

FELLOWSHIP APPLICATION FORM FOR CHCs

Application Checklist

- 1. **Section A: CHC Applicant Information**
- 2. **Section B: Fellowship Slots Requested**
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- 6. **Section F: Job Description**

Section A: CHC Applicant Information
Community Health Center (CHC)

Name:

CHC Administrative Office Address:

Chief Executive Officer (CEO) or Equivalent

Name:

Email:

Phone:

Chief Medical Officer or Director of PMHNP Fellowship Program

Name:

Title:

Email:

Phone:

Contact for PMHNP Fellowship Program Application

Name:

Title:

Email:

Phone:

Section B: Fellowship Slots Requested

Please indicate the number and type (student or graduate) of Fellowship slots for which funding is requested:

Student Fellowship Slots:

Graduate Fellowship Slots:

Section C: Response Narrative

See Grant Application Package on pages 14-15 of the RFP for an overview of the response narrative sections.

Please respond to the following questions using the fillable PDF available on the MLCHC site, please make sure that all attachments are clearly labeled with your health center's name and submit them as an attached PDF to Emily Price at EPrice@MassLeague.org. Character limits are listed after each question.

C.1 CHC Overview and Rationale for Request

Overview

- 1) Description of the CHC's patient population including a percentage breakdown of enrollment in state vs private insurance, racial, ethnicity, cultural, and linguistic characteristics, and any other distinguishing features. (*character limit 900*)
- 2) How will this Fellowship align with the CHCs' initiatives to promote racial equity? (*character limit 900*)

The Rationale for Request

- 3) How does the PMHNP Fellowship tie into broader CHC strategic goals?
- Why is the PMHNP Fellowship a priority for your CHC? (*character limit 900*)

- 4) How will this Fellowship impact your CHC's capacity for behavioral health delivery to patient populations? (*character limit 900*)

Optional: please provide data on your existing behavioral health capacity, including prescribing capacity at your CHC and in the community and data demonstrating the patients' needs at your CHC.

C.2 Model of Care

- 5) Describe your CHC's behavioral health model of care and describe how the PMHNP Fellow(s) will be integrated with that model. (*character limit 1,800*)

For example:

-Will a PMHNP Fellow serve in a consultation role to PCPs or maintain a panel of patients or a combination?

-Will the PMHNP Fellow work at multiple sites or one anchor site?

Include any plans to have the PMHNP Fellow engage in therapy, group visits, telehealth, etc.

-Include plans to have the PMHNP Fellow support patients with substance use disorders (plans to have them obtain a DATA-waiver, etc.)

C.3 Experience

- 6) Describe your CHC's experience precepting Fellows or residents and demonstrate your understanding of the postgraduate nurse practitioner role in a Fellowship program. (*character limit 900*)

7) Does your Health Center have an NP residency Program? (*character limit 900*)

If **yes**, please share:

Pertinent outcome data from past cohorts.

Outcomes from any previous NP residency training experiences, and how will this be incorporated to support the success of the Program?

If **no**, please share:

Your CHC's experience with training nurse practitioners, including precepting NP students, etc.

8) Please describe the clinical experience and staff support for the Fellow¹: (*character limit 900*)

- Expected patient panels in terms of size, diversity, and clinical complexity and plan to ramp up caseload over the 12-month Fellowship.
- Planned care team support and strategy to ensure that Fellows work as part of a multi-disciplinary care team. (e.g., experienced PMHNP or psychiatrist for consultative support, medical assistants, registered nurses, behavioral health clinicians, etc.)
- Using Table 7 below, list information for preceptors and clinical supervisors for the type of Fellows you have requested, please refer to CHC Preceptor Description and Clinical Supervisor Description on page 4 and 5 of the RFP for description of roles and qualifications.
- UMass Chan GSN will work individually with those CHCs who present a need for remote clinical supervision. Please indicate if you wish to work with UMass Chan GSN to provide remote clinical supervision.

¹ Student Fellow experience may be prescribed by the student's PMHNP academic program advisor.

Table 7 Identified Preceptors and Clinical Supervisors

Student Fellows	Graduate Fellows	
Preceptor	Preceptor	Clinical Supervisor
Name: Title: Role:	Name: Title: Role:	Name: Title: Role:
Work Location:	Work Location:	Work Location:

9) Please describe available physical, technological, and administrative infrastructure to support the Fellow including: (*character limit 900*)

- a. Desk space for completing clinical notes and administrative work.
- a. Exam room for conducting appointments with patients.
- b. Laptop and secure access to EMR from outside of CHC
- c. Ability to provide coverage and current systems to ensure that the clinical needs of patients are met in the Fellow's absence.
- d. Clinical appointment scheduling flexibility, and workstation availability that will enable Fellow to participate in didactic training offered by UMass Chan GSN on Wednesday afternoons and grand rounds on Thursdays at noon and other educational offerings as needed.

C.4 Evaluation of PMHNP Fellows Performance

10) Describe your CHC's practice for providing New Hire performance appraisals i.e., 30-day, 6-month, and one-year performance appraisals. Appraisal forms may be attached, but not required. (*character limit 1,800*)

C.5 Specialty Rotations

11) Describe at least three specialty clinics that will be included in your PMHNP Fellowship program. They can be external organizations or internal departments within your CHC. (*character limit 1,800*)

- Explain how the choice of your specialty sites aligns with your CHC population and patient needs.
- What are the skills or competencies you want the Fellows to gain by learning at these sites?

UMass Chan GSN will work individually with those CHCs who require assistance identifying specialty clinics. Please indicate if you wish to consult with UMass Chan GSN.

C.6 Sustainability

12) Include your CHC's plan to maintain the PMHNP Fellowship with a new cohort of Fellows beyond the funding period. (*character limit 1,800*)

- - Describe your CHC's plan to help retain student-level Fellows and recruit them as graduate level PMHNP Fellows.
- - Describe your CHC's plan to support and facilitate continuing the employment of graduate PMHNP Fellows after the 12-month Fellowship period has ended with details describing Preceptor training for future Fellows.

See Program Intent on page 2 and 3 of the RFP for a full description of the proposed sustainability plan.

Section D: Work Plan and Staffing Plan

D.1: Proposed Work Plan

Please refer to Attachment E Work Plan Template on page 12, download it as a PDF, and attach it to the application.

Include a detailed proposed work plan starting when receiving the award and include deliverables and a timeline that ensures that the requested PMHNP Fellowship training slots will be operational by the start date listed within the MLCHC contract. Be sure to address the following in your work plan/timeline:

- Plan for recruiting any leaders or staff needed to ensure a high-quality training experience for PMHNP Fellows.
- The work plan should also identify any potential challenges associated with implementing the new PMHNP Fellowship and discuss how such issues will be mitigated.

D.2: Staffing Plan

Please refer to Attachment F Sample Staffing Plan on page 13, download it as a PDF, and attach to the application.

Please list the qualifications of CHC clinicians (preceptors, clinical supervisors) and staff members who will play a vital role in the successful implementation of the PMHNP Fellowship Program.

Please include who will directly precept and/or supervise each of the Fellow types requested by the CHC. Any external contributors to either the design and/or implementation of the PMHNP Fellowship at your CHC, for example, consultants or partner organizations, should be included in your staffing plan. Please reference pages 3 and 4 in the RFP which outlines the qualifications needed for preceptors and supervisors.

If support through UMass Chan GSN for clinical supervision is requested, please also indicate it here as well as in Section C.3 of the narrative response.

Section E: Budget Template and Budget Narrative

E.1 Budget Template

Please use [Attachment G Budget Template](#) on pages 14-15

Provide a line-item budget for the CHC PMHNP Fellowship Program for the funding period, download it as a PDF, and attach it to the application.

E.2 Budget Narrative

Include in the narrative how you will utilize the \$64,919 available in Administrative Funding. This must cover costs associated with the administration of the Fellowship Program (i.e., CHC staffing salary and fringe for a portion of the Director, Administrator, and Preceptor(s) time). Please note the following:

Budget and budget narratives need not outline all costs associated with the Fellowship; however, they should identify how this Program's funds will be spent.

Attach the budget narrative as a separate PDF document.

Attention: successful CHC applicants will be responsible for ensuring that all funds are expended per program requirements.

Section F: PMHNP Job Description

Provide a PMHNP job description, which describes the full scope of practice of a PMHNP at your CHC, adding in responsibilities or expectations that may be unique to your health center. This job description will be used as part of the process of matching Fellows to CHCs.

A PMHNP job description template is provided in [Attachment D PMHNP Job Description Template](#) on page 11 and should be personalized to the opportunities available at your CHC.

Please email the complete application to the email address below:

ATTN: Emily Price, Program Manager
Workforce and Training Team
Massachusetts League of Community Health Centers
Email: pmhnpfellows@Massleague.org

Attachment A PMHNP Job Description Template

The Psychiatric Mental Health Nurse Practitioner provides treatment for patients with psychiatric illnesses throughout their lifespan in an outpatient setting. Treatment includes assessing, planning, implementing, coordinating, and evaluating patient care among a multi-disciplinary team.

Primary Job Responsibilities:

- Responds to and initiates care for those requiring mental health services throughout the care continuum.
- Identifies patient mental health problems and prescribes treatment.
- Implements mental health services utilizing therapeutic regimens.
- Provides mental health education to patients, healthcare, and medical staff.
- Provide health/behavioral health assessment (including differential diagnoses, prognosis), treatment recommendations, and treatment planning for clients across program types.
- Maintain detailed records of patient visits and progress.
- Assist in the development of individualized treatment plans.
- Provide medication management for clients on medication and periodic reassessment (as needed) for those assessed (but not on medication). Medication provision includes the direct delivery of injectables.
- Provide counseling, brief therapy, psychoeducation about health/behavioral health, and other care for clients as planned by the treatment team and support the client's treatment plan. Participate in case reviews and contribute to treatment planning and goal setting.
- Provide consultations to non-medical staff on complex cases.
- Communicate with health care providers outside of the agency and interpretation of health results for client care planning.

Attachment B Work Plan Template

Please use the work plan template below. There will be several tasks associated with each goal.

Asterisks goals are required, other goals/activities can be completed at your discretion. Please reference the Review Criteria on pages 11-13 of the RFP for how the information you provide will be scored.

<i>Activity/Goal:</i>							
<i>Tasks Affiliated with Goal</i>	<i>Description</i>	<i>Resources Needed</i>	<i>Person (s) Responsible at CHC</i>	<i>Start Date</i>	<i>End Date</i>	<i>Outcomes</i>	<i>Comments</i>

<i>*Activity/Goal: CHC PMHNP program evaluation</i>
<i>*Activity/Goal: CHC reporting to funders</i>
<i>*Activity/Goal: Fiscal invoicing and Budget Oversight</i>
<i>*Activity/Goal: Fellow embedded in integrated care team</i>
<i>Activity/Goal: Fellow performance appraisal process (e.g. 30 day, 90 day)</i>
<i>Activity/Goal: Coverage for PMHNP while attending Fellowship didactics</i>
<i>Activity/Goal: Work Schedules, how are they created</i>
<i>Activity/Goal: New Hire Orientation</i>
<i>Activity/Goal: Technical Assistance from Mass League and UMass Chan GSN to CHCs</i>
<i>Activity/Goal: Interview Process for Fellow</i>

Attachment C Sample Staffing Plan

Staffing Role	Name of Staff Member	Contact Information	Qualifications (can be listed, licensure, etc., or you can attach CV of each staff member)
<i>PMHNP Fellowship Director</i>			
<i>Fellow Clinical Supervisor</i>			
<i>Fellow Preceptor</i>			
<i>Supporting Clinicians</i>			
<i>Department Admin</i>			

Attachment D Budget Template – Please see Tables 1-3 in RFP pages 5-6 for Allowable Funding

CHC Name						
Funding		Actual Cost				Details/comments
Staff assumption of 12-months	Salary	Fringe	FTE	Staff	Budget	
NP Fellow annual rate			1	1	\$	
NP Fellow annual rate			1	1	\$	
Residency Director			0.2	1	\$	
Residency Admin			0.05	1	\$	
Preceptor PMHNP			0.1	1	\$	
Preceptor PMHNP			0.1	1	\$	
Clinical Supervisor			0.05	1	\$	
Total Salary					\$	
Fringe			%		\$	
Salary and Fringe					\$	
Direct	Cost		Rate	Staff		
Travel allowance - total # trips * miles RT * reimbursement rate					\$	
Laptop allowance					\$	

EMR license fee					\$	
Recruitment incentives					\$	
total direct costs					\$	
<i>Indirect (no indirect)</i>			0		0	
Total Direct costs					\$	
Student Fellow stipend	Rates		Semester	Staff		
Allowance/ semester					\$	
Allowance/ semester					\$	
Preceptor/FTE			0.1		\$	
Fringe preceptor only			%		\$	
Total Student Stipend Costs					\$	
Incentives/ Retention	Cost		Semester	Staff		
DNP pre-Fellow Incentive					\$	
Retention of PMHNP post-Fellowship						
Total Funds Requested					\$	