

BH-CONNECT Workforce Initiative: Medi-Cal Behavioral Health Recruitment and Retention Program

HCAI Health Workforce Development

May 5, 2026

Agenda

- **Housekeeping and Introduction**
- **Opening Remarks and HCAI Overview**
- **Medi-Cal Behavioral Health Recruitment and Retention Program: Webinar Objectives**
- **Overview of BH-CONNECT and the Workforce Initiative**
- **Medi-Cal Behavioral Health Recruitment and Retention Program Overview**
- **Questions and Answers**
- **Closing Remarks**

Housekeeping and Introduction

Before we begin, just a few quick notes to help you get the most out of today's session:

1. Platform: This session is hosted on Zoom Webinar. Your controls are in the toolbar at the bottom of your screen.
2. Q&A: We're using the Q&A feature for all comments and questions. Please type your input at any time.
3. Recording: Today's session is being recorded. The recording will be available on our website within 7-10 business days

A woman with long dark hair, seen in profile from the side, is looking towards a large monitor. The monitor displays a video conference with several participants. The background is a bright, out-of-focus brick wall. The overall scene is brightly lit, suggesting an indoor office or meeting space.

Opening Remarks & HCAI Overview

Angela Brand, Behavioral Health and Policy Section Chief

HCAI's Vision and Mission



Vision

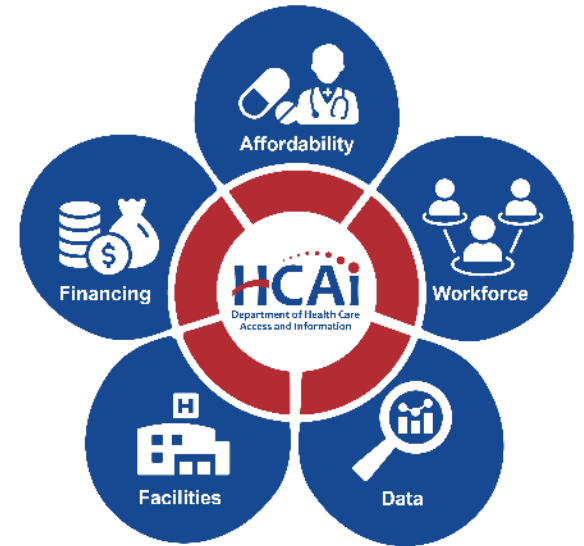
A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI is committed to expanding equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable.

HCAI Program Areas

- **Facilities:** Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.
- **Financing:** Provide loan insurance for non-profit healthcare facilities to develop or expand services.
- **Workforce:** Expand and diversify California's health workforce for underserved areas and populations.
- **Data:** Collect, manage, analyze, and report actionable information about California's healthcare landscape.
- **Affordability:** Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.



HCAI Health Workforce Approach

Develop, support and expand a health workforce that:

- Serves medically underserved areas
- Serves Medi-Cal members
- Reflects and responds to the needs of California's population





Medi-Cal Behavioral Health Recruitment and Retention Program: Webinar Objectives

Webinar Objectives

- Present high-level overview of BH-CONNECT and the BH-CONNECT Workforce Initiative
- Present high-level features of the BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP)
- Provide next steps for organizations interested in applying for MBH-RRP



Overview of BH-CONNECT and the Workforce Initiative

Federal Approvals to Transform Behavioral Health Care in Medi-Cal

In December 2024, the Department of Health Care Services (DHCS) received approval from the Centers for Medicare & Medicaid Services (CMS) for the transformative BH-CONNECT initiative. BH-CONNECT grows out of our understanding of the lived experience of Californians with behavioral health needs and data-driven analysis of available services.

- BH-CONNECT seeks to transform California's behavioral health delivery system by **expanding access to highly effective community-based services, strengthening the behavioral health workforce, and ensuring Medi-Cal members receive high quality care.**
 - CMS approved key elements of BH-CONNECT through a new Section 1115 demonstration and a series of new State Plan Amendments (SPAs).

Goals of BH-CONNECT

- **Expand the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal for children, youth and adults living with mental health and substance use disorders (SUD).**
- **Strengthen family-based services and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- **Incentivize behavioral health plans (BHPs) to improve access, health outcomes, and invest in delivery system reforms** to better support Medi-Cal members living with significant behavioral health needs.
- **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with behavioral health needs.
- **Access federal funds for short-term stays in facility-based care**, but only for BHPs that commit to providing robust community-based services and meeting quality of care standards for such stays.
- **Promote transitions out of facility-based care** and support successful transitions to community-based care settings and community reintegration.
- **Promote improved health outcomes**, community integration, treatment and recovery for individuals who are homeless or at risk of homelessness and experiencing critical transitions.
- **Improve stability** for members going through vulnerable periods (including but not limited to those living with significant behavioral health issues) through transitional rent services, reducing their risk of returning to institutional care or experiencing homelessness.

BH-CONNECT Workforce Initiative

- The Workforce Initiative will support the training, recruitment and retention of behavioral health practitioners to provide services across the continuum of care within the Medi-Cal safety net, serving Medi-Cal members and the uninsured.
- Between 2025 and 2029, in partnership with the Department of Health Care Services (DHCS) and HCAI will invest up to \$1.9 billion in five workforce programs.
- Recipients of workforce funding will commit to serving Medi-Cal members living with significant behavioral health needs for 2-4 years.
- The state may carry unused workforce initiative expenditure authority from one year to the next. After Demonstration Year 2, the state may redistribute up to 30% of Workforce Initiative funding across programs.



BH-CONNECT Workforce Initiative Programs

Medi-Cal Behavioral Health Student Loan Repayment Program

Medi-Cal Behavioral Health Scholarship Program

Medi-Cal Behavioral Health Recruitment and Retention Program

Medi-Cal Behavioral Health Community-Based Provider Training Program

Medi-Cal Behavioral Health Residency/Fellowship Training Program

A woman with curly hair, wearing a white button-down shirt, is standing and speaking to two other people in a meeting. She is gesturing with her hands. The man on the left is wearing a light blue shirt and is looking towards her. The woman on the right is wearing a dark jacket and is also looking towards her. The background is a bright, modern office space with large windows.

Medi-Cal Behavioral Health Recruitment and Retention Program Overview

Medi-Cal Behavioral Health Recruitment and Retention Program Goal

Goal:

The goal of the BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) is to provide recruitment and retention bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/licensure and training supports with the aim of recruiting and retaining behavioral health practitioners to serve the Medi-Cal population.

MBH-RRP: Special Terms and Conditions

The BH-CONNECT Special Terms and Conditions (STCs) act as a contractual agreement between the State and the Federal Centers for Medicare and Medicaid Services. The STCs govern the way in which programs can be administered by HCAI.

For MBH-RRP, the STCs state:

"6.4. Medi-Cal Behavioral Health Recruitment and Retention Program. The state will establish a program to provide recruitment and retention bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/licensure and training supports with the aim of recruiting and retaining behavioral health practitioners to serve the Medi-Cal population. **The state will develop a process to identify provider organizations to receive Recruitment and Retention Program funding, however, funding for payments to the provider organizations described in STC 6.4(a)-(c) must go to the behavioral health practitioners.**"

Full MBH-RRP terms are available here: [BH-CONNECT STCs](#), Section 6.4 (pages 25-27)

MBH-RRP: Funding

- Over **\$196M** is available for this year's MBH-RRP cycle
- Funds will be dispersed to organizational grantees in annual upfront payments for calendar years 2027, 2028, and 2029.
- Eligible organizations may receive funding to:
 - Provide recruitment bonuses of **up to** \$20,000 per practitioner
 - Provide retention bonuses of **up to** \$4,000 per practitioner
 - Provide recruitment bonuses of **up to** \$50,000 per individual to support students completing required training in advance of their final year of education
 - Provide **up to** \$1,500 per practitioner to cover licensing or certification fees
 - Support supervision hours of pre-licensure or pre-certificate practitioners (**up to** \$35,000 per year, per organizational grantee)
 - Cover backfill costs to support behavioral health practitioners receiving training in specified evidence-based practices (as listed in the [BH-CONNECT Special Terms and Conditions 6.4.e](#))

MBH-RRP: Organizational Grant with Individual Element

- MBH-RRP is an **organizational grant program** with an **individual application and award component to be administered by organizational grantees**.
- Organizations will apply for an organizational award first, through the MBH-RRP Organizational Application.
- Organizational grantees will then direct their individuals to apply to the Individual MBH-RRP Application.
- Organizational grantees will be responsible for:
 - any necessary recruitment
 - individual application review and award selection
 - individual funding distribution
 - monitoring and reporting via the MBH-RRP Individual Application which HCAI will provide via the HCAI portal.

MBH-RRP: Timeline of Organizational Grant with Individual Element

Jun 2026 - Jul 2026

Oct 2026

Nov 2026

Dec 2026 - Dec 2029

2027 – 29

2030 – 33

Organizations apply to the Organizational MBH-RRP Application.

HCAI announces organizational awardees.

Organizational awardees enter into grant agreements with HCAI.

Organizations direct individuals to the HCAI-hosted Individual MBH-RRP application.

Organizations select and award individuals, enter into agreements with individuals, disperse funds to individuals, and monitor individuals' service obligations.

Organizations continue monitoring remaining service obligations.

MBH-RRP: Eligible Organizations

- Organizations must meet one or more of the definitions of a Medi-Cal safety net setting (as listed on the following slides)
- A parent organization may apply as a single organizational applicant on behalf of multiple sites or may choose to have each site submit their own independent application
- County applicants must be provider organizations offering county-operated Medi-Cal BH services to be eligible

MBH-RRP: Medi-Cal Safety Net Settings

Medi-Cal safety net settings are defined as one of the following:

- 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 population
 - Other behavioral health settings with 40% or higher Medicaid and/or uninsured population

*Other Behavioral Health Settings

<ul style="list-style-type: none"> • Community Treatment Facilities – Must be licensed by the California Department of Social Services and hold a DHCS mental health program approval 	<ul style="list-style-type: none"> • Crisis Stabilization Unit (CSU)¹
<ul style="list-style-type: none"> • Independent licensed practitioners contracted with a behavioral health plan or managed care plan for specialty or non-specialty behavioral health services 	<ul style="list-style-type: none"> • Indian Health Care providers²
<ul style="list-style-type: none"> • Mental Health Rehabilitation Center (MHRC) as licensed by DHCS 	<ul style="list-style-type: none"> • Narcotic Treatment Programs (NTP) as licensed by DHCS
<ul style="list-style-type: none"> • Outpatient behavioral health clinics (other than certified outpatient Substance Use Disorder facility)² 	<ul style="list-style-type: none"> • Primary care or other clinic setting with co-located behavioral health services²
<ul style="list-style-type: none"> • Psychiatric Health Facility (PHF) as licensed by DHCS 	<ul style="list-style-type: none"> • Qualifying provider organizations that deliver primarily field-based or telehealth Medi-Cal behavioral health services²
<ul style="list-style-type: none"> • School-based behavioral health setting² 	<ul style="list-style-type: none"> • Short-Term Residential Therapeutic Program/Children’s Crisis Residential Program (Must be licensed by the California Department of Social Services and hold a DHCS mental health program approval)
<ul style="list-style-type: none"> • Skilled Nursing Facility with a Special Treatment Program for mental health (Must be licensed by the California Department of Social Services and hold a DHCS mental health program approval) 	<ul style="list-style-type: none"> • Social Rehabilitation Facility/Program (Must be licensed by the California Department of Social Services and hold a DHCS mental health program approval)
<ul style="list-style-type: none"> • Substance Use Disorder Treatment Facilities (residential; licensed by DHCS) 	<ul style="list-style-type: none"> • Substance Use Disorder Treatment Program (outpatient; certified by DHCS)
<ul style="list-style-type: none"> • Psychiatric Residential Treatment Facilities (licensed by DHCS) 	

*Other Behavioral Health Settings must deliver Medi-Cal behavioral health services and must meet the payor mix requirements in the BH-CONNECT STCs. All Medi-Cal safety net settings will go through a verification process

¹ Crisis Stabilization Units provide Medi-Cal Crisis Stabilization services, as defined in Supplement 3 to Attachment 3.1-A of California’s Medicaid State plan. Medi-Cal Crisis Stabilization services must be delivered at a provider site certified by the State Department of Health Care Services or a county mental health plan.

² Not all Indian health care providers, primary care sites, school-based sites, or outpatient clinics will automatically qualify as behavioral health sites. Additional verification will be required to confirm that the site is actively providing behavioral health services.

MBH-RRP: Funds Must Go to These Eligible Professionals

• Addiction Medicine Physician	• AOD (Alcohol and Other Drug) and SUD (Substance Use Disorder) Counselors
• Associate Clinical Social Worker	• Associate Marriage and Family Therapist
• Associate Professional Clinical Counselor	• Certified Peer Support Specialist
• Certified Wellness Coach	• Community Health Worker (Promotores/Representatives)
• Licensed Clinical Psychologist	• Licensed Clinical Social Worker
• Licensed Marriage and Family Therapist	• Licensed Professional Clinical Counselor
• Licensed Psychiatric Technician	• Licensed Vocational Nurse
• Mental Health Rehabilitation Specialist	• Nurse Practitioner
• Occupational Therapist	• Physician Assistant
• Psychiatrists (including Addiction and Child Psychiatrist)	• Psychology Associate
• Registered Nurse	

Individual Service Obligations by Funding Category

Funding Category	Individual Service Obligation
Recruitment Bonuses (up to \$20,000 per practitioner)	2 years: less than \$10,000 3 years: \$10,000 and up to \$19,999 4 years: \$20,000
Retention Bonuses (up to \$4,000 per practitioner)	2 years
Student Recruitment Bonuses (up to \$50,000 per student)	2 years: less than \$10,000 3 years: \$10,000 and up to \$19,999 4 years: \$20,000 and up to \$50,000
Licensing or Certification Fees (up to \$1,500 per practitioner)	2 years
Supervision Support (up to \$35,000 per organizational awardee, per year)	No service obligation
Backfill Costs for EBP Training	No service obligation

Full-Time Service Obligation for Individual Awardees

- In accordance with section 6.1 of the [BH CONNECT Special Terms and Conditions](#) individual awardees cannot work less than full-time in a Medi-Cal safety net setting.
- HCAI defines full-time as a minimum of **32** hours per week providing direct client care or **30** hours per week of direct care in a school-based behavioral health setting.
- Direct client care includes behavioral health services such as prevention, early intervention, assessment, treatment, counseling, procedures, patient self-care, patient education, and documentation relating to encounters with patients being treated with, or suspected of needing, behavioral health services; Direct client care includes face-to-face care, telehealth-based care, and first-line supervision.
- First-line supervision: The supervising staff who provides direct supervision over the staff who are providing the direct client care.

MBH-RRP: Key Dates

Event	Date
Organizational Application Available	June 1, 2026
Organizational Application Submission Deadline	July 15, 2026
Anticipated Organizational Award Notice	October 2026
Proposed Organizational Grant Agreement Start Date	November 2026
Individual Application Available	December 2026



Questions & Answers

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Closing Remarks

Angela Brand, Behavioral Health and Policy Section Chief

Next Steps

Today:

- Join our [mailing list](#) to stay updated. Just check “Behavioral Health Programs” when you subscribe
- We will be distributing this [digital shareable flyer](#) to all attendees. Please share this opportunity with your partners and networks.

In June:

- June 1: Apply via the [HCAI funding portal](#).
- June 9: Join the MBH-RRP launch webinar to learn about additional application and grant details, and to engage in a Q&A session.

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