission process, uploaded by the Designated Education Officer.
August 26, 2015	OAA notifies facilities about the approval/disapproval of proposals.
July – September 2016	Trainees begin according to respective academic cycles.

VIII. OAA CONTACTS

A. General information: For general questions, please contact Stacy Pommer at (202) 461-9877, (Stacy.Pommer@va.gov) or Ken Jones at (202) 461-9493 (Kenneth.Jones6@va.gov).

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

APPENDIX A: TRAINEE POLICIES

- 1) **Governance.** OAA maintains overall responsibility for the administration of VA's health professions education. All "associated health" trainees (defined here as trainees not in dentistry, medicine, or nursing) included in these teams shall comply with the Program Requirements of the respective discipline's educational accreditation bodies and with VA provisions for training in those disciplines.
- 2) **Program Sponsorship.** Currently allocated facility associated health trainee positions may be included in activities undertaken as a part of this Program Announcement. All trainees must be in programs sponsored in the name of an affiliate or in internships and residencies sponsored by the VA, such as psychology internships and postdoctoral training programs.
- 3) **OAA Support for Trainees.** OAA will provide funds to VA facilities for trainee stipends and fringe benefits when involved in activities of these programs.
- 4) **Appointment and Compensation of Trainees.**
 - a) **Appointment authority.** Appointments will be made under 38 U.S.C. 7405.
 - b) **Stipend determination.** The stipends for individual positions or fractions of positions will be based on the discipline, educational level, and geographically adjusted VA stipend rates.
- 5) **Liability.** Trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).
- 6) **Trainee expenses.** Except as specified above, expenses connected to trainee recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the trainee.

APPENDIX B: 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, DEO, discipline-specific training director(s), and the VISN and facility mental health leads. 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 table 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		
Training Director (specify discipline)		

APPENDIX C: TRAINEES REQUESTED

Please use the table to list all new trainee positions requested under this initiative in your final application. If a health care system has multiple campuses please specify the campus next to each discipline and add additional rows if the same type of program will be at multiple campuses.

Discipline	Education Level	Is this a new training program? (Yes/No)	# of Training Positions Requested	Hours per Position
Psychology	Interns			2080
Neuropsychology	Postdoctoral Residents (if more than one resident is requested, please indicate whether the start-date will be staggered for the second and additional residents – i.e., some programs prefer to have a PGY-1 and a PGY-2 resident).			2080
Marriage and Family Therapy	Pre-degree Interns			500

APPENDIX D: 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.

Core Narrative, not to exceed page limit specified in Section V.C. (1 program-8 pages, 2 programs-11 pages, 3 programs-14 pages, 4 programs for health care systems with multiple campuses – 17 pages). Proposals must include these elements:

- Description of any innovative content area/rotations.
- Name, position, and contact information for the person responsible for the interprofessional clinical education program(s).
- **Copy the table in Appendix B into the application** and ensure the following information is included: 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, Designated Education Officer, and the VISN and facility mental health leads. **Only individuals listed with e-mail addresses included in the application will be notified.**
- Table of trainees requested. **Copy the table in Appendix C into the application and ensure the below information is included:**
Disciplines requested
 - Position requests for new or existing education program
 - Level of training in discipline
 - Number of trainee positions and hours per position requested for each discipline
 - Name of campus if one DEO is submitting program requests for multiple sites
- Details of how trainees will be assigned to the VA training sites.
- Accreditation status of each involved discipline's training program (it is understood that MFT pre-degree internships do not have independent VA accreditation, but in those cases the affiliate must be accredited by COAMFTE).
- Identified faculty and supervisors, with credentials and qualifications briefly described.
- VA training sites (e.g., specific clinics, CBOCs, Vet Centers, or other venues to which trainees will be assigned), with brief descriptions of each site.

- 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.
- 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.

Curriculum should include:

- Shared Decision Making
- Sustained Relationships
- Interprofessional Collaboration
- Performance Improvement
- Innovation (if appropriate)

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. 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 discipline requesting trainees
- VISN Director
- Program Director for COAMFTE-accredited MFT affiliate, if MFT pre-degree internship positions are being requested.

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

Submission of Proposals

- Full proposals are submitted by VA Designated Education Officer (DEO), ACOS/Education, or equivalent.
- Acceptable formats for submitted files are Word, Excel, or PDF, formats.
- Letters of support include a signature (i.e., they must be a scanned copy of an original, signed document).
- Three individual documents are uploaded with all necessary materials included in one of the three files, **Core Narrative, Letters of Support, or Supplemental Materials.**
- 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_general/default.aspx?PID=38.