

Justice System-Involved Youth Program (JSIY)

Department of Health Care Access and Information August 2023

Background and Eligibility

Pursuant to the Health Professions Careers Opportunity Program, Health and Safety Code Section 127885, et. seq., the Department of Health Care Access and Information (HCAI) will consider applications for the Justice System-Involved Youth Program (JSIY) that support and encourage underrepresented individuals to pursue health careers to develop a more culturally and linguistically competent healthcare workforce.

Competitive proposals will demonstrate a commitment to the JSIY goals by implementing the following components:

- Living Expense Support
- Counseling Support
- Academic Support
- Mentorship
- Career Development



Eligible Applicants

Applied Behavior Analysis Therapist Assistant Psychologist Associate, Bachelor or Master Degreed Social Worker Bachelor Level Mental Health Worker Behavioral Health Case Managers Behavioral Disorder Counselor Behavioral Health Assistant **Board Certified Behavior Analyst** Certified Peer Specialist Community Health Worker/Promotor **Community Response Counselor Emergency Medical Technician** Licensed Applied Behavioral Analysist Licensed Clinical Psychologist Licensed or Associate Clinical Social Worker Licensed or Associate Marriage and Family Therapist

Licensed or Associate Professional Clinical Counselor Licensed Psychiatric Technician Mental/Behavioral Health Services Specialist Mental Health Care Specialist Mental Health Counselor Mental Health Rehabilitation Specialist **Occupational Therapist Occupational Therapist Assistant** Peer Personnel Specialist **Psychiatric Aid Psychiatric Advanced Practice Nurse Psychiatric Mental Health Nurse Practitioner Psychiatric Registered Nurse** Psychiatric Technician **Registered Psychological Associate** Substance Use Disorder Counselor



Application Release Dates

Registration: Open now

Application release: August 15, 2023

Application deadline: October 16, 2023

Applications open and close at 3:00 pm



Before You Apply

- Applicants must agree to the terms and conditions before receiving funds.
- HCAI <u>will not</u> make changes to the terms and conditions specified in the Grant Agreement.
- Funds shall not supplant existing state or local funds.



Available Funding

- Total JSIY Funding Available is \$7,500,000.00.
- HCAI may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria score, geographic representation, program efficiency, and the amount of available funds.



Helpful Resources

Grant Guide

https://hcai.ca.gov/wpcontent/uploads/2023/08/JSIY-2023-24-Grant-Guide-1.pdf

Application website <u>https://funding.hcai.ca.gov/</u>



eApplication (eApp) Registration



Creating an Account – Step #1

Class	Newsroom	Boards & Committees About HCAI	Subscribe 🕄 Si	GN IN Create Account
HCAI		Search		Q
Building Safety & Finance	Loan Repayments, Scholarships & Grants	Workforce Capacity	Data & Reports	Facility Finder
•) Sign in Create Account	t Redeem invitation			
Sign in with a local acco	unt			
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1	Sign in Forgot your password?			

Services	Data Submissions	CA Healthcare Infrastructure	Public Transparency	About HCAI
Submit Data	Patient-Level Administrative Data	All Facilities	Public Meetings	Newsroom
Loan Repayment Programs	Health Facility Utilizations	Healthcare Facility Detail	Public Records	Divisions
Scholarships	Hospital & LTC Financials	Seismic Compliance and Safety	Payment to Agency Reports	Laws & Regulations
Grants	Coronary Artery Bypass Graft Surgeries	Hospital Community Benefit Plans		Public Meetings
Penalty Appeals	Healthcare Financial Assistance Policies	California Primary Care Office		Careers
	Hospital Chargemasters			

 Check the "Create Account" box to gain access to the JSIY application (do not check the other boxes).



Creating an Account – Step #2

@#\$%)

↔D Sign in	Create Account	Redeem invitation	
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	* Email		
*	Password		
* Confirm	password		de la companya de la comp
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	Enter t	e code from the image	
	CI	eate Account	

Provide your email, password (twice), and image code.



Profile

8	Select your user type. (Choose all that apply) *
My Security Settings	Student Organization for seismic construction funding
Change Password	Organization for healthcare workforce support
Change Email	

Check the "Organization for healthcare workforce support" box to gain access to the JSIY application (do not check the other boxes).

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

Submit





Check the "**No**" box to the question, "Are you applying to a Song-Brown Program?"

Check the "Yes" box to the question, "Are you applying for other Grants Programs (Health Professions Career Opportunity
 & Behavioral Health Programs)?"

Check the "Justice System-Involved Youth Program (JSIY)" box.





Submit

After you have checked the "Justice System-Involved Youth Program (JSIY)" box, please tell us who you are. Anyone can create a profile and participate in the application process when the Program Director authorizes it, but only a Program Director may submit the application.

Important: For the time being, ignore the button to "Request a New Organization"



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HCAI									
Apply Here	Grant Application - In Progress/Bubmitted	8ong-Brown Aj	oplications - in Progress' Submitted		Awards	Payments & Deliv			
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 Car	n Apply				

Program	Release Date	Due Date	Who Can Apply
2023 Health Professions Pathways Program (HPPP) - Categories A-D	08/11/2023 8:00 AM	10/16/2023 5:00 PM	Organization
2023 Justice and System - Involved Youth (JSIY)	08/11/2023 8:00 AM	10/16/2023 5:00 PM	Organization
Song-Brown Primary Care Residency 2023	07/18/2023 3:00 PM	09/21/2023 3:01 PM	Organization

8ervices	Data Submissions	CA Healthoare Infractructure	Public Transparency	About HCAI
Submit Data	Patient-Level Administrative Data	Al Facilities	Public Meetings	Newsroom
Loan Repayment Programs	Health Facility Utilizations	Healthcare Facility Detail	Public Records	Divisions
Scholarships	Hospital & LTC Financials	Seismic Compliance and Safety	Payment to Agency Reports	Laws & Regulations
Grants	Coronary Artery Bypass Graft Surgeries	Hospital Community Benefit Plans		Public Meetings
Penalty Appeals	Healthcare Financial Assistance Policies	California Primary Care Office		Careers
	Hospital Chargemasters			

To verify that you have successfully set up your profile, check to see if your name is visible in the top right corner of the screen.

If not, repeat those last few steps.

If so, click, **"2023 Justice System-Involved Youth Program (JSIY)**.



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O VIEW DETAILS

Justice and System - Involved Youth 2023-24

This program provides funding for health professions by engaging the following strategies:

 System Involved Youth Pipeline focuses on comprehensive wrap-around supports including income and rent support (in addition to existing supports e.g. AB 12), academic enrichment, career development, mentorship, and advising to support currently or recently system-involved students in attaining behavioral health careers. Participation in the Pipeline Programs will lead to enrolling in a behavioral health school program or beginning employment with a behavioral health care provider.

Application Release Date

Close Date

08/11/2023 8:00 AM

10/16/2023 5:00 PM

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

RELATED DOCUMENTS

There are no notes to display.

If you are the Program Director, you will need an HCAI staff member to upgrade your status from a Grant Preparer to a Program Director in the system. Please send an email to this address asking us to upgrade your status and tell us the name of your organization along with your organization's address. Until you get a confirmation email from HCAI, there is nothing further to do.





When you receive your confirmation email recognizing you as the Program Director, you can add additional staff members to your profile. They will be able to assist inputting your application information. Click, "Assign Other Users" to do that.

Note: First, they will need to create a profile for themselves with their own username and password. After they have successfully created a profile, you can look up their name in, "**Add User**" and add them to your profile.



Assigning Other Users – Step #1

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Apply Here	Grego	ory House						۹
_	1	Full Name 🕇	Organization	Applicant Role	E-mail	Phone	Degree	
	1	Gregory House		Grant Preparer	Gregory House@email.com	(916) 444-4444	PhD	
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Assign Other Users	6							
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My Security Setting								

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Assigning Other Users – Step #2

Visor				Prome A	issign other users	sign out	
HCAi	Lookup records						x
Apply Here	Gregory House	•					٩
	🖌 🛛 Full Name 🕇	Organization	Applicant Role	E-mail	Phone	Degree	
	Gregory House		Grant Preparer	Gregory. House@email.com	(916) 444-4444	PhD	
Assign Other							
Profile	Selected records						
Assign Other Users	Gregory House 🗙						A 0
My Security Setting							V
Change password				Add		Cancel	

After your staff members have created their profiles click, "Add User" button to give your staff members access to your application(s). We recommend using the search button to go though the list.

Note: Only Program Director's can submit an application.



Apply Here

Vie	iew details ×							
	Justice and System - Involved Youth 2023	24						
	This program provides funding for health professions by engaging the following strategies 1. System Involved Youth Pipeline focuses on comprehensive wrap-around supports inclu enrichment, career development, mentorship, and advising to support currently or recently Pipeline Programs will lead to enrolling in a behavioral health school program or beginning	ding income and rent support (in addition to existing supports e.g. AB 12), academic system-involved students in attaining behavioral health careers. Participation in the employment with a behavioral health care provider.						
	Application Release Date	Close Date						
	08/11/2023 8:00 AM	10/16/2023 5:00 PM						
	Apply							
R	ELATED DOCUMENTS							
	There are no notes to display.							

Navigate to the "**Apply Here**" page on the main menu

Make sure you see "2023 Justice System - Involved Youth 2023-24

Click the "**Apply**" button when you are ready to begin



Helpful Tips



Useful Information

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 "Next" in the application your progress is saved. Navigate to the "Applications-In Progress/Submitted" page to resume your application.



HCAi						
Apply Here	Grant Application - In Prog	ress/Submitted	Song-Brown Applications - In Progress/Submitte	ed Awards	e Payments	& Deliverables
Grant Apps						
Application Number 🕇	Initiated By	Application Status	Cycle	Due Date (Cycle)	Modification Due Date (Cycle)	
HPPP-0001053	Gregory House	Submitted	2023 Health Professions Pathways Program (HPPP) - Categories A-D	10/16/2023 5:00 PM	~	
JSIY-0001056	Gregory House	In Progress	2023 Justice and System - Involved Youth (JSIY)	10/16/2023 5:00 PM	~	



Useful Information, Continued

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 *



Starting the Application



Program Information – Page 1 of 2



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

Add your specific Program Name here. This might be different from your organization name.

Select your primary health profession focus.

Narrative Portion: Describe the specific health professions your proposal will promote.



Program Information – Page 1 of 2

	Org	aniz	ation	Type	
--	-----	------	-------	------	--

Select your organization type. Select all that apply.

Community-based organizations (

Community health centers 🕄

Public universities and colleges, including community colleges

Health professions training programs

Career Opportunity Type

Health Professions Career Opportunity Type *

System Involved Youth Pipeline

Eligibility

Does your program service individuals from Former Foster Youth, Former Incarcerated Youth and/or Justice Involved Youth and Former Homeless Youth and/or current Homeless Youth?*

🔿 No 🌔 Yes

Does your organization propose to promote Behavioral Health careers?*

🔿 No 🌔 Yes

Save & Next

Select your Organization Type. Your answers will trigger the type of Career Opportunity category which you are eligible to apply for.

Select your Career Opportunity Category.

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



Program Information – Page 2 of 2



Please provide the number of System Involved Youth per year. The maximum is 31 Students per year.

Please provide the number of training sites you have. You will need to input the names and addresses of that same number of sites in the very next question.

Click "Save and Next" to continue.



Program Proposal

Apply Here	Grant Application - In Progress/Submitted	Song-Brown Applications - In Progress/Submitted	Awards	Payments & Deliverables
Application	n JSIY-0001085 - Justice and	System - Involved Youth		
12%				
Program F	Proposal 🥌			
Target program partic	ipants. Select all that apply.			
Elementary Schoo)			
Middle School				
High school freshr	men and sophomores		/	
High school junior	s and seniors			
Adult/non-tradition	al learners (including veterans)			
Justice or foster sp	ystem involved youth			
Community colleg	e students			
Four-year college	freshmen and sophomores			
Four-year college	juniors and seniors			
Recent four-year c	college graduates			
	5			
Graduate Student				
 Graduate Student Post Baccalaureat 	te students			
Graduate Student Fost Baccalaureat Other	te students			

Target Population

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

Former foster youth

- Former incarcerated youth/or justice involved youth
- $\hfill\square$ Former/current homeless/underhoused youth ${\color{red} \Theta}$
- None of the above

Please tell us your program's target participant group(s).

Select the underserved groups that your organization has targeted for outreach and recruitment.



Program Proposal

Addressing Challenges of Target Population

Please select how your program proposal will address the challenges specific to the target program participants/demographics. Select all that apply.

Provide financial aid information

Provide internships and summer enrichment programs

Provide wraparound services

Form institutional partnerships

Provide structured cohort program

Provide academic counseling/academic preparation

Hire faculty from disadvantaged backgrounds

Offer some of the program components online

Expose students to health care careers

Provide mentoring opportunities with peers and/or healthcare professionals from diverse backgrounds

None of the above

Please select from the following how your organization proposes to be culturally and/or linguistically responsive to program participants. Select all that apply.

Hire staff members who are bilingual

Hire staff members trained to promote equity, inclusivity, and awareness of cultural differences in personnel interactions and behaviors among California's culturally diverse populations

Provide program staff with cultural competency resources and training materials

Program leaders who participate in the program come from similar cultural backgrounds as the students who participate in the program

Consult with leading experts in cultural competency to review program curriculum/activities and provide technical assistance

Engage community stakeholders from diverse cultural background in program development

 $\hfill\square$ Draw on participant's culture to shape curriculum and instruction.

Conduct regular community needs assessments and use results to adopt trainings/workshops that respond to the cultural and linguistic diversity of program participants

None of the above

Previous Save & Next

Please tell us your program's target participant group(s).

Select the underserved groups that your organization has targeted for outreach and recruitment.



Program Objectives

Apply Here	Grant Application - In Progress/Submitted	Song-Brown Applications - In Progress/Submitted	Awards
Application	NUX 0001085	Custom Invidual Vauth	
Application	1 JSTY-0001085 - Justice and	System - Involved Youth	
	25%		
Program C	Objectives		
Please select the activ	ities which your organization will use to support the program.	Select all that apply. * 9	
Assistance with he	alth professions school application		
Conferences (host	ed and external)		
Courses (Science :	and Health careers)		
Engagement with F	ealth professions schools and residency programs		
Financial and fundi	ng education workshops		
Guaranteed incom	e		
Housing assistance	2		
MCAT and other te	st preparation (SAT, GRE, DAT)		
Mental health awar	eness and support		
Mentorship			
Newsletter			
Parental/family eng	jagement		
Research and com	munity experiences		
Saturday academie	es or retreats		
Scholarship assista	ance		
Structured cohort p	rograms (enrichment, career, internships, summer research,	graduate school/medical school preparation)	
Student coordinato	rs and case managers		
Student health club	15		
Tutoring			
Web based and so	cial media support		

Please select the activities which
your organization will use to
support the program.

Previous Save & Next



Qualitative Questions



There are three qualitative questions with a character limit of up to 1,000 characters for each question. If you have prepared responses, you can cut and paste them as long as they do not exceed the 1,000 character cap.





Organization Experience

Application JSIY-0001085 - Justice and System - Involved Youth							
Application JSIY-0001085 - Justice and System - Involved Youth							
60%							
Organization Experience							
Select the types of underrepresented individuals that your organization has experience with exposing to primary care, caring for older adults, behavioral health, and/or other health careers. Select all that apply. *							
Economically disadvantaged individuals: An individual comes from a family with an annual income below low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the HHS, for use in all health professions programs.							
Educationally disadvantaged individuals: An individual comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an alled health profession.							
Individuals from health professional shortage areas (geographic areas, populations, or facilities with a shortage of providers).							
None of the above							
Years of Experience							
Please provide how many years of experience your organization has for each of these health career types.							
Health Career Type Year Started Year Ended Total Years							
Rehavioral Health Humphyvyy							

Select the types of underrepresented individuals that your organization has experience with exposing to primary care, caring for older adults, behavioral health, and/or other health careers.

Please provide the start and end date for the years of experience that your organization has had with this career type. The total years will auto-calculate.



Organization Experience

Years of Experience



This question is intended as a verification for the highest number of years that your organization has had experience working in; it comes from the question directly above it.

This is a narrative for your organization's past experience working with underrepresented individuals. It also has a 1,000 character cap.





Services



Previous Save & Next

This part of the application asks for the services that you provide your students. The categories are as follows: Living Expenses, Counseling Support, Mentorship, Career Development, Academic Support, and Services Assurance.



Program Budget Page

Apply Here	Grant Application - In Progress/Subr	nitted Song-Brown A	pplications - in Progress/Submitted	Awards	Payments & Deliver
Application JS	SIY-0001085 - Justi	ce and System - Ir	nvolved Youth		
		2014			
		75%			
^o rogram Budg	get				
and hudget categories, click	k on the Add Budget button and enter	the maximal information			
and broget categories, cito					Add Burlant
Budget Category	2022-2024	2024-2025		025-2028	v
There are no records to a	display.				
ofal Direct Costs					
2023-2024		2024-2025	2025-202	6	
D		0	0		
2023-2024					
2025-2026					
lease explain how the direct	costs listed above support your program				
					11
alat Processo					
Total Direct Costs		Total Indirect Costs	Grand Tol	tal	
D		0	D		
All Budget Categories Sub	mitted				
Previous Sav	ve & Next				

Note: Unlike the HPPP Program, JSIY does <u>not</u> make an allowance for Personnel as a separate budget item.

Add your budget categories. Except for "Other", you must report for all the categories even if the answer is \$0.

"Indirect Costs" here.

-Please tell us how your Direct Costs support your program.

Lastly, don't forget to check this box when complete.



Contract Administration

Apply Here	Grant Application - In Progress/8u	bmitted Song-Brow	n Applications - in Progress	/ Submitted	Awards P	ayments & Deliver
Application	n JSIY-0001085 - Jus	tice and System -	Involved Yout	h		
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		87%				
Contract A	Administration					
Contract Organizat	ion Name 🝤					
Please select the ty O Governmental E O Non-government	ype of entity " Entity 🕏					
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	•					
Prefix		Contract Admin First Name 🗐		Contract Admin Last Nam	• •	
	~					
Title \varTheta						
Phone 1"		Phone 2				
Provide a teleph	one number	Provide a telephone number				
Contract Administra	ator Email"					

Important: The information you enter on this page will be used in your Grant Agreement and your STD 204-Payee Data Record (for payments). Errors with this information can cause a delay in executing your grant agreement, and possibly delay your first payment after that. Also, your organization name should match with the same organization name that you provided to the IRS.



Contract Administration

riistivane 😈	Last Name 💊	Phone*
		Provide a telephone number
imaii		
he Payee Data Record (STD 204) Signator	ry the same as the Grant Agreement Signatory? 🥹	
Same as Grant Agreement Signatory		
🖲 No 🔾 Yes		
ayee Data Record (STD 204) Signatory		
First Name *	Last Name *	Phone*
		Provide a telephone number
Emair		
e legal address for your organization must i	match the address on file with the IRS.	
e legal address for your organization must i Is the legal address for your organization a	match the address on file with the IRS.	
e legal address for your organization must i Is the legal address for your organization a ○ No ○ Yes	match the address on file with the IRS. PO Box? *	
e legal address for your organization must i Is the legal address for your organization a () No () Yes	match the address on file with the IRS. PO Box? *	
ie legal address for your organization must i Is the legal address for your organization a ○ No ○ Yes Should cavments be sent to a different add	match the address on file with the IRS. PO Box? * ress than what is on file with the IRS?	
ie legal address for your organization must i Is the legal address for your organization a No Yes Should payments be sent to stifferent add No Yes	match the address on file with the IRS. PO Box? * ress than what is on file with the IRS?	
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ie legal address for your organization must i Is the legal address for your organization a No Yes Should payments be sent to a different add No Yes	match the address on file with the IRS. PO Box? * ress than what is on file with the IRS?	
e legal address for your organization must i Is the legal address for your organization a No V Yes Should payments be sent to solifierent add No V Yes	match the address on file with the IRS. PO Box? * ress than what is on file with the IRS?	

Previous

Save & Next

If your STD-204 Signatory is the same as your Grant Signatory, you will not have to fill that part out again if you check that box.

If you have a different payment address that what is on file with the IRS, you should complete this portion of the application so that you can get an STD-205 form.



Assurances



The Assurances page is the last page of the application process. Once you check the box "I Certify", then click, "Submit", you will no longer be able to make edits to your application.



Viewing & Printing Your Application

Apply Here	Grant Application - In Prog	ress/8ubmitted	Bong-Brown Applications - In Progress/Bubmitte	d Award	ls Payl	ments & Deliverables
Grant Apps						
Application Number 🛉	Initiated By	Application Status	Cyole	Due Date (Cyole)	Modification Due Date (Cycle)	
JSIY-0001085	Leonard McCoy	Submitted	2023 Justice and System - Involved Youth (JSIY)	10/16/2023 5:00 PM		*

Once you submit your application, you can view and print your application by selecting the Options dropdown on the "Application-In Progress/Submitted" page, then click on the drop-down icon to get access to the "View/Print" option.



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 to their initial total request for funds.
- Applicants do not provide the correct grantee and STD 204 signatories.



Questions?

HPCOP@HCAI.ca.gov

