



# Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH- CBPTP) Technical Assistance Guide

Department of Health Care Access and Information

March 2026

# Background and Mission

- HCAI is offering this Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP) as part of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Workforce Initiative. The program is committed to expanding access to critical mental health and substance use disorder services across California.
- HCAI launched the MBH-CBPTP to enhance the workforce of Alcohol and Other Drug Counselors, Community Health Workers, and Peer Support Specialists. This program funds training and education to build the behavioral health workforce pipeline in California. It aims to address workforce shortages in communities across the state.
- In exchange for a three-year full-time service obligation in a Medi-Cal safety net setting, individuals wanting to be AOD counselors, Medi-Cal Peer Support Specialists, or Medi-Cal Community Health Workers can receive up to **\$10,000** for their education and training costs.

# **Application Release Dates**

**Launch Webinar: March 19, 2026**

**Application released: March 16, 2026**

**Application deadline: April 30, 2026**

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

# Before You Apply

- 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

- If you worked or volunteered for the State of California in the past, you will need to submit a **Conflict-of-Interest (COI)** letter.
- If you are planning to attend a training program at a college, you will need confirmation of your application submission to the Free Application for Federal Student Aid (FAFSA)/Cal Grant program.

# Available Funding

- Up to **\$21,250,000** is available for the current MBH-CBPTP grant cycle.
- Individuals are eligible for up to \$10,000 in Community-Based Provider Training funding.
  - Awards will be made directly to the grantee's training organization or institution. Grantees will not receive payment themselves.
- These amounts are set by the [BH-CONNECT Special Terms and Conditions Section 6.5\(a\)](#)

# Helpful Resources

- [2026 MBH-CBPTP Home Page](#)
- [2026 MBH-CBPTP Grant Guide](#)
- [2026 MBH-CBPTP Application](#)

# Creating an Account – Part 1



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

# Creating an Account – Part 2

**HCAi**

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

**Sign in**

[Don't have an account? Sign up now](#)

Sign in with your social account

 HCAi

 Google

 Microsoft

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

# Creating an Account – Part 3

< Cancel

**HCAi**

Email Address

Send verification code

New Password

Confirm New Password

Display Name

Given Name

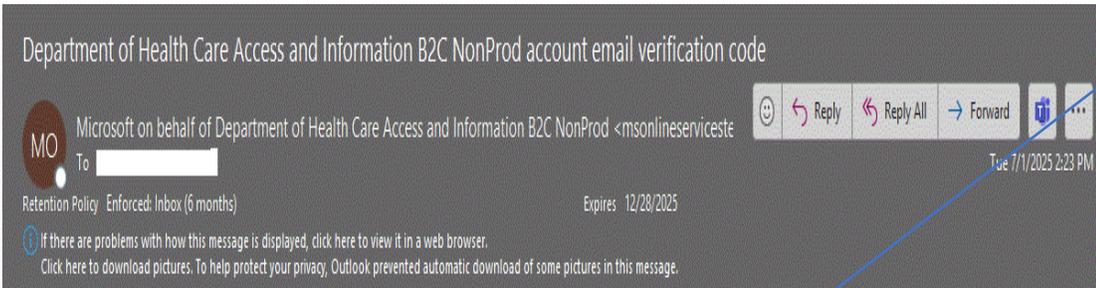
Surname

Create

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.

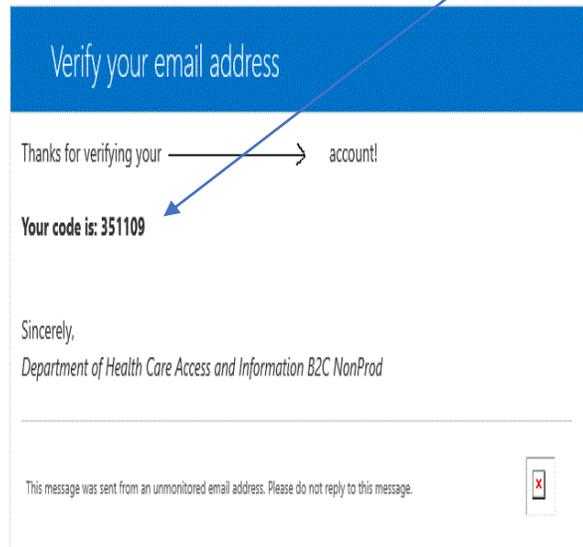
Once you receive the verification code that HCAI sends you via email, then you may proceed and complete the remaining fields. Click the **“Create”** button once completed.

# Creating an Account – Part 4



This is an example of the verification code email. If you do not receive the verification code email, you may need to check your junk or spam folder. Save the unique code to continue setting up your account.

CAUTION: This email originated from outside of the organization.



# Creating an MBH-CBPTP Profile

# Profile – Choose “Individual”

The screenshot shows the 'Funding Portal' interface. At the top, there is a 'Sign Out' button and a user icon. A notification banner reads: 'Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback. X'. Below this is a 'Back' button. The main content area is titled 'Welcome to the HCAI Funding Portal' with a 'Save' button. The instruction says: 'Start by telling us a little more about the opportunities you might be interested in.' Below this is a modal form with two radio button options. The first option, 'I will be applying as an individual', is selected with a checked checkbox and is highlighted with a blue border. The second option is 'I will be applying on behalf of an organization'. Below the options is a 'Submit' button. To the left of the modal, the 'Profile' section is partially visible, showing fields for 'First Name', 'E-mail \*' (with the value 'rammey@rc'), and 'Portal Profi' (with a 'Select' dropdown).

If you are applying for the Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP), please click, “**I will be applying as an individual**” and then select “**Submit**”.

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

# Profile - Navigation



← Back

» Profile

## Profile

Contact Information

First Name

Education

Additional Contacts

Last Name \*

Employment

Licenses and Certifications

E-mail \*

[emily.robinson+2@hcai.ca.gov](mailto:emily.robinson+2@hcai.ca.gov)

### Portal Profile Type

Individual

### Phone Number

Provide a telephone number

### Address \*

Please enter a valid address.

Save

Please complete the other profile sections on the left margin if applicable. This information can be used in future application questions and other HCAI funding opportunities.

# Profile – Contact Information



← Back

» Profile

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

## Profile

First Name

Last Name \*

E-mail \*

[emily.robinson+2@hcai.ca.gov](mailto:emily.robinson+2@hcai.ca.gov)

Portal Profile Type

Individual

Phone Number

Address \*

Please enter a valid address.

Save

Please complete these fields below. If you made a mistake entering any information on the verification page, the information entered here will override the previously submitted information.

# Profile – Additional Contacts

The screenshot shows the HCAI Funding Portal interface. At the top, there is a header with the GA logo, the HCAI logo (California Department of Health Care Access and Information), and navigation links for 'Funding Portal', 'English', 'Sign Out', and a user profile 'zzzMinerva zzzCoates'. A left sidebar contains a 'Profile' menu with options: Contact Information, Education, Additional Contacts (selected), Employment, and Licenses and Certifications. The main content area is titled 'Additional Contacts' and features a button 'Add Emergency Contact to Profile'. Below this is a table with columns: Full Name ↑, Email, Phone Number, and Additional Contact Relationship. A yellow message box at the bottom states 'There are no records to display.'

GA

HCAI California Department of Health Care Access and Information

Funding Portal English Sign Out zzzMinerva zzzCoates

← Back

» Profile

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

## Additional Contacts

Add Emergency Contact to Profile

Full Name ↑	Email	Phone Number	Additional Contact Relationship
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There are no records to display.

Please click “Add Emergency Contacts to Profile”. Clicking this will result in a pop-up box.

# Profile – Additional Contacts (Continued)

The screenshot shows a 'Create' modal form with the following fields and elements:

- Header:** 'Create' with a close button (X).
- Introductory Text:** 'If you are selected for an award, we may contact these individuals in the event we cannot reach you regarding your grant agreement.'
- First Name \***: Text input field.
- Last Name \***: Text input field.
- Email \***: Text input field.
- Phone Number \***: Text input field with placeholder text 'Provide a telephone number'.
- Additional Contact Relationship \***: Dropdown menu with 'Select' as the current option.
- Submit**: A blue button at the bottom of the form.

The background shows a navigation menu with options like 'Funding', 'Profile', 'Contact Information', 'Education', 'Additional Contacts', 'Employment', 'Licenses', and 'Certifications'.

The purpose of this page is to collect two additional contacts in case HCAI cannot reach you.

When you have added the additional contact information, please click **“Submit”**.

# Starting the MBH-CBPTP Application

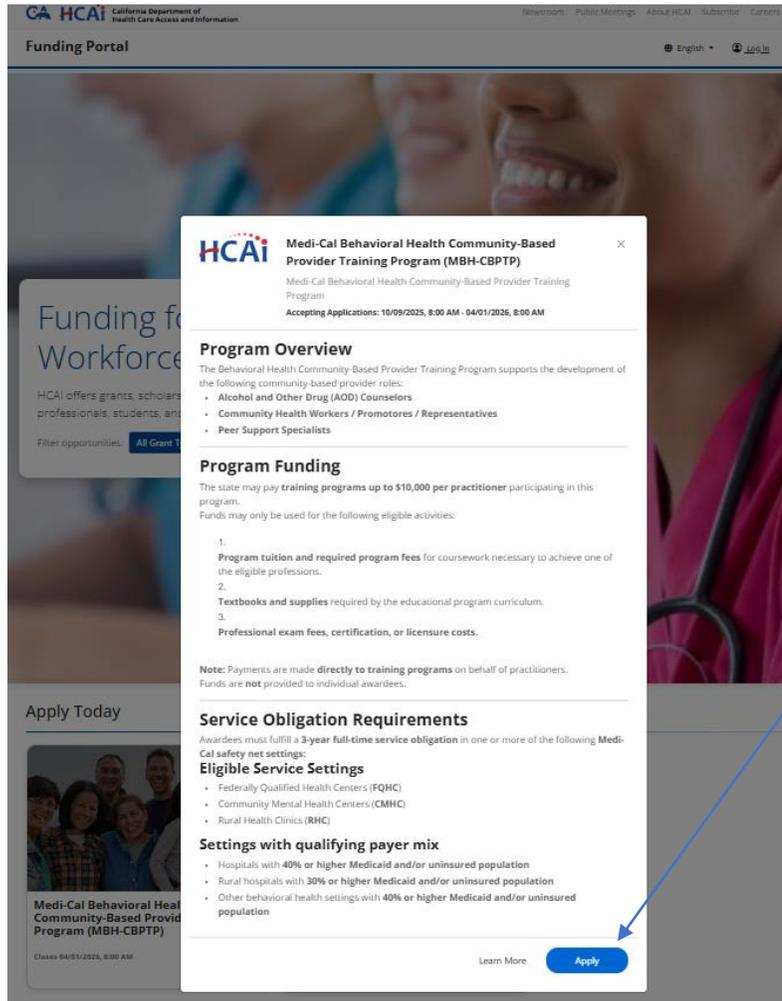
# MBH-CBPTP Application

The screenshot shows the HCAI website's 'Funding Portal'. At the top, there is a navigation bar with the HCAI logo and links for 'Newsroom', 'Public Meetings', 'About HCAI', 'Subscribe', and 'Careers'. Below the navigation bar, the 'Funding Portal' is highlighted with a blue arrow. The main content area features a large image of healthcare workers and a white box with the text 'Funding for California's Health Workforce'. Below this, it states 'HCAI offers grants, scholarships, and loan repayment programs to health workforce professionals, students, and organizations.' and includes a 'Filter opportunities: All Grant Types' dropdown menu. At the bottom of the page, under the heading 'Apply Today', there are two application cards. The first card is for the 'Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP)' and the second is for the 'Medi-Cal Behavioral Health Scholarship Program (MBH-SP)'. Both cards include the HCAI logo and the Department of Health Care Access and Information name.

Once you have completed your profile information, you will need to navigate back to the application page. You can get there by clicking the phrase “**Funding Portal**”. If successful, your screen will look like this.

To enter the Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP) application, please click on the picture here.

# MBH-CBPTP Application



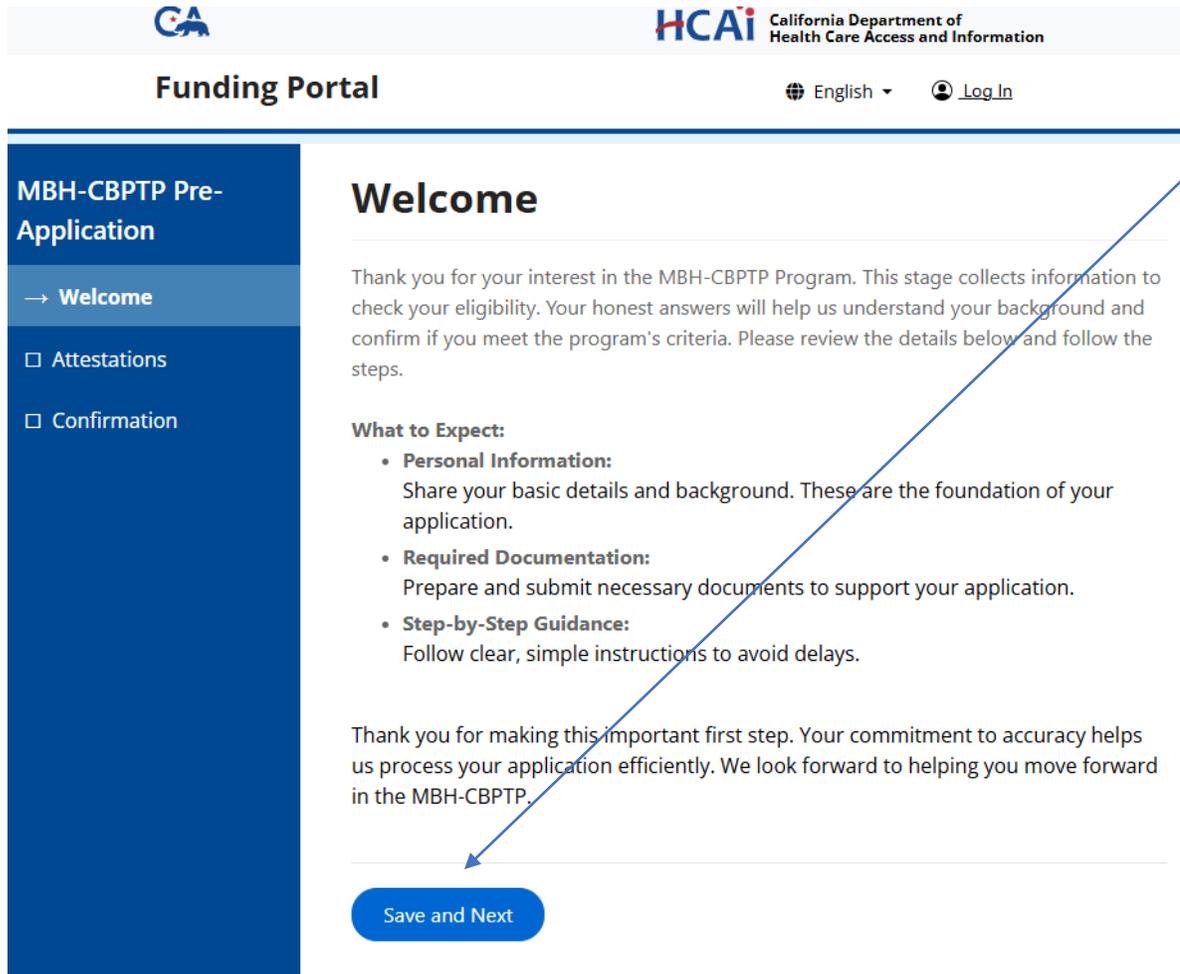
The screenshot displays the HCAI Funding Portal with a pop-up window for the Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP). The pop-up window includes the following sections:

- Program Overview:** The Behavioral Health Community-Based Provider Training Program supports the development of the following community-based provider roles:
  - Alcohol and Other Drug (AOD) Counselors
  - Community Health Workers / Promoters / Representatives
  - Peer Support Specialists
- Program Funding:** The state may pay training programs up to \$10,000 per practitioner participating in this program. Funds may only be used for the following eligible activities:
  - Program tuition and required program fees for coursework necessary to achieve one of the eligible professions.
  - Textbooks and supplies required by the educational program curriculum.
  - Professional exam fees, certification, or licensure costs.
- Note:** Payments are made directly to training programs on behalf of practitioners. Funds are not provided to individual awardees.
- Service Obligation Requirements:** Awardees must fulfill a 3-year full-time service obligation in one or more of the following Medi-Cal safety net settings:
  - Federally Qualified Health Centers (FQHC)
  - Community Mental Health Centers (CMHC)
  - Rural Health Clinics (RHC)
- Settings with qualifying payer mix:**
  - Hospitals with 40% or higher Medicaid and/or uninsured population
  - Rural hospitals with 30% or higher Medicaid and/or uninsured population
  - Other behavioral health settings with 40% or higher Medicaid and/or uninsured population

At the bottom of the pop-up, there are two buttons: "Learn More" and "Apply". A blue arrow points from the text on the right to the "Apply" button.

After clicking on the Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP) application pop-up, please read the information regarding eligible provider types and award amounts and click “**Apply**” to start the application process.

# MBH-CBPTP Welcome Page



The screenshot shows the MBH-CBPTP Welcome Page. At the top left is the CA logo. To its right is the HCAi logo and the text "California Department of Health Care Access and Information". Below this is the "Funding Portal" header with "English" and "Log In" options. A dark blue sidebar on the left contains the text "MBH-CBPTP Pre-Application" and a list of menu items: "Welcome" (with a right-pointing arrow), "Attestations", and "Confirmation". The main content area has a "Welcome" heading, a paragraph of introductory text, a "What to Expect:" section with three bullet points, another paragraph, and a "Save and Next" button at the bottom.

CA

HCAi California Department of Health Care Access and Information

Funding Portal English Log In

MBH-CBPTP Pre-Application

→ Welcome

□ Attestations

□ Confirmation

## Welcome

Thank you for your interest in the MBH-CBPTP Program. This stage collects information to check your eligibility. Your honest answers will help us understand your background and confirm if you meet the program's criteria. Please review the details below and follow the steps.

**What to Expect:**

- **Personal Information:**  
Share your basic details and background. These are the foundation of your application.
- **Required Documentation:**  
Prepare and submit necessary documents to support your application.
- **Step-by-Step Guidance:**  
Follow clear, simple instructions to avoid delays.

Thank you for making this important first step. Your commitment to accuracy helps us process your application efficiently. We look forward to helping you move forward in the MBH-CBPTP.

Save and Next

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

# MBH-CBPTP Attestations Page

CA HCAI California Department of Health Care Access and Information | Newsroom | Public Meetings | About |

Funding Portal

MBH-CBPTP Pre-Application

- Welcome
- Attestations
- Confirmation

### Attestations

I have read and understand the Grant Guide for this program (A link to the grant guide is provided in the "Need Help?" box on the right).

I acknowledge

I understand that this program provides up to \$10,000 for eligible education and training costs in exchange for a three-year full-time service obligation in any of the following Medi-Cal safety-net settings. Please see page 5 of the Grant Guide (a link to the grant guide is provided in the "Need Help" box on the right).

- Federally Qualified Health Centers (FQHC)
- Community Mental Health Centers (CMHC) as defined and certified by the California Department of Public Health
- Rural Health Clinics (RHC)

Settings with the following payer mix:

- Hospitals with 40% or higher Medicaid and/or uninsured population
- Rural hospitals with 30% or higher Medicaid and/or uninsured
- Other behavioral health settings with 40% or higher Medicaid and/or uninsured population

I acknowledge

I confirm I am not a current or former awardee of the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP).

I acknowledge

I give permission for HCAI to contact my training program using an electronic Training Program Verification Form (TPVF) in this application.

I acknowledge

I understand I cannot change training programs once I start one funded by this grant.

I acknowledge

I attest that I am not currently (as of today) a California State employee within the CalHR system or planning to be a State employee during the grant period. (The CalHR system does not include employees of California State University, University of California, the California Community College system).

I acknowledge

Funding for this program is limited to the statuses listed below:

- U.S. Citizen
- Lawful permanent residents
- Conditional resident aliens
- Conditional entrants
- Refugees
- Persons granted asylum
- Persons paroled into the U.S. for at least one year
- Jordanian citizens and nationals
- Afghan citizens and nationals paroled into the U.S. between July 31, 2021, and September 30, 2023
- Cuban-Haitian Entrants
- Victims of human trafficking
- Battered immigrants-qualified aliens
- Jay Treaty students

I acknowledge that I am one of these statuses.

Previous Save and Next

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-CBPTP Confirmation Page

**CA** **HCAI** California Department of Health Care Access and Information

Funding Portal English Log In

**MBH-CBPTP Pre-Application**

- ☑ Welcome
- ☑ Attestations
- **Confirmation**

## Confirmation

Thank you for reaching this stage in the pre-eligibility process. Your progress so far is greatly appreciated. Before you begin filling out your full application, please note that you must be logged in to continue.

When you click **"Submit,"** [if you are not already logged in](#), you will be redirected to *Login* or *Sign Up* (If you do not have an account already). [If you are logged in](#), you will be taken directly to the application fulfillment process.

**Logging in ensures that your application data is securely saved and allows us to track your progress.**

**Next Steps:**

- **Log In or Register:**  
Please sign in to your account. If you don't have an account yet, you'll need to register before proceeding. This step guarantees that all your application details remain secure and accessible.
- **Begin Your Full Application:**  
Once logged in, you can continue the application process. This will enable you to provide additional details and finalize your application.

By proceeding, you acknowledge that you have read and understood these instructions. Thank you for your continued interest in our program. We look forward to guiding you through the next steps.

Previous Submit

This is a final confirmation to ensure that you are logged in and have a profile set-up. Being logged into your profile is necessary to make the application process easier and keeping your information current.

Please click **"Submit"** once you have read and are ready to proceed.

# MBH-CBPTP Provider Type

GA HCAI California Department of Health Care Access and Information

Funding Portal English Sign Out zzzEmily.zzzRobinson

**MBH-CBPTP Application**

- **Provider Type**
- Certifications and Licenses
- Training Program Eligibility
- Education Related Questions
- Training and Service Timeline
- Conflicts of Interest
- Confirm Service Obligation
- Additional Questions
- Profile Confirmation
- Application Confirmation

## Provider Type

Please provide the following information.

Which of the following Provider Types will you be trained as? \*

Please select an option from the drop-down below.

Select

Save and Next

**Provider Type:** Select a provider type from the dropdown list.

Please click **“Save and Next”**.

# MBH-CBPTP Certifications and Licenses

The screenshot shows the 'Funding Portal' for the MBH-CBPTP application. The left sidebar contains a navigation menu with the following items: MBH-CBPTP Application, Provider Type, Certifications and Licenses (highlighted), Training Program Eligibility, Education Related Questions, Training and Service Timeline, Conflicts of Interest, Confirm Service Obligation, Additional Questions, Profile Confirmation, and Application Confirmation. The main content area is titled 'Certifications and Licenses' and contains the following text: 'Please review and provide the following information.' Below this is the 'Provider Type Selection' section, which shows 'Peer Support Specialist' selected. The next question is 'Are you currently a Certified Peer Support Specialist through the California Mental Health Services Authority? \*' with radio buttons for 'Yes' and 'No' (selected). The following question is 'Do you currently hold any of the following professional licenses or certifications? \*' with a list of 16 options: Addiction Medicine Physician, Associate Clinical Social Worker, Associate Professional Clinical Counselor, Certified Wellness Coach, Licensed Clinical Psychologist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Vocational Nurse, Nurse Practitioner, Psychology Associate, Registered Nurse, Associate Marriage and Family Therapist, Licensed Marriage and Family Therapist, Licensed Psychiatric Technician, Mental Health Rehabilitation Specialist, Occupational Therapist, Physician Assistant, and Psychiatrists (including Addiction & Child & Adolescent Psychiatrists). Radio buttons for 'Yes' and 'No' (selected) are at the bottom of the list. At the bottom of the form are two buttons: 'Previous' and 'Save and Next'.

Do you currently hold a certification or registration for your specific provider type? If **“Yes”**, you are not eligible for this grant. If **“No”**, you can proceed to the next question.

Do you currently hold any of the following licenses or certifications? If so, you are not eligible for this grant. If **“No”**, you can proceed with the application.

Please click **“Save and Next”**.

# MBH-CBPTP Training Program Eligibility

**CA** **HCAI** California Department of Health Care Access and Information

Funding Portal English Sign Out zzzJane ZZZGoodall

**MBH-CBPTP Application**

- Provider Type
- Certifications and Licenses
- Training Program Eligibility**
- Education Related Questions
- Training and Service Timeline
- Conflicts of Interest
- Confirm Service Obligation
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- Application Confirmation

## Training Program Eligibility

Please provide the following information.

**Provider Type Selection**  
Peer Support Specialist

**Training Program \***  
Choose the approved training program you'll attend from the dropdown menu below

Select

**Provide the name of the Training Program Director. \***

**Provide the email address of the Training Program Director. \***

Previous Save and Next

If you selected Peer Support Specialist, Registered Alcohol and Other Drug counselor, or Certified Alcohol and Other Drug Counselor from the Provider Type page, it would have resulted in a page that looks like this.

**Training Program:** Select a training program from the drop-down menu.

**Training Program Director:** Provide the name of your Training Program Director. Please provide the email address of your Training Program Director.

Please click **“Save and Next”**.

# MBH-CBPTP Training Program Eligibility (continued)

**CA** **HCAI** California Department of Health Care Access and Information

Funding Portal English Sign Out zzzJane ZZZGoodall

## MBH-CBPTP Application

- Provider Type
- Certifications and Licenses
- Training Program Eligibility**
- Education Related Questions
- Training and Service Timeline
- Conflicts of Interest
- Confirm Service Obligation
- Additional Questions
- Profile Confirmation
- Application Confirmation

### Training Program Eligibility

Please provide the following information.

**Provider Type Selection**  
Community Health Worker (Promoter/ Representative)

**Provide the name of the Training Program you will attend. \***

**Provide a link to the Training Program webpage. \***

**Provide the name of the Training Program Director. \***

**Provide the email address of the Training Program Director. \***

[Previous](#) [Save and Next](#)

If you selected “Community Health Worker (Promoter/Representative)” from the Provider Type page, it would have resulted in a page that looks like this.

**Training Program:** Please provide the name and a link to the webpage of the Training Program you will be attending.

**Training Program Director:** Please provide the name and email address of the Training Program Director.

Please click “**Save and Next**”.

# MBH-CBPTP – Education Related Questions

  California Department of Health Care Access and Information

Funding Portal    English ▾    Sign Out    zzzJane ZZZGoodall

**MBH-CBPTP Application**

- Provider Type
- Certifications and Licenses
- Training Program Eligibility
- Education Related Questions**
- Training and Service Timeline
- Conflicts of Interest
- Confirm Service Obligation
- Additional Questions
- Profile Confirmation
- Application Confirmation

## Education Related Questions

Please provide the following information.

**Is the program you will attend at a college? \***

Yes ▾

**Will you attend full time? \***

Full time attendance means at least 12 semester units or equivalent

Select ▾

**Upload a screenshot showing your submission of Free Application for Federal Student Aid (FAFSA)/Cal Grant. Applying for FAFSA is required for applicants attending colleges or universities. If you need to apply, you can do so [here](#). \***

[Choose File](#) No file selected

[Click this link](#) for how to take a screenshot

[Previous](#) [Save and Next](#)

Is the program you will attend at a college? If **“No”**, please select from the drop-down menu and proceed to clicking **“Save and Next”**.

If **“Yes”**, please proceed with the following question regarding full-time attendance.

**Upload FAFSA:** Upload a screenshot showing your submission for aid year 2026 -2027 FAFSA/Cal Grant. This should clearly show your name.

Please click **“Save and Next”**.

# MBH-CBPTP Training and Service Timeline



## MBH-CBPTP Application

- Provider Type
- Certifications and Licenses
- Training Program Eligibility
- Education Related Questions
- Training and Service Timeline**
- Conflicts of Interest
- Confirm Service Obligation
- Additional Questions
- Profile Confirmation
- Application Confirmation

## Training and Service Timeline

Please provide the following information. Note: If offered an award, failure to meet this timeline may result in breach of your agreement.

### When do you plan to start your Training Program? \*

Must be on or before September 30, 2026

M/D/YYYY



### When do you plan to complete your Training Program? \*

Must be on or before June 30, 2028

M/D/YYYY



### When do you plan to start your service obligation? \*

Must be on or before June 30, 2029

M/D/YYYY



Previous

Save and Next

Please provide the date you will start your Training Program.

Please provide the anticipated completion date of your Training Program.

Please provide the anticipated date you will start your service obligation.

Please click **“Save and Next”**.

# MBH-CBPTP Conflicts of Interest

**CA** **HCAI** California Department of Health Care Access and Information

Funding Portal English Sign Out zzzEmily.zzzGoodall

**MBH-CBPTP Application**

- ☑ Provider Type
- ☑ Certifications and Licenses
- ☑ Training Program Eligibility
- ☑ Education Related Questions
- ☑ Training and Service Timeline
- **Conflicts of Interest**
- ☐ Confirm Service Obligation
- ☐ Additional Questions
- ☐ Profile Confirmation

**Conflicts of Interest**

Please provide the following information. Note: Not sharing accurate details about conflicts of interest or current service obligations may breach your agreement.

**Have you ever worked for the State of California? This includes the California Community Colleges, California State University, or the University of California? \***

Yes  
 No

**What was the nature of your work for the State of California? \***

Please select from the following list (check all that apply):

Select

Provide a letter confirming that you do not have a conflict of interest for this program. See this [downloadable template](#) for reference.

**Upload your conflict-of-interest letter. \***

No file selected

Here you are asked if you have a conflict of interest. If you currently work for the State of California, you will not be eligible to apply for this grant opportunity. However, if you worked for the State of California in the past, you may still be eligible. Please report that work experience.

If you answer “**Yes**”, additional questions will appear.

If you answer “**Yes**”, please upload a Conflict of Interest (COI) letter where you provide the name and dates of your previous State of California employment.

If you answer “**No**”, then you are free to move onto the next question.

Please scroll further down the page.

# MBH-CBPTP – Conflicts of Interest (continued)

- Profile Confirmation
- Application Confirmation

Do you currently have any other service obligations? \*

- Yes
- No

What is the end date of this service obligation? \*

Did you apply for Medi-Cal Behavioral Health Scholarship Program? \*

- Yes
- No

Do you have a service obligation from another program? In other words, did you receive a monetary award from HCAI, or another organization, with the condition that you must work during the proposed grant term for this application?

If you answer “Yes”, additional questions appear.

If you answer “No”, you may proceed to the next question.

Please click “Save and Next”.

# MBH-CBPTP Confirm Service Obligation



## MBH-CBPTP Application

- Provider Type
- Certifications and Licenses
- Training Program Eligibility
- Education Related Questions
- Training and Service Timeline
- Conflicts of Interest
- Confirm Service Obligation**
- Additional Questions
- Profile Confirmation
- Application Confirmation

## Confirm Service Obligation

This program requires a three-year full-time service commitment. If you do not complete this obligation, it will be a breach of contract. You must then return any funds received. Considering this, can you meet the service obligation based on your personal situation? \*

- Yes
- No

Previous

Save and Next

Here you are confirming that you are committing to a three-year service obligation after your training program concludes. If you cannot complete the service obligation, you may be held in breach of contract.

Please click **“Save and Next”**.

# MBH-CBPTP – Additional Questions



## MBH-CBPTP Application

Provider Type

Certifications and Licenses

Training Program Eligibility

Education Related Questions

Training and Service Timeline

Conflicts of Interest

Confirm Service Obligation

→ Additional Questions

Profile Confirmation

Application Confirmation

## Additional Questions

Please provide the following information:

### Have you received or participated in any of the following programs? \*

- The Health Resources and Services Administration's (HRSA) Scholarship for Disadvantaged Students
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- Pell Grants
- Perkins Loan
- Work Study Program
- California College Promise Grant from a California Community College
- Food Stamp Program (e.g., CalFresh, SNAP, EBT)

Yes

No

### Have you ever experienced homelessness (currently or in the past)? \*

Yes

No

### Which of the following best describes your experience with homelessness? \*

- Chronic homelessness (as defined by HUD)
- Experienced homelessness under the age of 25
- Experienced homelessness as an adult (age 25 or older)
- Have never experienced homelessness

Have you received/participated in any of the following?

Have you experienced homelessness?

If you answer “**Yes**”, additional questions will appear. If you answer “**No**”, you may proceed to the next question.

Please scroll further down the page.

# MBH-CBPTP – Additional Questions (continued)

Profile Confirmation

Application Confirmation

Have you ever been in the foster care system or child welfare system? \*

- Yes  
 No

Have you ever been in the foster care or child welfare system?

## Languages

Select all languages that apply from the list provided. Choose languages you can use confidently in a professional, client-facing setting (not just conversational). You may select multiple languages.

Do you speak any of the listed languages fluently/well enough to be able to provide direct care services to clients without additional translation services? Check all that apply.

<input type="checkbox"/> Any Indigenous and/or Tribal languages	<input type="checkbox"/> Any Sign Languages
<input type="checkbox"/> Arabic	<input type="checkbox"/> Armenian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Farsi	<input type="checkbox"/> Hindi
<input type="checkbox"/> Hmong	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
<input checked="" type="checkbox"/> Mien	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Vietnamese	

Please click **“Save and Next”**.

Previous

Save and Next

# MBH-CBPTP – Profile Confirmation

CA HCAI California Department of Health Care Access and Information

Funding Portal English Sign Out zzzJane ZZZGoodall

**MBH-CBPTP Application**

- Provider Type
- Certifications and Licenses
- Training Program Eligibility
- Education Related Questions
- Training and Service Timeline
- Conflicts of Interest
- Confirm Service Obligation
- Additional Questions
- Profile Confirmation**
- Application Confirmation

### Profile Confirmation

**First Name \***

**Last Name \***

**Phone Number \***

**Email \***

emily.robinson+2@hcai.ca.gov

**Personal Address**

Please enter a valid address.

**Updated Profile Affirmation \***

My profile information as it appears on this page is accurate and up to date.

Previous Save and Next

Your contact information should be populated when you see this screen. The intent is to confirm that your information is accurate. If there is an error, please make the correction as it may result in a delay of an award or payment.

If you are satisfied with your profile information, please check the box.

Please click **“Save and Next”**.

# MBH-CBPTP – Application Confirmation

CA HCAi California Department of Health Care Access and Information

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## MBH-CBPTP Application

- Provider Type
- Certifications and Licenses
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- Education Related Questions
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- Application Confirmation**

### Application Confirmation

You are about to submit your application. Once it has been submitted, you may not edit or delete it from the system.

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Department of Health Care Access and Information (HCAI) to verify any details I provided. I know that falsifying information will disqualify my application. If I am awarded funds and later found to have falsified information or breached my contract, I must repay the funds, plus interest and fees. I also understand that once submitted, my application and supporting documents belong to HCAI.

I understand that, if awarded, I am agreeing to the below terms:

- Return all correspondence in a timely manner
- Sign a grant agreement. I would be entering into a signed, grant agreement with the Department of Health Care Access and Information (HCAI)
- When requested by HCAI, have my employer submit an Employer Verification Form (EVF) to HCAI
- Maintain employment at a qualified facility throughout the service obligation
- Notify HCAI of any changes to my address, email, phone number, employment, and any leave of absence from work, within thirty (30) days
- Not accept any other awards with other entities, including other HCAI programs that require me to fulfill a contract that overlaps with this service obligation
- Repay funds received, with interest and any associated penalties, if I do not comply with the terms of the service obligation.

I agree \*

Previous Submit Application

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

If you are satisfied with your application information, please check the “I agree” box.

Please click “Submit Application” when complete.

**IMPORTANT:** This will be your last chance to make an edit to your application. Once you click “Submit” you will no longer be able to make changes to your application.

# MBH-CBPTP– Submission Successful



**Your application was submitted successfully.**

Thank you for applying to **MBH-CBPTP**. Your application number is **App-MBH-CBPTP-1013**. Please include this application number in any communication with HCAI.

You can track the status of your application from the Funding Portal homepage.

**Please note:** It may take a moment for your submission to appear. If you don't see it on your homepage right away, try refreshing the page.

[Back to Funding Portal](#)

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

Thank you for applying.

# Questions?

[MBHCBP@hcai.ca.gov](mailto:MBHCBP@hcai.ca.gov)