

**AMENDMENT NUMBER ONE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING**

This Amendment Number One (“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 Homelessness and Supportive Housing** (“HHIP Grantee”), referenced collectively as parties and individually as party, is effective July 01, 2025.

RECITALS

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

WHEREAS, pursuant to Section 7. of the Agreement, the parties desire to execute this Amendment Number One to amend the Agreement to incorporate grants for the purposes of sustaining funding for the Cardea Enhanced Care in Permanent Supportive Housing (PSH) and new funding for Data Integration / Coordinated Entry Predictive Analytics; and

WHEREAS, the parties desire to amend the Agreement to re-number Exhibit A, Exhibit B and Exhibit C; and

WHEREAS, the parties desire to extend the term of the Agreement; and

WHEREAS, the parties wish to amend the Agreement to reflect these changes.

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

1. **Exhibit A, Exhibit B and Exhibit C** of the Agreement are re-numbered as **Exhibit A-1, Exhibit A-2, and Exhibit A-3** respectively, and all references to “Exhibit A”, “Exhibit B” and “Exhibit C” shall be removed.
2. Section 4. **Term and Termination** of the Agreement is deleted in its entirety and replaced as follows:

This Agreement will commence on the Effective Date and shall continue until December 31, 2025; thereafter, this Agreement shall automatically be renewed on January 1st of each year for a successive one-year period unless terminated earlier by either party as provided in this Section 4.

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 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.

3. **Exhibit A-4** (Enhanced Care in Permanent Supportive Housing – Cardea Health Phase 2) is added to the Agreement as attached and incorporated herein by reference.
4. **Exhibit A-5** (Data Integration/Coordinated Entry Predictive Analytics) is added to the Agreement as attached and incorporated herein by reference.

[Remainder of this page is left blank intentionally.]

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

CITY AND COUNTY OF SAN FRANCISCO

Signature: _____

Signature: _____

Print Name: Jenn Moore

Shireen McSpadden
Executive Director, Department of Homeless and

Title: Chief Operating Officer

Date: _____

Date: _____

Approved as to Form:

David Chiu
City Attorney

By: _____

Adam Radtke
City Attorney

Date: _____

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EXHIBIT A-4
Enhanced Care in Permanent Supportive Housing - Cardea Health Phase 2
Grant Number HHIP-14

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 and Section 9 (Recovery and/or Return of Fund Disbursement) of this Exhibit.

1. Grantee Information:

Grantee Name: San Francisco Department of Homelessness and Supportive Housing (HSH)	Primary Contact for Grant: Jessica Shimmin, CalAIM Manager Jessica.shimmin@sfgov.org (628) 652-7855
Grantee Address: 440 Turk St. San Francisco, CA 94102	County Served: San Francisco

2. Description of Grant/Investment: The Cardea Enhanced Care in PSH program fills a critical need both for the homelessness response system and the health care systems. Formerly homeless adults with complex health needs receive onsite case management and home-based skilled nursing services. Funding will sustain the Cardea Enhanced Care in PSH program into the beginning of the next fiscal year when it is expected more Home and Community-Based Alternatives (HCBA) waiver allocations will be available to sustain the program long term. The program currently supports ninety (90) tenants.

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
<input checked="" type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input checked="" type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)

<input type="checkbox"/> 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 (<i>DHCS Priority Measure</i>)		<input checked="" type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 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 Reporting/Objectives/Deliverables: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at ipp@sfhp.org following the below due dates using the most current Health Plan Grant Reporting Template.

- Progress Report due on or before December 31, 2026.
- Final Report due on or before July 31, 2028.

Objectives:

1. On or before December 2026, Cardea Health will contract with SFHP to become an ECM provider
2. By June 30, 2027, 100% of new tenants will receive comprehensive assessments to determine their medical care and medical case management needs.
3. By June 30, 2027, 100% of tenants enrolled in enhanced services with Cardea Health will be offered medical care and/or medical case management services.
4. By June 30, 2027, Cardea Health will assess 95% of all new tenants' eligibility for the HCBA waiver program, and assist all tenants who meet eligibility criteria through the application and enrollment process.
5. By June 30, 2028, 90% of tenants assessed as being HCBA eligible will maintain their housing for a minimum of 12 months, move to other permanent housing, or be provided with more appropriate placements.

Deliverables:

1. By June 30, 2027, provide an impact analysis of Emergency Department (ED) visits and Inpatient stays between the Enhanced Care Management (ECM) project start at KCC in July 2024 and December 2026.

5. MCP Responsibilities:

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

6. Total Grant Amount: Two million seven hundred thousand dollars and zero cents (\$2,700,000.00)

7. Effective Date: 7/01/2025 - 6/30/2028

SFHP / SF HSH HHIP

Amendment No. 1 - Exhibit A-4 & Exhibit A-5

(Enhanced Care in PSH / Data Integration/Coordinated Entry Predictive Analytics)

Effective Date: 7/01/2025

8. **Disbursement Intervals:** Full Total Grant Amount as described in Section 6 above will be disbursed within ten (10) business days upon execution of this Amendment.
9. **Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agree to return all or any unused funds to Health Plan within sixty (60) business days upon notification of the following reasons, but not limited to:
- 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. HHIP Grantee under the Agreement is terminated with Health Plan 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.

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EXHIBIT A-5
Data Integration/Coordinated Entry Predictive Analytics
Grant Number HHIP-17

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 and Section 9 (Recovery and/or Return of Fund Disbursement) of this Exhibit.

1. Grantee Information:

Grantee Name: San Francisco Department of Homelessness and Supportive Housing (HSH)	Primary Contact for Grant: Jessica Shimmin, CalAIM Manager Jessica.shimmin@sfgov.org (628) 652-7855
Grantee Address: 440 Turk St. San Francisco, CA 94102	County Served: San Francisco

2. Description of Grant/Investment: HHIP Grantee will contract for a consultant/researcher with experience developing and operationalizing a validated and equitable Coordinated Entry Assessment tools using predictive risk modeling. The consultant will support of the HHIP Grantee's efforts to redesign and improve the coordinated entry process.

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
<input checked="" type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input checked="" type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost effective		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)

housing-related Community Supports		
<input type="checkbox"/> 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 (<i>DHCS Priority Measure</i>)		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 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 Reporting: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at CALAIMECMILOS@sfhp.org following the below due dates using the most current Health Plan Grant Reporting Template.

- Progress Report due on or before December 31, 2026.
- Final Report due on or before July 31, 2028.

Objectives and Deliverables:

1. By June 30, 2026, the HHIP Grantee and their contracted consultant/researcher will develop an implementation plan for the new predictive risk model. This plan will include:
 - a. Specific guidelines, technical specifications, and timelines for integrating the model into the Coordinated Entry program for the one-year pilot.
2. By December 31, 2026, the HHIP Grantee and their consultant/researcher will:
 - a. Complete development to incorporate predictive modeling into Coordinated Entry workflows.
 - b. Train at least five (05) staff on how to use the predictive risk model during the pilot phase.
 - c. Launch a one-year pilot of the predictive risk model.
3. By December 31, 2027, the HHIP Grantee and their consultant/researcher will complete the one-year pilot implementation of the predictive risk model, including:
 - a. Provide pilot evaluation reporting that documents and analyzes the predictive risk model's performance during the trial period.
4. By June 30, 2028, the HHIP Grantee and contracted consultant/researcher will:
 - a. Enhance the predictive risk model based on pilot insights.
 - b. Determine a sustainable process for the Coordinated Entry Assessment.
 - c. Scaling training to 100% of new staff in designated cohorts.

5. **MCP Responsibilities:**
 1. Identify a point of contact to serve as a liaison for HHIP grant.
 2. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
 3. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
6. **Total Grant Amount:** One hundred twenty thousand dollars and zero cents (\$120,000.00).
7. **Effective Date:** 7/01/2025 - 6/30/2028
8. **Disbursement Intervals:** Full Total Grant Amount as described in Section 6 above will be disbursed within ten (10) business days upon execution of this Amendment.
9. **Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agree to return all or any unused funds to Health Plan within sixty (60) business days upon notification of the following reasons, but not limited to:
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HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

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