



The Executive Office of Health and Human Services along with
The University of Massachusetts Chan Tan Chingfen Graduate School of Nursing and
The Massachusetts League of Community Health Centers present

MA PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER FELLOWSHIP PROGRAM REQUEST FOR PROPOSAL

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Program Introduction

In response to Massachusetts' (MA) increasing demand for psychiatric and mental health services, the Executive Office of Health and Human Services (EOHHS) utilized funds received from the U.S. Department of the Treasury from the Fiscal Recovery Fund (FRF)¹ to establish a Psychiatric Mental Health Nurse Practitioner (PMHNP) Fellowship Program (Program). The Program will consist of two categories of Fellows: (i) Student PMHNPs and (ii) Graduate PMHNPs (also known as practicing-level PMHNPs). A Graduate PMHNP must be defined by at least one of the following descriptions:

- Completed a PMHNP program within 18 months of the start of the Fellowship,
- Will complete a PMHNP program by the start of the Fellowship, or
- A recent graduate hired between 6/1/23 and 6/30/24 as a new PMHNP (within 18 months of graduation) at a community health center.

The Massachusetts League of Community Health Centers (MLCHC) is issuing this Request for Proposals (RFP) to establish a PMHNP Fellowship Program at Community Health Centers (CHCs) with at least one being in a rural area. CHCs that are interested in receiving support for their behavioral health workforce needs are invited to apply. A CHC is defined as a health center located in Massachusetts, operated by an organization that meets the criteria to qualify as a Federal Qualified Health Center (FQHC)², a hospital-licensed health center³ or an FQHC look-alike. CHCs that serve diverse communities, rural communities⁴, or are in a federally designated Health Professional Shortage Area (HPSA) or a Mental Health Professional Shortage Area⁵ are strongly encouraged to apply.

The UMass Chan Tan Chingfen Graduate School of Nursing (UMass Chan GSN) developed the Program in collaboration with the MLCHC to improve workforce recruitment and retention across Massachusetts' CHCs. Graduate Fellows will be under a 12-month service commitment and student-level Fellows will participate in a semester-long placement. CHC applicants responding to this RFP will work with the MLCHC and UMass Chan GSN to ensure the Fellows benefit from mentoring and learning opportunities, and team-based care offered in the CHC setting.

Under the guidance of UMass Chan GSN and EOHHS, the MLCHC will oversee this project and ensure smooth implementation across organizational partners. The MLCHC will support CHCs during the planning, implementation, and retention stages of the funding period. For more information detailing the level of support, see Attachment A: MLCHC Administrative Responsibilities found on page 14 and Attachment B: UMass Chan GSN Administrative Responsibilities found on page 15.

Program Intent

The MA PMHNP Fellowship Program aims to recruit, educate, and retain PMHNPs at CHCs. The PMHNP Fellowship offers additional advanced and structured didactic programs to prepare and support PMHNP graduates for practice in community-based settings. The investment in this Fellowship Program will benefit CHCs and patients by allowing PMHNPs to hone population-specific knowledge and skills more efficiently and effectively than without this advanced training.⁶ In addition, investing in postgraduate training programs will better enable Fellows to provide care for patients with a wide range of complex physical and mental health conditions; challenged by co-morbidities and socioeconomic

¹ Established under Section 602 of the Social Security Act, as added by Section 9901 of ARPA

² <https://www.healthcare.gov/glossary/federally-qualified-health-center-fqhc>

³ <https://www.mass.gov/info-details/health-care-facilities-in-massachusetts>

⁴ <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

⁵ What Is Shortage Designation? | Bureau of Health Workforce (hrsa.gov)

⁶ Farquhar-Snow, M., Bartow, A., and Lucas, C. (2020). Nurse practitioner fellowship. HCPro.

barriers⁷. Finally, structured training post-licensure may, in turn, lead to greater job satisfaction and retention in safety-net settings, such as CHCs.⁸

The Program aims to ensure the sustainability of PMHNPs who work at health centers by creating a career pathway for practitioners, such as student Fellows transitioning to a graduate Fellowship and graduate Fellows becoming prescribing Preceptors and/or non-prescribing Preceptors of future Fellows. Additionally, the Program may provide financial incentives to Fellows who qualify.

CHC Eligibility

All MA CHCs that meet the criteria to qualify as a Federal Qualified Health Center (FQHC), a hospital-licensed health center, or an FQHC look-alike are eligible to apply for funding through this RFP.

CHCs that serve diverse communities, rural communities, or are in a federally designated Health Professional Shortage Area (HPSA) or a Mental Health Professional Shortage Area are strongly encouraged to apply. At least one rural CHC will be funded during each year of the program.

CHC Selection Priorities

CHCs will be selected and evaluated for funding based on their demonstrated capacity to provide the following:

- A commitment to hire graduate PMHNP fellows who have passed the national certification exam by the American Nurses Credentialing Center or the American Association of Nurse Practitioners, have a Commonwealth of Massachusetts Advance Practice Nursing License in good standing with the Board of Registration in Nursing, and are eligible to apply for Mass Controlled Substance License/DEA by the start of the Program.
- A commitment to building culturally diverse psychiatric capacity both by prioritizing hiring qualified PMHNP candidates who reflect the patient population's cultural and linguistic backgrounds and providing services to communities that are underserved by limited access to behavioral healthcare.
- Capacity and capability to precept all Fellows. See the CHC Preceptor Description below for full details.
- Capacity to provide adequate prescribing Preceptor support for PMHNP graduate and new hire Fellows. See the [Prescribing Preceptor description](#) below for full details.
- Ability to ensure adequate patient panels for Fellows in terms of size, diversity, and clinical complexity.
- Ability to ensure adequate care team support (e.g., medical assistants, registered nurses, community health workers, behavioral health clinicians, psychiatrists, or experienced PMHNPs for consult support, and support staff) for Fellows.
- Ability to provide adequate physical space (e.g., exam/treatment rooms) for Fellows.
- Ability to provide coverage and systems to ensure that the clinical needs of patients are met in the Fellows' absence (e.g., sick day, vacation time, etc.).
- Ability to ensure that Fellows work as part of a multi-disciplinary care team.

⁷ Flinter M. "From new nurse practitioner to primary care provider: bridging the transition through FQHC-based residency training". Online Journal of Issues in Nursing. Jan 2012 17(1):6.

⁸ Bush, Charles T., and Bobby Lowery. "Postgraduate nurse practitioner education: Impact on job satisfaction." The Journal for Nurse Practitioners 12.4 (2016): 226-234.

CHC Preceptor Description

Preceptors are defined as non-prescribing and prescribing. Preceptors aim to assist Fellows in meeting their learning needs, which may include providing consultation for each new patient; consultation for existing patients when appropriate to ensure patient care quality; and providing bi-monthly performance evaluation meetings. Preceptors may be prescribing preceptors or non-prescribing preceptors, as described below.

Non-prescribing Preceptors

Non-prescribing preceptors must be independently licensed mental health providers (e.g., PMHNP, psychiatrist, psychologist, LICSW, LMHC, etc.). Note that some Graduate Schools of Nursing may have specific requirements for the preceptor's licensing.

Prescribing Preceptor description

A prescribing preceptor is a Qualified Healthcare Professional (QHP)* who is eligible to provide state regulated clinical supervision of prescriptive practice for the graduate Fellow for the first two years post-certification according to Massachusetts state licensure regulations.⁹

The Fellow and the prescribing preceptor will develop mutually agreed-upon guidelines that outline the mechanism for ongoing supervision, the duration and scope of the supervision, and the clinical circumstances that require consultation and/or referral. The guidelines must be signed by both the Fellow and the prescribing preceptor and kept on file in the workplace.

*Eligible QHPs include:

- Licensed certified nurse practitioners with board certification as an advanced practice psychiatric nurse (PMHNP or PMHCNS) who has met the criteria for independent practice.
- Licensed physician, MD or DO, who is board certified in psychiatry “ABPN” or those with a specialty in addiction medicine with the added credentials of “FASAM” or “DFASAM” (Fellow of American Society of Addiction Medicine or Distinguished Fellow of American Society of Addiction Medicine).

If a CHC is unable to provide a prescribing preceptor for supervision as outlined above, a written request must be submitted to UMass Chan GSN for remote prescriptive practice supervision support.

** Some providers such as individually licensed PMHNP providers may fulfill both the prescribing preceptor and the non-prescribing preceptor roles*

Grant Award

All PMHNP Fellow applicants (students, graduates, and newly hired graduates) must complete and submit an application. Applications are available on the UMass Chan GSN [website](#).¹⁰ A CHC may apply for more than one Fellow slot. Based on the response and number of Fellow applications, placements may vary across health centers. Acceptance to the Fellowship program is not guaranteed.

⁹ [244 CMR 4.00: Advanced practice registered nursing | Mass.gov](#)

¹⁰ <https://www.umassmed.edu/gsn/residences-and-fellowships/psych-mhnp/>

Tables 1, 2, and 3 provide a description of the funding categories and the allowable funding available to each health center. Additional support is available for programs receiving more than one Fellow.

Table 1 Graduate Funding¹¹

Funding Category	Available Funding
PMHNP graduate salary and fringe support	Up to \$140,250/year for each PMHNP graduate Fellow
Infrastructure support: In-state travel to training sites, laptop, and/or EMR license.	Up to \$2,475/year for each PMHNP graduate Fellow
Administrative costs: A portion of salary and fringe for Fellowship director, administrator support, PMHNP prescribing Preceptor and non-prescribing preceptor, as applicable	Up to \$66,218 per year
Additional preceptor support for CHCs accepting more than one PMHNP graduate Fellow	Up to \$16,575 per year

Table 2 PMHNP Student Support

Funding Category	Available Funding
PMHNP Student Preceptor Support fringe and salary	Up to \$5,525 per academic semester per student
Stipend for students at the beginning of each semester.	Up to \$1,000 per semester per student.
Incentive for students who complete the semester	Up to \$1,500 at the end of semester per student.

¹¹ See page 3 for a description of Graduate Fellows

Table 3 Graduate Retention Incentives

Funding Category	Available Funding
<p>Available funding for CHCs to go towards a retention incentive for Graduate Fellows: (new graduates and recently hired PMHNPs (hired between 6/1/23 and 6/30/24)) who become permanent hires of the CHC or who commit to maintaining their employment after their 12-month service commitment ends.</p>	<p>\$10,000/Fellow</p>
<p>Grant incentive to support preceptor development.</p> <ul style="list-style-type: none"> ● Graduate Fellows (new graduates and recently hired) who complete the 12-month service commitment and become permanent hires of the CHC or maintain their employment. <p>Graduate Fellows will be eligible to receive an incentive to participate in a preceptor training through UMass Chan GSN to prepare them to serve in the role of preceptor for future Fellows.</p>	<p>\$5,500 per graduate Fellow/year for up to 2 years (up to \$11,000 per Graduate Fellow over 2 years)</p>

Fellow Selection Priorities

To be eligible, PMHNP graduates, PMHNP new hires, and student PMHNP candidates must submit applications through the [UMass Chan GSN website](#).¹² Graduate Fellows (including new hires) will be under a 12-month service commitment and student Fellows will commit to a semester-long placement with an option to extend the Fellowship to additional semesters with approval as needed.

All Fellow applicants must meet the minimum eligibility criteria for the Fellowship.¹³

- RNs who currently work at a CHC and are enrolled in a PMHNP program can submit a Student Fellow application and request to be matched to their CHC employer, providing the CHC also submits a proposal and is approved for funding.
- PMHNPs who were recently hired (between 6/1/23 and 6/30/24) by a CHC must submit a Graduate Fellow application and request to be matched to their CHC employer, providing the CHC also submits a proposal and is approved for funding.

All Fellow applications (student and graduate) are available on the [UMass Chan GSN website](#). Acceptance to the Fellowship program is not guaranteed. Applicants who are bi-lingual and/or reflect the population served by a CHC (e.g., languages spoken, lived experience in urban or rural underserved communities) are strongly encouraged to apply.

Guidelines for Fellow Requirements

Table 4 provides important information about the level of education and licensure for the different categories of Fellows. Graduate-level candidates who have graduated from a PMHNP program within 18 months of the release date of this RFP will receive priority.

¹² <https://www.umassmed.edu/gsn/residences-and-fellowships/psych-mhnp/>

¹³ <https://www.umassmed.edu/gsn/residences-and-fellowships/psych-mhnp/eligibility/>

Table 4 PMHNP Fellow Descriptions

Types of PMHNP Fellows	Student Fellows	Graduate Fellows¹⁴
Educational and Licensing Status	<p>Student-level Fellows are registered nurses who are licensed in Massachusetts and in good standing, and currently enrolled in a full-time or part-time PMHNP academic program. To participate in the Fellowship program and have it count toward academic clinical hours, students must provide written approval from their school’s program director or coordinator.</p> <p>The PMHNP program may provide a master’s in science (MS) with PMHNP specialization; a Doctor of Nursing practice (DNP) with PMHNP specialization; or a post-graduate certificate (PGC) with PMHNP specialization for those board-certified as NPs in a specialty other than psychiatry and mental health (i.e., family nurse practitioners).</p> <p>Can be employed as an RN at a CHC.</p>	<p>Graduate-level Fellows - who have completed a PMHNP program are registered nurses licensed in Massachusetts in good standing who are also board certified as a PMHNP and hold an APRN license in Massachusetts OR who are eligible and will soon sit for board certification as a PMHNP and then receive an APRN license in Massachusetts once they have passed the PMHNP national certification exam.</p> <p>While anyone who has completed a PMHNP program is eligible to apply, priority is given to those who have graduated from a PMHNP program within 18 months of the release date of this RFP, and/or are bilingual and/or reflect the population served.</p> <p>PMHNP Graduates who are not board certified must be eligible to apply for a Mass Controlled Substance License/DEA¹⁵ by the start of the Fellowship.</p>

CHC clinical and administrative staffing requirements

Program staff must include a designated program director, preceptors (see page 5 CHC Preceptor Description), who can provide sufficient time and effort to fulfill program requirements including remote supervision as needed.

Program Director responsibilities:

The program director will be responsible for meeting the obligations and MLCHC Terms and Conditions of the Fellowship. Please see Attachment C: MLCHC Terms and Conditions, page 16 for details.

Program Components for Graduate Fellows

1. 70% Clinical - CHCs will provide precepted experience with clinical supervision from a qualified prescribing preceptor, as needed and a graduated caseload to orient Fellows in evaluating and treating CHC patients.
2. 10% Didactic – Provided by UMass Chan GSN. All graduate and new hire Fellows across funded CHCs will participate in synchronous sessions to provide opportunities for the Fellows to form

¹⁴ See description of Graduate Fellows on page 3

¹⁵ Drug Enforcement Administration

relationships and learn from each other. Graduate and new hire Fellows MUST attend all didactic sessions.

3. 10% Specialty Clinics – Specific sites will be chosen by the CHC. UMass Chan GSN faculty is available to guide at the request of the CHC.
4. 10% Consultation – The Fellows will develop competence in the consultation role advising PCPs about patient needs within an integrated framework model of care. Training on integrated primary care will be addressed in the didactic sessions provided by UMass Chan GSN.

Program Components for PMHNP Students

- CHC will work collaboratively with the PMHNP student’s academic program coordinator.
- CHC will provide a Preceptor for the PMHNP student, that meets the requirements set by the student’s PMHNP program
- PMHNP student experience will be in accordance with the student’s PMHNP Program course objectives as outlined by the academic program coordinator.

CHC Administrative Responsibilities

Program and Fiscal Monitoring Requirements

CHCs receiving grant funds must:

- a. Have the fiscal and Program systems in place to meet all relevant federal and state requirements.
- b. Meet the terms of the award outlined in the contract with MLCHC.
- c. Expend grant funds only for allowable activities.
- d. Submit periodic documentation to MLCHC to provide oversight of funds.

Reporting and Evaluation Requirements

In addition to required reporting to EOHHS, an evaluation of the MA PMHNP Fellowship Program will be conducted by the UMass Chan GSN Office of Survey Research. As a condition of accepting funds, CHC grantees agree to participate in reporting and evaluation activities, which include but are not limited to:

- a. Reporting information annually during the funded period:
 - i. Number of Fellow completions
 - ii. Rate of fellowship attrition and categorized reason for departure.
 - iii. Number of Fellows at risk of noncompletion
 - iv. Number of Fellows who transition to full-time employment at a CHC,
 - v. Diversity rates of PMHNPs (practicing and student-level)
 - vi. Additional training and educational goals met through the Fellowship program.
 - vii. Feedback on the program, including number of PMHNPs before and after the program, annually.
 - viii. Feedback from Fellows on the program, annually
- b. Participating in focus group discussions 1-2 times over the funded period.

Other Reporting Requirements

Successful CHC applicants will be required to submit the following reports using templates provided by the MLCHC, including relevant data relating to the Fellows’ participation (e.g., wages, schedules, appraisals, work plans, recruitment materials, etc.).

- a. Quarterly Expenditure Report: Successful CHC applicants will be required to submit four expenditure reports during the 12-month Fellowship Program.

- b. Bi-annual and Final Report: These reports will be due by November 30th and May 31st of the Program year. The second bi-annual report coincides with the final report and should highlight accomplishments, challenges, self-administered PMHNP pre-post surveys or baseline competency testing, and evaluations that measure Fellow progress. In addition, reports should present qualitative feedback related to the experiences of Fellows and CHC Faculty and indicate whether the Fellow will be maintaining employment at the CHC post-Fellowship. Lastly, the final report must describe plans to sustain the PMHNP Fellowship after the funding period.
- c. Monitoring Fellow Compliance and Payments: CHCs will be responsible for monitoring graduate Fellow's 12-month service commitment and payments of graduate Fellows along with stipend payments for students over their initial semester and possible future semester Fellowship. CHC will alert MLCHC within 7 days of any Fellows who are at risk of non-compliance. MLCHC will alert UMass Chan GSN upon notification from the CHC.

Timeline and Application Processing Information

Table 5 Application Timeline

Event	Date/Time
Kick-off Informational Session	February 28, 2024 12:30 PM
Request for Proposals Released	February 28, 2024
Request for Proposals Informational Webinar	March 5, 2024
Deadline for Submission of Questions Related to RFP/CHC Application <i>No questions related to the RFP/CHC application will be accepted beyond this date</i>	March 12, 2024
Posting of Answers to Questions.	March 18, 2024
Applications Due	April 1, 2024, 11:59 PM
Notice of Acceptance (with conditions)	Summer 2024
Fellowship Year Starts	Anticipated Start date July 2024 or upon identification of student or graduate fellow and signing of the contract.

Informational Webinar for CHCs

A kickoff information session for CHCs was held on February 28, 2024 and the slides and a recording from this are available on the MLCHC website,

<https://www.massleague.org/Programs/PMHNPFellowshipProgram/PMHNP.php>

An informational webinar will be held on March 5, 2024. Interested CHC applicants are strongly encouraged to participate in the webinar.

Health Centers may also access the webinar via the Zoom link:

<https://massleague.zoom.us/j/85792146194>

Meeting ID: 857 9214 6194

RFP Questions

Please send all questions to: pmhnpfellows@Massleague.org. Questions related to the RFP and CHC application will be accepted via email until March 12, 2024. All answers will be posted on the MLCHC website by March 18, 2024. General program questions will be accepted and posted on a rolling basis. If you encounter any issues with submission, please email Emily Price at EPrice@massleague.org

Application Processing

Applications will be reviewed by a diverse committee that includes representatives from the MLCHC and UMass Chan GSN. All awards are subject to review by EOHHS.

Compliance Screening

Submissions will be screened for completeness, conformity to program requirements, and timeliness of response.

Review Process and Selection Committee

All submissions that are confirmed as complete per program requirements and delivered on time will be reviewed. The MLCHC reserves the right to reject all applications, in whole or in part, if deemed to be in the interest of the MLCHC to do so. This RFP does not commit the MLCHC to award any contracts. Upon submission, all applications become the property of the MLCHC. The MLCHC reserves the right to request additional information from any CHC applicant or partner referenced in the proposal to ensure that the review committee has a complete understanding of the proposed Program and the qualifications of the CHC applicant.

Needs Assessment

Note: Upon issuance of the contract, a needs assessment will be conducted by UMass Chan GSN and the MLCHC.

The Needs Assessment is not a determination of the CHC's award; rather, it informs the MLCHC and UMass Chan GSN of any additional support that may be needed to increase the CHC's success in implementing and sustaining a PMHNP Fellowship Program.

Review Criteria

Table 6 found on page 12 provides a description of the review criteria and the total point value of each section of the proposals. At least one rural CHC will be selected for the program each funding year. Section references are described in more detail in the Grant Application Package below.

Table 6 Scoring Rubric - Review Criteria

Narrative Guideline Sections and their point values are noted, see Grant Application Package on page 13

Review Criteria	Point Value
<p>C.1 Precepting Model</p> <p>Clearly demonstrated capacity to precept all Fellows</p> <p>The proposed strategy to precept the Fellow(s) demonstrates an understanding that the Fellow is an inexperienced clinician and will need time and guidance to achieve full clinical capacity.</p>	25
<p>C.2 Integration into the care model</p> <p>A thoughtful plan outlining how the Fellow will be integrated into the CHC’s model of care and work as part of a multidisciplinary team.</p> <p>Ability to ensure adequate care team support (e.g., medical assistants, registered nurses, community health workers, behavioral health clinicians, psychiatrists, or experienced PMHNPs for consult support, and support staff) for Fellows.</p>	25
<p>C.3 Specialty Rotations</p> <p>Clearly identified specialty rotations sites regarding the behavioral health needs of the patient population. <i>CHCs needing assistance with identifying specialty rotations should include their plan to request assistance.</i></p> <p>Goals and/or skills for the Fellow to learn at each specialty rotation are clearly described.</p>	25
<p>D. Staffing plan</p> <p>Qualifications of the proposed Program Director and Clinical Supervisors, Preceptors, and other key staff critical to the success of the Fellowship.</p>	25

Expertise and capabilities of any proposed partners or consultants.	
E. Budget	After submitting your PMHNP proposal application, you will receive a budget template that has been customized to your request for graduate and student fellows for your approval

Project Terms and Conditions

CHCs awarded funding will be required to abide by the MLCHC's Standard Contract Terms and Conditions. These Terms and Conditions can be found in Attachment C: MLCHC Terms and Conditions found on page 16. All final contracts are subject to the successful negotiation of a definitive statement of work and budget. The MLCHC reserves the right to consider other criteria in making competitive awards among comparably qualified CHC applicants and make the final determination of awards, subject to the approval of EOHHS.

Grant Application Package

Please respond to all questions using the fillable PDF document located on the PMHNP website.

<https://www.massleague.org/Programs/PMHNPFellowshipProgram/PMHNP.php>

Section A: CHC Applicant Information Form

Please complete the CHC Applicant Information Form.

Section B: Fellowship Slots Requested

Please indicate the number of Fellowship slots requested.

Section C: Response Narrative

Character limits for each section will be noted in the fillable PDF.

- C.1 CHC Overview and Rationale for Request
- C.2 Model of Care
- C.3 Specialty Rotations

Section D: Staffing Plan

Please provide a staffing plan using the Sample Staffing Plan in the [CHC application](#).

Section E: Budget Template

After submitting your PMHNP proposal application, you will receive a budget template that has been customized to your request for graduate and student Fellows for your approval.

Attachment A: MLCHC Administrative Responsibilities

The MLCHC, under contract with UMass Chan GSN will provide ongoing operations and management support to participating CHCs. This includes:

1. Support the project outreach and engagement:
 - a. In collaboration with UMass Chan GSN, a needs assessment of CHCs will be conducted to identify administrative and technical support needed to meet the program milestones during the planning and implementation phases.
2. Manage CHC application, award, contract, and payment processes:
 - a. Create and launch RFP/application process to CHCs in collaboration with UMass Chan GSN
 - b. Conduct initial screening of CHC applications; UMass Chan GSN to conduct a secondary review.
 - c. Conduct secondary review of Fellows applications. UMass Chan GSN to conduct initial screening of Fellows.
 - d. In partnership with UMass Chan GSN, match Fellows (graduates and students) to CHCs.
 - e. Support CHCs on their ongoing Fellowship infrastructure, as needed.
 - f. Manage the CHC contract and payment processes.
3. Create Notice of Award letter and Memorandum of Agreement (MOA) for participating CHCs that will be awarded funding.
 - a. Create Notice of Award letter and MOA for participating CHCs.
 - b. Facilitate CHC payment invoicing process.
 - c. Ensure payment to graduates and applicable student stipends per mutually agreed upon policies and procedures.
 - i. Ensure and document Fellows who received the payment through the Program adhere to the terms of the obligated service commitment.
 - Notify UMass Chan GSN who will notify EOHHS promptly and in writing of any Fellow(s) who will not meet their 12-month service obligation.
 - Initiate and pursue actions to ensure that CHC or Fellow service commitments are met, including but not limited to extending the terms of Fellows' service commitments to account for leaves of absence, transitions to decreased FTE status, and/or other altered employment circumstances; and terminating payment to Fellows who leave employment prior to fulfilling their obligated 12-month service commitment.
 - Ensure that all funds returned to the League are promptly returned to UMass Chan GSN.
 - Maintain accurate and complete files for: documents submitted by Fellows to demonstrate eligibility; validation of documentation; awardee agreements; obligated service documentation; all modifications to obligated service terms for individual Fellows; and all actions taken to ensure the return of disbursed funds from graduate Fellows who leave employment prior to fulfilling their obligated 12-month service commitment.
4. Document any issues for discussion with UMass Chan GSN and EOHHS.
5. Participate in the project evaluation including providing input to the Office of Survey Research on survey and focus group questions, as needed. Conduct Fellow tracking in collaboration with UMass Chan GSN throughout the grant award.
6. Attend weekly or as-scheduled project strategy meetings with UMass Chan GSN and EOHHS.
7. Act as the CHC liaison for UMass Chan GSN and EOHHS throughout the grant award.

Attachment B: UMass Chan GSN Administrative Responsibilities

UMass Chan GSN, receiving grant funding from the Massachusetts Executive Office of Health & Human Services shall provide ongoing operations and management support for the Program including but not limited to:

1. Recruit Fellows (students and graduates) for the PMHNP Fellowship Program
2. Issue applications to Fellows.
3. Screen and score Fellow applications.
4. In collaboration with MLCHC conduct a needs assessment of CHCs to identify administrative and technical support needed to meet the program milestones during the planning and implementation phases.
5. In partnership with MLCHC, match Fellows (grads and students) to CHCs.
6. Contract with MLCHC who will contract with Fellows and CHCs.
7. In partnership with MLCHC, monitor Fellows' compliance with their service obligation and validating documentation.
8. Approve payments by MLCHC to CHCs who will then pay the Fellow.
9. Comply with state and federal reporting requirements; and
10. Engage in regular communication with EOHHS and the MLCHC to ensure the Program's effectiveness and ongoing improvement.

UMass Chan GSN will provide weekly didactic content, on Wednesdays for the 12-month PMHNP Fellowship Program, including but not limited to:

1. Psychiatry Grand Rounds.
2. Wellness sessions.
3. Virtual synchronous sessions twice monthly by UMass Chan GSN faculty and guest lecturers on topics such as addressing implicit bias, burnout prevention, and the art of consultation as the behavioral health expert.
4. Virtual simulation - Opioid safe prescribing training immersion (OSTI)
5. Group supervision/case presentations led by two behavioral health Fellows from the UMass Department of Family Medicine and Community Health's Primary Care Psychology and Medical Education Fellowship.
6. Online, self-directed courses offered by the UMass Chan GSN Center for Integrated Primary Care.
7. Preceptor¹⁶ training for CHCs – five 90-minute virtual sessions with CEUs.

Didactic sessions will be recorded and made available to students and grad Fellows through online learning formats.

¹⁶ Ibid,2

Attachment C: MLCHC Terms and Conditions

Massachusetts League of Community Health Centers, Inc.

Executive Office of Health and Human Services (EOHHS)

**Psychiatric Mental Health Nurse Practitioner (PMHNP) Fellowship Program
Grant Agreement**

This Grant Agreement (the “Agreement”) is entered as of the DATE (the “Effective Date”) by and between The Massachusetts League of Community Health Centers, Inc., a Massachusetts nonprofit corporation with a principal office at 40 Court Street, 10th Floor, Boston, Massachusetts 02108 (the “MLCHC”), and The Health Center (the “Health Center”), a Massachusetts nonprofit community health center with a principal office at ADDRESS (collectively, the “Parties”).

Agreement

Based on the Health Center’s response to the RFP, MLCHC has determined that the Health Center is eligible for a total award funding of \$XXX,000 as part of the PMHNP Fellowship Program subject to the terms and conditions outlined in this Agreement. The Health Center is eligible for \$XXX,000 for each approved and filled graduate fellowship slot and \$X, XXX for each approved and filled student fellowship slot.

The Health Center, by authorized signature to this grant agreement, hereby commits to implement and maintain the Fellowship program slot(s) and accepts the Grant and agrees to comply with the following terms and conditions of this agreement.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and agreements set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the terms and conditions set forth below.

1. ELIGIBLE PROGRAM ACTIVITIES & SCOPE

A. Health Center Fiscal Monitoring Requirements

- i. Maintain the fiscal and Program systems in place to meet all relevant federal and state requirements to ensure compliance with this award.
- ii. Meet the terms of the award as outlined in the contract with MLCHC.
- iii. Expend grant funds only for allowable activities.
- iv. Provide MLCHC documentation of the use of funds as requested.
- v. Ensure and document, in a manner approved by UMass Chan GSN and agreed upon with EOHHS, that Fellows who received the payment through the Program adhere to the terms of any obligated service commitment and the awardee.
- vi. Written notification within 7 days to MLCHC of any Fellow who is at risk of or not able to complete or needs to postpone their 12-month service obligation This information will be passed to UMass Chan GSN who will notify EOHHS.
- vii. Initiate and pursue actions to ensure that Fellow service commitments are met, including but not limited to: extending the terms of Fellows’ service commitments to account for

- leaves of absence, transitions to decreased FTE status, and/or other altered employment circumstances; and terminating payment to Fellows who leave employment prior to fulfilling their obligated service Commitment.
- viii. Return any unused funds to the MLCHC who will then pass them back to the UMass Chan GSN and then to EOHHS.
 - ix. Maintain accurate and complete files for documents submitted by Fellows to demonstrate eligibility; validation of documentation; awardee agreements; obligated service documentation; all modifications to obligated service terms for individual Fellows; and all actions taken to ensure the return of disbursed funds to MLCHC, from Fellows who leave employment prior to fulfilling their obligated service commitment.

B. Health Center Program Engagement Requirements:

Health centers will engage with MLCHC and UMass Chan GSN in a needs assessment identifying the administrative and technical support they need to meet the program milestones during the planning and implementation phases.

- i. Post-award CHCs will work with MLCHC and UMass Chan GSN and provide input into Fellow matches, conduct interviews with Fellows, and hire and onboard PMHNP Fellows.
- ii. Post-award CHCs will communicate regularly with MLCHC for support related to ongoing Fellowship infrastructure and if any issues with Fellowship implementation arise, as needed.
- iii. Post-award CHCs will participate in all required meetings with MLCHC, and as needed, with EOHHS.

C. Health Center Reporting Requirements

Health centers will be required to submit the following reports using templates provided by the MLCHC, including relevant data relating to the Fellows' participation (e.g., wages, schedules, appraisals, work plans, recruitment materials, etc.).

- i. Quarterly Expenditure Report: Successful applicants will be required to submit four expenditure reports during the 12-month Fellowship Program.
- ii. Bi-annual and Final Report: These reports will be due by November 30th and May 31st of the Program year. The second bi-annual report coincides with the final report and should highlight accomplishments, challenges, self-administered PMHNP pre-post surveys or baseline competency testing, and evaluations that measure Fellow progress. In addition, reports should present qualitative feedback related to the experiences of Fellows and CHC Faculty and indicate whether the Fellow will be maintaining employment at the CHC post-Fellowship. Lastly, the final report must describe plans to sustain the PMHNP Fellowship after the funding period.
- iii. Monitoring Fellow Compliance and Payments: The Health Center will also be responsible for monitoring service commitment and payments of Fellows. The Health Center will alert the MLCHC within 7 days of any Fellows at risk of non-compliance. MLCHC will alert UMass upon notification from the Health Center.

D. Health Center Reporting and Evaluation Requirements

Agree to participate in reporting and evaluation activities that will be conducted by the UMass Chan GSN Office of Survey Research including but not limited to:

- i. Reporting information annually during the funded period:
 1. Number of Fellow completions
 2. Rate of fellowship attrition and categorized reason for departure
 3. Number of Fellows at risk of noncompletion
 4. Number of Fellows who transition to full-time employment at a CHC,
 5. Diversity rates of PMHNPs (graduate and student)
 6. Additional training and educational goals met through the Fellowship program.
 7. Feedback on the program, including the number of PMHNPs before and after the program, annually.
 8. Feedback from Fellows on the program, annually
- ii. Participating in focus group discussions 1-2 times over the funded period.

2. TERM & TERMINATION

The Term of this Agreement shall commence on the DATE and terminate on the DATE (the “Term”). This Agreement may be renewed or extended for an additional period upon provision of a Notice of Renewal by the MLCHC; in the event of such renewal or extension, such renewal or extension period shall be included in the definition of Term hereunder. In the event that Health Center is in breach of any of the provisions of this Agreement, Health Center shall cure such breach within ten (10) business days of notice of any such breach, unless an extension to cure the breach is agreed upon in writing by the Parties. In the event Health Center is in breach of any provision of this Agreement and fails to cure such breach within ten (10) business days or such longer period of time agreed upon by the Parties in writing, this Agreement may be terminated upon provision of thirty days’ written Notice of Termination to Health Center in accordance with Section 11—Notices of this Agreement.

In the event that this Agreement is terminated prior to the expiration of the Term hereof, Health Center shall return any unused portion of the Grant hereunder to the MLCHC via check made payable to the MLCHC and delivered to the address provided in Section 11—Notices hereof along with a detailed accounting of the portion of the Grant that was used.

3. BUDGET & GRANT

Contingent upon the availability of funding from EOHHS, the MLCHC shall provide Health Center with a grant in the amount not to exceed \$XX,000 (the “Grant”) to be paid in four (4) equal quarterly installments during the Term for the provision of services pursuant to this Agreement, with the initial installment to be paid upon execution of the Agreement and the remaining quarterly installments due thereafter during the Term of the Agreement:

The overall Grant amount to be issued to Health Center during the Term may vary from quarter to quarter depending on a variety of factors including but not limited to whether the Health Center has met its obligations under the Agreement, such as retaining the agreed-upon number of graduate and student Fellows, changes in staffing that are related to the Grant funds, etc. In further compliance with Section 1(A)(vi), the Health Center agrees to notify MLCHC in writing within seven (7) days of any service obligation changes related to this Agreement, such as changes in staffing, or any Fellows who no longer

meet the terms of their Fellowship requirements. The Grant may be renewed for an additional Term at the sole option and discretion of the MLCHC. In the event the Grant is renewed for an additional Term, the MLCHC shall provide Health Center with a funding schedule and UMass Chan GSN in partnership with the MLCHC shall assist in the placement of a new Fellow(s). In no event shall the term of one Fellow be extended beyond the 12-month service commitment, or two semesters for a student Fellow, except to the extent that an adjustment is needed because the Fellow takes a leave or otherwise adjusts employment.

The Health Center shall maintain documentation of its use of the Grant to support Grant program evaluation and audits and provide such documentation to the MLCHC upon request.

4. COMPLIANCE WITH LAWS

The Health Center shall comply with all applicable Federal, State, and local laws and regulations applicable to its activities hereunder, including, but not limited to, Federal and State laws governing confidentiality and privacy including the Health Insurance Portability and Accountability Act (“HIPAA”), and G. L. c. 93H, § 3, 201 CMR 17, and all other Federal or State privacy and data security laws and regulations. The Health Center agrees to take reasonable steps to ensure the physical security of any confidential data under its control. The Health Center agrees that it will inform each of its employees having any involvement with personal information or other confidential information of the laws and regulations relating to confidentiality at the state and federal level. The Parties shall not share or use protected health information (“PHI”), as defined in HIPAA, except as allowed by law.

5. NON-DISCRIMINATION

In carrying out the activities hereunder, the Health Center agrees that it shall not discriminate on the basis of race, color, sex or gender, sexual orientation, gender identity, age, religion, disability, national origin or ancestry, marital status, family status, military status, or source of income. Activities intended to reduce or address health disparities in particular groups of people shall not constitute discrimination hereunder.

6. CONFLICT OF INTEREST

By signing this Agreement, The Health Center agrees that it has disclosed to the MLCHC the names of other clients, if any, and the nature of services performed that might result in a conflict of interest, and that it will continue to disclose from time to time any such clients or services performed that might result in a conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of their immediate family, their partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The MLCHC further reserves the right to terminate this Agreement in order to resolve a conflict of interest.

7. INSURANCE & INDEMNIFICATION

Health Center warrants that it has obtained any and all insurance policies required by it pursuant to Federal and State law, including, where applicable, worker’s compensation insurance with coverage in at least the statutorily required minimum. Health Center shall maintain general liability insurance coverage. The general liability policy shall contain limits of at least One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) in the aggregate, and the policy shall contain a 30-day Notice of Cancellation, Change, or Non-Renewal. Health Center shall provide the MLCHC with a Certificate of Insurance upon execution of this Agreement or renewal of each policy, and upon request, a copy of such policy.

The Health Center further agrees to defend, indemnify, and hold harmless the MLCHC (the “Indemnitee”), and the officers, directors, employees, servants, agents, and assigns of the Indemnitee from and against any and all claims, damages, demands, loss, expenses (including attorneys’ fees), or liability of any description or nature stemming from Health Center’s negligence (or the negligence of Health Center’s employees, Health Center’s servants, or agents) in carrying out any of the activities hereunder.

8. AMENDMENTS

This Agreement may be amended only by written agreement of the Parties, executed by the Parties’ authorized representatives. No amendment to this Agreement shall be effective unless it is signed by authorized representatives of each Party hereto and complies with all other regulations and requirements of law.

9. INTEGRATION & SEVERABILITY

This Agreement and any exhibits or attachments appended hereto contains the entire agreement between the Parties. It is further understood that should any portion of this Agreement that is not a material term be found to be invalid for any reason whatsoever by a court of competent jurisdiction, this Agreement shall be read as if it did not contain such invalid portion, and the Parties hereto intend for any such invalid non-material portion to be severable from the remainder.

10. GOVERNING LAW & JURISDICTION

This Agreement is deemed to be made in the Commonwealth of Massachusetts and it and the legal relations between the Parties hereto shall be governed and construed according to the laws of the Commonwealth of Massachusetts. The Parties further agree that in the event of any litigation arising from this Agreement, any such complaint shall be brought in a state or federal court located in the Commonwealth of Massachusetts, and that the venue for matters brought in court shall be the Federal and State courts located in Boston, Massachusetts.

11. NOTICES

Any notice or demand under this Agreement shall be in writing and sent via certified mail addressed to each Party as follows: for Health Center, to the attention of NAME, ADDRESS or by email to EMAIL, unless otherwise directed by Health Center; for the MLCHC, to the attention of Diana Erani, Chief Operating Officer, 40 Court Street, 10th Floor, Boston, Massachusetts 02108 or by email to derani@massleague.org, unless otherwise directed by the MLCHC. Notices shall be deemed received as follows: seven (7) days after mailing if sent via certified mail; two (2) business days after mailing if sent via overnight courier; upon receipt if delivered via hand.

12. FORCE MAJEURE

Neither Party shall be liable to the other or be deemed to be in breach of this Agreement for any failure or delay in rendering performance arising out of causes beyond its reasonable control and without its fault or negligence. Such causes may include, but are not limited to, acts of God, acts of terrorism, government orders, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, or unusually severe

weather. Dates or times of performance shall be extended to the extent of delays excused by this Section 12—Force Majeure, provided that the Party whose performance is affected notifies the other promptly of the existence and nature of such delay. In the event that a force majeure which excuses performance hereunder continues in duration for a period exceeding ninety (90) days, the MLCHC reserves the right to terminate this Agreement immediately and pay any invoices accrued as of the date of said termination.

13. MISCELLANEOUS

A. Representations. The Parties hereto represent that they have the full right and authority to enter into and perform this Agreement. The Parties warrant and represent that the consummation of the Agreement and the transactions contemplated herein do not violate any outstanding assignments, grants, licenses, encumbrances, obligations, agreements or understanding between either the MLCHC or Health Center and any other person or entity.

B. Remedies. In addition to any other remedies, which the MLCHC may have at law or equity or by virtue of this Agreement, Health Center agrees that in the event that a breach of the confidentiality provisions of this Agreement occurs or is threatened, the MLCHC shall be entitled to obtain an injunction against The Health Center from a court of competent jurisdiction to restrain any breach of confidentiality. Health Center further agrees that notwithstanding the provisions in Section 3—Term & Termination of this Agreement, breach or threatened breach of the confidentiality provisions of this Agreement by Health Center shall be grounds for immediate termination of this Agreement by the MLCHC.

C. Waiver. No waiver by the MLCHC of any breach of this Agreement by the MLCHC shall be considered to be a waiver of any other breach. Should any litigation be commenced between the MLCHC and Health Center relating to any such breach, the prevailing Party shall be entitled, in addition to such other relief as may be granted, reasonable costs and attorney's fees relating to such litigation.

D. Headings. The section headings of this Agreement are made for reference only, and shall not be construed to define or limit the scope or intent of the terms and conditions herein.

E. Debarment/Suspension. By signing this agreement, the Health Center warrants and represents that no person who is an owner, employee, consultant, or subcontractor of the Health Center, has been suspended or debarred by any Federal or State agency, or excluded from participation in a program.

14. COUNTERPARTS & ELECTRONIC SIGNATURES

This Agreement and any amendments thereto may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which, together, shall be deemed to be one and the same agreement or document. A signed copy of this Agreement or any amendment thereto transmitted by facsimile, email, or other means of electronic transmission, shall be deemed to have the same legal effect as delivery of an original executed copy of this Agreement or such amendment for all purposes.

15. AUTHORITY TO BIND

Each Party warrants and represents that the person signing this Agreement is authorized to do so on that Party's behalf and that the other Party may rely on such representation.