SFHP CalAIM Incentive Payment Program Application

San Francisco Health Plan℠

Date of Application   05/13/2025

Applicant and Organization Information

1. Organization Name   San Francisco Department of Public Health (SFDPH)

2. Mailing Address   1001 Potrero Ave, Bldg 5, 25, 80, 90 & Bldg 5 Ward 1B, SF, CA 94110

3. Website   https://www.sf.gov/departments--department-public-health

4. Name of Executive Director/CEO   ███████ ████████
   Phone Number, and Email

5. Contact Person (if not Executive Director)   Bernadette Gates - refer to supplemental documentation.
   Name, Title, Phone Number, and Email

6. Organization Type

   ☐ 501(c)(3) Non-Profit   ☑ Government Entity   ☐ For-Profit Corporation   ☐ Other

7. TIN   94-6000417

8. Organization Mission Statement:

   To protect and promote the health of all San Franciscans.

9. Briefly describe your organization's current programs and services.

   Refer to supplemental documentation.

10. Total organizational budget (for the current year) $3,000,000,000

11. Network Status – Is your organization currently contracted with SFHP to provide services?

    ECM   ☑ Yes   ☐ No

    CS   ☑ Yes   ☐ No

    Other   ☑ Yes   ☐ No   _____

    If yes, please describe what services your organization is currently contracted to provide:

    Refer to supplemental documentation.

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12. Has your organization applied for or received funding through other CalAIM programs or related initiatives such as PATH, HCBS spending plan, etc.?

    ■ Yes   ☐ No

    If yes, briefly describe the funding request and how it is not duplicative of this request:

    Refer to supplemental documentation.

13. Has your organization applied for or received IPP funding from other health plans or participating entities?

    Anthem   ■ Yes   ☐ No
    Other   ☐ Yes   ■ No

    If yes, briefly describe the funding request and how it is not duplicative of this request:

    Refer to supplemental documentation.

Proposal Details

14. Project Title   SFDPH Epic Enhancement Implementation Project

15. Amount Requested $6,000,000

16. Estimated Total Project Costs $6,000,000

17. Proposed Start and End Dates   7/1/2025 - 6/30/2026

18. Project Overview: Please describe your funding request, including how the request will help your organization address gaps or expand its capacity to deliver Enhanced Care Management and/or Community Supports services. (200 words)

    The SFDPH Epic Enhancement Implementation Project requests funding for SFDPH Community Supports (CS) and ECM providers to be able to continue to use Epic software to receive referrals, document, and bill for services. Due to increased usage of the Epic software by CS and ECM Teams, one time Epic licensing fees will be incurred. Additionally, we plan to undertake a new project to implement Epic within our Behavioral Health Services (BHS) teams. The introduction of Epic to BHS adds to the ECM and CS abilities of San Francisco by providing a single, integrated platform for ECM coordination of client appointments and the ability to support more closed-loop referrals from BHS to Community Supports providers. In current state, some but not all of the SFDPH Behavioral Health Services Teams are able to use Epic. Building and optimizing Epic modules to enable BHS Teams to use Epic software will enable BHS Teams to identify clients who would benefit from Community Supports and ECM referrals, place those referrals, and engage in care coordination with the assigned providers. Expanding the use of Epic by SFDPH BHS providers will enhance ability to coordinate care, generate data-driven reports, and track key client outcomes such as ED utilization, hospital admissions, medical/mental/substance use services utilization, and enrollment in ECM and CS programs to engage in target improvement projects.

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19. Please indicate which priority areas your proposal will focus on. Check all that apply.

■	Increasing administrative staffing	☐	Consulting/program planning support
☐	Increasing direct service staffing	■	Billing/reporting assistance and development
■	Training staff	☐	Expanding to new Populations of Focus
■	Purchasing/enhancing IT infrastructure	■	Addressing health disparities around specific communities of focus
☐	Other (please describe):		

n/a

20. What are the overall goals for the project? (200 words)

The overall goals for the project are to enable:
1. SFDPH Community Supports Recuperative Care and Sobering Center Programs to continue to use Epic for referrals, documentation, invoicing, reporting, and care coordination in order to provide clients with care in the right settings at the right time and improve health outcomes.
2. SFDPH ECM Providers to continue to use Epic for referrals, documentation, invoicing, reporting, and care coordination in order to provide clients with care in the right settings (meeting clients where they're at) at the right time and improve health outcomes.
3. BHS Teams to begin to use Epic for closed-loop referrals to/from ECM + CS and for ECM care coordination of BHS appointments. BHS Teams ability to use Epic for the functions indicated above is anticipated to drive a reduction in s ED utilization, hospital admissions, medical/mental/substance use services utilization, and enrollment in ECM and CS programs to engage in target improvement projects.

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21. If this request will help your organization expand its capacity to provide Community Supports, please indicate which service(s).

- ☐ Housing Transition Navigation Services
- ☐ Housing Deposits
- ☐ Housing Tenancy and Sustaining Services
- ☐ Short-Term Post-Hospitalization Housing
- ☒ Recuperative Care (Medical Respite)
- ☐ Respite Services
- ☐ Day Habilitation Programs
- ☐ Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF)
- ☐ Community Transition Services/Nursing Facility Transition to a Home

- ☐ Personal Care and Homemaker Services
- ☐ Environmental Accessibility Adaptations (Home Modifications)
- ☐ Medically-Supportive Food/Meals/ Medically Tailored Meals
- ☐ Sobering Centers
- ☐ Asthma Remediation
- ☐ N/A – I don't provide Community Supports services or this request is not focused on expanding these services

22. If this request will help increase ECM enrollment or capacity, please indicate which CalAIM Populations of Focus you are currently serving or will be served by your organization as a result of this project. Check all that apply.

- ☒ Individuals experiencing or at risk of homelessness
- ☒ Individuals who are at risk for avoidable hospital or emergency department
- ☒ Individuals with serious mental health and/or substance use disorder needs
- ☒ Individuals living in the community and at risk for long-term care institutionalization

- ☒ Adult nursing facility residents transitioning to the community
- ☒ Children/youth with complex medical needs
- ☒ Adults and youth who are transitioning from incarceration
- ☒ Pregnant and postpartum individuals; birth equity population of focus

23. Does your organization serve any historically marginalized populations? If so, briefly describe how this population will benefit from this project. (200 words)

SFDPH has a longstanding history of serving clients from historically marginalized populations. The populations of focuses (PoF) most impacted by this project will be those experiencing homelessness, with serious mental illness/substance use disoder, with high utilization, and transitioning from incarceration given those PoF will primarily served by our CS/ECM Teams continuing on Epic and BHS Teams transitioning to Epic.

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24. If you are a contracted ECM/CS provider, how many Medi-Cal members currently receive ECM/CS services from your organizations? How many additional members do you anticipate serving due to this project?

- If you are an ECM provider, provide the current number of Medi-Cal members served and the estimated additional members to be served, broken down by ECM Population of Focus (see question #22 for list of POF):

ECM Population of Focus (POF)	Current # of Medi-Cal Members Served	Estimated # of Additional Members Served	Total # of Members to be Served (Current + Additional)
Refer to supplemental docur			0
			0
			0
			0
			0
			0

- If you are a CS provider, please provide the current number of Medi-Cal members served and the estimated additional members to be served, broken down by Service Type (see question #21 for list of CS services):

Community Support Service	Current # of Medi-Cal Members Served	Estimated # of Additional Members Served	Total # of Members to be Served (Current + Additional)
Refer to supplemental docur			0
			0
			0
			0
			0
			0

25. If you are not a contracted ECM/CS provider, how many Medi-Cal members do you anticipate serving annually as a result of this project?

n/a

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26. **Project Objectives and Performance Measurement**

Use the tables below to describe the project objectives, activities, and how you will measure success. Please limit the number of objectives to no more than four. Please make sure all objectives are Specific, Measurable, Achievable, Relevant, and Time-Framed (SMART). Elements to include By (dates), (applicant) will (what, where, how and for whom) in order to (impact, by how much). Enter each objective in the space at the top of each table and list the major activities, measurable outcomes and targeted completion dates.

Objective #1	Refer to supplemental documentation.	
Major Activities	**Measureable Outcome**	**Target Completion Date**
Refer to supplemental documentation.		

Evaluation Methods: How will your outcomes be measured?

Refer to supplemental documentation.

Objective #2	Refer to supplemental documentation.	
Major Activities	**Measureable Outcome**	**Target Completion Date**
Refer to supplemental documentation.		

Evaluation Methods: How will your outcomes be measured?

Refer to supplemental documentation.

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Objective #3	Refer to supplemental documentation.	
Major Activities	**Measureable Outcome**	**Target Completion Date**
Refer to supplemental documentation.		

Evaluation Methods: How will your outcomes be measured?

Refer to supplemental documentation.

Objective #4	n/a	
Major Activities	**Measureable Outcome**	**Target Completion Date**
n/a		

Evaluation Methods: How will your outcomes be measured?

n/a

27. Describe how the project will be sustained after the grant period ends.

While there are additional maintenance and support fees beyond the one time licensing fee and Epic build/optimization fees, DPH must and will budget for these ongoing costs.

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28. Please complete the budget template and justification below. For each line item, please identify which project objective it supports.

Line Item	Description	Objective	Total Funding Requested
Personnel (% FTE) *For each position, specify the percentage of time dedicated to the project (% FTE) and number of months covered by the requested funds*	Consultant PM resources	oject planning, coordination, & tracki	$700,000
	Consultant system analyst resources	em design, configuration, and deploy	$2,929,300
Capital expenses	are One-time License Fee - Incremental Lic	Fees for use of Epic software	$1,370,700
Operating expenses			
Other costs	BHS Training & Go-Live Support	& training for transition to use of Epic	$1,000,000
Total Requested Amount			**1.#R**

Budget Justification (200 words)

Epic is billing SFDPH $1,370,700.00 for enterprise volume increases, specifically one-time incremental license fees. This request is for the associated with increased use of the software by SFDPH's ECM and CS programs. Continued use of the software us required for ECM and CS documentation, billing/invoicing, and reporting through Epic in addition to Community Supports Recuperative Care expansion such as RESTORE being stood up as a CalAIM Community Support in 2025.

BHS usage of the software will contribute to these volumes as BHS uses the software for closed-loop referrals to/from ECM + CS programs.

Supplemental Documentation: IPP Application – SFDPH Epic Enhancement Implementation Project

#5. Bernadette Gates, #█████████ ██████████

#9. San Francisco Department of Public Health (SFDPH) is comprised of 3 divisions:

1. San Francisco Health Network (SFHN) which includes Zuckerberg San Francisco General Hospital (ZSFG), Laguna Honda Hospital and Rehabilitation Center (LHH), and more than 14 primary care clinics. Direct health care is provided to more than 125,000 insured and uninsured San Franciscans annually.
2. Behavioral Health Services, which is the largest provider of mental health and substance use prevention, early intervention, and treatment services in San Francisco (SF).
3. Population Health, which provides core public health services to all of SF.

#11. SFDPH is contracted with SFHP to provide:

1) ECM via 10 teams serving the following populations of focus: adults, families, and children/youth experiencing homelessness, adults and youth at risk for avoidable hospitalization/ED utilization, Adults/Youth with SMI/SUD, Adults at risk of institutionalization, Nursing facility residents transitioning to the community, adults transitioning from incarceration, adult/youth birth equity, children/youth enrolled in CCS, Children/Youth with child welfare, children/youth with intellectual or development disability;

2) Community Supports: Recuperative Care (Medical Respite and Managed Alcohol Program), Sobering Centers (Sobering Center and SoMa RISE), Housing Navigation Transition, Housing Deposits, Housing Tenancy & Sustaining

3) Hospital/facility contract for inpatient, including acute and distinct-part skilled nursing facility, and outpatient services.

#12. PATH CITED and PATH Justice funding has been received but not for the Epic enhancements that this application is requesting; therefore, this request is not duplicative of any funding received through PATH. Refer to "Funding Dashboard" for details.

#13. IPP funding has been received but not for the Epic enhancements that this application is requesting. Refer to "Funding Dashboard" for details. No additional IPP applications for the Epic enhancements that this application is relevant to have been submitted.

#24

ECM POF	Current # Served	Estimated # of additional members served	Total # of Members to be served
Adult	400	n/a	400*
Youth	8	n/a	8

Supplemental Documentation: IPP Application – SFDPH Epic Enhancement Implementation Project

 *While this project doesn't directly enhance capacity for SFDPH ECM Teams, we anticipate that through this project, DPH Providers will submit additional referrals to SFHP for members to receive ECM through SFHP contracted ECM Providers.

CS Service	Current # Served	Estimated # of additional members served	Total # of Members to be served
All DPH CS (not HSH CS)	2234	4000 (RESTORE)	6234
HSH CS	Housing Navigation: 1,922 Housing Deposits: 108 Housing Tenancy: 242	No formal estimates at this time	No formal estimates at this time*

*While this project doesn't directly enhance capacity for HSH Community Supports, we anticipate that through this project, DPH Providers will submit additional referrals for clients for all CS including HSH Coordinated Entry which would be the pathway for HSH to submit those client referrals to SFHP for Community Supports. Additionally, we anticipate our DPH Providers submit additional Community Supports referrals directly to SFHP as well because of this project.

#26

Objective #1 By December 1, 2025, SFDPH Community Supports programs will maintain continuity of services—including referrals, invoicing, documentation, reporting, and care coordination through the Epic system by securing and utilizing one-time licensing funding from SFHP.

Major Activities	Measurable Outcomes	Target Completion Date
Pay one-time Epic licensing fee to enable SFDPH programs to continue utilizing Epic for Community Supports workflows.	Confirmation of licensing fee payment by SFDPH by receipt of transaction.	12/1/2025
Implement Epic-based workflows for referral processing, documentation, invoicing, and care coordination across all DPH CS programs.	Successful submission of at least 25 CS referrals and/or invoices through Epic by December 1, 2025.	12/1/2025
Train staff on Epic functions tied to CS services.	Evidence of at least 25 care coordination notes logged in Epic by CS program staff by end of December 1, 2025.	12/1/2025

Evaluation Methods: How will your outcomes be measured?

Confirmation of licensing fee payment by DPH will be measured by receipt review.

Supplemental Documentation: IPP Application – SFDPH Epic Enhancement Implementation Project

Successful submission of at least 25 ECM referrals and/or claims through Epic will be measured through system reporting with a rubric developed: # successful CS claims through Epic.

Achievement of at least 25 care coordination notes logged in Epic by CS program staff will be measured through system reporting.

Objective #2 By December 1, 2025, SFDPH ECM programs will maintain continuity of services—including referrals, invoicing, documentation, reporting, and care coordination through the Epic system by securing and utilizing one-time licensing funding from SFHP.

Major Activities	Measurable Outcomes	Target Completion Date
Pay one-time Epic licensing fee to enable SFDPH programs to continue utilizing Epic for Community Supports workflows.	Confirmation of licensing fee payment by SFDPH	12/1/2025
Implement Epic-based workflows for referral processing, documentation, and care coordination across all DPH ECM programs.	Successful submission of at least 25 ECM referrals and/or invoices through Epic by December 1, 2025.	12/1/2025
Train staff on Epic functions tied to ECM services.	Evidence of at least 25 care coordination notes logged in Epic by ECM program staff by end of December 1, 2025.	12/1/2025

Evaluation Methods: How will your outcomes be measured?

Confirmation of licensing fee payment by DPH will be measured by receipt review.

Successful submission of at least 25 ECM referrals and/or claims through Epic will be measured through system reporting with a rubric developed: # successful ECM claims through Epic.

Achievement of at least 25 care coordination notes logged in Epic by ECM program staff will be measured through system reporting.

Objective #3 By June 2026 clients enrolled in SFDPH ECM programs will demonstrate a 5% increase in utilization of BHS services due to closed-loop referral and enhanced care coordination abilities. This utilization will be measured by an increase in the number of completed (i.e excludes no-show) appointments. We believe the utilization of these outpatient treatment programs will also result in a reduction in average ED and Psych ED visits/month for patients enrolled in the ECM population.

Supplemental Documentation: IPP Application – SFDPH Epic Enhancement Implementation Project

Major Activities	Measurable Outcomes	Target Completion Date
Train BHS staff on ECM referrals	Train at least 50% BHS staff on ECM referrals.	6/15/2026
Train BHS staff on CS referrals	Train at least 50% of BHS staff on CS referrals.	6/15/2026
Increase in completed (i.e excludes no-show) BH appointments	Increase of at least 15% of BH appointments	06/15/2026
Decrease in average ED and Psych ED visits/month for patients enrolled in ECM.	Achieve a 10% reduction in average ED and Psych visits/month among ECM enrolled members.	06/15/2026

Evaluation Methods: How will your outcomes be measured?

Successful submission of at least 25 ECM referrals from BHS departments through Epic will be measured through system reporting.

Successful submission of at least 25 CS referrals from BHS departments through Epic will be measured through system reporting.

Evidence of care coordination notes logged in Epic by ECM program staff will be measured through system reporting.

The primary objective will be measured via data collection and analysis. SFDPH will use population-level reporting using the SFHP ECM-enrolled population during the reporting period. SFDPH will measure the impacts to total completed appointments for the population, the impact to no-shows, and the corresponding impacts of ED and psych ED visits. SFDPH has a power BI dashboard that utilizes Epic data to quantify and display average ED visits per month and average Psych ED visits per month for clients 6 months prior to ECM enrollment, during ECM enrollment, and 12 months following completion of ECM. For clients who were enrolled in and graduated from ECM during this project period, we will compare their ED and Psych ED average # visits per month prior to and following ECM to measure utilization.