



Application ID	882516
Submitted	Jun 1, 2023
Status	On hold
Applicant(s)	Kathleen Reed (kathleen.reed@sfdph.org) Bernadette Gates (bernadette.gates@sfdph.org)
Program and cycle	CITED Application Round 2 Cycle 1 Round 2
Tags	No tags
Forms	<a href="#">CITED Application Round 2 (Kathleen Reed)</a>

## Introduction Applicant Information

### 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 frequently asked questions 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 your application to ensure that your submitted funding request meets the minimum eligibility requirements.

To request CITED funding, eligible entities must complete this application in its entirety, submit all required attachments, and provide the necessary signatures.

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

**For technical assistance with your application, please contact:**

**By Email:** [cited@ca-path.com](mailto:cited@ca-path.com)

**By Phone:** (866) 529-7550

### WHAT INFORMATION IS NEEDED AND REQUIRED TO COMPLETE THE APPLICATION?

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

- Relevant **experience** providing or supporting the delivery Enhanced Care Management (ECM) / Community Supports (or equivalent services prior to the start of CalAIM);
- **Funding request** and 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;
- **Projected milestones and deliverables** for the requested CITED funding (DHCS expects the Applicant to articulate thoughtful milestones that can be used to assess progress in implementing the activities described in the application);
- Description of how the Applicant intends to **coordinate with MCPs** to ensure alignment and avoid duplication of funding, including whether the applicant previously sought IPP funds for the request;
- Description of how funding request will align with CalAIM goals; and,
- Copy of at least one **executed contract** in the State of California for activities related to the provision of ECM/Community Supports or a **copy of a signed letter from an MCP** (including those entering the county starting in 2024) **or an MCP's authorized subcontractor or network provider, stating the strong intent to contract with the Applicant** in a timely manner for activities related to the provision of ECM/Community Supports. Applicants will be required to include this executed contract as an interim project milestone, as needed.

#### APPLICANT AND FUNDING REQUESTS SHOULD CONSIDER:

- Experience providing Enhanced Care Management (ECM) / Community Supports or equivalent services
- Intended uses of CITED funds and justification for why funds are needed
- How funding will align with:
  - Local MCP Incentive Payment Program Needs Assessments and Gap Filling Plans
  - Gaps in infrastructure identified through DHCS
  - Needs identified through regional Collaborative Planning & Implementation Groups
  - Other CalAIM goals
- Sustainability plan demonstrating how you will fund your program after CITED funding ends

### Applicant Information

**Organization Name \***

Please enter the organization's full legal name

San Francisco Health Network ECM and CS

**Organization Type \***

Please select one option that best describes your organization

County, City, or Local Government Agency

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

94-6000417

**Organization street address \***

1001 Potrero Ave Street, Building 5, 25, 80, 90 and Bldg 5 Ward 1B

**Organization city \***

San Francisco

**Organization state \***

California

**Organization zip code \***

94110-3518

**Organization Website \***

<https://sf.gov/departments/departme-public-health/san-francisco-health-network>

**Is this organization a nonprofit? \***

No

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

11 or more years

**What is this organization's average annual operating budget? Note: this information provided in this question will not impact an applicant's overall score and is for informational purposes only. \***

\$10 million or more

### Primary Contact

**First Name \***

Kathleen

**Phone number \***

(628)227-4104

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

No

**Last Name \***

Reed

**Email \***

kathleen.reed@sfdph.org

**Is this primary contact the legal signatory? \***

No

**Title \***

CalAIM Community Supports Program  
Manager, San Francisco Health  
Network, San Francisco Department of  
Public Health

## Legal Signatory

**First Name \***

Claire

**Phone number \***

(415)902-8159

**Last Name \***

Horton

**Email \***

claire.horton@sfdph.org

**Title \***

Chief Medical Officer, San Francisco  
Health Network

**Is the legal signatory's address the same as the organization's address? \***

Yes

## Organization Funding Considerations

### About Your Organization

CITED funding is intended to support Enhanced Care Management (ECM) / Community Supports providers or entities that demonstrate their intent to become ECM / Community Supports providers via signed attestation letters from at least one Managed Care Plan (MCP) or an MCP's authorized subcontractor or network provider.

**Which of the following best fits your organization? \***

Already contracted with at least one MCP (including new MCPs entering the county in 2024) or an MCP's authorized subcontractor or network provider for the provision of ECM and/or Community Supports

Please select the MCP(s) that the organization is actively exploring or intending to contract with to provide ECM/Community Supports \*

Select all that apply

Anthem Blue Cross  
San Francisco Health Plan

Upload contract or attestation

See SFHP Letter of Support for SFHN PATH CITED Round 2 Submissions 2023-05-30.pdf, Anthem letter of support for SFHN PATH CITED Round 2 submission 2023-05-30.pdf, Signature Page from MC\_CalAIM\_ECM\_CS\_Anthem\_SFHN\_2022\_Agreement.pdf, Signature Page from SFHP-SFHN CalAIM ECM Agreement.pdf, Signature Page from SFHP-SFHN CalAIM CS Agreement.pdf

Please select the document type for upload \*

For an MCP or non-MCP contract, please upload the signature page(s) displaying your organization's name, the MCP or non-MCP entity name, and the date of the contract for each MCP or non-MCP you hold a contract with.

Existing contract with MCP

Does your organization directly deliver and/or plan to deliver Enhanced Care Management (ECM) services or support the delivery or administration of these services? \*

Yes

Please indicate which Enhanced Care Management (ECM) population(s) of focus are currently served or will be served by your organization.

Adult populations of focus \*

Select all that apply

Individuals and families experiencing homelessness  
High utilizers

Individuals at risk for institutionalization and eligible for long-term care services  
Nursing facility residents who want to transition to the community

Children and youth populations of focus \*

Select all that apply

Children experiencing homelessness

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

Does your organization directly deliver and/or plan to deliver Community Supports services or support the delivery or administration of these services? \*

Yes

Please indicate which Community Supports services are currently provided or will be provided. \*

Select all that apply

Housing Transition Navigation Services  
Housing Deposits  
Housing Tenancy and Sustaining Services  
Re recuperative Care (medical respite)  
Sobering Centers

Additional Funding Considerations

Applications and 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 initiative.

Applications should also 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 before seeking PATH funding from CITED.

Please indicate if your organization participated in the following programs.

**Has your organization applied for or received Incentive Payment Program (IPP) funding through a Managed Care Plan (MCP)? \***

Yes

**Amount Received (Dollar Amount) \***

\$747,500.00 USD

**Start date of funding period \***

Oct 1, 2022

**End date of funding period \***

Jun 30, 2023

**Describe the activities that are or will be funded by the Incentive Payment Program (IPP). Include specific funding amounts and what they will be applied toward. \***

Maximum of 500 words

1) In August 2022, San Francisco Department of Public Health (SFDPH) was awarded an Incentive Payment Program (IPP) grant of \$360,000 jointly funded between Anthem and SFHP as follows based on market share: Anthem (12%) - \$43,200 SFHP (88%) - \$316,800

The below activities will be supported by this grant:

Project 1: \$180,000 for SFDPH IT Staff to Support Approvals Process, Technical Infrastructure Build, and Implementation of CareLink, an IT platform that will provide access to client background and overviews, CS service history, visit histories at SFDPH and other city healthcare sites, information on shelter stays and transition into permanent supportive housing, and more to support implementation of CalAIM CS services in San Francisco.

Project 2: \$180,000 for CareLink Client Summary Trainings to Build Capacity. SFHN provides CareLink access for numerous groups within the community. With the expansion of ECM and CS, we anticipate a significant increase in

**Is this approved or requested funding duplicative of CITED funding? \***

No

**Please provide further details on how this request is non-duplicative of CITED funding? \***

Maximum of 500 words

All funding sources are carefully tracked and documented so as to avoid duplication. Our CITED funding requests are for different projects than IPP. The exception is HSH CalAIM Salaries which were requested in part during IPP Round 1 and are also included in PATH CITED Round 2 application, but for different time periods. IPP Round 1 requests for HSH salaries was for 3 months; CITED Round 2 HSH salary request takes that into account by only requesting the remaining 9 or 15 allowable months of salary, depending on the role.

requests for CareLink access from SFHP ECM lead entities, SF Department of Homelessness and Supportive Housing (HSH), and more than 50 community based organizations.

2) In September 2022, SFDPH/SF Homelessness and Supportive Housing (HSH) department was awarded an Incentive Payment Program (IPP) grant for \$387,500 jointly funded between Anthem and SFHP as follows: Anthem: \$46,500 SFHP: \$341,000 The below activities will be supported by this grant:

a) Consulting services to implement HSH IT Upgrades for Medi-Cal Compliance, including review of Medi-Cal IT security requirements, security gaps and needs analysis for HSH and its CBO contractors, identifying solutions to close those gaps (implementation may be a separate, longer-term project for a future IPP or other funding cycle).

b) Consulting services to support HSH Data Exchange with MCPs and/or SFDPH, including gaps and needs analysis regarding HSH's ability to produce 837/EDI compliant claims, as required for CalAIM billing; identification of technological solutions, workflows, and personnel needs that would put HSH on a path to 837/EDI claims submission and adjudication (implementation may be a separate, longer-term project for a future IPP or other funding cycle).

c) Staffing to support HSH's general project management related to a range of projects required to kick off participation in Community Supports planning and operations, and other projects in the CalAIM initiative. 3) Justice Involved PATH Round 1: The San Francisco Sheriff's Office received \$100,000 to identify processes, protocols, and IT modifications that are necessary to support implementation of pre-release enrollment and suspension processes.

**Please select the Managed Care Plan(s) providing IPP funding \***  
select all that apply

Anthem Blue Cross  
San Francisco Health Plan

**Did your organization receive CITED funding in the previous CITED application round? \***

Yes

**Please enter the CITED awarded Funding Amount (dollar amount) \***

\$3,862,929.40 USD

**Please describe the activities which you were awarded CITED funding to accomplish. Include the description of your full funding request and any retroactive activities that were included in that funding award \***

SFHN/SFDPH requested and was awarded in CITED Round 1B \$862,929.40 in retroactive funding for 5 CalAIM positions dedicated 100% to CalAIM: 3 CalAIM Central Team Managers, 1 Information Technology (IT) Project Manager, and 2 Information System (IS) Business Analysts dedicated to CalAIM between 1/1/2022 and 9/30/2022. These positions serve as part of the SFHN CalAIM Central Team supporting overall implementation of ECM and CS for the SFHN. Additionally, SFHN/SFHDP was awarded \$3,000,000 for Furniture, Fixings, and Equipment for renovation of a Mental Health Service Center building that will serve ECM clients and provide referrals to CS services. More details on both projects can be found in the SFHN CITED Round 1 application submission and in the Progress Report submitted on 5/12/23.

**Was any of the funding retroactive? \***

Yes

**How much were you awarded in CITED retroactive funding? (dollar amount) \***

\$862,929.40 USD

**Retroactive completion date \***

Sep 30, 2022

**Did your organization participate in the Whole Person Care (WPC) pilot? \***

Yes

**Please select the WPC Pilot Project(s) your organization participated in. \***  
Select all that apply

San Francisco County

**Please select the option that best fits how the organization participated in the Whole Person Care (WPC) pilot? \***

Lead Entity

**Please describe the WPC pilot project. \***  
Maximum of 250 words

SF Whole Person Care (WPC) Pilot Target Population worked to improve outcomes for adults experiencing homelessness through care coordination around physical health, mental health, substance use and social services, as well as information sharing solutions aimed at coordinating communication and data sharing.

New and expanded health services included in the SF WPC project: Expansion of our Street Outreach, Street Medicine and Shelter Health teams; Expansion of our Encampment Resolution team; Psych Respite (Hummingbird); Expansion of Medical Respite; Expansion of residential treatment days; Shelters, Navigation Center and Sobering Center; Benefits Navigator Pilot in shelters; Creation of a fully-integrated comprehensive Homeless Health Resource Center Housing resources: Housing coordination and navigation services; Housing stabilization services; DPH & HSH access centers.

Improved knowledge sharing: Universal Assessment Tool Standard citywide questions to help determine risk and rising risk; Shared Community-wide Care Plan Solution to share key client information and care plan between providers; Alerts and Communication between members of the care team; Panel and Caseload Management tools.

Partners: Department of Public Health; Homelessness and Supportive Housing; Department of Human Services Department of Aging and Adult Services; SF Health Plan; Community agencies.

"Whole Person Care is about the system doing the back flips so the client doesn't have to."

**Is your organization a hub applying for CITED funds on behalf of providers or CBOs? \***



## Funding Request and Justification

### Funding Request and Justification

**Please identify the Counties in which your organization is providing/intends to provide ECM/Community Supports [Please check all that apply] \***

San Francisco

Please enter the estimated percentage of the funding request that will be used in each county.

**Alameda County percentage**

No answer

**Alpine County percentage**

No answer

**Amador County percentage**

No answer

**Butte County percentage**

No answer

**Calaveras County percentage**

No answer

**Colusa County percentage**

No answer

**Contra Costa County percentage**

No answer

**Del Norte County percentage**

No answer

**El Dorado County percentage**

No answer

**Fresno County percentage**

No answer

**Marin County percentage**

No answer

**Mariposa County percentage**

No answer

**Mendocino County percentage**

No answer

**Merced County percentage**

No answer

**Modoc County percentage**

No answer

**Mono County percentage**

No answer

**Monterey County percentage**

No answer

**Napa County percentage**

No answer

**Nevada County percentage**

No answer

**Orange County percentage**

No answer

**Placer County percentage**

No answer

**Plumas County percentage**

**San Mateo County percentage**

No answer

**Santa Barbara County percentage**

No answer

**Santa Clara County percentage**

No answer

**Santa Cruz County percentage**

No answer

**Shasta County percentage**

No answer

**Sierra County percentage**

No answer

**Siskiyou County percentage**

No answer

**Solano County percentage**

No answer

**Sonoma County percentage**

No answer

**Stanislaus County percentage**

No answer

**Sutter County percentage**

No answer

<b>Glenn County percentage</b>	No answer	<b>Tehama County per</b>
No answer	<b>Riverside County percentage</b>	No answer
<b>Humboldt County percentage</b>	No answer	<b>Trinity County Perc</b>
No answer	<b>Sacramento County percentage</b>	No answer
<b>Imperial County percentage</b>	No answer	<b>Tulare County Perc</b>
No answer	<b>San Benito County percentage</b>	No answer
<b>Inyo County percentage</b>	No answer	<b>Tuolumne County percentage</b>
No answer	<b>San Bernardino County percentage</b>	No answer
<b>Kern County percentage</b>	No answer	<b>Ventura County per</b>
No answer	<b>San Diego County percentage</b>	No answer
<b>Kings County percentage</b>	No answer	<b>Yolo County perce</b>
No answer	<b>San Francisco County percentage</b>	No answer
<b>Lake County percentage</b>	100	<b>Yuba County perce</b>
No answer	<b>San Joaquin County percentage</b>	No answer
<b>Lassen County percentage</b>	No answer	<b>Total percentage *</b>
No answer	<b>San Luis Obispo County percentage</b>	100
<b>Los Angeles County percentage</b>	No answer	
No answer		
<b>Madera County percentage</b>		
No answer		

**How many Medi-Cal beneficiaries does your organization currently provide ECM/Community Supports services for per year? \***

623

**How many Medi-Cal beneficiaries do you anticipate your organization will provide ECM/Community Supports services for per year with CITED funding support? \***  
For each year of funding include the number of beneficiaries you are planning to serve.

10,414

**Does your organization serve individuals or families in rural communities? \***

**Please briefly describe the overall goals and vision for your project should you receive CITED funding. \***  
Maximum of 250 words

BHS building for ECM/CS  
CITED funding will increase organizational ability to provide the highly coordinated access points, outreach, engagement, navigation, linkages, and support needed to ensure individuals who most need ECM and CS are able to quickly and effectively access them. The co-location of multiple client-serving teams and associated administrative teams will enable increased collaboration and coordination across multiple teams, decrease duplication, and ensure individuals are connected to the appropriate services. By supporting the creation of a highly visible and accessible one-stop MHSC, this funding will connect individuals with wide variety of needs to ECM, CS, and other services in one location.

No

BHS provides ECM services via 3 current teams (with a total of 4 planned) to multiple ECM populations of focus. To date, SFHN ECM teams have been assigned 972 individuals; of these 487 have received outreach or enrollment into ECM services. SFHN ECM teams currently have 209 members enrolled, with a goal of enrolling 335 ECM members per year. Enrollment will grow further as we increase capacity.

BHS ECM administrative staff managing the BHS ECM teams work closely with ECM central and frontline teams to coordinate ECM services, including client triage and team assignment, operational workflows, case consultation, and connecting non-BHS ECM team clients to behavioral health services.

The BHS Office of Coordinated Care (OCC) staff, housed in the new MHSC, screen for ECM eligibility, request ECM approval from MCPs for individuals not already receiving ECM services and help determine appropriate ECM team assignment. OCC's Care Coordination Triage Team review may result in an estimated additional 200-300 individuals/year being referred to ECM services via the increased coordination at the MHSC.

SFHN CalAIM team salaries

The collaborative work of CalAIM Managers, IT Project Manager, IS Business Analysts, and other CalAIM staff, allows us to more effectively identify and manage the comprehensive needs of SF's vulnerable and historically underserved populations through whole person care approaches and social drivers of health and to modernize our systems, and create a more seamless and integrated system for SF Medi-Cal enrollees receiving ECM and CS services.

HSH CalAIM team salaries and infrastructure

Staffing and IT infrastructure capacity funding will allow HSH to effectively implement CS. HSH currently operates as the SF Continuum of Care (CoC)'s Lead Agency, meeting the Housing Urban Development (HUD) requirements for administering programs to prevent and end homelessness. HSH has never been organizationally structured to meet Medi-Cal requirements. Meeting compliance standards is a heavy administrative lift for HSH. CITED funding will allow HSH to become a CS Provider by hiring staff to oversee infrastructural changes and investing in IT infrastructure to meet CalAIM requirements.

BHS Epic build for ECM/CS

Funding will directly support onboarding new teams to the SFDPH ECM program who will specifically serve the BHS mental health and substance use populations.

Payer Platform

Implementation of Payer Platform aligns with the ECM program requirements for Data System Requirements and Data Sharing to Support ECM as outlined in section 9, pages 84 & 85 of the DHCS ECM Policy Guide.

**Briefly describe why the request for CITED funding increases/enhances organizational impact to expand capacity and/or aid in delivering ECM and/or Community Supports. \***

Maximum of 500 words

BHS building for ECM/CS

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**Does your organization serve historically marginalized populations? \***

Yes

**Describe how your organization serves or plans to serve those historically marginalized or under-served. Please provide detail on the social determinants of health being addressed by the applicant organization for those populations served. \***

Maximum of 250 words

SFHN is the City's only complete system of care, which includes Zuckerberg San Francisco General Hospital and Trauma Center, Laguna Honda Hospital and Rehabilitation Center, 18 behavioral health service sites, 16 neighborhood-based primary care health centers, Health at Home, and Jail Health Services. SFHN provides care in schools, navigation centers, shelters, on the streets, and in childcare centers. SFHN and Behavioral Health Services (BHS) serve all populations in San Francisco. Equity is an explicit value for SFDPH. The 2014 establishment of the Black/African American Health Initiative (BAAHI) prioritized the elimination of workforce disparities for this population. SFDPH created the Office of Health Equity to address equity issues. SFHN and BHS actively cut through socioeconomic, ethnic, cultural, and linguistic barriers to provide a wide range of mental health services to San Francisco's most vulnerable populations. Frontline staff reflect the diversity of the communities served, offering services in non-English languages, making services more accessible and reducing stigmas within cultures historically reluctant to seek mental health support. SFDPH has led efforts to offer programming and resources to the LGBTQ+ community, including expanding data collection to integrate information around Sexual Orientation/Gender Identity (SOGI).

Since 2016, HSH has built a Homelessness Response System that serves all people experiencing homelessness regardless of race, color, national origin, religion, disability, etc., by addressing the structural factors that drive housing instability for all communities, especially those that impact the most marginalized communities. Racial equity is an issue with a disproportionate number of people of color experiencing homelessness in SF.

**How does your organization intend to ensure non-duplication or supplanting among other funding sources (local or federal funding)? \***

Maximum of 500 words.

1. BHS building for ECM/CS:

SFDPH has a multifaceted funding plan for the one-time capital costs associated with the purchase, construction, and furniture, fixtures, and equipment for the building. Local funds (dedicated tax revenue and general fund debt service) will contribute to the other 5 floors of the 8 story building. The \$10.2 M requested represents only 1/6 of the total cost of approximately \$60M towards the total acquisition and renovation costs of the building at 1019 Market St. We have apportioned estimated construction costs to the three floors (basement and first two floors) housing the MHSC -- which includes the Behavioral Health Access Center (BHAC) and

HSH to become a CS Provider by hiring staff to oversee infrastructural changes and investing in IT infrastructure to meet CalAIM requirements.

#### BHS Epic build for ECM/CS

Funding will directly support onboarding new teams to the SFDPH ECM program who will specifically serve the BHS mental health and substance use populations.

#### Payer Platform

Implementation of Payer Platform aligns with the ECM program requirements for Data System Requirements and Data Sharing to Support ECM as outlined in section 9, pages 84 & 85 of the DHCS ECM Policy Guide.

#### **Describe how the CITED funding request will be utilized to support the delivery of ECM and/or Community Supports. \***

**Maximum of 500 words**

#### BHS building for ECM/CS

Funding for the new Mental Health Service Center will support delivery of ECM/CS in three ways:

- 1) Provide a central point for accessing ECM and CS:
  - Expand ability for individuals dropping into MHSC, receiving OCC's care coordination services or engaged via OCC's outreach services to be routinely screened for ECM eligibility and connected to ECM services, including requesting ECM approval from MCPs and linking to the appropriate ECM team
  - Expand ability for individuals dropping in to the MHSC, receiving OCC's care coordination services or engaged via OCC's outreach services will be screened for need of CS and connected to those services, with the most commonly utilized CS including:
    - o Sobering Centers
    - o Housing Navigation Support
- 2) Expand confidential client-focused spaces to provide ECM services. Individuals being served by all SFHN ECM teams, including the following, may be seen on-site at 1019 Market: Bridge & Engagement Services Team (BEST) – Care Management, PHACS, Street Medicine, ECM, Complex Care Management, Citywide, Mobile Outreach
- 3) Admin support for the following BHS ECM teams will be provided out of 1019 Market: Bridge & Engagement Services Team (BEST) - Care Management, PHACS, Citywide, Mobile Outreach

#### SFHN CalAIM salaries

The 11 CalAIM staff collaboratively:

- enabled 60 Sobering Center visits and 280 Medical Respite episodes (8,883 days) 2022.
- are preparing for 2023 go live of three new CS services, SOMA RISE drug sobering, Managed Alcohol Program, and Housing Navigation, and 2024 go live of two housing CS
- launched 5 ECM Teams, triaged 560, opened (outreached and enrolled) 487, and closed 285 members
- are onboarding 3 additional ECM Care Teams to expand capacity for current PoF and prepare for Children and Youth and Justice Involved PoF in 2023 and 2024

#### HSH CalAIM team salaries and IT infrastructure

BHS Pharmacy (both providing urgent care integral to their services), OBOT (NTP), and the Office-Based Outpatient Treatment provided by BHAC as bridge service -- will incur a much larger portion of the renovation costs. The upper floors that will be used as office spaces for the county behavioral health central administration staff have lesser need for renovation.

#### 2. SFHN CalAIM team salaries:

CalAIM Staffing: The scope of work our CalAIM Managers, IT Project Manager, and IS Business Analysts perform is aligned with our MCP's and City Agencies. Through cross functional meetings among SFDPH and the SF managed care plans (San Francisco Health Plan and Anthem), as well as other City and County of San Francisco partners, scope of work is discussed and agreed to on a regular basis. There are no risks for duplication or replacement of this CITED funding request.

We've applied for previous rounds of funding through PATH CITED and have ensured that the new funding request only covers dates that have not been previously applied for. We are not applying for salary reimbursement for CalAIM staff from any other funding source.

#### 3. HSH CalAIM team salaries and IT infrastructure:

HSH will ensure that it does not receive any duplication of funding for the requests by conducting a budget analysis. In this analysis, HSH will track each budgeted item and clearly delineate the sources of funding and amounts granted. HSH will ensure that it eliminates potential duplication of grants received. The two requests made in this application, (personnel and IT platform) have already undergone a thorough vetting procedure to determine all other funding received for both items. Through IPP, HSH was awarded funding to cover the cost of hired staff 2022 amounting to a total of 3 months of their salary in the 2022 Calendar year. The total sum received from the IPP grant, \$137,500, has been noted in our budget and subtracted out of the retroactive funding request. For both funding requests, HSH will not receive any additional funding from any other source, including any local funding sources, until the CITED funding has ended.

#### 4. BHS Epic build for ECM/CS:

We track submissions to multiple funding sources to ensure there is no duplication of funding.

#### 5. Payer Platform:

We track submissions to multiple funding sources to ensure there is no duplication of funding.

#### **Describe how your organization intends to coordinate with additional stakeholders (including MCPs) to ensure CITED alignment? \***

**Maximum of 500 words**

#### 1. BHS building for ECM/CS, CalAIM Team Salaries, and other projects

SFHN partners very closely with the SF County managed care plans to implement CalAIM ECM and CS. This funding request was coordinated across city agencies, SF Health Network and Homelessness and Supportive Housing, and



HSH will hire planning, finance, and IT staff to plan and operationalize all aspects of CalAIM effectively. Staff will support HSH efforts to become a CS provider, including to develop workplans; develop relationships with the MCP partners; implement (e.g., onboarding, contracting, rate setting, credentialing, etc.); build a monitoring and oversight program, authorization and billing process, and temporary technical billing process in partnership with the MCPs.

HSH will implement an IT platform to ensure compliance with national file formatting standards (e.g., 837) to exchange claims and encounter data with the MCPs. HSH is currently working with the MCPs to develop an interim data exchange process to launch Housing Transition Navigation CS by 7/1/2023. However, increased referrals from MCPs with the launch of two more CS in 2024 will necessitate an IT system to replace manual data exchange processes.

#### BHS Epic build for ECM/CS

This funding will directly support implementation and change management efforts to expand ECM into our Behavioral Health case management areas. Teams will receive training on ECM processes, documentation requirements, and coordination tools within SFDPH Epic EHR.

#### 5. Payer Platform

Funding will help improve compliance with the data system and data sharing requirements for both ECM Providers and the MCPs.

**Please describe how CITED funding will help your organization to close gaps in the delivery of Enhanced Care Management (ECM) and/or Community Supports. \***  
**Maximum of 500 words**

#### 1. BHS building for ECM/CS

Current BHS services are scattered across multiple locations, which can impact internal operational coordination as well as client services. By co-locating programs and administrative offices, CITED funding will increase the internal coordination necessary to ensure effective operations of behavioral-health focused ECM services and coordination among ECM teams, as well as the operations of Community Supports focused on drug sobering.

Another significant gap is that two of our ECM teams, BEST and PHACS, currently operate using a field-based only model and do not have easily accessible, confidential spaces in which to see clients when that is indicated. CITED funding would allow for creation of a confidential space in which to see clients when indicated (based on client needs/preference or for safety reasons) for these teams, as well as a central space that other ECM teams can utilize to see clients in order to better-serve them.

Co-location and central access will also increase our system's ability to systematically screen and connect individuals in need of ECM and CS to those services, which is a gap we're working on addressing.

#### 3. HSH CalAIM team salaries and IT infrastructure

HSH already provides the three Housing Community Support

was also coordinated with the San Francisco Health Plan and Anthem, to ensure the funding request is supporting staffing, infrastructure, and other needs that will further our mutual MCP, SFHN, and broader SF County ECM and CS goals in alignment with DHCS CalAIM goals. See attached MCP letters of support for the entire SFHN CITED Round 2 submission, and particularly the BHS Mental Health Service Center building.

#### 3. HSH CalAIM team salaries and IT infrastructure

Since 2022, HSH has coordinated with both MCPs to prepare for the launch CalAIM. HSH and SFHP leadership and CalAIM implementation teams meet regularly to discuss implementation progress and check that HSH is meeting all requirements. Both MCPs are working closely with HSH to develop a temporary billing structure until HSH has been able to build a sustainable IT platform. Both MCPs have visited HSH local sites gaining a deeper understanding of the current system.

Since HSH is not equipped to directly contract with MCPs at this time, and HSH is a subcontracting provider under the MCPs contract with the San Francisco Health Network (SFHN), which is part of the San Francisco Department of Public Health (DPH). HSH and DPH have held a long term partnership coordinating the Whole Person Care pilot program and have been collaborating on CalAIM. HSH and DPH hold weekly and bi-weekly check-ins and both leadership teams meet regularly to ensure coordination of activities.

#### 4. BHS Epic build for ECM/CS

New ECM teams and enrollment of patients with these teams is directly coordinated with the MCPs. The sizing and capacity of the teams will directly reflect the assigned populations as determined by the MCPs. The IT systems will use the standard work for ECM providers developed across SFDPH.

#### 5. Payer Platform

The Payer Platform project is not possible without close collaboration with the MCPs. This is an IT solution that will increase data exchange directly with the MCPs. SFDPH must work directly with the MCPs on this project (or there will be no entity with which to exchange information). In other words, we will do this project together with the MCPs or not at all.

**Please describe, in detail, your approach to sustaining approved activities after CITED funding ends. \***  
**Maximum of 500 words**

#### 1. BHS building for ECM/CS:

This is a one-time funding request for building improvements and seismic upgrades and will not require ongoing funding.

#### 2. SFHN CalAIM team salaries:

CalAIM Staffing: Funding for salaries will continue through the County General Funds.

#### 3. HSH CalAIM team salaries and IT infrastructure:

HSH will use CITED funding to cover the first 18 months of the salaries for the additional staff being hired in 2023, and the first 12 months of staff that were hired in 2022. By 2024, HSH will implement all Community Support services with both MCPs and expects to generate the appropriate revenue ongoing. Based on initial projections, HSH will have sufficient

Services through its network of civil service and contracted providers. This is the first time HSH is partnering with the MCPs to provide services under a traditional Medi-Cal model. This brings two big opportunities: 1) HSH is not currently equipped to meet the compliance and file format requirements to submit claims; 2) HSH needs people to implement CalAIM, including setting up temporary and long-term capabilities for data exchanges to manage implementation and monitor performance.

HSH will close these gaps by hiring staff to operationalize the launch and monitoring of CS and ensure HSH is meeting requirements. HSH is currently working closely with both MCPs to create a data exchange, including building an IT platform that supports bi-directional reporting directly with the MCPs.

#### 4. BHS Epic build for ECM/CS

This funding allows for the onboarding of new mental health and substance use ECM teams onto our integrated Epic Electronic Health Record. For these populations, information about care gaps and other services under the ECM umbrella currently lives in multiple computer systems and is difficult to access/aggregate. This project allows the ECM providers to use a single system for enrollment, provision of services, tracking, and coordination efforts, and thereby aligns with the CalAIM goals of making MediCal a more consistent and seamless system and transforming the delivery of services through modernization.

#### 5. Payer Platform

This funding request includes IT systems to address prior authorizations and care gaps. For electronic prior authorization, the IT systems automatically and discretely exchange the information required to authorize CS services. If the required information is present in discrete form, the MCP can fully automate the approval process. Relative to care gaps, Payer Platform allows the IT systems on the provider side and MCP side to exchange information to identify or close care gaps using data available to both entities.

funding to cover the salaries hired and to maintain the IT system.

At various points during implementation, HSH will conduct fiscal checks to make sure that the revenue generated is meeting expectations. If there are any discrepancies and HSH not receiving enough revenue, HSH will adjust for staffing after Year 1.

#### 4. BHS Epic build for ECM/CS:

This request for implementation and change management of the IT software to support onboarding new ECM teams is a one-time lift. Continuous maintenance and onboarding of new hires is staffed by existing resources within the SFDPH IT department.

#### 5. Payer Platform:

This request for Payer Platform represents IT software that will create automation around data system and data exchange relative to services which are already provided by SFDPH and SFHN. Once established, the automation of these functions requires minimal maintenance. SFHN teams will continue to provide the direct services to patients and the SFDPH IT team will use existing resources to support and maintain the IT automation.

### Does your funding request for CITED align with the DHCS Bold Goals? \*

Yes

### Please select the DHCS Bold Goals this request is aligned with \*

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

### Please describe how CITED funding would help to address Bold Goals. \*

Maximum of 250 words

BHS building for ECM/CS:

Improving follow up for mental health and substance use disorder by 50%: This project will house relocating existing behavioral health programs, significantly expand these already-existing programs, and house additional new programs -- to constitute a robust new Mental Health Service Center serving behavioral health clients most at risk and with the fewest resources in an area of the county with the highest concentration of individuals experiencing Homelessness.

SFHN CalAIM team salaries:

Yes. Our CalAIM Central Team Members are onboarding ECM Providers who will stabilize and link clients to primary care, maternity services, and behavioral health with focuses on substance use disorder. Children and Youth ages 0-5 and adults are within the scope of the ECM Teams going live with the Children and Youth and Birth Equity Populations of Focus.

HSH CalAIM team salaries and IT:

Improve Follow Up for Mental Health and Substance Use disorder by 50%: Data shows 46% of people experiencing homelessness who receive services provided by HSH have a serious mental illness and/or substance use disorder. Building an IT system enhances HSH's ability to share data with multiple partners, including MCPs, and other health partners to improve care coordination across multiple care providers, including mental health and substance use providers.

BHS Epic build for ECM/CS and Payer Platform:

These provide indirect support by allowing ECM case managers to coordinate follow-up care and by ensuring service and screening data is provided directly to the MCPs to identify disparities within the Medi-Cal population.

**Does your organization participate in a PATH-funded Collaborative Planning and Implementation group? \***

Yes

**Participation Date: Click or tap to enter a start date. \***

Jan 1, 2023

**End date**

Dec 31, 2023

**Please select which group your organization participates with. \***

Select all that apply

San Francisco Collaborative

**Describe how this funding request was coordinated with other collaborative participants \***

100 words maximum

SFHN partners very closely with the SF County managed care plans to implement CalAIM ECM and CS. This funding request was coordinated across city agencies, SF Health Network and Homelessness and Supportive Housing, and was also coordinated with the San Francisco Health Plan and Anthem, to ensure the funding request is supporting staffing, infrastructure, and other needs that will further our mutual MCP, SFHN, and broader SF County ECM and CS goals in alignment with DHCS CalAIM goals. See attached MCP letters of support for the entire SFHN CITED Round 2 submission, including the BHS Mental Health Service Center building.

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

Maximum of 250 words. Type "N/A" if this does not apply.

The objective/aim statement of the San Francisco County Collaborative Planning & Implementation (CPI) group is to improve collaboration and communication by sharing resources among stakeholders in San Francisco County to scale and sustain utilization of Enhanced Care Management (ECM) and Community Supports services by December 31, 2023. Two priority initiatives identified by the group are: 1) Explore existing universal referral forms and processes in place; and 2) Establish organized repository for guidance and requirements for ECM/CS implementation. SFHN CalAIM Central Team members, whose salaries are included in this funding request, actively collaborate with SF County stakeholders (MCPs, CBOs, others) and participate proactively in the SF CPI group, by presenting, participating on panels, brainstorming ideas to work on as a county. CITED funding would allow SFHN CalAIM staff to continue to proactively work on these issues that have been jointly identified by SF County stakeholders as priorities.

## Milestones



## Milestones

As part of the application, you will be required to define interim and final milestones that align with your budget request. DHCS expects milestones to be articulated thoughtfully so that they can be used to assess progress in implementing the activities described in the application. **The total amount of your funding request should match the total amount requested in your milestones.**

Every CITED funding request listed in the budget section should be associated to a project Milestone. Each milestone may have several associated budget items. **Note: Funding will be disbursed when milestones are completed, please ensure that milestones are reasonable and align with your funding needs.**

Funding will be disbursed based on achievement of the milestones described here. When creating your milestones, please make sure they are reasonable, achievable within the timeframe proposed, and take into consideration when you need funding to be disbursed (for example: initially at startup versus at the completion of the activity).

If you are not yet contracted with an MCP (or other entity as described in CITED guidance) one milestone must be contract execution with MCP/other entity. Please review the CITED Guidance for further clarification. Please review the table below for a milestone example.

Milestone	Funding Amount(s)/Associated Budget Items	Start Date	End Date
Contract Execution with MCP	5% of requested amount or \$5,000	8/1/2023	12/1/2023
Project Launch / Developing Infrastructure	Upfront funding for:  Hire recruitment consultant (\$5,000)  Purchase IT billing system (\$25,000)  Hire IT consultants to support implementation (\$20,000)	6/1/2023	1/1/2024

Please provide funding amounts per each milestone that your organization will use to measure progress towards goals outlined in CITED request. Awarded applicants are required to report on progress towards the milestones articulated in this section, at a minimum, every 3 months.

**How many milestones do you need to add? \***

Milestone 20

**Milestone 1 \***

BHS Building - Design, Construction Documents, Permitting, & Bid

**Milestone 1 total funding amount**

\$10,159,324.00 USD

**Milestone 1 anticipated completion date \***

Jan 31, 2024

**Milestone 2 \***

BHS Building - Construction

**Milestone 2 total funding amount.**

\$0.00 USD

**Milestone 2 anticipated completion date \***

Oct 31, 2024

**Milestone 3 \***

SFHN and HSH CalAIM Salaries - Signed and executed contract with DHCS to receive PATH CITED Round 2 Award

**Milestone 3 total funding amount.**

\$1,870,791.94 USD

**Milestone 3 anticipated completion date \***

Dec 1, 2023

**Milestone 4 \***

SFHN and HSH CalAIM Salaries - Progress report Q1 2024

**Milestone 4 total funding amount.**

\$694,396.02 USD

**Milestone 4 anticipated completion date \***

Mar 31, 2024

**Milestone 5 \***

SFHN and HSH CalAIM Salaries - Progress report Q2 2024

**Milestone 5 total funding amount.**

\$510,003.14 USD

**Milestone 5 anticipated completion date \***

Jun 30, 2024

**Milestone 6 \***

SFHN and HSH CalAIM Salaries - Progress report Q3 2024

**Milestone 6 total funding amount.**

\$422,599.34 USD

**Milestone 6 anticipated completion date \***

Sep 30, 2024

**Milestone 7 \***

SFHN and HSH CalAIM Salaries - Progress report Q4 2024

**Milestone 7 total funding amount.**

\$355,822.39 USD

**Milestone 7 anticipated completion date \***

Dec 31, 2024

**Milestone 8 \***

SFHN and HSH CalAIM Salaries - Progress report Q1 2025

**Milestone 8 total funding amount.**

\$179,287.64 USD

**Milestone 8 anticipated completion date \***

Mar 31, 2025

**Milestone 9 \***

SFHN and HSH CalAIM Salaries - Progress report Q2 2025

**Milestone 9 total funding amount.**

\$149,819.71 USD

**Milestone 9 anticipated completion date \***

Jun 30, 2025

**Milestone 10 \***

SFHN and HSH CalAIM Salaries - Progress report Q3 2025

**Milestone 10 total funding amount.**

\$4,048.89 USD

**Milestone 10 anticipated completion date. \***

Sep 30, 2025

**Milestone 11 \***

BHS Epic Build for ECM/CS - Project Charter

**Milestone 11 total funding amount**

\$100,000.00 USD

**Milestone 11 anticipated completion date \***

Apr 22, 2024

**Milestone 12 \***

BHS Epic Build for ECM/CS - System build, configuration and testing

**Milestone 12 total funding amount**

\$250,000.00 USD

**Milestone 12 anticipated completion date \***

Feb 29, 2024

**Milestone13 \***

BHS Epic Build for ECM/CS - Classroom Training for ECM teams

**Milestone 13 total funding amount.**

\$75,000.00 USD

**Milestone 13 anticipated completion date \***

Mar 22, 2024

**Milestone 14 \***

BHS Epic Build for ECM/CS - Go-Live of BHS ECM teams on the Epic EHR

**Milestone 14 total funding amount.**

\$75,000.00 USD

**Milestone 14 anticipated completion date \***

Apr 17, 2024

**Milestone 15 \***

Payer Platform - SFDPH to contract Payer Platform from Epic software vendor

**Milestone 15 total funding amount**

\$0.00 USD

**Milestone 15 anticipated completion date. \***

Aug 1, 2023

**Milestone16 \***

Payer Platform - Coordinate project timeline with MCPs

**Milestone 16 funding amount**

\$40,000.00 USD

**Milestone 16 anticipated completion date \***

Oct 30, 2023

**Milestone 17 \***

Payer Platform - Complete Clinical Data Exchange Use Case (w/ at least one MCP) and Complete ADT Notifications Use Case (w/ at least 1 MCP)

**Milestone 17 funding amount**

\$60,000.00 USD

**Milestone 17 anticipated completion date \***

Jun 30, 2024

**Milestone 18 \***

HSH IT Platform - Contract Execution with vendor

**Milestone 18 funding amount**

\$25,000.00 USD

**Milestone 18 anticipated completion date \***

Dec 31, 2023

**Milestone 19 \***

HSH IT Platform - Purchase of IT Platform

**Milestone 19 funding amount**

\$100,000.00 USD

**Milestone 19 anticipated completion date \***

Mar 31, 2024

**Milestone 20 \***

HSH IT Platform - Implementation of new IT platform

**Milestone 20 funding amount**

\$125,000.00 USD

**Milestone 20 anticipated completion date \***

Jun 30, 2024

# Budget

## Budget

For background information on this initiative, including the latest guidance regarding eligibility criteria, permissible uses of funds, application processes, and evaluation criteria, please visit the PATH CITED website (<https://www.ca-path.com/cited>). **It is strongly recommended that you attend, or review, PATH CITED informational sessions; attend office hours; and review all available guidance documentation prior to submitting your application.** If you have questions regarding this budget template, or the CITED initiative in general, please email [cited@ca-path.com](mailto:cited@ca-path.com).

To create your budget, you must enter at least one activity and/or personnel request along with at least one accompanying milestone per quarter you are requesting funds. **In this CITED application, activity refers to any activity, task, or item for which you are requesting CITED funding.**

**Please complete all fields. If any fields are left blank it will delay review of your application.**

If you are requesting retroactive funding in your budget, please enter the historical retroactive start and end dates of the activity. For example, if your retroactive funding request was from 6/1/22 to 12/31/22, enter those dates in the start and end date and upload supporting documentation where required.

- Retroactive requests must be for activities completed between January 1, 2022 and the date of your application submission
- Retroactive requests must be aligned with CITED goals and only contain permissible items or activities
- Retroactive requests can only be for a 12-month period
- In the 'Description' box explain that you are entering a request for retroactive funding.

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. DHCS reserves the right to deny retroactive funding requests or approve retroactive requests at a lesser amount than your entity is requesting.

**To complete the CITED Budget, you will be asked to provide the following:**

- Activity/Item name, description, and associated funding request information for each budget item
- Whether you will be utilizing outside vendors for the activities proposed (including documentation to support the request)
- Personnel requested
- Milestones with disbursement amounts based on the completion of activities proposed in your budget

**Please select the allowable use categories for which you are requesting funds.** Once selected, you will be prompted to complete the following information for each Allowable Use Category and each corresponding Purchase Category that applies.

Note: Administrative or "Indirect" costs are capped at 5% of total requested funds.

**Please select the allowable use categories for which you are requesting funds.**  
Select all that apply

Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM  
Providing upfront funding needed to support capacity and infrastructure necessary to deliver ECM and Community Supports services  
Personnel (Applicant internal staff only, please include vendors/contractors/consultants as line items in their appropriate allowable use category)

Will you be requesting funding for retroactive investments?

Yes

## Increasing Provider Workforce

### Activity 1

#### Purchase category IPW1

No answer

#### Which Milestone is this activity for? IPW1

No answer

#### Activity/Item IPW1

No answer

#### Description Activity IPW1 Maximum of 250 words

No answer

#### Justification and relation to CITED goals IPW1 Maximum of 250 words

No answer

#### Start date IPW1

No answer

#### End date IPW1

No answer

#### Will an outside vendor be used? IPW1

No answer

#### Amount requested per activity/liter IPW1

No answer

#### Quantity of activity/ Items IPW1

No answer

#### Total amount requested IPW1

No answer

#### Upload documentation if available IPW1 Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded



## Activity 2

### Purchase category IPW2

No answer

### Which Milestone is this activity for? IPW2

No answer

### Activity/Item IPW2

No answer

### Description IPW2 Maximum of 250 words

No answer

### Justification and relation to CITED Goals IPW2 Maximum of 250 words

No answer

### Start date IPW2

No answer

### End date IPW2

No answer

### Will outside vendor be used? IPW2

No answer

### Amount requested per activity/iter IPW2

No answer

### Quantity of activity/items IPW2

No answer

### Total amount requested IPW2

No answer

### Upload documentation if available IPW2

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 3

### Purchase category IPW3

No answer

### Which Milestone is this activity for? IPW3

No answer

### Activity/Item IPW3

No answer

### Description IPW3 Maximum of 250 words

No answer

### Justification and relation to CITED goals IPW3 Maximum of 250 words

No answer

### Start date IPW3

No answer

### End date IPW3

No answer

### Will outside vendor be used? IPW3

No answer

### Amount requested per activity/iter IPW3

No answer

### Quantity of activity/items IPW3

No answer

### Total amount requested IPW3

No answer

### Upload documentation if available IPW3

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 4

### Purchase category IPW4

No answer

### Which Milestone is this activity for? IPW4

No answer

### Activity/Item IPW4

No answer

### Justification and relation to CITED goals IPW4 Maximum of 250 words

No answer

### Start date IPW4

No answer

### End date IPW4

No answer

### Amount requested per activity/iter IPW4

No answer

### Quantity of activity/items IPW4

No answer

### Total amount requested IPW4

No answer

**Description IPW4**  
Maximum of 250 words

No answer

**Will outside vendor be used? IPW4**

No answer

**Upload documentation if available IPW4**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 5

**Purchase category IPW5**

No answer

**Which milestone is this activity for? IPW5**

No answer

**Activity/Item IPW5**

No answer

**Description IPW5**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals IPW5**

Maximum of 250 words

No answer

**Start date IPW5**

No answer

**End date IPW5**

No answer

**Will outside vendor be used? IPW5**

No answer

**Amount requested per activity/iteration IPW5**

No answer

**Quantity of activity/items IPW5**

No answer

**Total amount requested IPW5**

No answer

**Upload documentation if available IPW5**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 6

**Purchase category IPW6**

No answer

**Which Milestone is this activity for? IPW6**

No answer

**Activity/Item IPW6**

No answer

**Description IPW6**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals IPW6**

Maximum of 250 words

No answer

**Start date IPW6**

No answer

**End date IPW6**

No answer

**Will outside vendor be used? IPW6**

No answer

**Amount requested per activity/iteration IPW6**

No answer

**Quantity of activity/items IPW6**

No answer

**Total amount requested IPW6**

No answer

**Upload documentation if available IPW6**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 7

**Justification and relation to CITED goals IPW7**

Maximum of 250 words

**Amount requested per activity/iteration IPW7**

**Activity/Item IPW7**

No answer

**Which Milestone is this activity for? IPW7**

No answer

**Purchase category IPW7**

No answer

**Description IPW7**  
Maximum of 250 words

No answer

No answer

**Start date IPW7**

No answer

**End date IPW7**

No answer

**Will outside vendor be used? IPW7**

No answer

No answer

**Quantity of activity items IPW7**

No answer

**Total amount requested IPW7**

No answer

**Upload documentation if available IPW7**  
Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Budget 2

If this page is blank please click Next and proceed to the next page.

### Increasing Provider Workforce Cont.

#### Activity 8

**Purchase category IPW8**

No answer

**Which Milestone is this activity for? IPW8**

No answer

**Activity/Item IPW8**

No answer

**Description IPW8**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals IPW8**  
Maximum of 250 words

No answer

**Start date IPW8**

No answer

**End date IPW8**

No answer

**Will outside vendor be used? IPW8**

No answer

**Amount requested per activity/item IPW8**

No answer

**Quantity of activity/items IPW8**

No answer

**Total amount requested IPW8**

No answer

**Upload documentation if available IPW8**  
Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

#### Activity 9

**Justification and relation to CITED goals IPW9**

**Amount requested per activity/item IPW9**

**Purchase category IPW9**

No answer

**Which Milestone is this activity for? IPW9**

No answer

**Activity/Item IPW9**

No answer

**Description IPW9**  
Maximum of 250 words

No answer

Maximum of 250 words

No answer

**Start date IPW9**

No answer

**End date IPW9**

No answer

**Will outside vendor be used? IPW9**

No answer

No answer

**Quantity of activity/items IPW9**

No answer

**Total amount requested IPW9**

No answer

**Upload documentation if available IPW9**

Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

**Activity 10****Purchase category IPW10**

No answer

**Which Milestone is this activity for? IPW10**

No answer

**Activity/Item IPW10**

No answer

**Description IPW10**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals IPW10**

Maximum of 250 words

No answer

**Start date IPW10**

No answer

**End date IPW10**

No answer

**Will outside vendor be used? IPW10**

No answer

**Amount requested per activity/item IPW10**

No answer

**Quantity of activity/items IPW10**

No answer

**Total amount requested IPW10**

No answer

**Upload documentation if available IPW10**

Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

**Modifying, Purchasing and/or Developing**

Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM

**Activity 1****Purchase category MPD1**

Other

**Justification and relation to CITED goals MPD1**

Maximum of 250 words

Our IT Project Manager provides overall CalAIM IT program management and supports CS and ECM IT planning and

**Amount requested per activity/item MPD1**

\$768,000.00 USD

**Quantity of activity/items MPD1**

**Which Milestone is this activity for? MPD1**

Milestone 4

**Activity/Item MPD1**

SFHN CalAIM IT Project Manager  
Consultant Salary Retro and Prospective

**Description MPD1**

Maximum of 250 words

Our IT Project Manager provides overall CalAIM IT program management and supports CS and ECM IT planning and implementation, including Epic workflow development, data reporting, billing, and quality assurance. She provides onboarding and ongoing training to the CalAIM Central Team on ECM and CS Epic related workflows, reports, and dashboards. Total amount requested is \$768,000.00, but the CITED grants portal Milestones and Activity sections do not lend themselves to completing the application with funding amount here.

implementation, including Epic workflow development, data reporting, billing, and quality assurance. She provides onboarding and ongoing training to the CalAIM Central Team on ECM and CS Epic related workflows, reports, and dashboards.

The IT Project Manager has been essential in supporting the CalAIM CS and ECM Program Managers in accomplishing the following. Our CalAIM CS Program Manager continues to develop and refine strategic plans to implement and operationalize CS within the SFHN. Her direct oversight of these programs has enabled 60 alcohol Sobering Center visits and 280 Medical Respite episodes (8,883 days) under CalAIM in 2022. She is currently preparing for the 2023 go live of three new CS services, SOMA RISE drug sobering, Managed Alcohol Program, and Housing Navigation, as well as the 2024 go live of at least two more CS services, Housing Deposits and Housing Tenancy. Our CalAIM ECM Program Manager implements strategic plans to operationalize ECM services for our populations of focus, onboards new ECM teams, and projects capacity for new populations of focus (PoF). Under her leadership, we have launched 5 ECM Teams, have triaged 560, opened (outreached and enrolled) 487, and closed 285 members. She is onboarding 3 additional ECM Care Teams to expand capacity for current PoF and prepare for Children and Youth and Justice Involved PoF in 2023 and 2024. (See attached spreadsheet for details.)

**Start date MPD1**

Oct 1, 2022

**End date MPD1**

Sep 29, 2023

**Will outside vendor be used? MPD1**

Yes

1

**Total amount requested MPD1**

\$0.00 USD

**Upload documentation if available MPD1**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

**Activity 2****Purchase category MPD2**

Implementation Support

**Justification and relation to CITED goals MPD2**

Maximum of 250 words

This resource will manage the implementation effort to expand our ECM

**Amount requested per activity/item MPD2**

\$100,000.00 USD

**Quantity of activity/items MPD2**

**Which Milestone is this activity for?  
MPD2**

Milestone 11

**Activity/Item MPD2**

Project Charter

**Description MPD2**

Maximum of 250 words

Consultant expertise and project management services

system and increase capacity by onboarding new ECM case managers.

**Start date MPD2**

Jul 1, 2023

**End date MPD2**

Apr 22, 2024

**Will outside vendor be used? MPD2**

Yes

1

**Total amount requested MPD2**

\$100,000.00 USD

**Upload documentation if available MPD2**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

**Activity 3**

**Purchase category MPD3**

Implementation Support

**Which Milestone is this activity for?  
MPD3**

Milestone 12

**Activity/Item MPD3**

System build, configuration and testing

**Description MPD3**

Maximum of 250 words

"> IT system analysts to complete system build and configuration of tools to align with ECM requirements  
> Additional focus and build out around coordination of mental health and substance use services (closed-loop referrals) "

**Justification and relation to CITED goals MPD3**

Maximum of 250 words

This resource will perform the implementation work effort to expand our ECM system and increase capacity by onboarding new ECM casemanagers.

**Start date MPD3**

Aug 1, 2023

**End date MPD3**

Feb 29, 2024

**Will outside vendor be used? MPD3**

Yes

**Amount requested per activity/item MPD3**

\$250,000.00 USD

**Quantity of activity/items MPD3**

1

**Total amount requested MPD3**

\$250,000.00 USD

**Upload documentation if available MPD3**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

**Activity 4**

**Purchase Category MPD4**

Implementation Support

**Which Milestone is this activity for?  
MPD4**

Milestone 13

**Activity/Item MPD4**

Classroom Training for ECM teams

**Justification and relation to CITED goals MPD4**

Maximum of 250 words

This resource will perform the implementation work effort to expand our ECM system and increase capacity by onboarding new ECM casemanagers.

**Start date MPD4**

Mar 4, 2024

**End date MPD4**

**Amount requested per activity/item MPD4**

\$75,000.00 USD

**Quantity of activity/items MPD4**

1

**Total amount requested MPD4**

\$75,000.00 USD

**Upload documentation if available MPD4**

**Description MPD4**  
Maximum of 250 words

Classroom trainer and peripherals to support training on the new computer system and ECM processes

Mar 22, 2024

**Will outside vendor be used? MPD4**

Yes

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Budget 3

If this page is blank please click Next and proceed to the next page.

### Modifying, Purchasing and/or Developing Cont.

#### Activity 5

**Purchase Category MPD5**

Implementation Support

**Which Milestone is this activity for? MPD5**

Milestone 14

**Activity/Item MPD5**

Go-Live of BHS ECM teams on the Epic EHR

**Description MPD5**  
Maximum of 250 words

Consulting resources for at-the-elbow support on the new system across all locations

**Justification and relation to CITED goals MPD5**  
Maximum of 250 words

This resource will perform the implementation work effort to expand our ECM system and increase capacity by onboarding new ECM casemanagers.

**Start date MPD5**

Apr 3, 2024

**End date MPD5**

Apr 17, 2024

**Will outside vendor be used? MPD5**

Yes

**Amount requested per activity/item MPD5**

\$75,000.00 USD

**Quantity of activity/items MPD5**

1

**Total amount requested MPD5**

\$75,000.00 USD

**Upload documentation if available MPD5**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

#### Activity 6

**Purchase category MPD6**

Software including associated licenses

**Which Milestone is this activity for? MPD6**

Milestone 15

**Justification and relation to CITED goals MPD6**  
Maximum of 250 words

This software provides the ability to perform data exchange between providers (that's us) and the MCPs. We believe this technology project will impact ~85,000 Medi-Cal beneficiaries in total. We believe the direct population

**Amount requested per activity/item MPD6**

\$0.00 USD

**Quantity of activity/items MPD6**

1

**Total amount requested MPD6**

<b>Activity/Item MPD6</b>	receiving ECM/Community Supports to be ~700 unique patients.	\$0.00 USD
SFDPH to contract Payer Platform from Epic software vendor	<b>Start date MPD6</b>	<b>Upload documentation if available MPD6</b> Documents may include but are not limited to vendor documentation or retroactive records and invoices.
<b>Description MPD6</b> Maximum of 250 words	Aug 1, 2023	No file uploaded
Software is provided to provider systems at no charge, but must be licensed by MCPs	<b>End date MPD6</b>	
	Aug 1, 2023	
	<b>Will outside vendor be used? MPD6</b>	
	Yes	

## Activity 7

### Purchase category MPD7

Implementation Support

### Which Milestone is this activity for? MPD7

Milestone 16

### Activity/Item MPD7

Payer Platform: Coordinate project timeline with MCPs

### Description MPD7

Maximum of 250 words

Consulting resources to provide project management for Payer Platform implementation

### Justification and relation to CITED goals MPD7

Maximum of 250 words

This resource will manage the implementation effort to install and configure the software. We believe this technology project will impact ~85,000 Medi-Cal beneficiaries in total. We believe the direct population receiving ECM/Community Supports to be ~700 unique patients.

### Start date MPD7

Aug 1, 2023

### End date MPD7

Oct 30, 2023

### Will outside vendor be used? MPD7

Yes

### Quantity of activity/items MPD7

1

### Amount requested per activity/item MPD7

\$40,000.00 USD

### Total amount requested MPD7

\$40,000.00 USD

### Upload documentation if available MPD7

Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

## Activity 8

### Purchase category MPD8

Implementation Support

### Which Milestone is this activity for? MPD8

Milestone 17

### Activity/Item MPD8

Payer Platform: Complete Clinical Data Exchange Use Case (w/ at least one MCP)

### Justification and relation to CITED goals MPD8

Maximum of 250 words

This resource will perform the technical implementation work effort install and configure the software. We believe this technology project will impact ~85,000 Medi-Cal beneficiaries in total. We believe the direct population receiving ECM/Community Supports to be ~700 unique patients.

### Start date MPD8

Aug 1, 2023

### Amount requested per activity/item MPD8

\$60,000.00 USD

### Quantity of activity/items MPD8

1

### Total amount requested MPD8

\$60,000.00 USD

### Upload documentation if available MPD8

Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded



**Description MPD8**  
Maximum of 250 words

Backfill analyst/programmer resources (x2) for SFDPH to implement technical system

**End date MPD8**

Jun 30, 2023

**Will outside vendor be used? MPD8**

Yes

and invoices.

No file uploaded

**Activity 9**

**Purchase category MPD9**

Implementation Support

**Which Milestone is this activity for? MPD9**

Milestone 18

**Activity/Item MPD9**

HSH IT infrastructure: Contract Execution and Implementing New IT Platform

**Description MPD9**  
Maximum of 250 words

These activities align with both Milestone 18 and 20. (I had to combine as there were not enough activities in this category.)  
Contract Execution with vendor – Once an appropriate system has been identified, begin contracting process with vendor.  
Implement new IT platform to make enhancements to the HSH infrastructure so that HSH can exchange data with the Managed Care Plans. This milestone also includes the roll out and testing of the new IT platform with the Managed Care plans.

**Justification and relation to CITED goals MPD9**  
Maximum of 250 words

Contract execution.  
Implement new IT platform to make enhancements to the HSH infrastructure so that HSH can exchange data with the Managed Care Plans. This milestone also includes the roll out and testing of the new IT platform with the Managed Care plans.  
CITED funding that will enhance staffing and IT infrastructure capacity will allow HSH to become eligible to participate in the Community Supports. HSH currently operates as the San Francisco Continuum of Care (CoC)'s Lead Agency and meets' the Housing Urban Development (HUD) requirements for administering programs to prevent and end homelessness. HSH has never been organizationally structured to meet Medi-Cal requirements. This will require a heavy administrative lift to fulfill the compliance standards required. Through CITED funding, HSH will receive the necessary resources to become a Community Supports Provider including hiring staff who can oversee the infrastructural changes required. This includes investing in an IT infrastructure and platform that can meet all CalAIM requirements and thus will impact how HSH operates.  
With CITED funding support, HSH anticipates that it will provide Housing Community Supports services to an estimated total of 8,850 Medi-Cal beneficiaries, annually. HSH anticipates that the number of beneficiaries we serve will increase as the department builds capacity and launches the three Community Support services related to housing, Housing Transition Navigation, Housing Deposits, Housing Tenancy and Sustaining services. HSH also anticipates that the volume of services provided will increase as the department receives member referrals from the San Francisco City Managed Care Plans.

**Amount requested per activity/item MPD9**

\$150,000.00 USD

**Quantity of activity/items MPD9**

1

**Total amount requested MPD9**

\$150,000.00 USD

**Upload documentation if available MPD9**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

**Start date MPD9**

Oct 1, 2023

**End date MPD9**

Jun 30, 2024

**Will outside vendor be used? MPD9**

Yes

**Activity 10****Purchase category MPD10**

Software including associated licenses

**Which Milestone is this activity for? MPD10**

Milestone 19

**Activity/Item MPD10**

HSH IT Platform: Project launch.

**Description MPD10**

Maximum of 250 words

Purchase of IT platform

**Justification and relation to CITED goals MPD10**

Maximum of 250 words

Purchase of IT platform to supports HSH ability to meet compliance standards and exchange claims and encounter data with the MCPs. While HSH is currently working with the MCPs to develop an interim data exchange process HSH anticipates that the volume of services the department provides will increase as the department receives referrals from the MCPs and other services. Without these IT enhancements, HSH will be unable to become a fully integrated Community Supports provider that has a sustainable method to exchange key data elements with the. HSH will launch the enhanced IT system by June 2024. With CITED funding support, HSH anticipates that it will provide Housing Community Supports services to an estimated total of 8,850 Medi-Cal beneficiaries, annually. HSH anticipates that the number of beneficiaries we serve will increase as the department builds capacity and launches the three Community Support services related to housing, Housing Transition Navigation, Housing Deposits, Housing Tenancy and Sustaining services. HSH also anticipates that the volume of services provided will increase as the department receives member referrals from the San Francisco City MCPs. Without these IT enhancements, HSH will be unable to become a fully integrated Community Supports provider that has a sustainable method to exchange key data elements with the MCPs. HSH will launch the enhanced IT system by June 2024.

**Start date MPD10**

Jan 1, 2024

**Amount requested per activity/item MPD10**

\$100,000.00 USD

**Quantity of activity/items MPD10**

No answer

**Total amount requested MPD10**

\$100,000.00 USD

**Upload documentation if available MPD10**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

**End date MPD10**

Mar 31, 2024

**Will outside vendor be used? MPD10**

Yes

## Providing Upfront Funding

Providing upfront funding needed to support capacity and infrastructure necessary to deliver ECM and Community Supports services

**Activity 1****Purchase category PF1**

Facility costs

**Which Milestone is this activity for? PF1**

Milestone 1

**Activity/Item PF1**

BHS Building: Design & Construction Documents and Permitting

**Description PF1**

Maximum of 250 words

Design & Construction documents completed. Building Permit approved.

**Justification and relation to CITED goals PF1**

Maximum of 250 words

particularly for individuals experiencing homelessness and those with complex behavioral health needs. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 37.5 percent of the total physical space of the building. Behavioral Health Services (BHS), within SFDPH, serves approximately 20,000 adults and older-adults with MediCal annually in its treatment services, many of whom fall into ECM populations of focus (PoF). Of these, 1,300 individuals are enrolled into BHS Intensive Case Management (ICM) services, which provide intensive services, field-based care, and care coordination for individuals who fall into ECM populations of focus. The MHSC is expected to serve 7,500 individuals annually, with an estimated 6,300 anticipated to be MediCal-eligible. Of those, the majority are expected to fall into one of the ECM PoF, primarily individuals with SMI/SUD, experiencing homelessness, at risk for avoidable hospital or ED use, and a significant number transitioning from incarceration or who are involved in the justice system. Based on comparable current numbers served by BHS's Behavioral Health Access Center (BHAC) and BHS Office of Coordinated Care (OCC) coordination teams, an estimated 70% of those 7,500 individuals will be unhoused, unsheltered, or have experienced

**Amount requested per activity/item PF1**

\$10,159,324.00 USD

**Quantity of activity/items PF1**

1

**Total amount requested PF1**

\$10,159,324.00 USD

**Upload documentation if available PF1**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

homelessness in the past year.  
There is also a great need among the populations being served for CS, primarily sobering center and housing navigation supports. We estimate that 1,000 individuals/year will be connected to Community Supports via the teams at 1019 Market.

**Start date PF1**

Aug 1, 2023

**End date PF1**

Jan 31, 2024

**Will outside vendor be used? PF1**

Yes

## Budget 4

**If this page is blank please click Next and proceed to the next page.**

### Providing Upfront Funding

#### Activity 2

**Purchase category PF2**

Facility costs

**Which Milestone is this activity for? PF2**

Milestone 2

**Activity/Item PF2**

BHS Building: Construction

**Description PF2**  
Maximum of 250 words

Construction, including seismic, to renovate new behavioral health Mental Health Service Center providing ECM services and CS referrals.

**Justification and relation to CITED goals PF2**  
Maximum of 250 words

CITED funding for the new Mental Health Service Center will support delivery of ECM and/or Community Supports in three ways:  
1) Provide a central point for accessing ECM and Community Supports:  
• Expand ability for individuals dropping in to the MHSC, receiving OCC's care coordination services or engaged via OCC's outreach services to be routinely screened for ECM eligibility and connected to ECM services as indicated, including requesting ECM approval from MCPs and linking to the appropriate ECM team  
• Expand ability for individuals dropping in to the MHSC, receiving OCC's care coordination services or engaged via OCC's outreach services will be screened for need of Community Supports and connected to those

**Amount requested per activity/item PF2**

\$0.00 USD

**Quantity of activity/items PF2**

1

**Total amount requested PF2**

\$0.00 USD

**Upload documentation if available PF2**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

services, with the most commonly utilized Community Supports including:

- o Sobering Centers
- o Housing Navigation Support

2) Expansion of confidential client-focused spaces in which to provide ECM services Individuals being served by all SFHN ECM teams may be seen on-site at 1019 Market. These ECM teams include: Bridge & Engagement Services Team (BEST) – Care Management PHACS Street Medicine ECM Complex Care Management Citywide Mobile Outreach Teams 3) Admin support for BHS ECM teams will be provided out of 1019 Market for the following teams: Bridge & Engagement Services Team (BEST) - Care Management PHACS Citywide Mobile Outreach Teams

**Start date PF2**

Feb 1, 2024

**End date PF2**

Oct 31, 2024

**Will outside vendor be used? PF2**

Yes

**Activity 3**

**Purchase category PF3**

No answer

**Which Milestone is this activity for? PF3**

No answer

**Activity/Item PF3**

No answer

**Description PF3**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals PF3**  
Maximum of 250 words

No answer

**Start date PF3**

No answer

**End date PF3**

No answer

**Will outside vendor be used? PF3**

No answer

**Amount requested per activity/item PF3**

No answer

**Quantity of activity/items PF3**

No answer

**Total amount requested PF3**

No answer

**Upload documentation if available PF3**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

**Activity 4**

**Purchase category PF4**

**Justification and relation to CITED goals PF4**  
Maximum of 250 words

**Amount requested per activity/item PF4**

No answer

No answer

**Which Milestone is this activity for? PF4**

No answer

**Activity/Item PF4**

No answer

**Description PF4**  
Maximum of 250 words

No answer

No answer

**Start date PF4**

No answer

**End date PF4**

No answer

**Will outside vendor be used? PF4**

No answer

**Quantity of activity/items PF4**

No answer

**Total amount requested PF4**

No answer

**Upload documentation if available PF4**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 5

**Purchase category PF5**

No answer

**Which Milestone is this activity for? PF5**

No answer

**Activity/Item PF5**

No answer

**Description PF5**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals PF5**

Maximum of 250 words

No answer

**Start date PF5**

No answer

**End date PF5**

No answer

**Will outside vendor be used? PF5**

No answer

**Amount requested per activity/item PF5**

No answer

**Quantity of activity/items PF5**

No answer

**Total amount requested PF5**

No answer

**Upload documentation if available PF5**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 6

### Purchase category PF6

No answer

### Which Milestone is this activity for? PF6

No answer

### Activity/Item PF6

No answer

### Description PF6 Maximum of 250 words

No answer

### Justification and relation to CITED goals PF6

Maximum of 250 words

No answer

### Start date PF6

No answer

### End date PF6

No answer

### Will outside vendor be used? PF6

No answer

### Amount requested per activity/item PF6

No answer

### Quantity of activity/items PF6

No answer

### Total amount requested PF6

No answer

### Upload documentation if available PF6

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 7

### Purchase category PF7

No answer

### Which Milestone is this activity for? PF7

No answer

### Activity/Item PF7

No answer

### Description PF7 Maximum of 250 words

No answer

### Justification and relation to CITED goals PF7

Maximum of 250 words

No answer

### Start date PF7

No answer

### End date PF7

No answer

### Will outside vendor be used? PF7

No answer

### Amount requested per activity/item PF7

No answer

### Quantity of activity/items PF7

No answer

### Total amount requested PF7

No answer

### Upload documentation if available PF7

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 8

### Purchase category PF8

No answer

### Which Milestone is this activity for? PF8

No answer

### Activity/Item PF8

No answer

### Justification and relation to CITED goals PF8

Maximum of 250 words

No answer

### Start date PF8

No answer

### End date PF8

No answer

### Amount requested per activity/item PF8

No answer

### Quantity of activity/items PF8

No answer

### Total amount requested PF8

No answer

**Description PF8**  
Maximum of 250 words

No answer

**Will outside vendor be used? PF8**

No answer

**Upload documentation if available PF8**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Budget 5

**If this page is blank please click Next and proceed to the next page.**

### Activity 9

**Purchase category PF9**

No answer

**Which Milestone is this activity for? PF9**

No answer

**Activity/Item PF9**

No answer

**Description PF9**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals PF9**

Maximum of 250 words

No answer

**Start date PF9**

No answer

**End date PF9**

No answer

**Will outside vendor be used? PF9**

No answer

**Amount requested per activity/item PF9**

No answer

**Quantity of activity/items PF9**

No answer

**Total amount requested PF9**

No answer

**Upload documentation if available PF9**  
Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

### Activity 10

**Purchase category PF10**

No answer

**Which Milestone is this activity for? PF10**

No answer

**Activity/Item PF10**

No answer

**Description PF10**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals PF10**

Maximum of 250 words

No answer

**Start date PF10**

No answer

**End date PF10**

No answer

**Will outside vendor be used? PF10**

No answer

**Amount requested per activity/item PF10**

No answer

**Quantity of activity/items PF10**

No answer

**Total amount requested PF10**

No answer

**Upload documentation if available PF10**  
Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded



## Evaluating and Monitoring

Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps

### Activity 1

#### Purchase category EM1

No answer

#### Which Milestone is this activity for? EM1

No answer

#### Activity/Item EM1

No answer

#### Description EM1 Maximum of 250 words

No answer

#### Justification and relation to CITED goals EM1

Maximum of 250 words

No answer

#### Start date EM1

No answer

#### End date EM1

No answer

#### Will outside vendor be used? EM1

No answer

#### Amount requested per activity/item EM1

No answer

#### Quantity of activity/items EM1

No answer

#### Total amount requested EM1

No answer

#### Upload documentation if available EM1

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

### Activity 2

#### Purchase category EM2

No answer

#### Which Milestone is this activity for? EM2

No answer

#### Activity/Item EM2

No answer

#### Description EM2 Maximum of 250 words

No answer

#### Justification and relation to CITED goals EM2

Maximum of 250 words

No answer

#### Start date EM2

No answer

#### End date EM2

No answer

#### Will outside vendor be used? EM2

No answer

#### Amount requested per activity/item EM2

No answer

#### Quantity of activity/items EM2

No answer

#### Total amount requested EM2

No answer

#### Upload documentation if available EM2

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

### Activity 3

#### Purchase category EM3

#### Justification and relation to CITED goals EM3

Maximum of 250 words

#### Amount requested per activity/item EM3

No answer

No answer

**Which Milestone is this activity for? EM3**

No answer

**Activity/Item EM3**

No answer

**Description EM3**  
Maximum of 250 words

No answer

No answer

**Start date EM3**

No answer

**End date EM3**

No answer

**Will outside vendor be used? EM3**

No answer

**Quantity of activity/items EM3**

No answer

**Total amount requested EM3**

No answer

**Upload documentation if available EM3**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 4

**Purchase category EM4**

No answer

**Which Milestone is this activity for? EM4**

No answer

**Activity/Item EM4**

No answer

**Description EM4**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals EM4**  
Maximum of 250 words

No answer

**Start date EM4**

No answer

**End date EM4**

No answer

**Will outside vendor be used? EM4**

No answer

**Amount requested per activity/item EM4**

No answer

**Quantity of activity/items EM4**

No answer

**Total amount requested EM4**

No answer

**Upload documentation if available EM4**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 5

### Purchase category EM5

No answer

### Which Milestone is this activity for? EM5

No answer

### Activity/Item EM5

No answer

### Description EM5 Maximum of 250 words

No answer

### Justification and relation to CITED goals EM5

Maximum of 250 words

No answer

### Start date EM5

No answer

### End date EM5

No answer

### Will outside vendor be used? EM5

No answer

### Amount requested per activity/item EM5

No answer

### Quantity of activity/items EM5

No answer

### Total amount requested EM5

No answer

### Upload documentation if available EM5

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Budget 6

If this page is blank please click Next and proceed to the next page.

## Evaluating and Monitoring Cont.

## Activity 6

### Activity/Item EM6

No answer

### Which activity is this milestone for? EM6

No answer

### Purchase category EM6

No answer

### Description EM6 Maximum of 250 words

No answer

### Justification and relation to CITED goals EM6

Maximum of 250 words

No answer

### Start date EM6

No answer

### End date EM6

No answer

### Will outside vendor be used? EM6

No answer

### Amount requested per activity/item EM6

No answer

### Quantity of activity/items EM6

No answer

### Total amount requested EM6

No answer

### Upload documentation if available EM6

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 7

### Purchase category EM7

No answer

### Which Milestone is this activity for? EM7

No answer

### Activity/Item EM7

No answer

### Description EM7 Maximum of 250 words

No answer

### Justification and relation to CITED goals EM7

Maximum of 250 words

No answer

### Start date EM7

No answer

### End date EM7

No answer

### Will outside vendor be used? EM7

No answer

### Amount requested per activity/item EM7

No answer

### Quantity of activity/items EM7

No answer

### Total amount requested EM7

No answer

### Upload documentation if available EM7

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 8

### Purchase category EM8

No answer

### Which Milestone is this activity for? EM8

No answer

### Activity/Item EM8

No answer

### Description EM8 Maximum of 250 words

No answer

### Justification and relation to CITED goals EM8

Maximum of 250 words

No answer

### Start date EM8

No answer

### End date EM8

No answer

### Will outside vendor be used? EM8

No answer

### Amount requested per activity/item EM8

No answer

### Quantity of activity/items EM8

No answer

### Total amount requested EM8

No answer

### Upload documentation if available EM8

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 9

### Activity/Item EM9

No answer

### Which Milestone is this activity for? EM9

No answer

### Purchase category EM9

No answer

### Justification and relation to CITED goals EM9

Maximum of 500 words

No answer

### Start date EM9

No answer

### End date EM9

No answer

### Amount requested per activity/item EM9

No answer

### Quantity of activity/items EM9

No answer

### Total amount requested EM9

No answer

**Description EM9**  
Maximum of 500 words

No answer

**Will outside vendor be used?**

No answer

**Upload documentation if available EM9**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 10

**Purchase category EM10**

No answer

**Which Milestone is this activity for? EM10**

No answer

**Activity/Item EM10**

No answer

**Description EM10**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals EM10**  
Maximum of 250 words

No answer

**Start date EM10**

No answer

**End date EM10**

No answer

**Will outside vendor be used? EM10**

No answer

**Amount requested per activity/item EM10**

No answer

**Quantity of activity/items EM10**

No answer

**Total amount requested EM10**

No answer

**Upload documentation if available EM10**

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Developing a plan

Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care.

## Activity 1

**Purchase category DAP1**

No answer

**Which Milestone is this activity for? DAP1**

No answer

**Activity/Item DAP1**

No answer

**Description DAP1**

**Justification and relation to CITED goals DAP1**  
Maximum of 250 words

No answer

**Start date DAP1**

No answer

**End date DAP1**

No answer

**Will outside vendor be used? DAP1**

**Amount requested per activity/item DAP1**

No answer

**Quantity of activity/items DAP1**

No answer

**Total amount requested DAP1**

No answer

**Upload documentation if available DAP1**

Maximum of 250 words

No answer

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Activity 2

Purchase category DAP2

No answer

Which Milestone is this activity for?

No answer

Activity/Item DAP2

No answer

Description DAP2  
Maximum of 250 words

No answer

Justification and relation to CITED goals DAP2  
Maximum of 250 words

No answer

Start date DAP2

No answer

End date DAP2

No answer

Will outside vendor be used? DAP2

No answer

Amount requested per activity/item DAP2

No answer

Quantity of activity/items DAP2

No answer

Total amount requested DAP2

No answer

Upload documentation if available DAP2

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Budget 7

If this page is blank please click Next and proceed to the next page.

### Developing a plan

## Activity 3

Purchase category DAP3

No answer

Which Milestone is this activity for? DAP3

No answer

Activity/Item DAP3

No answer

Description DAP3

Justification and relation to CITED goals DAP3  
Maximum of 250 words

No answer

Start date DAP3

No answer

End date DAP3

No answer

Will outside vendor be used? DAP3

Amount requested per activity/item DAP3

No answer

Quantity of activity/items DAP3

No answer

Total amount requested DAP3

No answer

Upload documentation if available DAP3

Documents may include but are not limited to vendor documentation or retroactive rec

Maximum of 250 words

No answer

No answer

and invoices.

No file uploaded

## Activity 4

**Purchase category DAP4**

No answer

**Which Milestone is this activity for? DAP4**

No answer

**Activity/Item DAP4**

No answer

**Description DAP4**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals DAP4**

Maximum of 250 words

No answer

**Start date DAP4**

No answer

**End date DAP4**

No answer

**Will outside vendor be used? DAP4**

No answer

**Amount requested per activity/item DAP4**

No answer

**Quantity of activity/items DAP4**

No answer

**Total amount requested DAP4**

No answer

**Upload documentation if available DAP4**

Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

## Activity 5

**Purchase category DAP5**

No answer

**Which Milestone is this activity for? DAP5**

No answer

**Activity/Item DAP5**

No answer

**Description DAP5**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals DAP5**

Maximum of 250 words

No answer

**Start date DAP5**

No answer

**End date DAP5**

No answer

**Will outside vendor be used? DAP5**

No answer

**Amount requested per activity/item DAP5**

No answer

**Quantity of activity/items DAP5**

No answer

**Total amount requested DAP5**

No answer

**Upload documentation if available DAP5**

Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

## Activity 6

**Purchase category DAP6**

No answer

**Justification and relation to CITED goals DAP6**

Maximum of 250 words

No answer

**Start date DAP6**

**Amount requested per activity/item DAP6**

No answer

**Quantity of activity/items DAP6**

**Which Milestone is this activity for? DAP6**

No answer

**Activity/Item DAP6**

No answer

**Description DAP6**  
Maximum of 250 words

No answer

No answer

**End date DAP6**

No answer

**Will outside vendor be used? DAP6**

No answer

No answer

**Total amount requested DAP6**

No answer

**Upload documentation if available DAP6**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Activity 7

**Purchase category DAP7**

No answer

**Which Milestone is this activity for? DAP7**

No answer

**Activity/Item DAP7**

No answer

**Description DAP7**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals DAP7**  
Maximum of 250 words

No answer

**Start date DAP7**

No answer

**End date DAP7**

No answer

**Will outside vendor be used? DAP7**

No answer

**Amount requested per activity/item DAP7**

No answer

**Quantity of activity/items DAP7**

No answer

**Total amount requested DAP7**

No answer

**Upload documentation if available DAP7**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Activity 8

**Purchase category DAP8**

No answer

**Which Milestone is this activity for? DAP8**

No answer

**Activity/Item DAP8**

No answer

**Description DAP8**  
Maximum of 250 words

No answer

**Justification and relation to CITED goals DAP8**  
Maximum of 250 words

No answer

**Start date DAP8**

No answer

**End date DAP8**

No answer

**Will outside vendor be used? DAP8**

No answer

**Amount requested per activity/item DAP8**

No answer

**Quantity of activity/items DAP8**

No answer

**Total amount requested DAP8**

No answer

**Upload documentation if available DAP8**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded



## Activity 9

### Purchase category DAP9

No answer

### Which Milestone is this activity for? DAP9

No answer

### Activity/Item DAP9

No answer

### Description DAP9 Maximum of 250 words

No answer

### Justification and relation to CITED goals DAP9

Maximum of 250 words

No answer

### Start date DAP9

No answer

### End date DAP9

No answer

### Will outside vendor be used? DAP9

No answer

### Amount requested per activity/item DAP9

No answer

### Quantity of activity/items DAP9

No answer

### Total amount requested DAP9

No answer

### Upload documentation if available DAP9

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Budget 8

If this page is blank please click Next and proceed to the next page.

## Activity 10

### Purchase category DAP10

No answer

### Which Milestone is this activity for? DAP10

No answer

### Activity/Item DAP10

No answer

### Description DAP10 Maximum of 250 words

No answer

### Justification and relation to CITED goals DAP10

Maximum of 250 words

No answer

### Start date DAP10

No answer

### End date DAP10

No answer

### Will outside vendor be used? DAP10

No answer

### Amount requested per activity/item DAP10

No answer

### Quantity of activity/items DAP10

No answer

### Total amount requested DAP10

No answer

### Upload documentation if available DAP10

Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Personnel

Please enter all personnel you are requesting CITED funding for. The personnel section is intended for Applicant internal staff only, please include vendors, contractors, and/or consultants

as line items in the appropriate allowable use category above.

**Activity 1**

**Associated Purchase Category 1**

No answer

**Which Milestone is this activity for? 1**

Milestone 3

**Existing or New Hire 1**

Existing Staff

**Position Type 1**

SFHN Manager III - CalAIM Manager

**Number of FTE(s) 1**

1

**Number of months funding is requested 1**

17

**Annual Salary 1**

\$187,134.38 USD

**Start date 1**

Oct 1, 2022

**End date 1**

Mar 2, 2024

**Total Amount Requested 1**

\$1,870,791.94 USD

**Fringe Rate 1**

No answer

**Fringe Cost 1**

\$84,699.41 USD

**Justification and relation to ECM/Community Supports 1**  
Maximum of 500 words

The CalAIM Manager has supported CS Program Manager and the ECM Program Manager in accomplishing following. Our CalAIM CS Program Manager continues to develop and strategic plans to implement and operationalize CS within the SFHN. direct oversight of these programs has enabled 60 alcohol Sobering Center visits and 280 Medical Respite episodes (8,883 days) under CalAIM in 2022. is currently preparing for the 2023 go of three new CS services, SOMA RI drug sobering, Managed Alcohol Program, and Housing Navigation, as well as the 2024 go live of at least two more CS services, Housing Deposit and Housing Tenancy. Our CalAIM CS Program Manager implements strategic plans to operationalize ECM service our populations of focus, onboards new ECM teams, and projects capacity for new populations of focus (PoF). Under her leadership, we have launched 5 ECM Teams, have triaged 560, opened (outreached and enrolled) 487, and closed 285 members. She is onboarding 3 additional ECM Care Teams to expand capacity for current PoF and prepare Children and Youth and Justice Involvement PoF in 2023 and 2024. Funding for salaries will continue through the SF County General Funds.

**Description 1**  
Maximum of 250 words

Our SFHN CalAIM Manager develops strategy and oversees the operation of ECM, CS, and serves as a liaison with our managed care plans (MCPs) and other City and County of San Francisco Agencies for the entire SFHN organization.

**Upload documentation if available**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Activity 2

### Associated Purchase Category 2

No answer

### Which Milestone is this activity for? 2

Milestone 4

### Existing or New Hire 2

New Hire

### Position Type 2

SFHN Health Program Coordinator III (3 positions) and Health Program Coordinator II (1 position)

### Number of FTE(s) 2

4

### Number of months funding is requested 2

57

### Annual Salary 2

\$149,164.07 USD

### Start date 2

Mar 1, 2022

### End date 2

Oct 28, 2024

### Total amount requested 2

\$0.00 USD

### Fringe Rate 2

No answer

### Fringe Cost 2

\$204,329.46 USD

### Justification and relation to ECM/Community Supports 2 Maximum of 500 words

Requesting a total of 57 months of combined retroactive and prospective salary for four positions:  
3 Health Coordinator III roles - salary \$149,164.07  
1 Health Coordinator II role - salary \$123,928.06  
Start and end dates reflect earliest and latest start dates for all positions combined.

(See attached spreadsheet for additional details.)

Our CalAIM CS Program Manager continues to develop and refine strategic plans to implement and operationalize CS within the SFHN. Her direct oversight of these programs has enabled 60 alcohol Sobering Center visits and 2 Medical Respite episodes (8,883 days) under CalAIM in 2022. She is currently preparing for the 2023 go live of three new CS services, SOMA RISE drug sobering, Managed Alcohol Program and Housing Navigation, as well as 2024 go live of at least two more CS services, Housing Deposits and Housing Tenancy. Our CalAIM ECM Program Manager implements strategic plans to operationalize ECM services for our populations of focus, onboards new ECM teams, and projects capacity for new populations of focus (PoF). Under her leadership, we have launched 5 ECM Teams, have triaged 560, opened (outreached and enrolled) 487, and closed 285 members. She is onboarding 3 additional ECM Care Teams to expand capacity for current PoF and prepare for Children and Youth and Justice Involvement PoF in 2023 and 2024. The new Health Program Coordinator will lead program implementation of both ECM and Community Supports in San Francisco.

They will drive expansion of our ECM Teams with a special focus on Child and Youth and the Birth Equity Populations of Focus, as well as new related to patient flow across the San Francisco Health Network. Additionally, they will collaborate closely with our Managed Care Plan partners to implement new Community Support including Environmental Accessibility Adaptations and Short-Term Post Hospitalization Housing. The Health Program Coordinator II manages the operations of two of the ECM teams at the SFHN.

**Description 2**  
**Maximum of 250 words**

Our CalAIM CS Program Manager continues to develop and refine strategic plans to implement and operationalize CS within the SFHN. Her direct oversight of these programs has enabled 60 alcohol Sobering Center visits and 2 Medical Respite episodes (8,883 days) under CalAIM in 2022. She is currently preparing for the 2023 go live of three new CS services, SOMA RISE drug sobering, Managed Alcohol Program and Housing Navigation, as well as 2024 go live of at least two more CS services, Housing Deposits and Housing Tenancy. Our CalAIM ECM Program Manager implements strategic plans to operationalize ECM services for our populations of focus, onboards new ECM teams, and projects capacity for new populations of focus (PoF). Under her leadership, we have launched 5 ECM Teams, have triaged 560, opened (outreached and enrolled) 487, and closed 285 members. She is onboarding 3 additional ECM Care Teams to expand capacity for current PoF and prepare Children and Youth and Justice Involvement PoF in 2023 and 2024. The new Health Program Coordinator will lead program implementation of both ECM and Community Supports in San Francisco. They will drive expansion of our ECM Teams with a special focus on Child and Youth and the Birth Equity Populations of Focus, as well as new related to patient flow across the San Francisco Health Network. Additionally, they will collaborate closely with our Managed Care Plan partners to implement new Community Support including Environmental Accessibility Adaptations and Short-Term Post Hospitalization Housing. The Health Program Coordinator II manages the operations of two of the ECM teams

the SFHN.  
Funding for salaries will continue through the SF County General Funds.

**Upload documentation if available**  
Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

### Activity 3

#### Associated Purchase Category 3

No answer

#### Which Milestone is this activity for? 3

Milestone 5

#### Existing or New Hire 3

New Hire

#### Position Type 3

SFHN IS Business Analyst and IS Senior Business Analyst

#### Number of FTE(s) 3

2

#### Number of months funding is requested 3

27

#### Annual Salary 3

\$153,302.00 USD

#### Start date 3

Oct 1, 2022

#### End date 3

Mar 17, 2024

#### Total amount requested 3

\$510,003.14 USD

#### Fringe Rate 3

No answer

#### Fringe Cost 3

\$87,534.59 USD

#### Justification and relation to ECM/Community Supports 3 Maximum of 250 words

Requesting a total of 27 months of combined retroactive and prospective salary for two positions:  
IS Business Analyst - salary of \$132,407.00  
IS Senior Business Analyst - salary of \$153,302.00  
Start and end dates reflect earliest and latest start dates for both positions combined.  
(See attached spreadsheet for additional details.)

They have supported the implementation of two community supports resulting in 60 alcohol Sobering Center visits and 280 Medical Respite episodes (8,880 days) under CalAIM in 2022. Additionally, their work has supported the launch of ECM Teams, ECM triage of 560 members, open (outreached and enrolled) of 487 ECM members, and closing of 285 members. Their work also supports the expansion of capacity for current PoF and preparation for Children and Youth and Justice Involved PoF in 2023 and 2024. Funding for salaries will continue through the SF County General Funds.

#### Description 3 Maximum of 250 words

Our IS Business Analysts analyze data and develop reports to plan for and operationalize programs for future CalAIM populations of focus, and to identify and expand the number of Marin County Cal beneficiaries supported by CalAIM.

They have supported the implement of two community supports resulting 60 alcohol Sobering Center visits ar 280 Medical Respite episodes (8,88 days) under CalAIM in 2022. Additic their work has supported the launch ECM Teams, ECM triage of 560 members, open (outreached and enrolled) of 487 ECM members, and closing of 285 members. Their work also supporting the expansion of capacity for current PoF and prepar for Children and Youth and Justice Involved PoF in 2023 and 2024.

**Upload documentation if available**  
Documents may include but are not limi vendor documentation or retroactive rec and invoices.

No file uploaded

## Activity 4

### Associated Purchase Category 4

No answer

### Which Milestone is this activity for? 4

Milestone 6

### Existing or New Hire 4

New Hire

### Position Type 4

SFHN Administrative Analyst

### Number of FTE(s) 4

1

### Number of months funding is requested 4

18

### Annual Salary 4

\$119,533.99 USD

### Start date 4

Dec 12, 2022

### End date 4

Jun 11, 2024

### Total Amount Requested 4

\$422,599.34 USD

### Fringe Rate 4

No answer

### Fringe Cost 4

\$61,639.79 USD

### Justification and relation to ECM/Community Supports 4 Maximum of 250 words

Salary request includes both retroac and prospective funding. The CalAIM Administrative Analyst supports the implementation of CalAIM ECM and by conducting any CalAIM-related financial analyses to ensure that SF CalAIM initiatives are meeting finan goals. Additionally, this position supp all funding requests such as PATH CITED, IPP, HHIP, and others. Funding for salaries will continue th the SF County General Funds.

### Description 4 Maximum of 250 words

The CalAIM Admin Analyst supports CalAIM initiatives by providing finan analysis, and partnership on all thing related to revenue and funding. The Admin Analyst also contributes to CalAIM Central Team process improvement efforts to increase efficiency of the ECM and CS Centr Team operations.

**Upload documentation if available**

Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Activity 5

### Associated Purchase Category 5

No answer

### Which Milestone is this activity for? 5

Milestone 7

### Existing or New Hire 5

New Hire

### Position Type 5

SFHN Nurse Manager

### Number of FTE(s) 5

1

### Number of months funding is requested 5

18

### Annual Salary 5

\$262,204.96 USD

### Start date 5

Mar 21, 2022

### End date 5

Sep 19, 2023

### Total amount requested 5

\$355,822.39 USD

### Fringe Rate 5

No answer

### Personnel Fringe Cost 5

\$65,868.91 USD

### Justification and relation to ECM/Community Supports 5 Maximum of 250 words

Salary request includes both retroactive and prospective funding. The Nurse Manager role is essential in managing two of the ECM teams that contribute to the 353 managed care members receiving ECM services annually. Funding for salaries will continue through the SF County General Funds.

### Description 5 Maximum of 250 words

The CalAIM Nurse Manager manages the operations of two of the ECM teams in the SFHN and supports the ECM managers who are providing front line ECM services to managed care plan members.

### Upload documentation if available Documents may include but are not limited to vendor documentation or retroactive rec and invoices.

No file uploaded

## Budget 9

### Personnel Cont.

## Activity 6

### Number of FTE(s) 6

### Fringe Rate 6

<b>Associated Purchase Category 6</b>	2	No answer
No answer	<b>Number of months funding is requested 6</b>	<b>Fringe Cost 6</b>
<b>Which Milestone is this activity for? 6</b>	24	\$0.00 USD
Milestone 4	<b>Annual Salary 6</b>	<b>Justification and relation to ECM/Community Supports 6</b> Maximum of 250 words
<b>Existing or New Hire 6</b>	\$120,000.00 USD	<p>This is for prospective funding for two SF Fellows positions for 12 months each for a total of 24 months.</p> <p>The SF Fellows will contribute significantly to streamlining the ECM enrollment process to increase the number of ECM eligible members to be enrolled. Additionally, the Fellows will conduct research and data analysis to strengthen incorporation of race, ethnicity, language, sexual orientation and gender identity into CalAIM performance measures and planning required to roll out new Community Supports and to provide insights into factors that may affect health equity. The SF Fellows program is a 12-month fellowship program, thus these positions only require 12 months of funding as part of the sustainability plan.</p> <p>(See attached spreadsheet for details)</p>
New Hire	<b>Start date 6</b>	
<b>Position Type 6</b>	Jul 1, 2023	
SFHN Fellows	<b>End date 6</b>	
	Jun 30, 2024	
	<b>Total amount requested 6</b>	<b>Description 6</b> Maximum of 250 words
	\$694,396.02 USD	<p>The SF Fellows will support all current CalAIM initiatives with a special focus on streamlining the ECM enrollment process, and research and data analysis to strengthen incorporation of race, ethnicity, language, sexual orientation and gender identity into CalAIM performance measures and planning required to roll out new Community Supports.</p>
		<b>Upload documentation if available</b> Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.
		No file uploaded

  

<b>Activity 7</b>	<b>Number of FTE(s) 7</b>	<b>Fringe Rate 7</b> Enter value in decimal form
<b>Associated Purchase Category 7</b>	1	No answer
No answer	<b>Number of months funding is requested 7</b>	<b>Fringe Cost 7</b>
<b>Which Milestone is this activity for? 7</b>	12	\$59,958.12 USD



Milestone 8

**Existing or New Hire 7**

Existing Staff

**Position Type 7**

HSH Manager I

**Annual Salary 7**

\$223,660.00 USD

**Start date 7**

Apr 18, 2022

**End date 7**

Apr 14, 2023

**Total amount requested 7**

\$179,287.64 USD

**Justification and relation to ECM/Community Supports 7**  
**Maximum of 250 words**

The funding request for this role is to cover 60% time for the HSH Manager. With CITED funding HSH will hire personnel in the Planning and Information Technology programs and will operationalize all aspects of CalAIM. Staff will set up workplans, develop relationships with the Managed Care Plan partners, and complete all requirements required to become a Community Supports provider with the MCPs. Personnel will build out a robust oversight program and build a long-term strategy data exchanges. All HSH staff will be hired by July 2023.

HSH will use PATH Cited funding to cover the first 18 months of the salary for the additional staff being hired in 2023 and the first 12 months of staff were hired in 2022. These staff will be needed to implement all aspects of CalAIM. By the end of 12 months, HSH will have implemented all three Community Supports services with the Managed Care Plans and expects to generate the appropriate revenue from providing CS services as well as through the continuous referrals made by the Managed Care Plans. This revenue will be ongoing and based on initial projections, HSH will have sufficient funding to cover the salaries of all first staff hired through CITED funding. HSH has also projected that the revenue generated from providing all three Community Support services will also provide enough funding to maintain the IT system that will be built to enhance HSH's billing capabilities past the use of CITED funding.

(See attached spreadsheet for details)

**Description 7**  
**Maximum of 250 words**

The CalAIM Manager oversees the entire project launch of all three Community Support services, Housing Transition Navigation, Housing Department and Housing Tenancy and Sustainability services. The Manager serves as a liaison between the CalAIM planning team and all other key stakeholders within HSH and externally, to coordinate and prioritize key implementation tasks required for launch. The CalAIM Manager establishes and builds relationships with stakeholders, including Managed Care Plan partners,

Department of Public Health partner and other external and internal stakeholders. The manager will also ensure that team members are meeting deadlines and respond to any challenges in meeting project deliverables. The CalAIM manager serves as facilitator of stakeholder meetings. Lastly, the CalAIM manager will ensure that status updates are provided to HSH leadership, gain leadership support where and when needed.

**Upload documentation if available**  
Documents may include but are not limited to vendor documentation or retroactive receipts and invoices.

No file uploaded

## Activity 8

### Associated Purchase Category 8

No answer

### Which Milestone is this activity for? 8

Milestone 3

### Existing or New Hire 8

Existing Staff

### Position Type 8

HSH Senior IS Business Analyst

### Number of FTE(s) 8

No answer

### Number of months funding is requested 8

18

### Annual Salary 8

\$207,884.00 USD

### Start date 8

Oct 17, 2022

### End date 8

Apr 12, 2024

### Total amount requested 8

\$0.00 USD

### Fringe Rate 8

No answer

### Fringe Cost 8

\$32,700.55 USD

### Justification and relation to ECM/Community Supports 8 Maximum of 250 words

The CalAIM Information Systems Business Analyst will build out key data exchange workflows (interim and long term), will have the technical knowledge and problem solving capability to determine solutions to bridge any gaps between the current HSH data exchange capabilities and the MCPS, which will allow HSH to stand up three Housing Community Supports to serve an estimated 8,850 Medi-Cal beneficiaries annually.

The Department of Homelessness and Supportive Housing will use PATH C funding to cover the first 18 months of the salaries for the additional staff being hired in 2023 and the first 12 months of staff that were hired in 2022. These funds will be needed to implement all aspects of CalAIM. By the end of 12 months HSH will have implemented all three Community Supports services with Integrated Managed Care Plans and expects to generate the appropriate revenue from providing Community Supports services as well as through the continuous referrals made by the Managed Care Plans. This revenue will be ongoing based on initial projections, HSH will

have sufficient funding to cover the salaries of all five staff hired through CITED funding. HSH has also projected that the revenue generated from providing all three Community Support services will also provide enough funding to maintain the IT system that will be built to enhance HSH's billing capabilities past the use of CITED funding. (See attached spreadsheet for details)

**Description 8**  
Maximum of 250 words

The CalAIM Information Systems Business Analyst will build out key data exchange workflows (interim and long term), will have the technical knowledge and problem solving capability to determine solutions to bridge any gaps between the current HSH data exchange capabilities and the MCPS. This IS Business Analyst will also serve to provide a key role in selecting a vendor that can help build a long-term solution.

**Upload documentation if available**  
Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

**Activity 9**

**Associated Purchase Category 9**

No answer

**Which Milestone is this activity for? 9**

Milestone 3

**Existing or New Hire 9**

Existing Staff

**Position Type 9**

HSH Pr Administrative Analyst

**Number of FTE(s) 9**

1

**Number of months funding is requested 9**

18

**Annual Salary 9**

\$217,793.00 USD

**Start date 9**

Oct 3, 2022

**End date 9**

Mar 29, 2024

**Total amount requested 9**

\$149,819.71 USD

**Fringe Rate 9**

No answer

**Personnel Fringe Cost 9**

\$58,473.17 USD

**Justification and relation to ECM/Community Supports 9**  
Maximum of 250 words

The CalAIM Implementation Analyst serves as a project manager outlining key deliverables, deadlines, assigning tasks to team members, and coordinating with all key stakeholders to accomplish tasks, supporting the launch of all three Community Support services: Housing Transition Navigation, Housing Deposits, and Housing Tenancy and Sustaining services, which will serve an estimated 8,850 Medi-Cal beneficiaries annually.

The Department of Homelessness and Supportive Housing will use PATH C funding to cover the first 18 months of the salaries for the additional staff hired through CITED funding.

hired in 2023 and the first 12 month staff that were hired in 2022. These will be needed to implement all aspects of CalAIM. By the end of 12 months HSH will have implemented all three Community Supports services with 1 Managed Care Plans and expects to generate the appropriate revenue from providing Community Supports services as well as through the continuous referrals made by the Managed Care Plans. This revenue will be ongoing based on initial projections, HSH will have sufficient funding to cover the salaries of all five staff hired through CITED funding. HSH has also projected that the revenue generated from providing all three Community Support services will also provide enough funding to maintain the IT system that will be built to enhance HSH's billing capabilities past the use of CITED funding. (See attached spreadsheet for details)

**Description 9**  
Maximum of 250 words

The CalAIM Implementation Analyst serves as a project manager outlining key deliverables, deadlines, assigning tasks to team members, and coordinating with all key stakeholders to accomplish tasks. The CalAIM Implementation analyst will complete documentation required by the MCF. This analyst will also work closely with the HSH IT team to develop an interface file exchange process that meets DI requirements. Lastly, this analyst will ensure that all relevant funding requirements applications are completed and submitted. (See attached spreadsheet for details)

**Upload documentation if available**  
Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

**Activity 10**

**Associated Purchase Category 10**

No answer

**Which Milestone is this activity for? 10**

Milestone 10

**Number of FTE(s) 10**

2

**Number of months funding is requested 10**

36

**Annual Salary 10**

**Fringe Rate 10**

No answer

**Personnel Fringe Cost 10**

\$154,530.49 USD

**Description 10**  
Maximum of 250 words

<b>Existing or New Hire 10</b>	\$190,472.00 USD	<p>This request is for 2 positions for 18 months each, totaling 36 months. The two Senior Administrative Analysts will sit in the planning division with the CalAIM Manager and CalAIM Implementation Analyst and will support all key planning and project activities supporting the launch of all three Community Support services, Housing Transition Navigation, Housing Department and Housing Tenancy and Sustainability services, which will serve an estimated 8,850 Medi-Cal beneficiaries annually. These analysts will work with the Program Managers, CBO Providers and Administrative teams to build out desktop manuals, training documentation and guides, as well as improve Provider documentation of Community Support service activities in the HMIS system. Post launch, the Senior administrative analysts will work to create a continuous monitoring system at HSH to support all improvement activities.</p> <p>The Department of Homelessness and Supportive Housing will use PATH C funding to cover the first 18 months of the salaries for the additional staff hired in 2023 and the first 12 months of the salaries for the staff that were hired in 2022. These staff will be needed to implement all aspects of CalAIM. By the end of 12 months HSH will have implemented all three Community Support services with 100 Managed Care Plans and expects to generate the appropriate revenue from providing Community Support services as well as through the continuous referrals made by the Managed Care Plans. This revenue will be ongoing based on initial projections, HSH will have sufficient funding to cover the salaries of all five staff hired through CITED funding. HSH has also projected that the revenue generated from providing all three Community Support services will also provide enough funding to maintain the IT system that will be built to enhance HSH's billing capabilities past the use of CITED funding. (See attached spreadsheet for details)</p>
New Hire		
<b>Position Type 10</b>		
HSH Sr Admin Analyst		
	<b>Start date 10</b>	
	Jul 1, 2023	
	<b>End date 10</b>	
	Dec 31, 2024	
	<b>Total amount requested 10</b>	
	\$4,048.89 USD	

**Justification and relation to ECM/Community Supports 10**  
Maximum of 250 words

4. The two Senior Administrative Analysts will sit in the planning division with the CalAIM Manager and CalAIM Implementation Analyst and will support all key planning and project activities. These analysts will work with the Program Managers, CBO Providers

Administrative teams to build out desktop manuals, training documentation and guides, as well as improve Provider documentation of Community Support service activities in the HMIS system. Post launch, the Senior administrative analysts will work to create a continuous monitoring system at HSH to support all improvement activities.

**Upload documentation if available**  
Documents may include but are not limited to vendor documentation or retroactive records and invoices.

No file uploaded

## Total

**Total Amount Requested: Increasing Provider Workforce**

\$0.00 USD

**Total Amount Requested: Providing upfront funding needed to support capacity and infrastructure necessary to deliver ECM and Community Supports services**

\$10,159,324.00 USD

**Total Amount Requested: Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care.**

\$0.00 USD

**Milestone amount and Total budget activity amount must be equal. These amounts should be the amount of funding you are requesting. If these amounts do not match, or do not represent the amount of funds you are requesting, please return to the Milestone page or Budget pages to correct your amounts.**

**Milestones total amount requested**

\$15,196,093.07 USD

**Total Amount Requested: Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.**

\$850,000.00 USD

**Total Amount Requested: Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps.**

\$0.00 USD

**Total Amount Requested: Personnel**

\$4,186,769.07 USD

**Total amount from all budget activities**

\$15,196,093.07 USD

## Attestations

## Attestations

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>4</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>5</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 timeframe specified by the TPA 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 five 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.

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.

**First and last name \***

Kathleen Reed

**Title \***

CalAIM Community Supports Program Manager

**Date \***

May 31, 2023