



Medi-Cal Behavioral Health Residency Training Program

Grant Guide For Grant Year 2025

If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreement. Applicants must agree to the terms and conditions before receiving funds. The Department of Health Care Access and Information will not make changes to the terms and conditions specified in the Grant Agreement.

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Section I: Medi-Cal Behavioral Health Residency Training Program

Mission and Background

The mission of the Department of Health Care Access and Information (HCAI) is to expand equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs. HCAI administers health workforce programs, including programs to expand the availability of behavioral health workforce.

Program Purpose and Description

There is a critical shortage of prescribing practitioners who serve persons with or at high risk for significant behavioral health conditions, inclusive of mental health conditions and substance use disorders, in Medi-Cal safety net settings.

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

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), led by the Department of Health Care Services (DHCS), includes the opportunity to invest up to \$1.9 billion in state and federal funds over a five-year period in behavioral health workforce development initiatives. In partnership with DHCS, HCAI is offering funding opportunities through five unique workforce programs, one of which is MBH-RTP.

This Grant Guide will assist existing graduate medical education (GME) programs to apply for funds to expand the number of trainee positions to support eligible GME programs, which include psychiatry residency programs and fellowships in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine.

HCAI promotes the following guiding principles to ensure behavioral health (mental health and substance use) professionals are best positioned to serve individuals with significant behavioral health conditions:

- Provide care that is client-centered for persons with, or at high risk for, significant behavioral health conditions, including both mental health conditions and substance use disorders.
- Promote a culturally and linguistically competent workforce to reflect and respond to the needs of the Medi-Cal population.
- Conduct outreach to and engagement with persons with or at high risk for mental health and substance use conditions.
- Use effective, innovative, evidence-based, and community-identified practices.

- Promote wellness, recovery, resilience, and other positive behavioral health practices.
- Include the viewpoints and expertise of persons with lived experience, including consumers with mental health conditions and substance use disorders, and their families and caregivers.
- Work collaboratively to deliver individualized, strength-based, consumer- and family-driven services.
- Promote inter-professional care by working across disciplines.

Available Funding

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

HCAI will award MBH-RTP Grantees up to \$250,000 per trainee, per year, to support the training of each resident or fellow (referred to as trainee henceforth).

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

Funds may be used for costs associated with operating the program, including staff and trainee salaries and related costs. Funds cannot be used for faculty¹ salaries, capital improvement, or indirect costs. Funds shall not be used to supplant existing federal, state, local, or private funds.

Eligibility

Eligibility Requirements

The applicant must be a California-based GME program that offers psychiatry residency training and/or fellowship training in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine. Eligible organizations and institutions are existing psychiatry residency or primary care residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) which are planning to expand the number of psychiatry residency positions and/or fellowship positions in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine.

¹ Defined as employees involved on an ongoing basis in supervising and/or training residents/fellows.

MBH-RTP applications must include a copy of the ACGME approval letter for the addition of new positions for psychiatry residents and/or child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine fellows. If you have not received your ACGME approval letter, please submit a record of your written request seeking ACGME approval for the new positions. A copy of the ACGME approval letter must be provided in order to receive an award. A Sustainability Letter must also be included, which attests to your ongoing commitment to maintain the added positions (see Attachment C: Sample Psychiatry Residency Sustainability Letter). Clarification can be sought from HCAI by emailing MBH RTP@HCAI.ca.gov.

Applicants will be asked to 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.

The following outlines the minimum requirements of what constitutes a Medi-Cal safety net setting. The site's payer mix represents the minimum percentage of facility and program clients who are enrolled in the Medi-Cal program or are uninsured.

Setting Type	Payer Mix
Federally Qualified Health Centers (FQHC)	N/A
Community Mental Health Centers (CMHC)	N/A
Rural Health Clinics (RHC)	N/A
Hospitals, including: Acute Psychiatric Hospitals General Acute Care Hospitals with Psychiatric Units Chemical Dependency Recovery Hospitals	40%
Rural Hospitals	30%
Other behavioral health settings: 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 SUD) Primary care or other clinic setting with co-located behavioral health services Psychiatric Health Facility (PHF)	40%

<p>Qualifying provider organizations that deliver primarily field-based or telehealth Medi-Cal behavioral health services²</p> <p>School-based behavioral health settings</p> <p>Short-Term Residential Therapeutic Program/Children's Crisis Residential Program (Must hold a DHCS mental health program approval)</p> <p>Skilled Nursing Facility with a Special Treatment Program for mental health (Must hold a DHCS mental health program approval)</p> <p>Social Rehabilitation Facility/Program (Must hold a DHCS mental health program approval)</p> <p>Substance Use Disorder Treatment Facility (residential)</p> <p>Substance Use Disorder Treatment Program (outpatient)</p>	
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If Grantees are unsure if sites participate in the Medi-Cal Specialty Mental Health Services (SMHS), Drug Medi-Cal Program (DMC), or Drug Medi-Cal Organized Delivery System (DMC-ODS), Grantees should confirm with their rotation sites to clarify prior to submitting the application. HCAI may request additional payer mix information and will verify using independent data sources.

Program Budget

HCAI will pay up to \$250,000 per new trainee position, per year, adjusted for the percentage of time spent by trainees in Medi-Cal safety net settings. For example, if the percentage of time spent in Medi-Cal safety net settings by three new psychiatry residents of one Grantee over four years is 80%, the budget amount would be up to \$200,000 (80% of \$250,000) per trainee, per year. In such a case, the Grantee may receive up to \$800,000 per trainee over four years, for a total of up to \$2,400,000.

The following lists the allowable budget categories:

1. **Trainee salaries and benefits** are defined as the salaries paid to trainees, plus related benefits.
2. **Other trainee costs** are those expenses necessary for trainees to complete the residency or fellowship program. This includes:
 - a. Computers
 - b. Uniforms (scrubs)
 - c. Textbooks (electronic or hard copy)
 - d. Rotation travel and accommodations

² Providers of telehealth services must also meet the requirements of [Behavioral Health Information Notice 23-018](#). In general, the provider is required to be physically present in California and be rendering services to someone located in California. Providers who are out of state must be licensed in California, enrolled as a Medi-Cal rendering provider, and affiliated with a Medi-Cal enrolled provider group in California or a border community.

- e. Costs for supplemental trainings, only if required to complete the residency or fellowship
- f. Professional licensing examination fees

3. **Staff salaries and benefits** include such positions as the Program Coordinator.

Unallowable costs include the following:

- a. Faculty salaries or faculty benefits.
- b. Capital infrastructure (e.g., capital construction and/or remodeling).
- c. 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 agreement).

Please contact the Program Officer for clarification regarding allowable costs, at MBHRTP@HCAI.ca.gov.

Program Trainee Selection: Medi-Cal Behavioral Health Student Loan Repayment Program Participants

All trainees selected by Grantees are required to participate in the HCAI Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP). Candidate trainees must apply, be eligible for, and be willing to participate in, a special cycle of MBH-SLRP which will open in the fall of 2025.

Through MBH-SLRP, each awarded trainee will receive loan repayment of up to **\$240,000** in exchange for making a commitment to work in a Medi-Cal safety net setting for four years after completing the residency/ fellowship program. Eligible educational debt is defined as debt incurred while earning one or more college degrees specifically associated with and necessary for advancement to and including medical school. The MBH-SLRP Grant Guide associated with the MBH-RTP will be released in fall 2025.

HCAI will provide MBH-RTP Grantees information on MBH-SLRP to use as appropriate for recruiting trainees during the application and interview process.

Grantees should advise candidates that they should **not** apply for the general cycle open July 1 – August 15, 2025. If a candidate is already completing an existing service obligation with MBH-SLRP, they will not be eligible to fill positions funded by MBH-RTP.

MBH-RTP Grantees are not responsible for administering the MBH-SLRP. However, they will be required to provide HCAI with the name and MBH-SLRP grant agreement number of each trainee filling these MBH-RTP positions.

Initiating an Application

1. Applicants must submit their applications by **August 15, 2025**, through the web-based MBH-RTP Application located at <https://fundingportal.hcai.ca.gov/>.
2. Applicants with application questions or technical difficulties should contact HCAI staff at MBHRTP@HCAI.ca.gov.
3. Applicants must submit applications that are complete and accurate. HCAI may reject an application that is incomplete or conditional.
4. An individual authorized to represent the applicant shall complete the MBH-RTP application.
5. All rotation sites to be used by positions funded through this grant must be listed in the application. Applicants will be required to upload the rotation schedule for positions supported by this grant. HCAI will verify that all rotation sites uploaded in the application are listed on the rotation schedule. Applicants will be required to report time spent in each rotation. HCAI will provide, as part of the application, an optional worksheet for calculating time spent in each rotation.
6. HCAI may modify this Grant Guide prior to the final application submission deadline by issuing an addendum at <https://hcai.ca.gov/loans-scholarships-grants/grants/bhp/>.
7. Applicants are entirely responsible for costs incurred in developing applications in anticipation of an award and shall not charge the State of California for these costs.
8. HCAI considers the submission of an application as acceptance of all terms therein. All applicants must agree to the terms and conditions outlined in Attachment D: Sample Medi-Cal Behavioral Health Residency Training Program Grant Agreement before receiving funds.
9. HCAI does not accept alternate grant agreement language from a prospective Grantee. HCAI will consider an application with such language to be a counteroffer and will reject it. HCAI will not negotiate the terms and conditions outlined in Attachment D: Sample Medi-Cal Behavioral Health Residency Training Program Grant Agreement.
10. If your program requires approval from a coordinating authority to enter into a grant agreement with HCAI, please inform the authority of the terms and conditions contained in the Sample Medi-Cal Behavioral Health Residency Training Program Grant Agreement located in Attachment D.
11. Prospective Grantees must sign and submit grant agreements by the HCAI due date. If the prospective Grantee fails to sign and return the grant agreement by the due date, it may result in denial of an award.

12. When the prospective Grantee is a county or other local public body, the prospective Grantee must include a copy of the resolution, order, motion, ordinance, or other similar document from the local governing body authorizing execution of the grant agreement with the signed grant agreement.
13. If, upon reviewing all application deliverables, HCAI finds that the prospective Grantee has not met all requirements and/or expended all funds, HCAI will withhold payment(s) and/or request the remittance of funds from the prospective Grantee.
14. HCAI may waive an immaterial deviation in an application. HCAI's waiver of an immaterial deviation shall in no way modify the Grant Guide or excuse the applicant from full compliance with all requirements, if awarded.
15. The California Public Records Act applies to all grant materials and deliverables, including applications, reports, and supporting documentation.
16. HCAI will not consider any oral understanding or agreement to be binding on either party.
17. If, in the opinion of HCAI, an application contains false or misleading information, or if provided documentation does not support an attribute or condition claimed, HCAI shall reject the application.
18. HCAI reserves the right to reject any or all applications, or to reduce the amount funded to an applicant.

MBH-RTP Evaluation, Scoring and Award Procedures

Evaluation and Scoring

HCAI will make final selections using the Evaluation and Scoring Criteria described in Attachment A: MBH-RTP Evaluation Criteria.

HCAI also intends for the MBH-RTP to support geographic distribution of behavioral health professionals in California. Applicants seeking to support geographic regions not addressed by other scored applications may receive preference. Preference may also be given to grant applicants located in or serving rural counties.

HCAI reserves the right to determine the number of grant agreement(s) awarded and to modify the amount awarded to each Grantee. Competitive proposals will meet the MBH-RTP evaluation criteria and demonstrate commitment to fulfill the conditions of the grant.

HCAI reserves the option to give award preference to grant applicants that have rotations in county-operated or county-contracted agencies and facilities that are part of the specialty behavioral health services delivery system (Specialty Mental Health Services (SMHS), Drug Medi-Cal Program (DMC), or Drug Medi-Cal Organized Delivery System (DMC-ODS).

Review and Award Process

During the review process, HCAI staff will verify the presence or absence of required information as specified in this Grant Guide and score applications using only the evaluation criteria described in Attachment A: MBH-RTP Evaluation Criteria. The most competitive applicants will be those most consistent with the intent of this grant opportunity.

Once HCAI makes the final selections, HCAI will announce all Grantees.

MBH Residency Training Program Grant Agreement Deliverables

Grantees must submit annual progress reports, along with supporting materials, to HCAI and/or its designee in accordance with the schedule provided in the grant agreement. The progress report is an annual deliverable made available through HCAI's web-based Funding Portal via <https://fundingportal.hcai.ca.gov/>.

The progress report requires reporting to HCAI on program data and outcomes over the course of each cycle year. This includes data on trainees, graduate employment, field placement(s), along with expenditures over each year and for the grant duration.

The final payment will be withheld until the Grantee has submitted all required reports and received HCAI and/or its designee's approval.

Post Award and Payment Provisions

Grantees will enter into agreements expiring on September 30, 2029, or earlier. Under no circumstances will extensions beyond December 31, 2029, be granted.

Any entity previously funded by HCAI under the "Psychiatry Education Capacity Expansion (PECE)—New Residency" program is eligible to apply for this program when they have completed the terms of the prior agreement, including securing full ACGME accreditation prior to the start date of an MBH-RTP agreement.

HCAI and/or its designee will make annual payments upon receipt of the following:

1. Proof of ACGME approval for the increased number of Psychiatry residency positions or fellowship positions in Child and Adolescent Psychiatry, Addiction Psychiatry, and/or Addiction Medicine programs.
2. Progress reports including expenditure documentation that the HCAI-funded positions were filled with trainees participating in the MBH-SLRP, by providing each trainee's MBH-SLRP grant agreement number.

Payments will be made once the progress report has been reviewed and approved by HCAI and/or its designee for quality and accuracy.

Additional MBH Residency Program Terms and Conditions

The Grantee shall submit in writing any requests to change or extend the grant period, or to change the budget, at least ninety (90) days before the grant end date. However, under no circumstances will the grant period be extended beyond December 31, 2029.

The Grantee is requested to collect and report to HCAI post-graduation employment and related data for five years after the expiration of this grant.

MBH Residency Training Program Resources

For more information about the resources available regarding the application process, visit <https://hcai.ca.gov/workforce/initiatives/behavioral-health-bh-connect/medi-cal-behavioral-health-residency-training-program/>, where you can find:

1. Grant Guide: Outlines the requirements, rules, and timeframes between HCAI and its Grantees.
2. Technical Assistance Guide: Assists applicants and Grantees with navigating the HCAI web-based Funding Portal and submitting required deliverables at <https://fundingportal.hcai.ca.gov/>.
3. Webinar: A formal presentation provided by HCAI staff to provide information to prospective applicants.

Key Dates

The key dates for the program year are:

Key Event	Dates and Times
Application Launch	July 15, 2025, at 3:00 p.m.
Technical Assistance Webinar	July 22, 2025
Application Period Ends	August 15, 2025, at 3:00 p.m.
Notify Grantees	October 2025
Grant Agreement Execution	December 2025

MBH Residency Program Grantee Organizations and the Media

As a state department, HCAI is responsible for what it releases to the public and is required to provide information to anyone who requests it under the California Public Records Act. HCAI's Director's Office reviews all information for accuracy, risk, relevancy, and other factors. The office also coordinates timing for all HCAI news and press engagements in conjunction with other news coming out from the California Health

and Human Services Agency (CalHHS) and the Governor's Office. Grantee organizations must take this into consideration when preparing media statements or press releases about its programs. If an entity is engaging with the media to promote its grant award and/or program activities, there are important steps to follow:

1. All Grantee organizations **are required** to submit press releases for review by HCAI for review and approval a minimum of **two weeks in advance** of the intended publication date.
2. Grantee organizations understand that portions, or the entirety, of its press release may be used by HCAI, CalHHS, or the Governor's office, and **may be changed without notice to the Grantee**.
3. If HCAI, CalHHS, or the Governor's Office issues a press release or statement about an award the Grantee received, but does not use the awarded organization's press announcement, the Grantee may issue its release **after** HCAI, CalHHS, or the Governor's Office issues a statement. **The draft release must still be reviewed by HCAI before release.**
4. For some grants or programs, a pre-approved press release template may be developed in a tool kit for the program, which may reduce the review/approval time by HCAI. (This does not apply to all grants; please contact your program officer for this information at MBHRTP@HCAI.ca.gov.)
5. Any discussion regarding media engagements or press releases should only be directed to and approved by HCAI staff.
6. Grantee organizations should stay in close contact with grant managers and provide any detailed plans related to news media engagement.

Prospective applicants may submit questions to MBHRTP@HCAI.ca.gov at any time during the application cycle.

HCAI Department Contact

For questions related to the MBH RTP application, please email HCAI staff at MBHRTP@HCAI.ca.gov.

Thank you!

We thank you for your interest in applying for the MBH Psychiatry Residency Training Program, and for your continued efforts in educating trainees to serve in Medi-Cal safety net settings.

Section II: Attachments

Attachment A: MBH-RTP Evaluation Criteria

CRITERIA		SCORING METHODOLOGY	MAX
1.	Shortage Area	<p>Is your rotation site(s) located in an HCAI-identified shortage area?</p> <p>5 points: Severe Shortage (-50% or more) 4 points: High Shortage (-35% to -49.99%) 3 points: Medium Shortage (-20% to -34.99%) 2 points: Low Shortage (-5% to -19.99%) 0 points: No Shortage or Surplus (-4.99% or less)</p>	5
2.	Languages Spoken	<p>Enter the total number of Psychiatry Residency or Fellowship program participants enrolled in your previous cohort who speak any of the listed languages fluently/well enough to be able to provide direct care services to clients without additional translation services.</p> <p>Medi-Cal threshold languages and/or Indigenous/Tribal Languages and/or Sign Communication:</p> <ul style="list-style-type: none"> • Arabic • Armenian • Cambodian • Chinese • Farsi • Hindi • Hmong • Japanese • Korean • Laotian • Mien • Punjabi • Russian • Spanish • Tagalog • Thai • Ukrainian • Vietnamese • Any Indigenous/Tribal Language • Any Form of Sign Communication <p>• 5 points for each listed state-level Medi-Cal threshold language.</p>	15

		<ul style="list-style-type: none"> • 5 points for each Indigenous and/or Tribal language and/or Sign language (up to 10 points). • 0 points: Does not speak any of the listed languages. 	
3.	Practice Setting Strategies	<p>Select the program strategies you will use to encourage your residency/fellowship program graduates to practice in Medi-Cal safety net settings.</p> <p>Select all that apply and provide a narrative description for each:</p> <ul style="list-style-type: none"> a. Select residents/fellows based on strong interest to provide clinical services in Medi-Cal safety net settings. b. Encourage residents/fellows to commit to clinical practice in Medi-Cal safety net settings. c. Offer incentives to residents/fellows who commit to providing clinical services in Medi-Cal safety net settings. d. Provide assistance leading to employment in Medi-Cal safety net settings. e. Include a required consistently embedded curriculum intended to build health equity knowledge and competencies. <p>2 points each</p>	10
4.	Culturally Responsive Care Strategies	<p>Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum.</p> <p>Select all that apply and provide a narrative description for each:</p> <ul style="list-style-type: none"> a. Hire bilingual faculty, lecturers and staff who speak the geographical areas' threshold languages. b. Provide residents/fellows annual training in cultural competency education that reflects and responds to the needs of the Medi-Cal Population. <p>2 points each</p>	4
Maximum points:			34

Attachment B:

Required MBH-RTP Attachment – Sample ACGME Psychiatry Residency Program Expansion Letter Showing Number of Residents

Accreditation Council for
Graduate Medical
Education

315 North State Street
Suite 2000
Chicago, IL 60654

Phone 312.755.5000
Fax 312.755.7495
www.acgme.org

August 12, 2015



██████████
Program Director

Dear Dr. ██████████

The Residency Review Committee for ██████████, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

██████████
██
██
██

Program ██████████

Maximum Number of Residents: ██████████

OTHER COMMENTS

The Review Committee approved your request for a permanent increase from ████████ to ████████ positions, effective 7/1/2015.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Attachment C:

Sample MBH-RTP Sustainability Letter

Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833

Re: [REDACTED] Residency (Grant Application [REDACTED])

Dear Sir or Madam:

To achieve the best outcomes, [REDACTED] Residency trains the next generation of [REDACTED] professionals to meet the health care needs of patients and their families.

[REDACTED], accredited by ACGME as a Sponsoring Institution, seeks to create the most compassionate and comprehensive, integrated care model to provide a high quality [REDACTED] delivery system which provides equal access to available care and serves our mission and Core Values to reflect [REDACTED] love to our community by healing body, mind and spirit.

As a Sponsoring Institution, [REDACTED] pledges our ongoing financial commitment to the program, operational support of resident learning experiences, and commitment of physical space for resident learning and patient care activities in addition to necessary financial support for administrative, resources, including personnel, of the [REDACTED] Residency Program which:

- Demonstrate quality and excellence in:
 - clinical care (patient safety, quality improvement, transitions in care, supervision of care delivery);
 - resident performance (knowledge, skills, scholarly activities, communication, professionalism, fatigue/stress management);
 - faculty development; and
 - long-term academic leadership.
- Prepare practitioners, researchers and healthcare leaders to provide the highest quality, evidence-based, cost effective, medical services.
- Improve quality, compassionate access to quality [REDACTED] health care and enhance wellness of [REDACTED] adolescents, and adults throughout our medically underserved region and beyond.
- Prepare future medical educators and researchers to advance the state of knowledge in healthcare.

We remain deeply committed to [REDACTED] education and continuously assess the quality of the [REDACTED] Residency Program, track trainee performance, and measure the program's outcomes. [REDACTED] maintains an ethical, professional and educationally rich environment for all trainees. The results are shared bi-monthly with the Graduate Medical Education Committee and the [REDACTED] Executive Committee. Additionally, graduate medical education has the full support of the Board of Directors (GME is a standing agenda item for [REDACTED] Committee and Board meetings).

We are extremely proud of the residents, faculty and staff in our Graduate Medical Education programs and welcome your questions or comments. Thank you for considering the grant application for the [REDACTED] Residency.

Sincerely,

[REDACTED]
President and Chief Executive Officer

Attachment D: Sample MBH-RTP Grant Agreement

**GRANT AGREEMENT BETWEEN THE
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
AND
[GRANTEE NAME], [PROGRAM NAME]
GRANT AGREEMENT NUMBER [GRANT AGREEMENT NUMBER]**

THIS GRANT AGREEMENT ("Agreement") is entered into on [Agreement Start Date] ("Effective Date") by and between the State of California, Department of Health Care Access and Information (hereinafter "HCAI") and [Grantee Name], [Program Name] [Specialty] (collectively the "Grantee").

WHEREAS, state and federal funds are available under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Medicaid waiver to increase the educational capacity to train psychiatry residents and/or fellows in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine.

WHEREAS, the purpose of BH-CONNECT is to provide services to persons with or at high risk for significant behavioral health conditions, inclusive of mental health conditions and substance use disorders, in Medi-Cal safety net settings.

WHEREAS, HCAI supports health care accessibility through the promotion of a culturally and linguistically competent workforce while providing analysis of California's healthcare infrastructure and coordinating healthcare workforce issues.

WHEREAS, HCAI supports engaging in activities that promote the employment of consumers with substance use disorders and family members of consumers of Substance Use Disorder (SUD) treatment and support.

WHEREAS, expanding the capacity of the psychiatry residency and child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine fellowship programs is a priority strategy.

WHEREAS, the Grantee applied to participate in the Psychiatry Residency Training Program, by submitting an application in accordance with the Medi-Cal Behavioral Health Psychiatry Residency Training Program (MBH-RTP) Grant Guide for Grant Year 2025.

WHEREAS, the Grantee was selected by HCAI to receive grant funds through procedures duly adopted by HCAI for the purpose of administering such grants.

NOW THEREFORE, HCAI and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. Definitions:

1. "Application" means the grant application submitted by an applying organization.
2. "Deputy Director" means the Deputy Director of the Health Workforce Development.
3. "Director" means the Director of HCAI or his/her designee.
4. "Grant Agreement/Grant Number" means Grant Number **[Grant Agreement Number]** awarded to Grantee.
5. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the Program identified on the Application.
6. "Grant Funds" means the money provided by HCAI for the Program described in the Application and Scope of Work.
7. "Grant Guide" means the instructions provided to applicants for application for this grant. The Grant Guide is considered a part of this Grant Agreement.
8. "In good standing" means not being in default; a loan repayment participant may be in deferment or forbearance and remain eligible so long as such participant is not otherwise in default.
9. "Indirect costs" are expenses that are not directly tied to a specific project, product, or service but are necessary for overall operations.
10. "Other Sources of Funds" means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond the grant funds provided by this Grant Agreement.
11. "Program" means the Grantee's Psychiatry Residency and/or Child and Adolescent Psychiatry, Addiction Psychiatry, or Addiction Medicine Fellowship training program(s) listed in the Grant Application.
12. "Program Director" means the Director of Grantee's training program(s) for which grant funds are being awarded.
13. "Project" means the activity described in the Application and Scope of Work to be accomplished with the Grant Funds.

14. "State" means the State of California and includes all its Departments, Agencies, Committees and Commissions.
15. "Supplantation" refers to the act of replacing or taking the place of funds from federal, state, local, and private resources.
16. "Training Program" means the Grantee.

B. Term of the Agreement: This Agreement shall take effect on **[Agreement Start Date]** and shall terminate on **[Agreement End Date]**.

1. All requests for amending the term of this agreement shall comply with the amendment requirements stated in Section J of this Agreement. This agreement shall not extend beyond December 31, 2029.
2. Grantee agrees to fill these permanent expansion positions only with trainees who have been awarded loan repayment through HCAI's Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP).
3. All loan repayment participants must remain in good standing with their respective loan servicer to be eligible to participate in this program.
4. HCAI will make an award based on the expectation that the Grantee can fill a certain number of trainee positions, consistent with the requirements outlined in Section B.1. Should the Grantee fail to fill the agreed upon positions, HCAI reserves the right to reduce or modify the award based on the actual number of positions the Grantee is able to fill.
5. Should the Grantee fail to fill the agreed upon positions, HCAI reserves the right to require Grantee to submit a revised budget to reflect the reduced/modified award amount.
6. HCAI will not make the first payment until the Grantee provides documentation of their trainees' participation in the MBH-SLRP in the form of each trainee's MBH-SLRP agreement number. Should Grantee fail to provide documentation of a trainee's participation in the MBH-SLRP as described in this paragraph, HCAI reserves the right to reduce or modify the award based on the number of positions for which Grantee is able to provide documentation consistent with paragraph 4 above.
7. HCAI will be the primary contact for any requests regarding agreement extensions, amendments, or breaches.

C. Scope of Work:

1. Grantee agrees to the following Scope of Work as set forth herein within the grant agreement. In the event of a conflict between the provisions of this section and the Grantee's Application, the provisions of this Scope of Work Section shall prevail.
2. While performing the activities, the Grantee shall:
 - a. Expand the capacity of an existing psychiatry residency and/or fellowship program in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine by adding trainees who will provide services to persons with, or at high risk for, significant behavioral health conditions, inclusive of mental health conditions and substance use disorders, in Medi-Cal safety net settings, particularly county-administered Specialty Medi-Cal Mental Health, Drug Medi-Cal Organized Delivery Systems and/or Drug Medi-Cal Programs.
 - b. Ensure that the psychiatry trainees in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine perform at least 75% of their rotation time in Medi-Cal safety net settings.
 - c. Submit annual progress reports to HCAI on psychiatry trainees in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine who are concurrently enrolled in both MBH-RTP and MBH-SLRP. The report will also describe the status of efforts to sustain these positions upon expiration of the grant.
 - d. Submit annual progress reports to HCAI including the number of years psychiatry trainees in child and adolescent, addiction psychiatry, and/or addiction medicine who have successfully finished the Program spend in Medi-Cal safety net settings providing direct services to persons with severe mental illness or severe emotional disturbance and/or substance addiction, through five years post-graduation.
 - e. Submit annual progress reports within 30 days of the end of each report year using the online forms that HCAI provides, located at <https://fundingportal.hcai.ca.gov/>.
 - f. Not conduct lobbying activities as part of this Agreement or use Grant Funds for lobbying activities.
 - g. Not use Grant Funds under this Agreement for faculty salaries and benefits, capital construction and/or remodeling, indirect expenses, galas, alcohol, or any other purpose not permissible when making an agreement with the State of California.

- h. Credit HCAI in all publications resulting from this Agreement.
- i. Notify HCAI of any press releases and allow HCAI advance notice to review press releases, in accordance with Section J. Media and Press Engagements.
- j. Provide HCAI with outcomes on an annual basis, as specified in the MBH-RTP progress report instructions.

Progress Report Schedule:

Report	Reporting Period	Report Due Date
Progress Report 1	Grant Start – June 30, 2026	July 31, 2026
Progress Report 2	July 1, 2026 – June 30, 2027	July 31, 2027
Progress Report 3	July 1, 2027 – June 30, 2028	July 31, 2028
Progress Report 4	July 1, 2028 – June 30, 2029	July 31, 2029

3. Under the direction of the Program Director, use Grant Funds to provide training for up to a four-year cycle for the program and trainees stated below:

Program Type: [Psychiatry Residents] OR [Child and Adolescent Psychiatry Fellows] OR [Addiction Psychiatry Fellows] OR [Addiction Medicine Fellows]	Count: [Number]
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4. Substitutions. Grantees are allowed to substitute for any resident or fellow who leaves the Grantee's program, providing that the newly identified resident or fellow has an executed agreement for the MBH-SLRP in the special 2025 MBH-RTP-related cycle. If a substitution is not made, the grant will be adjusted to align with the number of reduced positions in the Grantee's program.
5. The Grantee agrees to use the funds provided under this Grant Agreement to address workforce shortages in agencies and institutions serving Medi-Cal members and uninsured individuals. The Grantee shall provide the name(s), contact information, and number of hours served in the individual rotations.

D. Reports and Deliverables:

1. Grantee shall submit all the deliverables for Grant Number **[Grant Agreement Number]**, no later than the due dates stated above in Section C. Scope of Work. Grantee will submit deliverables, including annual MBH-RTP progress reports, using HCAI's web-based Funding Portal.

2. Budget worksheet:

The total amount payable to the Grantee under this Agreement shall not exceed \$250,000 per trainee, per year, adjusted for time spent in Medi-Cal safety net settings.

Budget Category	Amounts			
Cohort 1:	AY 2026-27	AY 2027-28	AY 2028-29	AY 2029-30
Trainee salaries & benefits				
Other Trainee Costs*				
Program staff salaries & benefits*				
Total Award Amount				
<p>*Expenses are those necessary for trainees to complete the residency or fellowship program. This includes computers, uniforms (scrubs), textbooks (electronic or hard copy), rotation travel and accommodations, costs for supplemental trainings, only if required to complete the residency or fellowship, and professional licensing examination fees.</p> <p>**Excludes faculty, defined as employees involved on an ongoing basis in supervising and/or training residents/fellows.</p>				

The submitted budget must comply with the requirements and specifications provided in Section C. Scope of Work.

E. Invoicing:

1. For services satisfactorily rendered in accordance with the Scope of Work, and upon receipt and approval of each progress report as specified in subsection (3) hereunder, HCAI agrees to compensate Grantee in accordance with the rates specified herein.
2. In the event that an individual residency or fellowship position is not filled for the entirety of a year, the position payment will be pro-rated for the portion of the year that the position was occupied.
3. HCAI will release the annual payments in arrears upon receipt of annual reports, expenditure documentation, and verification of increased psychiatry residency and/or child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine fellowship positions and require:
 - a. Proof of ACGME approved positions being filled with psychiatry residency and/or child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine fellowship trainees.

- b. Documentation of their trainees' participation in the MBH-SLRP in the form of each trainee's MBH-SLRP agreement number.
4. Progress reports shall include the Agreement Number, the names of the resident(s) and/or fellow(s) trained under this Agreement, a signature by the Program Director certifying that each resident(s) was engaged in activities authorized by this Agreement and shall be submitted electronically. HCAI or its designee will make payments to the Grantee under this Agreement after all required reports are submitted and approved by HCAI or its designee. Additional information may be requested by HCAI or its designee during the term of the Grant Agreement. HCAI or its designee will notify the Grantee of approval in writing.

F. Budget Detail and Payment Provisions:

HCAI shall reimburse Grantee for the expenses incurred in performing the Scope of Work in accordance with the following schedule, as applicable to the specific program that has received an award (e.g., residency and/or type of fellowship):

Payment Year 1	[Year 1 Start Date] to [Year 1 End Date]	[Amount] per resident/fellow per year for [Number of Residents/Fellows] resident(s)/fellow(s)	Annual Amount
Payment Year 2	[Year 2 Start Date] to [Year 2 End Date]	[Amount] per resident/fellow per year for [Number of Residents/Fellows] resident(s)/fellow(s)	Annual Amount
Payment Year 3	[Year 3 Start Date] to [Year 3 End Date]	[Amount] per resident/fellow per year for [Number of Residents/Fellows] resident(s)/fellow(s)	Annual Amount
Payment Year 4	[Year 4 Start Date] to [Year 4 End Date]	[Amount] per resident/fellow per year for [Number of Residents/Fellows] resident(s)/fellow(s)	Annual Amount

G. Accounting Records and Audits: Grantee shall comply with the following reporting requirements:

1. Accounting: Accounting for grant funds will be in accordance with the Grantee's accounting practices based on generally accepted accounting principles

consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

Training programs may elect to commingle grant funds received pursuant to the Agreement with any other income available for operation of the Program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and accounting for, such commingled funds, including provisions for:

- a. The accurate and timely separate identification of funds received.
 - b. The separate identification of expenditures that cannot be paid with Grant Funds.
2. An adequate record of proceeds from the sale of any equipment purchased by funds.
 3. Expenditure Reporting: Reports on Program expenditures and enrollment of trainees under the Agreement must be submitted as requested by HCAI for purposes of program administration, evaluation, or review.
 4. Records Retention and Audit:
 - a. The Grantee shall permit the HCAI Director, or the California State Auditor, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its residency program for the purpose of audit and examination.
 - b. The Grantee shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this grant (hereinafter collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this Agreement.
 - c. The Grantee agrees to make available at the office of the Grantee at all reasonable times during the period set forth in subparagraph (d) below any of the records for inspection, audit or reproduction by an authorized representative of the State.

- d. The Grantee shall preserve and make available its records (a) for a period of three (3) years from the date of final payment under this Agreement, and (b) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by subparagraph (i) or (ii) below:
 - i. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three (3) years from the date of any resulting final settlement.
 - ii. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this Agreement, or (2) costs and expenses of this Agreement as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the Grantee until disposition of such appeals, litigation, claims, or exceptions.

H. Budget Contingency Clause:

- 1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the HCAI shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
- 2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this grant program, the HCAI shall have the option to either cancel this Agreement with no liability occurring to the HCAI or offer an agreement amendment to Grantee to reflect the reduced amount.

I. Budget Adjustments:

- 1. Budget adjustments consist of a change within the approved budget that does not amend the total amount of this Agreement or any other terms of the Agreement.
- 2. All requests for budget adjustments shall be submitted in writing for HCAI approval and shall include an explanation for the reallocation of funds by the Grantee. An accounting of how the funds were expended will also be submitted with the last annual progress report.

J. Media and Press Engagements:

- 1. Any discussion regarding media engagements or press releases (see below) should be directed only to HCAI staff.

2. All Grantee organizations are required to submit press releases for review by HCAI at a minimum of two weeks in advance of the intended publication date for review and approval.
3. Grantee organizations understand that portions, or the entirety, of its press release may be used by HCAI, CalHHS or the Governor's office and may be changed without notice to the Grantee.
4. If HCAI, CalHHS, or the Governor's Office issues a press release or statement about an award the Grantee received, but does not use the awarded organization's press announcement, the awardee may issue its release after HCAI, CalHHS or the Governor's Office issues a statement. The release must still be reviewed by HCAI before release.
5. For some grants or programs, a pre-approved press release template may be developed in a tool kit for the program, which may reduce the review/approval time by HCAI. (This does not apply to all grants.)

K. Executive Order N-6-22-Russia Sanctions:

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

L. General Terms and Conditions:

1. **Timeliness:** Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.
2. **Final Agreement:** This Agreement, along with the Grantee's Application, exhibits, and forms constitutes the entire and final agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. **Ownership and Public Records Act:** All reports and the supporting documentation and data collected during the funding period which are embodied in those reports,

shall become the property of the State and subject to the California Public Records Act (Gov. Code § 7920.000 et seq.).

4. Audits: The Grantee agrees that HCAI, the Department of General Services, the State Auditor, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated by the State. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Tit. 2, Section 1896).
5. Site Visits: The Grantee agrees to allow HCAI to schedule a site visit during the term of the grant agreement to meet program faculty and conduct trainee interviews. The purpose is to evaluate the training and training site to ensure alignment with HCAI's objectives.
6. Independence from the State: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
7. Non-Discrimination Clause: (See Cal. Code Regs., Title 2, § 11105):
8. During the performance of this Agreement, Grantee and its subcontractors shall not deny the Agreement's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, reproductive health decision making, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination.
9. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code § 12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, § 11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§ 11135-11139.8), and any regulations or standards adopted by HCAI to implement such article.

10. Grantee shall permit access by representatives of the Civil Rights Department and HCAI upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or HCAI shall require to ascertain compliance with this clause.
11. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.
12. Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.
13. Waiver: The waiver by HCAI of a breach of any provision of this Agreement by the Grantee will not operate or be construed as a waiver of any other breach. HCAI expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
14. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
15. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
16. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
17. Indemnification: Grantee agrees to indemnify, defend, and hold harmless the State, its officers, agents and employees (i) from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm, or corporation furnishing or supplying work services, materials, or supplies resulting from the Grantee's performance of this Agreement, and (ii) from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the Grantee in the performance of this Agreement.
18. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
 - a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, to the Deputy Director stating the issues in dispute, the basis for the Grantee's position, and the

remedy sought. Grantee shall include copies of any documentary evidence and describe any other evidence that supports its position with its submission to the Deputy Director.

- b. Within ten (10) working days after receipt of the written grievance from the Grantee, the Deputy Director or their designee shall make a determination and shall respond in writing to the Grantee indicating the decision and reasons for it.
 - c. Within ten (10) working days of receipt of the Deputy Director's decision, the Grantee may appeal the decision of the Deputy Director by submitting a written appeal to the Chief Deputy Director stating why the Grantee does not agree with the Deputy Director's decision.
 - d. Within ten (10) working days after receipt of appeal, the Chief Deputy Director or their designee shall respond in writing to the Grantee with their decision. The Chief Deputy Director's decision will be final.
19. Termination for Cause: HCAI may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. Grantee shall return any Agreement Funds that were previously provided to Grantee for use within 60 days of termination.
- If all grant funds have not been expended upon completion of the Agreement term, HCAI will request the remittance of all unexpended funds. If HCAI determines that improper payments have been made to Grantee, HCAI will request disgorgement of all disallowed costs. Grantee may dispute disallowed costs in accordance with Section J, Paragraph 12. Grantee will submit a check or warrant for the amount due within 60 days of the Grantee's receipt of HCAI's disgorgement request or 30 days from the Grantee's receipt of HCAI's last Dispute decision. If Grantee fails to remit payment, HCAI may withhold the amount due from any future grant payments.
20. Grantee's Subcontractors: Nothing contained in this Agreement shall create any contractual relationship between the State and the Grantee or any subcontractors, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from the State's obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.
21. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.

22. Use of Funds: These funds shall not be used to supplant existing federal, state, local, or private funds to support this program.

23. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

M. Project Representatives:

The representatives of HCAI and the contact information for each party during the term of this Agreement are listed below. Direct all inquiries to:

State Agency: Department of Health Care Access and Information	Grantee: [Organization Name]
Section/Unit: Health Workforce Development/ MBH-RTP	Program Name: [Training Program Name]
Name: [Enter Program Officer Name]	Program Director Name:
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address:
Phone: [Enter Program Officer Phone Number]	Phone:
Email: MBHRTP@HCAI.ca.gov	Email:

Direct all grant inquiries to:

State Agency: Department of Health Care Access and Information	Grantee: [Organization Name]
State Agency: Department of Health Care Access and Information	Program Name: [Training Program Name]
Section/Unit: Health Workforce Development/ MBH-RTP	Name of Representative:
Name: [Enter Program Officer Name]	Address:
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Phone:
Phone: [Enter Program Officer Phone Number]	Email:
Email: MBHRTP@HCAI.ca.gov	

IN WITNESS WHEREOF, the parties here to have executed this Agreement.

DEPARTMENT OF HEALTH CARE
ACCESS AND INFORMATION

GRANTEE

Signature:

Signature:

Name:

Name:

Title:

Title:

Date:

Date:
