**Massachusetts League of Community Health Centers & MassGeneral Brigham (MGB)**

***CHC Loan Repayment Incentive Program***

**Application**

*Please submit all completed Application materials to* [LRIP@massleague.org](mailto:LRIP@massleague.org) *by*

*Friday, August 26th, 2022, at 5:00pm EST.*

***Application Guidance and Checklist***

1. **Section A**: Completed **Organization Information**

2. **Section B:** Completed **Requested Slots & CHC Information**

3. **Section C:** Attached as separate document **Statement of Organization Need**

4. **Section D:** Attached as separate document **Organization Retention Plan**

**Section A: Organization Information**

Name of Organization

Corporate Address

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

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

Official Title:      

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

Official Title:

Contact Person (**person completing form**)

Contact Person’s Title

Telephone (   )    -

Fax (   )    -

Email Address

**Section B: Requested Slots & CHC Information**

**Recruitment/Retention Slots by Specialty Type**

**Recruit Retain Total**

Psychiatrist

Psychologist

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Licensed Independent Clinical Social Worker (LICSW)

Licensed Certified Social Worker (LCSW)

Licensed Mental Health Counselor (LMHC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Alcohol and Drug Counselor 1 (LADC1)

Total Number of Recruitment/Retention Packages Your Organization is Requesting:

**CHC Information**

Total Number of CHC Patients       How many new patients has this site had over the last year?

Do you have a waiting list for new patients?

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

**Section C: Statement of Organizations Recruitment/Retention Needs**

* Describe the challenges your CHC has experienced in recruiting new and retaining existing BIPOC providers especially for behavioral health services based on the demographic make-up of your patient population.
* Describe how you intend to utilize the slots and how they will help address the behavioral health needs at your organization.
* Describe how these slots will focus on recruiting/retaining underrepresented providers representing a diverse population including but not limited to, racial/ethnic minorities (i.e., Black or African American, Hispanic/Latinx, Asian American and Pacific Islander, Native American), individuals from rural communities, and providers who are linguistically diverse.
* Describe how these slots will increase BH access in Black, Indigenous, People of Color (BIPOC) communities and other underserved communities across the state.

**Section D: Organization Retention Plan**

A comprehensive retention plan includes strategies for ensuring that providers remain engaged and effective. The retention plan goes beyond financial incentives and lays out a comprehensive approach that addresses reasons providers might leave and explores all options for retaining the providers.

A comprehensive retention plan might include:

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

Please attach your site’s personalized plan for retaining the providers associated with the requested slots during and after the loan repayment period. This should include a description of the specific nature of your organization’s support for the provider(s)’ potential career development, including opportunities for continuing education, participation in innovative clinical initiatives, research, and clinical teaching.

As a representative of our CHC we are committed to ensuring that provider(s) being identified for these slots are qualified for the loan repayment for which our organization is deemed eligible. We further commit to implementing the comprehensive recruitment and/or retention plan described in this application.

**SIGNATURE OF THE CEO/EQUIVALENT OF THE ORGANIZATION**

Print Name Title



Date

Please email complete application to the MassLeague at [LRIP@massleague.org](mailto:LRIP@massleague.org).