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Application ID	1121052
Submitted	Feb 16, 2024
Status	In progress
Applicant(s)	Brandy Guest (brandy.guest@yolocounty.gov) 625 Court Street Suite 202 Woodland, CA, 95695, US 530-666-8220 Diana Pavlova (diana.pavlova@yolocounty.gov) Laura Galindo (laura.galindo@yolocounty.gov) Dwight Coddington (dwight.coddington@yolocounty.org)
Program and cycle	CITED Application Round 3 CITED Application Round 3
Tags	No tags
Forms	<a href="#">CITED Application Round 3</a>

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## Introduction



### **Introduction**

Thank you for your interest in the Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative. Prior to beginning this application, please be sure to review the eligibility criteria, allowable uses for funds, impermissible uses for funds, and other important guidance documentation available on the [PATH CITED website](#). It is strongly recommended that all applicants review available documentation and/or attend an informational session or virtual office hours prior to beginning this application to ensure that the submitted funding request meets the minimum eligibility requirements.

The CITED Round 3 application period will be open for 30 days after the release of the application in mid-January.

To request CITED funding, eligible entities must complete this application in its entirety, submit all required attachments, and provide the necessary signatures by February 15, 2024. Applications will be accepted online only at <https://ca-path.com/cited>.

Please Note: the CITED Application must be electronically signed by each applicant organization's authorized signatory to be considered complete.

For technical assistance with this application, please contact:

By Email: [cited@ca-path.com](mailto:cited@ca-path.com) (With the subject line including "CITED Round 3")

By Phone: (866) 529-7550

What information is needed and required to complete the application?

The application will collect the following information from Applicants, at a minimum:

- Organizational information including organization size, demographics, populations served, and relevant experience providing or supporting the delivery of Enhanced Care Management (ECM) and/or Community Supports (or equivalent services prior to the start of CalAIM);
- Clear and detailed funding request that describes the intended uses of CITED funds;
- Detailed justification for why funds are needed to support transition, expansion, development, and delivery of and/or bolster capacity to support ECM and/or Community Supports services;
- Description of approach to sustaining items/activities/staff funded via CITED after CITED funding ends;

- Description of how the Applicant intends to coordinate with MCPs and others to ensure alignment and avoid duplication of funding, including whether the applicant previously sought IPP, CITED, DxF, TA Marketplace, or other CalAIM related funds;
- Description of how funding request will align with:
- CalAIM goals;
- Local MCP Incentive Payment Program Needs Assessments and Gap Filling Plans;
- Gaps in infrastructure identified by DHCS;
- Needs identified through the Collaborative Planning & Implementation (CPI) Initiative;
- Other goals as determined by DHCS; and,
- Copy(ies) of all executed contract(s) in the State of California for the provision of ECM and/or Community Supports, or a copy (copies) of a signed attestation letter from an MCP or an MCP’s authorized subcontractor or other entity authorized to contract with, stating the strong intent to contract with the Applicant in a timely manner for the provision of ECM/Community Supports.
- Applicants are required to provide a contract or intent to contract document for all ECM populations of focus/Community Supports services they would be providing if approved for CITED Round 3 funding, clearly indicating which counties the document applies to.
- Round 3 Applicants will be required to provide documentation proving a contract or intent to contract with Managed Care Plans entering the market in 2024 where applicable.
- Applicants will be required to include executed contracts with MCPs within interim project milestones in quarterly progress reports when attestation letters are provided as proof of eligibility in this application.
- Signed contracts and / or letters should include at a minimum:
- identification of ECM and populations of focus served and / or Community Supports provided that would be supported with CITED funds;
- identification of the counties where the service(s) will be offered
- completed signature page (must be signed by both parties);
- a date demonstrating the contract is current.
- Contracts, attestations, and/or addendums are considered current if they have an effective start date of no earlier than January 2022.

## Applicant Information

### Applicant Information

The purpose of this section is to collect general information about the Applicant organization. Please complete all the information requested below.

**Organization Name :** \*

Please enter the organization’s full legal name

Yolo County Health and Human Services Agency

**Organization Type \***

Please select all that apply.

- County, City, or Local Government Agency
- Community Clinics/Free Clinics
- County Behavioral Health Provider
- Behavioral Health Entity
- Local Health Department
- Housing and/or Homelessness Services Organization
- Organization Serving Justice-Involved Individuals
- Hub Organization

**Does the organization meet the definition of a clinic? \***

Qualified clinics include all Federally Qualified Health Centers (FQHCs) (including Tribal FQHCs and FQHC look-alikes), community clinics and free clinics licensed under Section 1204(a) of the Health and Safety Code, Indian health clinics, intermittent clinics, and rural health clinics (RHCs) located in California. Also included are health center or primary care clinic led consortia and associations, including: regional associations, health center-controlled networks, tribal and urban Indian consortia, and statewide associations.

No

**Enter Employer Identification Number (EIN) \***

94-6000548

**Organization Website \***

www.YoloCounty.org/HHSA

**Please select your entity type: \***

Government

**If you are not selected for CITED funding in this round, are you interested in receiving Intragovernmental transfer (IGT) application review to potentially receive funds from this source? \***

By selecting that you are interested in exploring the opportunity to receive IGT funds you are not obligated to participate if selected.

Yes

**Street Address: \***

25 N Cottonwood Street

**City \***

Woodland

**State \***

California

**Zip code \***

95605

**Primary Contact**

**First Name \***

Dwight

**Last name \***

Coddington

**Title: \***

Public Information Officer

**Phone number \***

(530) 908-0186

**Is the Primary Contact's address the same as the Organization's address? \***

No

**Street address \***

625 Court St

**State \***

California

**City \***

Woodland

**Zip code \***

95605

**Is the primary contact a third party entity completing the application on behalf of the organization? \***

No

## About This Organization

**How long has this organization been in operation in California? \***

11 or more years

**What is this organization's average annual operating budget? \***

Note: the information provided in this question will not impact an applicant's overall score and is for informational purposes only.

\$10 million or more

## CITED Eligibility

Applicants must upload signed contract(s), or signed attestation letter(s) from Managed Care Plan(s) (MCP) or an MCP's authorized subcontractor(s) or network provider(s) demonstrating the applicant's intent to become an ECM / Community Supports provider for every ECM POF or Community Support that would be supported by the requested CITED funding. Documentation must clearly indicate the counties where the service will be offered. A memorandum of understanding (MOU) may be accepted if the applicant is a Tribe, Indian Health Organization or Urban Indian Organization. Signed contracts and / or letters should include at a minimum:

- identification of ECM and Populations of Focus served and / or Community Supports provided that would be supported with CITED funds;
- identification of the counties where the service(s) will be offered;
- completed signature page (must be signed by both parties);
- the effective date of the contract to demonstrate the contract is current.

Documentation of contract status is required for all MCPs you are contracted or intending to contract with to provide the services included in your CITED request.

[Please click here to view the managed care plans by county as of 2023 and 2024.](#)

How many MCPs does your organization currently contract or have an MOU with (or have an MOU if applicant is a Tribe, Indian Health Organization, or Urban Indian Organization) for ECM and/or one or more Community Supports? \*

1

For each identified ECM Population of Focus or Community Support that would be supported through your requested CITED funding, select all the MCPs you contract with or have a letter of intent to contract with (or MOU/other documentation for Tribes, Indian Health Programs, or Urban Indian Organizations). If the plan that you subcontract with operates in multiple counties, please ensure you provide the contract that represents all the counties in which you plan to utilize CITED funds. \*

Partnership Health Plan of California

**Please select all that apply.**

## Document Upload

Please upload the appropriate documentation to demonstrate current contracted status. All documentation provided should include, at minimum:

- completed signature page including Applicant and MCP names (must be signed by both parties);
- identification of populations of focus receiving ECM and / or which Community Supports will be supported with CITED funds;
- identification of the counties where the service(s) will be offered
- a date demonstrating the contract is current.

Please note: Files must be JPEG, JPG, PNG, or PDF with maximum size of file for upload is 10MB. Files may be combined or uploaded in a zip file. Up to 10 files can be uploaded per upload box.

### CACITED R3 mcp document upload

See ECM Acceptance Letter\_ Yolo County HHSA.pdf, 211 and the determinants of health.pdf, Yolo By the Numbers january 2024.pdf, ECM Partnership Agreement.pdf

### CACITED R3 mcp document upload

No file uploaded

### CACITED R3 mcp document upload

No file uploaded

## Additional Funding Considerations

Applications, and accompanying funding requests, should consider (1) needs identified in local MCP Needs Assessment and [Gap Filling Plans](#) (developed as part of the Incentive Payment Program [IPP]), (2) needs identified in local homelessness plans (developed as part of the Housing and Homelessness Incentive Program), and (3) needs identified in the PATH Collaborative Planning and Implementation (CPI) initiative.

Applications should include strategies to avoid duplication and supplantation<sup>[1]</sup> of other funding sources (e.g., IPP or other federal, state, local funds) as well as services paid for by Medi-Cal. Applicants are encouraged to coordinate requirements with local MCPs (including those entering the county starting in 2024) or the authorized subcontractor or network provider that they contract with or strongly intend to contract with to provide ECM/Community Supports services. Applicants are strongly encouraged to seek [IPP funding](#) for their request from MCPs, apply for Technical Assistance (TA) offered in the [TA Marketplace](#), and explore funding opportunities related to the [Data Exchange Framework](#) before seeking PATH funding from CITED.

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<sup>[1]</sup> Other Federal, state, or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, Applicants must describe how similar or related services and activities supported by other Federal, state, or local funding sources are complemented or enhanced by efforts funded by PATH. For example, if other funding 1) does not fully reimburse activities, 2) may allow additional/different populations to be served or 3) may allow additional/different services to be provided beyond those funded by PATH. To the extent that otherwise allowable PATH activities are reimbursed by other Federal, state, or local programs, PATH funding must not duplicate such reimbursement.

**Please indicate if this organization participated in the following programs and the amounts awarded if applicable. \***

**Whole Person Care (WPC) pilot**

\$592,155.86 USD

Whole Person Care (WPC) pilot

**Please describe how you will ensure there is no duplication or supplanting of funding between this request and any other funding source, including those sources listed above or any other local, state, or federal funding source. \***

250 words or less

As Yolo County continues to enhance its grant management capacity, ensuring transparency and accountability in funding allocation remains paramount. To prevent duplication or supplanting of funding, our approach encompasses comprehensive measures.

Firstly, we meticulously analyze all funding sources, including those listed and others at local, state, and federal levels. This includes reviewing grant agreements, budgets, and reporting requirements to gain a holistic understanding of financial commitments.

Secondly, we implement robust tracking mechanisms to monitor fund utilization across projects. By maintaining detailed records of expenditures and activities, we can swiftly identify any overlaps or discrepancies in funding allocation.

Furthermore, we prioritize clear communication and collaboration among departments, agencies, and stakeholders involved in grant management. Regular meetings and reporting sessions facilitate the exchange of information, ensuring alignment with funding guidelines and objectives.

Moreover, we conduct periodic audits and evaluations to assess the effectiveness and efficiency of funding utilization. These evaluations provide insights into potential areas for improvement and help mitigate any risks of duplication or supplanting.

Overall, Yolo County is committed to upholding the highest standards of fiscal responsibility and integrity in grant management. By implementing rigorous oversight mechanisms and fostering a culture of transparency, we reassure stakeholders that their investments are utilized efficiently and effectively to serve our community's needs.

### **Organizations Applying as an Administrative Hub**

**Is this organization applying for CITED funds as an administrative hub on behalf of providers or CBOs? \***

No

## ECM

**What percent of your budget will be allocated to ECM services?**

10

**What percent of your budget will be allocated to Community Support services?**

90

**ECM and Community Support Total Percentage**  
Total must equal 100%

100

## Enhanced Care Management

As a key part of CalAIM, [Enhanced Care Management \(ECM\)](#) is a statewide Medi-Cal benefit available to select [Populations of Focus](#) that will address clinical and non-clinical needs of the highest-need Members through intensive coordination of health and health-related services.

**Do you provide, or plan to provide, ECM to any adult populations of focus using your CITED funds? \***

Yes

**Please only select the [ECM populations of focus](#) which are currently served or will be served by this organization [using CITED funds](#)**

**Adult populations of focus: \***

Adult individuals and families experiencing homelessness  
Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)  
Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs  
Adult individuals transitioning from incarceration  
Adults living in the community and at risk for long-term care (LTC) institutionalization  
Adult nursing facility residents transitioning to the community  
Adult Birth Equity Population of Focus

**Do you provide, or plan to provide, ECM to any children/youth populations of focus using your CITED funds? \***

Yes

**Please only select the [ECM populations of focus](#) which are currently served or will be served by this organization [using CITED funds](#)**

**Children/youth populations of focus: \***

Children/Youth experiencing homelessness  
Children/Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)  
Children/Youth with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs  
Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition  
Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26).  
Children/Youth transitioning from incarceration  
Youth Birth Equity Population of Focus

**Please enter the estimated percentage of the funding request that will be allocated to each ECM Population of Focus (POF).** If you are requesting funding for one ECM, enter 100% in the corresponding field. If you are requesting funding for multiple ECM POFs, enter the percentage dedicated to each. The total percentage across all POFs must equal 100%.

**Adult Populations of Focus**

**Children/Youth Populations of Focus**

Adult individuals and families experiencing homelessness \*

30

Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers). \*

5

Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs. \*

15

Adult individuals transitioning from incarceration. \*

5

Adults living in the community and at risk for long-term care (LTC) institutionalization. \*

10

Adult nursing facility residents transitioning to the community. \*

10

Adult Birth Equity Population of Focus \*

0

Children/Youth Experiencing Homelessness. \*

5

Children/Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers) \*

0

Children/Youth with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs. \*

5

Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition. \*

10

Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26). \*

5

Children/Youth transitioning from incarceration. \*

0

Youth Birth Equity Population of Focus. \*

0

ECM Percent total  
Total must equal 100%

100

For each ECM POE, please enter the number of Medi-Cal Members your organization serves per year, and the number of additional Medi-Cal Members your organization intends to serve per year with CITED funding.

Number of current members

Number of additional members

Adult individuals and families experiencing homelessness current members. \*

746

Adult individuals and families experiencing homelessness additional members. \*

100

**Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers) current members. \***

0

**Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers) additional members. \***

5

**Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) needs, current members. \***

2,323

**Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) needs, additional members. \***

200

**Adult individuals transitioning from incarceration current members \***

0

**Adult individuals transitioning from incarceration additional members. \***

5

**Adults living in the community and at risk for long-term care (LTC) institutionalization current members \***

3,482

**Adults living in the community and at risk for long-term care (LTC) institutionalization additional members. \***

300

**Adult nursing facility residents transitioning to the community current members. \***

0

**Adult nursing facility residents transitioning to the community additional members. \***

5

**Adult Birth Equity Population of Focus current members. \***

0

**Adult Birth Equity Population of Focus additional members. \***

5

**Children/Youth experiencing homelessness current members. \***

76

**Children/Youth experiencing homelessness additional members. \***

10

**Children/Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers) current members. \***

0

**Children/Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers) additional members. \***

5

Children /Youth with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs current members. \*

0

Children /Youth with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs additional members. \*

30

Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition current members. \*

100

Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition additional members. \*

10

Children/Youth transitioning from incarceration current members. \*

5

Children/Youth transitioning from incarceration additional members. \*

5

Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26) current members. \*

350

Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26) additional members. \*

35

Youth Birth Equity Population of Focus current members. \*

0

Youth Birth Equity Population of Focus additional members. \*

5

## Community Supports

### Community Supports

[Community Supports](#) are services provided by Medi-Cal managed care plans (MCPs) to address Medi-Cal Members' health-related social needs, help them live healthier lives, and avoid costlier levels of care.

**Do you provide, or plan to provide Community Supports using your CITED funds? \***

Yes

Please only select the [Community Supports](#) which are currently provided or will be provided by this organization using CITED funds.

**Community Supports: \***

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- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services / Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Sobering Centers
- Medically Tailored Meals / Medically Supportive Food
- Asthma Remediation

**Please enter the estimated percentage of the funding request that will be allocated to each Community Support.** If you are requesting funding for one Community Support, enter 100% in the corresponding field. If you are requesting funding for multiple Community Supports, enter the percentage dedicated to each. The total percentage must equal 100%.

**Housing Transition Navigation Services \***

50

**Housing Deposits \***

15

**Housing Tenancy and Sustaining Services \***

15

**Short-Term Post-Hospitalization Housing \***

5

**Community Transition Services / Nursing Facility Transition to a Home \***

5

**Nursing Facility Transition / Diversion to Assisted Living Facilities \***

0

**Environmental Accessibility Adaptations (Home Modifications) \***

0

**Personal Care and Homemaker Services \***

5

**Sobering Centers \***

0

**Medically Tailored Meals / Medically Supportive Food \***

5

**Asthma Remediation \***

0

**Community Supports Total Percent \***  
Total must equal 100%

100

**For each Community Support, please enter the number of Medi-Cal Members your organization serves per year, and the number of additional Medi-Cal Members your organization intends to serve per year with CITED funding.**

**Number of current members****Number of additional members****Housing Transition Navigation Services current members. \***

1,132

**Housing Transition Navigation Services additional members. \***

200

**Housing Deposits current members \***

566

**Housing Deposits additional members \***

100

**Housing Tenancy and Sustaining Services current members. \***

2,156

**Housing Tenancy and Sustaining Services additional members. \***

400

**Short-Term Post-Hospitalization Housing current members. \***

368

**Short-Term Post-Hospitalization Housing additional members. \***

60

**Nursing Facility Transition / Diversion to Assisted Living Facilities current members. \***

15

**Nursing Facility Transition / Diversion to Assisted Living Facilities additional members. \***

5

**Community Transition Services / Nursing Facility Transition to a Home current members. \***

15

**Community Transition Services / Nursing Facility Transition to a Home additional members. \***

5

**Personal Care and Homemaker Services current members. \***

3,771

**Personal Care and Homemaker Services additional members. \***

600

**Environmental Accessibility Adaptations (Home Modifications) current members. \***

30

**Environmental Accessibility Adaptations (Home Modifications) additional members. \***

10

**Medically Tailored Meals / Medically Supportive Food current members \***

326

**Medically Tailored Meals / Medically Supportive Food additional members \***

100

**Sobering Centers current members \***

262

**Sobering Centers additional members \***

50

**Asthma Remediation current members \***

41

**Asthma Remediation additional members \***

5

## Project Description and Justification

### Project Description and Justification

To request CITED funding, eligible entities must complete all sections of this application and submit all necessary attachments.

The purpose of this section is to gather information about the overall goals of your project, the services that will be provided by the applicant organization, and the applicant's approach to sustainability.

Please indicate whether the funding requested in this application will be spent in one county or multiple counties. If the funding will be spent in multiple counties, please estimate the percentage of total funding requested that will be spent in each county.

For example, if an applicant is requesting to hire one Community Health Worker who will be based at a facility in Alameda County and two Community Health Workers who will be based at a facility in Contra Costa County, they may estimate 35% of their requested funding will be spent in Alameda County and 65% will be spent in Contra Costa County.

If an applicant operates in San Bernardino and Riverside Counties and is seeking to connect to a health information exchange organization in both regions, then they may report that funding will be spent equally across these two counties. Alternatively, the applicant may also report that the funding will be unevenly distributed across participating counties if that is more appropriate.

We recognize that there may be instances where it is difficult to determine the percentage of funding that will be spent in a particular county, but applicants should provide the best estimate that they can based on the anticipated funding uses.

**Please select all counties where funding will be spent: \***

Yolo

**Please enter the estimated percentage of the funding request that will be used in each county in California.** If you are requesting funding for one county, enter 100% in the corresponding field. If you are requesting funding for multiple counties, enter the percentage dedicated to each. The total percentage across all counties must equal 100%.

Yolo \*

100

**County Total Percent:**

Total must equal 100%

100

**Please briefly describe the overall goals of your project should you receive CITED funding. \***  
250 words or less

The overall goal of Yolo County's project, contingent on receiving CITED funding, is to expand capacity and enhance the services provided by 211, which Yolo County operates in partnership with Community Link Capital Region and our cities, to better serve 54,490 Medi-Cal beneficiaries and the community's needs. This expansion aims to increase collaboration with partners such as Partnership HealthPlan of California and members of Healthy Yolo (listed at [www.YoloCounty.org/HealthyYolo](http://www.YoloCounty.org/HealthyYolo)), facilitating accessibility and inclusivity. With a focus on supporting the rollout of CalAIM, our project aligns with Yolo County's commitment to comprehensive, sustainable solutions, building on principles of community involvement, objective data utilization, and principled leadership.

The estimated expenditures for the two-year expansion of 211 services include staffing costs, infrastructure enhancements, and program development. These expenses will enable us to increase our capacity to collaborate, support emergency preparedness and response efforts, and serve as a vital resource in advancing CalAIM implementation. As Yolo County and its partners work towards transforming Medi-Cal through CalAIM, our project seeks to ensure equitable access to health and social services, leveraging our core competencies in community infrastructure building, resource mobilization, research and evaluation, public policy analysis, community organizing, advocacy, information services, and facilitation.

Kaiser Permanente and the Area Agency on Aging are the current funding partners for 211. Collaborators such as Partnership HealthPlan of California and Healthy Yolo will enable us to better connect the community with their resources, many of which involve Medicaid services, thus enhancing accessibility and support for vulnerable populations.

**Please describe how CITED funding will help your organization to: close gaps in the delivery of Enhanced Care Management (ECM) and expand capacity and impact of the organization's delivery of ECM. Please enter n/a if your organization does not provide ECM. \***

250 words or less

CITED funding will significantly enhance the Yolo County Health and Human Services Agency's ability to close gaps in the delivery of Enhanced Care Management (ECM) and expand the capacity and impact of our organization's ECM delivery. With this funding, we plan to leverage our partnership with Community Link Capital Region to expand and enhance the services provided by 211. By increasing collaboration with partners such as Partnership HealthPlan of California and Healthy Yolo, we aim to facilitate greater accessibility and inclusivity in connecting community members with vital resources, many of which involve Medical services. This is aligned with our CHNA "System Navigation" priority.

The funding will support the expansion of 211 services, enabling us to increase staffing, enhance infrastructure, and develop programs that address the diverse needs of our community. This includes building community infrastructure, mobilizing resources, conducting research and evaluation, analyzing public policy, community organizing, advocacy, information services, and facilitation.

Moreover, the funding will enable us to better serve vulnerable populations and close gaps in service delivery by enhancing our ability to provide comprehensive and coordinated care management. Through the utilization of objective data and information, principled leadership, and a focus on sustainable, long-term solutions, we will work towards ensuring equitable access to health and social services for all residents of Yolo County.

Overall, CITED funding will play a crucial role in advancing our efforts to close gaps in ECM delivery, expand our organization's capacity, and enhance our impact in addressing the health and social needs of our community.

**Please describe how CITED funding will help your organization to close gaps in the delivery of Community Supports and expand capacity and impact of the organization's delivery of Community Supports. Please enter n/a if your organization does not provide Community Supports. \***

250 words or less

Yolo County's project, contingent upon receiving CITED funding, aims to expand and enhance the services provided by 211 in collaboration with our contractor, Community Link Capital Region. This expansion is vital for increasing inclusivity and accessibility to additional community partners such as Partnership HealthPlan of California and Healthy Yolo. Kaiser Permanente and the Area Agency on Aging, our long-term partners, have been instrumental in providing this resource to the Yolo County community.

The awarded funds will facilitate the expansion of 211's offerings like food and housing, allowing us to increase staff and enhance infrastructure to better serve the community. Currently staffed with only one member, this award will enable us and Community Link Capital Region to expand 211's capacity, particularly to support the rollout of CalAIM. Healthy Yolo and its partners recognize 211 as a vital resource in CalAIM implementation, reflecting HHSA's commitment to supporting our community's health needs.

The estimated expenditures for the two-year expansion of 211 services will cover staffing costs, infrastructure enhancements, and program development. This aligns with PATH's goal to strengthen organizational capacity and infrastructure, advancing health equity, addressing social drivers of health, and moving towards an equitable, coordinated, and accessible Medi-Cal system.

Through this initiative, Yolo County aims to close gaps in the delivery of Enhanced Care Management (ECM) and Community Supports while expanding our capacity to support the community's diverse needs. This includes mobilizing resources, conducting research, advocating for policy changes, and building community infrastructure to promote health, economic conditions, and social well-being.

**Please describe, in detail, your approach to sustaining approved activities after CITED funding ends. \***  
250 words or less

To sustain approved activities post-CITED funding, we employ a strategic and multifaceted approach focusing on long-term viability and impact.

1. **Diversification of Funding Sources:** We seek to secure additional funding streams from governmental, philanthropic, and private sources to complement CITED funding. This includes pursuing grants, donations, and partnerships with local businesses and organizations.

2. **Capacity Building and Resource Allocation:** We invest in building organizational capacity and optimizing resource allocation to maximize efficiency and effectiveness. This involves ongoing evaluation and adjustment of staffing, infrastructure, and programmatic needs to align with changing priorities and funding availability.

3. **Program Evaluation and Performance Monitoring:** We conduct rigorous program evaluations and performance monitoring to assess effectiveness, identify areas for improvement, and demonstrate impact to stakeholders. This data-driven approach informs decision-making and enhances accountability.

4. **Community Engagement and Collaboration:** We prioritize community engagement and collaboration to ensure sustainability and relevance of activities beyond the grant period. This involves fostering partnerships with stakeholders, soliciting feedback, and incorporating community input into program design and implementation.

5. **Sustainability Planning:** We develop comprehensive sustainability plans that outline strategies, timelines, and responsible parties for sustaining approved activities. These plans include contingency measures to mitigate risks and ensure continuity in service delivery.

By adhering to these best practices, we aim to ensure the long-term success and impact of our initiatives beyond the duration of CITED funding, contributing to the overall resilience and well-being of our community.

**Please describe your organization's history working in the communities you intend to serve through this CITED funding request. \***  
250 words or less

Yolo County has a longstanding history of active engagement and leadership within the communities we serve, positioning us to leverage CITED to further enhance our impact. Dedicated to enhancing the quality of life for all residents, we have consistently demonstrated our commitment to community well-being and inclusivity.

Throughout our history, we've played a pivotal role in facilitating grassroots efforts and nurturing local initiatives aimed at addressing diverse community needs. Our proximity to the state capital has enabled us to forge strong partnerships and advocate for the interests of our residents at both the local and state levels.

As an organization deeply embedded in the fabric of our community, we have cultivated positive working relationships with stakeholders from all sectors, including government agencies, community-based organizations, healthcare providers, and residents. This collaborative approach has allowed us to effectively address a wide range of challenges and opportunities facing our community.

Our track record of success is evidenced by our ongoing efforts to promote equity, resilience, and innovation in service delivery. From supporting emergency preparedness and response initiatives to advancing health equity and social justice, we've consistently strived to meet the evolving needs of our community.

With the support of CITED funding, we are poised to build upon our past achievements and expand our capacity to deliver essential services and support programs. By leveraging our history of community engagement and leadership, we are committed to making a meaningful and lasting impact on the well-being of our residents and the overall vitality of our community.

**Please describe how CITED funding would enable your organization to address needs identified through PATH Collaborative Planning groups, Technical Assistance (TA) Marketplace, or other stakeholder engagement efforts related to the delivery of ECM/Community Supports. \***

250 words or less

CITED funding presents a unique opportunity for our organization to address needs identified through PATH Collaborative Planning groups and Technical Assistance (TA) Marketplace engagements related to the delivery of ECM/Community Supports. With CITED funding, we can leverage the resources and expertise available through the TA Marketplace to strengthen our data capacity, enhance service delivery, and promote health equity within our community. This includes accessing free TA services from curated and approved vendors, such as hands-on trainings, guidance on data sharing processes, and support for implementing ECM/Community Supports. By becoming a TA recipient, we can benefit from tailored technical assistance in domains like building data capacity, strengthening community supports, and engaging with CalAIM through Medi-Cal Managed Care. These services align with our organization's goals of improving care management for targeted populations, promoting health equity, and fostering cross-sector partnerships. With CITED funding, we can effectively utilize these resources to address identified needs, enhance our service offerings, and ensure the successful implementation of ECM/Community Supports initiatives.

**Please select all PATH-funded Collaborative Planning and Implementation (CPI) groups your organization currently participates in. If your organization is not participating in a CPI group, please select Not applicable. \***

Southeast Collaborative

You may read more about DHCS Bold Goals in the [2022 Comprehensive Quality Strategy Report](#).

**Please indicate if the services your organization will be providing with the support of CITED funding are aligned with the DHCS Bold Goals below. \***

Close racial/ethnic disparities in well-child visits and immunizations

Close maternity care disparity for Black & Native American persons

Improve maternal & adolescent depression screening

Improve follow up for mental health and substance use disorder

Ensure all health plans exceed the 50th percentile for all children's preventative care measures

**If CITED funding will not be used by your organization to provide services that are closely related to Bold Goals, please select Not applicable.**

**For each Bold Goal selected, please describe how CITED funding will help address the goal. \***  
250 words or less

Close racial/ethnic disparities in well-child visits and immunizations: Funding will enable our organization to implement targeted outreach and education initiatives aimed at minority communities. By providing culturally sensitive care, language interpretation services, and community-based programs, we can increase access to well-child visits and immunizations among underserved racial and ethnic groups.

Close maternity care disparity for Black & Native American persons: With funding, we can develop tailored maternity care programs and partnerships that address the unique needs of Black and Native American individuals. This may involve expanding access to prenatal services, providing culturally competent care, and fostering community collaborations to support maternal health and wellness.

Improve maternal & adolescent depression screening: Funding will support the implementation of standardized screening protocols and training programs for healthcare providers. Additionally, funds will be allocated towards community education efforts to reduce stigma surrounding mental health issues and increase awareness of screening resources.

Improve follow-up for mental health and substance use disorder: With funding, we can enhance coordination between healthcare providers and community organizations to ensure timely follow-up care for individuals with mental health and substance use disorders. This may involve establishing referral pathways, expanding telehealth services, and providing ongoing support for recovery.

Ensure all health plans exceed the 50th percentile for all children's preventative care measures: Funding will support quality improvement initiatives aimed at ensuring all health plans surpass established benchmarks for children's preventative care. This may include implementing evidence-based interventions, conducting performance assessments, and providing training for healthcare providers to enhance service delivery.

**Please select all populations served by the organization: \***

LGBTQ+ individuals and families  
Seniors participating in Supplemental Social Security Program  
Persons with intellectual and developmental disabilities  
People with physical disabilities  
Survivors of domestic violence  
Tribal Populations  
Veterans  
Persons with low educational status  
Persons whose primary language is not English / Non-English speaking individuals  
People who are geographically hard to reach

## Funding Request

### **Purpose**

The purpose of this section is to collect information about: (1) the activities and personnel included in your funding request; (2) funding need and justification; and (3) how funding will be utilized and disbursed.

### **Budgets**

- To request CITED funding, you will be required to submit a budget that comprises your total funding request. For this application, budget items should be the purchase of an item, the completion of an activity, or the salary support for staff related to ECM and/or Community Supports. CITED funding may be requested for up to 24 months (8 quarters) in each round. Requests for staff salary are limited to no more than 12 months for existing staff with new ECM or Community Supports related duties and no more than 18 months for new hires. Specific restrictions on salary requests are described in more detail in the CITED Round 3 Guidance.

- Organizations who are awarded CITED funding will be required to submit a Progress Report (at minimum) every 3 months with milestones based on their approved budget. Progress Reports will be used to demonstrate proof of completed project milestones or to request up front funds prior to funds being disbursed.
- Download the CITED Round 3 Funding Request Excel Workbook and enter your detailed funding request. Please ensure your requested budget items are reasonable. You can see reasonableness guidelines here [CITED Round 3 Funding Request Workbook](#)
- Funding requests for retroactive funding and upfront funding will each be recorded in their respective category. Please note: requests for retroactive funding must be accompanied by receipts, invoices, or other documentation for the historical investments. Appropriate documentation must be uploaded to this CITED application. Documentation requirements for Retroactive and Upfront payments are discussed in more detail in the CITED Round 3 Guidance. DHCS reserves the right to deny retroactive funding requests or approve retroactive requests at a lesser amount than your entity is requesting.

Allowable Use Categories

The following categories have been identified as “allowable” for CITED funding requests. You will be directed to select from these categories as you complete your CITED Round 3 Funding Request Excel Workbook later in this section of the application. These allowable use categories apply to retroactive, upfront, and all other CITED funding requests and are subject to change at the discretion of DHCS.

<b>Allowable Use Categories- Approved Uses of Funding<sup>2</sup></b>
Training and Recruitment
Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.
Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps.
Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care.

Note: Funding for salaries must meet the requirements in the PATH CITED guidance document under “i. Funding to Support Staff Salaries.” Parameters include:

- CITED funding may only be used to support salaries for new positions or existing positions with new responsibilities where at least 60% of the FTE is directly pertinent to supporting delivery or administration of ECM or Community Supports.
- Funding for salary support may only be requested for the portion of FTE that is directly pertinent to supporting delivery or administration of ECM or Community Supports. For example, an applicant may not request funding for 100% FTE for a position where only 75% of the FTE is pertinent to delivery or administration of ECM or Community Supports.
- CITED funding for salary support will be capped at 12 months in duration for new positions or existing positions with new responsibilities.
- Indirect rates will be capped at 5%.

CITED funding for direct salary support may include costs associated fringe benefits, subject to guardrails enumerated above.

Requests for salary support must be reasonable relative to salaries for similar positions within the region.

**Applicants may request funding for up to 24 months. Select the number of months from the drop-down list: \***  
Clinics may only request funding for a maximum of 12 months.

24

**What is the total amount of funding you are requesting in CITED Round 3? \***

Please enter the Total CITED Round 3 Funding Request Amount from Tab 4. Summary: Column B, Row 5 of the completed CITED Round 3 Funding Request Excel Workbook.

\$120,000.00 USD

**The total amount of funding requested in this application must be equal to the amount requested in your CITED Round 3 Funding Request Excel Workbook. If these amounts do not match, or do not represent the amount of funds you are requesting, please return to the CITED Round 3 Funding Request Excel Workbook to correct your amounts and re-enter them into the online application. Once your application is submitted, you will be unable to modify funding requests unless requested by the TPA or DHCS.**

**Please upload your completed CITED Round 3 Funding Request Excel Workbook**

See CITED+Round+3+Funding+Request+Workbook.xlsx

## Attestations and Certifications

### Attestations and Certifications

As an authorized representative of the Applicant, the Applicant attests as follows and agrees to the following conditions:

- The funding received through the CITED initiative will not duplicate or supplant<sup>2</sup> reimbursement received through other programs/initiatives (e.g., the Incentive Payment Program).
- The funding received through the CITED initiative will not duplicate or supplant<sup>4</sup> reimbursement or activities covered under Medi-Cal.
- Funding received for the CITED initiative will only be spent on allowable uses as stated above, or that the Applicant has received express DHCS approval for.
- Funding received for the CITED initiative will not be spent on unallowable uses as stated (add an attachment below or in the terms and conditions for them to sign).
- Failure to comply will result in termination of CITED funding
- The Applicant will submit progress reports on CITED funding in a manner and on a period specified by the TPA (Third Party Administrator) and/or DHCS.
- The Applicant will respond to general inquiries from the TPA and/or DHCS pertaining to the Collaborative Planning and Implementation initiative within one business day of receipt, and provide requested information within three business days, unless an alternate timeline is approved or determined necessary by the TPA and/or DHCS.
- The Applicant understands that the TPA and/or DHCS may suspend or terminate CITED funding if a corrective action has been imposed and persistent poor performance continues. Should funding be terminated, the TPA and/or DHCS shall provide notice to the Applicant and request a close-out plan due to DHCS within 30 calendar days, unless significant harm to members will occur, in which case the TPA and/or DHCS may request a close-out plan within 10 business days.
- The Applicant will alert DHCS if circumstances prevent it from carrying out activities described in the program application. In such cases, the Applicant may be required to return unused funds to DHCS contingent upon the circumstances.

**Print name \***

Dwight Coddington

**Title \***

Public Information Officer, County of Yolo

**Date**

Feb 15, 2024