



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

CA 1501

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



My Security Settings
Change Password
Change Email

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

- Healthcare Professional
- Student
- Organization for seismic construction funding
- Organization for healthcare workforce support
- Organization for small rural hospital improvement

Submit

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

Completing Your Profile

Profile

The screenshot shows a web form for completing a profile. On the left is a navigation menu with 'Profile' selected. The main form area contains several sections:

- Select your user type:** A checkbox for 'Organization for healthcare workforce support' is checked.
- Are you applying for Song Brown Programs?** Radio buttons for 'No' and 'Yes' are present. An arrow points to the 'No' button.
- Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?** Radio buttons for 'No' and 'Yes' are present. An arrow points to the 'Yes' button.
- Please select all that apply:** A list of checkboxes for various programs: 'Peer Personnel Training and Placement Program' (checked), 'Health Careers Exploration Program (HCEP)', 'Health Professions Pathways Program (HPPP)', 'Justice and System Involved Youth (JSIY)', 'Psychiatry Education Capacity Expansion (PECE)', and 'Social Work Education Capacity Expansion (SWECE)'. An arrow points to this section.
- Select an organization from the search list below:** A search bar with a dropdown arrow and a 'Request New Organization' button. An arrow points to the search bar.
- Personal Information:** Fields for 'Prefix', 'First Name' (with 'ZzzJaneZzz' entered), 'Middle Initial', 'Last Name', 'Suffix', 'Title', and 'Degree'. An arrow points to the 'First Name' field.
- Phone:** Two fields for 'Phone 1' and 'Phone 2', both with placeholder text 'Provide a telephone number'.
- Email:** A field with 'zzzTesting1zzz@fakemail.com' entered.
- Footer:** A checkbox for 'Receive email announcements for new funding opportunities'.

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

View details

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

Only Program Directors are allowed to initiate a Peer application. To request to be a Program Director please contact us at BHPrograms@hcai.ca.gov

RELATED DOCUMENTS

There are no notes to display.

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

Assign Other Users

Your email requires confirmation. [Confirm Email](#)

[Add User](#)

Full Name ↑	Organization	Applicant Role	E-mail	Phone	Degree
There are no records to display.					

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

The screenshot shows the top navigation bar of the HCAi system. On the left is the HCAi logo. To the right are links for 'Profile', 'Assign Other Users', and 'Sign Out', followed by a user ID 'ZZZGOODZZZ ZZZGUYSSZZ'. Below this is a dark blue horizontal menu with several items: 'Apply Here', 'WCES Applications - In Progress/Submitted', 'ECE Applications', 'PEER Applications - In Progress/Submitted', and 'Grant App'. The 'Apply Here' item is highlighted in a lighter blue, and a blue arrow points to it from the text on the right.

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.

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

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.

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 an Application

Program Information

Apply Here

ECE Applications

Grant Application - In Progress/Submitted

Song-Brown Applications - In Progress/Submitted

Awards

Application - Peer Personal Training and Placement Program

0%

Program Information - Page 1 of 2

Organization

Program Director

Program Director Email

Program Name

Please provide a brief description of the proposed program. Maximum of 1000 characters. 

Eligibility

Are you a California Department of Health Care Service (DHCS) recognized Medi-Cal Peer Support Specialist training provider or contract with a DHCS recognized training provider that meets the Medi-Cal Peer Support Specialist Certification training requirements? 

No Yes

DHCS Medi-Cal Peer Support Specialist program information located at: <https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

CalMHSA list of approved Medi-Cal Peer Support Specialist training providers can be found at: <https://www.capeercertification.org/training-for-medi-cal-peer-support-specialist/>

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.

Program Information – Page 2 of 2

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Program Information - Page 2 of 2

Continue Engagement

Describe how the program will ensure the continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application.
Maximum of 1000 characters.*

Strategies

Please identify the proposed program focus on the following strategies. Select all that apply.*

- Innovative
- Evidence - based
- Emerging
- Community - identified
- None of the Above

Peer Personnel Program Values and Priorities

Select from the following program activities consistent with the following Peer Personnel Program Values and Priorities. Select all that apply.*

- Community collaboration
- Cultural competence
- Client/family-driven mental health system
- A wellness, recovery, and resilience focus
- An integrated service experience for consumers and their families to address the changing needs of the peer personnel workforce
- None of the Above

[Previous](#) [Next](#)

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

Application PEER-0001621 - Peer Personnel Training and Placement Program

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Program Proposal

Indicate the number of individuals the program proposes to recruit, train, and place. *

Target Population

Please select from the following underserved groups that your organization has targeted for outreach and recruitment. Select all that apply. *

- Individuals with disabilities
- Veterans
- Individuals from below the Federal Poverty Level
- People with co-occurring substance abuse
- History of homelessness
- Former foster youth
- Members of LGBTQ+ community
- Immigrants
- Refugees
- Justice involved youth
- Foster parents/caregivers
- Uninsured
- None of the above

Does your organization target underserved, unserved and/or inappropriately served racial and ethnic communities? *

No Yes

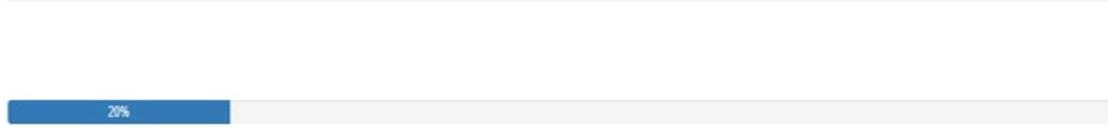
[Previous](#) [Next](#)

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



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	<input type="checkbox"/>

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

Refresh My Count

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”.

Previous Next

Organization Information

Create x

Organization Name

Organization Type

Public Mental Health System (PMHS)
 No Yes

Click on the **Select Address** button to populate the Address Fields.

+ Select Address

Street Address

Suite/Dept

City

State

Zip Code

County

Number of vacant positions

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.

Application - Peer Personal Training and Placement Program



Program Components 1

Recruitment and Outreach

How will the applicant recruit individuals who are either currently employed or volunteering, or who are seeking employment or to volunteer as peer personnel, and targets individuals with lived experience who can address the cultural and language needs of the diverse community the Grantee will serve (select all that apply):*

- Community presentations
- Email
- Digital newsletters
- Social media pages on Facebook, Instagram, Twitter
- Reach out to Community Colleges and other local schools
- Job Fairs
- Placement and training opportunities posted on webpage
- Weekly support groups
- Monthly newsletter
- Peer helpline
- Web-based resource center
- On-site orientations
- Online orientations
- Peer-run organizations/programs
- Employment agencies and job training programs
- Peer professional associations/organizations
- Peer support specialist certification planning
- Application support
- Exam preparation
- Behavioral Health Agencies
- Outreach to underserved, unserved, and inappropriately served diverse cultural and ethnic communities
- Outreach to other Peer Programs
- Online Peer Support Group
- None of the above

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

Please continue answering application questions.

1. Identify the placement activities.
2. Identify the support activities.

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

Work Plan and Schedule

Application PEER-0001621 - Peer Personnel Training and Placement Program



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

Project Personnel

Application PEER-0001621 - Peer Personnel Training and Placement Program

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



Project Personnel

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

Yes No

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Program Budget

Application PEER-0001621 - Peer Personnel Training and Placement Program

Program Budget

Total Proposed Budget

Direct Costs

Budget Categories	FY 2023-2024	FY 2024-2026	Total
Recruitment and Outreach	<input type="text"/>	<input type="text"/>	0
Career Counseling	<input type="text"/>	<input type="text"/>	0
Training	<input type="text"/>	<input type="text"/>	0
Financial Assistance	<input type="text"/>	<input type="text"/>	0
Placement	<input type="text"/>	<input type="text"/>	0
Support	<input type="text"/>	<input type="text"/>	0
Evaluation	<input type="text"/>	<input type="text"/>	0
Total Direct Cost	0	0	0

Indirect Costs

Budget Categories	FY 2023-2024	FY 2024-2026	Total
What is the indirect program cost? Maximum is 10% of total direct costs.	<input type="text"/>	<input type="text"/>	0

Total

Budget Categories	FY 2023-2024	FY 2024-2026	Total
Total Request. Maximum request is \$1,000,000	0	0	0

- 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

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.

Assurances

Application PEER-0001621 - Peer Personnel Training and Placement Program



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.

- 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.**

Previous

Submit

Submission Complete

[Apply Here](#)

[Applications - In Progress/Submitted](#)

[Awards](#)

[Payments & Deliverables](#)

[Messages](#)

Application PEER-0001621 - Peer Personnel Training and Placement Program

Submission completed successfully.

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

PEER Applications In Progress/Submitted

Application Number ↑	Initiated By	Application Status	Cycle	Due Date (Cycle)	Modification Due Date (Cycle)
PEER-0001034	ZzzGoodzzZ ZzzGuyszzZ	Submitted	Peer Personnel Training and Placement Program 2024	03/01/2024 3:00 PM	 Application View or 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

Mohammad.Arshadi@hcai.ca.gov