# BH-CONNECT Workforce Initiative: Medi-Cal Behavioral Health Residency Training Program

## HCAI Health Workforce Development

July 22, 2025

# Housekeeping and Introduction

- This webinar is hosted in Microsoft Teams, if you're not familiar with the platform, you can find microphone, chat and view controls in the menu bar at the top of your screens

- The microphone and chat options will be open for asking questions during the Q&A session, which is at the end of this webinar

- We will try to answer as many questions as possible but may need to defer situation-specific questions to the grant guide

- This webinar will be recorded and will be available within 5 business days

# Agenda

- Housekeeping and Introduction
- Webinar Objectives
- Opening Remarks, HCAI Overview
- Overview of BH-CONNECT and the Workforce Initiative
- Medi-Cal Behavioral Health Residency Training Program (MBH-RTP) Purpose, Components, and Key Dates
- MBH-RTP Application Process
- Questions & Answers
- Closing Remarks

# Webinar Objectives:

- Present high-level overview of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration and the BH-CONNECT Workforce Initiative.
- Discuss new funding opportunity for existing graduate medical education (GME) programs and provide potential applicants with:
    - Eligibility criteria
    - Program components
    - Funding and scoring methodologies
    - Application process
    - Q&A session

# Opening Remarks & HCAI Overview

**Sharmil Shah, MA, Psy.D, Behavioral Health and Policy Branch Chief**

# HCAI's Vision and Mission



## Vision

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

## Mission

HCAI expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

# 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.

# Health Workforce Approach and Strategy

HCAI enables the expansion and development of a **health workforce that reflects California's diversity while addressing supply shortages and inequities.** We do this by administering programs and funding and publishing actionable data about California's health workforce and training.

**BEHAVIORAL HEALTH**

**NURSING & MIDWIFERY**

**PRIMARY CARE**

**ORAL HEALTH**

**Our Programs Cut Across Four Areas**

**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

**Offer programs that provide financial support for:**

- Organizations building the workforce pipeline
- Organizations expanding educational capacity
- Individuals pursuing health careers
- Organizations supporting providers and addressing retention

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# Overview of BH-CONNECT and the Workforce Initiative

**Sharmil Shah, MA, Psy.D, Behavioral Health and Policy Branch Chief**

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

**In mid-December, 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).

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# 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 together 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 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 Training Program

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# MBH-RTP: Purpose, Components, Key Dates

Anne Powell, MSW, Health Program Specialist II, Behavioral Health and Policy

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# Residency Training Program Purpose



The goal of the MBH-RTP is to increase the availability of General Psychiatrists, Child and Adolescent Psychiatrists, Addiction Psychiatrists, and Addiction Medicine Physicians that are trained and serve in Medi-Cal safety net settings.

# MBH-RTP: Funding

**Approximately $14 million is available for cycle 1 for expansion of GME program positions for:**

- Psychiatry residents
- Child and adolescent psychiatry fellows
- Addiction psychiatry fellows
- Addiction medicine fellows

**Funding Information:**

- The maximum grant payment period for MBH-RTP is four years.
- Funds will be paid prospectively on an annual basis. HCAI will issue an addendum to revise the grant guide and grant agreement, which originally stated payments would be made in arrears.

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# MBH-RTP: Awards

- **Award amount:** Eligible programs may receive up to $250,000 per **new** trainee, per year, **adjusted for percentage of time spent** in Medi-Cal safety net settings.

- **Non-supplantation:** Grants must be used to **supplement existing funds** and **not** to supplant (replace) funds the grantee has received from another source for the same purpose.

- **Unallowable costs include the following:**
  - Faculty* salaries or faculty benefits
  - Capital infrastructure (e.g., capital construction and/or remodeling)
  - Indirect costs (defined as overhead expenses, operating costs not related to trainee positions, or administrative costs that do not fall within the budget categories described in the draft grant agreement).

- **Award levels:** HCAI may award full, partial, or no funding to an applicant based on the applicant's evaluation score and the amount of available funds.
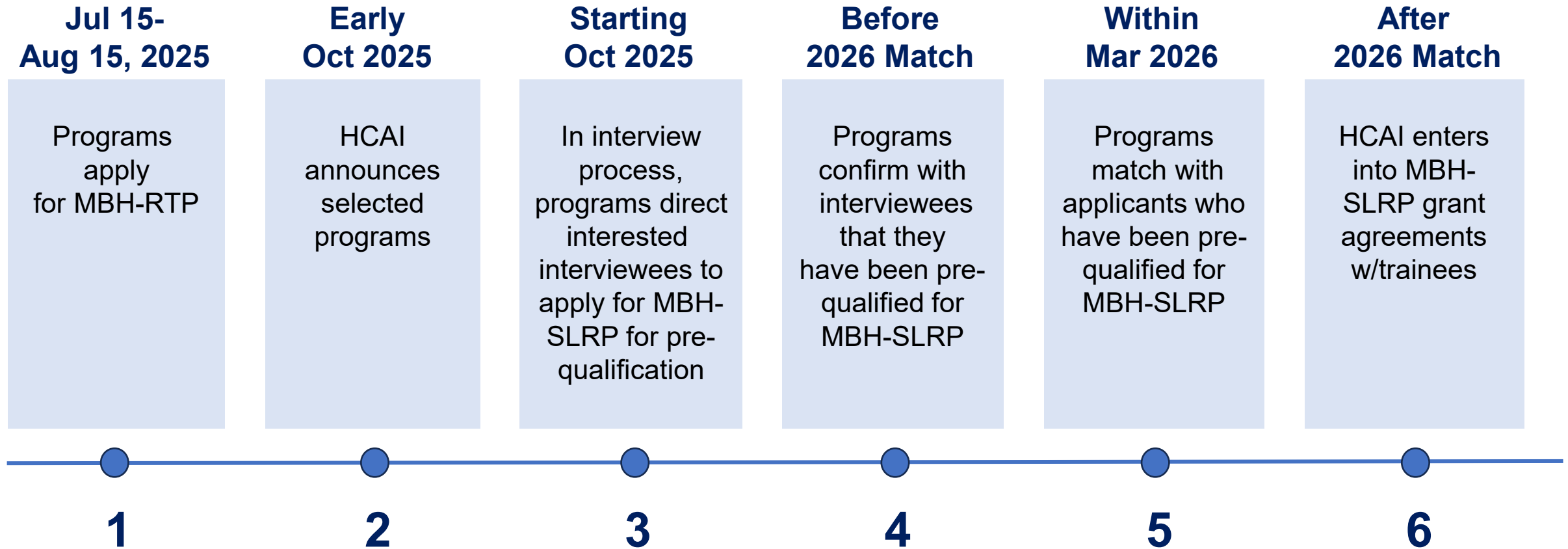
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# MBH-RTP: Eligibility

**To be eligible, programs must:**

- Be an existing ACGME-accredited Psychiatry Residency, Child Psychiatry Fellowship, Addiction Psychiatry Fellowship, or Addiction Medicine Fellowship

- Secure ACGME approval (or submit proof of approval request) for new positions and submit the approval letter as a part of the grant application

- Submit a sustainability plan (letter) for maintaining new positions post-grant period, as a part of the grant application

- For positions funded by this grant, trainees must spend at least 75% of rotation time in Medi-Cal safety net settings; awards will be adjusted to reflect percent of time spent in qualifying safety net settings

- Attest that positions funded by this grant will be filled with trainees who participate in HCAI's Medi-Cal Behavioral Health Student Loan Repayment Program (via special fall 2025 cycle)

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# MBH-RTP: Loan Repayment Component Flow

| Jul 15-<br>Aug 15, 2025 | Early<br>Oct 2025 | Starting<br>Oct 2025 | Before<br>2026 Match | Within<br>Mar 2026 | After<br>2026 Match |
|---|---|---|---|---|---|
| Programs apply for MBH-RTP | HCAI announces selected programs | In interview process, programs direct interested interviewees to apply for MBH-SLRP for pre-qualification | Programs confirm with interviewees that they have been pre-qualified for MBH-SLRP | Programs match with applicants who have been pre-qualified for MBH-SLRP | HCAI enters into MBH-SLRP grant agreements w/trainees |
| 1 | 2 | 3 | 4 | 5 | 6 |

# Medi-Cal Safety Net Settings

| Sites | Payer Mix |
|---|---|
| Federally Qualified Health Centers (FQHC) | N/A |
| Community Mental Health Centers (CMHC) | N/A |
| Rural Health Clinics (RHC) | N/A |
| Hospitals | 40% or higher Medi-Cal and/or uninsured |
| Rural hospitals | 30% or higher Medi-Cal and/or uninsured |
| Other behavioral health settings (see next slides) | 40% or higher Medi-Cal and/or uninsured |

# Other behavioral health settings (1/2)

- Community Treatment Facility (Must hold a DHCS mental health program approval)
- Crisis Stabilization Unit (CSU)
- Indian Health Care providers
- Independent licensed practitioner contracted with a behavioral health plan or managed care plan for specialty or non-specialty behavioral health services
- Mental Health Rehabilitation Center (MHRC)
- Narcotic Treatment Programs
- Outpatient behavioral health clinics (other than certified outpatient substance use disorder (SUD))
- Primary care or other clinic setting with co-located behavioral health services
- Psychiatric Health Facility (PHF)

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# Other behavioral health settings

- Qualifying provider organizations that deliver primarily field-based or telehealth Medi-Cal behavioral health services*

- School-based behavioral health setting

- Short-Term Residential Therapeutic Program/Children's Crisis Residential Program (Must hold a DHCS mental health program approval)

- Skilled Nursing Facility with a Special Treatment Program for mental health (Must hold a DHCS mental health program approval)

- Social Rehabilitation Facility/Program (Must hold a DHCS mental health program approval)

- Substance Use Disorder Treatment Facility (residential)

- Substance Use Disorder Treatment Program (outpatient)

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# MBH-RTP: Key Dates

| Event | Date |
|---|---|
| Application Available | July 15, 2025, at 3:00 p.m. |
| Technical Assistance Webinar | July 22, 2025 |
| Application Submission Deadline | August 15, 2025, at 3:00 p.m. |
| Anticipated Award Notice Dates | October 2025 |
| Grant Agreement Start Date | December 2025 |

# MBH-RTP: Application Process

**Daniela Perez, Program Officer**

# Application Components

The application has 12 sections:

1. General Information
2. Profile Information
3. Program Information
4. Contract Administration
5. Program Data
6. Rotation Sites
7. Time Spent
8. Budget
9. Languages
10. Strategies
11. Upload Letters
12. Assurances

# Grant Application for Multiple Programs

If applicants are applying for multiple programs, e.g., a residency and a fellowship program, they must complete a separate application for each program.

# Grant Application Upload Requirements

**Applicants will be required to upload the following:**

- Letter of sustainability committing the sponsoring organization to support new or additional training positions when the HCAI grant term ends.

- ACGME approval letter for new positions (or proof of request to ACGME).
  - If applicant submits "proof of request" at time of application, the official ACGME approval letter must still be submitted to HCAI prior to receiving an award.

- Rotation Schedule for your trainee positions to be funded by this grant.

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# Grant Application Rotation Site Details

- For the track funded by this grant, applicants must add each rotation site used by trainees to fulfill ACGME requirements for serving a dedicated panel of patients.

- ALL rotation sites to be used by positions funded through this grant must be listed.

- Applicants must report the percentage of time spent by trainees in each rotation, by year.

- Qualification for this program requires that over the course of the full residency or fellowship program, trainees spend at least 75% of their rotation time in Medi-Cal safety net settings.

- HCAI will provide, as part of the application, an optional worksheet for calculating time spent in each rotation.

- Award amounts will reflect the percentage of time (75% or greater) spent at qualifying Medi-Cal safety net settings.

# Scoring

**Scoring methodology:**

- Rotation site(s) located in an HCAI-identified shortage area.

- Language fluency pertaining to the total number of Psychiatry Residency or Fellowship program participants enrolled in your previous cohort.

- Program strategies used to encourage program graduates to practice in Medi-Cal safety net settings.

- Strategies used to implement culturally responsive care training into the program's curriculum.

# Post-Award and Payment Provisions (1 of 2)

- HCAI expects the grantee will begin performance of their obligations on the start date in the grant agreement.

- HCAI cannot provide tax advice to grantees. HCAI staff are not tax professionals and tax consequences may vary depending on the grantee. For this reason, grantees should seek professional tax advice.

- HCAI reserves the right to recover monies for a grantee's failure to perform service and other grant agreement obligations.

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# Post-Award and Payment Provisions (2 of 2)

- HCAI will release annual payments upon receipt and review of Annual Reports 1 through 4.  There will be no payment associated with Annual Report 5.

| Report | Reporting Period | Report Due Date |
|---|---|---|
| Annual Report 1 | July 1, 2026 – June 30, 2027 (Prospective Report for AY 26/27) | July 31, 2026 |
| Annual Report 2 | July 1, 2026 – June 30, 2028 (Expense Report for AY 26/27; Prospective Report for AY 27/28) | July 31, 2027 |
| Annual Report 3 | July 1, 2027 – June 30, 2029 (Expense Report for AY 27/28; Prospective Report for AY 28/29) | July 31, 2028 |
| Annual Report 4 | July 1, 2028 – June 30, 2030 (Expense Report for AY 28/29; Prospective Report for AY 29/30) | July 31, 2029 |
| Annual Report 5 | July 1, 2029 – June 30, 2030 (Expense Report for AY 29/30) | July 31, 2030 |

# MBH-RTP Application Resources

Please visit our website to see all the resources that are available:

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

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

- MBH-RTP Grant Guide
- MBH-RTP Technical Assistance Guide
- A copy of the webinar presentation
- A recording of this webinar when it is uploaded
- Award notifications after award decisions have been made

For more information about BH-CONNECT, please see:

BH-CONNECT Workforce Initiative

# Questions & Answers

**Chris Roina, Lead Communications Analyst, HCAI**
**Hovik Khosrovian, Senior Policy Advisor, HCAI**
**Lindsay Bradshaw, Program Manager, HCAI**
**Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, DHCS**

# Closing Remarks

**Sharmil Shah, MA, Psy.D, Behavioral Health and Policy Branch Chief**

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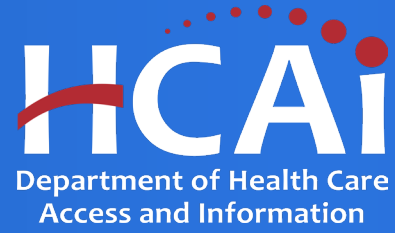
# Contact Us!

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