**DSRIP Statewide Investments**

**Community Mental Health Center Behavioral Health Recruitment Fund**

**APPLICATION FORM AND INFORMATION**

***Application Guidance and Checklist***

\_\_\_\_1. **Section A**: Completed **Organization Information**

\_\_\_\_2. **Section B:** Completed **Vacancy and Staffing Information for Site**

\_\_\_\_3. **Section C:** Attached **Statement of Organization Need**

\_\_\_\_4. **Section D:** Attached **Organization Retention Plan**

\_\_\_\_5. **Section E:** Attached **Community Mental Health Center Special Projects Descriptions**

\_\_\_\_4. **Student Loan Repayment Forms (*to be completed by new hire upon acceptance of position)***

This information will be used to verify that the provider recruited by your organization qualifies for the DSRIP Statewide Investments CMHC Behavioral Health Recruitment Fund Program. This information will also be used to verify and pay the student loans of the providers recruited by your organization.

**Section A: Organization Information**

Name of Organization

Corporate Address

Please list the site addresses where each recruited provider will be employed:

CEO or Equivalent *(please write-in name)*:

Official Title:      

CMO, Medical Director, Clinical Director, or equivalent *(please write-in name)*:

Official Title:

Contact Person (**person completing form**)

Contact Person’s Title

Telephone (   )    -

Fax (   )    -

Email Address

Number of Psychiatrist Recruitment Packages Your Organization is Requesting:

Number of Prescribing Nurse Practitioner Recruitment Packages Your

Organization is Requesting:

**Section B: Vacancy and Staffing Information for Site**

With these slots, is the organization seeking to:

… **fill a vacancy**   Yes  No *or*

… **fill a new position**  Yes  No *or*

If the position is a **vacancy**, how long has it been vacant?       or  N/A

*Please describe challenges in hiring for this position or other provider vacancies in Section C: Statement of Organization site need.*

If the position is a **new expansion** position, how long has it been vacant?       or  N/A

*Please describe why this new position was created – e.g. to serve a particular subset of the CMHC’s patient population, to address an increase in service volume, etc. – in Section C: Statement of Organization site need. Please also describe any challenges in hiring for this position in Section C.*

How many new patients has this site had over the last year?

Do you have a waiting list for new patients?

\*\*If yes, how long on average before initial visit?

To assist us in reviewing (and prioritizing) your application and projecting need, please provide the following information:

# of Currently Employed/Contracted Psychiatrists

# of Fulltime Equivalency (FTE’s) of Psychiatrists

**or**

# of Currently Employed/Contracted Nurse Practitioners

# of Fulltime Equivalency (FTE’s) of Nurse Practitioners

**Section C: Statement of Organization Need**

Please attach a separate document describing how receiving a recruitment package comprised of student loan repayment and two years of dedicated special project funding will help address the recruitment needs at your organization. Please indicate how the recruited provider(s) will benefit the patients and the community that your organization serves. Please also describe how the recruitment of the provider will either advance the integration of mental health and Substance Use Disorder treatment services in your organization, and/or address a particular cultural competency need.

***Please be sure to clearly explain why your organization needs assistance in order to successfully recruit new providers (500-750 words).***

**Section D: Organization Retention Plan**

Please attach your site’s personalized plan for retaining the recruited provider(s) during and after the loan repayment period and special project period.

This should include a description of the specific nature of your organization’s support for the recruited provider(s)’ potential career development, including opportunities for continuing education, participation in innovative clinical initiatives, research, and clinical teaching.

**A comprehensive retention plan takes into account strategies for ensuring that all providers remain engaged and effective. The retention plan goes beyond financial incentives, and instead, lays out a comprehensive approach that addresses the reasons a provider might leave, and explores all options for retaining this provider.**

A comprehensive retention plan might include:

* *Regular face-to face discussion(s) with the provider(s) in order to gain a better understanding of their career goals and identify ways in which to support them*
* *A description of how the organization will maintain an enjoyable, collaborative, and supportive working environment for provider(s) through mentoring, team-building, training, flexible schedule, etc.*
* *Potential opportunities for personal and professional growth including skills development, leadership, specialization, teaching, and so on*

**Section E: Community Mental Health Center Special Projects Description**

Please attach a separate document identifying at least three and no more than seven potential special project topic areas that would advance your organization in its transition to an accountable care environment. Successful applicants will be expected to partner closely with recruited provider(s) to select a special project area from this list that is both beneficial to the organization and aligned with the career goals and interests of the individual provider(s).

Please provide the following details for each special project topic area identified. Descriptions should be brief; responses to this section should be no more than three pages. Each special project description should address the following points and be no more than 130 words:

* Project goal, including how it will benefit the organization
* High-level description of project activities
* Funding use (i.e. funds will allow lead/recruited provider time to engage in a certain activity)

As a representative of       (organization), we are committed to ensuring that provider(s) hired with support from this recruitment package are qualified for the loan repayment for which our organization is deemed eligible. We further commit to implementing the comprehensive retention plan described in this application and to supporting new provider(s) in their leadership of special projects activities made possible by recruitment package funds.

**SIGNATURE OF THE PRESIDENT/CEO OF THE ORGANIZATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Print Name Title

Please email complete application to the email address below:

**Massachusetts League of Community Health Centers, Inc.**

**DSRIP Statewide Investments Community Mental Health Center Behavioral Health Recruitment Fund**

**Madison Schmitt, Manger, Behavioral Health Workforce Initiatives**

[**StatewideInvestments@massleague.org**](mailto:StatewideInvestments@massleague.org)