HEALTH PROFESSIONS
EDUCATION FOUNDATION
Giving Golden Opportunities

CALIFORNIA DEPARTMENT OF
MENTAL HEALTH

Mental Health Loan Assumption Program Application

Application Postmark Deadline:
December 10, 2010

Applications or other required documents postmarked after December 10, 2010 will not be reviewed. Faxes will not be accepted.

Giving Golden Opportunities by:

Increasing the supply of mental health providers in underserved areas

Improving access to healthcare in rural and urban areas of California

Awarding mental health providers who are dedicated to practicing in underserved communities

MHLAP is funded through the Workforce Education and Training component of the Mental Health Services Act (MHSA). Version 2010.1 PDF- Revised 9/15/10

Program Background and Eligibility

MHLAP

OVERVIEW

The Mental Health Loan Assumption Program (MHLAP) encourages mental health providers to practice in underserved locations in California by authorizing a plan for repayment of some or all of their educational loans in exchange for their service in a designated hard-to-fill/retain position in the Public Mental Health System. The MHLAP is jointly administered by the Health Professions Education Foundation (Foundation) and the Department of Mental Health. It is funded through the Workforce Education and Training component of the Mental Health Services Act (MHSA). California voters passed the MHSA in November 2004 to strengthen the Public Mental Health System by providing increased funding, personnel and other resources to support County Mental Health Agencies, and to monitor progress towards statewide goals.

BEFORE YOU APPLY, CHECK YOUR ELIGIBILITY!

To be eligible to participate in the MHLAP, applicants must:

- *have valid legal presence and ability to work in the state of California, and*
- *have no outstanding service obligation to any entity, and*
- *have met all requirements of the appropriate certifying Board to practice their profession, and*
- *have a current, full, permanent, unencumbered, unrestricted health provider license, registration or waiver (whichever is applicable), and*
- *have outstanding educational debt from a commercial or U.S. governmental lending institution, and*
- *work or volunteer in the Public Mental Health System for a minimum of 20 hours per week, and*
- *submit a complete application that is postmarked on or before December 10, 2010, and*
- *after submission of the application, be verified as working in a hard-to-fill/retain position in the Public Mental Health System by the County Mental Health Director.*

HOW LONG WOULD MY SERVICE OBLIGATION BE?

You must complete a minimum 12 month consecutive or equivalent paid or unpaid service obligation and work or volunteer either full-time or part-time.

WHAT IS A QUALIFIED FACILITY?

When submitting an application, the applicant must be working at or have entered into an agreement to begin work in the Public Mental Health System. The Public Mental Health System includes publicly funded mental health programs/services and contractor services that are administered, in whole or in part, by County Mental Health Agencies. *It does not include* programs and/or services administered, in whole or in part, by federal, state, county or private correctional entities or programs or services provided in correctional facilities.

WHAT PROFESSIONS ARE CONSIDERED ELIGIBLE?

"Mental health provider" means a licensed psychologist, registered psychologist, postdoctoral psychological assistant, postdoctoral psychological trainee, licensed marriage and family therapist, marriage and family therapist intern, licensed clinical social worker, associate clinical social worker, licensed psychiatrist, registered psychiatrist, licensed or certified psychiatric mental health nurse practitioner or registered psychiatric mental health nurse practitioner.

HOW MUCH WOULD MY AWARD BE?

Participants may receive up to $10,000. In no event shall the amount of the award exceed the amount of the participant's outstanding educational debt. Payment(s) will be made directly to lender(s) at the end of 12 consecutive months of service.

WILL I NEED TO SIGN A CONTRACT?

Yes. Loan assumption award recipients will be required to sign a written contract with the Office of Statewide Health Planning and Development/ Foundation outlining the provisions under this program.

WHAT IF MY PRACTICE LOCATION CHANGES?

The County and Foundation shall periodically verify the participant's compliance with all requirements of the MHLAP. The applicant's new practice location must meet the hard-to-fill/retain criteria in the same county where the original award was made. If the new practice location is in a different county, the award shall be terminated. Any award recipient who changes county of employment, no longer works in a hard-to-fill/ retain position or does not comply with his/her loan assumption contract, shall be removed or suspended from the program.

WHAT IS THE SELECTION CRITERIA FOR THE AWARD?

The County Mental Health Director is responsible for verifying an applicant's position as hard-to-fill/retain and to identify which applicants best meet local workforce demands and/or shortages. Consideration will be given to those applicants with the likelihood of long-term employment in the Public Mental Health System even after the service obligation has ended as well as meeting one or more of the following criteria:

- Work Experience – Mental health work experience in the Public Mental Health System.
- Cultural and Linguistic Competence – The applicant's interest and ability to understand and respond effectively to the cultural and linguistic needs of consumers of public mental health services. This could include competency in the cultures of unserved and under-served populations such as homeless, LGBTQ or persons with disabilities.
- Fluency – Language abilities must be verified on the County Employment or Volunteer Verification Form. The County Mental Health Director or designee must verify that the applicant's language skills are needed in that county. Needed language skills may include English as well as American Sign Language.
- Personal and Community Background – How life experiences, socio-economic background and the community in which the applicant was raised impacted the desire or decision to work with public mental health services.
- Community Service – Unpaid service to your community, volunteer activities and/or professional organization membership.
- Professional Goals – Professional goals for the next five to ten years.

MHLAP

Please do not staple any portion of the application.
This page must be completed and submitted for your application to be considered complete. Faxes will not be accepted.

MHLAP

Application

Please refer to the application instructions when completing the application. Complete all pages of the application and make sure all supporting documents are submitted with your application. All documents must be postmarked by the application deadline of DECEMBER 10, 2010. Late or incomplete application packets will not be evaluated.

PERSONAL INFORMATION Please type answers in the space provided.
All personal and identifying information provided will remain private and confidential and will not be disclosed outside the MHLAP award process.

Drivers License or ID #: *Social Security #:

First Name: Initial: Last Name:

Employment County :

Mailing Address:

Street:

City: St: Zip:

County:

Permanent Address (if different than above)

Street:

City: St: Zip:

County:

License and Board Information:

License #:

Registered Intern #:

Waiver # (if applicable):

With which California Board are you registered or licensed?

Contact and Personal Information:

Home Phone:

Work Phone:

Cell Phone:

E-mail :

Date of Birth: (mm/dd/yyyy)

Gender: Male Female Other

Questionnaire:

Which best describes your ethnic background?
The Foundation will utilize this information for statistical purposes only.

Other:

Do you currently owe a service obligation to any entity? (i.e. CalSWEC, County MHSA Stipend Programs, NHSC, or other)
Yes No

Are you a prior awardee of the Foundation?
Yes No

PERSONAL INFORMATION NOTIFICATION The Information Practices Act of 1977 and the Federal Privacy Act require this program to provide the following to individuals who are asked by the Office of Statewide Health Planning and Development, Health Professions Education Foundation to supply information: The principal purposes for requesting personal information are for verification of identification, establishment of eligibility and program administration. Title 22 of the California Code of Regulations, Sections 97900 et seq. and Title 9 of the California Code of Regulations, Sections 3100 et seq. require every individual to furnish appropriate information for application to the Mental Health Loan Assumption Program. All requested information is required unless it is specifically identified as voluntary. Failure to furnish this information will result in the application being deemed incomplete and ineligible. An individual has a right of access to records containing his/her personal information that are maintained by the Office of Statewide Health Planning and Development, Health Professions Education Foundation. The person responsible for maintaining the information is the Executive Director, Health Professions Education Foundation, 400 R Street, Room 460, Sacramento, CA 95811, (916) 326-3640. The Foundation may charge a small fee to cover the cost of duplicating this information.

*MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS Disclosure of your U.S. Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

PERSONAL AND COMMUNITY BACKGROUND

1. Have you ever considered yourself to be a part of an underserved or unserved population? Yes No If yes, please elaborate:

2. How have your personal, educational and professional experiences contributed to your ***cultural or linguistic competence***? (see *Definitions* on page 8) *Select ONLY the option(s) below* which best describe your experience. *For each option you select*, provide a ***brief example*** in the space provided of how you have incorporated the experience into your delivery of service to mental health clients. Check all that apply:

Example:
z. ☒ I have experience interacting with mental health patients.
Example: I have 4 years experience in a public mental health clinic working 75% of the time in face-to-face counseling.

a. I provide equal access to services of equal quality, without disparities among racial/ethnic, cultural and linguistic populations or communities. Example:

b. I have participated in treatment interventions and outreach services to engage and retain individuals of diverse racial/ethnic, cultural and linguistic populations. Example:

c. I have identified and measured disparities in services, developed and implemented strategies and programs, and made adjustments to existing programs to eliminate these disparities. Example:

d. I have incorporated an understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups into policy, program planning, and service delivery.Example:

e. I have incorporated an understanding of the impact that historical bias, racism, and other forms of discrimination have upon policy, program planning, and service delivery. Example:

f. When delivering services, I have incorporated an understanding of the impact that bias, racism, and other forms of discrimination have on the mental health of each individual served. Example:

g. I have utilized the strengths and forms of healing unique to an individual's racial/ethnic, cultural, and linguistic population or community when providing services or support. Example:

h. I have attended trainings to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve. Example:

i. I have developed and implemented strategies to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community. Example:

j. I have participated in assessing the strengths and weaknesses of my facility, agency and/or program's proficiency to achieve cultural competency. Example:

k. I am able to communicate effectively and convey information in a manner that is easily understood by individuals with Limited English Proficiency. Example:

l. I am able to communicate effectively and convey information in a manner that is easily understood by individuals who have few literacy skills or are not literate. Example:

m I am able to communicate effectively and convey information in a manner that is easily understood by individuals with disabilities that impair communication. Example:

n. I have helped establish structures, policies, procedures and dedicated resources to effectively respond to the literacy needs of the populations being served. Example:

Please do not staple any portion of the application. This page must be signed and dated by the applicant's direct supervisor or authorized entity. ***Faxes will not be accepted.***

Last Name:

First Name:

COUNTY EMPLOYMENT or VOLUNTEER VERIFICATION FORM

*Pursuant to Title 9 of the California Code of Regulations Section 3852(c), the **County Mental Health Director or designee** must certify that each applicant is employed in a Public Mental Health System position that is hard-to-fill or in which it is hard to retain staff to be eligible for MHLAP. The Foundation will forward this form to the **County Mental Health Director** or his/her authorized designee.*

Items **a.** through **j.** are to be completed by the ***applicant*** and/or ***the applicant's direct supervisor***. This page must be ***signed and dated*** by the applicant's ***direct supervisor or authorized entity*** who can verify the applicant's information and hours.

a. Employment or Volunteer Facility/Agency Name:

Program Name:

Address:

City: State: Zip: County:

b. Supervisor Name or Authorized Entity:

Title: Phone #: Email:

c. Applicant's Start Date: (mm/dd/yyyy)

d. What is the applicant's mental health profession?

e. Applicant's Work Status

Full Time Full time means working or volunteering 40 hours per week or the equivalent for a minimum of 45 weeks per year.

Part Time Part-time means a minimum of 20 hours per week for a minimum of 45 weeks per year.

f. The applicant is currently employed in a program that is funded by the Mental Health Services Act.

Yes No

g. The applicant can fluently speak the following language(s) needed in a work setting:

Other:

h. On a weekly basis, how many hours per week (average) does/will the applicant spend providing the following services: Fill in the average hours worked in each service, the total average weekly hours worked is calculated.

1. Face-to-face interaction with clients: hours
2. Administration: hours
3. First Line Supervision: hours
4. Management: hours

Average Weekly Hours Worked: Total hours

i. Which best describes the applicant's ethnic background? The Foundation will utilize this information for statistical purposes only.

Other:

j. What are the applicant's primary program responsibilities or job functions:

I certify that I am the supervisor or authorized administrative officer at this facility/agency and that the facility/agency will pay the applicant (if in a paid capacity) prevailing wages and that I agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.). I verify that the information provided on this page of the MHLAP application is true and accurate to the best of my knowledge.

DIRECT SUPERVISOR or AUTHORIZED ENTITY SIGNATURE and DATE REQUIRED!

Signature: _____ Date: _____

Direct Supervisor or Authorized Entity Signature

For Office Use: Leave blank.
HF: _____ LAN: _____

1. ***All*** spaces must be completed on this form for each loan you have, ***even if the information appears on the lender statements.*** Any missing information will make the application incomplete and ineligible.
2. All of the requested lender information below should correspond with the lending institution and location where your payments are processed. If additional pages are required, please include them with the application.
3. Submit current lender statements (dated within 6 months) for the educational debts listed below. They must include the current balance, account number, your name, the name of the lender, and address to which payment is submit ted. **Enter loans in the order you would like them to be repaid.**

Total Educational Debt Owed: $

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

If you have ***5 or more loans***, provide the details on additional sheets and enter the ***total of the 5 or more loans here***:
$

Last Name:

First Name:

WORK EXPERIENCE AND PROFESSIONAL GOALS

1. WORK EXPERIENCE

In the space provided below, please list up to three employers where you have served the Public Mental Health System. Please refer to the *Definitions* section of the application (page 8) for more information.

Employer	Postion	Length of Employment

2. PROFESSIONAL GOALS

a. Prioritize your *professional career goals* as they relate to a mental health profession.
Rank ONLY 3 of the following that most closely match your professional goals (1=highest priority, 3=lowest priority):

Obtain Licensure/ Board Certification

Further my education (e.g., Doctoral Degree)

Stay with my current employer

Join or start a private practice, for profit

Become a professor, teach

Supervise interns and train other mental health professionals

Learn a second language

Other:

b. Prioritize the type of *community* where you are interested in working.
Rank ONLY 3 of the following that most closely match your professional goals (1=highest priority, 3=lowest priority):

Anywhere in California

Outside of California

An underserved community

A specific cultural or linguistic group (please specify):

A specific geographic group (please specify):

Other:

c. Prioritize the type of *facility* where you would like to provide services.
Rank ONLY 3 of the following that most closely match your professional goals (1=highest priority, 3=lowest priority):

Non-profit community based facility

Correctional facility

Private practice, for-profit

County/ City publicly-funded facility

HMO, such as Kaiser or Health Net

Other:

Last Name:

First Name:

1.

Yes No

Yes No

Yes No

Yes No

1. In the space provided (500 words or less), elaborate how your life experience and/or training has contributed to your committment to work in the Public Mental Health System.

APPLICATION CERTIFICATION and LETTER OF UNDERSTANDING

APPLICATION CERTIFICATION

I certify that I am the person herein named submitting this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct and that I am willing to sign, or have signed a written contract with a practice setting committing to a minimum one year of full-time or part-time practice in the Public Mental Health System. I authorize the Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application. I understand that once submitted my application and supporting documents become the property of the Foundation and selected non-confidential information may be used including but not limited to, advertising/ marketing, program reports, newsletters, and other publications.

LETTER OF UNDERSTANDING

I understand that the Mental Health Loan Assumption Program is a financial incentive program designed to recruit and retain qualified professionals in hard to fill/retain positions in the Public Mental Health System. By submitting a complete application and signing this letter, I understand that I am not guaranteed an award. If selected to participate in the program, I agree to:

1. For the period of 6/30/11 through 6/29/12 provide permanent full-time or part-time service at the County Department of Mental Health or at an organization that contracts or subcontracts with the County Department of Mental Health. This does not include programs and/or services administered, in whole or part, by federal, state, county or private correctional facilities.
2. Remain in the same County of Employment, in a position that is approved by the County Mental Health Director as hard-to-fill/retain, until after my service obligation is complete.
3. Continue to make any required payments on all outstanding educational loans concurrent with any payment made by the OSHPD/Foundation.
4. Notify the Foundation in writing of any and all phone, address, name and educational lender changes within 30 days of the change. *This includes any notification you may receive regarding lender payment address or lender name changes*.
5. Notify the Foundation in writing to request any changes in practice location within 30 days prior to starting at the new practice location.
6. Submit all requested information during the 12 (twelve) month service obligation to the Foundation by required deadlines, including 2 (two) Employment Verification Forms, paystubs, and lender statements.
7. Only enter into one Contract or Agreement at any given time throughout the application process or period of service with the Foundation or any other loan repayment entities in exchange for financial assistance, tuition reimbursement, scholarship or a loan repayment.

Signature & Date Required! **Signature: _____ Date: _____**

SUBMISSION CHECKLISTS

Postmark to Foundation by ***December 10, 2010:***

☐ 1. Completed Application Pages 1-7. Signed and dated on this page.
☐ 2. Lender Statements, including your name (if different from your legal name, provide marriage certificate, the current balance, account number, the name of the lender and the address to which payment is submitted.
☐ 3. Proof of Licensure, Registration, or Waiver.

Definitions

DEFINITIONS

Administrative Positions: Non-direct client care positions within the Public Mental Health System may be eligible to receive an MHLAP award, so long as the County Mental Health Director designates the position as hard-to-fill or retain.

Change in Practice Location within County: Any participant who does not comply with his/her loan assumption agreement shall be removed or suspended from MHLAP. The service obligation must be completed within 24 months of the original contractual start date. Any participant who changes County of employment may be removed from MHLAP.

Contract: A written agreement between the Office of Statewide Health Planning and Development/Foundation and a participant in the loan repayment program that obligates the participant, in exchange for financial assistance, to practice his or her profession for a specified period of time in a hard-to-fill/retain position in the Public Mental Health System.

County Mental Health Director: The Director of one of California's 58 County Mental Health Departments, the Director of two or more County Mental Health Departments acting jointly, and/or the Director of the City of Berkeley or Tri-City Mental Health Department receiving funds per Welfare and Institutions Code Section 5701.5.

Cultural Competence: Incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.

(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.

(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.

(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.

(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.

(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.

(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.

(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

Department or DMH: The California Department of Mental Health

Eligible Educational Loans: Government (Federal, State, or local) and commercial loans obtained by the recipient for school tuition, reasonable educational expenses, and reasonable living expenses. Certain types of debt are not eligible for repayment, such as international loans, lines of credit, home equity loans, credit card debt, business loans, mortgages, and personal loans.

Fluency in a Second Language: County Mental Health Director or designee will verify whether an applicant's fluency in a language is required to meet local workforce needs.

Full Time and Part Time: Full time means working or volunteering 40 hours per week or the equivalent of, for a minimum of 45 weeks per year. Part-time means a minimum of 20 hours per week for a minimum of 45 weeks per year. Special consideration will be given to involuntary furlough hours or work hours impacted by budget cuts.

Foundation: The Health Professions Education Foundation

Linguistic Competence: Organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures and dedicated resources are in place that enable organizations and individuals to effectively respond to the literacy needs of the populations being served.

Mental Health Services Act (MHSA): The law that took effect on January 1, 2005 when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code.

Public Mental Health System: Publicly-funded mental health programs/services that are administered, in whole or in part, by County Mental Health agencies including contractor services. It does not include programs and/or services administered, in whole or in part, by federal, state, county or private correctional entities or programs or services provided in correctional facilities.

Renewal of Awards: For each year in which the participant wishes to continue to participate in the MHLAP, prior to the expiration of the loan assumption agreement he/she shall submit a loan assumption program application.

Service Obligation: The contractual obligation agreed to by the recipient of a loan repayment or stipend where the recipient agrees to practice their profession for a specified period of time in or through a designated facility. This includes, but is not limited to, CalSWEC or other MHSA stipend programs.

Underserved: Clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

Unserved: Those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Valid Legal Presence: Legal presence means that a person is a citizen or permanent legal resident of the United States or is otherwise legally present in the United States under federal immigration laws.

This page does not need to be included with your application.

HEALTH PROFESSIONS
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For additional information please refer to the Foundation website:
www.healthprofessions.ca.gov