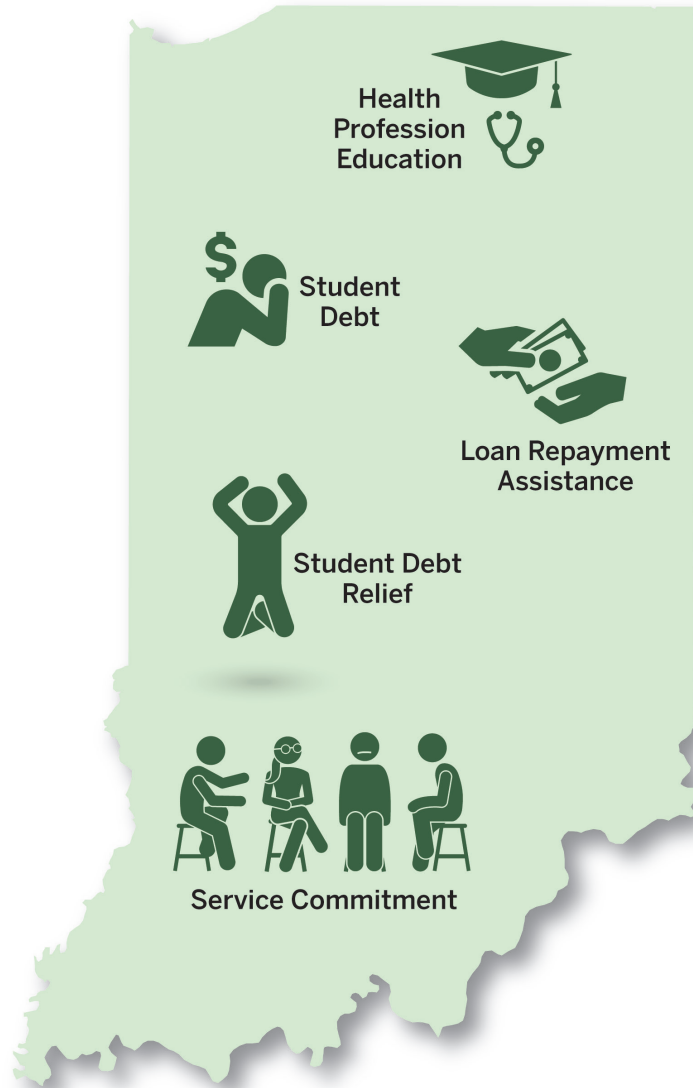


Mental Health and Addiction Services Loan Repayment Assistance Program Evaluation

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Prepared for: Indiana Family and Social Services Administration, Division of Mental Health and Addiction
Submitted by: Bowen Center for Health Workforce Research & Policy

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Executive Summary

The State of Indiana recognizes the importance of strengthening and retaining the behavioral health workforce in order to 1) tackle the opioid epidemic and 2) expand the workforce to areas in greatest need of mental health care. Financial incentives focused on workforce recruitment and/or retention are frequently used as a strategy to increase workforce capacity, reduce turnover, and reduce burnout. Student loan repayment assistance programs are one such strategy. These programs generally offer professionals relief from the administrative and economic stress of repaying student debt in exchange for practicing in underserved areas or with underserved populations for a specified time period. In 2014, the Indiana Family and Social Services Division of Mental Health and Addiction (DMHA) implemented a Mental Health and Addiction Services Loan Repayment Assistance Program (LRAP) targeting behavioral health professionals. The Bowen Center for Health Workforce Research and Policy (Bowen Center) was contracted by DMHA to perform an evaluation of the LRAP. The primary objectives of the evaluation were to 1) identify successful outcomes associated with the program and 2) determine areas in need of improvement. The following report describes the evaluation methods, discusses results, identifies successes, and offers recommendations for future program improvement. The following summarizes key findings from the evaluation:

Successes

- The program was successful at aligning with and advancing key behavioral health workforce priorities in Indiana.
- The LRAP was highly valued by program participants.
- The program was successful at supporting community-based behavioral health professionals that are committed to serving vulnerable Hoosiers.
- Prioritizing Indiana graduates was clearly a strength of the LRAP.
- The high post-obligation retention rate among LRAP participants suggests that the program successfully targeted individuals with a professional commitment to serving their community.

Recommendations

- Future LRAP efforts might consider mechanisms to encourage and enhance participation among health professionals from underrepresented minority groups.
- Marketing initiatives for future programs should consider dissemination strategies that enhance information access.
- Stakeholder messaging and education around federal shortage area designation will be critical to any future LRAP initiatives requiring practice sites to be located in MHPSA designations.
- Future LRAP initiatives should strive to develop standardized application and scoring strategies to ensure a consistent process and transparency.
- Developing a 'user friendly' application system and streamlining the application process should be considered as part of future improvements to the LRAP.
- Future LRAP initiatives could consider different methods of funds administration/repayment on behalf of participants, and should include a documented, transparent process for funds administration/repayment.

Background and Introduction

The Issue in Indiana and the Nation

Throughout much of the United States, there is a growing epidemic of mental illness and addiction (1,2). Specifically in Indiana, the rate of drug and opioid overdoses has consistently increased since 2012 (1). Legislation to provide expanded coverage for behavioral health treatment has been passed (3). However, there is a growing demand for an adequate supply of behavioral health providers to provide these services to populations of need. This demand has grown into a behavioral health workforce shortage, which is partly due to limited resources, low compensation and high turnover of behavioral health professionals (4). These issues hinder retention of the workforce and have significant impact on health care access.

Loan Repayment Assistance

Loan repayment programs have proven to be relatively successful in recruiting behavioral health professionals to practice in rural and underserved communities in several states (5,6). Implementing these programs for behavioral health providers has been a common recommendation for addressing workforce shortages throughout the United States (6-8). However, the greatest challenge in coordinating this effort is providing sustainable funding for continued recruitment and ensuring retention of these professionals post-service obligation period.

Indiana's Response

In 2009, the Indiana General Assembly created a Workforce Development Task Force for Mental Health and Addiction through Public Law 170 (7). This Task Force met in 2009 and produced a Final Report with recommendations for the 2010 General Assembly in four priority areas. One of these priority areas, Workforce Recruitment and Retention, contained a recommendation to “Expand production of needed behavioral health professionals in Indiana by legislative action and funding allotments provided for professional educational loan repayment programs, across multiple behavioral health disciplines.”(10) The Indiana’s Mental Health and Addiction Services LRAP was developed and implemented in response to these recommendations.

The purpose of Indiana’s Mental Health and Addiction Services LRAP is to provide financial assistance to eligible behavioral health professionals who are licensed in the State of Indiana (11). This cohort of professionals includes psychiatrists, psychologists, psychiatric nurses, addiction counselors, social workers, marriage and family therapists and mental health counselors. The LRAP, enacted by House Bill 1360 in 2014 (12), aims to expand the behavioral health workforce to areas throughout the state that are in need of professional resources with the hope that this would potentially lead to retention of professionals in areas currently experiencing a workforce shortage.

Evaluation

Program evaluation is used to 1) assess program efficacy and identify areas in need of improvement, 2) foster transparency and accountability to program participants and stakeholders, and 3) refine a program’s future objectives (13). Evaluating LRAP is critical to informing future related initiatives in

Methods

This section of the report details the methods used for evaluation of the LRAP. Data on LRAP participants were obtained from DMHA. These data were initially matched to license and license survey data collected during the most recent license renewal period for the respective health professions and maintained by the Bowen Center on behalf of the State of Indiana. An evaluation survey tool was designed to collect information from LRAP participants. This survey tool was approved by the LRAP advisory board. The survey was administered via telephonic interview using a standardized script. Data were coded and themed for analysis and reporting.

LRAP Participant Data: Management

The Division of Mental Health and Addiction at the Family and Social Services Administration (FSSA) provided three datasets to the Bowen Center, each containing participant data for one of the three years in which professionals could enroll in the program (2015-2017). Data were transferred through secure file sharing and saved on a shared drive with restricted access managed by the Bowen Center. Each file contained the following information on participants: full name, profession, application score, award amount, and contact information for home and work. Because participants had the ability to enroll in the LRAP for multiple years, a dataset containing one observation for each participant was created.

LRAP Participant: Evaluation Dataset

Licensure and survey data for participants were obtained from the Indiana Professional Licensing Agency during the biennial license renewal periods (2015 and 2016). These data were collected and cleaned using data management procedures developed by the Bowen Center. Licensure and survey data were merged with participant data by full name to generate one file containing demographic and practice characteristics with loan repayment information.

LRAP Evaluation Survey: Survey Development

The survey used to collect information from participants was developed by the Bowen Center and approved by the LRAP advisory board on February 14th, 2018. This survey includes questions regarding demographic characteristics, education and training, employment characteristics, and perception of the LRAP. The full survey can be found in Appendix A.

LRAP Evaluation Survey: Data Collection Strategies

In order to ensure the implementation of accurate data management procedures for survey data collection, the approved survey questions were entered into an electronic data collection form in REDCap™. This online data management system allows for storage and collection of data for clinical and academic research. Once the electronic data collection form was finalized, the Evaluation Dataset (containing participant demographic, practice and loan repayment information) was uploaded to the REDCap™ data collection form. This generated a unique data collection form for each LRAP participant – identified by unique license number – with prepopulated demographic and practice characteristics.

Before survey data collection began, a telephone survey script was developed. This script incorporated all approved survey questions and included instructions for interviewers. The telephone survey was scheduled to be completed in approximately 10 minutes. The telephone survey script can be found in Appendix B.

Research staff were assigned to contact program participants. Staff were instructed to attempt to reach participants up to seven times, alternating between contacting them at home or at work. All calls were completed over the timeframe of two weeks. If a program participant declined to complete the survey or did not call back after seven attempts, their survey status on their electronic data collection form was classified as 'non-respondent'. If a program participant agreed to complete the survey, their survey status was classified as 'respondent'.

LRAP Evaluation Data and Analysis

After all contact attempts were completed, survey data were exported from REDCap™ along with an electronically produced data dictionary. The location of respondents' current practice site in a mental health professional shortage area (MHPSA) was manually verified using the look-up function on the HPSA Find website maintained by Health Resources Services Administration.¹ Data were imported into SAS® 9.4 for data management and analysis procedures.

In SAS® 9.4, data were formatted using the coding scheme provided in the data dictionary associated with the REDCap™ data collection form. Additional data points and calculations were created, including crude age (calculated from year of birth) and a binary indicator of participant retention at LRAP service site. A participant was coded as retained if he/she indicated currently practicing at the same address that was provided in the DMHA-provided dataset. Crude age was calculated as the month and day of birth was not provided for all survey respondents. Using this dataset, descriptive tables were generated for all continuous and categorical variables.

Qualitative analysis methods were used to identify themes in the open-ended survey questions regarding the impact of the LRAP and the administrative feedback on the application and award processes. Frequent topics and related phrases were categorized into themes used to summarize responses. All tables were formatted in Microsoft Excel (2016).

¹<https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>

Results and Discussion

LRAP Participants and Evaluation Sample

The Indiana Mental Health and Addiction Services LRAP has successfully provided financial assistance to 139 behavioral health professionals practicing in Indiana since 2015. Of the 135 LRAP participants, the evaluation sample includes 75 LRAP participants who maintain an active Indiana State license in a behavioral health profession and responded to a telephonic survey. The evaluation sample is representative of the behavioral health professions that participated in the LRAP.

Table 1.1 Professional Breakdown of DMHA LRAP Participants and the Response Rates

	Total Participants	Survey Respondents	Response Rate
Professional Discipline	N	N	N
Social Worker	30	15	50.00
Psychologist	24	15	62.50
Mental Health Counselor	24	14	58.33
Clinical Social Worker	15	9	60.00
Psychiatric Nurse	14	6	42.86
Psychiatrist	8	3	37.50
Psychiatric Nurse Practitioner	7	3	42.86
Addiction Counselor	6	3	50.00
Marriage and Family Therapist	4	4	100.00
Mental Health Associate	2	2	100.00
Marriage and Family Associate	2	1	50.00
Missing	2	0	0.00
Clinical Addiction Counselor	1	0	0.00
Total	139	75	53.96

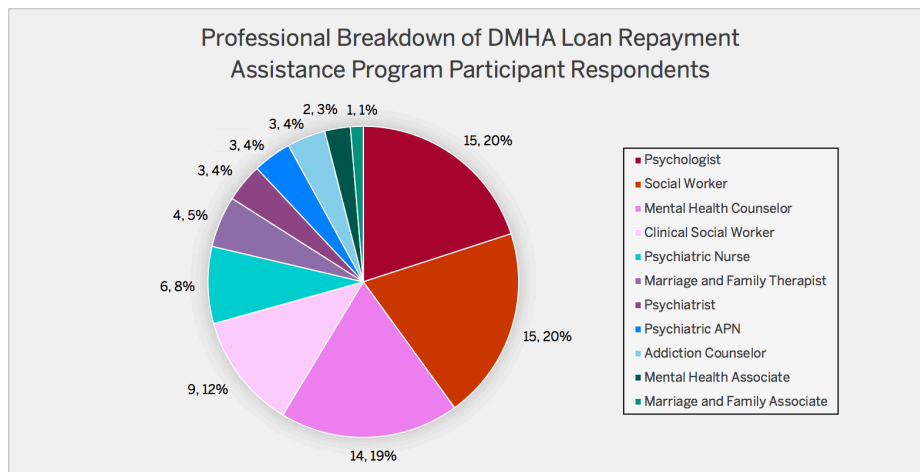


Figure 1. Breakdown of Behavioral Health Professional Respondents

LRAP Participant Demographics

The majority of LRAP participants were under the age of 35 and self-reported being non-Hispanic white. The finding that the majority of participants were under 35 is not surprising given that having recently graduated from a behavioral health professions education program was one of the LRAP eligibility requirements. The lack of racial and ethnic diversity among LRAP participants was also not surprising and likely reflects a lack of diversity in Indiana’s behavioral health workforce; however, increasing representation of racial and ethnic minorities is a priority for numerous health professions. **Future LRAP efforts might consider mechanisms to encourage and enhance participation among health professionals from underrepresented minority groups.**

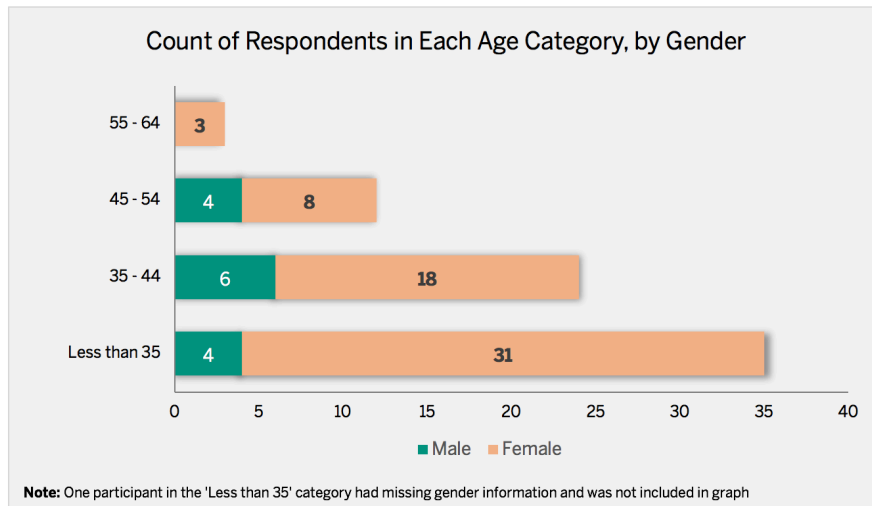


Figure 2. Distribution of age and gender among DMHA survey respondents.

	N	%
Race		
White	70	93.33
American Indian/Alaska Native	0	0.00
Native Hawaiian/Pacific Islander	0	0.00
Black or African American	4	5.33
Asian	0	0.00
Multiracial	0	0.00
Missing	1	1.33
Ethnicity		
Hispanic or Latino	1	1.33
Not Hispanic or Latino	73	97.33
Missing	1	1.33

Notes: Crude age was calculated using the difference between the year of survey completion and the reported birth year. This was used instead of date of birth as some participants only provided birth year.

LRAP Participant Educational Characteristics

Educating and retaining top talent in Indiana’s health care sector is a priority that cuts across multiple state agencies and initiatives. The majority of LRAP participants reported completing the training required for their behavioral health license from an Indiana training program. All but two participants from professions requiring residency training reported completing their residency in Indiana. In addition, the majority of participants had not previously been the recipient of a loan repayment program and had never held a professional license in another state. Approximately half of the LRAP participants reported that program participation had a moderate to major positive effect on their decision to practice in Indiana.

These findings strongly suggest that the LRAP contributed to retaining behavioral health workforce talent in Indiana. One LRAP participant (a psychologist) reported, “I had plans to move to the D.C. area but because of the loan repayment program I was able to fulfill my career goals by continuing to practice in Indiana. For me personally, participation in this program allowed me to fulfill my career goals of teaching future psychologists. I teach psychology students up until licensure and highly encourage the students to consider participating in the Mental Health Loan Repayment Program.” **Prioritizing Indiana graduates was clearly a strength of the LRAP.**

Table 1.3 Educational Characteristics

	Indiana		Michigan		Illinois		Kentucky		Ohio		Another State		Missing	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Location of Degree Completion	59	78.67	1	1.33	5	6.67	1	1.33	0	0.00	8	10.67	1	1.33
Location of Residency or Post-Doctoral Completion (n=18)	16	88.89	0	0.00	1	5.56	1	5.56	0	0.00	0	0.00	0	0.00

Table 1.4 License and Loan Repayment History

	Yes		No		Missing	
	N	%	N	%	N	%
Licensed in another state	4	5.33	65	86.67	6	8.00
Recipient of other loan repayment program	5	6.67	69	92.00	1	1.33

LRAP Program Marketing

Understanding the LRAP participant experience and their perspective on the program is critical to determining what was successful and what might be improved. The majority of participants initially learned about the program through a colleague or clinical site administrator/staff. Relatively few participants reported learning about the program through a career counselor or a recruiter/DHMA literature/association/exhibit. This suggests that information regarding the program was largely shared through professional networks and organizations. **Marketing initiatives for future programs should consider dissemination strategies that enhance information access.**

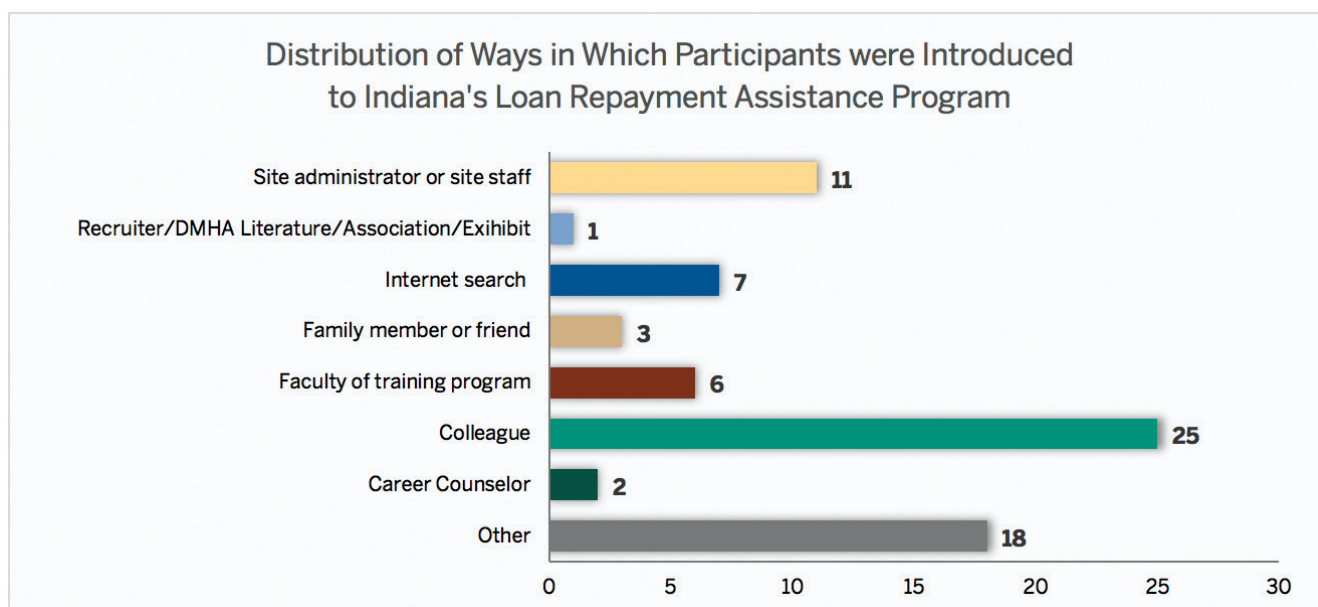


Figure 3. Frequency of way in which survey respondents were informed of loan repayment program.

LRAP Participant Service Site

Although LRAP participants worked in a variety of settings while in the program, it was not surprising that the majority reported Community Mental Health Center/Mental Health Clinic or Community Health Center as their setting. In addition, more than two thirds of LRAP participants reported that Indiana Medicaid recipients accounted for more than 50% of their patients. Enhancing community-based behavioral health services and recruiting providers to enroll and participate in state Medicaid programs are among the key strategies to improve access to care, especially in underserved communities. **These findings suggests that the LRAP was successful at supporting community-based behavioral health professionals that are committed to serving vulnerable Hoosiers.**

Table 1.5 Survey participants' service site characteristics

	N	%
Average Number of Hours Worked During Service (mean ± std.)	41.07 ± 3.53	
Service Practice Setting		
Community Health Center	7	9.33
Community Mental Health Center/Mental Health Clinic	30	40.00
Methadone Clinic	0	0.00
Primary or specialist medical care	1	1.33
Specialized Substance Abuse Treatment Facility	1	1.33
Child welfare	0	0.00
Criminal Justice	2	2.67
Federal Government Hospital	2	2.67
Non-federal hospital: General Medical	5	6.67
Non-federal hospital: Psychiatric	4	5.33
Non-federal hospital: Other e.g. nursing home unit	0	0.00
Private practice	3	4.00
Rehabilitation	0	0.00
Residential setting	3	4.00
School health service	4	5.33
In-home setting	3	4.00
Other	7	9.33
Missing	3	4.00
Percent of Medicaid Patients at Service Site		
There were no Indiana Medicaid Patients	6	8.00
Indiana Medicaid Accounted for >0% - 5% of service practice	2	2.67
Indiana Medicaid Accounted for 6% - 10% of service practice	1	1.33
Indiana Medicaid Accounted for 11% - 20% of service practice	3	4.00
Indiana Medicaid Accounted for 21% - 30% of service practice	0	0.00
Indiana Medicaid Accounted for 31% - 50% of service practice	6	8.00
Indiana Medicaid Accounted for 50% of service practice	51	68.00
Missing	1	1.33
Unsure	5	6.67

LRAP Participant Retention

Financial assistance programs, similar to the LRAP, are demonstrated to be successful health workforce recruitment tools; however, other state/program retention rates post-obligation vary significantly and are generally low. Nearly three quarters of the LRAP participants reported that they currently practice at the same site where they completed their obligation. This is likely due in part to the requirement that an individual be employed in behavioral health position at the time of LRAP application. Among LRAP participants that reported leaving their service site, salary increase was the most commonly reported change that would have been needed for them to have been retained. **The high post-obligation retention rate among LRAP participants suggests that the program successfully targeted individuals with a professional commitment to serving their community.**

Retention	N	%
Currently practicing at the same practice site	56	74.67
Left service practice site	16	21.33
Missing	3	4.00
Total	75	100

	N	%
Potential incentives to continue practicing at service site		
Nothing	4	23.53
Additional resources to do the job well	0	0.00
Advancement opportunities	1	5.88
Hire additional support staff	1	5.88
Improved benefits	0	0.00
Mentoring support	0	0.00
Salary Increase	3	17.65
Schedule flexibility	1	5.88
Site leadership change	1	5.88
Training opportunities	1	5.88
Other	3	17.65
Missing	2	11.76
Personal factors contributing the decision to leave service site		
Dislike of the community or lifestyle	0	0.00
Distance from family	1	5.88
Length of commute	1	5.88
Patient population	2	11.76
Other	7	41.18
Missing	6	35.29

Table 1.8 Reasons indicated by respondents for leaving service site		
Theme	Number of Times Mentioned	Comments
Salary	2	<p>The need for increased salary and salary flexibility was noted as a needed change at participants' service site</p> <ul style="list-style-type: none"> • Ex: "Great workplace, would like better salary." • Ex: "Competitive benefits and salary"
Lifestyle	1	<p>Lack of flexibility in schedule and commute time were listed as personal reasons by respondents for leaving their service site</p> <ul style="list-style-type: none"> • Ex: "Schedule flexibility and work from home capacity"
Professional Expectations	4	<p>High expectations for productivity, need for more staff and lack of organization were mentioned as reasons for leaving</p> <ul style="list-style-type: none"> • Ex: "I was burned out because they wouldn't hire additional staff members." • Ex: "[My service site needs] more appropriate expectations. I was already working at 150% productivity but pushed to do more. They need more clinical staff and better supervision/management."
Professional Growth	3	<p>Some participants indicated their intention to start a private practice, seek a professional promotion elsewhere or further their education and training were reasons for leaving</p> <ul style="list-style-type: none"> • Ex: "Advancement opportunities"

LRAP Participants and Federal Shortages

Mental Health Professional Shortage Area (MHPSA) are federal designations granted to geographies meeting certain criteria (including insufficient population to provider ratios). These designations are a requirement for participation in a number of federal and state loan repayment programs such that service sites must be located in an MHPSA for eligibility. MHPSA designation of service site was not a requirement for LRAP participation, but it was a scoring factor. Regardless of this, sixty percent of LRAP participants' practice sites were located in MHPSAs.

As part of the evaluation, LRAP participants were asked to self-report whether their practice site was located in a federally underserved community. The federal shortage area designation status of their practice site was then verified using HRSA's HPSA look-up feature. The self-reported and verified data were compared to determine whether LRAP participants' concept of a federally underserved shortage area was consistent with MHPSA designation. Over a third of the LRAP participants self-reported their practice site as being located in a federally underserved area but the site was not designated as a MHPSA. This suggests a lack of awareness about federal shortage area designations may exist among some behavioral health professionals. **Stakeholder messaging and education around federal shortage area designation will be critical to any future LRAP initiatives requiring practice sites to be located in MHPSA designations.**

HPSA Status	Reported Status of Working in Underserved Area					
	Missing		No		Yes	
	N	%	N	%	N	%
Located in Mental HPSA	1	50.00	7	53.85	37	63.79
Not Located in HPSA	1	50.00	6	46.15	21	36.21
Total	2	100.00	13	100.00	58	100.00
Notes: Two respondents who reported working in an underserved area were not included in table as they also reported practicing at multiple locations						

LRAP Participants Distribution

Geographically, 40% of respondents reported practicing in Marion County. Despite this distribution, over 60% of respondents were confirmed as practicing in a Mental HPSA. Figure 4 depicts the geographic distribution of respondents.

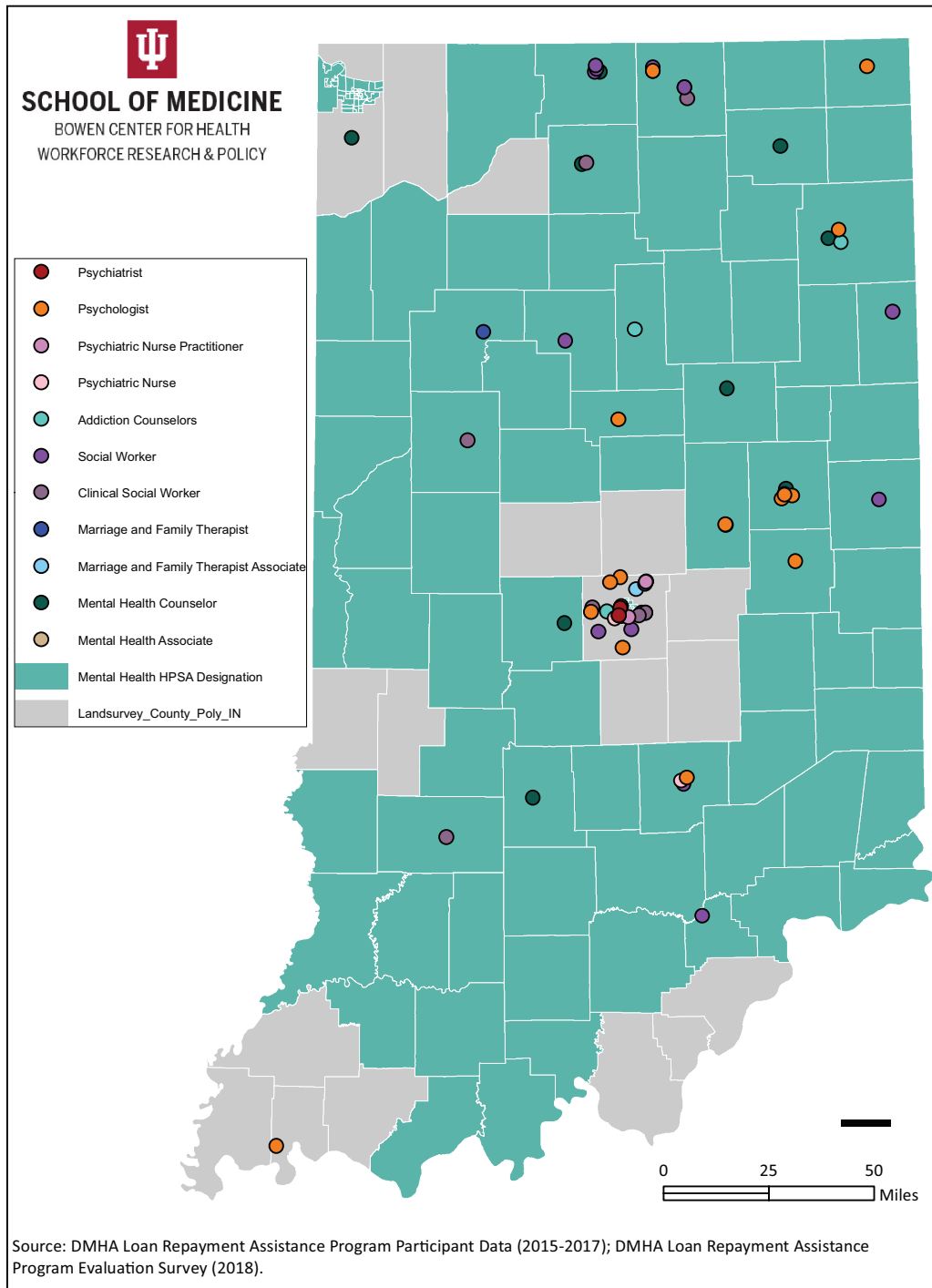


Figure 4. Geographic distribution of survey respondents, based on current practice address.

LRAP Review Administrative Processes

Administrative aspects of the LRAP were evaluated to inform program improvement. As part of the administrative evaluation, the Bowen Center performed a thorough review of the application form/requirements and the scoring matrices for each year of the LRAP.

A number of changes occurred in program administration between 2015 and 2017 as processes were developed and refined, including: 1) variations in the information collected in the application, 2) transitioning the application from a paper form to an online process, 2) variations in the eligible professions, and 3) changes to the scoring matrix used to determine eligibility. These changes resulted in variations in the LRAP participant data that were available by program year. In addition, these may have resulted in variations in awarding decisions across the program years. One participant noted, "It was very time-consuming. If a participant has been awarded previously, they should be able to just update their application rather than have to completely fill out a new one each year." **Future LRAP initiatives should strive to develop standardized application and scoring strategies to ensure a consistent and transparent process.**

Year	Application Process	Professional Disciplines Not Included	Scoring Matrix/ Maximum Points	Documents Required	Maximum Award
2015	Paper	Psychiatric Nurse Practitioner	25	9 documents	\$25,000
2016	Paper	None	28 (3 bonus points for current award recipients)	9 documents uploaded	\$25,000
2017	Online	None	28 (3 bonus points for current award recipients)	9 documents uploaded	\$25,000

LRAP Participant Feedback on Administrative Processes

In addition to administrative documents review, LRAP participants were asked to rate their experience and describe their perspective on administrative aspects of the program. While the majority of participants reported that the application and award processes were somewhat easy or easy, there were a number of challenges raised by participants. When asked to describe their experience with the application process, a number of LRAP participants reported experiencing technical issues while preparing application documents as requested. One participant stated, “All the different loan information they asked for was really difficult. I had multiple loans and it was extremely complex to go through for each one.” Another participant stated, “Saving documents a certain way made it more difficult than simply uploading them.” Others reported that the application process was overly time consuming. One participant stated, “[In the] first year I was printing over 40 pages of information; it took a long time and a lot of effort for providing information. [In the] second year, uploading information was difficult and very stressful.” **Developing a ‘user friendly’ application system and streamlining the application process should be considered as part of future improvements to the LRAP.**

LRAP awards were paid directly from the State of Indiana to lenders on behalf of participants. Participants were required to provide lender information to the state as part of the application process. Participants reported a general lack of communication regarding the award process and repayment. A number of participants reported experiencing a delay in award payment to their respective lender. Some participants suggested this delay was attributable to the lack of a formal plan and transparent process for administering funds to third party issues. One participant stated, “I wish I received notification of the payment. I needed more communication. There was a lag time for payment being made.” Another participant noted, “The dates that were indicated I would receive the loan repayment ended up being incorrect or late. The second year I received the repayment was great, no problems.” **Future LRAP initiatives could consider different methods of funds administration/repayment on behalf of participants, and should include a documented, transparent process for funds administration/repayment.**

Table 1.11 Respondents’ rate of the administrative process of the loan repayment assistance program

	Difficult		Somewhat Difficult		Neutral		Somewhat Easy		Easy		Missing	
	N	%	N	%	N	%	N	%	N	%	N	%
Rate of Application Process	1	1.33	15	20.00	14	18.67	35	46.67	9	12.00	1	1.33
Rate of Award Process	9	12.00	13	17.33	9	12.00	10	13.33	33	44.00	1	1.33

Table 1.12 Themes and comments from participants regarding the administrative process of the loan repayment assistance program		
Theme	Number of Times Mentioned	Common Feedback
Application Process		
Difficulty with Combining PDF's/ Document Extensions	11	<p>Many participants indicated that the application process was difficult due to the fact that they had to combine many PDF's as well as different document extensions.</p> <ul style="list-style-type: none"> • Ex: "Hard to upload materials in new system" • Ex: "[It was] very difficult because it was by paper. Online was much easier."
Time Consuming	7	<p>The application process was time consuming for many participants due to the requirement of gathering many materials.</p> <ul style="list-style-type: none"> • Ex: "The most time consuming aspect was [inputting] loan information." • Ex: "[It was a] time intensive process; a lot of information is asked for."
Award Process		
Issues Related to Third Parties	5	<p>Many participants attributed the time lag in receiving the loan repayment to issues with third parties. For example, difficulties corresponding with lenders were very frequent.</p> <ul style="list-style-type: none"> • Ex: "The first round, my lender did not accept money. There was an issue with paying taxes on the payment. I received award twice after, then it took months to get the actual money."
Lack of Communication	6	<p>Participants felt they were not well informed throughout the entire process of receiving the payment.</p> <ul style="list-style-type: none"> • Ex: "[I] did not get all the information that I hoped for, I believe due to my loan servicer. I felt like I was left in the dark in the process." • Ex: "There was a problem with the issuing of the checks to Navient (loan service provider), so DMHA notified me that [the loans] were being paid and I had to keep checking my account. It was about 6 months. I had to email frequently to check in for status updates. I don't think it was DMHA staff's fault. They were very responsive and helpful but their hands were tied on issuing of the payment."
Delay in Award Payment	19	<p>It was also indicated that there was a long period of time in between submitting the application and receiving the payment. Estimated dates of payment application were not consistent.</p> <ul style="list-style-type: none"> • Ex: "It was not difficult but the time it took [for payment to be applied] was long." • Ex: "[It] took longer than [I] expected." • Ex: "My loan lender didn't receive the payment until December; then the federal government wouldn't accept the payment."

LRAP Program Value from State Perspective

Understanding the value of the LRAP to the State of Indiana and program participants is the final, and perhaps most important, aspect of the evaluation. Retaining behavioral health professionals and addressing behavioral health workforce shortages are key priorities for the State of Indiana. Approximately half of the LRAP participants reported that program participation had a moderate to major positive effect on their decision to practice in Indiana, and more than half of participants reported that the program participation had a moderate to major positive effect on their decision to practice in a workforce shortage area. One participant stated, “As a non-traditional, older student returning to academia, the loan repayment program was beneficial in making me feel like I could serve in an underserved community. Me and my [spouse] moved back to Indiana and purchased a house because we were less stressed about student loan debt.” **The LRAP was successful at aligning with and advancing key behavioral health workforce priorities in Indiana.**

	Major Negative Effect		Moderate Negative Effect		No effect		Moderate Positive Effect		Major Positive Effect		Missing	
	N	%	N	%	N	%	N	%	N	%	N	%
Influence of program to practice in HPSA	0	0.00	1	1.33	35	46.67	19	25.33	19	25.33	1	1.33
Influence of program to practice in Indiana	1	1.33	1	1.33	38	50.67	17	22.67	17	22.67	1	1.33

LRAP Program Value: Participant Perspective

From the perspective of program participants, the LRAP provided critical financial support that helped them achieve their personal and professional missions. One psychiatrist participant stated “[The program] impacted me significantly. I completed the addictions psychiatry fellowship program, am practicing in addiction psychiatry, and am able to build the program at Midtown solely because of my participation in the loan repayment program which allowed me to complete the addictions fellowship.”

Numerous participants reported how the program has provided “stress relief” to them and their families and enabled them to focus on and find “joy” in their work as a behavioral health professional. One participant reported, “On a personal level, receiving the assistance helped me as a single [parent] to be able to spend more time with my children instead of searching for additional income sources. On a professional level, it helped me not have to worry as much so I could focus my time on clients and training.” Gratitude for the assistance received was a common theme expressed by many participant. **The LRAP was highly valued by program participants.**

Table 1.14 Value of the Loan Repayment Assistance Program to respondents

Theme	Number of Times Mentioned	Comment
Financial Support	29	<p>In regard to the loan repayment program overall, many participants stated that it is of tremendous value due to the aspect financial support. This support also allowed participants the freedom to take care of their families.</p> <ul style="list-style-type: none"> • Ex: “The program has a great value to me and my family by giving the financial support we needed. There aren’t many programs like this for my demographic, so I was happy to find this one.” • Ex: “This program was a tremendous help with how much student debt it took care of for me.” • Ex: “The loan repayment assistant program was very helpful in the sense that it was stress relieving. Not stressing over the monthly student load payment was crucial. I was able to pay for additional training up front and get reimbursed later.”
Stress Relief	10	<p>Participants mentioned the relief of stress associated with paying off student debt, which was made possible by their participation in the program.</p> <ul style="list-style-type: none"> • Ex: “It relieved a lot of the stress of my student debts and allowed me to work more and efficiently.” • Ex: “Very positive, I have less stress related to paying off loans.”
Career Support	19	<p>The loan repayment assistance program gave many participants the freedom to pursue their chosen career in mental health and addiction.</p> <ul style="list-style-type: none"> • Ex: “[The program] impacted me significantly. I completed the addictions psychiatry fellowship program, am practicing in addiction psychiatry, and am able to build the program at Midtown solely because of my participation in the loan repayment program which allowed me to complete the addictions fellowship.”
Mission	11	<p>The loan repayment assistance program gave many participants freedom to provide care to an underserved population.</p> <ul style="list-style-type: none"> • Ex: “[The program was a] huge help on student loans and gave more flexibility in using a sliding scale fee with clients.” • Ex: “Because of this program, I am considering staying in an underserved area.” • Ex: “Significant. Obtaining a doctorate is very costly. The program helped to relieve the burden. Without the program I may not have been able to continue working within an underserved community.” • Ex: “You get into social work because you really care about people. This repayment program made it possible for me to continue doing what I was called to do. It was a great value. I owed more than \$100,000 in student loans because I had several different degrees, social work being the last degree I finished. The financial assistance in this program allows me to continue serving the patients I feel called to.”
Location	10	<p>The loan repayment assistance program gave participants the freedom to continue residing in Indiana.</p> <ul style="list-style-type: none"> • Ex: “As a non-traditional, older student returning to academia, the loan repayment program was beneficial in making me feel like I could serve in an underserved community. Me and my wife moved back to Indiana and purchased a house because we were less stressed about student loan debt. “
Gratitude	15	<p>Many participants expressed gratitude for the program and the opportunity to participate.</p> <ul style="list-style-type: none"> • Ex: “Very appreciative”

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Appendix A

Indiana Mental Health and Addiction Professionals Loan Repayment Assistance Awardees Survey Tool

The Board will provide reliable contact information and application information for the 203 awardees. The application information for awardees will be matched to licensure survey data from previous renewal cycle (using identifiers such as name, date of birth, etc.). Merged data will be input into REDCap™, an electronic survey tool maintained by Indiana CTSI. A survey form will be created for each awardee, containing the merged information from the licensure survey and application information.

Each awardee will then be contacted telephonically to 1) verify previously collected data (from the licensure survey and/or application) and 2) collect any missing information for the questions below. At least seven attempts will be made to complete a telephonic interview for each awardee. The calls will be staggered over times of day and days of the week to maximize the chances of making contact with respondents. If no contact can be made after seven attempts, the awardee will document as a “nonresponse.” Any information he/she provided in advance of the interview attempts (i.e. in survey data) will be included in the report.

The questions below are organized by domain to obtain the following information from each awardee: demographic, educational characteristics, practice characteristics, evaluation of the administrative aspect of the program, and impact of program on recruitment and retention.

1. License Type
 - Addiction Counselor
 - Psychiatrists
 - Psychologist
 - Psychiatric Nurse
 - Psychiatric Nurse Practitioner
 - Marriage and Family Therapist
 - Social Worker
 - Mental Health Counselor
2. Date of Birth
3. What is your gender?
 - Female
 - Male
4. Are you of Hispanic or Latino origin?
 - Yes
 - No
5. What is your race? Mark one or more boxes.
 - White
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander

- Black or African American
- Asian
- Some Other Race

Educational Characteristics

6. Where did you complete the degree that first qualified you for your license?
 - Indiana
 - Michigan
 - Illinois
 - Kentucky
 - Ohio
 - Another State (not listed)
 - Another Country (not U.S.)
7. (If awardee is a physician or psychologist) Where did you complete your post-doctoral or residency training?
 - Indiana
 - Michigan
 - Illinois
 - Kentucky
 - Ohio
 - Another State (not listed)
 - Another Country (not U.S.)
8. Are you currently, or have you ever been, licensed in another state?
 - No → Go to question #10
 - Yes
9. In which state are you currently or were you previously licensed?
TEXT BOX

Educational Characteristics

10. How did you first hear about Indiana's Loan Repayment Assistance Program for Mental Health and Addiction Professionals?
 - Career counselor
 - Colleague
 - Current or previous loan repayment assistance awardee
 - Faculty of your training program
 - Family member or friend
 - Internet search
 - Recruiter/DMHA literature/Association/Exhibit
 - Site administrator or site staff
 - Other
 - Please provide additional information
11. On a scale from 1 – 5, with 1 being the most difficult and 5 being the easiest, how would you describe the application process?
 - 1: Difficult
 - 2: Somewhat difficult
 - 3: Neutral
 - 4: Somewhat easy
 - 5 Easy
 - Please provide additional information

12. Once you were enrolled as an awardee, how would you describe the process of receiving the loan repayment?
 - 1: Difficult
 - 2: Somewhat difficult
 - 3: Neutral
 - 4: Somewhat easy
 - 5: Easy
 - Please provide additional information
13. Have you ever been the recipient of any other loan repayment or scholarship program?
 - No → Go to question #16
 - Yes
14. What was the name or type of loan repayment or scholarship program you were awarded?
TEXT BOX

Practice Characteristics

15. In what type of setting did you practice during your service period? (Select all that apply)
 - Community health center
 - Community Mental Health Center/Mental health clinic
 - Methadone clinic
 - Primary or specialist medical care
 - Specialized substance abuse treatment facility
 - Child welfare
 - Criminal justice
 - Federal Government hospital
 - Non-federal hospital: General Medical/Pediatric
 - Non-federal hospital: Psychiatric
 - Academic Health Center
 - Non-federal hospital: Other – e.g. nursing home unit
 - Private practice
 - Rehabilitation
 - Residential setting
 - School health service
 - In-home setting
 - Other
 - Please provide additional information
16. About how many hours a week did you work during your service period? (NUMBER BETWEEN 0 AND 50)
17. Please estimate the percentage of Indiana Medicaid patients you saw at your practice location during your period of service.
 - There were no Indiana Medicaid patients.
 - Indiana Medicaid accounts for >0% - 5% of my practice
 - Indiana Medicaid accounts for 6% - 10% of my practice
 - Indiana Medicaid accounts for 11% - 20% of my practice
 - Indiana Medicaid accounts for 21% - 30% of my practice
 - Indiana Medicaid accounts for 31% - 50% of my practice
 - Indiana Medicaid accounts for greater than 50% of my practice
 - Unsure

18. Prior to receiving the award, were you practicing in a federally designated underserved area, as defined by HRSA?
 - No
 - Yes
19. About how long did you practice at your service site after your obligation period ended?
 - I currently practice at the same practice site. -> Go to question #25
 - I left as soon as my obligation period ended.
 - Less than a year
 - 1-2 years
 - 2-3 years
20. Where are you currently practicing?
21. If not currently practicing, skip to question #23
 - What type of setting or facility most closely corresponds to your current practice location?
 - Community health center
 - Community Mental Health Center/Mental health clinic
 - Methadone clinic
 - Primary or specialist medical care
 - Specialized substance abuse treatment facility
 - Child welfare
 - Criminal justice
 - Hospital – Inpatient
 - Federal Government hospital
 - Non-federal hospital: General Medical/Pediatric
 - Non-federal hospital: Psychiatric
 - Academic Health Center
 - Non-federal hospital: Other – e.g. nursing home unit
 - Private practice
 - Rehabilitation
 - Residential setting
 - School health service
 - In-home setting
 - Other
 - Please provide additional information
22. In regards to the practice site where you served during your service period, is there anything the site could have done to encourage you to continue practicing there after your obligation period ended? **RADIO BUTTON**
 - Nothing
 - Additional resources to do the job well
 - If selected, what type of resources? (FREE TEXT)
 - Advancement opportunities
 - Hire additional support staff
 - Improved benefits
 - Mentoring support
 - Salary increase
 - Schedule flexibility
 - Site leadership change
 - Training opportunities
 - Other
 - For “Other” response, provide text box for explanation

23. Were there any personal factors that contributed to your decision to leave the service site?
- Dislike of the community or lifestyle
 - Distance from family
 - Length of commute
 - Patient population
 - Hours
 - Salary/Compensation
 - Other
 - For “Other” response, provide text box for explanation

Impact of Loan Repayment Assistance Program

24. To what extent do you believe the loan repayment assistance program influenced your decision to practice in a federally designated underserved area or an underserved population, as defined by HRSA, after your obligation period ended?
- 1: It had a major negative effect
 - 2: It had a moderately negative effect.
 - 3: Neutral-it did not affect my decision at all.
 - 4: It had a moderately positive effect.
 - 5: It had a major positive effect on my decision.
25. To what extent do you believe the loan repayment assistance program influenced your decision to continue practicing in Indiana after your obligation period ended?
- 1: It had a major negative effect
 - 2: It had a moderately negative effect.
 - 3: Neutral-it did not affect my decision at all.
 - 4: It had a moderately positive effect.
 - 5: It had a major positive effect on my decision.
26. What was the value of the loan repayment assistance program to you professionally and personally?
TEXT BOX
27. Are there any changes you will make in your future practice or career because of your participation in the loan repayment assistance program?
TEXT BOX

Appendix B

Indiana Mental Health and Addiction Professionals Loan Repayment Assistance Awardees Survey Telephone Script

Purpose

The purpose of these interviews is to contact participants of the Mental Health and Addiction Services Loan Repayment Assistance Program for the State of Indiana and verify their demographic, educational and practice characteristics. We will work to understand and describe the characteristics of individuals who received loan repayment assistance since program inception in 2014.

Data Categories:

- Awardee demographics
- License type
- Practice characteristics
- Awardee program perspective
- Awardee future plans

Telephone Interview Procedures

Step 1: Dial the number obtained through primary data collection.

Step 2: Identify yourself and your reason for calling.

1. "Hi, my name is _____. I am a research assistant for the Bowen Center for Health Workforce Research and Policy (previously called Health Workforce Studies) located at the Indiana University School of Medicine, Department of Family Medicine.
2. May I please speak to (indicated participant)?
3. Our records indicate that you are a participant of the Mental Health and Addiction Services Loan Repayment Assistance Program for the State of Indiana. On behalf of the Division of Mental Health and Addictions at the Family and Social Services Administration, we are conducting telephone surveys to assess characteristics of program participants.
4. This interview is expected to take about *10 to 15* minutes. Would you be willing to participate in this interview?

No: "Okay. Thank you for your time and have a good day."

Yes: "Great! Thank you for being willing to answer our questions. As I mentioned before this should only take about *10 to 15 minutes*. Is now a good time for you?"

No: Is there a better time to reach you?" *coordinate call back time*

Yes: "Great! Let's begin."

Step 3: Indicate the REDCap™ data collection instrument that the program participant has agreed to participate the survey. Begin structured Interview.

1. First, I would like to confirm that you are licensed as a [LICENSE TYPE]. Is this correct?
License Type:
 - Addiction Counselor
 - Psychiatrists
 - Marriage and Family Therapist
 - Social Worker
 - Mental Health Counselor
 - Psychiatric Nurse
 - Psychiatric Nurse Practitioner
 - Psychologist

Demographic Information

2. Could you please confirm your date of birth?
3. What is your gender?
 - Female
 - Male
4. What is your race? You are able to select more than one race [INTERVIEWER MAY NEED TO LIST THE OPTIONS]
 - White
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - Asian
 - Some Other Race
5. Are you of Hispanic or Latino origin?
 - Yes
 - No

Educational Characteristics

6. Where did you complete the degree that first qualified you for your license?
 - Indiana
 - Michigan
 - Illinois
 - Kentucky
 - Ohio
 - Another State (not listed)
 - Another Country (not U.S.)
7. (If awardee is a psychiatrist or psychologist) Where did you complete your post-doctoral residency training?
 - Indiana
 - Michigan
 - Illinois
 - Kentucky
 - Ohio

- Another State (not listed)
 - Another Country (not U.S.)
8. Are you currently, or have you ever been, licensed in another state?
- No → Go to question #10
 - Yes
9. In which state are you currently or were you previously licensed?

Administrative

10. How did you first hear about Indiana's Loan Repayment Assistance Program for Mental Health and Addiction Professionals?
- Career counselor
 - Colleague
 - Current or previous loan repayment assistance awardee
 - Faculty of your training program
 - Family member or friend
 - Internet search
 - Recruiter/DMHA literature/Association/Exhibit
 - Site administrator or site staff
 - Other (Please explain)
11. On a scale from 1 – 5, with 1 being the most difficult and 5 being the easiest, how would you describe the application process?
- 1: Difficult
 - 2: Somewhat difficult
 - 3: Neutral
 - 4: Somewhat easy
 - 5: Easy
12. Once you were enrolled as an awardee, how would you describe the process of receiving the loan repayment?
- 1: Difficult
 - 2: Somewhat difficult
 - 3: Neutral
 - 4: Somewhat easy
 - 5: Easy
13. Have you ever been the recipient of any other loan repayment or scholarship program?
- No → Go to question #16
 - Yes
14. What is the name or type of loan repayment or scholarship program you were awarded?

Practice Characteristics

15. In what type of setting did you practice during your service period? (Select all that apply)
- Community health center
 - Community Mental Health Center/Mental health clinic
 - Methadone clinic
 - Primary or specialist medical care
 - Specialized substance abuse treatment facility
 - Child welfare
 - Criminal justice
 - Federal Government hospital

- Non-federal hospital: General Medical
 - Non-federal hospital: Psychiatric
 - Non-federal hospital: Other – e.g. nursing home unit
 - Private practice
 - Rehabilitation
 - Residential setting
 - School health service
 - In-home setting
 - Other (please explain)
16. About how many hours a week did you work during your service period? (Minimum Requirement was 30 hrs./week)
17. Please estimate the percentage of Indiana Medicaid patients you saw at your practice location during your period of service. [INTERVIEWER WILL NEED TO LIST CHOICES]
- There were no Indiana Medicaid patients.
 - Indiana Medicaid accounts for >0% - 5% of my practice
 - Indiana Medicaid accounts for 6% - 10% of my practice
 - Indiana Medicaid accounts for 11% - 20% of my practice
 - Indiana Medicaid accounts for 21% - 30% of my practice
 - Indiana Medicaid accounts for 31% - 50% of my practice
 - Indiana Medicaid accounts for greater than 50% of my practice
 - Unsure
18. Prior to receiving the award, were you practicing in an underserved area, as defined by HRSA?
- Yes
 - No
19. About how long did you practice at your service site after your obligation period ended?
- I currently practice at the same practice site. -> Go to question #25
 - I left as soon as my obligation period ended.
 - Less than a year
 - 1-2 years
 - 2-3 years
20. Where are you currently practicing? (**Interviewers, ask for name of facility and address/zip**)
- If not currently practicing, skip to question #23
21. What type of setting or facility most closely corresponds to your current practice location? (Select all that apply)
- Community health center
 - Community Mental Health Center/Mental health clinic
 - Methadone clinic
 - Primary or specialist medical care
 - Specialized substance abuse treatment facility
 - Child welfare
 - Criminal justice
 - Federal Government hospital
 - Non-federal hospital: General Medical
 - Non-federal hospital: Psychiatric
 - Non-federal hospital: Other – e.g. nursing home unit
 - Private practice
 - Rehabilitation

- Residential setting
 - School health service
 - In-home setting
 - Other (please explain)
22. In regards to the practice site where you served during your service period, is there anything the site could have done to encourage you to continue practicing there after your obligation period ended?
- Nothing
 - Additional resources to do the job well
 - Could you please explain the resources that were needed?
 - Advancement opportunities
 - Hire additional support staff
 - Improved benefits
 - Mentoring support
 - Salary increase
 - Schedule flexibility
 - Site leadership change
 - Training opportunities
 - Other (please explain)
23. Were there any personal factors that contributed to your decision to leave the service site?
- Dislike of the community or lifestyle
 - Distance from family
 - Length of commute
 - Patient population
 - Other (please explain)

Impact of Loan Repayment Assistance Program

24. To what extent do you believe the loan repayment assistance program influenced your decision to practice in a federally designated underserved area or an underserved population, as defined by HRSA after your obligation period ended
- 1: It had a major negative effect
 - 2: It had a moderately negative effect.
 - 3: Neutral-it did not affect my decision at all.
 - 4: It had a moderately positive effect.
 - 5: It had a major positive effect on my decision.
25. To what extent do you believe the loan repayment assistance program influenced your decision to continue practicing in Indiana after your obligation period ended?
- 1: It had a major negative effect
 - 2: It had a moderately negative effect.
 - 3: Neutral-it did not affect my decision at all.
 - 4: It had a moderately positive effect.
 - 5: It had a major positive effect on my decision.
26. What was the value of the loan repayment assistance program to you professionally and personally?
27. Are there any changes you will make in your future practice or career because of your participation in the loan repayment assistance program?
28. Do you have any additional questions or comments?

Step 4: Thank the interviewee for their time and end phone call.

Appendix C

2015 Scoring Matrix

*Evaluation Scoring Tool: (Reference the above scale and place the number selected in the score column.)

Description	Rating Score	Criteria (Rubric) The score 5 is the highest and the score 1 is the lowest.
Section 1: Financial Need and Student Loan A. Student Loan Debt B. Student Annual Income		Section A: 5: Extreme Debt of \$200,000 or more 4: High Debt of \$100,000 to \$199,999 3: Above Average Debt of \$50,000 to \$99,000 2: Average Debt of \$25,000 to \$49,000 1: Below Average debt of \$5,000 to \$24,999 0: Little to no debt up to \$4,999 Section B: 5: Low Income of \$29,999 or less 4: Average Income of \$30,000 to \$60,000 3: Above Average \$60,001 to \$89,999 2: High Salary of \$90,000 to \$150,000 1: Exceptional Salary of above \$150,000
Section 2: Geographic Diversity A. Underserved Population B. Need for Services		5: Candidate works in underserved population with high needs 3-4: Candidate does not work in underserved population but there is high need for services. 1-2: Candidate works in a highly served and low need population.
Section 3: Application/Personal Statement A. Completion of Application B. Quality of Personal Statement		5: Excellent Candidate w/Completed Application, Meet Requirements and Exemplary Personal Statement. 4: Good Candidate w/Completed Application and Good Personal Statement. 3: Average Candidate w/completed application and average personal statement. 2: Candidate Meets Basic eligibility requirements, subpar personal statement. 0-1: Candidate does not meet basic eligibility requirements nor has an incomplete application.
Section 4: Coursework/Discipline		5: Doctorate Degree and Credentialed 4: Master Degree and Credentialed 3: Master Degree and License Track 2: Bachelor Degree and Credentialed or License Track 1: Less than Bachelor Degree
TOTAL SCORE: Tally all scores and divide by number of scores to get final score.		

Loan Repayment Award Recommendation Form	
Name of Applicant	
Discipline/University	
Licensed or License Track	
Met Eligibility Requirements (Yes or No) If no, explain why. <ul style="list-style-type: none"> • Recent Graduate (Jan. 2012 to Present) • Current Loans • Recent Employment (Jan. 2012 to present) • Indiana Resident • Non-Resident but establishing new practice 	
Occupation	
Date of Employment	
Underserved Population (Yes, where?)	
Overall Student Loan Debt	
Overall Annual Income	
List Service Lenders	
Application Score	
Award Determination: Approve or Deny	
Recommended Award Amount - Up to 25% of Overall Loan Debt not to exceed \$25,000 OR \$25,000	
Award Recommendation Summary (1 to 2 sentences will do)	

2016 Scoring Matrix

*Evaluation Scoring Tool: (Reference the above scale and place the number selected in the score column.)

Description	Rating Score	Criteria (Rubric) The score 5 is the highest and the score 1 is the lowest.
Section 1: Financial Need and Student Loan A. Student Loan Debt B. Student Annual Income		Section A: 5: Extreme Debt of \$200,000 or more 4: High Debt of \$100,000 to \$199,999 3: Above Average Debt of \$50,000 to \$99,000 2: Average Debt of \$25,000 to \$49,000 1: Below Average debt of \$5,000 to \$24,999 0: Little to no debt up to \$4,999 Section B: 5: Low Income of \$29,999 or less 4: Average Income of \$30,000 to \$60,000 3: Above Average \$60,001 to \$89,999 2: High Salary of \$90,000 to \$150,000 1: Exceptional Salary of above \$150,000
Section 2: Geographic Diversity A. Underserved Population B. Need for Services		5: Candidate works in underserved population with high needs 3-4: Candidate does not work in underserved population but there is high need for services. 1-2: Candidate works in a highly served and low need population.
Section 3: Application/Personal Statement A. Completion of Application B. Quality of Personal Statement		5: Excellent Candidate w/Completed Application, Meet Requirements and Exemplary Personal Statement. 4: Good Candidate w/Completed Application and Good Personal Statement. 3: Average Candidate w/completed application and average personal statement. 2: Candidate Meets Basic eligibility requirements, subpar personal statement. 0-1: Candidate does not meet basic eligibility requirements nor has an incomplete application.
Section 4: Coursework/Discipline		5: Doctorate Degree and Credentialed 4: Master Degree and Credentialed 3: Master Degree and License Track 2: Bachelor Degree and Credentialed or License Track 1: Less than Bachelor Degree
Section 5: Bonus Points for Current Award Recipient		
TOTAL SCORE: Tally all scores and divide by number of scores to get final score.		

Loan Repayment Award Recommendation Form	
Name of Applicant	
Discipline/University	
Licensed or License Track	
Met Eligibility Requirements (Yes or No) If no, explain why. <ul style="list-style-type: none"> • Recent Graduate (Jan. 2013 to Present) • Current Loans • Recent Employment (Jan. 2013 to present) • Indiana Resident • Non-Resident but establishing new practice 	
Occupation	
Date of Employment	
Underserved Population (Yes, where?)	
Overall Student Loan Debt	
Overall Annual Income	
List Service Lenders	
Application Score	
Award Determination: Approve or Deny	
Application Reviewed By	
Date of Review	

2017 Scoring Matrix (General)

*Evaluation Scoring Tool: (Reference the above scale and place the number selected in the score column.)

Description	Rating Score	Criteria (Rubric) The score 5 is the highest and the score 1 is the lowest.
Section 1: Financial Need and Student Loan A. Student Loan Debt B. Student Annual Income		Section A: 5: Extreme Debt of \$200,000 or more 4: High Debt of \$100,000 to \$199,999 3: Above Average Debt of \$50,000 to \$99,000 2: Average Debt of \$25,000 to \$49,000 1: Below Average debt of \$5,000 to \$24,999 0: Little to no debt up to \$4,999 Section B: 5: Low Income of \$29,999 or less 4: Average Income of \$30,000 to \$60,000 3: Above Average \$60,001 to \$89,999 2: High Salary of \$90,000 to \$150,000 1: Exceptional Salary of above \$150,000
Section 2: Geographic Diversity A. Underserved Population B. Need for Services		5: Candidate works in underserved population with high needs 3-4: Candidate does not work in underserved population but there is high need for services. 1-2: Candidate works in a highly served and low need population.
Section 3: Application/Personal Statement A. Completion of Application B. Quality of Personal Statement		5: Excellent Candidate w/Completed Application, Meet Requirements and Exemplary Personal Statement. 4: Good Candidate w/Completed Application and Good Personal Statement. 3: Average Candidate w/completed application and average personal statement. 2: Candidate Meets Basic eligibility requirements, subpar personal statement. 0-1: Candidate does not meet basic eligibility requirements nor has an incomplete application.
Section 4: Coursework/Discipline		5: Doctorate Degree and Credentialed 4: Master Degree and Credentialed 3: Master Degree and License Track 2: Bachelor Degree and Credentialed or License Track 1: Less than Bachelor Degree
Section 5: 3 Bonus Points for Current Award Recipient		
TOTAL SCORE: Tally all scores and divide by number of scores to get final score.		

Loan Repayment Award Recommendation Form	
Name of Applicant	
Discipline/University	
Licensed or License Track	
Met Eligibility Requirements (Yes or No) If no, explain why. <ul style="list-style-type: none"> • Recent Graduate (Jan. 2014 to Present) • Current Loans • Recent Employment (Jan. 2014 to present) • Indiana Resident • Non-Resident but establishing new practice 	
Occupation	
Date of Employment	
Underserved Population (Yes, where?)	
Overall Student Loan Debt	
Overall Annual Income	
List Service Lenders	
Application Score	
Award Determination: Approve or Deny	
Application Reviewed By	
Date of Review	

2017 Scoring Matrix (Psychiatrists and Psychologists)

*Evaluation Scoring Tool: (Reference the above scale and place the number selected in the score column.)

Description	Rating Score	Criteria (Rubric) The score 5 is the highest and the score 1 is the lowest.
Section 1: Financial Need and Student Loan A. Student Loan Debt B. Student Annual Income		Section A: 5: Extreme Debt of \$500,000 or more 4: High Debt of \$300,000 to \$499,999 3: Above Average Debt of \$200,000 to \$299,000 2: Average Debt of \$100,000 to \$199,000 1: Below Average debt of \$30,000 to \$99,999 0: Little to no debt up to \$29,999 Section B: 5: Low Income of \$99,999 or less 4: Average Income of \$100,000 to \$149,999 3: Above Average \$150,000 to \$199,999 2: High Salary of \$200,000 to \$299,999 1: Exceptional Salary of above \$300,000
Section 2: Geographic Diversity A. Underserved Population B. Need for Services		5: Candidate works in underserved population with high needs 3-4: Candidate does not work in underserved population but there is high need for services. 1-2: Candidate works in a highly served and low need population.
Section 3: Application/Personal Statement A. Completion of Application B. Quality of Personal Statement		5: Excellent Candidate w/Completed Application, Meet Requirements and Exemplary Personal Statement. 4: Good Candidate w/Completed Application and Good Personal Statement. 3: Average Candidate w/completed application and average personal statement. 2: Candidate Meets Basic eligibility requirements, subpar personal statement. 0-1: Candidate does not meet basic eligibility requirements nor has an incomplete application.
Section 4: Coursework/Discipline		5: Doctorate Degree and Credentialed 4: Master Degree and Credentialed 3: Master Degree and License Track 2: Bachelor Degree and Credentialed or License Track 1: Less than Bachelor Degree
Section 5: 3 Bonus Points for Current Award Recipient		
TOTAL SCORE: Tally all scores and divide by number of scores to get final score.		

Loan Repayment Award Recommendation Form	
Name of Applicant	
Discipline/University	
Licensed or License Track	
Met Eligibility Requirements (Yes or No) If no, explain why. <ul style="list-style-type: none"> • Recent Graduate (Jan. 2012 to Present) • Current Loans • Recent Employment (Jan. 2012 to present) • Indiana Resident • Non-Resident but establishing new practice 	
Occupation	
Date of Employment	
Underserved Population (Yes, where?)	
Overall Student Loan Debt	
Overall Annual Income	
List Service Lenders	
Application Score	
Award Determination: Approve or Deny	
Application Reviewed By	
Date of Review	