

# **Peer Personnel Training and Placement Program**

## **Technical Assistance Guide**

February 2023

# Background and Mission

The California Department of Health Care Access and Information (HCAI) administers the Peer Personnel Training and Placement 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. 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 also 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 31, 2023

Application deadline: March 30, 2023

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

# Changes for 2023

- The Peer Personnel Training and Placement application has been moved to an electronic application (eAPP), located in the HCAI Portal. Here is the link: <https://funding.hcai.ca.gov/>
- Because this is now in eAPP, you do not have to complete the application in a single sitting. You are now able to save between pages and return to the application later.
- A Peer Personnel Training and Placement Program may be eligible to receive a maximum of \$5,000 per participant for successful placement, up to the maximum award amount of \$1,000,000 per program. This creates a new minimum threshold, affording a program the full award when they meet the minimum threshold of placing 200 participants.

# Information to Gather

- Correct organization name (incorrect information can delay the agreement process)
- Grant Agreement and Payee Data record (STD-204) signatories
- Participating organization(s) information for where Peer participants are to be placed, including addresses of employer sites and number of Peer vacancies.
- A description of "Tasks". Please cite your training milestones in the process and tell us how long each one takes.

# Available Funding

- Approximately \$21,000,000 in state funding is available to support Peer Personnel Training and Placement programs.
- Of the \$21,000,000, up to \$19,000,000 is available to focus on training peer personnel that serve child, youth or families.

# Helpful Resources

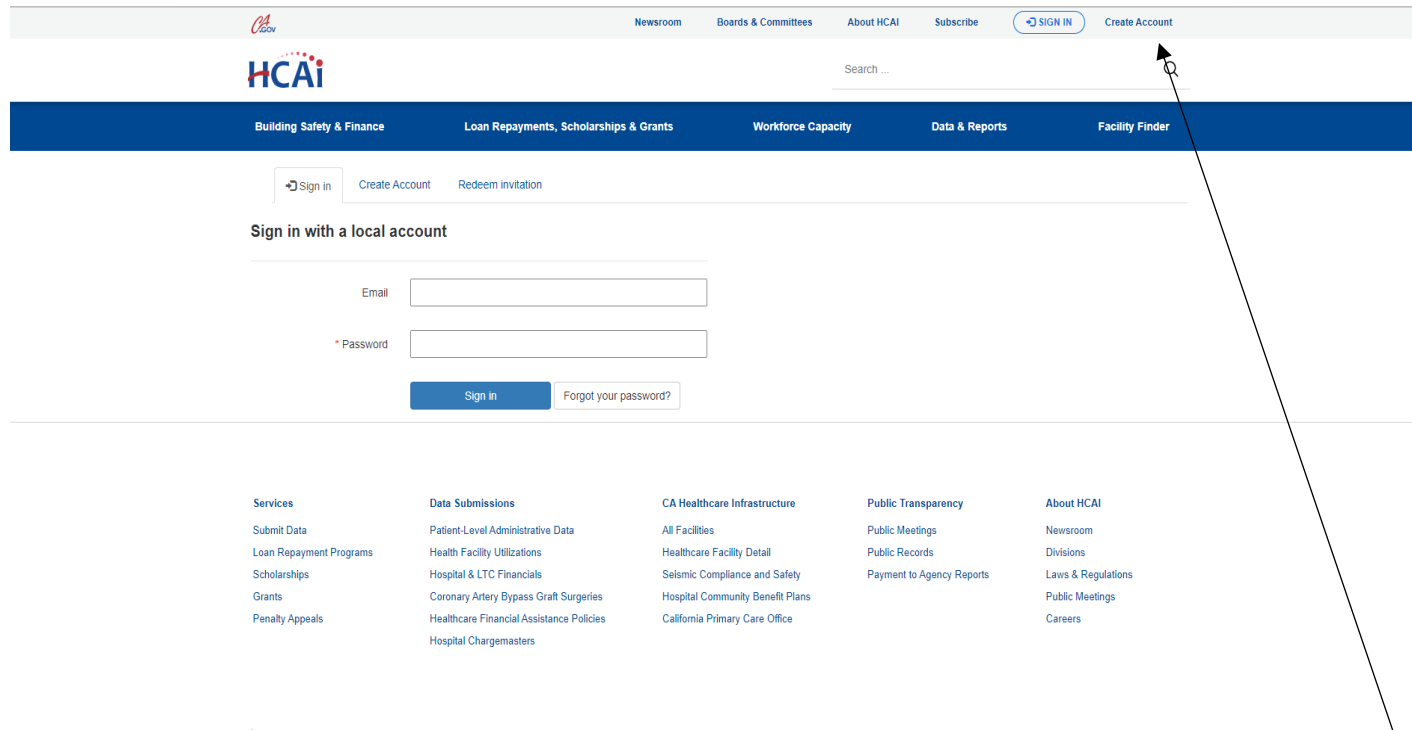
## Behavioral Health Programs Website Links:

- <https://hcai.ca.gov/loans-scholarships-grants/grants/bhp/>
- [Peer Personnel Training and Placement Grant Guide 2023-24](#)



# **eApplication (eApp) Registration**

# Creating an Account



The screenshot displays the HCAI website interface. At the top, a navigation bar includes links for Newsroom, Boards & Committees, About HCAI, Subscribe, and a 'SIGN IN' button. A 'Create Account' link is also present in the top right corner, which is highlighted by a black arrow. Below the navigation bar is a search bar. A dark blue horizontal bar contains several menu items: Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. Below this bar, there are buttons for 'Sign in', 'Create Account', and 'Redeem invitation'. The 'Sign in with a local account' section follows, featuring input fields for 'Email' and 'Password', a 'Sign in' button, and a 'Forgot your password?' link. At the bottom of the page, there is a grid of links organized into five columns: Services, Data Submissions, CA Healthcare Infrastructure, Public Transparency, and About HCAI.

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**HCAI** Search ...

[Building Safety & Finance](#) [Loan Repayments, Scholarships & Grants](#) [Workforce Capacity](#) [Data & Reports](#) [Facility Finder](#)

[Sign in](#) [Create Account](#) [Redeem invitation](#)

**Sign in with a local account**

Email

\* Password

[Sign in](#) [Forgot your password?](#)

**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](#)  
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**CA Healthcare Infrastructure**  
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**Public Transparency**  
[Public Meetings](#)  
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[Public Meetings](#)  
[Careers](#)

If you are a new applicant, click “Create Account”

# Setting up Your Profile

Profile



Profile

My Security Settings

Change Password

Change Email

Your email has been confirmed successfully.


Select your user type (Choose all that are applicable):\*

☐ Healthcare Professional

☐ Student

☐ Organization

Select an organization from the search list below. If your organization is not listed, click on the **Request New Organization** button to submit a request for your organization to be added to the list.



Request New Organization

1. Check the “Organization” box to gain access to the list of currently recognized organizations (do not check the “HealthCare Professional” box).
2. Click the magnifying glass to search for a pre-existing organization.
3. Click “Request New Organization” to submit a new organization for approval.
4. Once you select or input an organization, it will populate the search field.

# Adding a New Organization

**New Organization**

Profile

My Security Settings

Change Password

Change Email

Organization Name \*

+ Select Address

Street Address \*

Suite/Dept

City \* State Zip Code \*

County

Submit Cancel

1. Enter the new “Organization Name”.
2. Click the “+Select Address” button.
3. A new window will open and allow you to enter and search for an address.
4. Click the confirmed address and it will auto-populate the address fields on the page.

**Note:** If your organization is not recognized yet, we may need to help. Ensure that the organization name is accurate. During this time, you may still begin an application.

For organization recognition email:

[Wesley.Salter@hcai.ca.gov](mailto:Wesley.Salter@hcai.ca.gov) and

[Clinton.Ramstad@hcai.ca.gov](mailto:Clinton.Ramstad@hcai.ca.gov)

# Completing Your Profile

My Security Settings

Change Password

Change Email

☒ Organization

Select an organization from the search list below.

Showcase Organization

Prefix

First Name \*

Middle Initial

Last Name \*

Suffix

Title

Degree \*

Phone 1 \*

Phone 2

Email \*

☐ Receive email announcements for new grant or scholarship opportunities

Save

1. Enter all required fields. When finished click the “Save” button
2. If there are no errors on the page, you will receive a message stating your profile has been updated successfully

**Note:** Incomplete information may delay your registration

# Account Roles

Account Validation Complete: Current eApp Account Role Inbox X



# SVC-Dynamics <no-reply@hcai.ca.gov>

10:05 AM (17 minutes ago)



to me ▾

Dear Avenger New,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email [songbrown@hcai.ca.gov](mailto:songbrown@hcai.ca.gov) to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

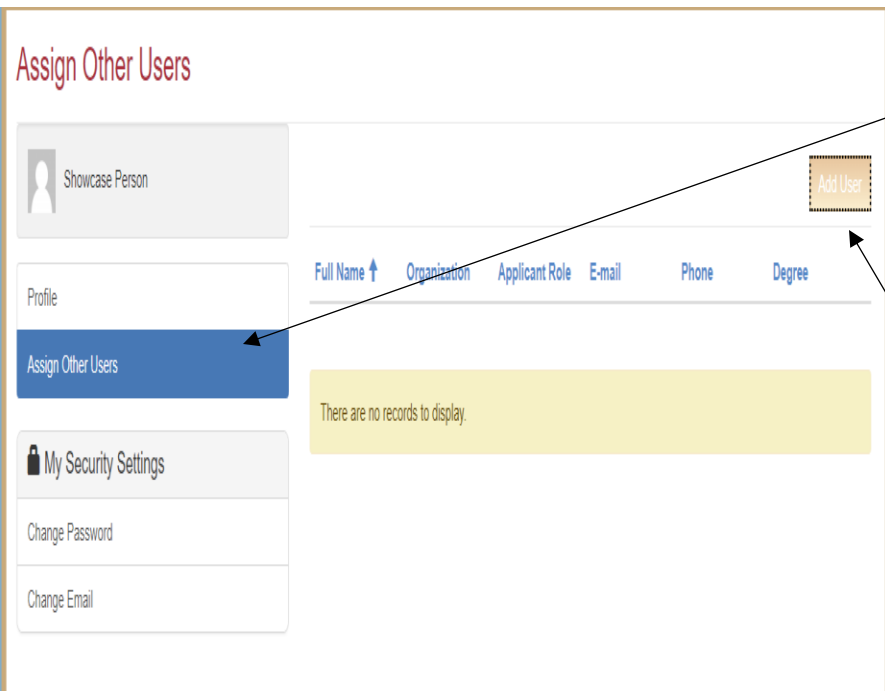
[Healthcare Workforce Development Division](#)

\*\*This is an automatically generated email. Please do not reply.\*\*

1. All newly created accounts are assigned the “Grant Preparer” role.
2. If you are the Program Director, email [Wesley.Salter@hcai.ca.gov](mailto:Wesley.Salter@hcai.ca.gov) and [Clinton.Ramstad@hcai.ca.gov](mailto:Clinton.Ramstad@hcai.ca.gov) to request the “Program Director” role.
3. Only accounts with the “Program Director” role may initiate and submit applications.
4. 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. Program Directors have an additional tab on their "Profile" page called "Assign Other Users"
2. Navigating to this page from your "Profile" page allows you to add users who can view and edit applications only
3. Click the "Add User" button to give registered Grant Preparers access to your applications

**Note:** Only Program Directors can submit an application.

# Apply Here

CA.gov Profile Sign Out BUCK ROGERS

**HCAI**

Apply Here Applications - In Progress/Submitted Awards Payments & Deliverables Messages

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 2023	01/15/2023 3:00 PM	03/30/2023 3:00 PM	Organization

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

1. Navigate to the “Apply Here” page on the main menu
2. Select the “Peer Personnel Training and Placement Program 2023” link and click the “Apply” button when you are ready to begin



# Helpful Tips

# Useful Information

## Navigating the application

Use the “Previous” and “Next” buttons found at the bottom left of each page.

Previous

Next

## 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.



Apply Here		Applications - In Progress/Submitted			Awards		Payments & Deliverables		Messages
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program	
PEER-0001616		Buck Rogers		In Progress	Peer Personnel Training and Placement Program 2023	03/30/2023 3:00 PM		No	▼

# 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

Application - Peer Personnel Training and Placement Program

0%

Program Information - Page 1 of 2

Organization  
zzzPEER Place Inc.zzz

Program Director  
ZzzYour Buddy Clintonzzz

Program Director Email  
rammey@email.net

Program Name \*  
Alameda County Network of Mental Health Clients

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

Eligibility

Are you a California Department of Health Care Service (DHCS) recognized Medi-Cal Peer Support Specialist training provider? ?  
☐ No ☒ Yes

Please provide the name of the contracted DHCS recognized training provider. \*  
Alameda County Network of Mental Health Clients

1. Your program information will pre-populate with the 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.

# 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

At this point, we will begin asking the application questions. Please select all that apply to your program. 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

Application PEER-0001621 - Peer Personnel Training and Placement Program

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Program Information - Page 2 of 2

Continued 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.


**Tip:** At the bottom of the screen, you will see a “**Previous**” button. This button will move you back one page in the application. We recommend this method over the arrow button at the top of the page to keep your application experience running smoothly.

# Program Proposal


Application PEER-0001621 - Peer Personnel Training and Placement Program

10%

## 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](#)

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.

Please remember that if you click “Next” your data will be saved and you can continue at another time.



# 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 previous page, you identified the number of participants that are going to be trained and placed. In this page, you will be asked to tell us how many your participants will be placed at each location after completing the training. The total number of participants must add-up to what was recorded on the previous page.

**Please Note:** If not retallied correctly, click “Refresh My Count”.

# 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 Page 1 of 2

Application PEER-0001621 - Peer Personnel Training and Placement Program

30%

## Program Components Page 1 of 2

### 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

### 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.\*

Please answer the Program Components questions on this page. Check all that apply to your program.

# Program Components Page 2 of 2

Application PEER-0001621 - Peer Personnel Training and Placement Program

40%

Program Components Page 2 of 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.\*

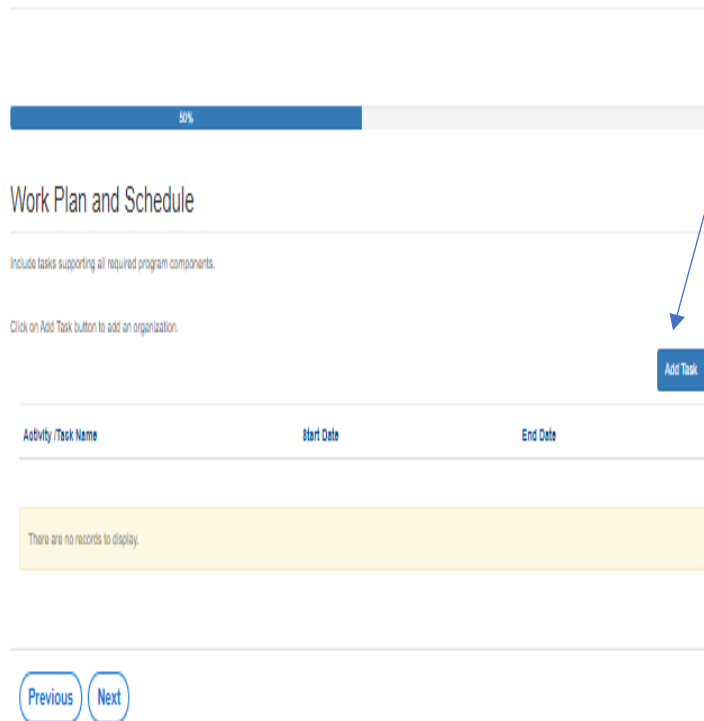
- ☐ Mentorship
- ☐ Self-help and support groups
- ☐ Retraining
- ☐ Interview skill training
- ☐ Support job search
- ☐ Discuss educational needs
- ☐ Discuss additional training and/or educational resources
- ☐ Discuss additional financial aid
- ☐ One on one career counseling
- ☐ Class workshop
- ☐ Mentor 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](#) [Next](#)

Please answer the Program Components questions on this page. Check all that apply to your program.

# Work Plan and Schedule

Application PEER-0001621 - Peer Personnel Training and Placement Program



55%

### 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.

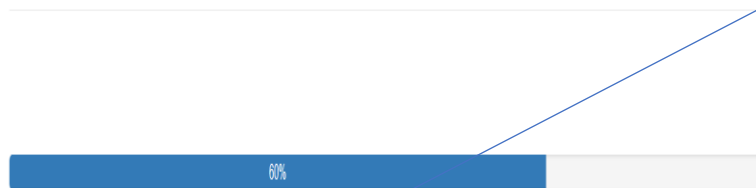
Tasks should include:

<b>Recruitment and Outreach</b>
<b>Career Counseling</b>
<b>Training</b>
<b>Placement Achievement Incentive</b>
<b>Support</b>
<b>Evaluation</b>

# 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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Next

# Program Budget

Application PEER-0001621 - Peer Personnel Training and Placement Program

10%

Program Budget

Total Proposed Budget

Direct Costs

Budget Categories	FY 2023-2024	FY 2024-2025	Total
Recruitment and Outreach			0
Career Counseling			0
Training			0
Financial Assistance			0
Placement			0
Support			0
Evaluation			0
Total Direct Cost	0	0	0

Indirect Costs

Budget Categories	FY 2023-2024	FY 2024-2025	Total
What is the indirect program cost? Maximum is 10% of total direct costs			0

Total

Budget Categories	FY 2023-2024	FY 2024-2025	Total
Total Request. Maximum request is \$1,000,000	0	0	0

- Please tell us how much funding your program needs to recruit, train, place and support 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

50%

## Contract Administration

Contract Organization Name \*

Doing Business As \*

Prefix  Contract Administrator First Name \* Contract Administrator Last Name \*

Title \*

Phone 1 \*  Provide a telephone number Phone 2  Provide a telephone number

Contract Administrator Email \*

Grant Agreement Signatory \*

First Name \* Last Name \* Phone \*  Provide a telephone number

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

[Previous](#) [Submit](#)

- Last page. When you are all fully satisfied that 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.

# Submission Complete

[Apply Here](#)

[Applications - In Progress/Submitted](#)

[Awards](#)

[Payments & Deliverables](#)

[Messages](#)


Application PEER-0001621 - Peer Personnel Training and Placement Program

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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

Apply Here      Applications - In Progress/Submitted      Awards      Payments & Deliverables      Messages								
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
PEER-0001621		ZzzYour Buddy Clintonzzz		Submitted	Peer Personnel Training and Placement Program 2023	03/30/2023 3:00 PM		No 

# Common Application Errors

- Applicant did not reconcile the participating 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 204 signatories.

# Questions?

Email: [BHPrograms@HCAI.ca.gov](mailto:BHPrograms@HCAI.ca.gov)

Program Officer: Wesley Salter  
[Wesley.Salter@hcai.ca.gov](mailto:Wesley.Salter@hcai.ca.gov)

Program Manager: Clinton Ramstad  
[Clinton.Ramstad@hcai.ca.gov](mailto:Clinton.Ramstad@hcai.ca.gov)