PECE Psychiatric Mental Health Nurse Practitioners Grant Program Technical Assistance Guide

Department of Health Care Access and Information

March 2024

Background and Mission

The Department of Health Care Access and Information (HCAI) administers health workforce programs, including the Psychiatric Education Capacity Expansion (PECE) Grant Programs. These workforce programs promote the expansion of postsecondary education and training to meet behavioral health workforce needs.

This grant opportunity will result in grant agreement(s) with educational and/or medical institutions to develop and expand psychiatric mental health nurse practitioner (PMHNP) programs that train and prepare PMHNPs, including those that serve children and youth. These activities would include capacity to:

- Work on multidisciplinary teams
- Work with underserved communities
- Reflect PECE guiding principles in coursework and field placements

Application Release Dates

Application release: February 9, 2024

Application deadline: April 8, 2024

Applications open and close at 3:00 pm

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Before You Apply

- If your program requires approval to contract from a coordinating authority, inform the authority of terms and conditions contained in the Grant Agreement.

- Applicants must agree to the terms and conditions before receiving funds.

- HCAI **will not** make changes to the terms and conditions specified in the Grant Agreement.

- Funding shall <u>not</u> be used for any other purpose than creating a New or Expanding an existing PECE Program

- Funds shall not supplant existing state or local funds

- Training sites must be located in California

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Information to Gather

- Correct organization name (incorrect information can delay the agreement process)

- Grant Agreement and Payee Data record (STD-204) signatories

- Organization information for where PECE PMHNP students are trained, this includes addresses and quantities

- A description of Tasks

Available Funding

Approximately $42,500,000 in total state funding is available to support Psychiatric Education Capacity Expansion (PECE) Grant Programs.

These funds will be divided between:

- PECE Psychiatry Residency - New
- PECE Psychiatry Residency - Expansion
- PECE PMHNP - New
- PECE PMHNP - Expansion

Helpful Resources

- [2023-24 PECE - PMHNP Program Grant Guide](#)
- [2023-24 PECE - PMHNP Online Application](#)

Creating an Account

If you are a new applicant, click "Create Account"

Setting up Your Profile

Profile

Check the "Organization for healthcare workforce support". After checking that box, you will immediately be presented with additional options.
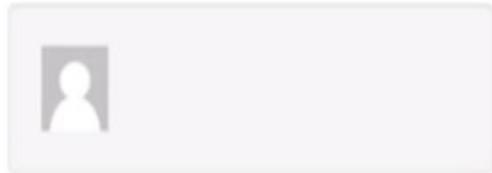
Select your user type. (Choose all that apply)

☐ Healthcare Professional
☐ Student

☐ Organization for seismic construction funding

☐ Organization for healthcare workforce support

☐ Organization for small rural hospital improvement

Submit

🔒 My Security Settings

Change Password

Change Email

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Completing Your Profile

1. Click "No" to are you applying for a Song-Brown Programs?

2. Click "Yes" to are you applying for other Grant Programs?

3. Please check the PECE Training and Placement Program box.

4. Please **ignore** this box for selecting an organization.

5. Please provide your name and contact information.

Assigning Other Users

1. If you want to add an additional grant preparer(s), please ask them to log into eAPP and create their own profile(s).

2. As a Program Director you have an additional option on your "Profile" page called "Assign Other Users".

3. Click the "Add User" button and you will get a pop-up screen with a list. Search for your grant preparer's name to give them access to your application.

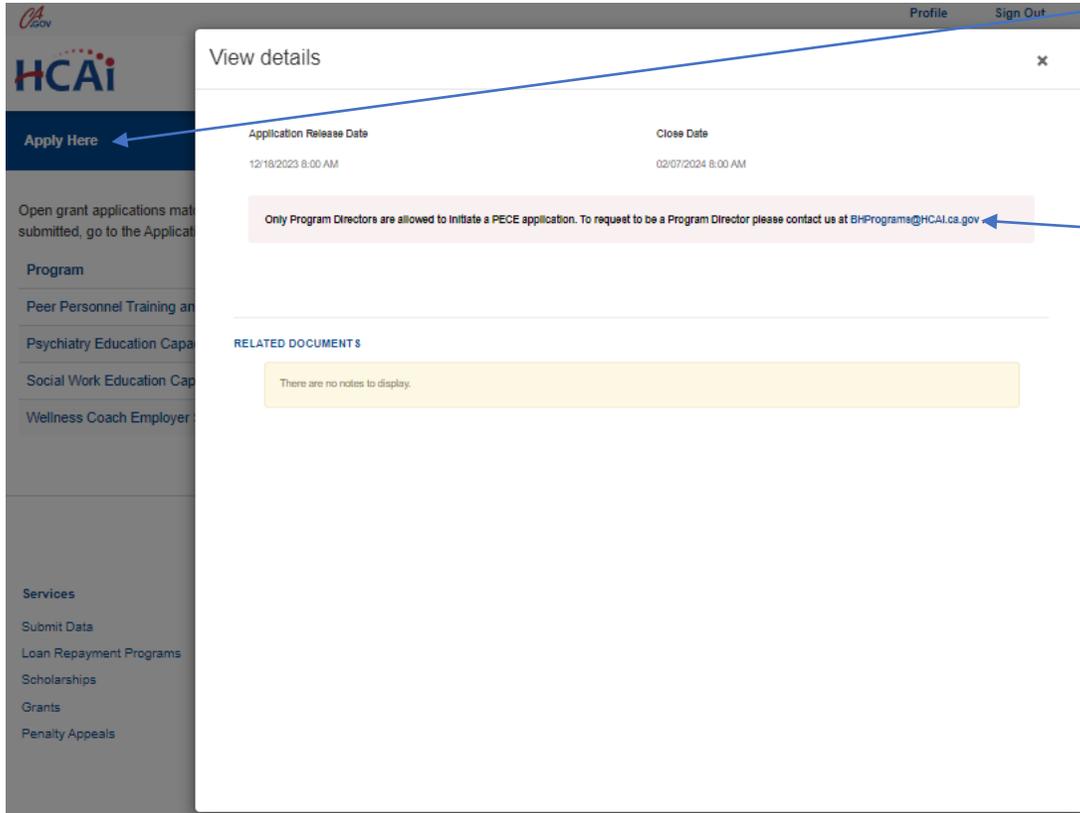**Note:** Only Program Director's can start, or submit an application

Apply Here

1. After you receive confirmation that you have been made a Program Director, log in again.

2. Navigate to the "Apply Here" page on the main menu.

3. Select the "Psychiatry Education Capacity Expansion Grant Program 2024" link and click the "Apply" button when you are ready to begin.

Applying (continued)

1. All newly created accounts are automatically assigned the role of "Grant Preparer". Only Program Directors may start or submit an application.

2. If you are the Program Director, email BHPrograms@HCAI.ca.gov and Mohammad.Arshadi@hcai.ca.gov to request the "Program Director" role.

3. Once HCAI staff approves your request you will receive a follow-up email confirming the approval.

Note: Program Directors may initiate, view, edit, submit applications, payment certifications and Final Reports. Grant Preparers are limited to viewing, editing applications, and submitting payment certifications.

Applying (continued)
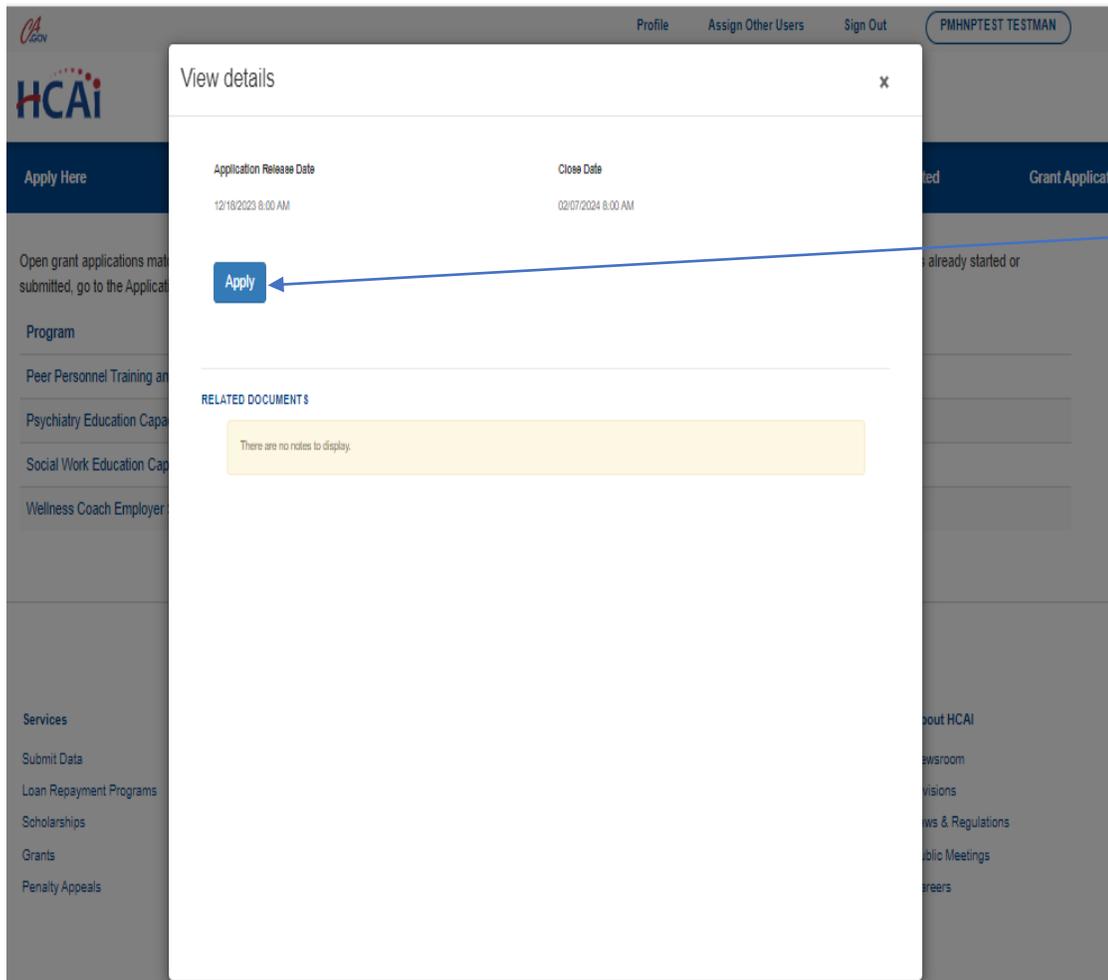
1. After you have reached out to HCAI to be made a Program Director, you will need to log in again to your profile.
2. Once in your profile, then you may begin your application by clicking "Apply".

Note: Program Directors may initiate, view, edit, submit applications, payment certifications and Final Reports. Grant Preparers are limited to viewing, editing applications, and submitting payment certifications.

Helpful Tips

Asterisks *

The red asterisks indicate which fields require a response before proceeding to the next page.

Training Program Title *

[   ]

Tooltips ?

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * ?

[   ]

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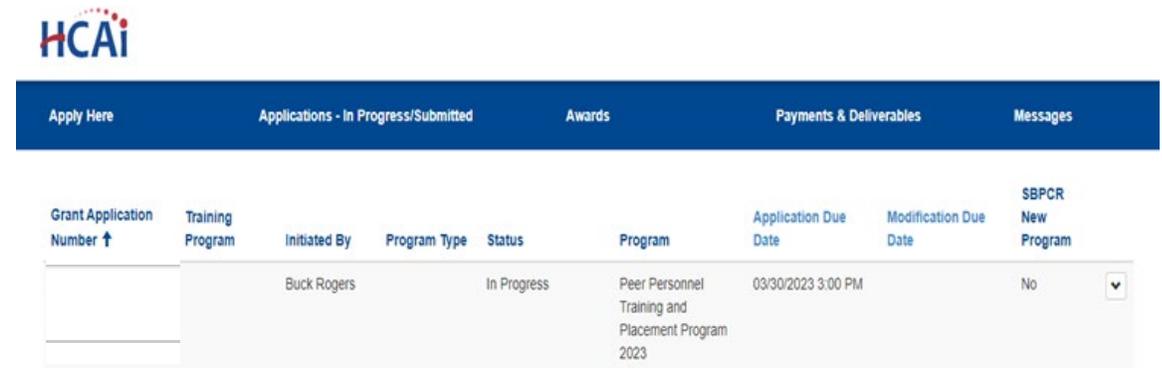
Helpful Tips (continued)

Navigating the application

Use the "Previous" and "Save & Next" buttons found at the bottom left of each page.

Saving your application

Each time you click "Save & Next" in the application your progress is saved. Navigate to the "Applications-In Progress/Submitted" page to resume your application.

Starting a New Psychiatric Mental Health Nurse Practitioner (PMHNP) Application

Program Information

Program Information

Organization Name

Program Director Name
Xxx Yyy

Program Director Email
PeceTest25@pece.org

On behalf of which type of program are you applying? *
○ Psychiatry Residency (PR)
○ Psychiatric Mental Health Nurse Practitioner (PMHNP)

Please provide the program name. *

Are you establishing a new program or expanding an existing program? *
○ New program
○ Expanding existing program

Select a training program from the **Training Program Title** search list below. If the training program is not listed, check the **Training Program not listed** checkbox to add the program's information.

Training Program Title *

☐ Training Program Not Listed *

Executive summary. Please describe your program, the underserved communities you serve, and how you will sustain the program when HCAI funding ends? * ❷

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1. Your program information will pre-populate with information you entered in your "Profile" page

2. Please choose PMHNP

3. Add your Program Name here

4. Choose "New Program"

5. This is the first cycle in eAPP, your program will not be on the list, please choose "Training Program Not Listed"

6. Please provide a brief description of your program.

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Contract Administration

1. Contract Organization Name" must match what you report to the Internal Revenue Service.

2. Answer if you are a Government or Non-Government entity.

3. "Grant Agreement Signatory" must be an individual with authority to enter into a grant agreement.

4. "STD. 204 Signatory" name must be an authorized signatory.

Note: Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded.

New: PO box option is available for the 204 category.

Program Data

Application PECE-0001031 – Psychiatry Education Capacity Expansion

`12%`

Program Data

How many new first-year PMHNP students will you enroll each academic year? *

Have you completed these steps? If Yes, then please provide documentation. ?

A Fiscal Plan * ?

[Previous] [Save & Next]

Please answer these questions.

1. How many first-year PMHNP students will you enroll each academic year?

2. Have you completed your Fiscal Plan yet?

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

Program Data (continued)

This is the list of Phases for establishing a New Psychiatric Mental Health Nurse Practitioner (PMHNP) Program.

Please tell us where you are in the process:

A. Fiscal Plan

B. Timeline in Place

C. Field Practicum Sites Recruited

D. Curriculum Development

E. Faculty Recruited

F. Recruited First Cohort

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

A Fiscal Plan *

Yes

Note that since you selected Yes to this question, you will be required to upload documentation information in the last section of this application

B. Timeline in Place

Yes

Note that since you selected Yes to this question, you will be required to upload documentation information in the last section of this application

C. Field Practicum Sites Recruited

Yes

Based on the status of your application to CCNE, you will be eligible for up to $500,000.

D. Curriculum Development

Yes

Note that since you selected Yes to this question, you will be required to upload documentation information in the last section of this application.

E. Faculty Recruited

Yes

F. Recruited First Cohort

Yes

Previous   Save & Next

Field Practicum Sites

Application PECE-0001039 – Psychiatry Education Capacity Expansion

`25%`

Field Practicum Sites

Click on the **Add a Practicum Site** button to add a new practicum site used by PMHNP students for serving a dedicated panel of patients.

Add Practicum Site

Practicum Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	
ZzzPMHNPTestSiteZzz	No				2421 Del Paso Blvd		Sacramento	CA	95815	Sacramento	▾

Previous **Save & Next**

If you answered "Yes" to the Phase C – Field Practicum Sites Recruited, you will be asked to provide your site information.

Please add all the practicum sites you have recruited and be thorough with answering the site questions as it may impact your overall score.

After you have completed all your practicum site details, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

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Field Practicum Sites (Continued)

If you answered "Yes" to the Phase C - Field Practicum Sites, you will be asked to provide your site(s) information.

This is what the pop-up box looks like when you click "Add Site".

Please answer these questions about your site (scroll through the entire pop-up box)

After you have completed all your practicum site details, click "Submit".

Please Note: After saving, you can leave and return later to continue working on your application.

Faculty Qualifications

If you answered "Yes" to the Phase E - Faculty Recruited, you will be asked to provide your faculty information.

Please add all the leading faculty who you would like HCAI to help sponsor.

After you have completed adding all faculty details, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

Faculty Qualifications (Continued)

If you answered "Yes" to the Phase E - Faculty Recruited, you will be asked to provide your faculty information.

This is what the pop-up box looks like when you click "Add Site".

Please answer these questions about your faculty.

After you have completed adding all faculty details, click "Submit".

Please Note: After saving, you can leave and return later to continue working on your application.

Budget/Funding

Application PECE-0001031 – Psychiatry Education Capacity Expansion

33%

Budget/Funding

Requested funding must be used only for the following expenditures: program personnel, consultant costs, faculty salary and benefits, accreditation fees, and other costs. Receipts will be required as proof of these expenditures when you submit your program accreditation documents.

How much funding are you requesting? *

1000000

Please complete the proposed budget assuming you receive PECE funding. Please be certain that the columns' total matches the grant amount you are requesting. To add budget categories, click on the Add Budget button and enter the required information. To edit information or delete a budget category, click on the Options button next to a budget line item and select Edit or Delete.

Add Budget

Budget Category ↑	Phase A-B	Phase C-F	
Accreditation Fees	100,000	100,000	˅
Consultants Costs	100,000	100,000	˅
Faculty Salary and Benefits (if any)	100,000	100,000	˅
Other Costs	100,000	100,000	˅
Program Personnel	100,000	100,000	˅
Total	500000	500000	

☐ All Budget Categories Submitted *

Previous   Save & Next

Please answer these questions.

1. Tell us how much funding you are requesting.

2. Add your budget details. Be sure to complete all the categories even if you answer $0.

3. When all of the Budget categories have been added check this box.

After you have completed all your budget details, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

Recruitment and Other Strategies

50%

Recruitment and Other Strategies

Select the strategies you will use to recruit and support PMHNP students from underrepresented communities. Select all that apply. *

- [ ] Use data to identify underrepresented groups
- [ ] Participate in pipeline programs development
- [ ] Require students to regularly participate in mentoring activities
- [ ] Provide career outreach to junior high/high schools and/or participate in career fairs in underserved communities
- [ ] None of the above

Select the program strategies you will use to encourage your PMHNP students to practice in areas of unmet need. Select all that apply. *

- [ ] Select students based on strong interest to provide clinical services in areas of unmet need
- [ ] Prioritize students coming from underserved communities
- [ ] Set up marketing and outreach programs to recruit students who have interest in providing clinical services in underserved communities
- [ ] Encourage students to commit to clinical practice in a community with unmet needs
- [ ] Offer incentives to students who commit to providing clinical services in underserved communities
- [ ] Recruit rotation agencies serving areas with unmet need
- [ ] Provide employment assistance leading to employment in underserved areas
- [ ] None of the above

Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum. Select all that apply. *

- [ ] Hire faculty and/or lecturers communities served
- [ ] Hire bilingual faculty, lecturers and/or staff
- [ ] Provide students annual training in cultural competency education
- [ ] Teach professionalism that incorporates multi-cultural social etiquette and norms of behavior
- [ ] Offer non-curricular activities that incorporate various culturally diverse celebratory traditions
- [ ] Provide training for students on anti-racism, unconscious bias, diversity, equity, inclusion, belonging, and accessibility
- [ ] None of the above

Will your residents/fellow train side-by-side with behavioral health clinicians? *
- (•) No ( ) Yes

[Previous] [Save & Next]

Please answer these questions.

1. What strategies you will use to recruit and support PMHNP students?

2. What strategies you will use to encourage PMHNP students to practice in areas of unmet needs?

3. What strategies will you incorporate to implement culturally responsive care training into the program's curriculum?

4. Will your residents/fellow train side-by-side with behavioral health clinicians?

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

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Other Funding

66%

Other Funding

Are you receiving other funding to assist with establishing or expanding your program?

◉ No ○ Yes

Previous Save & Next

Please answer the following question:

- Are you receiving other funding to assist with establishing or expanding your program?

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Required Documents

Required Documents

83%

Seeking accreditation Letter

Please upload your letter seeking Accreditation letter from the Commission on Collegiate Nursing Education (CCNE) for a new program.

Accreditation Letter Upload ✔ 1 file uploaded, 1 file required.*

Filename must start with LtrAccreditation_ to be accepted. Example: LtrAccreditation_MyDocument

Fiscal Plan

Please attach your fiscal plan.

Budget Upload ✔ 1 uploaded, 1 file required.*

Filename must start with FisPlan_ to be accepted. Example: FisPlan_MyDocument

Sustainability Letter

Please upload Sustainability Letter.

Sustainability Letter Upload ✔ 1 file uploaded, 1 file required.*

Filename must start with LtrSus_ to be accepted. Example : LtrSus_MyDocument

Name ↑	Modified	
FisPlan_test.pdf (3 KB)	less than a minute ago	⌄
LtrAccreditation_.pdf (3 KB)	about a minute ago	⌄
LtrSus_test.pdf (3 KB)	less than a minute ago	⌄

Previous   Save & Next

Please Upload the required documents.

Please Note: Each file name must begin with the indicated wording, or you will not be able to complete the upload.

When complete, click "Save and Next".

This button will become available once all documents have been successfully uploaded.

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Assurances

100%

Assurances

I, the applicant, certify that the information provided in this supplemental application is true and accurate to the best of my knowledge.

☐ I Certify

[Previous] [Submit]

- Last page. When you are fully satisfied that your application has been filled out correctly, check the "I Certify" box.

- **Please note: When you click the "Submit" button you are done. You will <u>not</u> be allowed to make any further edits.**

Viewing & Printing Your Application

Once you submit your application you can view or print your application by selecting the dropdown menu under "ECE Applications".

Starting an Expansion Psychiatric Mental Health Nurse Practitioner (PMHNP) Application

Program Information

Application - Psychiatry Education Capacity Expansion

Program Information

Organization Name

Program Director Name

Xxx Yyy

Program Director Email

PeceTest25@pece.org

On behalf of which type of program are you applying? *
○ Psychiatry Residency (PR)
○ Psychiatric Mental Health Nurse Practitioner (PMHNP)

Please provide the program name. *

Are you establishing a new program or expanding an existing program? *
○ New program
○ Expanding existing program

Select a training program from the **Training Program Title** search list below. If the training program is not listed, check the **Training Program not listed** checkbox to add the program's information.

Training Program Title *

☐ Training Program Not Listed *

Executive summary. Please describe your program, the underserved communities you serve, and how you will sustain the program when HCAI funding ends? *

1. Your program information will pre-populate with information you entered in your "Profile" page

2. Please choose PMHNP

3. Add your Program Name here

4. Choose "Expanding existing program"

5. This is the first cycle in eAPP, your program will not be on the list, please choose "Training Program Not Listed"

6. Please provide a brief description of your program.

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Contract Administration

1. Contract Organization Name" must match what you report to the Internal Revenue Service.

2. Answer if you are a Government or Non-Government entity.

3. "Grant Agreement Signatory" must be an individual with authority to enter into a grant agreement.

4. "STD. 204 Signatory" name must be an authorized signatory.

Note: Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded.

New: PO box option is available for the 204 category.

Program Data

9%

Program Data

How many 1st year Psychiatric Mental Health Nurse Practitioners Students will you add to a 3-year program? *
`3`

How many 1st year Psychiatric Mental Health Nurse Practitioners Students will require HCAI Funding? *
`3`

How many Nurse Practitioners Students will you add to a 1-year Post-Masters Psychiatric Mental Health Certificate Program? *
`3`

How many 1-year Post-Masters Psychiatric Mental Health Certificate Program will require HCAI Funding? *
`3`

How many one-year PMHNP students were enrolled for each of the Academic Years listed? *

AY 2020-2021	AY 2021-22	AY 2022-23
1	1	1

How many three-year PMHNP students were enrolled for Academic Years listed? *

1	1	1

Add Data

Type of Students	AY 2025-26	AY 2026-27	AY 2027-28	AY 2028-29	
PMHNP (3- year students)	1	2	0	0	⌄
PMHNP Certificates (1- year students)	1	1	1	0	⌄

Previous **Save & Next**

Please answer these questions.

1. How many first-year PMHNP students will you add to a 3-year program?

2. How many first-year PMHNP students will require HCAI funding?

3. How many PMHNP students will be added to a one-year Post-Masters PMHNP certificate program?

4. How many first-year Post-Masters PMHNP students, aiming for a Certificate will require HCAI funding?

5. Please list the number of PMHNP students from prior academic years here.

6. Finally, click on "Add Data" to add the number of PMHNP students that you plan to enroll for the years ahead.

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

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Program Data (continued)

Please answer these questions.

1. When you click the "Add Data" button, a pop-up window will appear.

2. Select the type of student.

3. Based on the type of student enter the number of positions for each of the academic years that are displayed.

When complete, click "submit" to exit the pop-up window.

Field Practicum Sites

18%

Field Practicum Sites

Click on the **Add a Practicum Site** button to add a new practicum site used by PMHNP students for serving a dedicated panel of patients.

Add Site

Practicum Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County

There are no records to display.

Previous   Save & Next

Add practicum sites

- Click on the "Add Site" button to add the sites your students will be training at.

- When finished, the information entered will appear in the "display" area.

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

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Field Practicum Sites (continued)

Please continue answering application questions.

Please add the sites for all your residents and fellows that you are asking HCAI to help fund, by clicking the "Add Site" button.

This is what the pop-up box looks like when you click "Add Site".

Please answer these questions about your site.

After you have completed all your site details, click "Submit".

Please Note: After saving, you can leave and return later to continue working on your application.

Budget/Funding

1. The funding amount will be auto-populated based on the number of additional students being recruited.

2. Add your budget details. Be sure to complete all the categories even if you answer $0.

3. When all Budget categories have been added check this box.

After you have completed all your budget details, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

Budget/Funding (continued)

Please continue answering application questions.

Please add the budget categories for all your residents and fellows that you are asking HCAI to help fund, by clicking the "Add Budget" button.

This is what the pop-up box looks like when you click "Add Site".

Please answer these questions about your site.

After you have completed all your budget details, click "Submit".

Please Note: After saving, you can leave and return later to continue working on your application.

Student Demographics

Student Demographics

Please enter the current no. of students enrolled in the program.*

Please enter the number of current students who speak the following languages fluently/well enough to be able to provide direct care services to clients.

Any Indigenous and/or Tribal Language *
0

Any form of Sign Communication *
0

Arabic *
0

Armenian *
0

Cambodian *
0

Chinese *
0

Farsi *
0

Hindi *
0

Hmong *
0

Japanese *
0

Korean *
0

Laotian *

[Previous] [Save & Next]

Please answer these questions.

1. Enter the number of current students enrolled in the program.

2. Enter the number of current students for each language presented in this section.

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

PMHNP Student Demographics

- Click on "Add Data" to add demographic information for your PMHNP students for years 2023-2026.

Note: This section is not mandatory, but it will help us evaluate the effectiveness of HCAI programs in recruiting a diverse and culturally competent health care workforce.

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

PMHNP Student Demographics (continued)

Please continue answering application questions.

Please add the demographic data for all your former students. Please click "Add Data" to add each category.

This is what the pop-up box looks like when you click "Add Data".

Please answer these questions about your former students.

After you have completed all your demographic details, click "Submit".

Please Note: After saving, you can leave and return later to continue working on your application.

PMHNP Certificate Student Demographics

54%
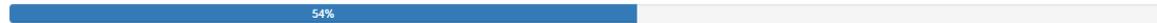
PMHNP Certificate Student Demographics

We are collecting information about your student demographics for PMHNP Certificate Students only for years 2023-2026.

The following demographic questions will only be used for reporting and analysis purposes. HCAI will not share your individual responses with any third party and will only disclose demographic information collected in response to these questions in aggregate or as may be required by applicable law, including the California Public Records Act.

California and Federal law (including the Information Practices Act of 1977, Government Code Section 11015.5., and the federal Privacy Act of 1974) requires departments to maintain the confidentiality of this data and only allows release in aggregate form that cannot be used to identify an individual. HCAI adheres to all applicable security and privacy standards. For more information about HCAI's Privacy Policy, please visit HCAI's website: https://hcai.ca.gov/home/privacy-policy/

While you are not required to respond to these questions, your answers will help us to evaluate the effectiveness of HCAI programs in recruiting a diverse and culturally competent health care workforce.

Provide the race and ethnicity of your students, by graduating years, for years 2023-2026 by clicking on **"Add Data"** button

Add Data

Graduating in Academic Year	Ethnicity Total	Race Total

There are no records to display.

Previous   Save & Next

- Click on "Add Data" to add demographic information for your PMHNP Certified students for years 2023-2026.

Note: This section is not mandatory, but it will help us evaluate the effectiveness of HCAI programs in recruiting a diverse and culturally competent health care workforce.

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

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PMHNP Certificate Student Demographics(continued)

Please continue answering application questions.

Please add the demographic data for all your former certified students. Please click "Add Data" to add each category.

This is what the pop-up box looks like when you click "Add Data".

Please answer these questions about your former certified students.

After you have completed all your demographic details, click "Submit".

Please Note: After saving, you can leave and return later to continue working on your application.

Recruitment and Other Strategies

Please answer these questions.

1. What strategies you will use to recruit and support PMHNP students?

2. What strategies you will use to encourage PMHNP students to practice in areas of unmet needs?

3. What strategies will you incorporate to implement culturally responsive care training into the program's curriculum?

4. Will your residents/fellow train side-by-side with behavioral health clinicians?

When complete, click "Save and Next".

Please Note: After saving, you can leave and return later to continue working on your application.

Other Funding

72%

Other Funding

Are you receiving other funding to assist with establishing or expanding your program?

○ No ○ Yes

Previous   Save & Next

Please answer the following question:

- Are you receiving other funding to assist with establishing or expanding your program?

When complete, click "Save and Next".

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Required Documents

Please Upload the required documents.

Please Note: Each file name must begin with the indicated wording, or you will not be able to complete the upload.

When complete, click "Save and Next".

This button will become available once all documents have been successfully uploaded.

Assurances

Assurances

I, the applicant, certify that the information provided in this supplemental application is true and accurate to the best of my knowledge.

☐ I Certify

[Previous] [Submit]

- Last page. When you are fully satisfied that your application has been filled out correctly, check the "I Certify" box.

- **Please note: When you click the "Submit" button you are done. You will <u>not</u> be allowed to make any further edits.**

Viewing & Printing Your Application

Once you submit your application you can view or print your application by selecting the dropdown menu under "ECE Applications" in the blue banner.

Common Application Errors

- Applicant did not reconcile the organization participant counts based on what they had initially input.

- Applicants do not provide the correct contract organization name.

- Applicant did not reconcile their budget against their total request for funds.

- Applicants do not provide the correct Grantee and 204 Signatories.

Questions?

BHPrograms@HCAI.ca.gov

Mohammad.Arshadi@hcai.ca.gov