

# **BH-CONNECT Workforce Initiative: Medi-Cal Behavioral Health Student Loan Repayment Program**

**HCAI Health Workforce Development**

April 28, 2026 & May 7, 2026

# Agenda

- Housekeeping and Introduction
- Opening Remarks and HCAI Overview
- Medi-Cal Behavioral Health Student Loan Repayment Program: Webinar Objectives
- Overview of BH-CONNECT and the Workforce Initiative
- Medi-Cal Behavioral Health Student Loan Repayment 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 Policy Section Chief**

# HCAI's Vision and Mission



## Vision

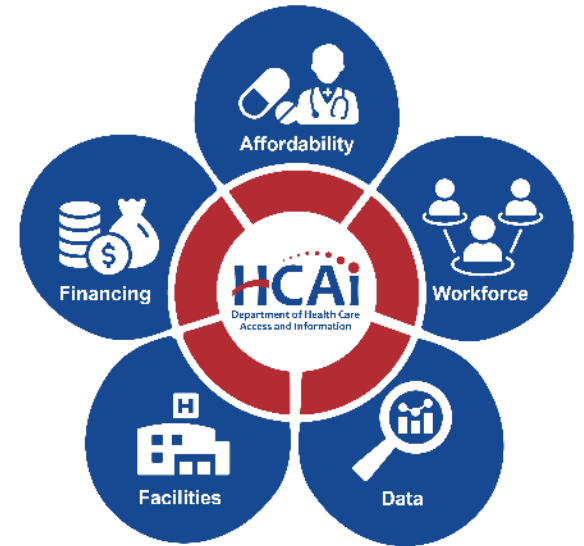
A healthier California where all receive equitable, affordable, and quality health care.

## Mission

HCAI expands access to quality, equitable, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

# 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 Student Loan Repayment Program: Webinar Objectives

# Webinar Objectives

- Present high-level overview of BH-CONNECT and the BH-CONNECT Workforce Initiative
- Provide relevant information to potential applicants of the Medi-Cal Behavioral Health Student Loan Repayment Program



# Overview of BH-CONNECT and the Workforce Initiative

# Federal Approvals to Transform Behavioral Health Care in Medi-Cal

In mid-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, the Department of Health Care Services (DHCS) and HCAI will partner to 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**



# Medi-Cal Behavioral Health Student Loan Repayment Program Overview

**Samantha Sadler, Policy Specialist, Behavioral Health and Policy**

# MBH-SLRP Program:

## Goal:

The goal of the BH-CONNECT Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) is to expand the availability of behavioral health professionals in Medi-Cal safety net settings by alleviating student loan burdens and incentivizing practice in these settings.

## Funding:

- Up to **\$93,300,000** in total is available for this year's MBH-SLRP cycle
- Awardees are eligible for up to **\$240,000** in loan repayment depending on their profession (see max award by profession slide)
  - These amounts are set by the [BH-Connect Special Terms and Conditions section 6.2\(a\)](#)
- Grantees cannot receive an award higher than their eligible student loan debt at the time of payment

# MBH-SLRP: Funds Must Go to These Eligible Professionals

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

# Maximum Award and Service Obligation by Profession

| Max Award | Eligible Professions  |  | Service Obligation  |
|-----------|---|--|---|
| \$240,000 | <ul style="list-style-type: none"> <li>Addiction Medicine Physician</li> <li>Addiction Psychiatrist</li> <li>Child and Adolescent Psychiatrist</li> </ul>   | <ul style="list-style-type: none"> <li>Nurse Practitioner</li> <li>Physician Assistant</li> <li>Psychiatrist</li> </ul>  | 4 years<br>regardless of funding  |
| \$180,000 | <ul style="list-style-type: none"> <li>Associate Clinical Social Worker</li> <li>Associate Marriage and Family Therapist</li> <li>Associate Professional Clinical Counselor</li> <li>Licensed Clinical Psychologist</li> <li>Licensed Clinical Social Worker</li> <li>Licensed Marriage and Family Therapist</li> </ul> | <ul style="list-style-type: none"> <li>Licensed Professional Clinical Counselor</li> <li>Licensed Psychiatric Technician</li> <li>Licensed Vocational Nurse</li> <li>Occupational Therapist</li> <li>Psychology Associate</li> <li>Registered Nurse</li> </ul> | 4 years<br>regardless of funding  |
| \$120,000 | <ul style="list-style-type: none"> <li>AOD or SUD (Alcohol and Other Drug or Substance Use Disorder) Counselor</li> <li>Certified Peer Support Specialist</li> <li>Certified Wellness Coach</li> </ul>  | <ul style="list-style-type: none"> <li>Community Health Worker (Promotores/ Representatives)</li> <li>Mental Health Rehabilitation Specialist</li> </ul>   | More than \$19,999: 4 years<br>\$10,000 to \$19,999: 3 years<br>Less than \$10,000: 2 years |

# MBH-SLRP: Medi-Cal Safety Net Settings

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

\*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

<sup>1</sup> 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.

<sup>2</sup> 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.

# Full-Time Employment Policy

- In accordance with section 6.1 of the [BH CONNECT Special Terms and Conditions](#) HCAI cannot permit a grantee to 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.
- To fulfill the full-time requirement a grantee may work at one or multiple organizations.



# **MBH-SLRP Key Dates and Application Process**

**Jessica Macintire, Program Manager, Grants Management**

# Key Dates

| Event                               | Date                       |
|-------------------------------------|----------------------------|
| Application Opened                  | May 1, 2026, at 3:00 p.m.  |
| Application Deadline                | May 29, 2026, at 3:00 p.m. |
| Anticipated Award Notice Date       | September 2026             |
| Proposed Grant Agreement Start Date | October 2026               |

# What you need to apply

1. Your National Provider Identifier (NPI) number (if you have one)
2. Your License/Credential/Certification/Registration associated with your eligible profession
3. Unofficial copies of college/university transcripts that document education was a prerequisite for your profession
4. Copies of the latest loan statement for every loan that is specifically associated with your above education
5. Information for two additional personal contacts
6. Conflict of Interest Letter (if applicable)

# Application Components

The application has ten sections:

1. Profession
2. Licenses, Associate Registrations, Certification, etc.
3. Education
4. Service Obligation
5. Conflict of Interest
6. Employment
7. Loan Information
8. Additional Questions
9. Additional Contacts
10. Profile Confirmation

# Employer Verification

- In the application, applicants must provide a point of contact for each of their current employers.
- This contact will be sent an email asking them to fill out an online employer verification form (EVF). This form will be used to determine site eligibility, eligibility of the applicant's profession, and compliance with the full-time direct care policy.
- An application is not complete until the EVF has been signed. Employers are asked to complete this form within five business days.
- Those who are awarded will need to submit an EVF every six months during their service obligation.

# Post-Award and Payment Provisions

- Payments will be made directly to the grantee's loan servicer, **NOT** the grantee. Payment will be issued sometime between November 2026 – November 2027.
- The grantee is responsible for paying their loan obligations before the award payment is issued and must continue making payments if there is a remaining balance.
- The grantee must notify HCAI immediately of any changes or delay in completing their service obligation.
- HCAI expects the grantee will begin performance of their obligations on the start date in the grant agreement.
- HCAI cannot provide tax advice to the grantee. HCAI are not tax professionals and tax consequences may vary depending on the grantee. For this reason, it is recommended that grantees seek professional tax advice.

# Breach

- HCAI will recoup all payments made on the behalf of the grantee if the grantee fails to perform service and other grant agreement obligations.
- HCAI acknowledges that the service commitment associated with this program may be extensive (up to 4 years). Applicants are therefore encouraged to carefully evaluate their personal and professional goals prior to entering into a grant agreement.
- In the event of a breach of the agreement, the grantee will owe the entirety of their award amount back to HCAI.
- Except in very limited circumstances, HCAI is unable to waive a service obligation after payment to your loan servicer has been issued. Please refer to the Grant Guide for the waiver policy.



# MBH-SLRP Evaluation and Scoring Procedures

# Application Evaluation Criteria

- Scoring criteria includes the following items:
  - Languages spoken other than English (15 points)
  - Prior participation in a publicly-funded government program (20 points)
  - Prior experience working in a Medi-Cal Safety Net setting (10 points)
  - HCAI- identified shortage area (16 points)
  - Employment at a Medi-Cal Specialty Behavioral Health Site –operated by, or contracted with, a County Behavioral Health Agency (65 points)
- HCAI intends for these funds to support a geographic and setting/market-type distribution in California. Applicants seeking to support geographic regions and setting/market-types not addressed by other applications may receive preference. HCAI may also give preference to applicants who provide Medi-Cal Specialty Behavioral Health services.

# Specialty vs. Non-Specialty Behavioral Health

- In Medi-Cal, the term “behavioral health services” includes services for both mental health (MH) conditions and substance use disorders (SUD).
- Medi-Cal behavioral health services covered through DHCS fee-for-service and Managed Care Plans (MCPs) are known as “non-specialty” behavioral health services.
- MH and SUD services covered by California counties are known as “specialty” behavioral health services. County-administered specialty behavioral health services include: Specialty Mental Health Services, Drug Medi-Cal Organized Delivery System (DMC-ODS), and Drug Medi-Cal (DMC).
- Provider sites can be county-owned and operated, or they can be individuals or organizations that contract with a county to provide the specific Medi-Cal benefits. For more information regarding “specialty” BH Services, please refer to the Grant Guide.
- Each county is required to maintain a provider directory that lists its network providers (both county-operated and contracted). You can review these directories at each county’s website via the DHCS links below:
  - [SMHS provider directories](#)
  - [DMC/DMC-ODS provider directories](#)

# Resources

Please visit our website to see all the resources that are available:  
[Medi-Cal Behavioral Health Student Loan Repayment Program](#)

By clicking the link, you will be able to see the following:

- MBH-SLRP Grant Guide
- MBH-SLRP Technical Assistance Guide (In development)
- Informational Flyer
- This webinar when it is uploaded

**Email questions to: [MBHSLRP@HCAI.ca.gov](mailto:MBHSLRP@HCAI.ca.gov)**

## **Questions & Answers**

**Chris Roina, Communications Supervisor, HCAI**



# Closing Remarks

**Angela Brand, Behavioral Health Policy Section Chief**

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<https://hcai.ca.gov/mailling-list/>

## Contact Us!



**BH-CONNECT Helpline** 916-326-3899



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