HCAi
Department of Health Care Access and Information

Medi-Cal Behavioral Health Residency Training Program (MBH-RTP) Technical Assistance Guide

Department of Health Care Access and Information

July 2025

Background and Mission

- The Medi-Cal Behavioral Health Residency Training Program (MBH-RTP) is a new program that is aimed at expanding medical education and training to meet behavioral health care needs in Medi-Cal safety net settings. The key objectives of the MBH-RTP are to increase the number of psychiatrists and addiction medicine physicians practicing in Medi-Cal safety net settings, and to improve the cultural and linguistic competence of these practitioners that reflect and respond to the needs of the Medi-Cal population.

- The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), led by the Department of Health Care Services (DHCS), includes a five-year $1.9 billion federal-state allocation for workforce initiatives. In partnership with DHCS, HCAI is offering funding opportunities through five unique workforce programs, one of which is MBH-RTP.

- Existing graduate medical education (GME) programs should apply for funds to expand the number of trainee positions to support eligible GME programs, which include psychiatry residency programs and fellowships in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine.

Application Release Dates

Application released: July 15, 2025

Informational Webinar: July 22, 2025

Application deadline: August 15, 2025

Applications open and close at 3:00 p.m.

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.
- Funds shall not supplant existing state or local funds.

Information to Gather

- ACGME Approval Letter (or an acceptable substitute if it is on the way).
- Sustainability Letter.
- Information about your cohorts. HCAI will supply a worksheet to assist with organization.
- NPI: National Provider Identifier (NPI) for your organization, if applicable.
- National Resident Matching Program (NRMP) track name (if you have it).
- FEIN: Federal Employer Identification Number (FEIN), also known as your organization's tax ID.
- Grant Signatory – Name, email, phone number.
- Alternate Contact – Name, email, phone number.

Available Funding

- This grant year, over **$14 million** will be available for the MBH-RTP for psychiatry residency programs and for fellowship programs in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine. Future funding cycles will be offered for only fellowship programs in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine. Due to time constraints, there will be no future cycle offered for psychiatry residency programs.

- HCAI will award MBH-RTP Grantees up to **$250,000** per trainee, per year, to support the training of each resident or fellow.

- Awarded programs shall use the funding to expand the number of trainee positions in psychiatric residency and/or fellowship programs in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine, for the purpose of meeting the clinical needs of persons with or at high risk of severe mental illness or severe emotional disturbances and/or substance use disorders. Services are to be delivered in Medi-Cal safety net settings.

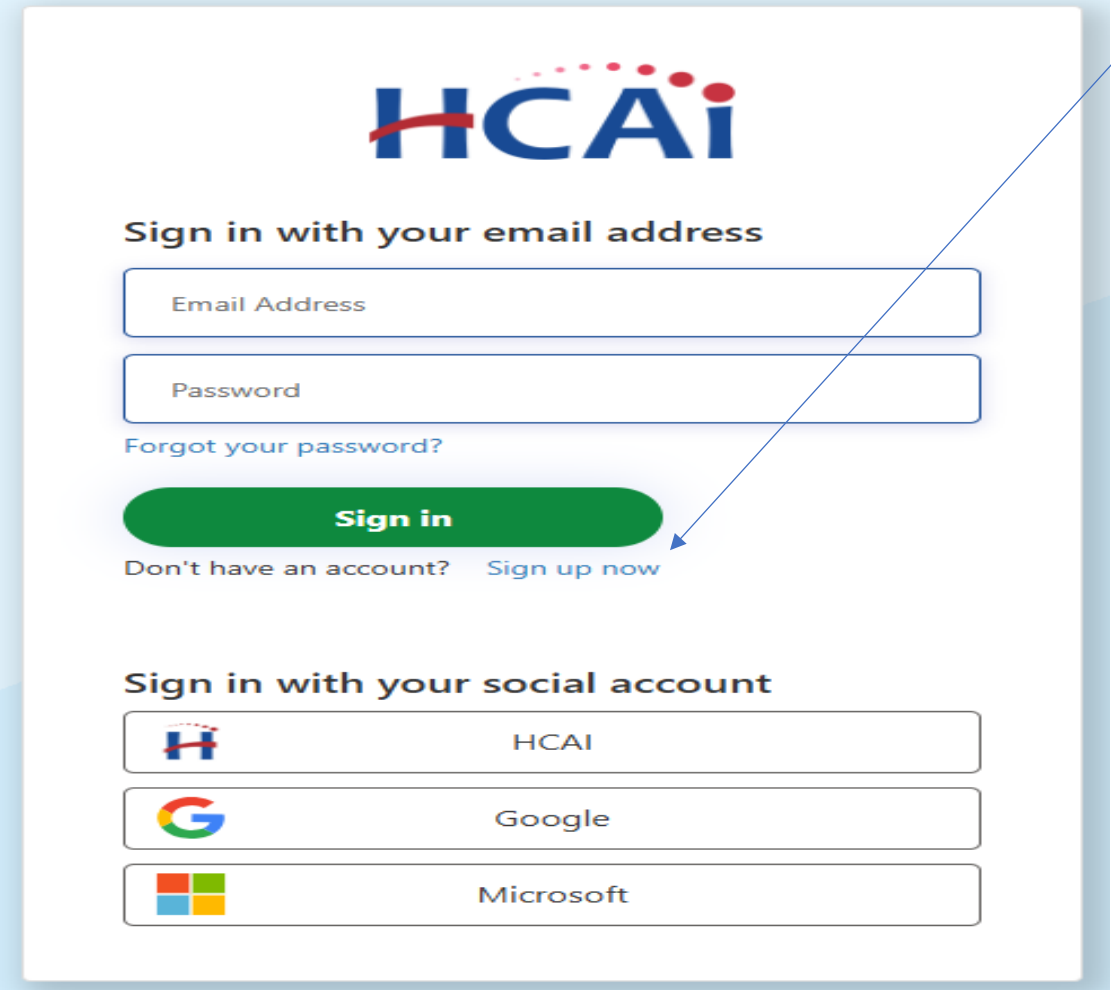
Helpful Resources

- 2025 MBH-RTP Homepage
- 2025 MBH-RTP Grant Guide
- 2025 MBH-RTP Application

Creating an Account – Part 1

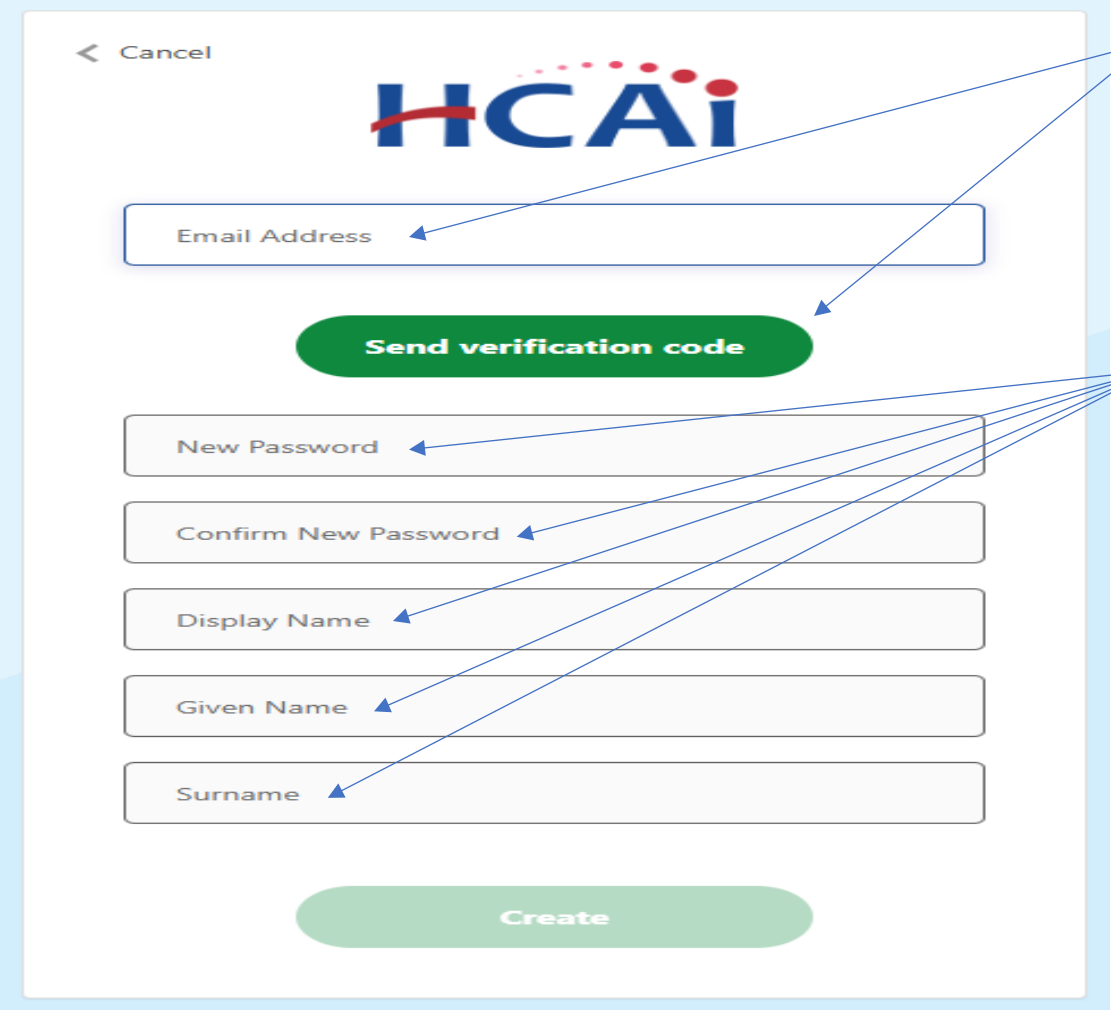
If you are a **new** applicant, click "**Log In**".

Creating an Account – Part 2



If you are a new applicant, click "**Sign up now**".

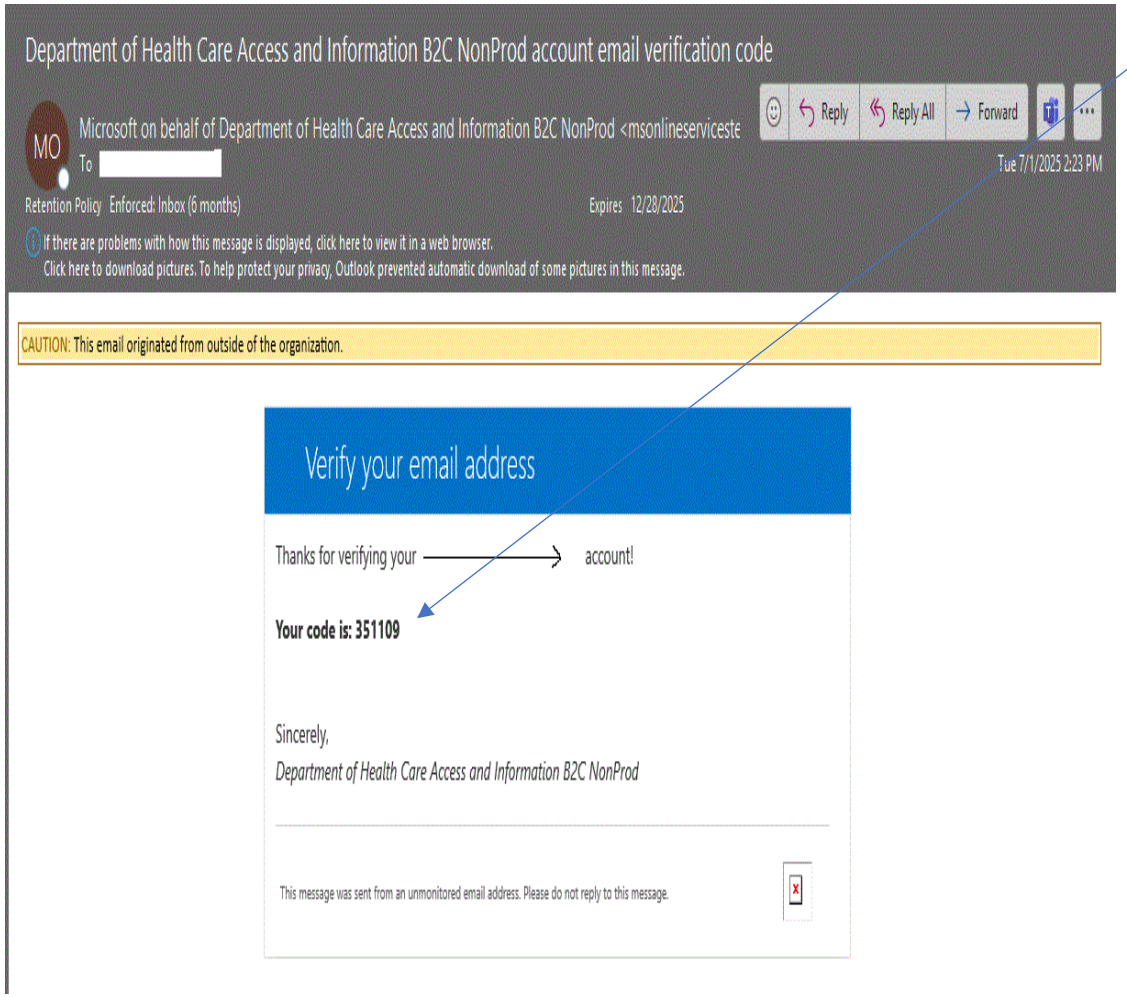
Creating an Account – Part 3



If you are a new applicant, HCAI will need to confirm your email address. Type in your email address and click the "**Send verification code**" button.

Once you receive the verification code that HCAI sends you via email, you may then proceed and complete the remaining fields. Click the "**Create**" button once completed.

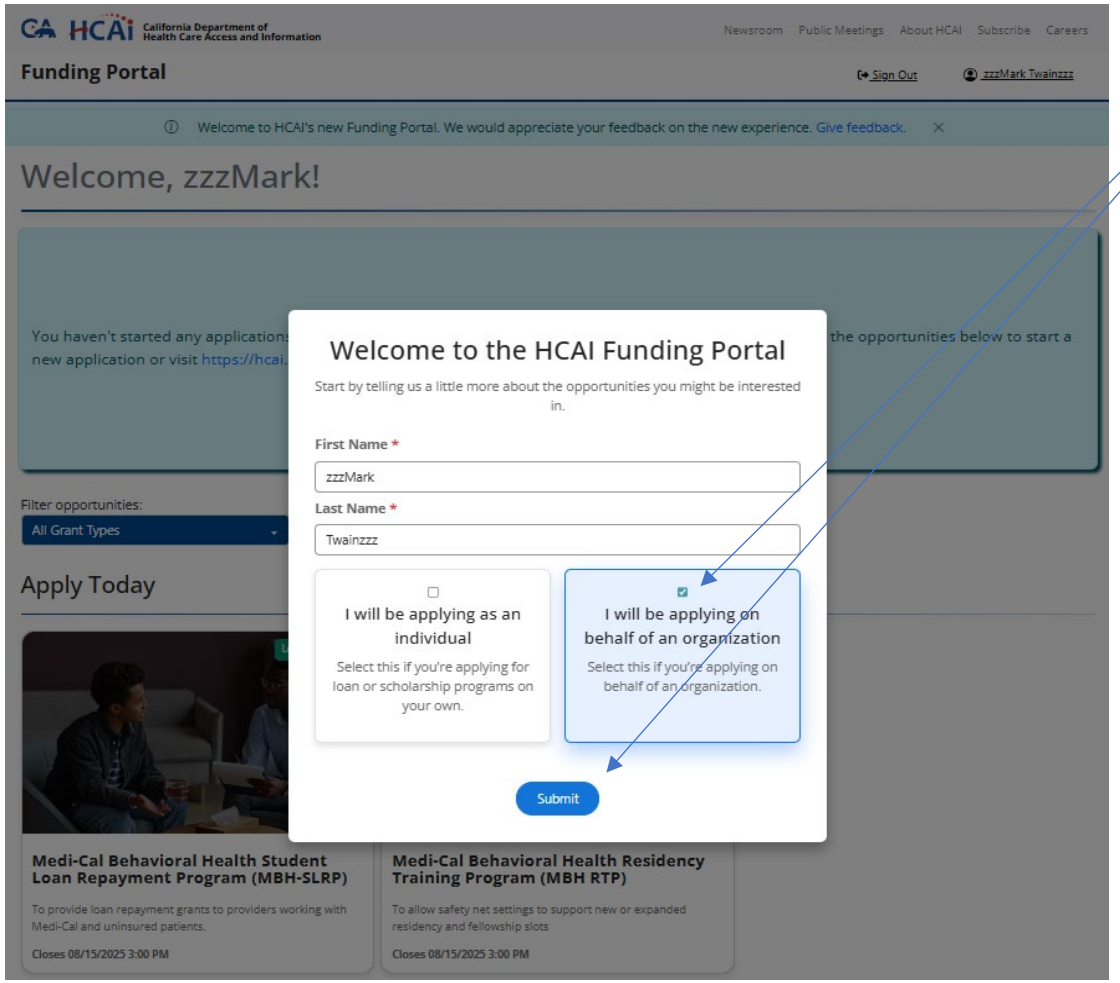
Creating an Account – Part 4



This is an example of the verification code email. You may need to check your junk or spam folder. Save the customized code to continue creating your account.

Creating an MBH-RTP Profile

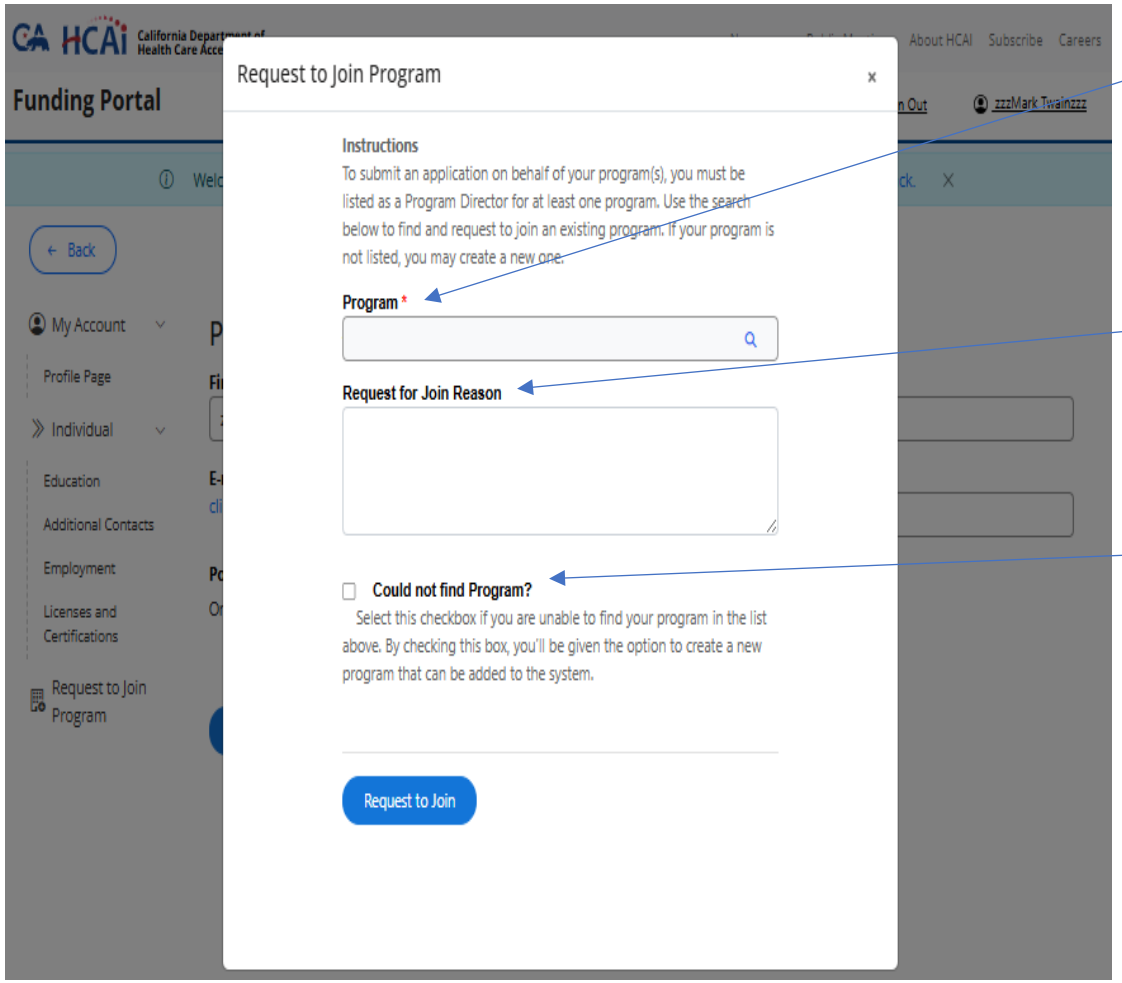
Profile – Choose “Organization”



If you are applying for the Medi-Cal Behavioral Health Residency Training Program (MBH-RTP), please click “**I will be applying on behalf of an organization**” and then select “**Submit**”.

The option to choose “individual” leads to other HCAI grant opportunities and will take you away from the MBH-RTP application. Please do not select that option.

Profile – Request to Join Program

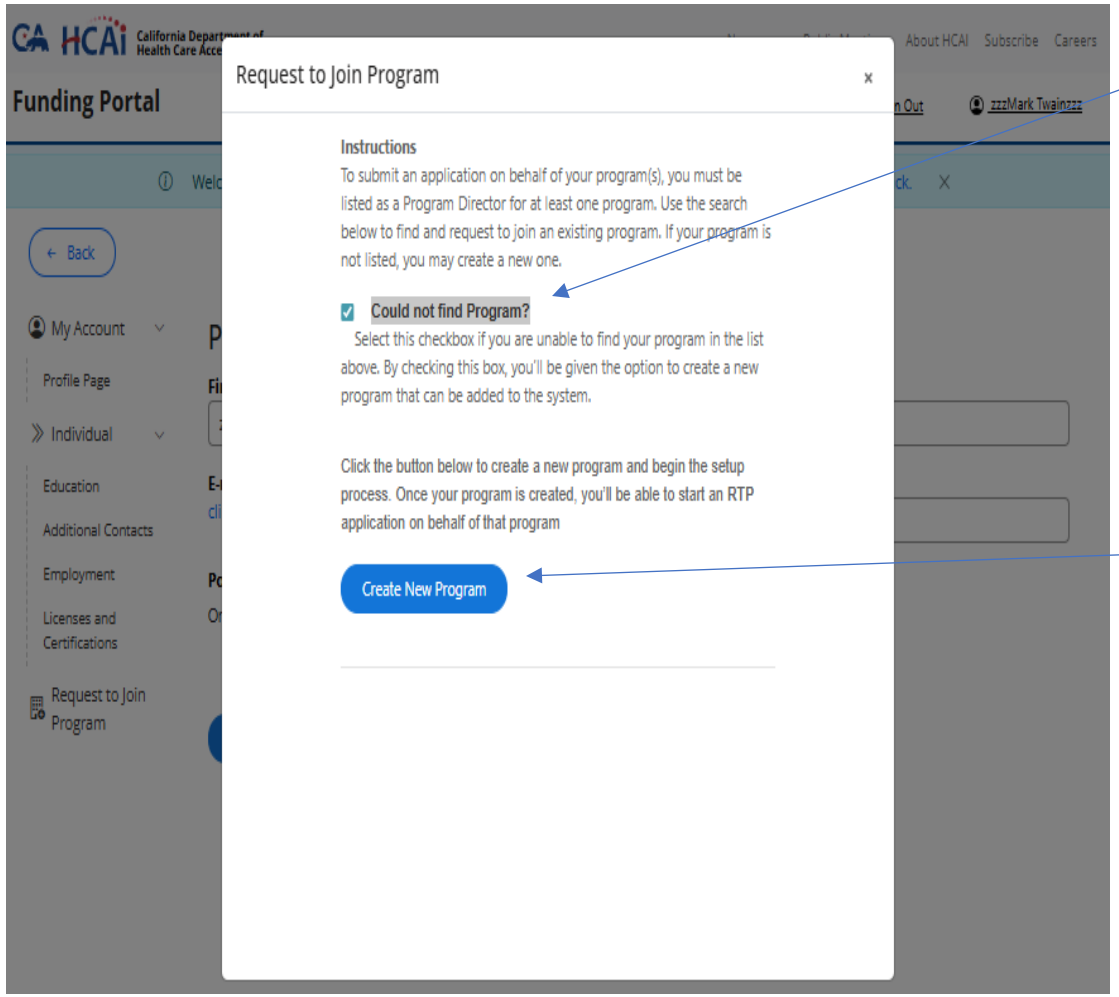


To submit an application on behalf of your program(s), you must be listed as a Program Director for at least one program. Use the search function below '**Program**' to find and request to join an existing program.

If you locate your program from the list, in the category "**Request for Join Reason**", please explain your role in the grant preparation process.

If your program is not listed, you may create a new one. Please click the "**Could not find Program?**" box. Clicking this will result in a pop-up box. See pop-up example on next slide.

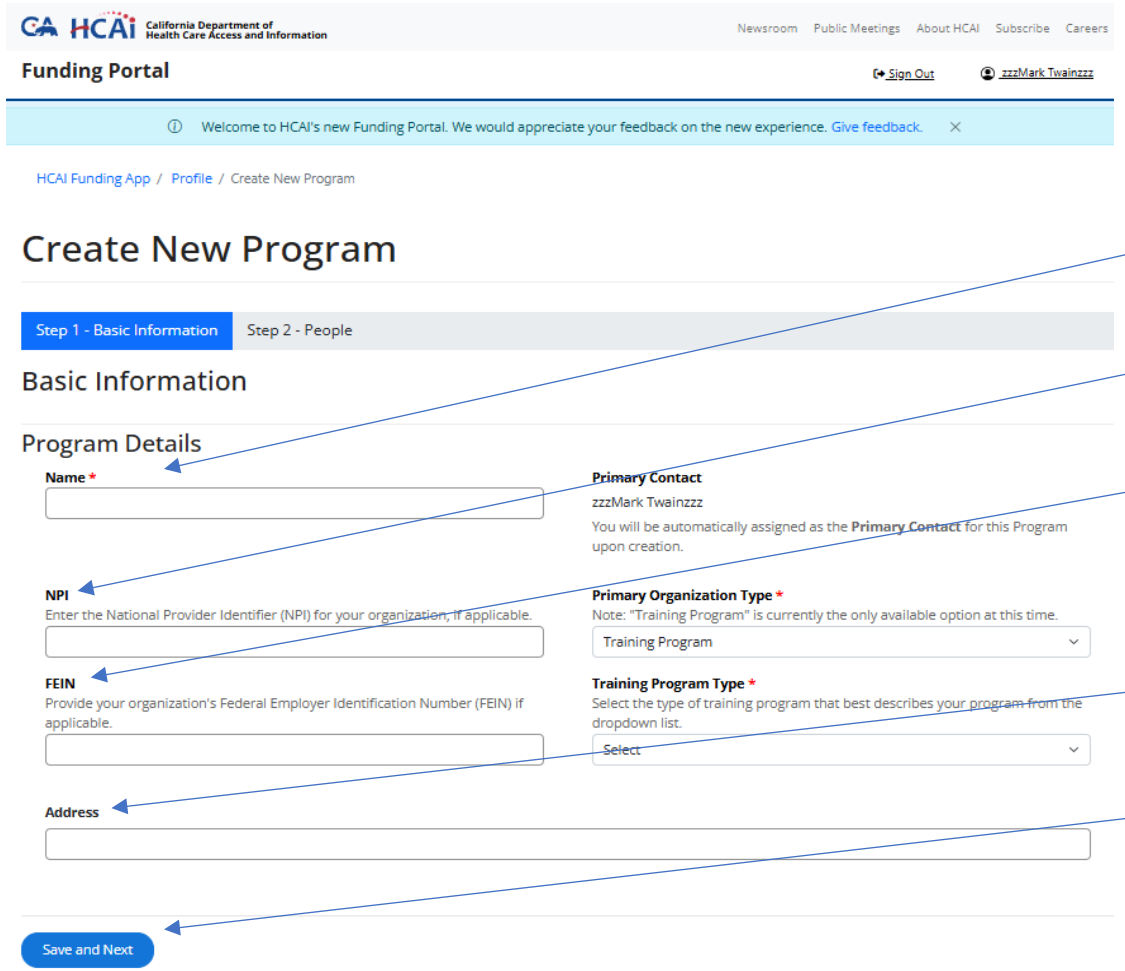
Profile – Request to Join Program (continued)



After clicking the "**Could not find Program?**" box. A "Create New Program" button will appear. Please click this button to begin inputting your organization's information. HCAI requires your organization's information before your information (or your role within it) if that has not been provided already.

Please click "**Create New Program**" to launch you into the Create New Program page which will be demonstrated in the next slide.

Create New Program – Step 1



After clicking "**Create New Program**", you will move forward to the Create New Program page.

Name: HCAI would like to request your training program name.

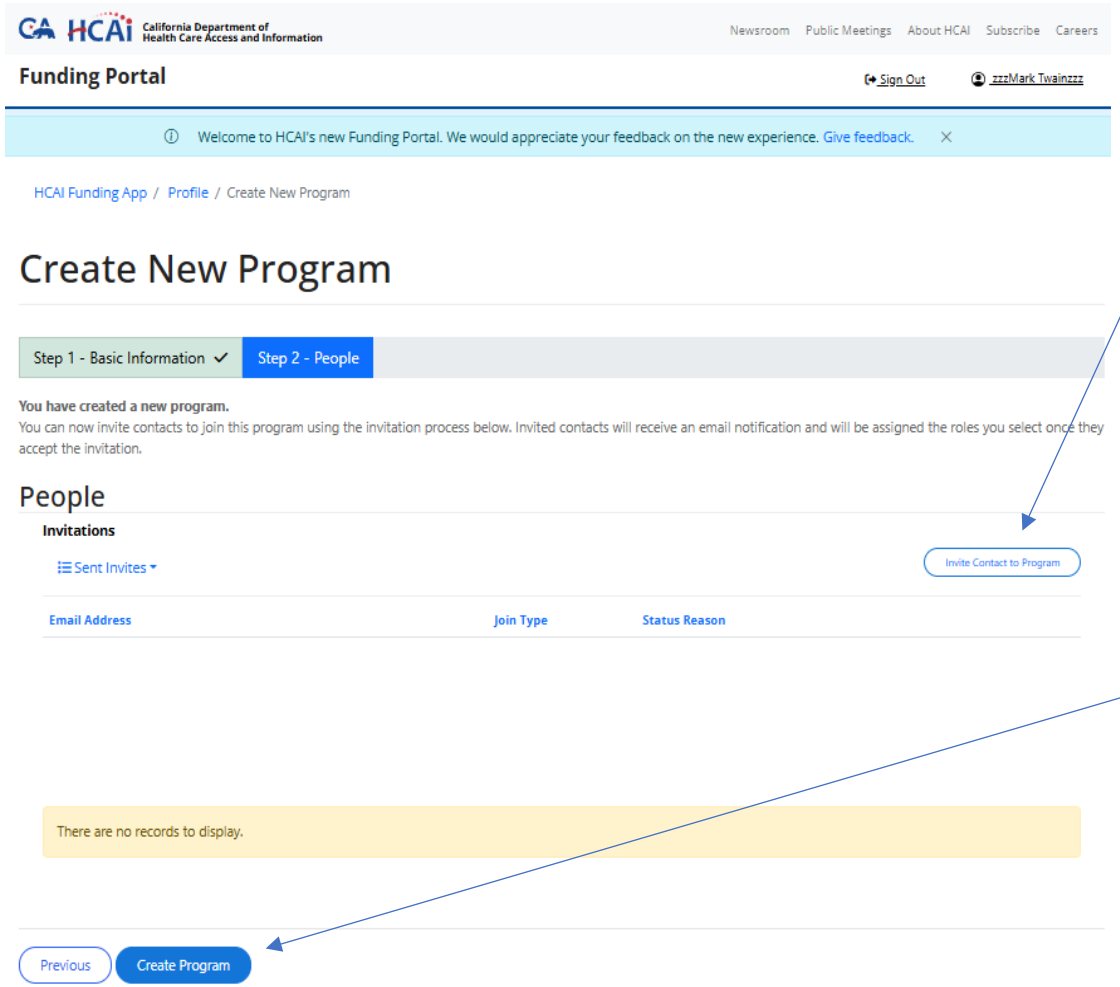
NPI: National Provider Identifier (NPI) for your organization, if applicable.

FEIN: Federal Employer Identification Number (FEIN), also known as your organization's tax ID. If you have it, providing it may make your application experience easier by pre-populating other sections that you will be asked about later in the process.

Address: This would be the primary address for your training program.

Please select "**Save and Next**".

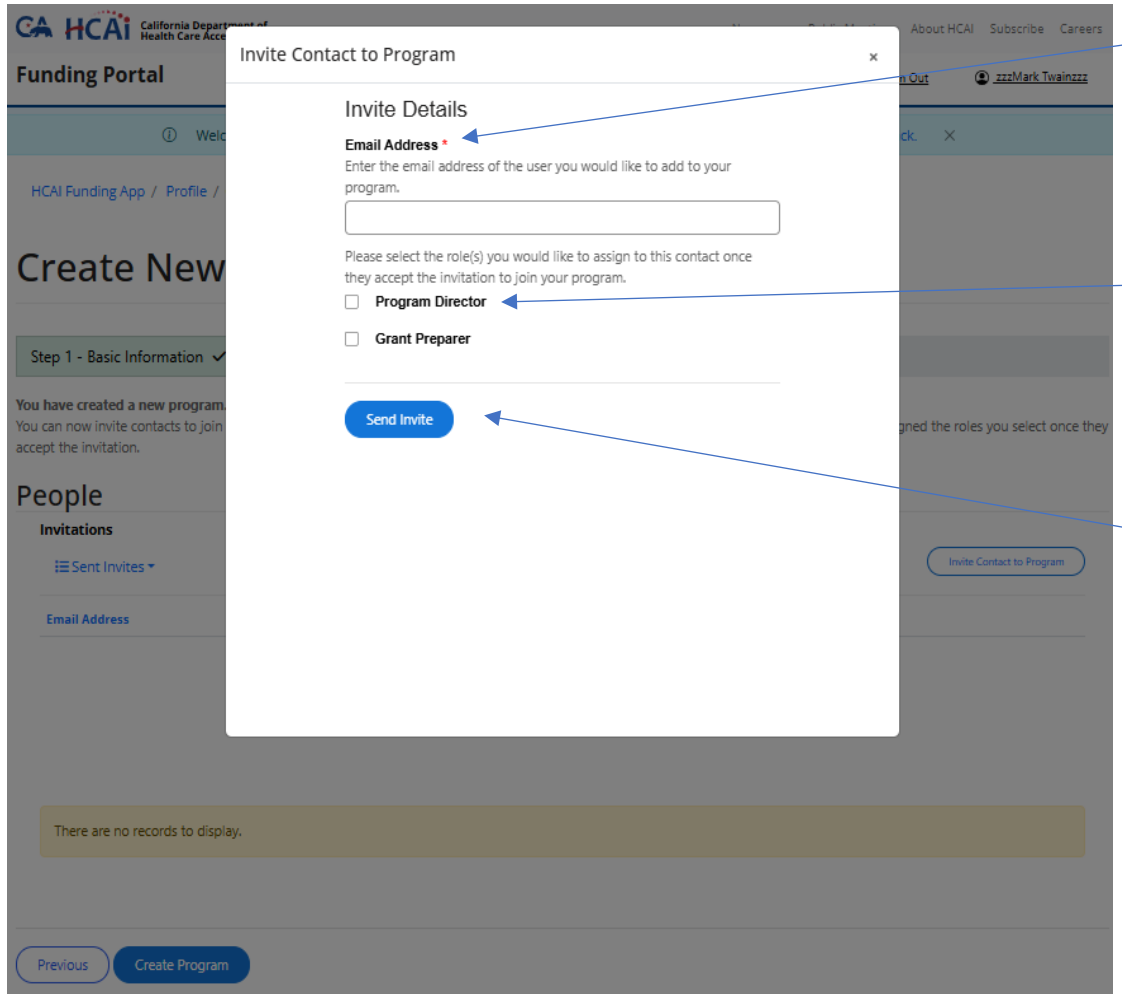
Create New Program – Step 2



If you would like additional staff to assist with completing your application, please select "**Invite Contact to Program**" and add their contact information in the pop-up box that will appear. See pop-up example on next slide.

When you have added all the staff that you would like to assist with preparing the grant, please select "**Create Program**".

Create New Program – Step 2 (continued)

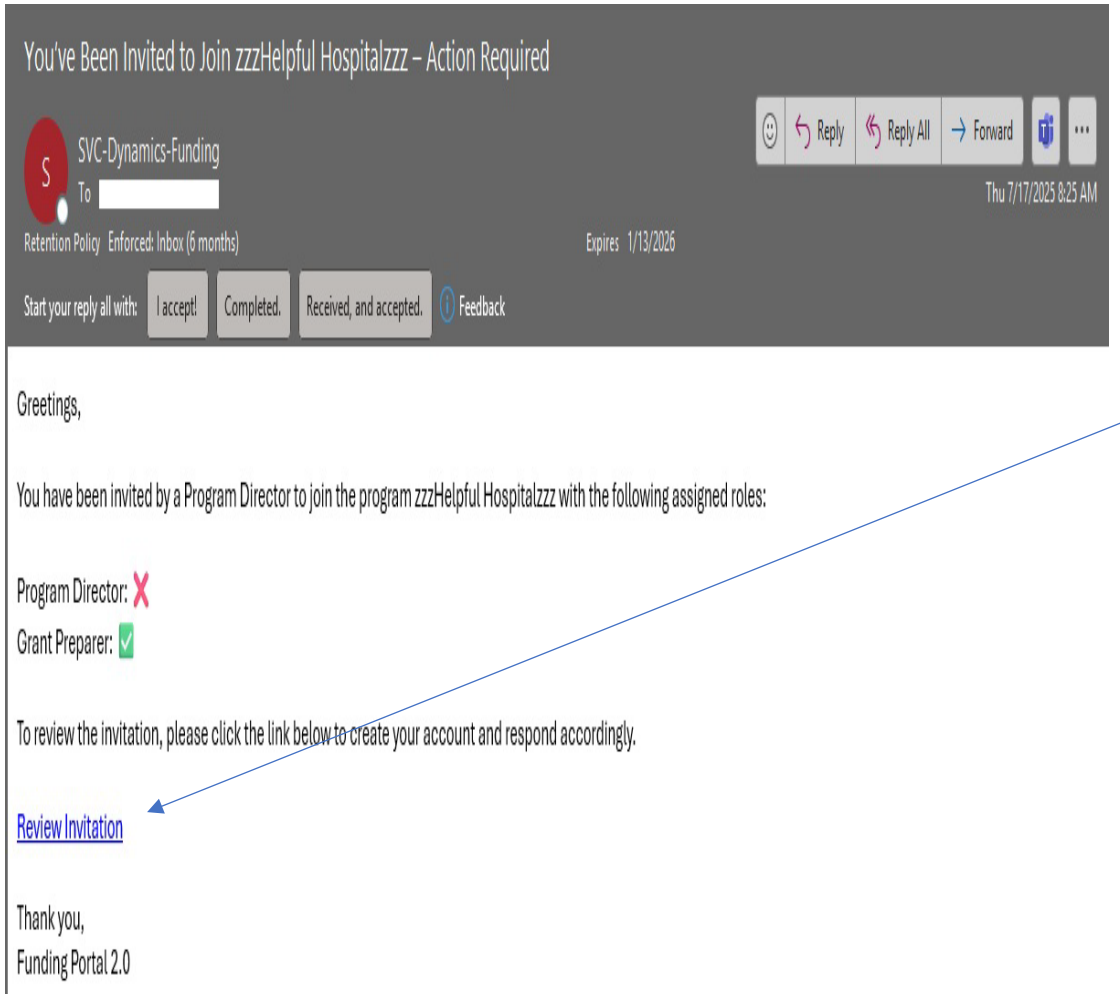


Please add the email address of any staff member who you would like to assist with completing this application. They will be sent an email inviting them to join.

Please assign their role in the process. Only a Program Director can submit an application when complete. A Grant Preparer's authority is limited to only adding information while the application is underway.

Once you have added all the staff that you would like to assist with preparing the grant, please select "**Send Invite**" when you have finished.

Create New Program – (Follow-Up)

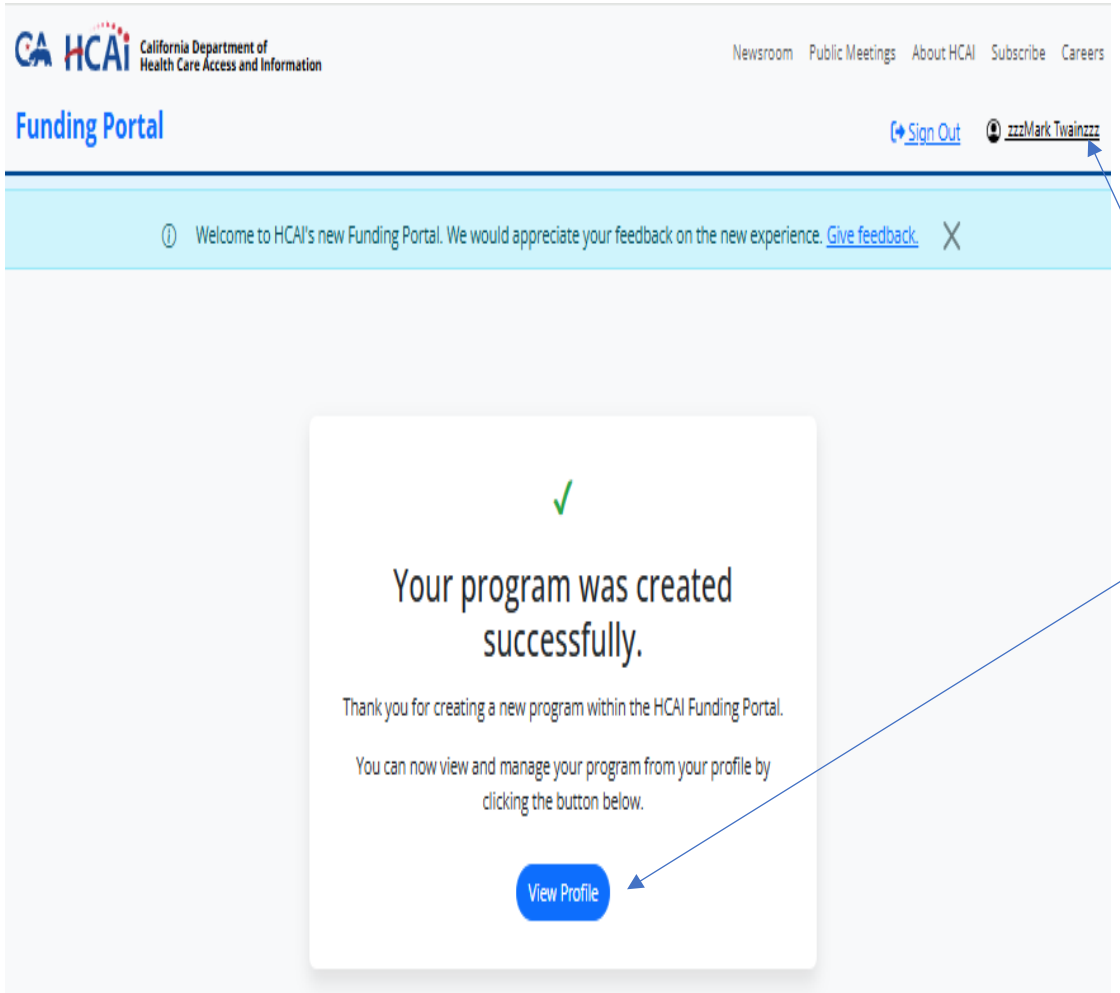


IMPORTANT: You will not see this, nor be sent a copy.

The staff member you have added, will receive an email that looks like this.

The staff member you added will need to click on the blue link that says "**Review Invitation**" to participate in the grant preparation process.

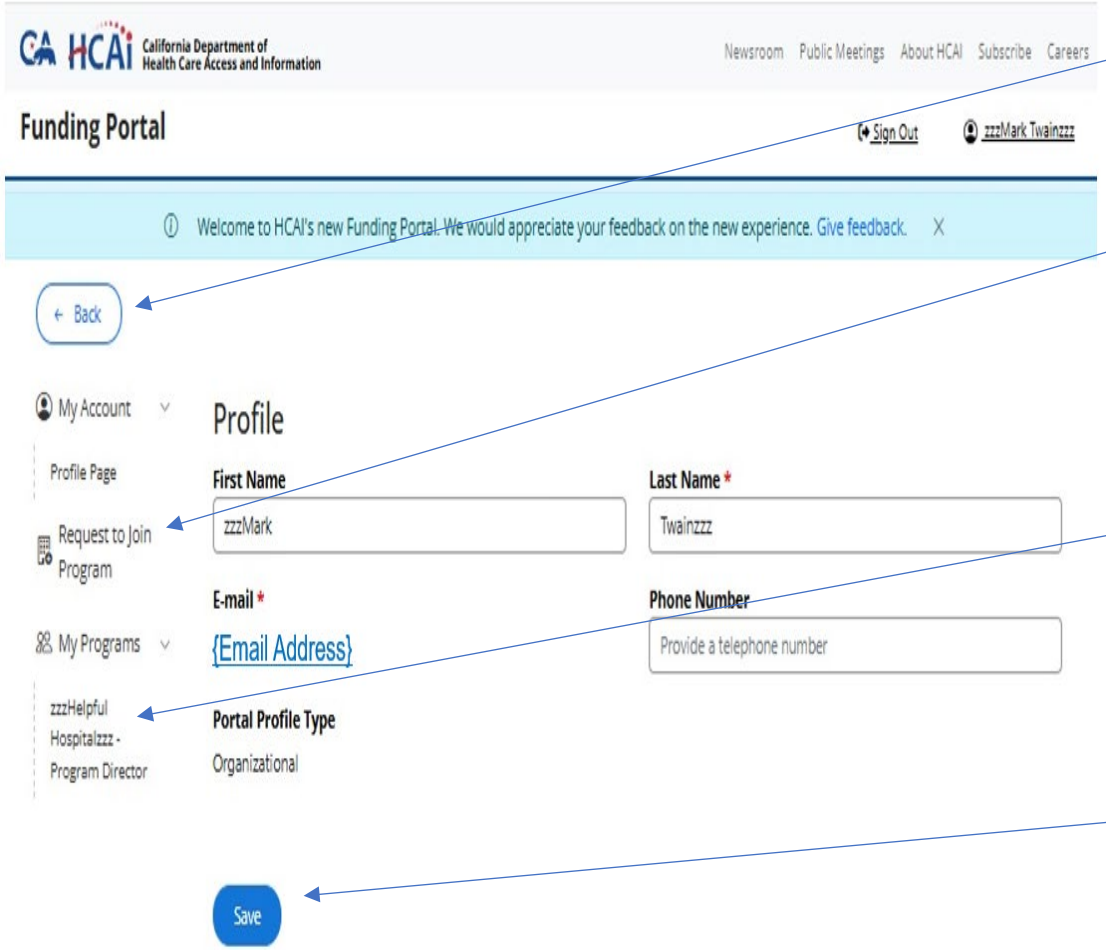
Create New Program – Successful



When you have finished adding your program to HCAI's funding portal, you will see this message on your screen.

If you would like to continue adding to your profile, please select either option: 1) Your **Name** at the top, or 2) "**View Profile**".

Profile - Navigation



If you wish to continue working on your organization grant application from here, please click the "**Back**" button.

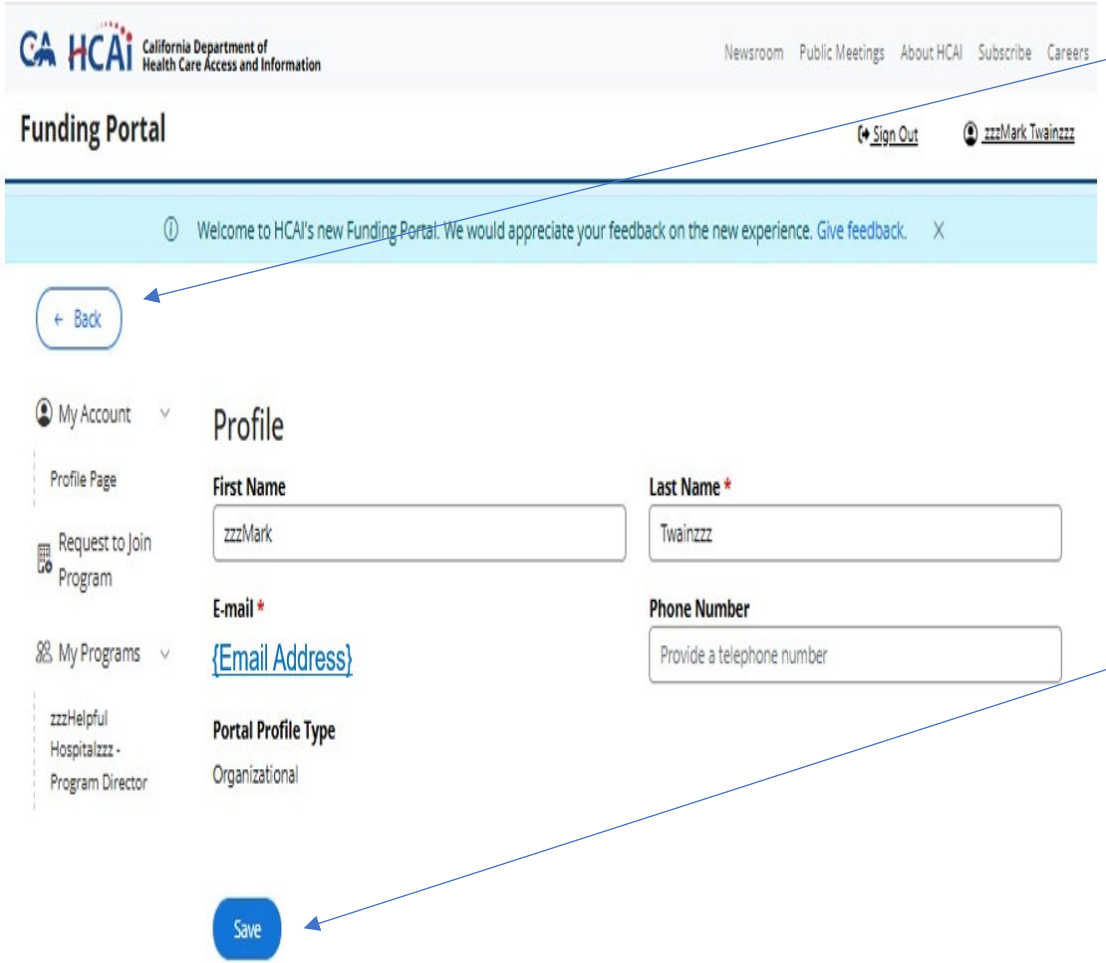
The main objective on this page is to ensure that the profile you logged in with is correctly linked with the program you are serving. If you have not done so yet, please click here.

If you were able to successfully add your program to HCAI's Funding Portal, you will see your program's name here.

Please click "**Save**".

Starting the MBH-RTP Application

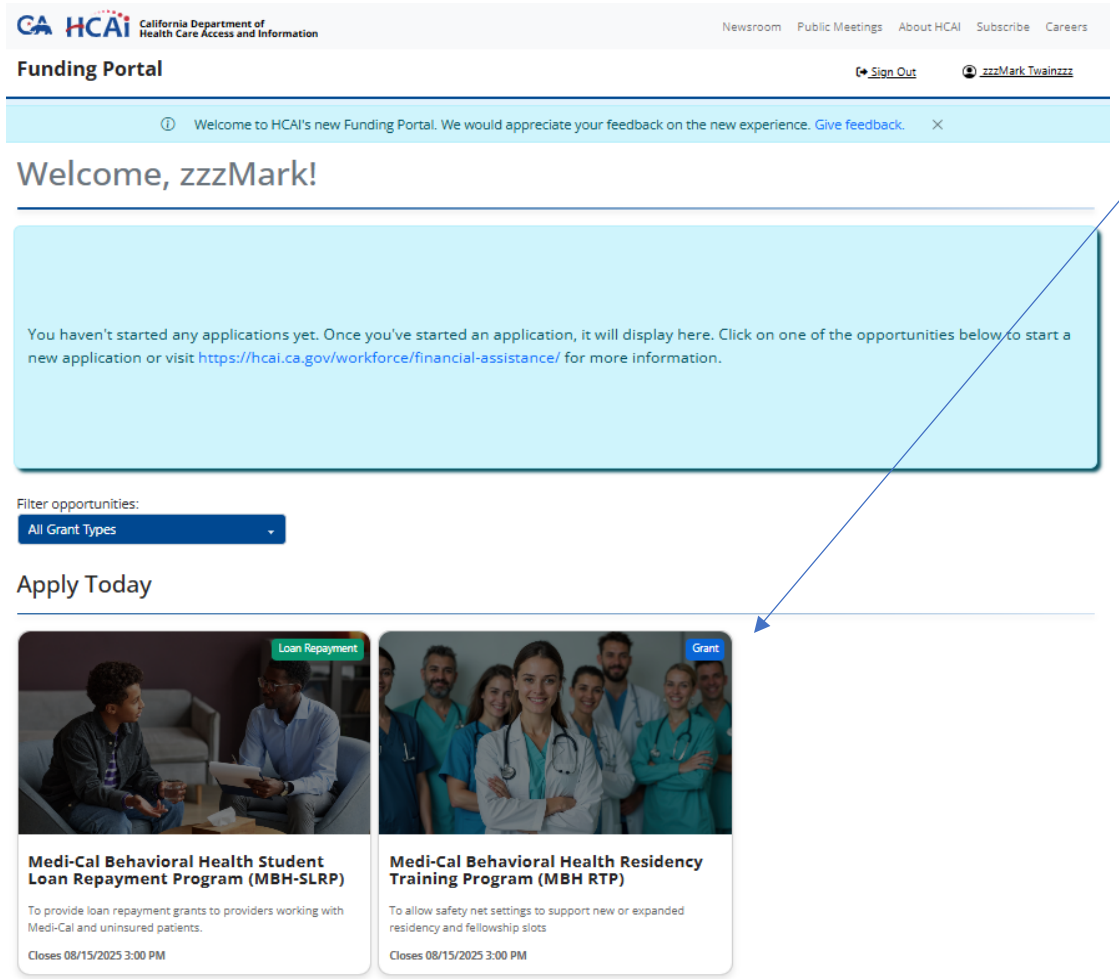
Applying – Part 1



When you have completed all the sections of your profile, you may begin your application. To navigate to the start of the application from here, please click "**Back**".

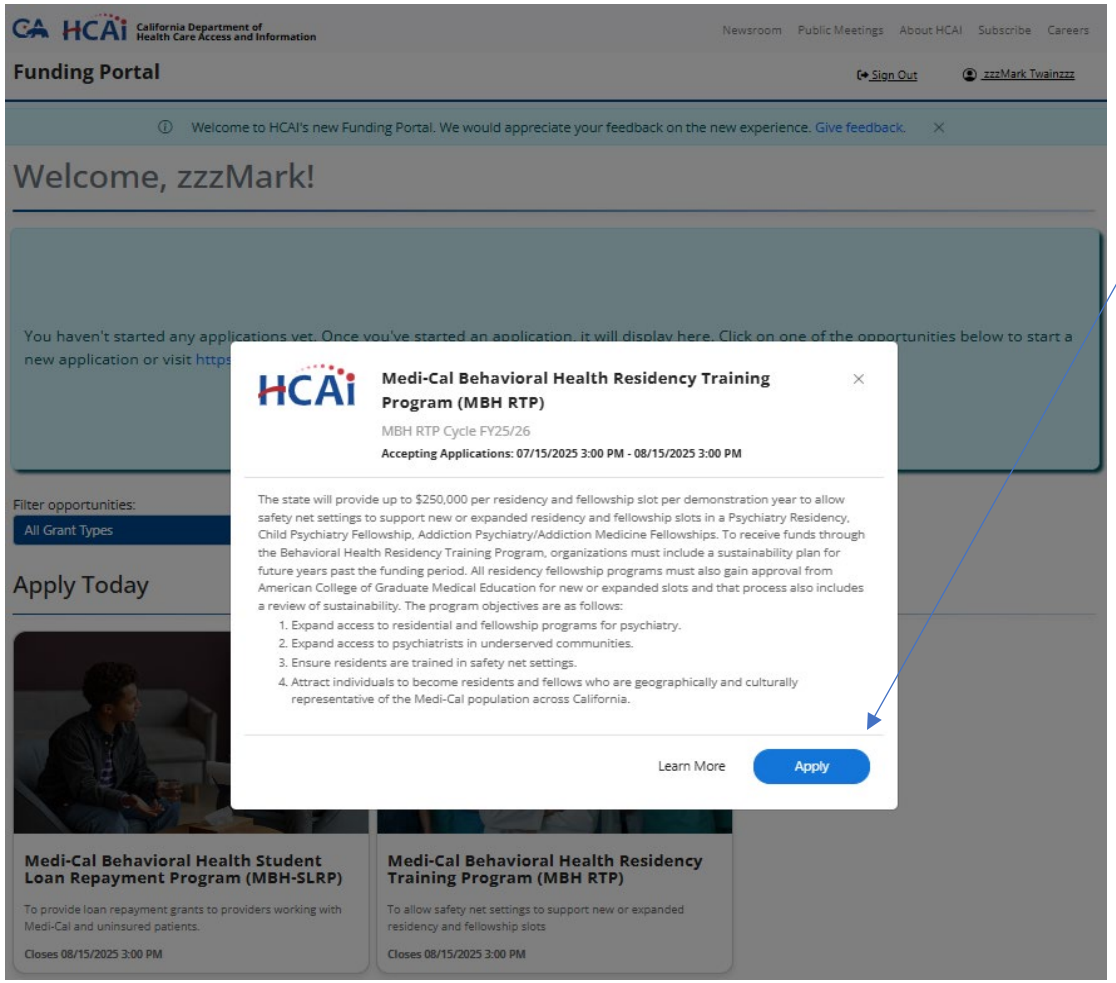
Please click "**Save**".

Applying – Part 2



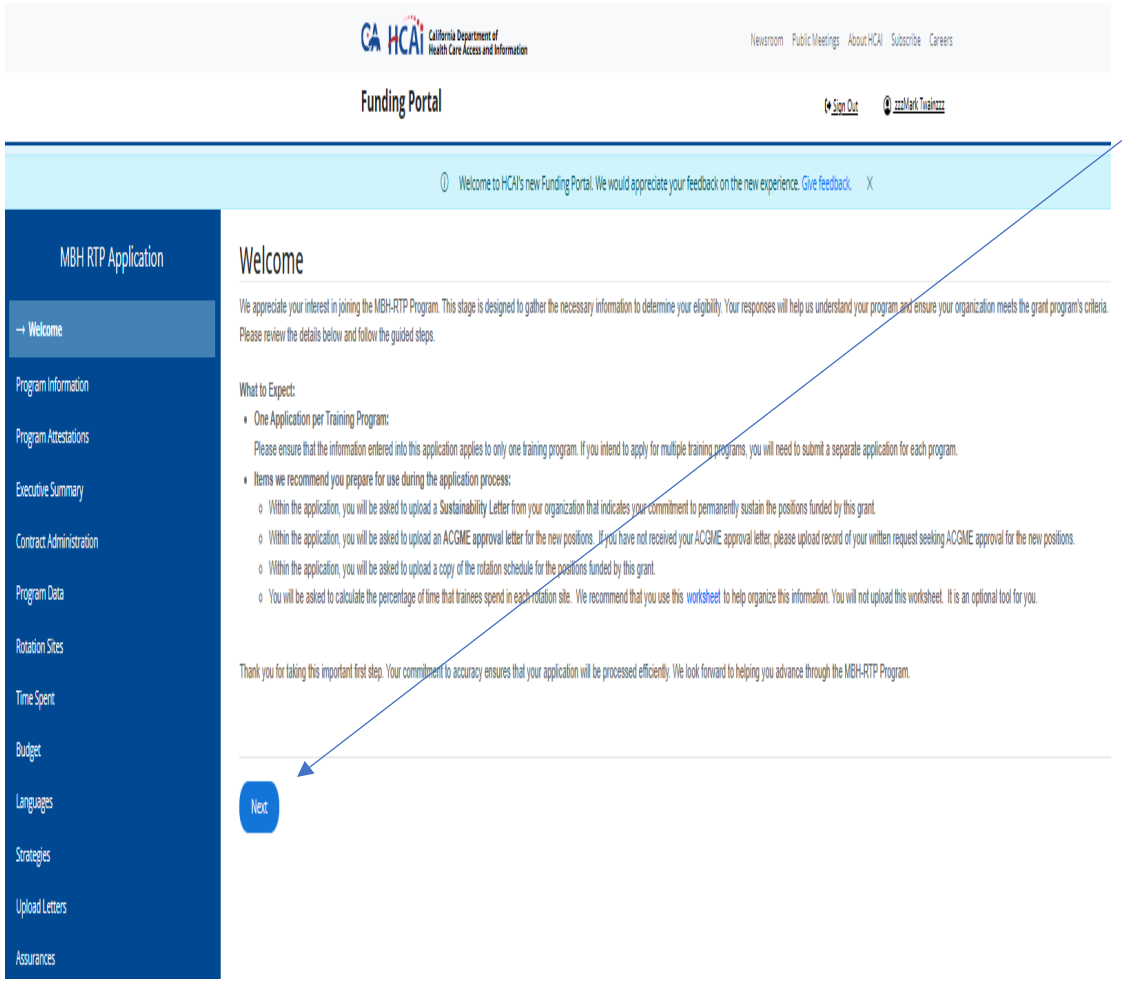
You may begin your application by clicking on the Medi-Cal Behavioral Health Residency Training Program (MBH-RTP) icon.

Applying – Part 3



After clicking on the Medi-Cal Behavioral Health Residency Training Program (MBH-RTP) application pop-up, please read the information regarding eligible professions and award amounts and click "**Apply**" to start the application process.

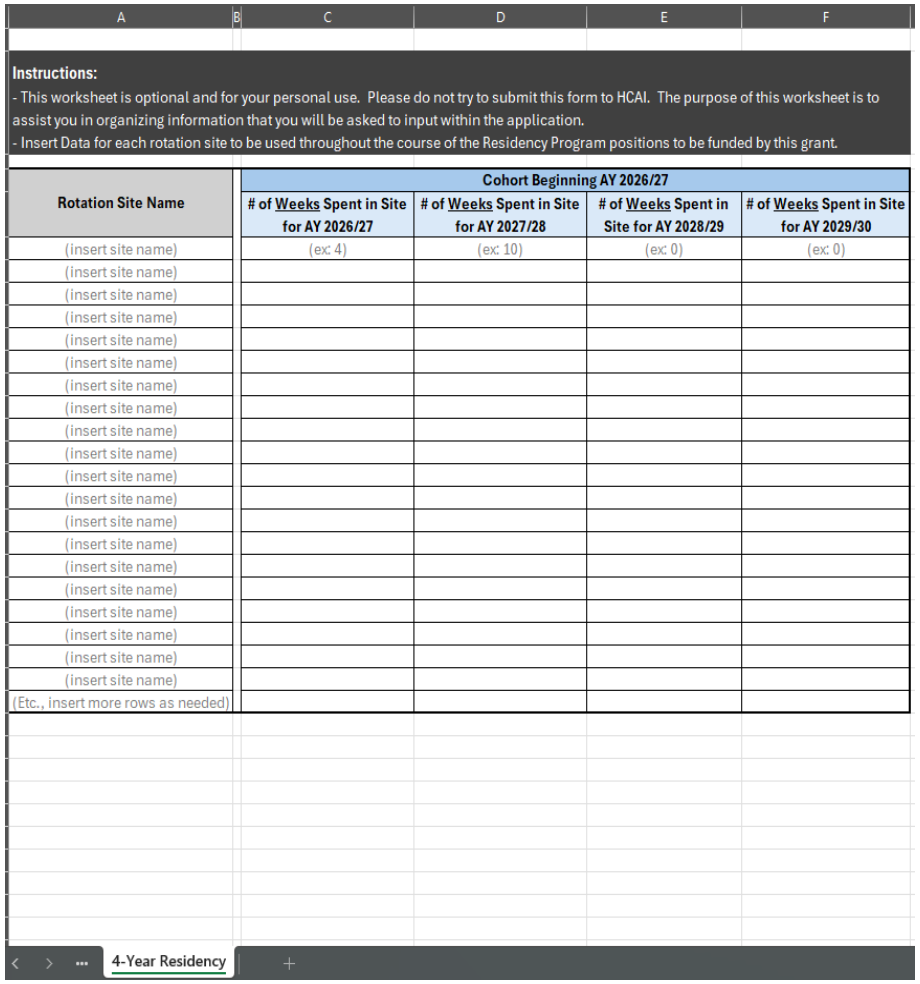
MBH-RTP - Welcome Page



This page outlines what to expect in the application process. Please click "**Next**" once you have read and are ready to proceed.

You will be offered a **worksheet** to help you organize the rotation site information that will be required later in the application process. See pop-up example of the worksheet on next slide.

MBH-RTP - Worksheet Example



Instructions:
- This worksheet is optional and for your personal use. Please do not try to submit this form to HCAI. The purpose of this worksheet is to assist you in organizing information that you will be asked to input within the application.
- Insert Data for each rotation site to be used throughout the course of the Residency Program positions to be funded by this grant.

Rotation Site Name	Cohort Beginning AY 2026/27			
	# of Weeks Spent in Site for AY 2026/27	# of Weeks Spent in Site for AY 2027/28	# of Weeks Spent in Site for AY 2028/29	# of Weeks Spent in Site for AY 2029/30
(insert site name)	(ex: 4)	(ex: 10)	(ex: 0)	(ex: 0)
(insert site name)				
(insert site name)				
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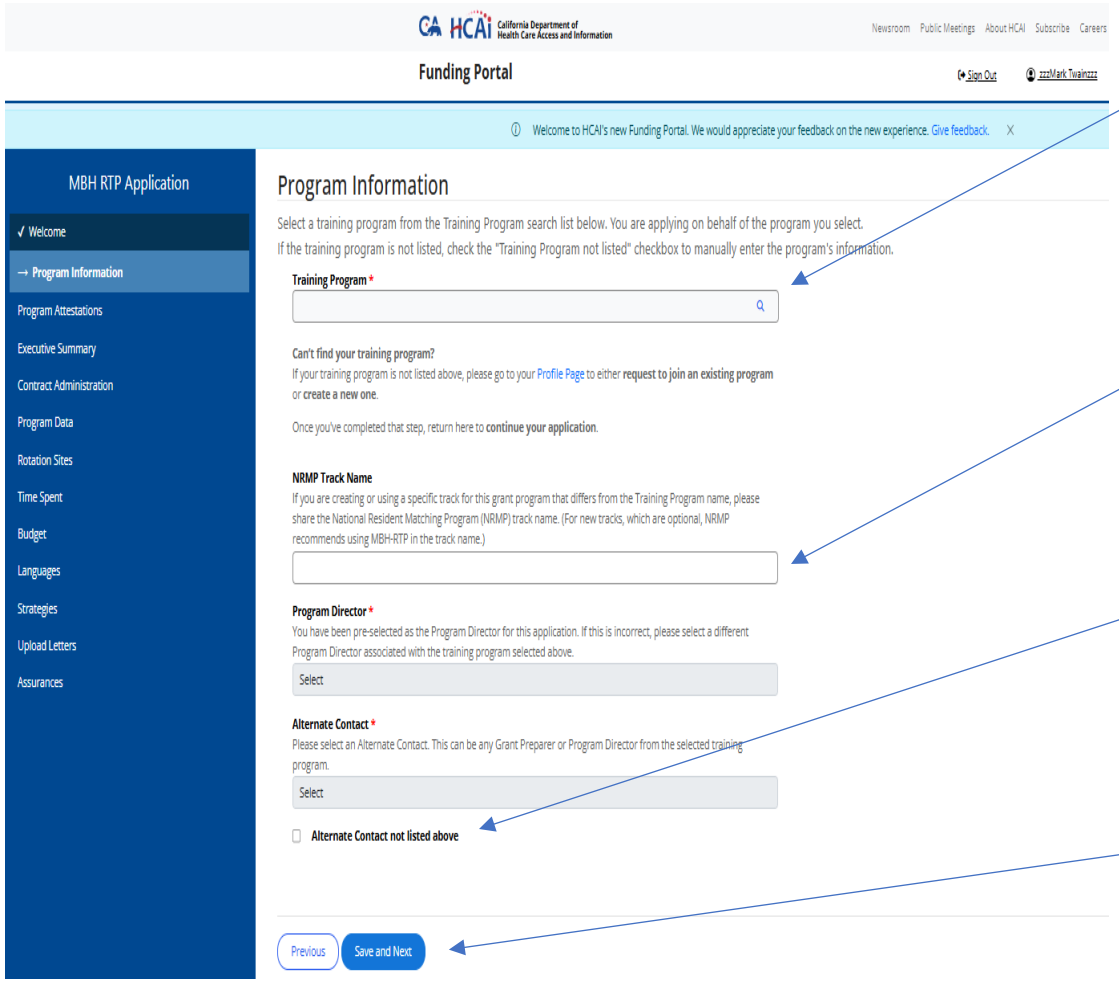
(insert site name)				
(insert site name)				
(insert site name)				
(insert site name)				
(Etc., insert more rows as needed)				

4-Year Residency

If you clicked on the **worksheet** from the Welcome page, you will be offered this Excel sheet to help you organize the rotation site information to input later in the application.

MBH-RTP – Program Information



Your training program should be populated here based on what you had chosen (or created) in your profile. If it is not pre-populated, please select it again from the dropdown list.

National Resident Matching Program (NRMP) Track Name**. If your program is new, please write "MBH-RTP" as a substitute.**

Alternate Contact must have the name of another person to contact, whether it is a Program Director (if you are not one) or another Grant Preparer. If you do not see another name in this box, please click "**Alternate Contact**"

Please click "**Save and Next**".

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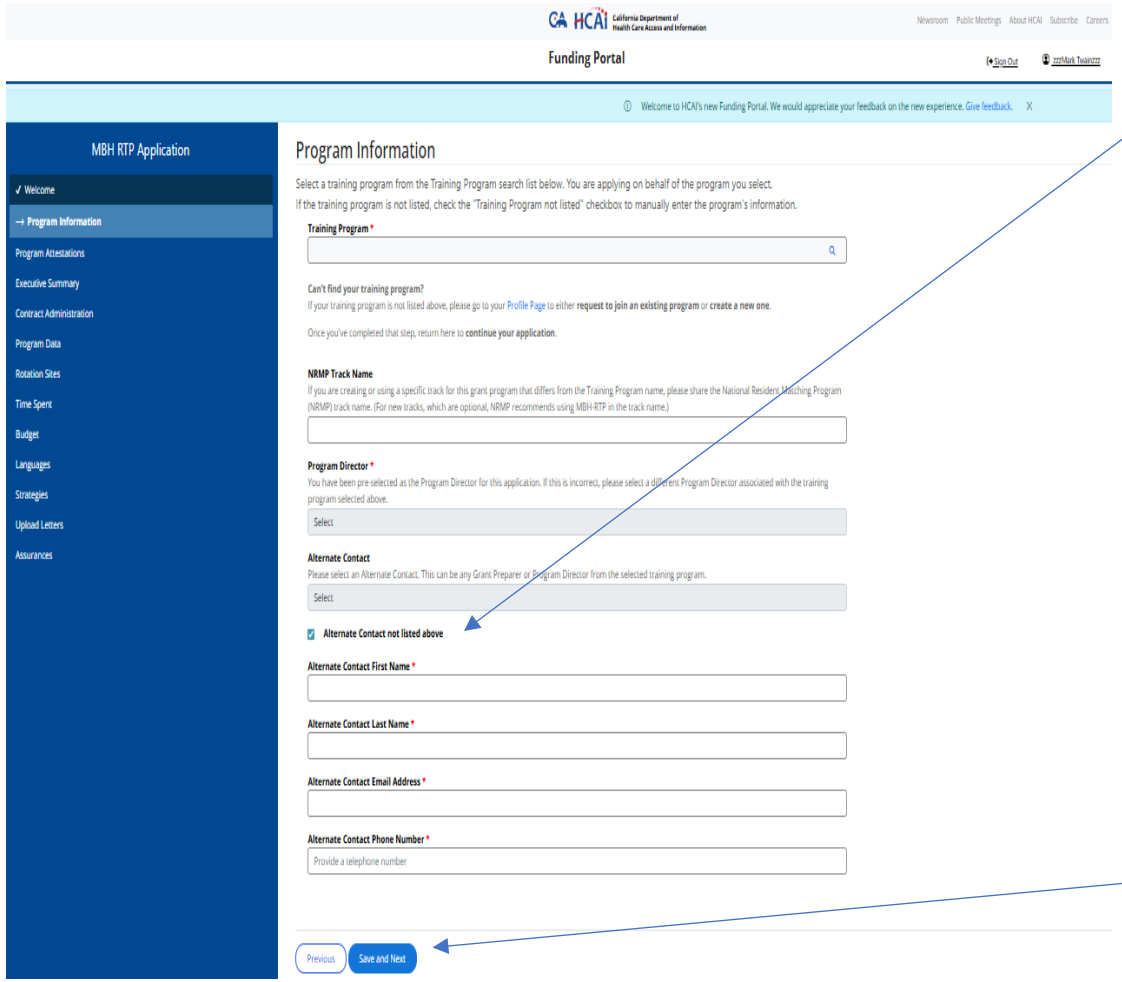
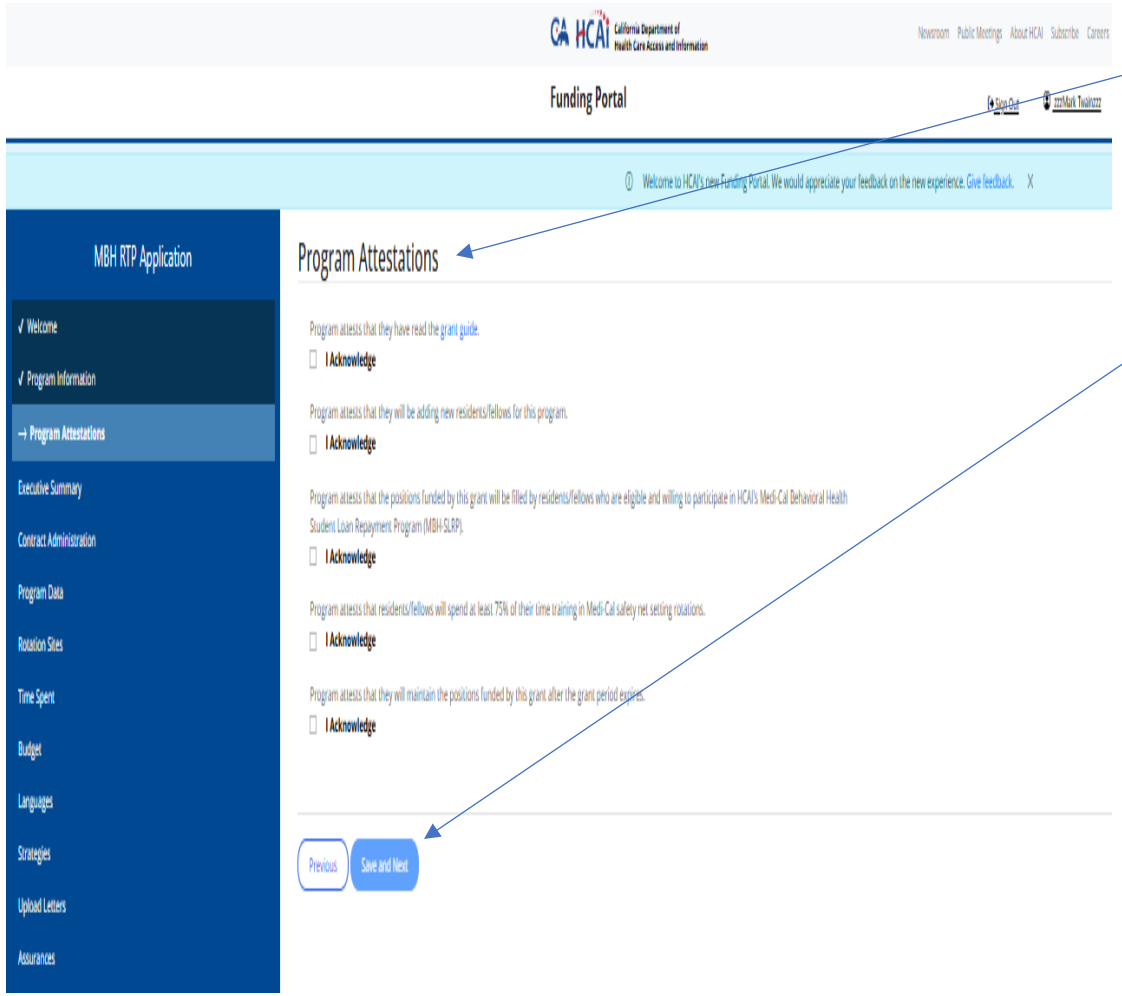
MBH-RTP – Program Information – Alt Contact



The screen expands to include these additional boxes if you choose "**Alternate Contact**". HCAI does require an alternate contact, in case there is an issue with your application and we need to contact someone in your program.

Please click "**Save and Next**".

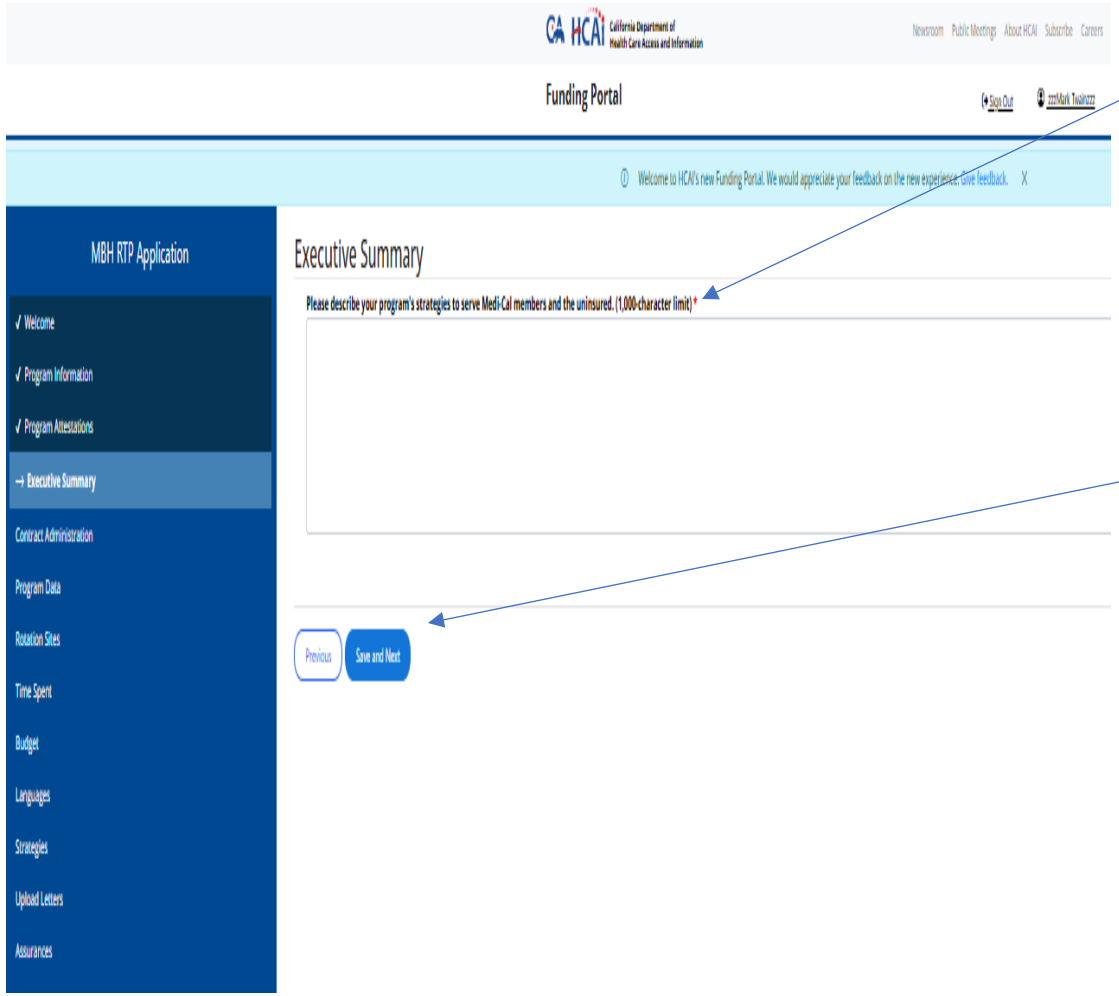
MBH-RTP - Attestations Page



This is the attestations page. Please read all the options carefully. Checking all the boxes is necessary to move forward with your application.

Please click "**Save and Next**" after you have checked all the acknowledgements.

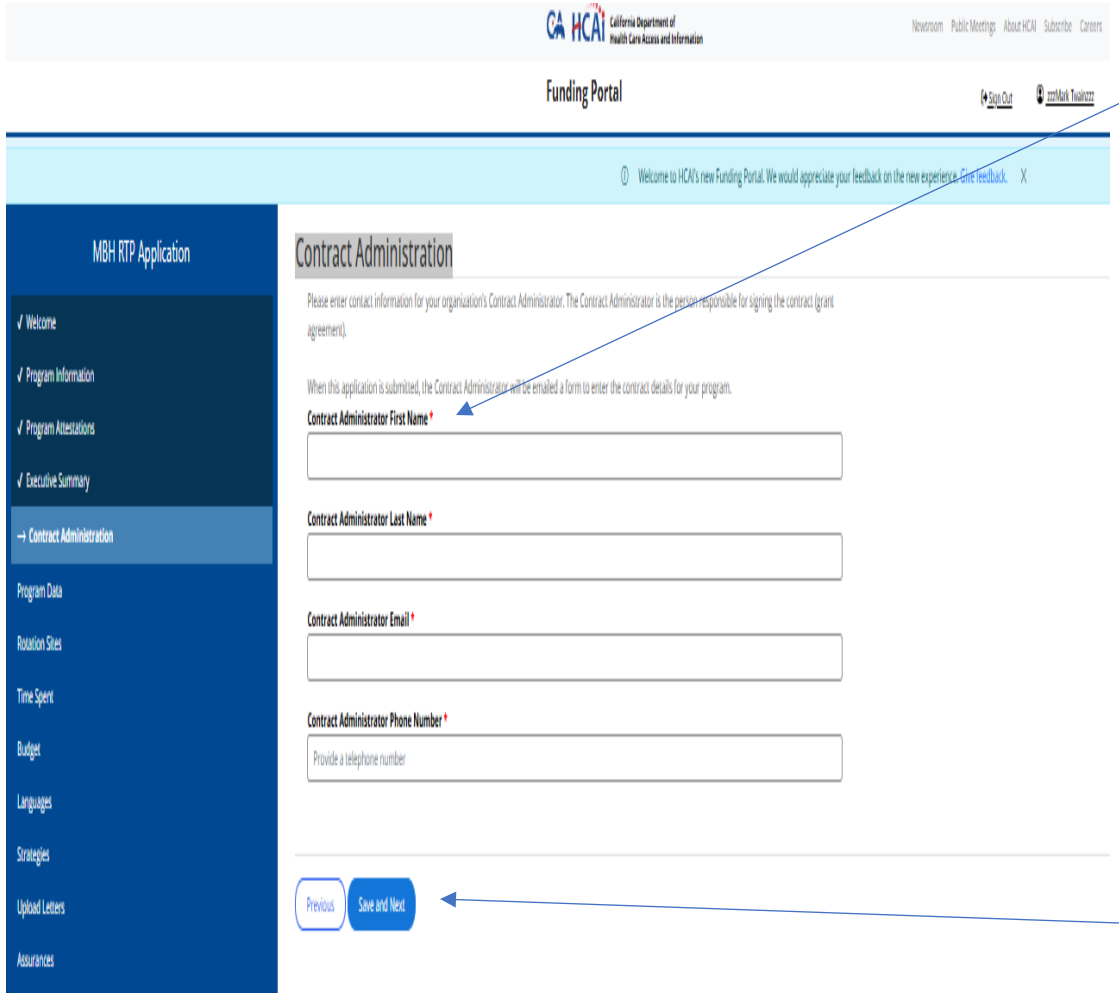
MBH-RTP - Executive Summary



HCAI considers this an important topic. "**Please describe your program's strategies to serve Medi-Cal members and the uninsured. (1,000-character limit)**". This is your opportunity to describe and promote your program in narrative form.

Please click "**Save and Next**".

MBH-RTP - Contract Administration



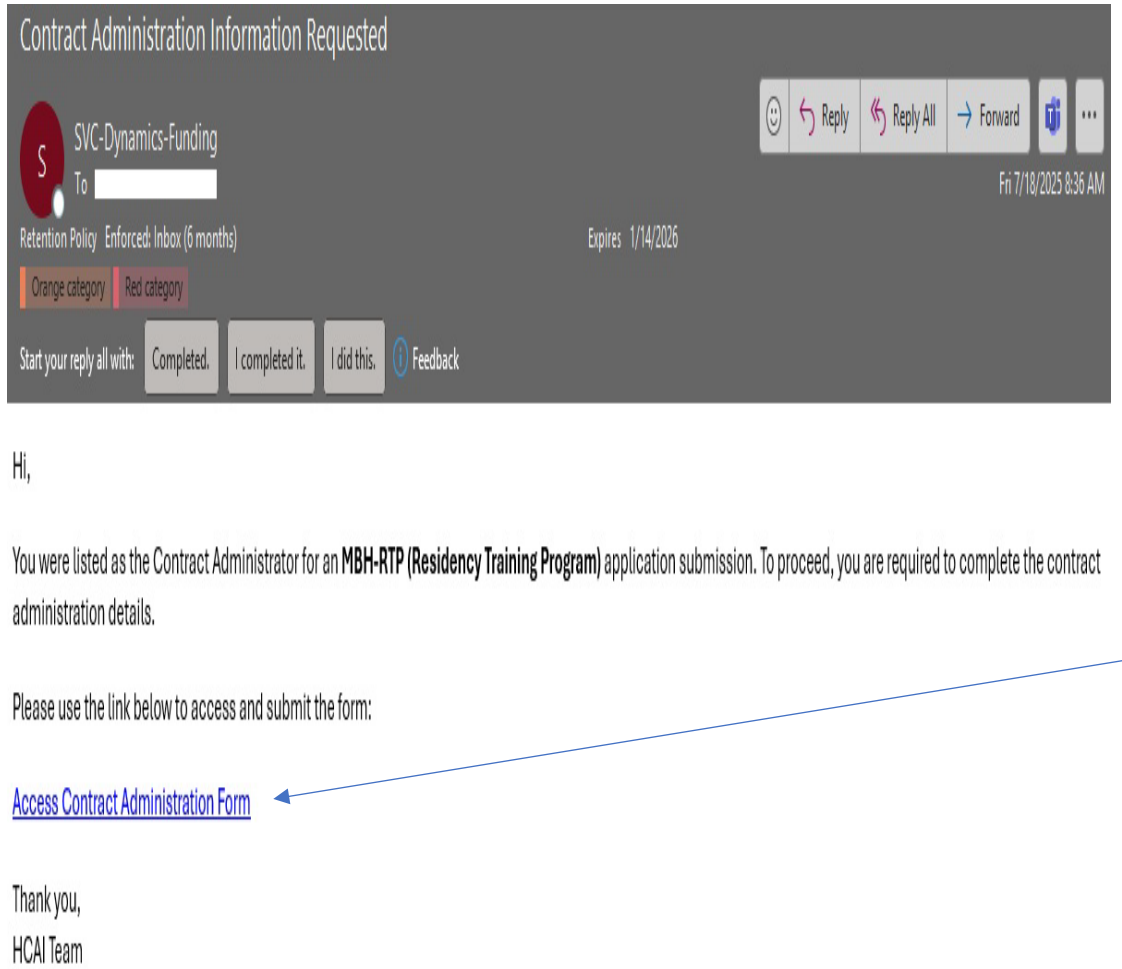
The purpose of this page is to collect the contract administration information. Whoever you put here will be sent an email asking these questions:

1. Who is your Grant Signatory?
2. If HCAI makes a payment to your organization, who is the tax authorized person to contact?
3. What is the tax authorized business name?
4. What is the tax authorized business address?
5. What is the business FEIN (or tax ID)?

IMPORTANT: If you finish and submit your application, the person you entered here will be contacted via email. See example on next slide.

Please click "**Save and Next**".

MBH-RTP - Contract Administration (Email)



Contract Administration Information Requested

SVC-Dynamics-Funding

To

Reply Reply All Forward

Fri 7/18/2025 8:36 AM

Retention Policy Enforced: Inbox (6 months) Expires 1/14/2026

Orange category Red category

Start your reply all with: Completed. I completed it. I did this. Feedback

Hi,

You were listed as the Contract Administrator for an **MBH-RTP (Residency Training Program)** application submission. To proceed, you are required to complete the contract administration details.

Please use the link below to access and submit the form:

Access Contract Administration Form

Thank you,
HCAI Team

IMPORTANT: This email will only be sent to the person you chose as the Contract Administrator for your MBH-RTP application.

This is an example of what the email will look like.

See next slide for what the employer contact will see when they click this link.

MBH-RTP - Contract Administration (Email)

Hi,

You were listed as the Contract Administrator for an **MBH-RTP (Residency Training Program)** application submission. To proceed, you are required to complete the contract administration details.

Please use the link below to access and submit the form:

Access Contract Administration Form

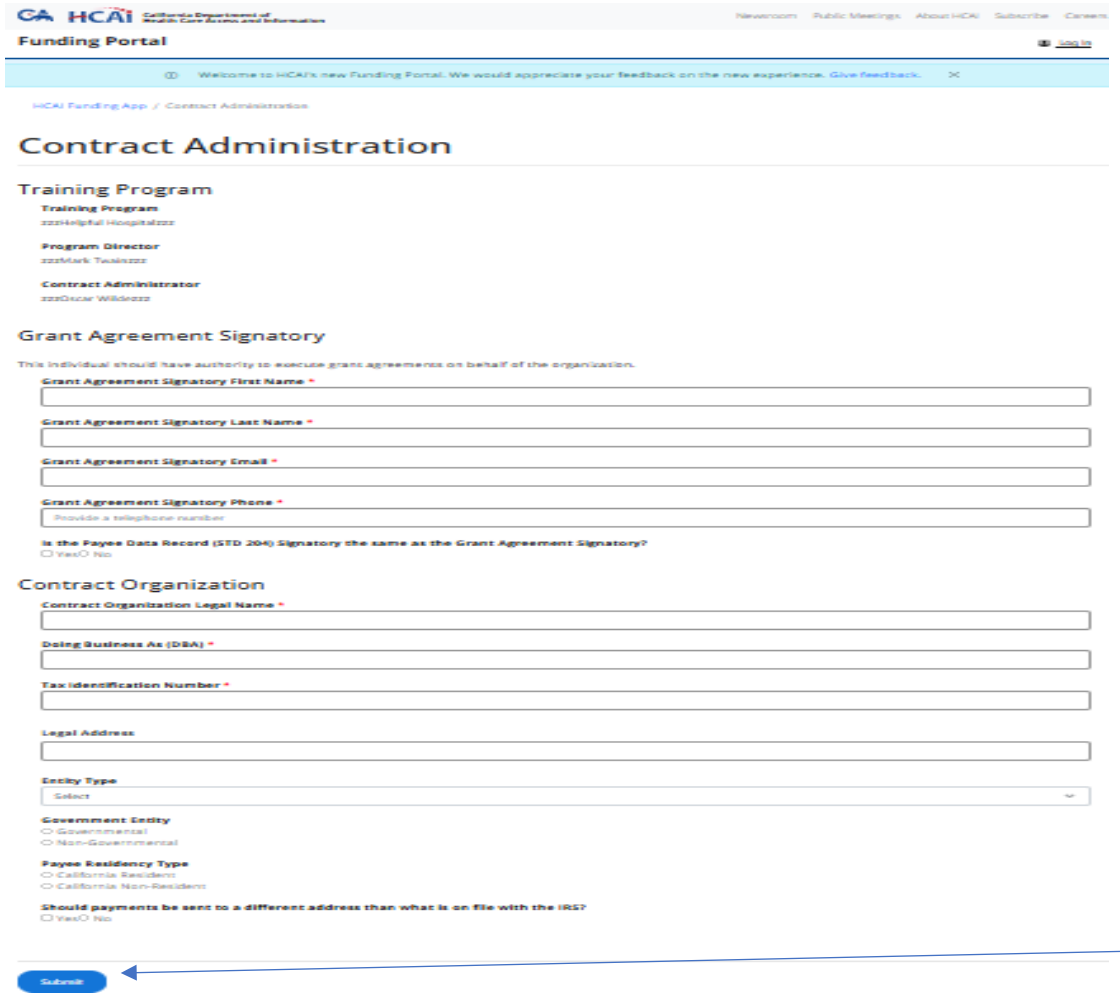
Thank you,
HCAI Team

IMPORTANT: This email will only be sent to the person you chose as the Contract Administrator for your MBH-RTP application. Also, this email will only be sent once the application is submitted.

This is an example of what the email will look like.

See next slide for what your Contract Administrator will see when they click this link.

MBH-RTP - Contract Administration (Email)



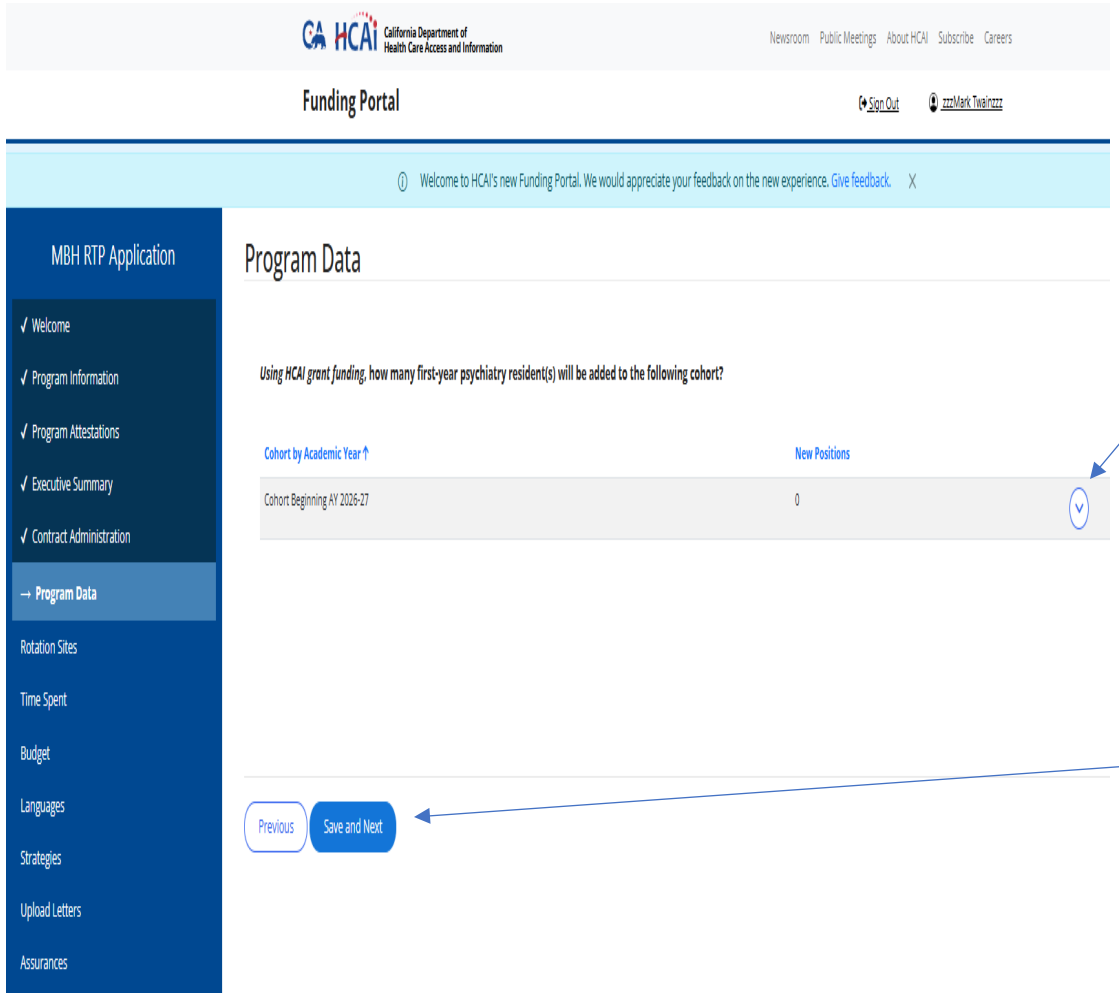
IMPORTANT: Only the Contract Administrator for your MBH-RTP application will be asked these questions. Here is an example of the page that appears once the link in the Contract Administration email is opened.

This section asks to confirm the following:

1. Who is your Grant Signatory?
2. If HCAI makes a payment to your organization, who the tax authorized person to contact?
3. What is the tax authorized business name?
4. What is the tax authorized business address?
5. What is the business FEIN (or tax ID)?

They must choose "**Submit**" when they have finished.

MBH-RTP - Program Data



Using HCAI grant funding, how many first-year psychiatry resident(s) will be added to the following cohort?

To add your count of first-year psychiatry resident(s), please click the down arrow button.

See pop-up example on next slide.

Please click "**Save and Next**".

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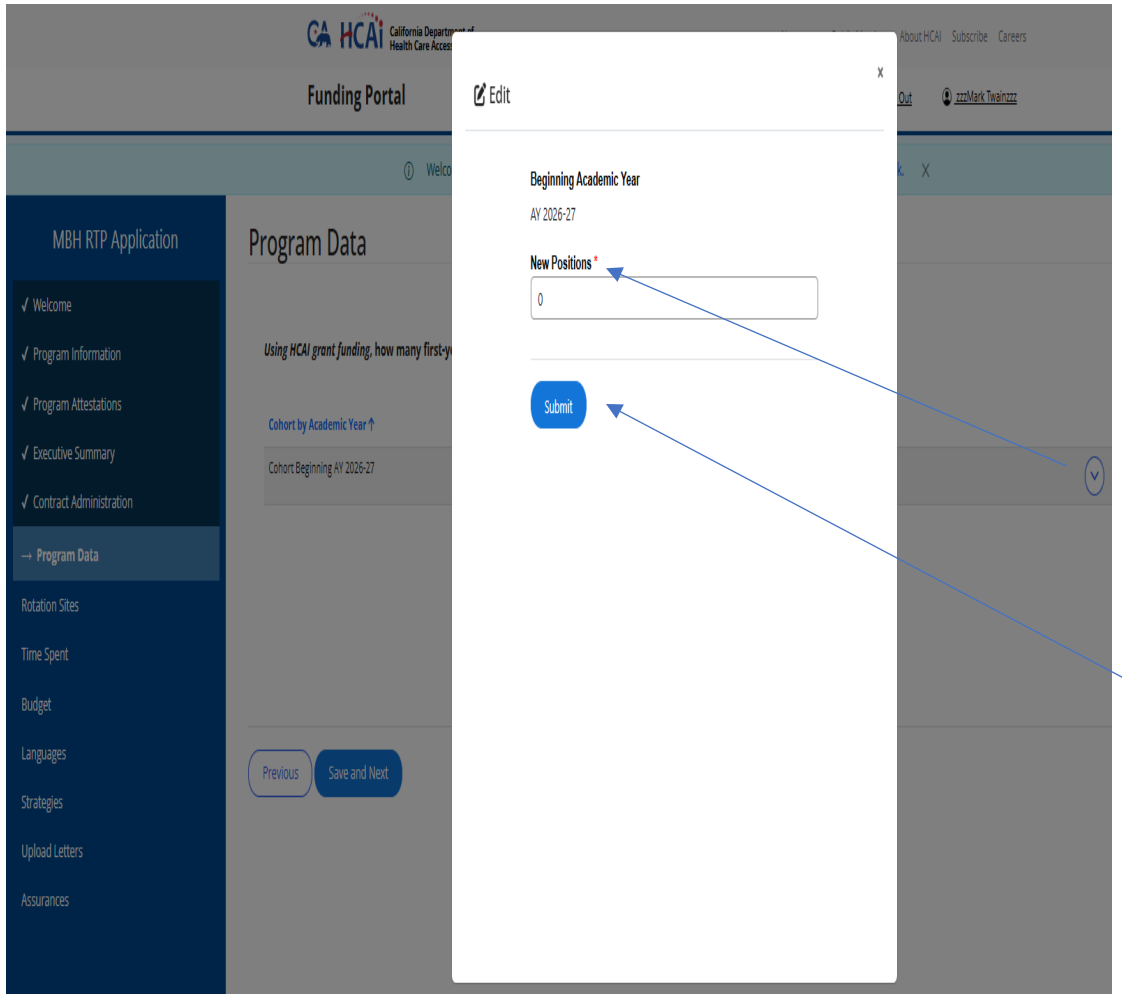
MBH-RTP - Program Data (continued)

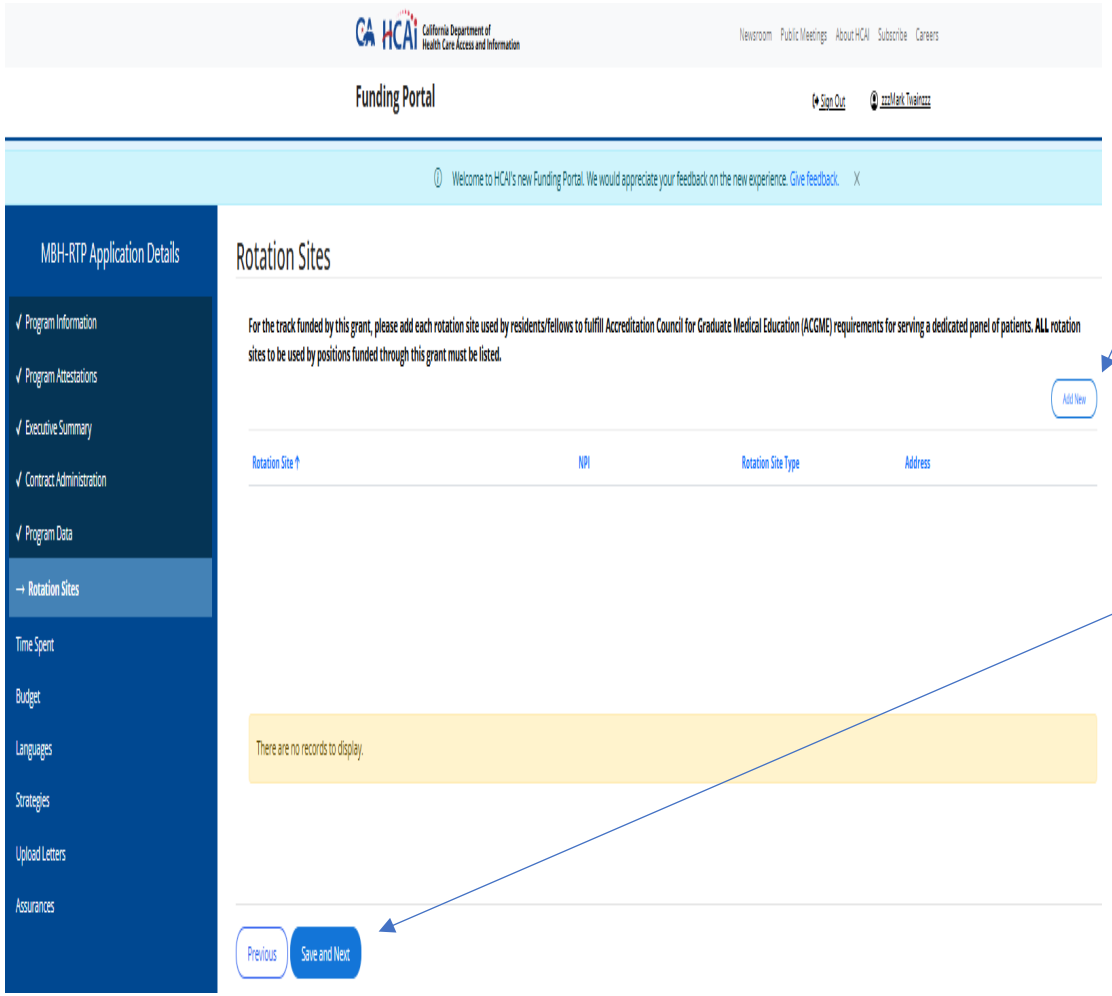


This is the pop-up for the question: **Using HCAI grant funding, how many first-year psychiatry resident(s) will be added to the following cohort?**

To add your count of first-year psychiatry resident(s), please click the down arrow button.

Please click "**Submit**".

MBH-RTP - Rotation Sites

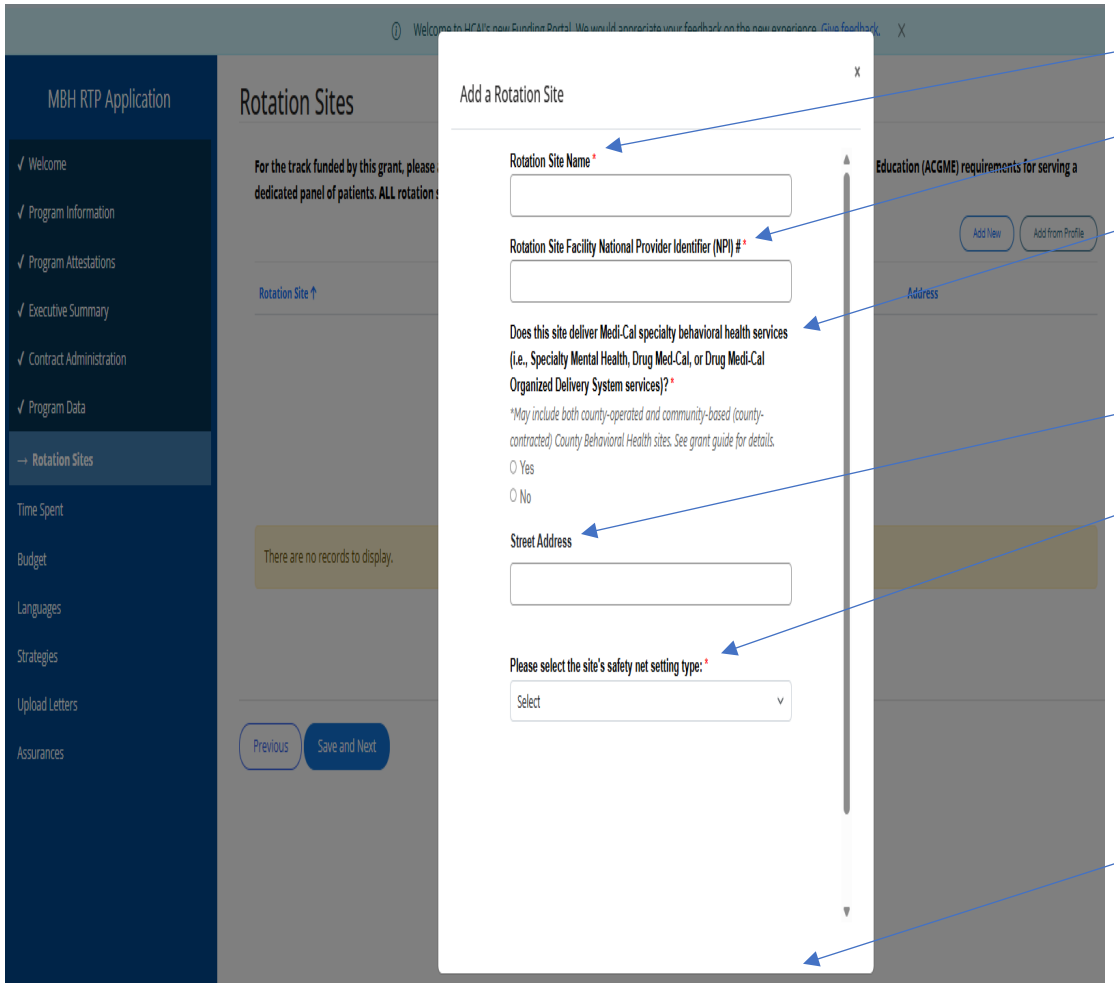


HCAI must collect your rotation site information. Please click, "**Add New**". After doing so, a pop-up will appear.

See pop-up example on next slide for adding a new site.

Please click "**Save and Next**".

MBH-RTP - Rotation Sites (continued)



Rotation Site Name

Rotation Site Facility National Provider Identifier (NPI) #

Does this site deliver Medi-Cal specialty behavioral health services (i.e., Specialty Mental Health, Drug Med-Cal, or Drug Medi-Cal Organized Delivery System services)? - Yes/No

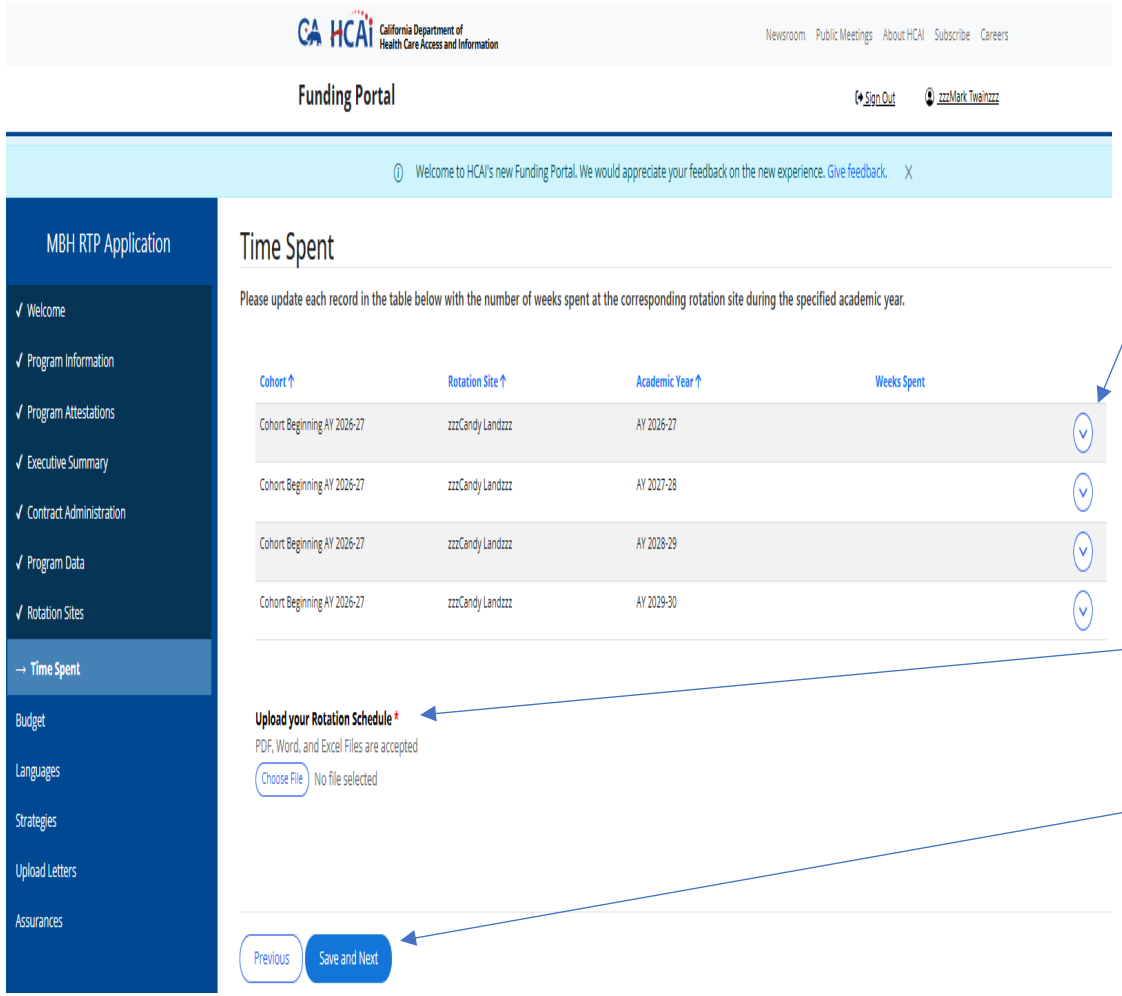
Street Address

Please select the site's safety net setting type:

Federally Qualified Health Centers (FQHC), Community Mental Health Centers (CMHC), Rural Health Clinics (RHC), Hospital, Rural Hospital, Other Behavioral Health Setting

Please click “**Submit**”.

MBH-RTP - Time Spent



HCAI would like to know how many weeks were spent in each rotation site. To add time, please click each down arrow.

See pop-up example on next slide.

Please upload your Rotation Schedule for HCAI to verify.

Please click “**Save and Next**”.

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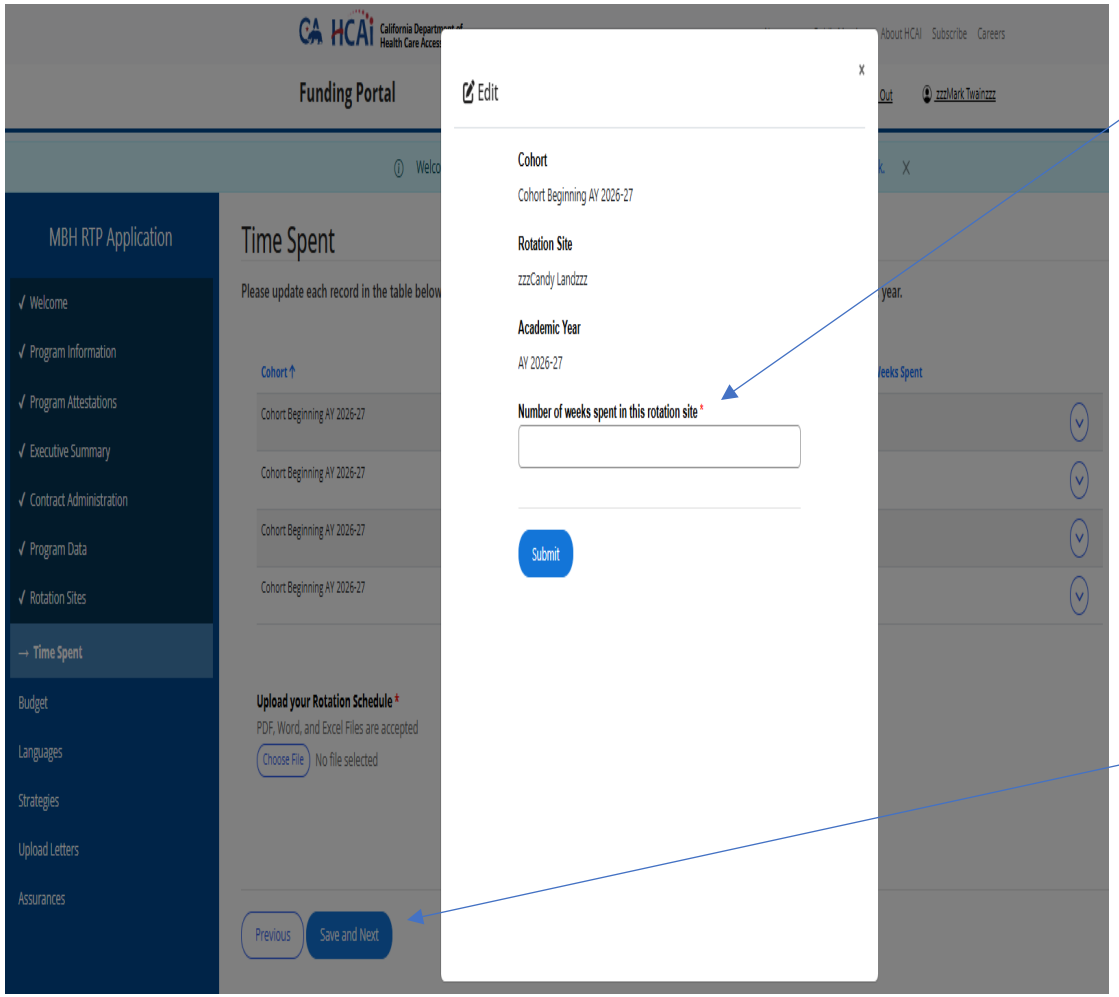
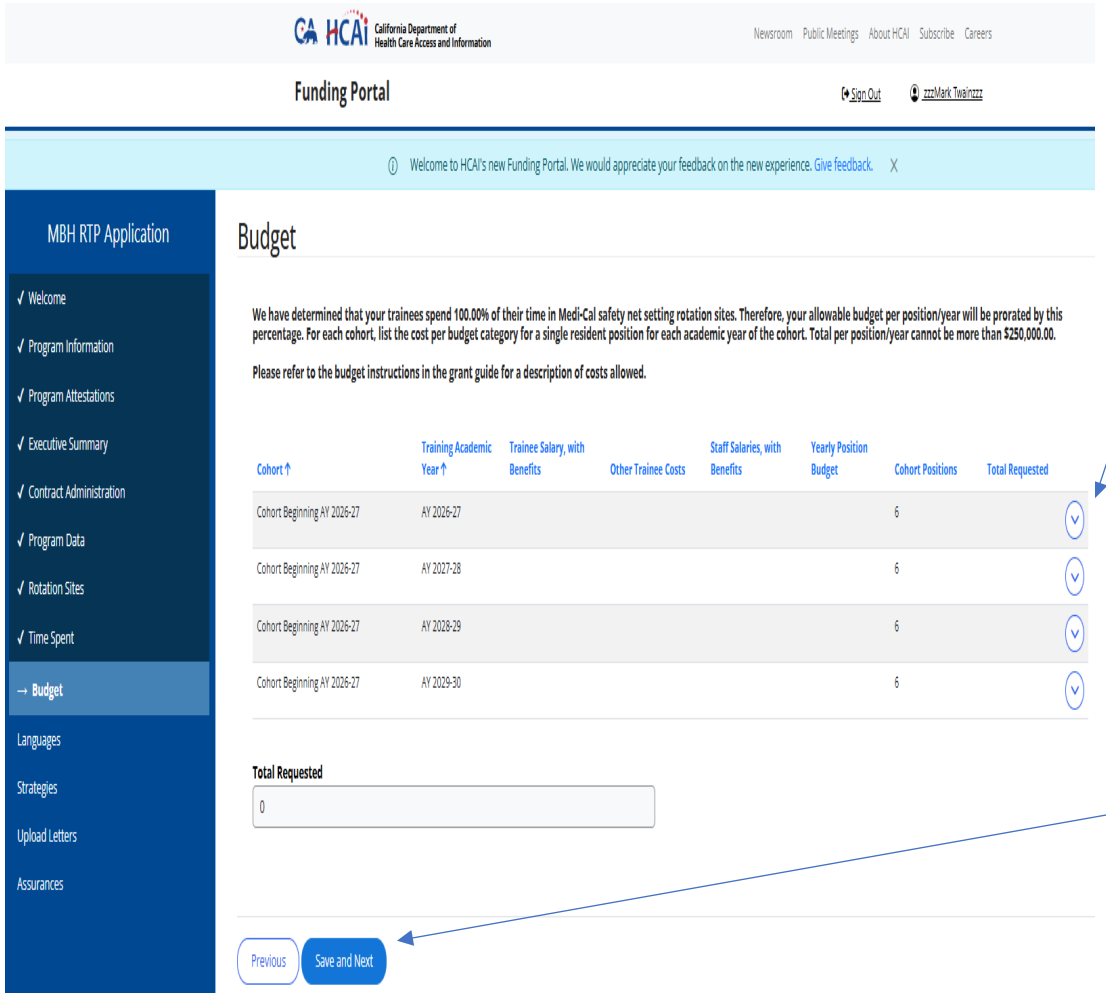
MBH-RTP - Time Spent (Continued)



HCAI would like to know how many weeks were spent in each rotation site.

Please click “**Submit**”.

MBH-RTP - Budget

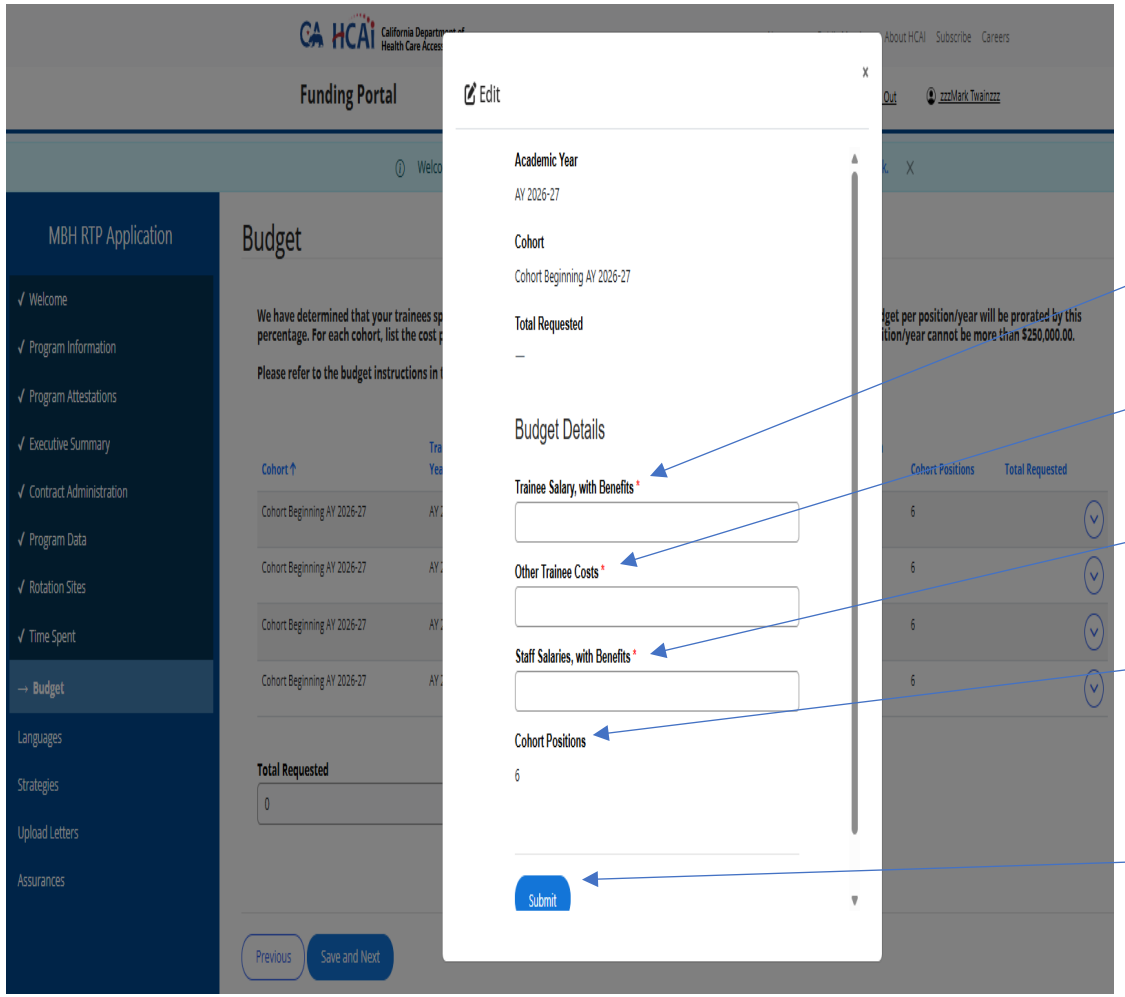


HCAI would like to know about the costs associated with your trainees. To add the costs, please click each down arrow.

See pop-up example on next slide.

Please click “**Save and Next**”.

MBH-RTP – Budget (Continued)



HCAI would like to know about the costs associated with your trainees.

Trainee Salary, with Benefits.

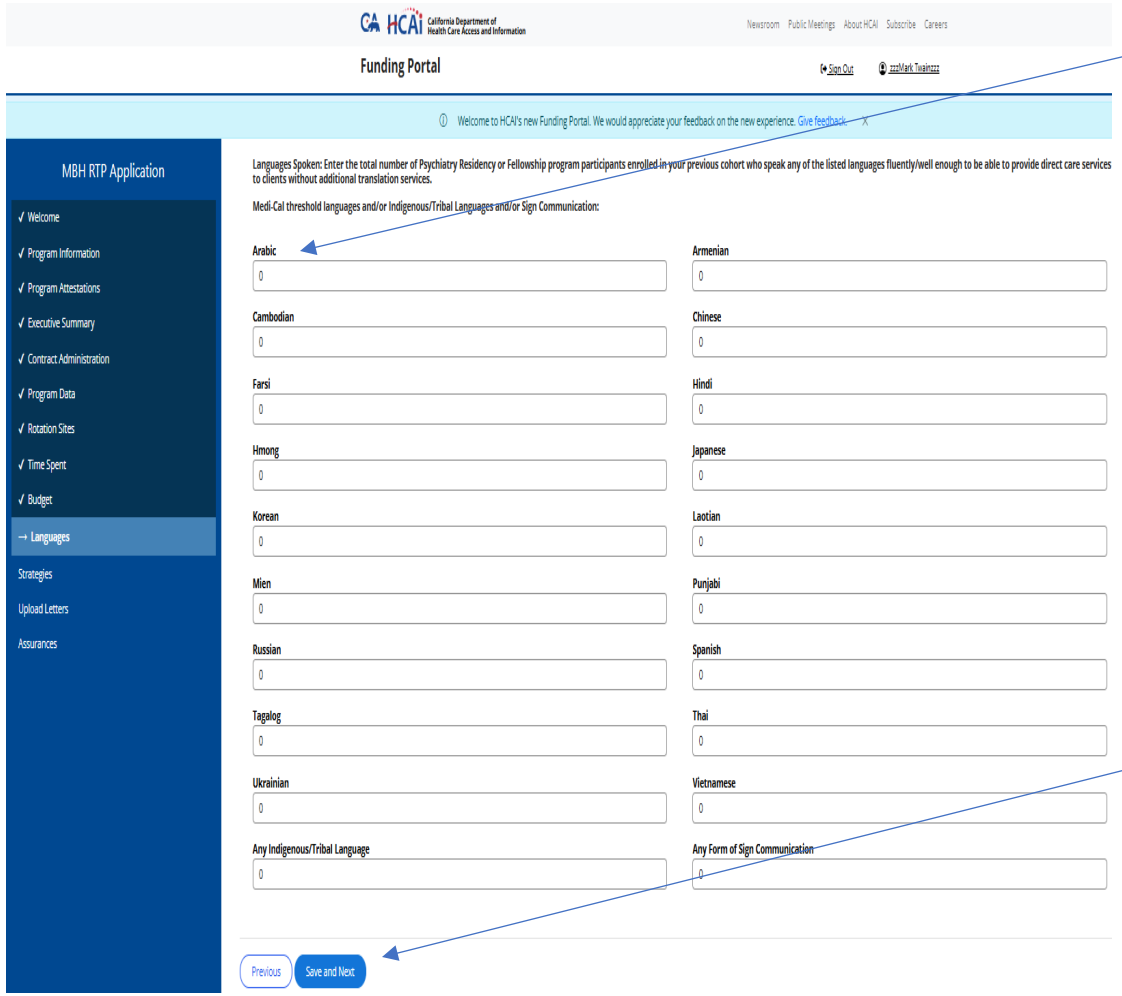
Other Trainee Costs.

Staff Salaries, with Benefits.

Cohort Positions – This must match what you said in the **Program Data** portion of the application.

Please click “**Submit**”.

MBH-RTP - Languages



HCAI would like to know about the languages your trainees can speak.

Please click “**Save and Next**”.

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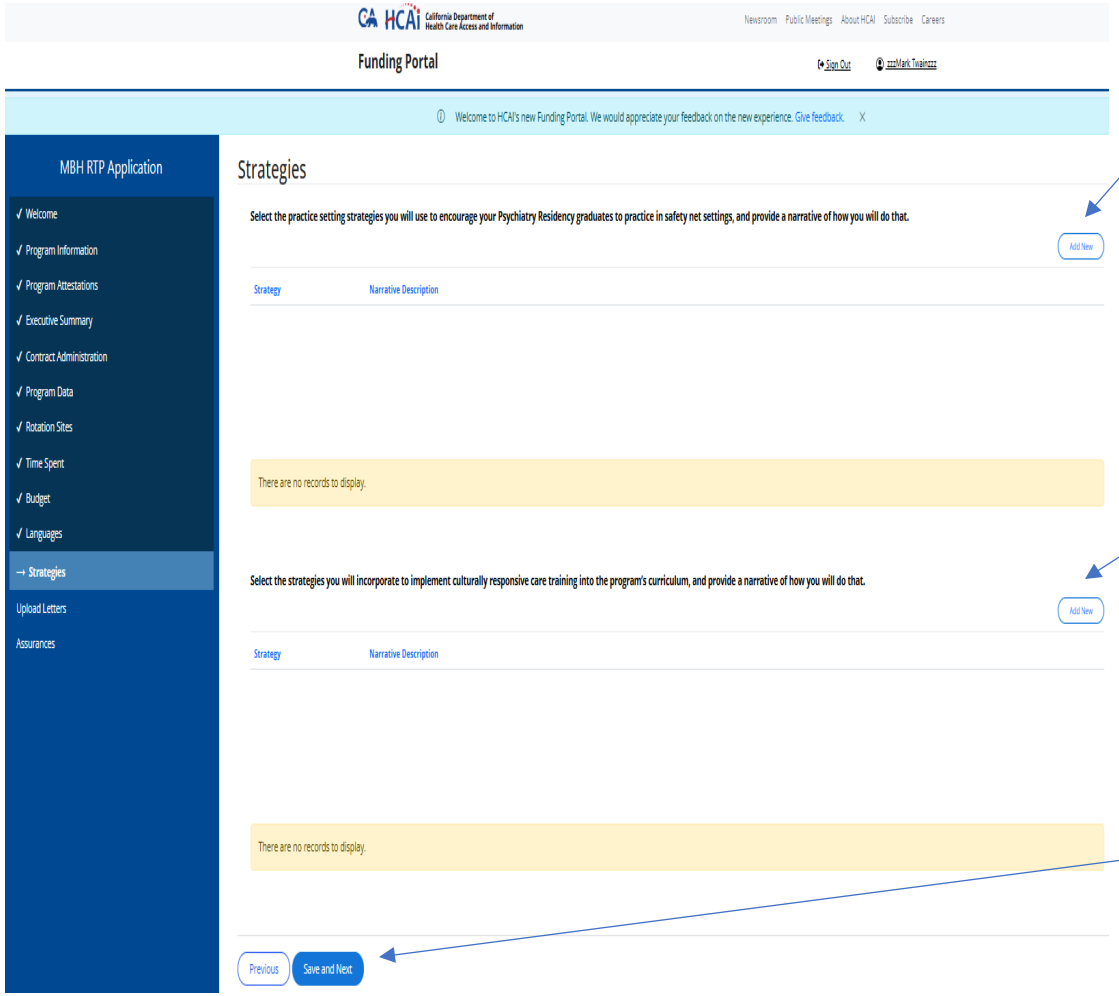
MBH-RTP - Strategies



Select the practice setting strategies you will use to encourage your Psychiatry Residency graduates to practice in safety net settings and provide a narrative of how you will do that.

See pop-up example on next slide.

Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum and provide a narrative of how you will do that.

See pop-up example after skipping the next two slides.

Please click "**Save and Next**".

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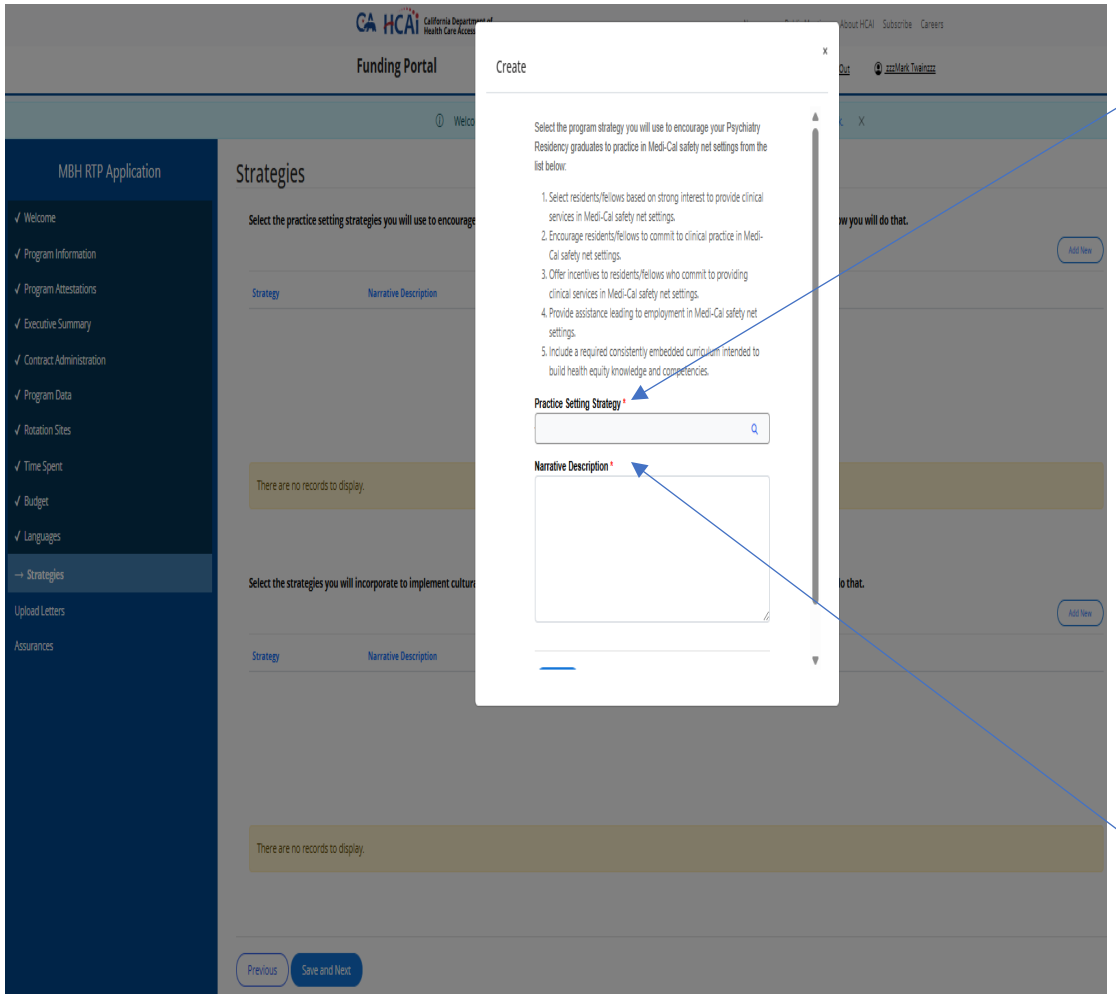
MBH-RTP – Strategies (Practice Settings)



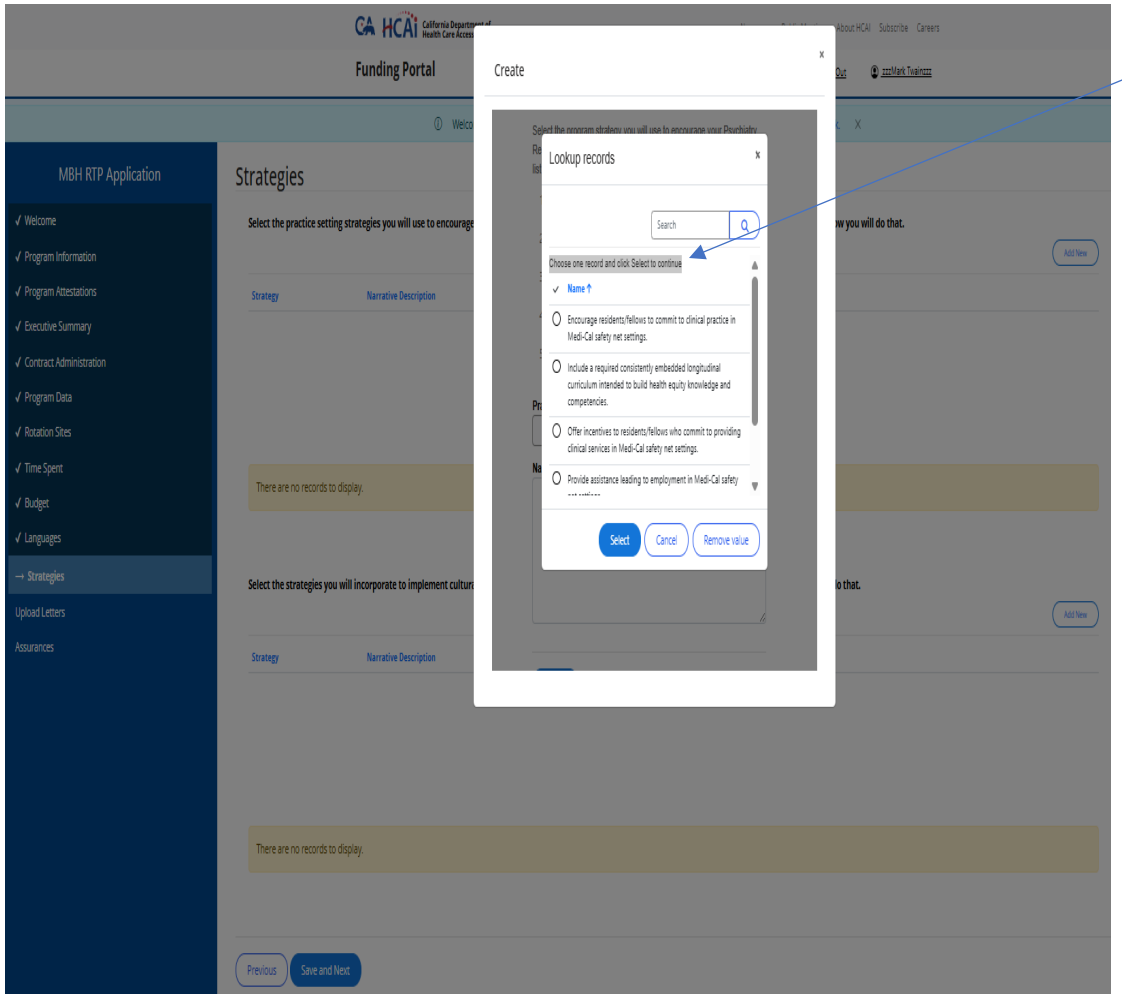
Select the program strategy you will use to encourage your Psychiatry Residency graduates to practice in Medi-Cal safety net settings from the list below:

1. Select residents/fellows based on strong interest to provide clinical services in Medi-Cal safety net settings.
2. Encourage residents/fellows to commit to clinical practice in Medi-Cal safety net settings.
3. Offer incentives to residents/fellows who commit to providing clinical services in Medi-Cal safety net settings.
4. Provide assistance leading to employment in Medi-Cal safety net settings.
5. Include a required consistently embedded curriculum intended to build health equity knowledge and competencies.

See pop-up example on next slide for all the options.

Narrative Description.

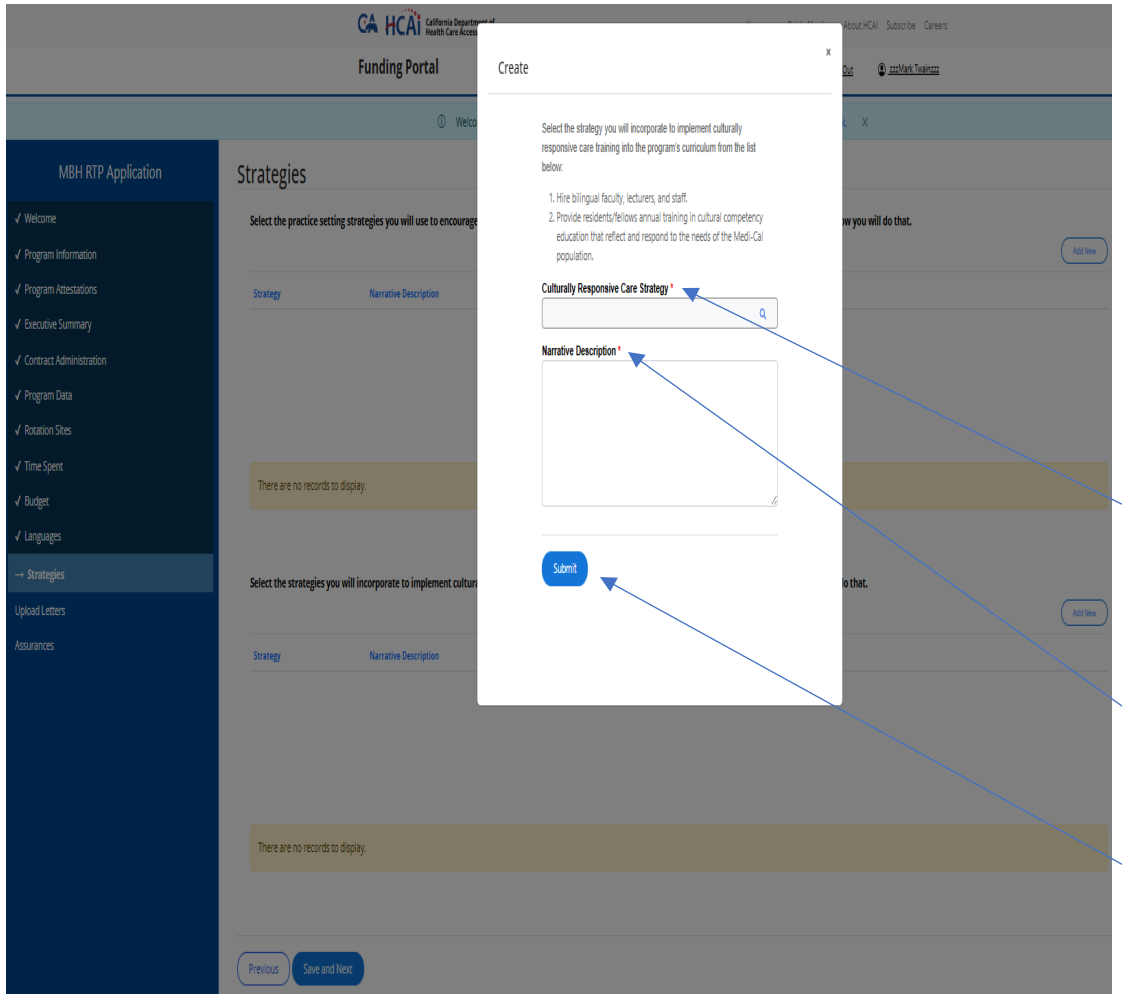
MBH-RTP – Strategies (Practice Settings)



Choose one record and click "**Select**" to continue.

- Encourage residents/fellows to commit to clinical practice in Medi-Cal safety net settings.
- Include a required consistently embedded longitudinal curriculum intended to build health equity knowledge and competencies.
- Offer incentives to residents/fellows who commit to providing clinical services in Medi-Cal safety net settings.
- Provide assistance leading to employment in Medi-Cal safety net settings.
- Select residents/fellows based on strong interest to provide clinical services in Medi-Cal safety net settings.

MBH-RTP – Strategies (Culturally Responsive Care)



Select the strategy you will incorporate to implement culturally responsive care training into the program's curriculum from the list below:

1. Hire bilingual faculty, lecturers, and staff.
2. Provide residents/fellows annual training in cultural competency education that reflect and respond to the needs of the Medi-Cal population.

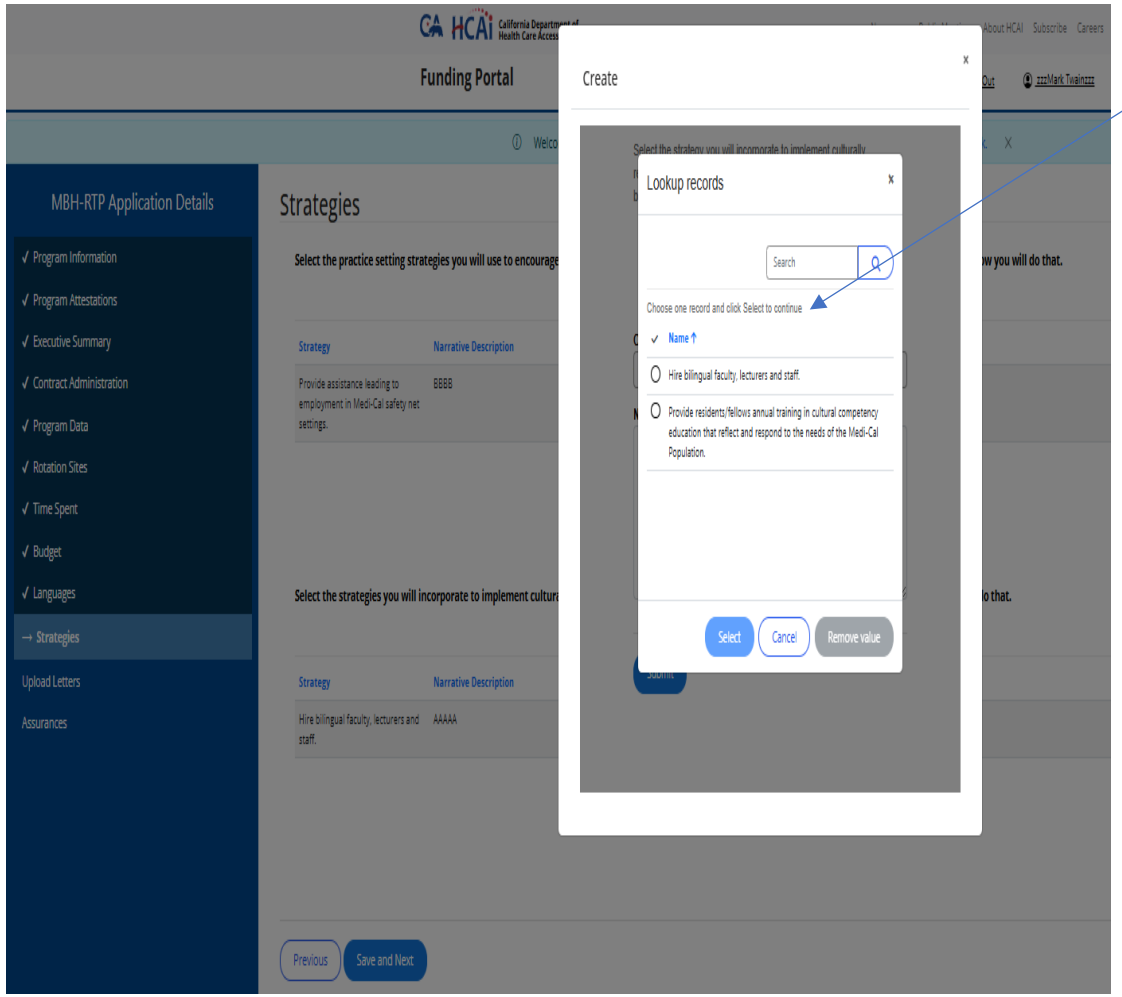
Culturally Responsive Care Strategy.

See pop-up example on next slide for all the options.

Narrative Description.

Please click "**Submit**".

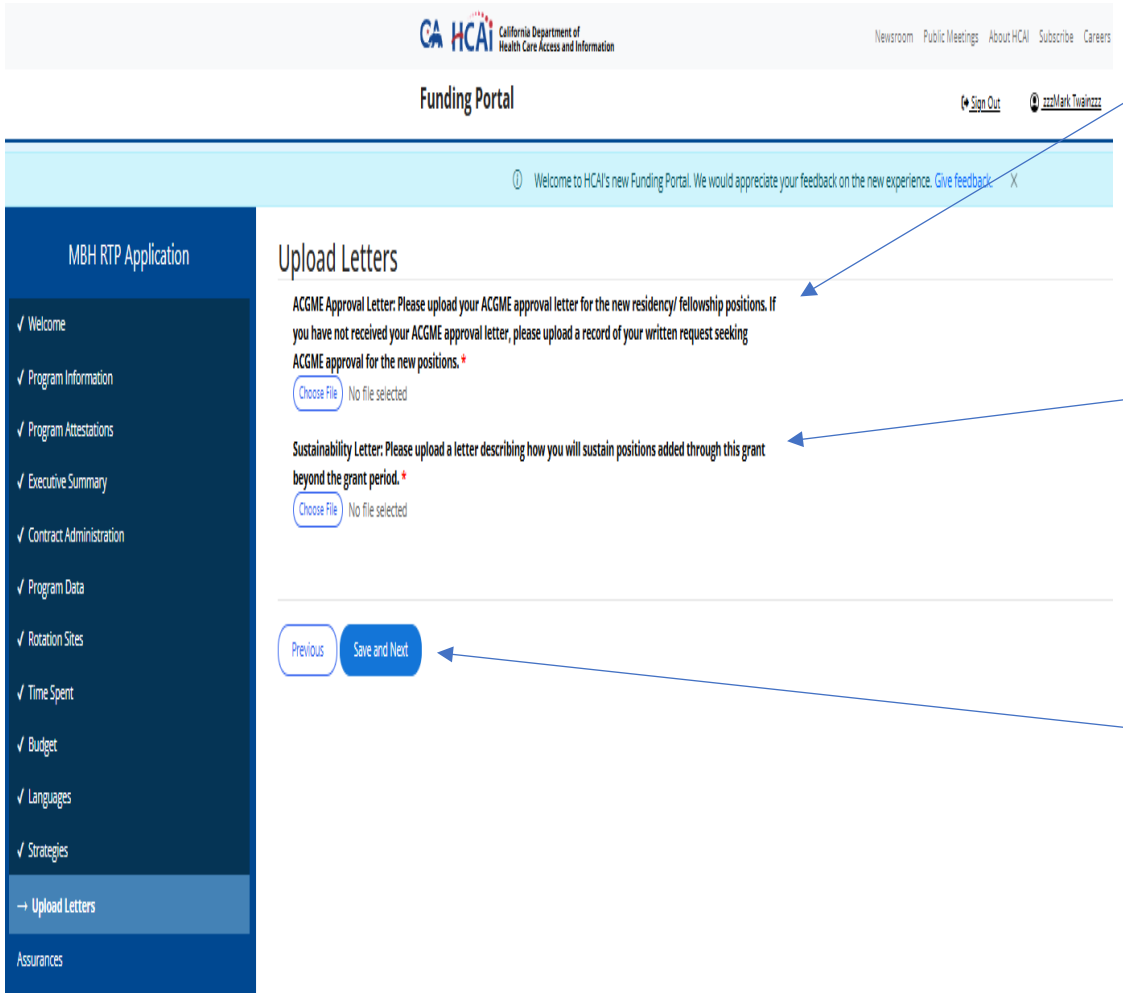
MBH-RTP – Strategies (Culturally Responsive Care)



Choose one record and click "**Select**" to continue

- Hire bilingual faculty, lecturers and staff.
- Provide residents/fellows annual training in cultural competency education that reflect and respond to the needs of the Medi-Cal Population.

MBH-RTP – Upload Letters



To be eligible for a RTP grant, HCAI must review your ACGME Approval Letter (or an acceptable substitute if it is on the way). Please upload it with the "**Choose File**" button.

To be eligible for a RTP grant, HCAI must review your Sustainability Letter to establish that you will sustain your additional positions throughout the grant. Please upload it with the "**Choose File**" button.

Please click "**Save and Next**".

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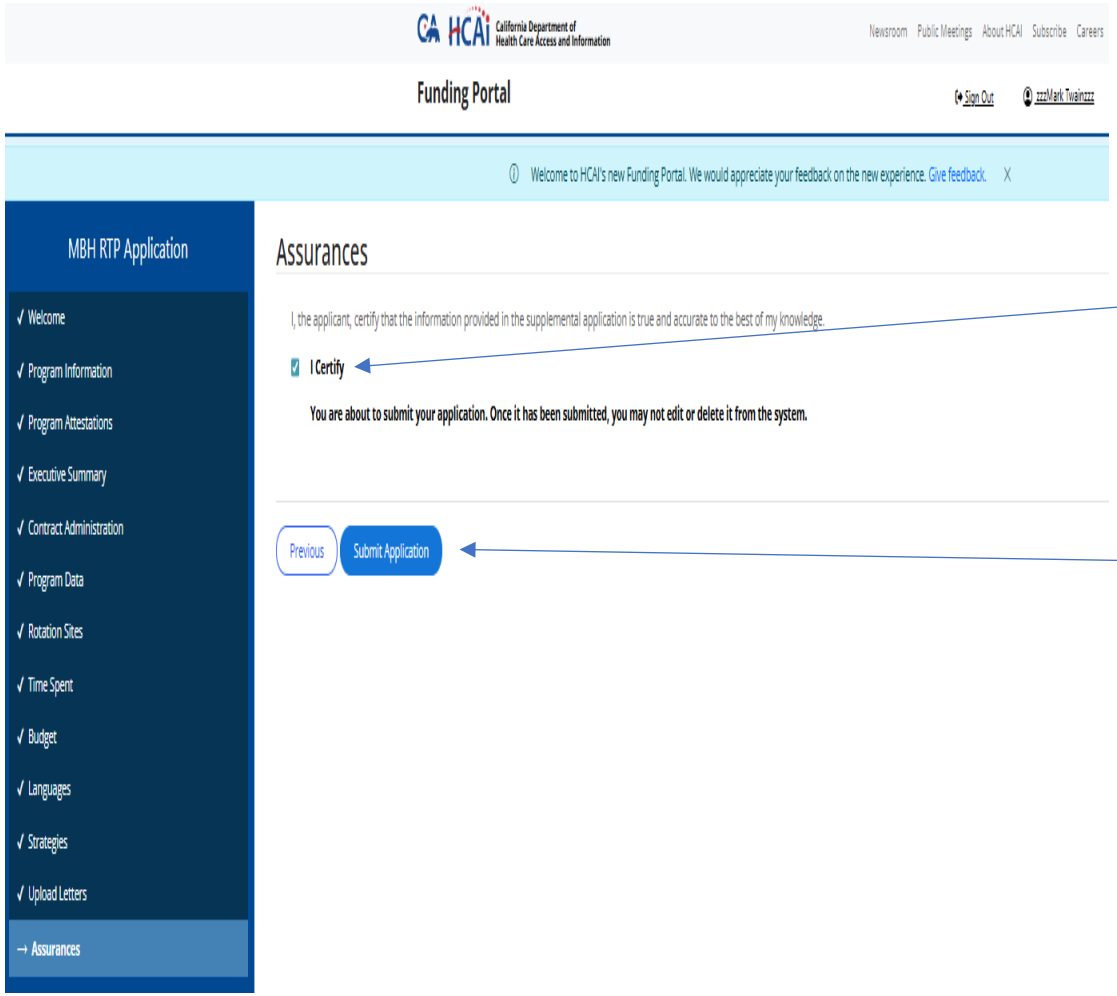
MBH-RTP – Assurances



This is the final page of the MBH-RTP application. Please read all the information.

If you are satisfied with your profile information, please check the "**I Certify**" box.

Please click "**Submit Application**" when complete.

IMPORTANT: This will be your last chance to make any edit to your application. Once you click "Submit Application" you will no longer be able to make changes to your application.

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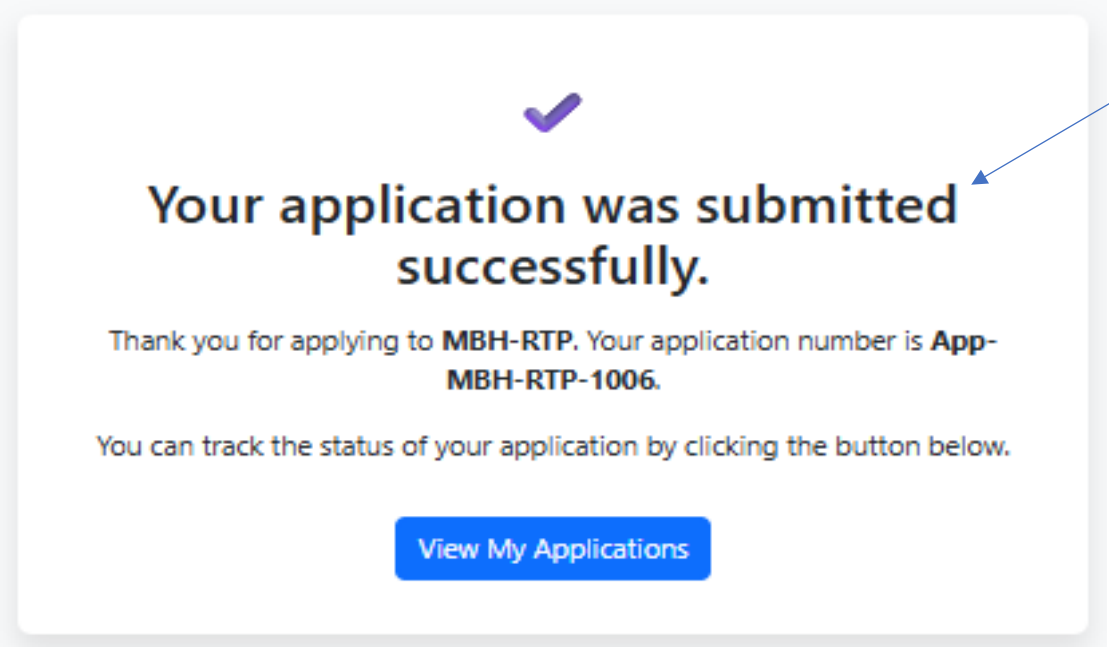
MBH-RTP – Submission Successful

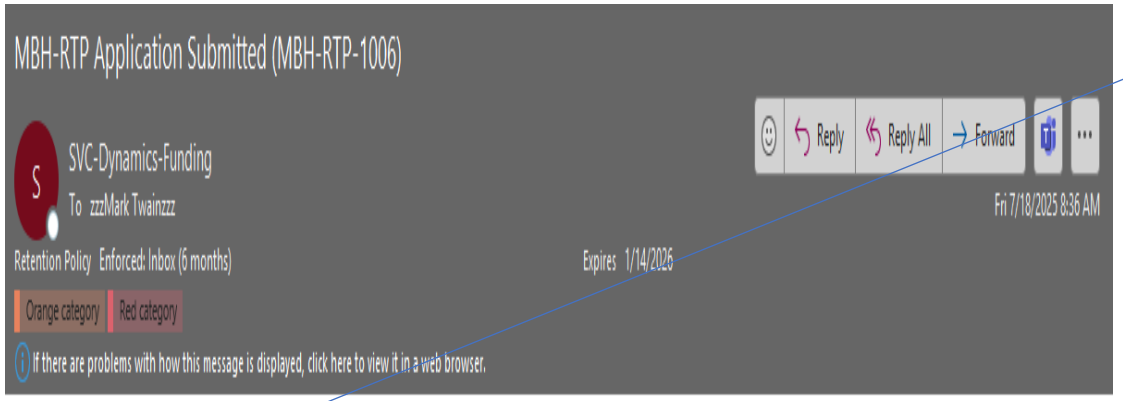


This is the final message you will see after you have successfully submitted your application.

You will be sent a confirmation email when you see this, which will be demonstrated in the next slide.

Thank you for applying.

MBH-RTP – Submission Successful



Dear zzzMark Twainzzz,

Thank you for submitting your Medi-Cal Behavioral Health - Residency Training Program (MBH-RTP) application.

We have successfully received your submission, and our team will begin reviewing it shortly. You will be contacted via email if any additional information is required, or once a decision has been made regarding your eligibility and next steps.

Thank you again for your interest in the MBH-RTP.

Best,
HCAI Team

This is what the confirmation letter for submitting the MBH-RTP application looks like. This email will be sent to the Program Director's email address.

Thank you for applying.

Questions?

MBHRTP@HCAI.ca.gov