Peer Personnel Training and Placement Program Technical Assistance Guide

Department of Health Care Access and Information

January 2024

Background and Mission

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). Sections 2 and 3 of the MHSA provide increased funding, personnel, and other resources to support public mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families.

The California Department of Health Care Access and Information (HCAI) administers the Peer Personnel Training and Placement Program, a component of the MHSA. State budget appropriations fund the Peer program, which promotes the expansion of postsecondary education and training to meet mental health occupational shortage needs.

This grant opportunity will result in agreement(s) with public, private, and nonprofit organizations, including faith based and community-based organizations (CBOs), for training and support that facilitates the training and placement of peer personnel. Peer personnel are defined as individuals with lived experience as a mental/behavioral health services consumer, family member, and/or caregiver placed in designated peer positions.

The applicant must provide training to peer personnel that meets the 80-hour training requirements under the California Department of Health Care Services (DHCS) Medi-Cal Peer Support Specialist Certification Program

Application Release Dates

Registration: Open now

Application release: January 10, 2024

Application deadline: March 1, 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 be used to train and place Peer Personnel Participants

- 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 Peer participants are trained, this includes addresses and quantities of trainees.

- A description of Tasks

Available Funding

- Approximately $8,500,000 in state funding is available to support Peer Personnel Training and Placement programs.

- Of the $8,500,000, up to $6,500,000 is available to focus on training peer personnel that serve children, youth or families.

Helpful Resources

- [2024-25-Peer Personnel Training and Placement Grant Guide](#)

- [Peer Online Application](#)

Creating an Account

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

Setting up Your Profile

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

Completing Your Profile

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

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

3. Please check the Peer Personnel Training and Placement Program box.

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

5. Please provide your name and contact information.

Account Roles

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

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

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

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

Assigning Other Users

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

2. As a Program Director you have an additional 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

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 "Peer Personnel Training and Placement Program 2024" link and click the "Apply" button when you are ready to begin.

Apply Here

View details

Click on "Apply Here" to continue.

Welcome to the Behavioral Health Program (BHP) Peer Personnel Training and Placement Grant Program.

This grant opportunity will result in agreement(s) with public, private, and nonprofit organizations, including faith based and community-based organizations (CBOs), for training and support that facilitates the training and placement of peer personnel.

The applicant must provide training to peer personnel that meets the 80-hour training requirements under the California Department of Health Care Services (DHCS) Medi-Cal Peer Support Specialist Certification Program.

Application Release Date	Close Date
12/01/2023 8:00 AM	01/30/2024 8:00 AM

Apply

RELATED DOCUMENTS

There are no notes to display.

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Helpful Tips

Asterisks *

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

Training Program Title *

[text input field]

* [?]

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 * [?]

[text input field]

Helpful Tips (continued)

Navigating the application

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

Saving your application

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

Starting an Application

Program Information

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

2. Add your Program Name here. If you see your program name on the DHCS recognized training provider list (three questions lower), please make sure they match.

3. Please provide a brief description of your program.

4. Please answer the Eligibility question.

Program Information – Page 1 of 2

Lived Experience

Identify individuals with lived experience that the proposed program included in the design and performance of program activities. Select all that apply. *

☐ Consumers

☐ Family members of consumers

☐ Caregivers of consumers

☐ None of the above

Peer Personnel Needs of Children and Youth

Identify how the Peer Personnel needs of the children and youth aged 0-25 will be addressed by the proposed program. Select all that apply.*

☐ Training will be provided to address the needs of children and youth consumers 0-25 years of age and their families

☐ Recruitment of individuals 18-25 years of age with lived experience

☐ Recruitment of individuals 16-17 years of age who will meet peer certification requirements and age requirements after training

☐ Recruitment of family members and caregivers of consumers who are children and youth 0-25 years of age

☐ None of the above

Save & Next

Please answer these questions.

1. Identify individuals with lived experience.

2. Identify how the Peer Personnel needs of the children and youth aged 0-25.

When complete, click "Save and Next".

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

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Program Information – Page 2 of 2

Please continue answering application questions.

1. Describe how the program will ensure continued engagement.

2. Please identify the strategy focus.

3. Select the following program activities.

Program Proposal

Please continue answering application questions.

1. This question is especially important, **"Indicate the number of individuals the program proposes to recruit, train, and place"** because on the next page we will ask you to reconcile this number and with more detail.

2. Select from the following underserved groups.

3. Does your organization target underserved, unserved, and inappropriately served populations.

Participating Organization

Application PEER-0001621 - Peer Personnel Training and Placement Program

`20%`
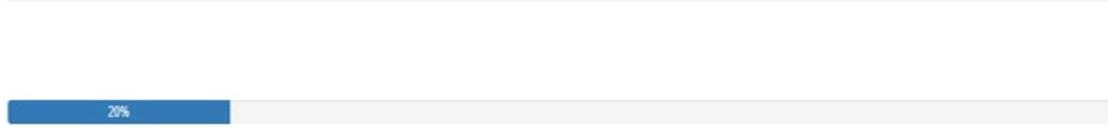
Participating Organization

Please list all participating organizations, including but not limited to counties, CBOs, educational institutions, and/or training organizations that the applicant proposes partnering with to accomplish program activities.

[Add Organization]

Organization Name ↑	Organization Type	Street Address	County	Number Of Vacant Positions	Number of individuals to be placed	PMHS	
zzzPEER Placezzz	County	6501 Coyle Ave	Sacramento	20	20	Yes	

Total Number of vacant positions : 20   Total Number of individuals to be placed:20

[Refresh My Count]

[Previous] [Next]

On the last page, we asked you to tell us how many Peer participants you were going to train and place. Now, we would like you to tell us where they are being trained, and how many are being trained at each specific location. Please remember, that the total participants must add-up to what you told us on the previous page.

Please Note: If the counts do not add-up click "Refresh My Count".

Organization Information

After checking the box, new fields will appear in a pop-up box

1. Type in the organization name

2. Select the organization type from the drop-down list.

3. Answer if it is a Public Mental Health System (PMHS)

4. Click the "+Select Address" button

5. A new window opens and allows you to enter and search for an address

6. Click the confirmed address and it will auto-populate the address fields on the page

Program Components 1

Please continue answering application questions.

1. How will the applicant recruit individuals.

Program Components 1 (continued)

Career Counseling

How will the program assist participants in developing individualized career plans and help identify courses to take for peer personnel position type or category. Select all that apply.*

☐ New program participants fill out an intake form
☐ Support job search
☐ Discuss educational needs
☐ Discuss additional training and/or educational resources
☐ Discuss additional financial aid
☐ One on one career counseling
☐ Class workshop
☐ Individualized Career Plan Questionnaire
☐ Mentor Check-in sessions
☐ Personal Employment Development Plan
☐ Resume assistance
☐ Mock Orals/Interview skills
☐ Certification planning
☐ Application support
☐ Exam prep
☐ Job shadowing
☐ Providing job listings from peer partner
☐ Mock Orals/Interview skills
☐ Ongoing career support group
☐ None of the above

Does your program provide additional peer training that specifically addresses the needs of consumers 0 to 25 years of age and their families?

◉ No ○ Yes

Previous **Next**

Please continue answering application questions.

1. How will the program assist in developing individualized career plans.

2. Does the program provide additional training for consumers 0-25 years of age?

Program Components 2

Application - Peer Personal Training and Placement Program

40%

Program Components 2

Placement

Identify the placement activities, which are a priority focus of this program. Select all that apply.*

☐ Placement will be predetermined through active collaboration with employer partners who will pre-identify the vacant volunteer/paid positions in their region and effectively recruit and counsel participants according to their interests
☐ Screen applicants who are dedicated to serving peers
☐ Screen applicants who want to work as peer personnel support specialist
☐ Provide training that produce well-trained peer professionals with knowledge, skills, commitment, and motivation to perform well on the job
☐ Listening to and educating potential peer personnel employers about their staffing needs
☐ Graduating only those individuals who can meet the standards to perform on the job
☐ Providing employers with trained peers with diverse, cultural, linguistic, LGBTQ+, veteran, and other backgrounds
☐ Participating in state and local stakeholder engagement meetings regarding the importance of peer personnel positions
☑ None of the above

Support

Identify the activities the applicant will engage in to support all participants. Select all that apply.*

☐ Mentorship
☐ Self-help and support groups
☐ Retraining
☐ Interview skill training
☐ Support job search
☐ Discuss educational needs
☐ Discuss additional training and/or educational resources
☐ Discuss additional financial aid
☐ One on one career counseling
☐ Class workshop
☐ Mentor check-in sessions
☐ Resume assistance
☐ Application support
☐ Financial Aid for exam registration
☐ Exam preparation
☐ Certification application support
☐ Continuing education support
☐ Job shadowing
☐ Internships
☐ Peer conferences/workshops
☐ Peer jobs board group
☐ None of the above

Previous   Save & Next

Please continue answering application questions.

1. Identify the placement activities.

2. Identify the support activities.

Work Plan and Schedule

Application PEER-0001621 - Peer Personnel Training and Placement Program

50%

Work Plan and Schedule

Include tasks supporting all required program components.

Click on Add Task button to add an organization.

Add Task

Activity /Task Name	Start Date	End Date

There are no records to display.

Previous Next

On this page, please click "Add Task". We would like to collect your proposed tasks for how you will accomplish training and their corresponding timeframes. Examples might include:

Recruitment and Outreach
Career Counseling
Training
Placement Achievement Incentive
Support
Evaluation

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Project Personnel

Application PEER-0001621 - Peer Personnel Training and Placement Program

60%

Project Personnel

Does your Project Personnel include individuals with lived experience as a consumer, family member, and/or caregiver?*

◉ Yes ○ No

[Previous] [Next]

On this page, please answer the question about "lived experience".

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Program Budget

- Please tell us how much money your program needs to train your participants (up to a maximum of $1,000,000). Your total budget must reconcile with what you place here.

- Please use the "?" symbol to see what are the allowable caps for each budgetary category.

- Lastly, please make sure every box has a value even if it is $0.

Contract Administration

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

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

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

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

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

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

Assurances

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90%

Assurances

I certify that the statements herein are true and complete 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 <u>not</u> be allowed to make any further edits.**

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Submission Complete

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Submission completed successfully.

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Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the "Application-In Progress/Submitted" page

Common Application Errors

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

- Applicants do not provide the correct contract organization name.

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

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

Questions?

BHPrograms@HCAI.ca.gov

Mohammad.Arshadi@hcai.ca.gov