AMENDMENT NUMBER FOUR
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

This Amendment Number Four ("Amendment") to the Housing and Homelessness Incentive Program Agreement ("Agreement") between San Francisco Health Authority doing business as the **San Francisco Health Plan** ("Health Plan" or "MCP"), and the **City and County of San Francisco** ("City"), a municipal corporation, acting by and through the **San Francisco Department of Public Health** ("HHIP Grantee"), referenced collectively as parties and individually as party, is effective December 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement ("Agreement"); and

WHEREAS, Health Plan has disbursed funds to HHIP Grantee to procure vehicles for use by HHIP Grantee's Street Medicine Program and Bridge and Engagement Services Team (BEST) Neighborhoods Teams; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Four to amend the Agreement to extend the "Effective Date" of Exhibit A-4 (7.) of the Agreement; and

WHEREAS, Health Plan wishes to add language to Exhibit A-4 in regard to Health Plan's right to recover grant disbursements as necessary.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Section 4. **Term and Termination** of the Agreement, is hereby deleted and replaced as follows:

   This Agreement will commence on the Effective Date and shall terminate on December 31, 2026, unless terminated earlier by either party pursuant to the terms in this Section.

   Either party may terminate this Agreement with or without cause by giving thirty (30) business days prior written notice to the other party. This Agreement will automatically terminate upon the event where HHIP Grantee fails to meet requirements and measurements as outlined in this Agreement including Exhibit A-1, Exhibit A-3, Exhibit A-4 and all future Exhibits that may become a part of the Agreement. In the event of an automatic termination, Health Plan will request repayment of unspent grant funds.

2. Exhibit A-4 (Street Medicine Vehicles) of the Agreement is deleted in its entirety and replaced with the Exhibit A-4 attached hereto to this Amendment Number Four.

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written. Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

SAN FRANCISCO HEALTH PLAN

Signature: _____

Print Name: _____

Title: _____

Date: _____

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Signature: _____

Print Name: _____

Title: _____

Date: _____

Approved as to Form:
David Chiu
City Attorney

By:_____
Arnulfo Medina
Deputy City Attorney

EXHIBIT A-4
Street Medicine Vehicles
Grant Number HHIP-04

HHIP is for Medi-Cal only. Unless otherwise defined in this Agreement, all defined terms shall have the meanings set forth in the DHCS HHIP All Plan Letter 22-007.

Under the Program, MCP will advance funds (See Total Grant Amount) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If the Program Agreement between MCP and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds pursuant to Section 4 (Term and Termination) of the Agreement (see Section 9. of this Exhibit A-4).

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health ("DPH")	**Primary Contact for Grant:** Name: John Grimes Email: [redacted] Phone: [redacted]
Grantee Address: [redacted] San Francisco, CA 94105	**County Served:** San Francisco

2. Description of Grant/Investment: HHIP Grantee will procure vehicles for use by HHIP Grantee's Street Medicine Program, Enhanced Care Management (ECM) Street Medicine team, and Bridge and Engagement Services Team (BEST) Neighborhoods Teams. Use of these vehicles will enable team members to provide care and services for a greater number of clients, as well as the teams to transport clients to needed health and housing services, Community Supports and shelter.

3. HHIP Measures to be Impacted: The following HHIP measures are intended to be successfully impacted/achieved by the grant. The HHIP Grantee has reviewed and understands the definitions and expectations of the intended impacted DHCS HHIP metrics below:

Priority Area 1: Partnership and Capacity to Support Referrals for Services	**Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs**	**Priority Area 3: Delivery of Services and Member Engagement**
☐ 1.1 Engagement with the Continuum of Care (CoC)	☒ 2.1 Connection with street medicine team *(DHCS Priority Measure)*	☒ 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
☐ 1.2 Connection and Integration with the local Homeless Coordinated Entry System *(DHCS Priority Measure)*	☐ 2.2 MCP Connection with the local Homeless Management Information System (HMIS) *(DHCS Priority Measure)*	☒ 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports *(DHCS Priority Measure)*
☒ 1.3 Identifying and addressing barriers to providing medically appropriate and cost effective housing-related Community Supports		☐ 3.5 MCP members who were successfully housed *(DHCS Priority Measure)*

☐ 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching *(DHCS Priority Measure)*		☐ 3.6 MCP members who remained successfully housed *(DHCS Priority Measure)*
☒ 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. **HHIP Grantee Deliverables / Reporting:** HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at [redacted] following the below due dates using the most current Health Plan Grant Reporting Template.

Deliverable: Obtain and put into service one vehicle each for the below programs	
Program	**Report Due Date**
DPH Street Medicine Program	On or before 12/31/2025
ECM Street Medicine Program	On or before 12/31/2025
BEST Neighborhood Team	On or before 12/31/2025

5. **MCP Responsibilities:**
   a. Identify a point of contact to serve as a liaison for HHIP grant.
   b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
   c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.

6. **Total Grant Amount:** One hundred twenty-three thousand nine hundred six dollars and zero cents ($123,906.00)

7. **Effective Date:** 07/01/2023 - 12/31/2025

8. **Disbursement Intervals:** Full Total Grant Amount as described in Section 6 above upon execution of this Agreement.

9. **Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return any unspent funds to Health Plan within sixty (60) business days upon notification of the following reasons:
   a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
   b. HHIP Grantee uses the funds for a different purpose other those outlined in its application project budget without prior approval.
   c. HHIP Grantee ceases operations during the grant period.
   d. The Agreement or this Exhibit A-4 is terminated before the grant is completed.

   HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.