



# **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**

# 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 not 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

# 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

CA  
GOV

Newsroom Public Meetings About HCAI Subscribe Careers SIGN IN Create Account

HCAi Search ...

Building Safety & Finance Loan Repayments, Scholarships & Grants Healthcare Workforce Data & Reports Facility Finder

Sign in Create Account Redeem invitation

Password must be at least 8 characters long and include at least one upper and lowercase letter, a number (0-9), and a special character (such as !@#%\$).

### Register for a new local account

\* Email

\* Password

\* Confirm password

**PW52yDS**

[Generate a new image](#)  
[Play the audio code](#)

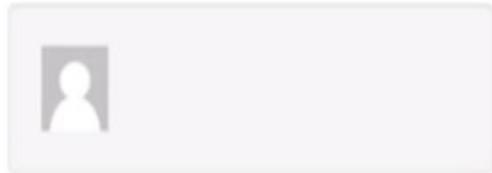
Enter the code from the image

Create Account

If you are a new applicant, click “Create Account”

# Setting up Your Profile

## Profile



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

**My Security Settings**

Change Password

Change Email

Submit

Check the “Organization for healthcare workforce support”. After checking that box, you will immediately be presented with additional options.

# Completing Your Profile

## Profile

Select your user type. (Choose all that apply) \*

Organization for healthcare workforce support

Are you applying for Song Brown Programs?

No  Yes

Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?

No  Yes

Please select all that apply.

Peer Personnel Training and Placement Program

Health Careers Exploration Program (HCEP)

Health Professions Pathways Program (HPPP)

Justice and System Involved Youth (JSIY)

Psychiatry Education Capacity Expansion (PECE)

Social Work Education Capacity Expansion (SWECE)

Wellness Coach Employer Support (WCES)

Select an organization from the search list below.

Prefix

First Name \*

Middle Initial

Last Name \*

Suffix

Title

Degree \*

Phone 1 \*

Phone 2

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

Assign Other Users

The screenshot shows a user profile page for 'ZzzJaneZzz ZzzDoeZzz'. The page includes a profile section with a 'Profile' link and an 'Assign Other Users' link. Below the profile is a 'My Security Settings' section with 'Change password' and 'Change email' options. A blue notification banner at the top right says 'Your email requires confirmation' with a 'Confirm Email' button. A blue 'Add User' button is located below the notification. A table with columns 'Full Name', 'Organization', 'Applicant Role', 'E-mail', 'Phone', and 'Degree' is shown, with a yellow message 'There are no records to display.' below it. Blue arrows point from the 'Assign Other Users' link and the 'Add User' button to the text on the right.

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

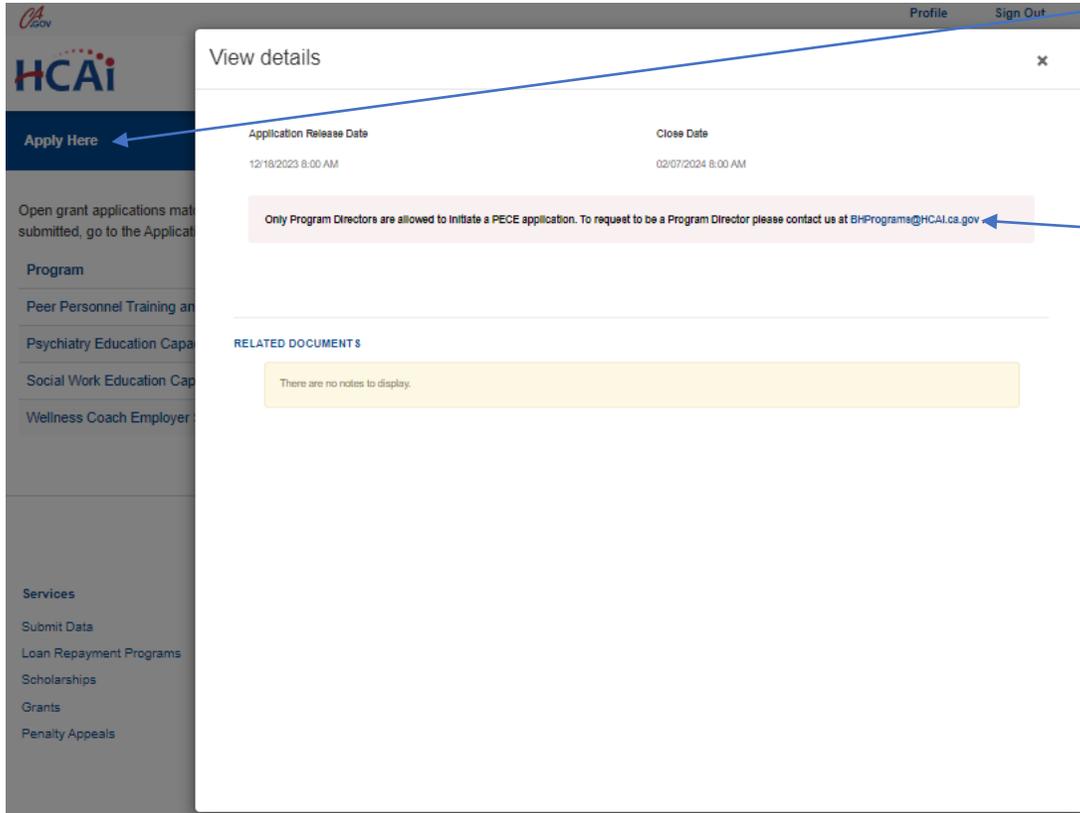


Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find applications already started or submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
Peer Personnel Training and Placement Program 2024	01/02/2024 3:00 PM	03/01/2024 3:00 PM	Organization
Psychiatry Education Capacity Expansion Grant Program 2024	12/18/2023 8:00 AM	01/06/2024 8:00 AM	Organization
Social Work Education Capacity Expansion Grant Program 2024	12/18/2023 8:00 AM	01/15/2024 8:00 AM	Organization
Wellness Coach Employer Support Grant Program 2024	01/16/2024 3:00 PM	03/15/2024 3:00 PM	Organization

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.

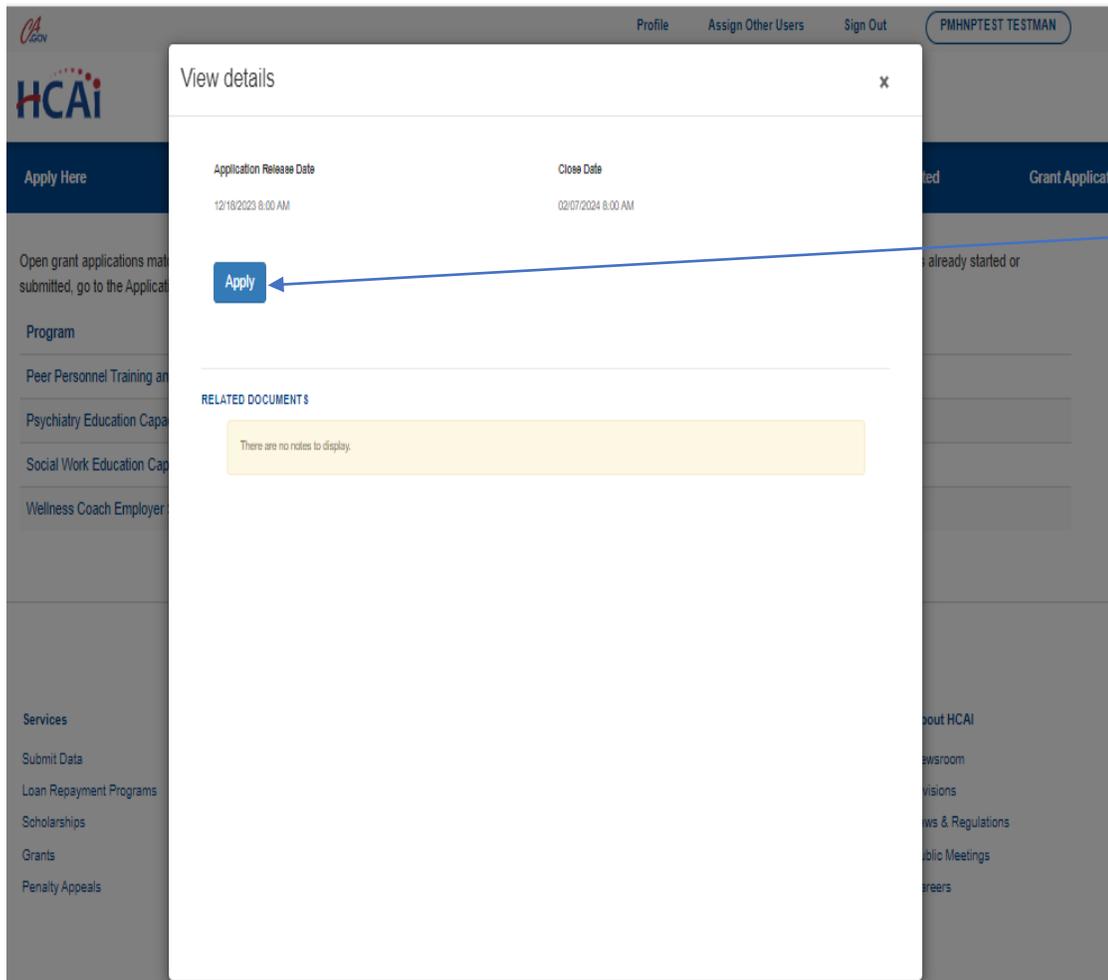
# Applying (continued)



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 [BHPPrograms@HCAI.ca.gov](mailto:BHPPrograms@HCAI.ca.gov) and [Mohammad.Arshadi@hcai.ca.gov](mailto: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 \* ?

# Helpful Tips (continued)

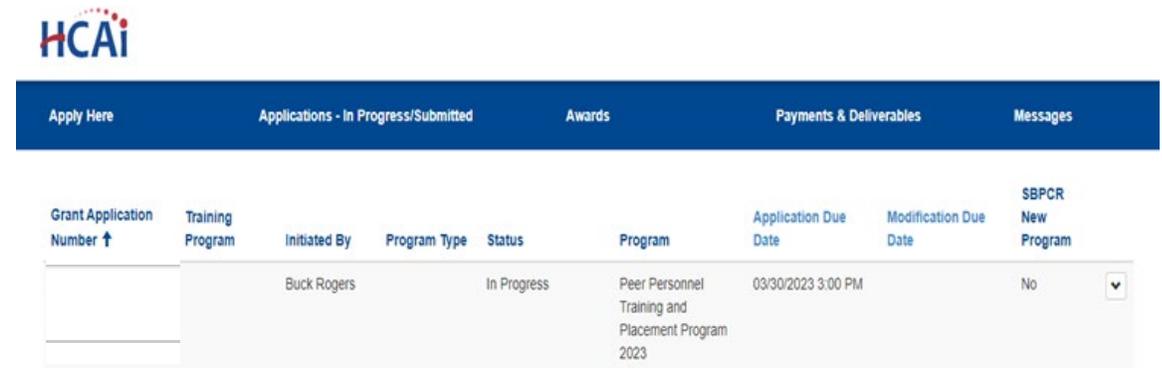
## Navigating the application

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.



The screenshot shows the HCAi application interface. At the top left is the HCAi logo. Below it is a dark blue navigation bar with five tabs: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments & Deliverables", and "Messages". The "Applications - In Progress/Submitted" tab is active. Below the navigation bar is a table with the following columns: "Grant Application Number ↑", "Training Program", "Initiated By", "Program Type", "Status", "Program", "Application Due Date", "Modification Due Date", and "SBPCR New Program". The table contains one row of data:

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
		Buck Rogers		In Progress	Peer Personnel Training and Placement Program 2023	03/30/2023 3:00 PM		No <input type="checkbox"/>

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

# Program Information

## Application - Psychiatry Education Capacity Expansion

### Program Information

Organization Name

Program Director Name  Program Director Email

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 "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.

# Contract Administration

**Contract Administration**

Contract Organization Name

Please select the type of entity:  
 Governmental Entity  
 Non-Governmental Entity

Doing Business As

Prefix  Contract Administrator First Name  Contract Administrator Last Name

Title

Phone1  Phone2

Contract Administrator Email

Grant Agreement Signatory

First Name  Last Name  Phone

Email

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory?  
 No  Yes

Payee Data Record (STD 204) Signatory

First Name  Last Name  Phone Number

Email

The legal address for your organization must match the address on file with the IRS.  
Is the legal address for your organization a PO box?  
 No  Yes

Should payments be sent to a different address than what is on file with the IRS?  
 No  Yes

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%

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### 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 \* ⓘ

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[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)

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

D. Curriculum Development  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

F. Recruited First Cohort

[Previous](#) [Save & Next](#)

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.**

# 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.**

# Field Practicum Sites (Continued)

**Create**

Practicum Site Name \*

Is the practicum site a private practitioner's office? \*

No  Yes

Is the practicum site part of Public Mental Health System (PMHS)?\*

No  Yes

Is the practicum site part of Public Substance Use Disorder Services (PSUDS)?\*

No  Yes

**+ Select Address**

Street Address\*

Suite/Dept

City

Practicum Site Name	Private Practitioner	Title
ZzzPMHNPTestSiteZzz	No	

**Previous** **Save & Next**

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

37%

## Faculty Qualifications

Describe how your program's faculty possesses the knowledge, skills and experience needed to deliver psychiatry care curriculum with an emphasis on health care disparities. To enter a faculty member, click on the Add Faculty button. You may enter a maximum of ten faculty members.

Add Faculty

Faculty Name ↑	Degree	Position Title	Qualifications
Napoleon Bonaparte	Doctor of Philosophy (PhD)	Doctor of Psych	Has testing testing and testing via testing experience

Previous

Save & Next

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)

The image shows a 'Create' pop-up window with the following fields:

- Faculty Name\* (text input)
- Degree\* (dropdown menu)
- Position Title\* (text input)
- Qualifications\* (text area)

A 'Submit' button is located at the bottom of the form. The background shows a list of faculty members with 'Add Faculty' buttons. Blue arrows point from the text on the right to the 'Add Faculty' button and each of the four input fields.

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?

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.

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.**

# Other Funding



Please answer the following question:

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

## Other Funding

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

No  Yes

Previous

Save & Next

# Required Documents

83%

## Required Documents

### 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

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	▼

### Fiscal Plan

Please attach your fiscal plan.

Budget Upload ✓ 1 file 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

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.*

# 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 not 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”.



## PECE Applications View - In-progress/Submitted

Application Number ↓	Program Director	Application Status	Cycles	Due Date (Cycles)	Modification Due Date (Cycles)
PECE-0001032	PMHNPTest TestMan	Submitted	Psychiatry Education Capacity Expansion Grant Program 2024	02/09/2024 6:00 PM	<input checked="" type="checkbox"/> Delete View/Print

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

# Program Information

## Application - Psychiatry Education Capacity Expansion

### Program Information

Organization Name

Program Director Name  Program Director Email

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.

# Contract Administration

**Contract Administration**

Contract Organization Name

Please select the type of entity:  
 Governmental Entity  
 Non-Governmental Entity

Doing Business As

Prefix  Contract Administrator First Name  Contract Administrator Last Name

Title

Phone1  Phone2

Contract Administrator Email

Grant Agreement Signatory

First Name  Last Name  Phone

Email

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory?  
 No  Yes

Payee Data Record (STD 204) Signatory

First Name  Last Name  Phone Number

Email

The legal address for your organization must match the address on file with the IRS.  
Is the legal address for your organization a PO box?  
 No  Yes

Should payments be sent to a different address than what is on file with the IRS?  
 No  Yes

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

1

AY 2021-22

1

AY 2022-23

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.**

# Program Data (continued)

The screenshot displays a 'Create' pop-up window over a 'Program Data' form. The pop-up window contains the following elements:

- A dropdown menu for 'Please select the type of students' with 'DNP PMHNP (3-year students)' selected.
- Instructions: 'Based on the type of students selected above, enter the number of positions for each of the following Academic Years'.
- Input fields for 'AY 2025-26', 'AY 2026-27', and 'Total', each containing the number '0'.
- A 'Submit' button at the bottom.

The background form includes an 'Add Data' button and a table with columns for 'Type of Students', 'AY 2025-26', 'AY 2026-27', 'AY 2027-28', and 'AY 2028-29'.

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.**

# Field Practicum Sites (continued)

16%

## Field Practicum Sites

Click on the Add a Practicum Site button to add a new site.

Practicum Site Name	Private Practitioner	Title
ZzzPMHNPTestSiteZzz	No	

[Previous](#) [Save & Next](#)

[Add Site](#)

**Create**

Practicum Site Name \*

Is the practicum site a private practitioner's office? \*

No  Yes

Is the practicum site part of Public Mental Health System (PMHS)?\*

No  Yes

Is the practicum site part of Public Substance Use Disorder Services (PSUDS)?\*

No  Yes

[+ Select Address](#)

Street Address\*

Suite/Dept

City

Zip Code County

05815 Sacramento

Services Data Submission Agency About HCAI

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Loan Repayment Programs Health Facility Utilizations Healthcare Facility Detail Public Records Divisions

Scholarships Hospital & LTC Financials Seismic Compliance and Safety Payment to Agency Reports Laws & Regulations

Grants Coronary Artery Bypass Graft Surgeries Hospital Community Benefit Plans Public Meetings

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

27%

## Budget/Funding

Do you have unmet preceptor expenses? \*

No  Yes

Based on the number of additional students you request, your calculated budget is: ⓘ

392000

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 ↑	2024-25	2025-26	2026-27	2027-28	2028-29	
Faculty Salary and Benefits (if any)	15,680.00	15,680.00	15,680.00	15,680.00	15,680.00	▼
Other Costs 1	0.00	0.00	0.00	0.00	0.00	▼
Other Costs 2	0.00	0.00	0.00	0.00	0.00	▼
Program Incentives: Other	15,680.00	15,680.00	15,680.00	15,680.00	15,680.00	▼
Program Incentives: Signing Bonus	15,680.00	15,680.00	15,680.00	15,680.00	15,680.00	▼
Program Incentives: Subsidized Housing	15,680.00	15,680.00	15,680.00	15,680.00	15,680.00	▼
Program Personnel	15,680.00	15,680.00	15,680.00	15,680.00	15,680.00	▼
Total	78400	78400	78400	78400	78400	

All Budget Categories Submitted \*

Previous

Save & Next

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)

**Create**

Please select the Budget Category

Instructions: Based on the Budget Category selected above, enter the amount for each of the following Fiscal Years.

2024-25

2025-26

2026-27

2027-28

2028-29

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

30%

### 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 \*

Any form of Sign Communication \*

Arabic \*

Armenian \*

Cambodian \*

Chinese \*

Farsi \*

Hindi \*

Hmong \*

Japanese \*

Korean \*

Laotian \*

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

45%

## PMHNP Student Demographics

We are collecting information about your student demographics for PMHNP 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

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 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)

**Create**

Please select the Academic Year \*

2024/25

Instructions: Based on the Academic Year selected above, enter the data for each of the following:

Hispanic or Latino

0

Non-Hispanic or Latino

0

Unknown

0

**Total**

0

Instructions: Based on the Academic Year selected above, enter the data for each of the following:

American Indian or Alaska Native

0

Asian

0

Black or African American

0

Native Hawaiian or Other Pacific Islander

0

Add Data

Please continue answering application questions.

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

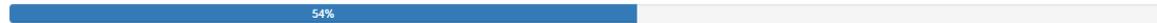
This is what the pop-up box looks like when you click “Add Data”.

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



## 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 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/>

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.

# PMHNP Certificate Student Demographics(continued)

The screenshot shows a 'Create' pop-up window with the following fields and instructions:

- Academic Year:** A dropdown menu currently set to '2024/25'.
- Instructions:** 'Based on the Academic Year selected above, enter the data for each of the following:'
- Demographic Categories:** Each category has a text input field with the number '0' entered:
  - Hispanic or Latino
  - Non-Hispanic or Latino
  - Unknown
  - Total
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
- Buttons:** An 'Add Data' button is located at the bottom right of the form.

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

63%

## 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

Do your residents/fellows train side-by-side with behavioral health clinicians? \*

No  Yes

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.**

Previous

Save & Next

# Other Funding

Please answer the following question:

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

72%

### Other Funding

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

No  Yes

[Previous](#) [Save & Next](#)

When complete, click “Save and Next”.

# Required Documents

81%

## Required Documents

### Institutional Affiliation (sponsor) Letter

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

Institutional Letter Upload ✓ 1 file uploaded, 1 file required.\*

Filename must start with LtrAffiliation\_ to be accepted. Example: LtrAffiliation\_MyDocument

Name ↑	Modified	
LtrAffiliation_test.pdf (3 KB)	02/08/2024 4:18 PM	▼
LtrBRN_test.pdf (3 KB)	02/08/2024 4:19 PM	▼
LtrSus_test.pdf (3 KB)	02/08/2024 4:19 PM	▼

### California Board of Registered Nursing (BRN) Letter

Please upload your California Board of Registered Nursing (BRN) letter of approval for current program.

BRN Letter of Approval ✓ 1 file uploaded, 1 file required.\*

Filename must start with LtrBRN\_ to be accepted. Example: LtrBRN\_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

[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.*

# 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 not 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.



## PECE Applications View - In-progress/Submitted

Application Number ↓	Program Director	Application Status	Cycles	Due Date (Cycles)	Modification Due Date (Cycles)
PECE-0001032	PMHNPTest TestMan	Submitted	Psychiatry Education Capacity Expansion Grant Program 2024	02/09/2024 6:00 PM	<input checked="" type="checkbox"/> Delete View/Print

# 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](mailto:BHPrograms@HCAI.ca.gov)

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