



**Office of
Mental Health**

Community Mental Health Loan Repayment Program: Psychiatrists and Advanced Practitioners

CMHLRP 2025 Prescriber RFP

Definitions & Background

Application Deadline: October 20, 2025

Email Applications to: OMH.CMHLRP@omh.ny.gov

Table of Contents

Program Definitions	2
Background	4
Loan Repayment as a Recruitment and Retention Tool	4
Clinical Mental Health Practitioner Workforce Shortages	4

Program Definitions

For the purposes of the **CMHLRP 2025 Prescriber RFP**, the following definitions will apply:

- **Academically Affiliated Contractor:** a professional staffing relationship to facilitate academic connections between a school of medicine and a health care organization, in which medical professionals employed by the school of medicine provide services at health organization(s) in the community and/or a teaching hospital employs clinical staff through a physician/medical services group.
- **Applicant:** Eligible applicants are not-for-profit agencies with 501(c)(3) incorporation, for-profit agencies, or government entities that provide community mental health programs licensed by OMH in one of the program type categories listed in the Eligible Applicants section of the [Program Overview](#). The applicant is applying **on behalf of** eligible professional(s) and responsible for verifying eligibility, executing and implementing the contract(s) with New York State for CMHLRP funding, and entering into a Loan Repayment and Service Commitment Agreement with their participating professionals.
- **Clinical Capacity Schedule:** The weekly work schedule of the eligible professional on which CMHLRP award amounts are based. This schedule represents minimum weekly work hours the professional will work for the duration of the 3-year service commitment for at least 45 weeks per calendar year, where at least 80% of those hours are **clinical hours** (see below).

CMHLRP award amounts will be calculated based on the eligible professional's clinical capacity schedule, with a maximum award eligibility of \$120,000 for psychiatrists or \$30,000 for PMHNPs/PAs who provide at least 40 total and at least 32 clinical hours per week. Award amounts will not exceed the eligible professional's total student loan debt.

Unless otherwise approved in writing by OMH, schedules should not be compressed to the point of shifts greater than 12 hours in any 24-hour period. Time spent in on-call status should not be applied toward the clinical capacity schedule. Awards will be based on the minimum clinical capacity schedule of the eligible professional in the case of a variable schedule; hours worked in excess of the eligible professional's minimum clinical capacity schedule shall not be applied to any other workweek or averaged.

For examples and further details on award calculation, see the Award Amounts section of the [Program Overview](#).

- **Clinical Hours:** Time spent on **direct care mental health services** (see below) with clients, as well as time spent on documentation and follow-up of these encounters.

- **CMHLRP:** The Community Mental Health Loan Repayment Program, administered by the Office of Mental Health (OMH).
- **Direct Care Mental Health Services:** Mental health assessment and treatment services provided within that professional's scope of practice, and which cannot be provided without the relevant professional license.
- **Eligible Agency:** The applicant. A not-for-profit agency with 501(c)(3) incorporation, a for-profit agency, or a government entity that provides one or more eligible programs as defined below.
- **Eligible Professional:** The eligible staff, whether newly hired or existing, that can be nominated by the eligible program (applicant) for receipt of the award. This can be either a psychiatrist, psychiatric nurse practitioner, or physician assistant.
- **Eligible Program:** A community mental health program provided by the applicant agency, subject to the jurisdiction of OMH, falling within the program type categories listed in the Eligible Applicants section of the [Program Overview](#).
- **OMH:** The New York State Office of Mental Health, a New York State entity authorized to administer the CMHLRP.
- **Psychiatrist:** Any graduate of an osteopathic or allopathic medical school who possesses an MD or DO degree, who has been licensed to practice medicine in New York State, and who is board-eligible or board-certified in psychiatry.
- **Psychiatric Nurse Practitioner (PMHNP):** is a Registered Nurse (RN) who has earned a separate certification as a Nurse Practitioner (NP) through advanced clinical nursing education (usually a master's degree) in a distinct specialty area of practice, in this case Psychiatry. NPs may diagnose, treat, and prescribe for a patient's condition that falls within their specialty area of practice.
- **Psychiatric Physician Assistant (PA):** is a medical professional licensed by the New York State Education Department (NYSED) to provide direct patient care delegated by and within the scope of practice of a supervising physician (i.e., a psychiatrist), who works at a community mental health program licensed by OMH.
- **Qualified Educational Loans/Debt:** Any student loan that was used to pay graduate or undergraduate tuition or related educational expenses, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.
- **Qualifying Loan Payments:** Participating professionals must continue to make their monthly loan payments during the CMHLRP service commitment, unless in forbearance/deferment. Participating professionals will become ineligible if they enter delinquency or default on student loan payments. Additionally, any CMHLRP award funds received must be applied to the balance of the participating professional's student loan debt.
- **Service Commitment:** A three-year commitment that the eligible professional makes to provide a **clinical capacity schedule** (see above) at the eligible program, as indicated in the CMHLRP application and upon which an award is made, while maintaining all other eligibility requirements. The three-year service commitment start date is the start date of the award.

Background

Loan Repayment as a Recruitment and Retention Tool

Student loan debt in the US is over [\\$1.7 trillion](#). This financial burden impacts recruitment, retention, and productivity. Today's workforce identifies student loan support as a central consideration and highly sought benefit in their job searches. [Over 85% of employees](#) say they'd commit to an employer for five years if it helped pay their loans.

Through the Community Mental Health Loan Repayment Program (CMHLRP), OMH supports providers of community mental health programs in providing this benefit to critical clinical practitioners.

The FY 2022-23 Office of Mental Health Budget included \$9 million annually to establish a new program to support community mental health programs licensed by OMH in the recruitment and retention of psychiatrists and psychiatric nurse practitioners (PMHNPs): the **Community Mental Health Loan Repayment Program (CMHLRP)**. CMHLRP was expanded to include physician assistants, and, through a \$5 million annual expansion in FY 2023-2024, additional licensed mental health clinicians. The FY 2024-2025 Office of Mental Health Budget included \$4 million annually to establish CMHLRP for children's clinicians in OMH and OCFS community mental health programs.

CMHLRP is provided regularly as a Request for Proposal (RFP) opportunity to providers of community mental health programs. Each CMHLRP RFP is posted to the [OMH RFP page](#) and outlines the RFP-specific eligibility criteria for applicant agencies and the professionals on whose behalf they apply.

Clinical Mental Health Practitioner Workforce Shortages

By 2030, growth in demand for all physicians in New York State will likely outpace growth in the supply of physicians, particularly psychiatrists. Using forecasting models adapted to include data specific to New York, in 2010, the Center for Health Workforce Studies concluded that between 2006 and 2030, growth in the demand for physicians in New York would likely outpace growth in the supply of physicians. The forecasts suggested that New York was likely to face a physician shortage in 2030, and, in the case of areas and populations already experiencing shortages, the intensification of current shortages. The forecasted gap between supply and demand would result in a [shortage](#) of between **2,500 and 17,000 additional physicians by 2030**.

The greatest gap between supply and demand statewide is projected in specialties that are forecasted to lose physicians over the period of forecast (2006-2030), including psychiatry, the primary care discipline targeted by the OMH CMHLRP. The supply of psychiatrists is forecasted to decrease between 11.6% and 17.5%, depending on the specific assumptions behind the forecasts. Demand is projected to increase between 4.1% and 28%, resulting in a potential shortage of between 1,182 and 2,653 psychiatrists by 2030.

Table 1: Projected Differences Between Supply and Demand in New York State for Psychiatrists in 2030

Physician Specialty	Baseline Supply (2006)	Projected Supply (2030)	Projected Demand (2030)	Projected Surplus (Shortage) (2030)
Psychiatry	6,166	5,236 - 6,166	6,240 - 7,891	(1,182) - (2,653)

In addition to psychiatrists, psychiatric nurse practitioners (PMHNPs) can play a critical role in addressing shortages of mental health practitioners in eligible programs. In states with full practice, such as New York State, PMHNPs can offer critical expertise and capacity to assist in filling the gaps in supply as under current [scope of practice](#) they are able to “evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing.”

PMHNPs represent critical capacity to assist in the psychiatrist physician shortage. This is evidenced in [recent trends](#) in Medicare claims data researched from 2011 to 2019, examining how the supply and use of psychiatrists and psychiatric NPs changed over time as practice patterns were compared.

- NPs treating psychiatric Medicare beneficiaries grew 162% while there was a 6% relative decrease in MDs doing the same.
- Total annual mental health office visits per 100 beneficiaries decreased 11.5% from 27.4 to 24.2, the net result of a 29% drop in MD visits being offset by a 111.3% increase in NP visits.
- The proportion of all mental health prescriber visits provided by NPs increased from 12.5% to 29.8%, exceeding 50% in rural, full-scope-of-practice regions.

Another pragmatic strategy to address the growing demand for mental health services and alleviate the psychiatrist shortage is the involvement of psychiatric physician assistants (PAs). Being a profession that follows the generalist model of education, PAs can quickly change specialties with proper training and supervision. As a result, PAs can quickly adapt to fluctuations in the labor market, coupled with projected growth of the profession, psychiatric PAs could become [significant contributors](#) to the growing demand for mental health services and offer additional capacity to assist in the psychiatrist physician shortage.