

SAMPLE APPLICATION

for

Los Angeles County Department of Mental Health Graduate Stipend Program

***Applicants completing their degree
between September 1, 2025 and August 31, 2026
qualify for the 2025-26 stipend cycle***

To assist you in successfully completing the *LAC DMH Graduate Stipend Application* in one sitting, we strongly encourage you to review all the requested fields and essays in the *Application* AND prepare your responses prior to starting the application.

You will not be able to save your entries or make corrections once you submit the application.

There are three parts to the *Application* and some important application information includes:

- There are required fields that will not allow you to proceed to the next section until all fields are answered.
- Two different emails are required to ensure successful communication. Make sure there are no typographical errors in your email addresses.
- Applications with incomplete information or incorrectly completed fields may be disqualified.

Part One – Applicant Information

Information required includes ***full name and address; personal and school email addresses; name of school granting qualifying degree; degree you're completing; and date of degree completion.***

You will also be asked the ***race or ethnicity that best describes you***. There are several choice options including “*Prefer not to answer.*” The county uses this information for data collection purposes; it is not considered as a qualifying entry.

In addition, there are three items that you need to check “Yes” in order for the system to proceed to the next part of the application:

1. You need to confirm that ***if you accept the stipend, you will be required to complete one year of full-time employment at either an agency directly operated or contracted by LAC DMH, or you will need to return the stipend funds awarded to you in full.***
2. You need ***to declare that you can work legally in the United States.***
3. You need ***to confirm that you are in your final year of your graduate program and that you are on target to complete your pre-degree clinical training/fieldwork by August 31, 2026.***

Part Two – Qualifications and Experience

Make sure you read the objectives and goals of the LA County Stipend Program provided on the website that also lists the qualifications and experiences the LA County is seeking from applicants. To fulfill the objectives of the stipend program, applicants will be scored on a weighted scale according to the extent to which they meet the county's desired qualifications and experiences. Each of the items 1 to 9 will be scored on a 0 to 5 scale based on the information provided.

You may not have the qualifications or experience to check "Yes" in all nine items. That's expected, most applicants don't. It is important that you provide sufficient information on the qualifications or experiences you do have.

Here are the required items in Part Two. If you check "Yes" to any items 1 to 9, you are required to provide the information requested.

1: I completed or have current field/practicum training at an LA County DMH directly operated or contracted agency. Yes / No

1a: If you answered "Yes", provide the Agency Name, City the agency is located, and name of Direct Supervisor.

- The training agency needs to be in LA County's Provider Directory, or it does not qualify for this item.

2: I completed or have current field/practicum training at an LA County community site (non – DMH) with significant direct service experience that will translate to provision of services within the DMH delivery system: Yes / No

2a: If you answered "Yes", provide the Agency Name, City the agency is located, and name of Direct Supervisor.

Briefly (in 50 words or less) describe the client population in your LA County community site and the clinical services provided.

- Applicants with a non-DMH training site are sought after by the county if the clinical experience they receive prepares them to work serving DMH clients. Your description of the client population you served will convey how prepared you are for providing services within the county's delivery system.
- Applicants with training experience at a county other than LA County does qualify here.
- Applicants with training experience at a DMH site (item 1) and with a non-DMH site may complete this item as well.

3: I have additional employment experience at an LA County DMH directly operated or contracted agency: Yes / No

3a: If you answered "Yes", provide the Agency Name, City the agency is located, and name of Direct Supervisor.

- This is an employment experience that many applicants do not have. Employment in a county, other than LA County, does not qualify.

4: Besides English, I can provide clinical services to consumers in one of the threshold languages identified by LA County. Yes / No

- The threshold languages are Arabic, Armenian, Cambodian, Farsi, Japanese, Korean, Russian, Spanish, Tagalog, Thai, Vietnamese, Cantonese, Mandarin, additional Chinese dialects, and American Sign Language. English is not a threshold language.

4a: My threshold language is: _____.

- Do not enter a foreign language that is not in the list of threshold languages.

5: I can provide culturally competent services to consumers living in underserved and/or underrepresented communities. Yes / No

5a: If you answered “Yes”, briefly (in 50 words or less) give examples of the underserved and/or underrepresented communities you competently served.

- Be very specific in naming the communities you have served or have had personal lived or work experience. Avoid providing a list of cultural groups without narrative of your experience with those cultural groups. Given the 50-word limit, consider focusing on one underserved /underrepresented community and expand your experience there.

6: I have experience providing field-based services to consumers. Yes / No

6a: If you answered “Yes”, briefly (in 50 words or less) describe the field-based services you provided and the client population you served.

- Be specific on the field-based services you provided and the clients you served.

6b: I have a valid California driver’s license and automobile insurance: Yes / No

6c: If you answered “Yes”, provide your California driver’s license number in the space provided.

General comments on items 7 to 9: Beyond having one or two clients in their caseload, the county is seeking applicants trained primarily to serve these consumer populations. It is not expected that applicants would have had specialized education and training in serving all these consumer populations.

7: I have experience serving older adults based on my field/practicum training, or educational specialization other than curriculum courses. Yes / No

7a: If you answered “Yes”, briefly (in 50 words or less) describe your experience serving older adults.

8: I have experience serving the unhoused population based on my field/practicum training, or educational specialization other than curriculum courses. Yes / No

8a: If you answered “Yes”, briefly (in 50 words or less) describe your experience serving the unhoused population.

9: I have experience providing services to veterans based on my field/practicum training, or educational specialization other than curriculum courses. Yes / No

9a: If you answered “Yes”, briefly (in 50 words or less) describe your experience serving the veteran population.

Part Three – Essays

The six essays will be scored by mental health professionals familiar with the clientele served within the LA County Department of Mental Health's delivery system. Each essay will be scored on a 0 to 10 scale based on the information provided.

Each essay response needs to be within 200 words. Text over 200 words will not be considered or included in the scoring. The system will not count or limit the number of words entered, so be sure to double check your word count. Prepare your essay responses prior to completing the *Application* assuring that they are within the allowable number of words.

These are the six essays:

10. Describe your professional interest, commitment, and passion for working within the LAC DMH delivery system.

- Through the stipend program, LA County is seeking applicants that have a post-graduate desire to practice in public mental health care.

11. Describe your personal background and individual strengths that will help you integrate and apply knowledge to work in public mental health settings.

- Your personal background living or working in diverse cultural communities is considered an asset when serving consumers across the eight LA County SPAs (Service Provider Areas).
- Your experience managing personal struggles or overcoming familial challenges is considered a strength in serving LA County consumers.

12. Describe your work experience that will help you integrate and apply knowledge to work in public mental health settings.

- In contrast to item 11, this essay is an opportunity for you to specifically convey how your clinical work experience prepared you for practice serving the clientele of LA County Department of Mental Health.

13. Describe your clinical experience providing services in-person. Include the settings in which the services were provided.

- Be specific in mentioning the settings where you provided in-person care.

14. Describe your clinical experience providing telehealth services.

- Be specific in mentioning the clients you served via telehealth, the clinical supervision you received via telehealth, and any challenges you had to overcome in providing telehealth services.

15. Describe ways you have experienced the importance of service provision within a multidisciplinary team.

- Beyond conveying knowledge of multidisciplinary teams, include your clinical participation in multidisciplinary teams and/or how you envision your discipline working within a multidisciplinary service model.

This is the last essay response and end of the Application.

- Consider reviewing your entries to ensure all information is correct by pressing “Prev” before pressing “Submit”.
- You will not receive a copy of your application and you may want to copy your completed application before submitting.
- After you press “Submit”, you will receive the following notice: **“Thank you for completed the LA County DMH Stipend Program”**. This confirms that your application was submitted and will be processed.
- You ***will not*** receive an automatic email confirmation. The Stipend Program will email all applicants of receipt of their application by February 23, following the application deadline.

***On behalf of the Los Angeles County Department of Mental Health,
thank you for your interest in public mental health practice.***