



Application Detail

Application ID	1707628
Submitted	May 2, 2025
Status	In progress
Applicant(s)	Kathleen Reed (kathleen.reed@sfdph.org) Alex Boyder (alexander.boyder@sfdph.org)
Program and cycle	CITED Application Round 4 Round 4
Tags	No tags
Forms	CITED Application Round 4

CITED Application Round 4

Submitted on May 2, 2025

Kathleen Reed
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Introduction

Introduction



Introduction

Thank you for your interest in the Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative. Before beginning this application, please review the eligibility criteria, allowable uses and unallowable uses for funds, and other important information available on the [PATH CITED website](#). It is highly recommended that all applicants read the [guidance document](#) and attend an informational session or virtual office hour before beginning this application to prepare all materials required for submission and ensure that the submitted funding request meets the minimum eligibility requirements.

The CITED Round 4 application period will be open on January 6, 2025.

To request CITED funding, eligible entities must complete the online application in its entirety, submit all required attachments, and provide the necessary signatures by May 2, 2025.

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 (With the subject line including "CITED Round 4")

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, populations served, and relevant **experience** providing or supporting the delivery of Enhanced Care Management (ECM) and / or Community Supports (See pages 8-10 of the [CITED Round 4 Guidance Document](#) for additional details);

- **Clear and detailed funding request** that describes the intended uses of CITED funds (See pages 10-19 of the [CITED Round 4 Guidance Document](#) for additional details);
- Detailed explanation of **why funds are needed** to help with the transition, expansion, development, and improvement of ECM and / or Community Supports services (See pages 9-10 of the [CITED Round 4 Guidance Document](#) for additional details);
- Description of **approach to sustaining items / activities / staff** funded via CITED after CITED funding ends (See pages 9-10, and 33 of the [CITED Round 4 Guidance Document](#) for additional details);
- Explain how the applicant will work with MCPs and other stakeholders to ensure coordination and prevent funding overlap, including whether the applicant previously sought IPP, CITED, DxF, TA Marketplace, or other CalAIM-related funds (See pages 9 and 12-13 of the [CITED Round 4 Guidance Document](#) for additional details);
- Description of how funding request will align with various goals, including, but not limited to, CalAIM goals, filling gaps in infrastructure identified by DHCS, needs identified through the collaborative planning and implementation (CPI) initiative (See pages 9-10 and 33-34 of the [CITED Round 4 Guidance Document](#) for additional details), and;
- Copy(ies) of all executed contract(s) in the State of California for the provision of ECM and / or Community Supports. Contract(s) should align with the county and services the applicant proposes to serve using CITED Round 4 funding. A current list of MCPs by county can be found [here](#).
 - If the applicant is in the process of being contracted, a copy(ies) of a signed attestation letter from the MCP, their authorized subcontractor, or another authorized entity must confirm their intent to contract with the applicant in a timely manner for the provision of ECM / Community Supports (See pages 4-6, 8-9 and 26-28 of the [CITED Round 4 Guidance Document](#) for additional details).
 - If awarded, applicants will need to provide executed contract(s), or updates on contracting with MCPs in their quarterly progress reports.
 - Signed contracts and / or attestation 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 (Contracts must be signed by both the MCP and the applicant) and;
 - A date demonstrating the contract is current.
 - Contracts and / or addendums are considered current if they have an effective start date of no earlier than January 1, 2022
 - Attestation Letters, demonstrating intent to contract, must be from within the past 24 months

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 (See the [CITED Round 4 Guidance Document](#) for additional details).

Organization Name

Please enter the organization's full legal name.*

San Francisco Health Network

Primary Organization Type

See pages 36-44 of the [CITED Round 4 Guidance Document](#) for definitions and examples of the organization types below.

Please select ONE of the following organization types that best fits the applicant organization, based on the Organization Type Definitions. *

County / City / or Local Government Agency

Secondary Organization Type

See pages 36-44 of the [CITED Round 4 Guidance Document](#) for definitions and examples of the organization types below.

Please select ALL additional secondary organization types that fit the applicant organization, based on the Organization Type Definitions. *

County City or Local Government Agency
Federally Qualified Health Center (FQHC) or FQHC Look-Alike
Public Hospital / Hospital System or District / Municipal Public Hospital / Hospital System
County Behavioral Health Department

Organizations Applying as a Hub Entity

Is this organization applying for CITED funds as a hub, or hub-like entity, on behalf of other provider(s) or CBO(s)?*

Is this organization applying for CITED funds as a hub, or hub-like entity, on behalf of other provider(s) or CBO(s)? *

No

Organization Contact

Enter Employer Identification Number

94-6000417

Enter National Provider Identifier (NPI):

If your organization does not have an NPI, please leave blank.

No answer

* Organization Street Address:*

101 Grove St

Organization Street Address:

No answer

City:*

San Francisco

Organization Website:*

https://www.sf.gov/departments--department-public-health--san-francisco-health-network

County*

San Francisco

State*

California

Zip:*

94102

Entity Type

Please select your entity type.*

Government Entity (includes County, City, or Local Government Agencies, Public Universities, and Public Hospitals)

If you are not selected for CITED funding in this round, are you interested in receiving Intergovernmental 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 accept the CITED-IGT award if selected. Entities awarded CITED-IGT are required to provide the 50% local match to draw down the 50% federal fund match. *

Yes

If selected for IGT, will you have the required 50% match?*

Yes

Primary Contact

The below information represents the Authorized Representative of the applying Organization.

First Name*

Kathleen

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

Yes

Last Name*

Reed

Title*

Community Supports Program Manager

Phone Number*

(530)220-3826

Email*

kathleen.reed@sfdph.org

Third Party Representative

Is the primary contact a third party entity completing the application on behalf of the organization (e.g., a grant writer that is external to the applicant's organization)?*

Is the primary contact a third party entity completing the application on behalf of the organization (e.g., a grant writer that is external to the applicant's organization)? *

No

About This Organization

How long has your organization been in operation in California?*

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

11 or more years

Is your organization based / headquartered in California?*

My organization based/headquartered in California?*

Yes

Does your organization operate outside of California?*

Does your organization operate outside of California? (See LINK for additional details) *

No

What is your organization's average annual operating budget?*

Please note that the information provided in this question will not impact an applicant's overall score and is for informational purposes only. *

\$50 million or more

CITED Eligibility

CITED Eligibility

Applicants must upload signed contract(s) or signed attestation letter(s) from a Managed Care Plan(s) (MCP), or an MCP's authorized subcontractor(s) / 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 attestation 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 (contracts must be signed by both parties, attestation letters must be signed by the MCP);
- 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.](#)

What is your current contracting status for ECM and / or Community Support services you plan to provide and / or develop with CITED funds?*

What is your current contracting status for ECM and / or Community Support services you plan to provide and / or develop with CITED funds?

Fully contracted with at least 1 MCP

How many MCPs does your organization intend to contract with, currently contract with, or have an MOU with (if the applicant is a Tribe, Indian Health Organization, or Urban Indian Organization) for ECM and / or Community Support services you plan to provide and / or develop with CITED funds?*

How many MCPs does your organization intend to contract with, currently contract with, or have an MOU with (if applicant is a Tribe, Indian Health Organization, or Urban Indian Organization) for ECM and / or Community Support services you plan to provide and / or develop with CITED funds? *

2

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 signed attestation letter demonstrating intent to contract with (or MOU / other documentation for Tribes, Indian Health Programs, or Urban Indian Organizations).*

- If the plan that you contract with operates in multiple counties, please ensure you provide the contract that represents all the counties in which you plan to utilize CITED funds.
- If you have a subcontract with an MCP’s authorized subcontractor, please see page 6 of the [CITED Round 4 Guidance Document](#) for additional details.

Please select all that apply.*

Anthem Blue Cross Partnership Plan
San Francisco Health Plan

Anthem Blue Cross Partnership Plan

Please select the type of supporting documentation uploaded for Anthem Blue Cross Partnership Plan:*

Signed ECM and Community Supports Contract with MCP

San Francisco Health Plan

Please select the type of supporting documentation uploaded for San Francisco Health Plan:*

Signed ECM and Community Supports Contract with MCP

Document Upload

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

- A 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.*

CITEDR4AppDocUpload1

See MC_CalAIM_CS_SFHP_SFHN_2022_Agreement.pdf

CITEDR4AppDocUpload1

See MC_CalAIM_ECM_CS_Anthem_SFHN_2022_Agreement.pdf

CITEDR4AppDocUpload1

See MC_SFHN_SFHP_2023-2025_Agreement_FFS (SFN & CLN) (ECM only).pdf

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 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 Support

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.

Please note that 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.*

IPP Award Amount*

\$715,000.00 USD

PATH CITED Round 1 Award Amount*

\$3,862,930.00 USD

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

PATH CITED Round 2 IGT Award Amount*

\$3,225,678.96 USD

Incentive Payment Program (IPP)
 PATH CITED Round 1
 PATH CITED Round 2 IGT
 Whole Person Care (WPC) pilot
 PATH Technical Assistance (TA) Marketplace

Whole Person Care (WPC) pilot Award Amount*

\$8,130,059.30 USD

PATH Technical Assistance (TA) Marketplace Award Amount *

(If you are a TAM recipient, please indicate how much funding was / is dedicated to the approved project. If you are a TAM vendor, please indicate how much funding has been dedicated to your organization.)

\$135,228.75 USD

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.*

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.*

All funding sources are carefully tracked and documented so we can avoid duplicating funding requests. Our CITED funding requests are for different projects than what we have applied for in IPP.

Have you requested the same budget items included in this application via any other pending funding sources (i.e., IPP funding, TAM, etc.) for which you have not yet received your award or denial notification?*

- If **Yes**, please describe which budget items are duplicative of outstanding requests from other sources.
- if **No**, please enter N/A.

It is the responsibility of the applicant to notify the Third-Party Administrator (TPA) at cited@ca-path.com as soon as possible once you learn of the status of the pending funding sources. Failure to notify the TPA in a timely manner may affect the review of your application (See page 31 of the [CITED Round 4 Guidance Document](#) for additional details)

CITEDR4AppSameBudgetItems*

n/a

ECM and Community Support Services

Enhanced Care Management and Community Support Services

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.

ECM Populations of Focus

Please only select the ECM populations of focus that will be served by this organization using CITED funds. If this organization does not provide ECM, please select Not Applicable.

Adult ECM Populations of Focus*

CITEDR4AppECMPopulationsAdultSelect*

- 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

Children / Youth ECM Populations of Focus*

CITEDR4AppECMPopulationsYouthSelect*

- 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)
- Youth Birth Equity

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.

Community Supports*

Please only select the Community Supports that will be provided by this organization using CITED funds. If this organization does not provide Community Supports, please select Not applicable.

CITEDR4AppCommSupportsSelect*

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Recuperative Care (Medical Respite)
- Sobering Centers

Please enter the estimated percentage of the funding request that will be allocated to each ECM Population of Focus (POF) or Community Support Service.

If you are requesting funding for one ECM POF or Community Support, enter 100% in the corresponding field. If you are requesting funding for multiple ECM POFs or Community Supports, enter the percentage dedicated to each. The total percentage across all POFs or Community Supports must equal 100%.

<p>Adult individuals and families experiencing homelessness</p> <p>2</p>	*	<p>Children / Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)</p>	*	<p>Housing Tenancy and Sustaining Services</p> <p>1</p>	*	<p>Sobering Centers*</p> <p>7</p>
<p>Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)</p> <p>2</p>	*	<p>0</p>	*	<p>Recuperative Care (Medical Respite)</p> <p>80</p>	*	<p>Total*</p> <p>100</p>
<p>Adults with Serious Mental Illness (SMI) and / or Substance Use Disorder (SUD) Needs</p> <p>2</p>	*	<p>0</p>	*	<p>Children / Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition</p>	*	
<p>Adult individuals transitioning from incarceration</p> <p>1</p>	*	<p>0</p>	*		*	
<p>Adults living in the community and at risk for long-term care (LTC) institutionalization</p> <p>1</p>	*	<p>0</p>	*		*	
<p>Adult nursing facility residents transitioning to the community</p> <p>1</p>	*	<p>0</p>	*		*	
<p>Adult Birth Equity*</p> <p>1</p>	*	<p>1</p>	*	<p>Housing Transition Navigation Services</p>	*	

Children / Youth experiencing homelessness 0

* Housing Deposits* 1

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

Service Type	Number of Current Members	Number of Additional Members
Adult ECM POFs*	610	200
Child / Youth ECM POFs*	10	0
Community Support Services*	2,234	4,000

Project Description and Justification

Project Description and Justification

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 select the county or counties CITED funds will be spent in.*

Select all applicable counties*

San Francisco

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%.

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.

San Francisco*

100

Total*

100

Please briefly describe your project and its overall goals in relation to your requested budget.*

Please briefly describe your project and its overall goals in relation to your requested budget should you receive CITED funding. *

We are planning to open several new recuperative care Community Supports over the next year (multiple RESTORE programs). These programs serve a population with complex medical and social needs. Additionally, they serve the justice involved population of focus as 36% of the people that receive this recuperative care CS have been in jail within the last year. There is also the birth equity population of focus as 12% of people coming into the Restore programs, we plan to open are pregnant or postpartum. The RESTORE recuperative care program is an innovative service model for unhoused individuals with behavioral health needs that pairs a transitional recovery bed with addiction and mental health treatment with a goal of long-term stability. RESTORE offers immediate bed access to get people off the street and reduces Emergency Department and Inpatient utilization through prevention of overdoses and other complications of Substance Use. Clients receive evidence-based medications for opioid use disorder, participate in daily case management to support long-term recovery, receive support with discharge planning and placement in ongoing care and treatment. RESTORE clients have diagnosed behavioral health conditions, specifically active substance use disorders, which would be exacerbated by an unstable living environment. RESTORE clients receive a safe space to start their recovery journey while obtaining access to addiction treatment, primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.

We are also requesting a few smaller additional items that support our ongoing ECM and Community Support programs.

Please describe how your organization is prepared to complete the proposed project and spend down all funds within the 1-year award period.*

Round 4 applicants must expend all funding within 12 months (anticipated reporting / expenditure period Oct. 1, 2025 - Sept. 30, 2026, final progress report due Mid-October 2026). Please address the steps your organization has taken to ensure all budget activities are "shovel ready" to implement and fully expend funds within this timeline

(e.g., necessary contracts signed, staff positions approved / job descriptions finalized, quotes obtained for purchases, etc.).

Round 4 applicants must expend all funding within 12 months (anticipated reporting/expenditure period Oct. 1, * 2025 - Sept. 30, 2026, final progress report due Mid-October 2026). Please address the steps has your organization taken to ensure all budget activities are "shovel ready" to implement and fully expend funds within this timeline (e.g., necessary contracts signed, staff positions approved / job descriptions finalized, quotes obtained for purchases, etc.).

CalAIM Database: We are requesting one-year of funding for the server that will fall within the award period.

Epic infrastructure: We are working on quotes and scope of work now. We will pay the contracted entities for the work within the award period.

Salary Support: We are requesting one year of salary support for existing staff that will fall within the award period.

Epic Project Manager: We are requesting funding for a one-year contract that will fall within the award period.

Sonogram Training: We are requesting one-time training for ECM staff.

Epic License Fees: This is a one-time license fee payment.

Epic Analysts: We estimate this is a 6-month project and are only requesting funding for the 6-month time period.

Please describe how CITED funding will help your organization close gaps in the delivery of Enhanced Care Management (ECM) and expand the capacity and impact of the organization's delivery of ECM.*

Please enter N/A if your organization does not plan to provide ECM with CITED funding.

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

Staff salary for the ECM Medical Director and CalAIM IT Project Manager is instrumental expanding ECM capacity because it would enable the ECM Medical Director to have dedicated ECM time to provide clinical oversight of the ECM program to support ECM teams compliance to ECM requirements; lead multidisciplinary case conferences and provide clinical input to improve coordination of case, enhanced communication, and better decision making; increased timely review of ECM referrals from the managed care plans so clients are more quickly assigned and linked to a Lead Care Manager; vet case management programs that are interested in becoming ECM providers by reviewing their model of care and provide clinical input to ensure model of care meet ECM requirements; all of this would reduce the administrative and clinical load on our ECM team leaders so they may drive ECM enrollment throughput and focus on providing quality ECM to clients.

CalAIM IT Project Manager is heavily involved in managing ECM Epic (EHR) improvement requests to ensure they are completed in a reasonable time frame and a subject matters expert in claims and billing. CalAIM IT Project Manager is needed to streamline ECM documentation and billing, so Lead Care Managers can focus more on providing quality care delivery; and ultimately improving staff job satisfaction and reduce staff turnover.

We are working in close collaboration with our MCPs on shared goals, related to the projects for which we are requesting funding, that will close gaps in delivery of ECM and expand capacity.

Please describe how CITED funding will help your organization close gaps in the delivery of Community Supports and expand the capacity and impact of the organization's delivery of Community Supports.*

Please enter N/A if your organization does not plan to provide Community Supports with CITED funding.

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

CITED funding for the CalAIM Epic Project Manager is essential to support the launch of new Community Support programs (RESTORE) as DPH to expands Community Supports, especially Recuperative Care, in the next year.

CITED funding for the Epic License Fee would go towards paying the required licensing fees for our EHR system that would enable us to add additional ECM and CS programs. We're planning on launching several Recuperative Care Community Supports in the upcoming year and we need to use our EHR system for this.

Epic Analysts: As described earlier, these analysts are necessary to set up the builds in our EHR system that enable billing, operational, and clinical workflows for the recuperative care Community Supports we plan to open in the next year.

We are working in close collaboration with our MCPs on shared goals, related to the projects for which we are requesting funding, that will close gaps in delivery of CS and expand capacity.

Please describe, in detail, your approach to sustaining approved activities after CITED funding ends.*

Please describe, in detail, your approach to sustaining approved activities after CITED funding ends.*

CalAIM Database: We will pay for the ongoing server costs with our IT budget.

Epic Infrastructure: Mainly a one-time cost, IT will pay for the small on-going cost once the equipment reaches end of life.

Salary Support: This will be paid for by DPH's general fund.

Epic Project Manager: Contracted Project Managers are for temporary, project-based work. When the project ends, we do not fund them.

Sonogram Training: This is a one-time funding request only, any future training needed will be paid for by DPH.

Epic License Fees: There is no sustaining required, this is a one-time payment that unlocks the ability to add additional CS programs.

Epic Analysts: The project is only 6 months long. The staff salary will be charged to the other projects that they work on after that and we will limit the length of the contractor's contracts to 6 months.

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

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

Jail Health Services, has been serving the incarcerated population in San Francisco for over 50 years. Jail Health Services has recognized the critical need to provide comprehensive healthcare services in carceral settings. We recognize that the effective care and treatment of incarcerated individuals, has direct effects on the health and well-being of the community. Critical to improved health outcomes is the need to ensure continuity of care and treatment, which is facilitated by community in-reach, a cornerstone of the CalAIM Justice-Involved initiative.

Whole Person Integrated Care (WPIC), a division of the San Francisco Department of Public Health, was formed in 2019 and brought together multiple DPH programs serving People Experiencing Homelessness and People Who Use Drugs. Whole Person Integrated Care includes Street Health, Shelter Health, Permanent Supportive Housing Medical Services, Medical Respite and Sobering Center, the Managed Alcohol Program, and an open access/urgent care clinic (the Maria X Martinez Health Resource Center. In 2024, WPIC had over 40,000 encounters with over 10,000 patients. WPIC currently provides medical services in 20 homeless shelters and operates the Medical Respite and Sobering Center and Managed Alcohol Program as Recuperative Care Community Supports based in homeless shelters. As part of DPH overdose prevention initiatives, WPIC began the RESTORE pilot in 2024 to connect people to low barrier substance use treatment and has served over 400 people to date.

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.

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.*

San Francisco Collaborative

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

- You may read more about DHCS Bold Goals in the [2022 Comprehensive Quality Strategy Report](#).
- If CITED funding will not be used by your organization to provide services that are closely related to Bold Goals, please select Not Applicable.

CITEDR4AppBoldGoals*

Close maternity care disparity for Black & Native American persons
Improve maternal & adolescent depression screening
Improve follow up for mental health and substance use disorder

For each Bold Goal selected, please describe how CITED funding will help address the goal.*

If CITED funding will not be used by your organization to provide services that are closely related to Bold Goals, please enter N/A.

For each Bold Goal selected, please describe how CITED funding will help address the goal. For each Bold Goal* selected, please describe how CITED funding will help address the goal.

Close maternity care disparity for Black & Native American persons:
Team Lily ECM works with adult clients in jail and the team's focus is specifically maternal care.

Improve maternal & adolescent depression screening:
During RESTORE intake, clients are screened for mental health concerns including depression and are linked to both on site and community behavioral health services, including psychotherapy, psychiatry and medications. To date, RESTORE has served 22 perinatal patients, the majority of whom have had mental health diagnoses for which they were not previously receiving treatment.

Though women are not currently housed at the San Bruno Jail, this is a future possibility making telehealth access for ECM and Community Behavioral Health providers a critical need to better serve the mental health needs of incarcerated women who experience depression at significantly higher rates than incarcerated men and women in the community.

Improve follow up for mental health and substance use disorder:
Vans would allow for the teams to bring clients to mental health and SUD providers so that they can receive care. Currently the best they can do is offer a referral and hope that someone shows up.
The RESTORE pilot was started to meet the needs of People Experiencing Homelessness with Opioid and Stimulant Use Disorder who were not successfully engaging with Substance Use Treatment and were at high risk for overdose.

Please select all populations served by the organization.*

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
- Indigenous People
- 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

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

Please thoroughly complete your requested budget in the [CITED Round 4 Funding Request Excel Workbook](#) by following the steps below:

- **Download the [CITED Round 4 Funding Request Excel Workbook](#) and enter your detailed funding request.**
- 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 12 months (4 quarters) in Round 4. Specific restrictions on salary requests are described in more detail in the CITED Round 4 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.
- Please ensure your requested budget items are reasonable. You can see reasonableness guidelines on page 17 of the [CITED Round 4 Guidance Document](#).
- Sample budgets are also available under reference materials on the [PATH CITED website](#). There are several different examples provided to demonstrate different types of projects based on different services provided, organization types, etc.

- Funding requests for retroactive funding will each be recorded the same as other funding requests in the Funding Request Workbook. You will have the option of marking each activity as retroactive, if applicable, in Column G on the Funding Request Detail tab and / or Column L on the Salary Request Detail tab.
- Please note that 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 funding requests are discussed in more detail on page 13 of the [CITED Round 4 Guidance Document](#). 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 4 Funding Request Excel Workbook later in this section of the application. These allowable use categories apply to retroactive and all other CITED funding requests and are subject to change at the discretion of DHCS.

Allowable Use Categories

- 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.

Please note that funding for salaries must meet the requirements in the PATH CITED guidance document under “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 related 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 related 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 related to delivery or administration of ECM or Community Supports.
- CITED funding for salary support is capped at 12 months in duration for new positions or existing positions with new responsibilities.
- Indirect rates are capped at 5% and are automatically added to your total requested funding on the Summary tab in the [Round 4 Funding Request Workbook](#). Applicants should NOT create a separate line item on tab 2 or 3 of the workbook for indirect costs.

- CITED funding for direct salary support may include costs associated fringe benefits, up to 40% of the salary costs, subject to guardrails enumerated above.
- Requests for salary support must be reasonable relative to salaries for similar positions within the region.

How many months are you requesting funding for CITED Round 4?*

Applicants may request funding for up to 12 months.

Select the number of months from the drop-down * list:

12

What is the total amount of funding you are requesting in CITED Round 4?*

Please enter the Total CITED Round 4 Funding Request Amount from **Tab 4. Summary: Column B, Row 5** of the completed [CITED Round 4 Funding Request Excel Workbook](#).

What is the total amount of funding you are requesting in CITED Round 4? Please enter the Total CITED Round 4 Funding Request Amount from **Tab 4. Summary: Column B, Row 5** of the completed CITED Round 4 Funding Request Excel Workbook: *

\$8,658,366.62 USD

Which allowable use categories are you requesting in CITED Round 4? *

- 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
- Increase provider workforce
- Other

Your funding request is greater than \$3,000,000, please explain any specific factors driving the large size of your request.*

Please describe any special considerations related to the request size that may impact your project's success.

If you are requesting a large amount of CITED funding (greater than \$3,000,000), please explain if there are any specific factors that are driving the large size of your request. Please describe any special considerations related to the size of the request that you think may impact your project's success.

There are large costs associate with our requests relating to our EHR system and building it appropriately for additional Community Support Programs. The costs are for Epic Infrastructure and contractors to provide service.

Please note that the total amount of funding requested in this application must be equal to the amount requested in your CITED Round 4 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 4 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.

Document Upload

Please upload your completed [CITED Round 4 Funding Request Excel Workbook](#) and any other supporting documentation related to your funding request.*

Please upload your completed CITED Round 4 Funding Request Excel Workbook and any other supporting documentation related to your funding request.

Please note: Files must be JPEG, JPG, PNG, or PDF with maximum size of file for upload is 10MB.

See Revised_CITED+Round+4+Funding+Request+Workbook_Final.xlsx,
CITED+Round+4+Funding+Request+Workbook_Final.xlsx

Attestations

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[1] reimbursement received through other programs / initiatives (e.g., the Incentive Payment Program).
- The funding received through the CITED initiative will not duplicate or supplant 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 and / or DHCS.

- The applicant will respond to general inquiries from the TPA and / or DHCS 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 persistent poor performance is identified.
- 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.

[1] 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 otherwise allowable PATH activities are reimbursed by other Federal, state or local programs, PATH funding must not duplicate such reimbursement.

As the authorized representative of the applicant, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Please note that an authorized representative is a person with permission to act on behalf of the organization and make legal and financial decisions for the organization.

Authorized Representative Name*

Kathleen Reed

Date*

Jul 28, 2025

Authorized Representative Title*

Community Supports Program Manager