

File No. 250422

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date May 21, 2025

Board of Supervisors Meeting Date _____

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADP Statement on Retroactivity 5/2/2025</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Brent Jalipa Date May 15, 2025

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - California Department of Health Care Services
2 - CalAIM JI PATH Round 3 Funding - \$1,500,000]

3 **Resolution retroactively authorizing the Adult Probation Department to accept and**
4 **expend a grant in the amount of \$1,500,000 from the California Department of Health**
5 **Care Services for a statewide program, entitled “CalAIM JI PATH Round 3 Funding,” for**
6 **the period of January 31, 2025, through June 30, 2026.**

7
8 WHEREAS, The California Department of Health Care Services (DHCS) awarded the
9 San Francisco Adult Probation Department (ADP) CalAIM (California Advancing and
10 Innovating Medi-Cal) JI (Justice-Involved) PATH (Providing Access and Transforming Health)
11 Round 3 planning grant to support Medi-Cal enrollment and re-entry service coordination for
12 justice involved youth and adults; and

13 WHEREAS, The California Department of Health Care Services approved ADP’s
14 application and awarded ADP \$1,500,000 to support both planning and implementation
15 expenses; and

16 WHEREAS, The California Department of Health Care Services requires entities to
17 submit their implementation plan describing how the plan effectuates Medi-Cal justice
18 involved pre-release and re-entry services; and

19 WHEREAS, The San Francisco Adult Probation Department intends to utilize these
20 grant funds in coordination with impacted stakeholders to identify the operational and
21 administrative needs, capacity gaps, processes and procedures, and infrastructure to best
22 support reentry planning, coordination, and service priorities to further the goals of CalAIM for
23 pre-release enrollment and suspension for justice involved individuals; and

24 WHEREAS, The Adult Probation Department will not use these funds to supplant
25 existing funds paying for current services; and

1 WHEREAS, The grant does not require an ASO amendment; and

2 WHEREAS, The Adult Probation Department proposes to maximize the use of
3 available grant funds on program expenses by not including indirect cost in the grant budget;
4 now, therefore, be it

5 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
6 the grant budget; and, be it

7 FURTHER RESOLVED, That the Chief of the Adult Probation Department is hereby
8 authorized and directed to act on behalf of the City in connection with the CalAIM JI PATH
9 Round 3 Funding, and to enter into, execute, and deliver any and all documents required or
10 deemed necessary or appropriate to accept and expend this funding; and be it

11 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Adult
12 Probation Department to retroactively accept and expend, on behalf of City and County of San
13 Francisco, CalAIM JI PATH Round 3 Funding grant in the amount \$1,500,000 from the
14 California Department of Health Services.

15
16
17 Recommended:

Approved: _____/s/

Daniel Lurie, Mayor

18
19 _____/s/

20 Cristel Tullock

Approved: _____/s/

21 Adult Probation Department

Greg Wagner, Controller

22 Chief Probation Officer
23
24
25

File Number: 250422
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **CalAIM Justice Involved Path Funding Round 3**
2. Department: **San Francisco Adult Probation Department (APD)**
3. Contact Person: **Seth Kilbourn** Telephone: **628-652-2326**
4. Grant Approval Status (check one):
☒ [X] Approved by funding agency ☐ [] Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$1,500,000**
6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **NA**
7. a. Grant Source Agency: **California Department of Health Care Services (DHCS)**
b. Grant Pass-Through Agency (if applicable): **NA**
8. Proposed Grant Project Summary: **APD will use this CalAIM (California Advancing and Innovating Medi-Cal) JI (Justice-Involved) planning grant to support Medi-Cal enrollment and re-entry service coordination for justice involved adults. In coordination with impacted stakeholders grant funds will be used to identify the operational and administrative needs, capacity gaps, processes, procedures, and infrastructure to best support reentry planning, coordination, and service priorities to further the goals of CalAIM for pre-release enrollment and re-entry service coordination.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 01/31/2025 End-Date: 06/30/2026
10. a. Amount budgeted for contractual services: **\$50,000**
b. Will contractual services be put out to bid? **YES**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **NO**
d. Is this likely to be a one-time or ongoing request for contracting out? **ONE-TIME**
11. a. Does the budget include indirect costs?
☐ [] Yes ☒ [X] No
b. 1. If yes, how much? **NA**
b. 2. How was the amount calculated? **N/A**
c. 1. If no, why are indirect costs not included?
☐ [] Not allowed by granting agency ☒ [X] To maximize use of grant funds on direct services [] Other (please explain):
c. 2. If no indirect costs are included, what would have been the indirect costs? **\$423,600**

12. Any other significant grant requirements or comments:

10% of the grant award is disbursed 45 days after accepting the award.

60% of the grant is disbursed upon DHCS approval of the required implementation plan. The plan must be submitted within 180 days of the first grant disbursement.

The remaining disbursements are contingent on submission of an interim and final grant progress report.

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

<input checked="" type="checkbox"/> Existing Site(s)	<input checked="" type="checkbox"/> Existing Structure(s)	<input checked="" type="checkbox"/> Existing Program(s) or Service(s)
<input type="checkbox"/> Rehabilitated Site(s)	<input type="checkbox"/> Rehabilitated Structure(s)	<input checked="" type="checkbox"/> New Program(s) or Service(s)
<input type="checkbox"/> New Site(s)	<input type="checkbox"/> New Structure(s)	

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Michele Nieve
(Name)

Manager, Human Resources & Payroll Division
(Title)

Date Reviewed: 02/21/2025

Michele Nieve
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Cristel Tullock
(Name)

Chief Probation Officer
(Title)

Date Reviewed: 2/21/25

Cristel M. Tullock, CPO
(Signature Required)



Application ID	1471942
Submitted	Nov 25, 2024
Status	Approved
Applicant(s)	Cristel Tullock (cristel.tullock@sfgov.org) Kathryn Mcgrath (kathryn.mcgrath@sfgov.org) Seth Kilbourn (seth.kilbourn@sfgov.org) Taras Madison (taras.madison@sfgov.org)
Program and cycle	JI Application Round 3 JI Round 3
Tags	No tags
Forms	PATH JI Round 3 Initial Application

Application Information

Applicant Information

Organization Name *

San Francisco Adult Probation

Name of Application Authorized Representative: *
(First and Last)

Kathryn mcGrath

Telephone Number of Application Authorized Representative *

562-852-3942

Mailing Address of Application Authorized Representative *

945 Bryant St
San Francisco, Ca 94103
c/o Taras Madison

Other County agency responsible for coordinating and providing health services for individuals in correctional institutions.

No answer

If you are a delegate organization, please upload your letter of support.

No file uploaded

Number of facilities within county for adult jails and youth correctional facilities. *

2

Type of Agency *

County Probation Offices to support youth correctional facilities

Title of Application Authorized Representative *

Manager

Email of Application Authorized Representative *

kathryn.mcgrath@sfgov.org

County *

San Francisco

County Agency *

Correctional Facility

average daily population attachments

See 11 25 2024 BSCC Report - San Francisco County Jail.xlsx

Most recent publicly available source confirming average daily population (with attachments supporting the number they are reporting) *

BSCC for Adult Jail

Eligible facility will be required to provide DHCS information on their current state and operational needs in order to be eligible for funds tied to the application approval. If a correctional facility has previously completed a DHCS-technical assistance survey (**available [here](#)**), they have already met this requirement and do not need to send additional information.

Please confirm you have submitted your DHCS-technical assistance survey.

True

Attestation & Certification

ATTESTATION & CERTIFICATION

As the authorized representative of the entities applying for funding, each entity attests and agrees to the following conditions:

- The funding received through this program will not duplicate or supplant funds received through other programs or initiatives, or other federal, state, or local funding sources.
- The funding received through this program must not supplant funding provided for the state's Department of Corrections (DOC) for the purchase of technology for state prisons, county jails, and youth correction facilities.
- Funds from this initiative may only be spent on permissible uses of funds as documented in program guidance and this application.
- The entity will respond to general inquiries from DHCS and the TPA pertaining to this 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 DHCS. Entities that fail to meaningfully engage with DHCS and the TPA in response to these inquiries may be:
- Subject to audit, and if necessary, recoupment of grant funding by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures; and/or
- Precluded from receiving additional PATH funding.
- The entity is required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in this program application. In such cases, the entity may be required to return unused funds to DHCS contingent upon the circumstances.
- The entity agrees to submit an implementation plan to the TPA no more than 180 days (about 6 months) after initial funding is received, or March 31, 2024, whichever comes first.

Signature of Authorized Representative: *

Kathryn McGrath

Date of Signature: *

Nov 25, 2024

CalAIM JI PATH Round 3 Funding – San Francisco Adult Probation Department

BUDGET

Budget Category	Budget Amount	Budget Detail
Professional/Specialized Services	\$50,000	Consultant services with expertise in Med-Cal and Cal AIM to draft required implementation plan
Programmatic Budget	\$1,450,000	Reserved for implementation of goals and deliverables in the plan

From: [Mcgrath, Kathryn \(ADP\)](#)
To: [Madison, Taras \(ADP\)](#); [Kilbourn, Seth \(ADP\)](#); [Hartwick, Alek \(ADP\)](#)
Subject: FW: Application Form Added
Date: Tuesday, January 7, 2025 3:40:33 PM

From: Public Consulting Group CA <noreply@yourcause.com>
Sent: Thursday, December 19, 2024 1:25 PM
To: Mcgrath, Kathryn (ADP) <kathryn.mcgrath@sfgov.org>
Subject: Application Form Added

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

No Image



PATH Justice-Involved Initiative

Kathryn Mcgrath,

RE: PATH Justice-Involved Initiative

Dear Kathryn Mcgrath,

We are pleased to inform you that the Department of Health Care Services (DHCS) reviewed your recent PATH Justice-Involved grant request and award an amount of \$1,500,000.00 USD . This funding must be used to support entities as they implement the processes, protocols, and IT system modifications necessary to support the implementation of pre-release enrollment and suspension processes that will help ensure Medi-Cal coverage upon reentry into the community in order to facilitate access to needed Medi-Cal covered services.

These processes are also foundational to the provision of Medi-Cal services in the 90 days prior to release, as requested by the Department of Health Care Services (DHCS) through its CalAIM 1115 Demonstration request.

You will find a Grant Terms and Conditions document at the link provided at the bottom of this letter. When you access the link please select forgot password and reset your password. Please use the email from your original application. [\[TK1\]](#)

Grant Agreement

The included grant agreement formalizes the terms and conditions of accepting the JI grant. This Grant Agreement explains the responsibilities and expectations of both parties of the grant. Please complete the Grant Agreement within thirty (30) business days of receipt. [\[TK2\]](#) Please keep a copy for your records.

Banking Funding Form

In order to receive grant disbursements from the JI initiative under PATH, you must submit your organization's tax and financial institution information to the TPA. Please navigate to the website listed below to start this process and verify your information. Your banking information must be submitted within thirty (30) business days.

If you have any questions, please contact justice-involved@ca-path.com.

Sincerely,
The Justice-Involved TPA Team

[Go to GrantsConnect](#)

GrantsConnect || Powered by: Blackbaud || Email Template: GC-18

65 Fairchild St, Charleston, South Carolina 29492




City and County of San Francisco Adult Probation Department

*Protect and Serve the Community, Further Justice, Inspire Change,
and Prioritize Racial Equity so that all People May Thrive*

Cristel M. Tullock, MSW
Chief Probation Officer

DATE: May 2, 2025

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Cristel Tullock, Chief Probation Officer 

SUBJECT: CalAIM JI PATH Round 3 Funding Grant Accept and Expend Retroactive Language

The Adult Probation Department (APD) requests a Retroactive Accept and Expend for the CalAIM JI PATH Round 3 Funding Grant. As required by the award letter, APD accepted the grant on January 31, 2024. The following timeline summarizes the process and the need for retroactive approval of accepting the grant:

- The California Department of Health Care Services (DHCS) notified APD of the grant award on December 19, 2024.
- The award notice required APD to complete and submit the Grant Agreement within 30 business days.
- APD submitted the required forms on January 31, 2025.

If you have any questions, please contact Alek Hartwick at alek.hartwick@sfgov.org.



City and County of San Francisco Adult Probation Department

*Protect and Serve the Community, Further Justice, Inspire Change,
and Prioritize Racial Equity so that all People May Thrive*

Cristel M. Tullock, MSW
Chief Adult Probation Officer

DATE: February 21, 2025

TO: Angela Calvillo
Clerk of the Board

FROM: Cristel Tullock *Cristel M. Tullock*
Chief Probation Officer

SUBJECT: CalAIM JI PATH Round 3 Funding Grant Accept and Expend Retroactive Language

The Adult Probation Department requests a Retroactive Accept and Expend for the CalAIM JI PATH Round 3 Funding Grant. The Department of Health Care Services is providing funding to support the planning and implementation of pre-release and reentry services to individuals released into the community from state prisons, county jails, and youth correctional facilities.

The Adult Probation Department will use this CalAIM (California Advancing and Innovating Medi-Cal) JI (Justice-Involved) planning grant to support Medi-Cal enrollment and re-entry service coordination for justice involved adults. In coordination with impacted stakeholders grant funds will be used to identify the operational and administrative needs, capacity gaps, processes, procedures, and infrastructure to best support reentry planning, coordination, and service priorities to further the goals of CalAIM for pre-release enrollment and re-entry service coordination.

If you have any questions, please contact Seth Kilbourn at seth.kilbourn@sfgov.org.

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Cristel Tullock, Chief Probation Officer
DATE: February 24, 2025
SUBJECT: Accept and Expend Resolution for CalAIM Justice
Involved PATH Funding Round 3 Grant

GRANT TITLE: CalAIM Justice Involved PATH Funding Round 3 -
\$1,500,000

Attached please find the original* and 1 copy of each of the following:

☒ Proposed grant resolution; original* signed by Department, Mayor, Controller

☒ Grant information form, including disability checklist

☒ Grant budget

☒ Grant application

☒ Grant award letter from funding agency

☐ Ethics Form 126 (if applicable)

☐ Contracts, Leases/Agreements (if applicable)

☐ Other (Explain):

Special Timeline Requirements: N/A

Departmental representative to receive a copy of the adopted resolution:

Name: Alek Hartwick

Phone: (628) 652-2341

Mail Address: 945 Bryant St. San Francisco, CA 94115

Certified copy required Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- ☐ 2. Request for next printed agenda (For Adoption Without Committee Reference)
(Routine, non-controversial and/or commendatory matters only)
- ☐ 3. Request for Hearing on a subject matter at Committee
- ☐ 4. Request for Letter beginning with "Supervisor inquires..."
- ☐ 5. City Attorney Request
- ☐ 6. Call File No. from Committee.
- ☐ 7. Budget and Legislative Analyst Request (attached written Motion)
- ☐ 8. Substitute Legislation File No.
- ☐ 9. Reactivate File No.
- ☐ 10. Topic submitted for Mayoral Appearance before the Board on

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- ☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission
- ☐ Planning Commission ☐ Building Inspection Commission ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- ☐ Yes ☐ No

(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)

Sponsor(s):

Subject:

Long Title or text listed:

Signature of Sponsoring Supervisor: