

# PECE Psychiatry Residency 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. State budget appropriations fund the expansion of postsecondary education and training to meet behavioral health occupational and service shortage needs.

This grant opportunity will result in one or more grant agreements with educational institutions, medical sites, or other organizations to develop and expand psychiatry residency programs that train and prepare residents, child and adolescent psychiatry fellows, and/or addiction psychiatry fellows to serve underserved children and youth through age 25 and their families, as well as others at risk of chronic behavioral health conditions. These activities would include capacity to:

- Work on multi-disciplinary teams
- Work with underserved communities
- Reflect PECE guiding principles in coursework and clinical rotations

# Application Release Dates

**Application release: February 23, 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 residents/fellows 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 - Psychiatry Residency Program Grant Guide](#)
- [2023-24 PECE - Psychiatry Residency 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

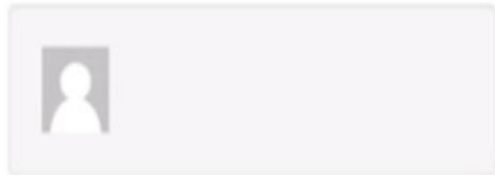
Create Account

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 Personnel 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' tab and an 'Assign Other Users' tab. A blue notification banner at the top states 'Your email requires confirmation' with a 'Confirm Email' button. Below the notification is an 'Add User' button. A table with columns for 'Full Name', 'Organization', 'Applicant Role', 'E-mail', 'Phone', and 'Degree' is visible, with a message 'There are no records to display.' below it. The left sidebar contains 'My Security Settings' with options for 'Change password' and 'Change email'.

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 tab 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

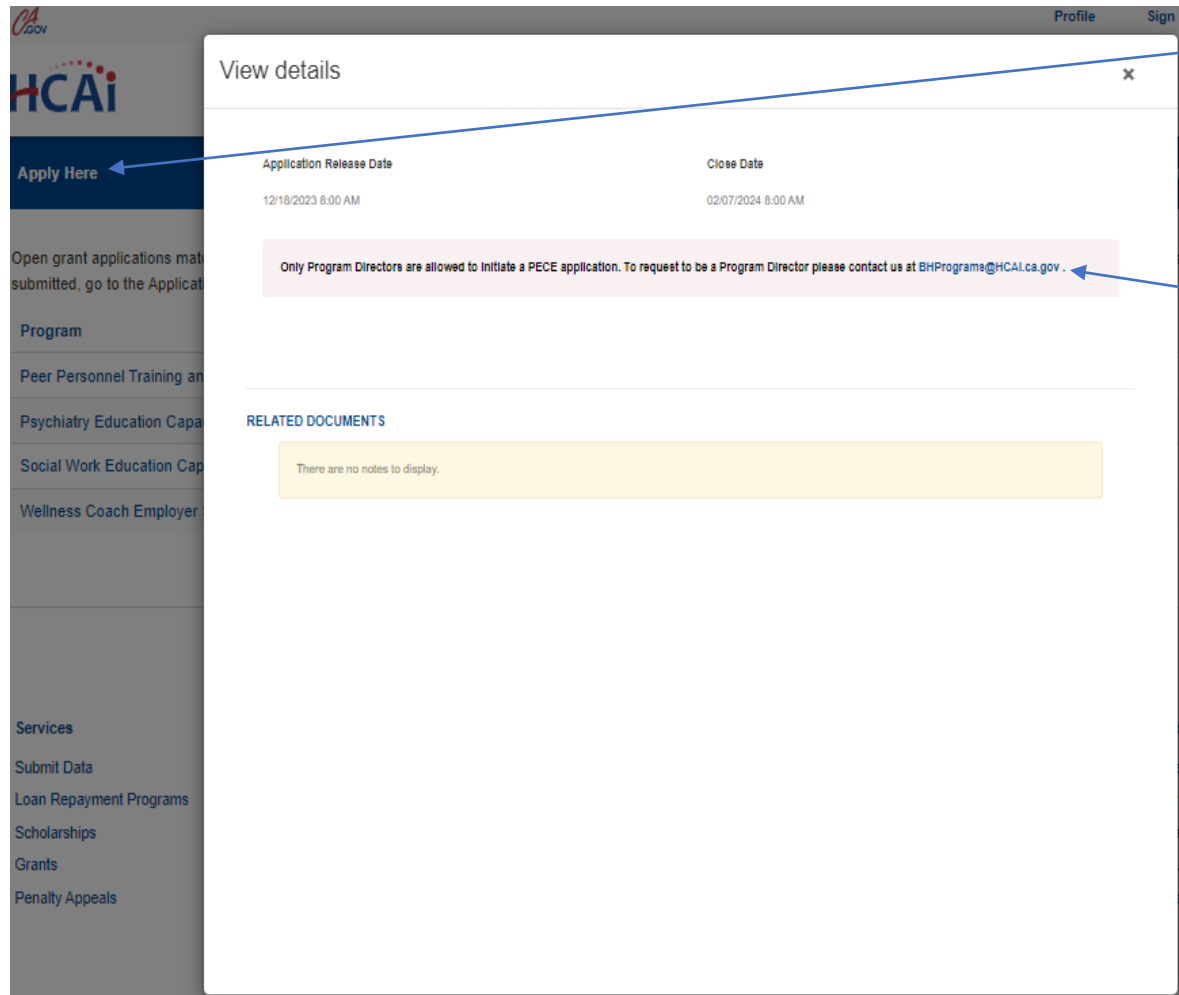
# Apply Here

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.

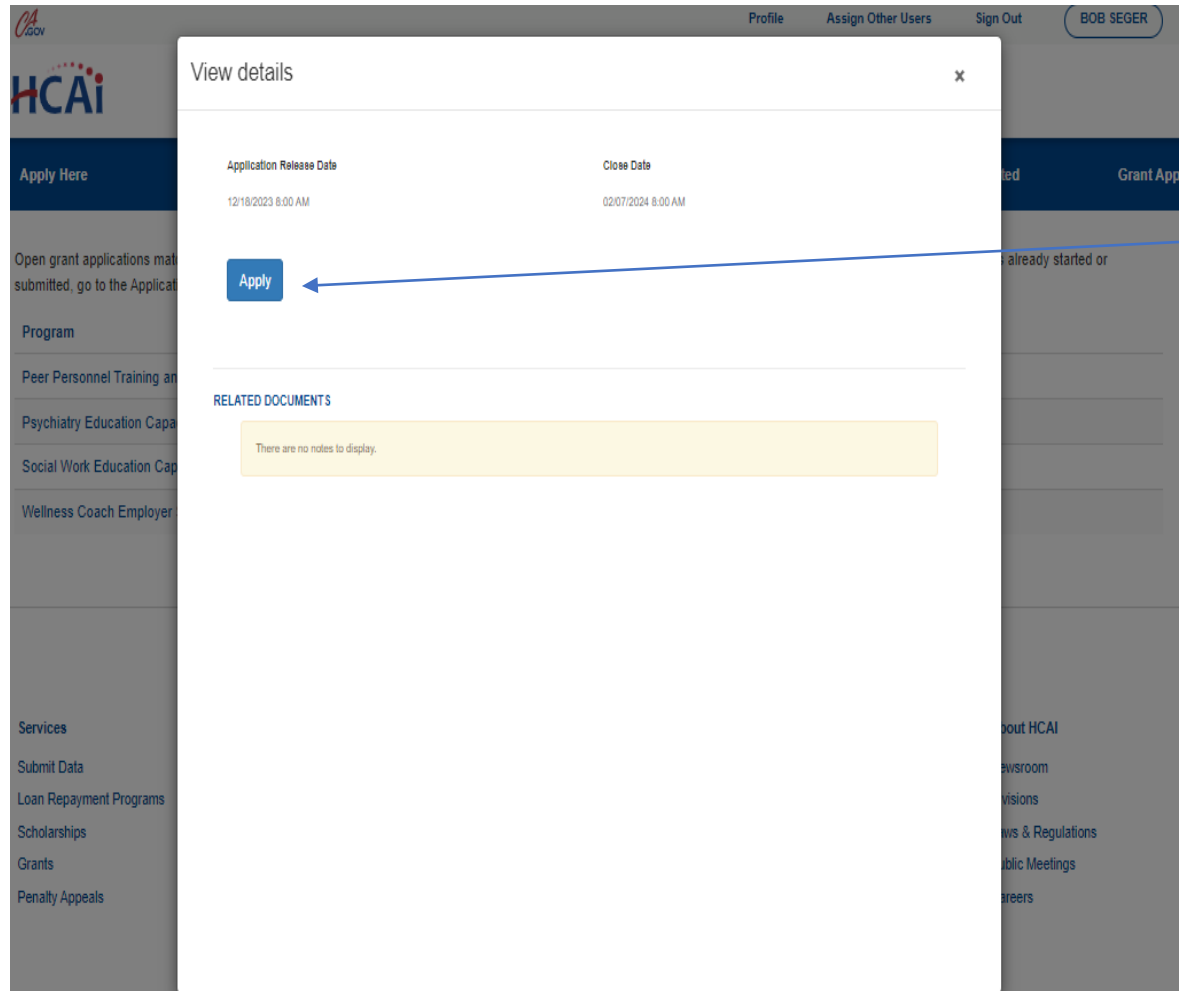
# Apply Here (continued)



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.

# Apply Here (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 is the HCAi logo. Below it is a navigation bar with five tabs: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments & Deliverables", and "Messages". The "Applications - In Progress/Submitted" tab is selected. 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** Psychiatry Residency Program 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 the information you entered in your "Profile" page.
2. Please choose "Psychiatry Residency".
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-0001030 – Psychiatry Education Capacity Expansion

11%

### Program Data

Do you have a residency program at your facility/primary site? \*

No  Yes

Does your facility/primary site serve as a rotation site for another residency program? \*

No  Yes

How many first year Residents addition to Program \*

How many new first-year psychiatry residents will you enroll in your first year of operation? \*

In what year will you admit your first cohort? \*

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

A Fiscal Plan \*

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



Please answer these questions.



1. Answer the residency program question.
2. Answer the rotation site question.
3. How many first-year residents do you plan to have.
4. How many first-year residents will you enroll the first year?
5. What year will be your first cohort?
6. 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. Rotation sites Recruited     
Based on the status of your application to ACGME, you will be eligible for up to \$1,250,000.

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

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

This is the list of Phases for establishing a New Psychiatry Residency Program.

Please tell us where you are in the process:

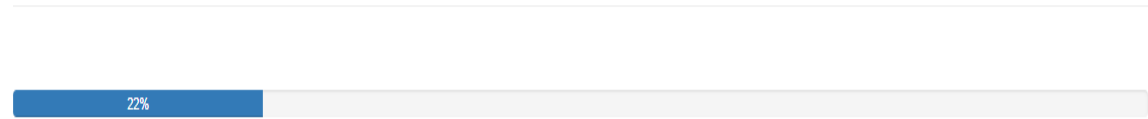
- A. Fiscal Plan
- B. Timeline in Place
- C. Rotation sites Recruited
- D. Curriculum Development
- E. Faculty Recruited
- F. Recruited First Cohort

When complete, click “Save and Next”.

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

# Rotation Sites

Application PECE-0001030 – Psychiatry Education Capacity Expansion



## Rotation Sites

Click on the **Add Site** button to add a new site used by psychiatry residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Add Site

Rotation Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
Hospital A	No				6501 Coyle Ave		Carmichael	CA	95608	Sacramento

Previous Save & Next

If you answered “Yes” to the Phase C - Rotation sites Recruited, you will be asked to provide your site information.

Please add all the rotation 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 rotation site details, click “Save and Next”.

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

# Rotation Sites (continued)

**Create**

Rotation Site Name \*

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

No  Yes

Is the rotation site part of Public Mental Health System? \*

No  Yes

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

No  Yes

[+ Select Address](#)

Street Address \*

Suite/Dept

City

Zip Code County

95608 Sacramento

[Add Site](#)

If you answered “Yes” to the Phase C - Rotation sites Recruited, you will be asked to provide your site information.

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

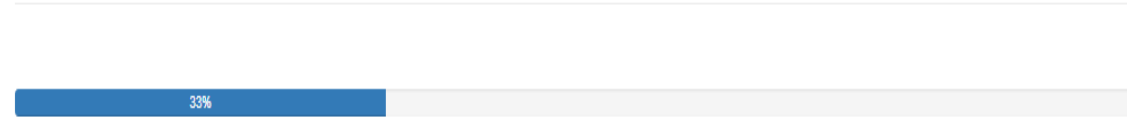
Please answer these questions about your site.

After you have completed all your rotation site details, click “Submit”.

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

# Faculty Qualifications

Application PECE-0001030 – Psychiatry Education Capacity Expansion



## 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
Fleetwood Mac	Doctor of Philosophy (PhD)	Singer/Songwriter	AAA

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

- Faculty Name\***: A text input field.
- Degree\***: A dropdown menu.
- Position Title\***: A text input field.
- Qualifications\***: A large text area for entering qualifications.

At the bottom right of the form is a blue button labeled 'Add Faculty'. The background shows a blurred web interface with navigation links like 'Profile', 'Assign Other Users', and 'Sign Out'.

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 Faculty”.

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-0001030 – Psychiatry Education Capacity Expansion

28%

### 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	1,000	1,000	<input type="button" value="v"/>
Consultants Costs	1,000	1,000	<input type="button" value="v"/>
Faculty Salary and Benefits (if any)	1,000	1,000	<input type="button" value="v"/>
Other Costs	1,000	1,000	<input type="button" value="v"/>
Program Personnel	496,000	496,000	<input type="button" value="v"/>
Total	500000	500000	

All Budget Categories Submitted \*

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 your answer is \$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

42%

## Recruitment and Other Strategies

Select the strategies you will use to recruit and support residents from underrepresented communities in psychiatry and/or addiction. Select all that apply. \*

- Use data to identify underrepresented groups
- Participate in pipeline programs development
- Require residents/fellows 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 residents to practice in areas of unmet need. Select all that apply. \*

- Select residents/fellows based on strong interest to provide clinical services in areas of unmet need
- Prioritize residents/fellows coming from underserved communities
- Set up marketing and outreach programs to recruit residents/fellows who have interest in providing clinical services in underserved communities
- Encourage residents/fellows to commit to clinical practice in a community with unmet needs
- Offer incentives to residents/fellows 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 lectures who come from similar cultural backgrounds as the communities served
- Hire bilingual faculty, lecturers and staff who speak the geographical areas' threshold languages
- Provide residents/fellows 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 residents/fellows 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

Please answer these questions.

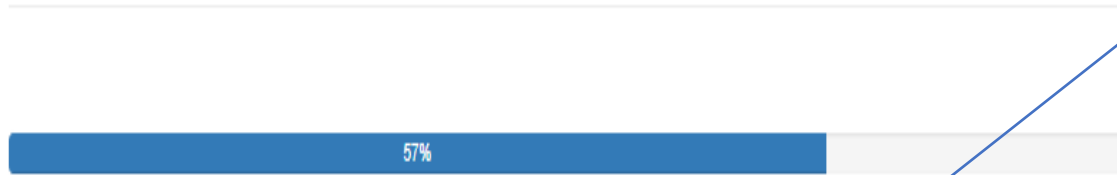
1. How do you recruit and support residents from underrepresented communities?
2. How do you encourage your residents to practice in areas of unmet need?
3. How do you implement culturally responsive care training?
4. Will your residents/fellow train side-by-side with behavioral health clinicians?

When complete, click "Save and Next".

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

# Other Funding

Application PECE-0001030 – Psychiatry Education Capacity Expansion



## Other Funding

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

No  Yes

Previous

Save & Next

Please continue answering application questions.

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

# Required Documents

## Required Documents

### Letter seeking ACGME Program Accreditation

Please upload your letter to ACGME seeking accreditation.

ACGME Accreditation Upload ✓ 1 file uploaded, 1 file required.\*

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

Name ↑	Modified	
FisPlan_MyDocument.docx (17 KB)	02/09/2024 10:03 AM	▼
LtrACGME_MyDocument.docx (17 KB)	02/09/2024 10:01 AM	▼
LtrSus_MyDocument.docx (17 KB)	02/09/2024 10:03 AM	▼

### 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

### Timeline in Place

Please upload your timeline (planned schedule for securing accreditation).

Timeline Upload 0 files uploaded, 1 file required.\*

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

### Curriculum Development

Please upload your curriculum development (the overall plan for clinical rotations and didactic teaching and other longitudinal curriculum).

CRD Upload 0 files uploaded, 1 file required.\*

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

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”.

# Assurances

Application PECE-0001030 – Psychiatry Education Capacity Expansion



## 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 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”.

The screenshot shows the HCAI application management interface. At the top, there is a navigation bar with the HCAI logo, a user profile for 'DAVID BOWIE', and links for 'Profile', 'Assign Other Users', and 'Sign Out'. Below this is a dark blue navigation bar with tabs for 'Apply Here', 'WCES Applications - In Progress/Submitted', 'ECE Applications', 'PEER Applications - In Progress/Submitted', and 'Grant Applicati'. The 'ECE Applications' tab is selected. Below the navigation bar, the page title is 'PECE Applications View - In-progress/Submitted'. A table lists applications with columns for 'Application Number', 'Program Director', 'Application Status', 'Cycles', 'Due Date (Cycles)', and 'Modification Due Date (Cycles)'. A dropdown menu is open under the 'Modification Due Date' column for the application 'PECE-0001025', showing 'Delete' and 'View/Print' options. At the bottom of the page, there is a footer with various links organized into five columns: Services, Data Submissions, CA Healthcare Infrastructure, Public Transparency, and About HCAI.

Application Number ↓	Program Director	Application Status	Cycles	Due Date (Cycles)	Modification Due Date (Cycles)
PECE-0001025	David Bowie	Submitted	Psychiatry Education Capacity Expansion Grant Program 2024	02/14/2024 6:00 PM	<ul style="list-style-type: none"><li>Delete</li><li>View/Print</li></ul>

**Services**  
Submit Data  
Loan Repayment Programs  
Scholarships  
Grants  
Penalty Appeals

**Data Submissions**  
Patient-Level Administrative Data  
Health Facility Utilizations  
Hospital & LTC Financials  
Coronary Artery Bypass Graft Surgeries  
Healthcare Financial Assistance Policies  
Hospital Chargemasters

**CA Healthcare Infrastructure**  
All Facilities  
Healthcare Facility Detail  
Seismic Compliance and Safety  
Hospital Community Benefit Plans  
California Primary Care Office

**Public Transparency**  
Public Meetings  
Public Records  
Payment to Agency Reports

**About HCAI**  
Newsroom  
Divisions  
Laws & Regulations  
Public Meetings  
Careers

# Starting an **Expansion** Psychiatry Residency Program 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 the information you entered in your “Profile” page.
2. Please choose “Psychiatry Residency”.
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

Application PECE-0001037 – Psychiatry Education Capacity Expansion

10%

### Program Data

How many 1st year residents will you add to your program? \*

How many 1st year residents will require HCAI Funding? \*

How many 1st year Child and Adolescent Fellows will you add to the program? \*

How many 1st year Child and Adolescent Fellows will require HCAI Funding? \*

How many one year Psychiatry Addiction Fellows will you add to the program? \*

How many one year Psychiatry Addiction Fellows will require HCAI Funding? \*

Please provide number of current ACGME accredited positions.

How many 1st year psychiatry residents slots? \*

	AY 2020-21	AY 2021-22	AY 2022-23
How many 1st year psychiatry residents slots? *	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many 1st year child and adolescent fellowship *	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many 1st year addiction fellowship slots? *	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter number of new positions for which ACGME accreditation will be sought by clicking on "Add Data" button

Position ↑	AY 2024-25	AY 2026-28	AY 2028-27	AY 2027-28
There are no records to display.				

Please answer these questions.

1. Answer the residency slot questions.
2. Answer the Child and Adolescent Fellows questions.
3. Answer the Psychiatry Addiction Fellows questions.
4. How many current ACGME accredited positions?
5. We are looking for your past enrollment information for all your residents and fellows for comparison.
6. We would like to learn about your future enrollment year plans for the residents and fellows that you are asking HCAI to help sponsor.

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)

**Create**

Select Type of Position  
Child and Adolescent Psychiatry Fellows

Instructions: Based on the type of position selected above, enter the number of positions for each of the following Academic Years

AY 2024-25  
1

AY 2025-26  
1

AY 2026-27  
1

Total  
3

Submit

Position ↑	AY 2024-25	AY 2025-26	AY 2026-27	AY 2027-28
Psychiatry Residents	1	1	1	0

Add Data

Please answer these questions.

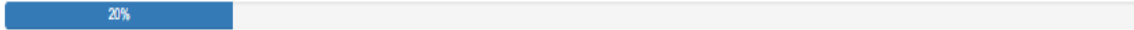
1. When you click the “Add Data” button below, a pop-up will appear.
2. Select your position type.
3. Answer the Enrollment Year questions matched to the resident or fellow category you have chose at the top.

**Please Note: This year’s application offers a resident and fellow capitation rate. Please be sure to enter all the residents and fellows you are requesting that HCAI help to fund.**

When complete, click “Save and Next”.

# Rotation Site

Application PECE-0001037 – Psychiatry Education Capacity Expansion



## Rotation Site

Click on the Add Site button to add a new site used by psychiatry residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Add Site

Rotation Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
Hospital A	No				8501 Coyle Ave		Carmichael	CA	95608	Sacramento

Previous

Save & Next

Please continue answering application questions.

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

# Rotation Site (continued)

The screenshot shows a 'Create' modal window for adding a rotation site. The form contains the following elements:

- Rotation Site Name \***: A text input field.
- Is the rotation site a private practitioner's office? \***: Radio buttons for 'No' and 'Yes'.
- Is the rotation site part of Public Mental Health System? \***: Radio buttons for 'No' (selected) and 'Yes'.
- Is the rotation site part of Public Substance Use Disorder Services (PSUDS)? \***: Radio buttons for 'No' (selected) and 'Yes'.
- + Select Address**: A blue button.
- Street Address \***: A text input field.
- Bldg/Dept**: A text input field.
- City**: A text input field.
- State**: A text input field.
- Zip Code**: A text input field.
- County**: A text input field.
- Facility Type**: A section with the instruction 'Select all that apply. Use the HCAI Geo - website or State Loan Repayment websites to determine facility type.' and two links: <https://geo.hcai.ca.gov/hpsa-search> and <https://geo.hcai.ca.gov/health-care-facilities/>.
- Please select the Program Type of the Field Placement Site.**: A section with a dropdown menu.

Please continue answering application questions.

Please add the rotation 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 rotation site details, click "Submit".

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

# Budget/Funding

Application PECE-0001037 – Psychiatry Education Capacity Expansion

30%

### Budget/Funding

Based on the number of additional residents and fellows you request, your calculated budget is: 1225000

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 ↑	2024-25	2025-26	2026-27	2027-28	2028-29	
Establish/Re-establish Advanced Standing	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Faculty Salary and Benefits (if any)	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Other Costs 1	238,000.00	238,000.00	238,000.00	238,000.00	238,000.00	▼
Other Costs 2	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Program Incentives: Faculty Loan Repayment	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Program Incentives: Other	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Program Incentives: Subsidized Housing	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Program Personnel	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Recruit/Retain Field Placements	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
Student Support	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	▼
<b>Total</b>	<b>245000</b>	<b>245000</b>	<b>245000</b>	<b>245000</b>	<b>245000</b>	

All Budget Categories Submitted \*

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

Please answer these questions.

1. In this case, we calculate your funding based on the quantity of residents and fellows you had input earlier.
2. Add your budget details. Be sure to complete all the categories even if your answer is \$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.**

# Budget/Funding (continued)

Application PECE-000103

30%

## Budget/Funding

Based on the number of additional residents and fellows

1225000

Please complete the proposed budget assuming you are requesting. To add budget categories, click on the item and select Edit or Delete.

**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	0
2026-26	0
2028-27	0
2027-28	0

**Add Budget**

Budget Category ↑	2024-25	2026-26	2028-27	2027-28
Establish/Re-establish Advanced Standing	1,000.00	1,000.00	1,000.00	1,000.00
Faculty Salary and Benefits (if any)	1,000.00	1,000.00	1,000.00	1,000.00
Other Costs 1	236,000.00	236,000.00	236,000.00	236,000.00
Other Costs 2	1,000.00	1,000.00	1,000.00	1,000.00
Program Incentives: Faculty Loan Repayment	1,000.00	1,000.00	1,000.00	1,000.00

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.

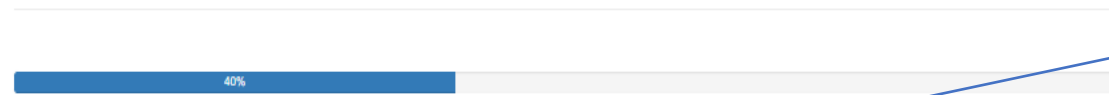
After you have completed all your budget details, click “Submit”.

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



# Resident Demographics Page 1 of 2

Application PECE-0001037 – Psychiatry Education Capacity Expansion



## Resident Demographics Page 1 of 2

Please enter the current number of residents enrolled in the program. \*

Please enter the number of current residents 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 \*

Please answer these questions.

1. Please enter the current number of residents currently enrolled in your program.
2. The language section has been pre-populated with zeros. If your current residents or fellows speak other languages, please indicate how many on each language category.

After you have completed all your demographic details, click “Save and Next”.

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

# Resident Demographics Page 2 of 2

Application PECE-0001037 – Psychiatry Education Capacity Expansion

50%

## Resident Demographics Page 2 of 2

We are collecting information about your resident demographics for years 2019-2022.

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	
2020/21	0	1	▼
2022/23	1	0	▼

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

Please continue answering application questions.

1. Please add the demographic data for all your former residents and fellows. Please click "Add Data" to add each category.

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

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

# Resident Demographics Page 2 of 2

The screenshot shows a web application interface for HCAI. A 'Create' pop-up window is open, allowing the user to add demographic data for a specific academic year. The pop-up contains the following fields:

- Academic Year: 2020/21
- Hispanic or Latino: 0
- Non-Hispanic or Latino: 0
- Unknown: 0
- Total: 0
- American Indian or Alaska Native: 0
- Asian: 0
- Black or African American: 0
- Native Hawaiian or Other Pacific Islander: 0

Below the pop-up, a table displays the current demographic data:

Graduating in Academic Year	Ethnicity Total	Race Total
2020/21	0	1
2022/23	1	0

Please continue answering application questions.

Please add the demographic data for all your former residents and fellows. 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 residents/fellows.

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

Application PECE-0001037 – Psychiatry Education Capacity Expansion



## Recruitment and Other Strategies

Select the strategies you will use to recruit and support residents from underrepresented communities in psychiatry and/or addiction. Select all that apply. \*

- Use data to identify underrepresented groups
- Participate in pipeline programs development
- Require residents/fellows 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 residents to practice in areas of unmet need. Select all that apply. \*

- Select residents/fellows based on strong interest to provide clinical services in areas of unmet need
- Prioritize residents/fellows coming from underserved communities
- Set up marketing and outreach programs to recruit residents/fellows who have interest in providing clinical services in underserved communities
- Encourage residents/fellows to commit to clinical practice in a community with unmet needs
- Offer incentives to residents/fellows 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 lectures who come from similar cultural backgrounds as the communities served
- Hire bilingual faculty, lecturers and staff who speak the geographical areas' threshold languages
- Provide residents/fellows 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 residents/fellows 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

Previous

Save & Next

Please answer these questions.

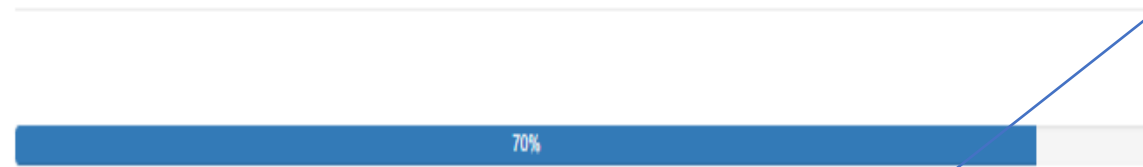
1. How do you recruit and support residents from underrepresented communities?
2. How do you encourage your residents to practice in areas of unmet need?
3. How do you implement culturally responsive care training?
4. Will your residents/fellow train side-by-side with behavioral health clinicians?

When complete, click “Save and Next”.

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

# Other Funding

Application PECE-0001037 – Psychiatry Education Capacity Expansion



## Other Funding

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

No  Yes

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

Please continue answering application questions.

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

# Required Documents

Application PECE-0001037 – Psychiatry Education Capacity Expansion

80%

### Required Documents

#### ACGME Institutional Approval Letter

Please upload your current ACGME Institutional Approval Letter for Psychiatry Residency.

ACGME Accreditation Upload ✓ 1 file uploaded, 1 file required.\*

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

Name ↑	Modified	
LtrACGMEInst_docx.docx (17 KB)	02/28/2024 2:59 PM	▼
LtrSus_MyDocument.docx (17 KB)	02/28/2024 3:03 PM	▼

#### 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.

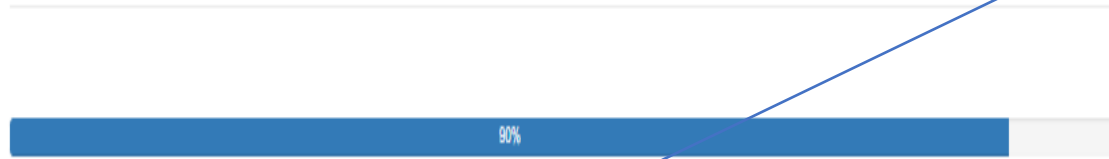
**Please Note: Each file name must begin with the indicated wording, or you will not be able to complete the upload.**

When complete, click “Save and Next”.

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

# Assurances

Application PECE-0001037 – Psychiatry Education Capacity Expansion



## 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

You are about to submit your application. Once it has been submitted, you may not edit or delete it from the system.

Previous

Submit

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

The screenshot shows the HCAI application management interface. At the top, there is a navigation bar with the HCAI logo and user information for DAVID BOWIE. Below this is a horizontal menu with tabs for 'Apply Here', 'WCES Applications - In Progress/Submitted', 'ECE Applications', 'PEER Applications - In Progress/Submitted', and 'Grant Applicati'. The 'ECE Applications' tab is selected. Below the tabs, the page title is 'PECE Applications View - In-progress/Submitted'. A table lists applications with columns for Application Number, Program Director, Application Status, Cycles, Due Date (Cycles), and Modification Due Date (Cycles). A dropdown menu is open for the first application, showing 'Delete' and 'View/Print' options. At the bottom, there is a footer with various service links.

Application Number ↓	Program Director	Application Status	Cycles	Due Date (Cycles)	Modification Due Date (Cycles)
PECE-0001025	David Bowie	Submitted	Psychiatry Education Capacity Expansion Grant Program 2024	02/14/2024 6:00 PM	

Services

- Submit Data
- Loan Repayment Programs
- Scholarships
- Grants
- Penalty Appeals

Data Submissions

- Patient-Level Administrative Data
- Health Facility Utilizations
- Hospital & LTC Financials
- Coronary Artery Bypass Graft Surgeries
- Healthcare Financial Assistance Policies
- Hospital Chargemasters

CA Healthcare Infrastructure

- All Facilities
- Healthcare Facility Detail
- Seismic Compliance and Safety
- Hospital Community Benefit Plans
- California Primary Care Office

Public Transparency

- Public Meetings
- Public Records
- Payment to Agency Reports

About HCAI

- Newsroom
- Divisions
- Laws & Regulations
- Public Meetings
- Careers



# 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?

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[Mohammad.Arshadi@hcai.ca.gov](mailto:Mohammad.Arshadi@hcai.ca.gov)