



## Program Description

Welcome to the Psychiatric Education Capacity Expansion (PECE) Grant Program. The purpose of the PECE Grant Program is to fund institutions and organizations to increase the number of psychiatrists and psychiatric mental health nurse practitioners serving in California, especially children and youth. This program provides funding for:

1. New psychiatry residency and PMHNP student training programs
2. Expanding the number of positions in existing psychiatry residency and PMHNP student training programs.

Please complete the application in one session.

On behalf of which type of program are you applying?

- Psychiatric Residency
- Psychiatric Mental health Nurse Practitioner (PMHNP)

Please provide the program name:

Please provide the address for the program:

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Are you the director for this program?

- Yes  
 No

Please provide the contact information for the program director.

First Name

Last Name:

Title:

Phone Number (xxx-xxx-xxxx)

Email Address

Please provide your contact information.

First Name

Last Name:

Title:

Phone Number (xxx-xxx-xxxx)

Email Address

Are you establishing a new program, or expanding an existing program?

- New program  
 Expanding existing program

Are you establishing a new program, or expanding an existing program?

- New program  
 Expanding existing program

How much funding are you requesting?

How much funding are you requesting? (Max \$2,500,000)

How much funding are you requesting? (Max \$1,000,000)

Please provide an executive summary of your program. (maximum 1,000 words)

Word count: 0

### Psych Res - Funding Requesting/Program Type

Do you currently operate another residency program at your institution?

- Yes  
 No

Does your facility serve as a rotation for another residency program?

- Yes  
 No

You indicated that your facility serves as a rotation for another residency program. Please provide the name of this program.

### Psych Res - Phases of Program Development/Residency Slots

Please check the boxes for steps you have completed. You will need to provide documentation in this application.

- A. ACGME Accreditation letter for current psychiatry residency positions

- B. Timeline in place
- C. Completed budget plan (including identified funding streams)
- D. Recruited training sites
- E. Recruited Faculty
- None of the above

Please check the boxes for steps that have been completed. Documentation is required for each phase to verify your eligibility for funding and for determining when you are eligible for advance payments.

- A. ACGME Institutional Approval letter.
- B. Timeline in place
- C. Completed budget plan (including identified funding streams)
- D. Recruited training sites
- E. Curriculum development
- F. Recruited faculty
- None of the above

Please upload your ACGME Accreditation letter for current psychiatry residency positions

Please upload your ACGME Institutional Approval letter.

Please upload your timeline (planned schedule for securing accreditation)

Please upload your budget plan

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

Please upload documentation indicating that faculty recruitment has been completed

### Number of Positions for which ACGME accreditation will be sought?

FY 2022-23 is a planning year

Psychiatry Residents		FY 2023-24			#Conjoint, Total#
		<input type="text" value="0"/>			<input type="text" value="0"/>
Child and Adolescent Psychiatry Fellows	FY 2023-24	FY 2024-25	FY 2025-26		#Conjoint, Total#
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
Addiction Psychiatry Fellows	FY 2023-24	FY 2024-25	FY 2025-26		#Conjoint, Total#
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>

You indicated that you have not completed:

ACGME Accreditation letter for current psychiatry residency positions

Without completing this step, your program is ineligible for PECE Grant Program funding.

### PMHNP - Students and Program

Please check the boxes for steps that have been completed.

- A. Accreditation letter from the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN) for current program
- B. California Board of Registered Nursing (BRN) letter of approval for current program

- C. Timeline in place
- D. Completed budget plan (including identified funding streams)
- E. Recruited training sites
- F. Recruited faculty
- None of the above

Please upload your Accreditation letter from the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN) for current program

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

Please upload your timeline (planned schedule for securing accreditation)

Please upload your budget plan

Please upload documentation indicating that faculty recruitment has been completed

**How many students will your program admit in the first year of enrollment?**

FY 2022-23 is a planning year

	FY 2023-24	FY 2024-25	FY 2025-26	#Conjoint, Total#
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	FY 2023-24	FY 2024-25	FY 2025-26	#Conjoint, Total#
PMHNPs (2-year students)	0	0	0	0

	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	#Conjoint, Total#
PMHNPs (1-year students)	0	0	0	0	0

### Budget Block

### Proposed Budget

Please complete the proposed budget table below, assuming you receive PECE funding. Please be certain that the columns total matches the grant amount you are requesting.

	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Program Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Faculty	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Program Incentives: Subsidized Faculty Housing	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Program Incentives: Faculty Bonus	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Program Incentives: Other*	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Student Salaries	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Preceptor Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
#Conjoint, Total#	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

You indicated that you are requesting funding for:

Program Incentives: Other\*

Please describe these costs.

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Other Costs

Please describe these costs.

### Proposed Budget

Please complete the proposed budget table below, assuming you receive PECE funding. Please be certain that the columns total matches the grant amount you are requesting.

	FY 2022-23	FY 2023-24	FY 2024-25
Program Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Faculty	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Program Incentives: Subsidized Faculty Housing	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Program Incentives: Faculty Bonus	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Program Incentives: Other*	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Student Salaries	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Preceptor Expenses	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other Costs	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
#Conjoint, Total#	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

You indicated that you are requesting funding for:

Program Incentives: Other\*

Please describe these costs.



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Other Costs

Please describe these costs.

### Recruitment Strategies 1

Please select the strategies you will use to recruit and support residents from underrepresented communities in psychiatry. (select all that apply):

- Use data to identify underrepresented groups
- Participates in pipeline programs development
- Includes rotation of residents/fellows to assist junior high/high schools focused around health education and/or career fairs in underserved communities
- Requires residents to regularly participate in mentoring activities
- None of the above

Please select the program strategies you will use to encourage your residents to practice in areas of unmet need. (select all that apply):

- Select candidates based on strong interest to serve areas of unmet need
- Prioritize applicants coming from underserved communities
- Set up marketing and outreach programs to recruit students who have interest in working in underserved communities
- Encourage recruits to commit to practice in a community of unmet need
- Offer incentives to recruits who commit to living and working in underserved communities.
- 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 bilingual staff who speak the geographical area's key language demographics

- Hire program leaders who come from similar cultural backgrounds as the areas they serve in
- Provide residents annual training in cultural competency education
- Perform rotations in lower socio-economic area locations
- Teach medical professionalism that incorporates multi-cultural social etiquette and norms of behavior
- Require residents to participate in hospital committees
- Offer direct observation of resident patient care with feedback and discussion
- Have residents participate in community outreach activities in areas of unmet need (like going to local high schools)
- Offer non-curricular activities that incorporate various culturally diverse celebratory traditions
- None of the above

Please select the strategies you will use to recruit and support students from underrepresented communities in PMHNPs. (select all that apply):

- Use data to identify underrepresented groups
- Participates in pipeline programs development
- Includes rotation of residents/fellows to assist junior high/high schools focused around health education and/or career fairs in underserved communities
- Requires residents to regularly participate in mentoring activities
- None of the above

Please select the program strategies you will use to encourage your students to practice in areas of unmet need. (select all that apply):

- Select candidates based on strong interest to serve areas of unmet need
- Prioritize applicants coming from underserved communities
- Set up marketing and outreach programs to recruit students who have interest in working in underserved communities
- Encourage recruits to commit to practice in a community of unmet need
- Offer incentives to recruits who commit to living and working in underserved communities.
- 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 bilingual staff who speak the geographical area's key language demographics
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- Offer direct observation of student patient care with feedback and discussion
- Have students participate in community outreach activities in areas of unmet need (like going to local high schools)
- Offer non-curricular activities that incorporate various culturally diverse celebratory traditions
- None of the above

## Resident Recruitment Strategies 2

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

- Yes
- No

You indicated that you are receiving other funding to assist with creating or expanding your program. Please describe.

We are collecting information about your field placement sites for application scoring purposes. Please click the link below to download the template, add in the necessary data about your field placement sites, and upload the completed template.

**PLEASE NOTE** there are five tabs to complete in the workbook:

Training Site Info - Facility Name and Address and Facility Type

Participant Info - Scoring Criteria

Payor Mix - Scoring Criteria

Patient Demographics Scored - Scoring Criteria

Patient Demographics not Scored - Additional information not used in scoring application

[Facilities workbook](#)

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Payor Mix - Scoring Criteria

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Patient Demographics Scored - Scoring Criteria

Patient Demographics not Scored - Additional information not used in scoring application

### [Facilities workbook](#)

## Signature Block

I, the applicant, certify that the information provided in this supplemental application is true and accurate to the best of my knowledge.

Please type your first and last name in the box below. By clicking the "Next" button, you are submitting your application

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