

File No. 251150

Committee Item No. 9

Board Item No. 17

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date December 10, 2025

Board of Supervisors Meeting Date December 16, 2025

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input 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 checked="" type="checkbox"/>	<u>DPH Memo on Retroactivity 12/4/2025</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Presentation 12/10/2025</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PAM Temporary Membership 12/5/2025</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
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Completed by: Brent Jalipa Date December 4, 2025

Completed by: Brent Jalipa Date December 11, 2025

1 [Accept and Expend Grant - Retroactive - California Department of Health Care Services -
2 Blue Cross of California Partnership Plan, Inc. (Anthem) - Housing and Homelessness
3 Incentive Program - \$626,000]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant from the California Department of Health Care Services through Blue**
6 **Cross of California Partnership Plan, Inc. (Anthem) for participation in a program,**
7 **entitled, “Housing and Homelessness Incentive Program,” in the amount of \$626,000**
8 **for the period of July 1, 2024, through June 30, 2026.**

9
10 WHEREAS, The California Department of Health Care Services (DHCS), through the
11 Blue Cross of California Partnership Plan, Inc. (Anthem) as a pass-through entity, has agreed
12 to fund the Department of Public Health (DPH) in the amount of \$626,000 for participation in a
13 program, entitled “Housing and Homelessness Incentive Program,” for the period of July 1,
14 2024, through June 30, 2026; and

15 WHEREAS, The Department of Public Health will expand street-based services in San
16 Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood
17 engagement teams to provide rapid, trauma-informed behavioral and physical health
18 assessments; community-based therapeutic interventions to promote healing, wellness, and
19 positive community participation; and linkages to benefits, housing and community resources;
20 and

21 WHEREAS, The engagement teams will be composed of street-based clinicians and
22 peers in assigned neighborhoods, with focused and phased interventions to support clients in
23 transitioning to ongoing care and services; and

24 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and
25

1 WHEREAS, A request for retroactive approval is being sought because DPH received
2 the original grant award on May 5, 2023, for a project start date of July 1, 2024 in the amount
3 of \$59,000 then received an increase in grant funds on December 10, 2024 in the amount of
4 \$567,000 for a total amount of \$626,000 for a project start date of January 1, 2025 through
5 June 30, 2026; and

6 WHEREAS, The Department proposes to maximize use of available grant funds on
7 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

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

10 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
11 expend a grant in the amount of \$626,000 from the DHCS through Anthem for participation in
12 a program, entitled "Housing and Homelessness Incentive Program," for the period of July 1,
13 2024, through June 30, 2026; and, be it

14 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
15 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

16 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
17 Agreement on behalf of the City; and, be it

18 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
19 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
20 Supervisors for inclusion in the official file.

1 Recommended: Approved: /s/ Sophia Kittler for
2 Mayor Daniel Lurie
3 /s/Jenny Louie for
4 Daniel Tsai Approved: /s/ Jocelyn Quintos for
5 Director of Health Greg Wagner, Controller
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File Number: 251150
(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: **Housing and Homelessness Incentive Program**
2. Department: **Department of Public Health
San Francisco Health Network**
3. Contact Person: **Alex Boyder** Telephone: **(510) 381-4842**
4. Grant Approval Status (check one):

☒ Approved by funding agency☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$626,000**
(Year 1 July 01, 2024 – June 30, 2025: **\$ 59,000**
Year 2 January 01, 2025 – June 30, 2026: **\$567,000**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **California Department of Health Care Services**
b. Grant Pass-Through Agency (if applicable): **Blue Cross of California Partnership Plan, Inc. (Anthem)**
8. Proposed Grant Project Summary: **The Department of Public Health (DPH) will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **7/1/2024**End-Date: **6/30/2026**
- 10a. Amount budgeted for contractual services: **\$626,000**
b. Will contractual services be put out to bid? **No**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**
d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**
- 11a. Does the budget include indirect costs?

☐ Yes☒ No

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

c1. If no, why are indirect costs not included?

☒ Not allowed by granting agency

☐ To maximize use of grant funds on direct services [

] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2024. The Department received the original grant of \$59,000 on January 29, 2024 which was accepted through the annual budget. The Department then received a grant increase of \$567,000 on December 10, 2024, for a total of \$626,000 for the period of January 1, 2025, to June 30, 2026.

The grant does not require an ASO amendment and does not create net new positions.

Project Description: HN WP103 FY 2425 HHIP Anthem

Project ID: 10041847

Proposal ID: CTR00004479

Fund ID: 11580

Version ID: V101

Authority ID: 10001

Activity ID: 0001

****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 type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input 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:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 10/20/2025 | 3:02 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 10/21/2025 | 6:12 PM PDT

Signed by:
Jenny Louie for Daniel Tsai
(Signature Required)

HHIP (BEST Neighborhoods Year Two)

July 1, 2024 - June 30, 2026

		7/1/24-6/30/25	7/1/25-6/30/26	Total Amount
	Contractual			
	Rams Contract for Peers for BEST Neighborhood Team	\$59,000.00	\$567,000.00	\$626,000.00
Total		\$59,000.00	\$567,000.00	\$626,000.00

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

This Housing and Homelessness Incentive Program Agreement (the “Agreement”) by and between **San Francisco Health Authority doing business as San Francisco Health Plan (“Health Plan” or “MCP”)** and the City and County of San Francisco (“City”), a municipal corporation, acting by and through the **San Francisco Department of Public Health (“HHIP Grantee”)**, referenced collectively as parties and individually as party, is effective upon the date of complete execution of this Agreement, for the time period described in Exhibit A (the “Effective Date”). The scope of services, reporting, and funding details are included in Exhibit A.

WHEREAS, The Housing and Homelessness Incentive Program (HHIP) is an incentive program from the California Department of Health Care Services (DHCS) that allows Medi-Cal Managed Care Plans (MCPs) to earn funds by working with community organizations to build partnerships and address housing and homelessness. As part of HHIP, Health Plan is making investments to community partners such as HHIP Grantee to address identified gaps and needs and meet HHIP metrics.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Health Plan and HHIP Grantee each desire to participate in HHIP (the “Program”) geared towards improving partnerships and addressing housing and homelessness among Medi-Cal members. HHIP Grantee agrees to perform the services, and agrees to program goals, metrics and objectives as specified in Exhibit A, attached hereto and incorporated herein.
2. To the extent any provision contained in this Agreement conflicts with the terms and conditions of DHCS All Plan Letter (“APL”) 22-007 or future DHCS APLs concerning the terms and conditions of the Program, then DHCS APLs control in order to maintain Program eligibility.
3. The parties acknowledge and agree that all information related to the Program created and/or furnished by one party to the other party as a result of this Agreement is proprietary. HHIP Grantee and Health Plan agree not to use such proprietary information except for the purpose of carrying out their obligations under this Agreement. Neither party shall disclose any proprietary information to any person or entity, except as required pursuant to San Francisco Administrative Code Chapter 67 or other applicable law, regulatory requirements or legal order, in which case such party shall immediately notify the other party of the receipt of any such request for disclosure prior to the disclosure.
4. Term and Termination. This Agreement will commence on the Effective Date and shall terminate on December 31, 2024, unless terminated earlier by either party pursuant to the terms in this Section.

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

5. Books and Records; Audit. HHIP Grantee shall maintain accurate books and records relating to this Agreement and the services as described in Exhibit A, including accounting records, copies of all invoices, and applicable subcontracts. HHIP Grantee shall make such books and records available to Health Plan (or its designee) for review and audit for at least ten (10) years after termination of this Agreement, at a location mutually agreed to by both parties, including remote, if possible. Should an audit by Health Plan identify HHIP Grantee deficiencies in the performance of services, Health Plan shall have the right to require corrective action.
6. HHIP Subcontracts. Any subcontract entered into by HHIP Grantee shall require the subcontractor to comply with the terms and conditions set forth in this Agreement. HHIP Grantee agrees to maintain and make available to Health Plan, upon request, copies of all HHIP Grantee subcontracts and to ensure that all subcontracts are in writing and require that the subcontractor comply with the requirements set forth in Section 5 (Books and Records; Audit) of this Agreement.
7. Amendment. This Agreement may not be amended except in writing and executed by the duly authorized representatives of the parties hereto. Health Plan retains the right to unilaterally amend this Agreement, provided that such amendment incorporates only mandated changes as a result of statutes, regulations, accreditation requirements, directives, or applicable contract(s) with a government agency, and shall provide HHIP Grantee at least ten (10) business days' advance notice unless a shorter timeframe is necessary for compliance.
8. Payment. Health Plan will pay HHIP Grantee in the amount and in accordance with the schedule set forth in Exhibit A.
9. Reporting. HHIP Grantee will provide Health Plan with required reports described in Exhibit A, and additional data and reporting, when requested, to demonstrate the performance and effectiveness of the Program.
10. Notices. Any notices required under this Agreement shall be made in writing and given to the other party by personal delivery, certified mail, or other mutually agreed upon method of delivery (e.g. electronic mail) at the following addresses:

If to HHIP Grantee:

San Francisco Department of Public Health
333 Valencia St #344-19
San Francisco, CA 94103
Attn: Bernadette Gates
bernadette.gates@sfdph.org

and to

SFHN Office of Managed Care
Laguna Honda Hospital and Rehabilitation Center
375 Laguna Honda Blvd Box 16
San Francisco, CA 94116
Attn: Director of Managed Care
stella.cao@sfdph.org; omc@sfdph.org

If to Health Plan:

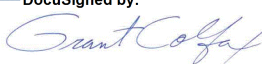
San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119
Attn: Chief Executive Officer
vhuggins@sflhp.org

11. Governing Law. This Agreement shall, in all respects, be interpreted, construed, enforced, and given effect in accordance with the laws of the State of California, excluding its principles of conflicts of laws.
12. This Agreement is solely for the benefit of HHIP Grantee and Health Plan and will not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity.
13. Indemnification. Each party agrees to indemnify, defend, and hold harmless the other party from and against any and all liability, loss, claim, damage or expense, including defense costs and legal fees, incurred in connection with a breach of any representation and warranty made by a party in this Agreement, and for claims for damages of any nature whatsoever, arising from a party's performance or failure to perform its obligations hereunder.
14. HHIP Grantee agrees that HHIP funds cannot be used for long-term "room and board" costs which is defined as long-term rental assistance. This does not include shelter operations or shelter costs, short-term or emergency rental assistance, housing related costs for housing lease-up, capital funds for permanent affordable or supportive housing development or rehab, or housing development operating subsidies.
15. The funding for this Agreement is subject to Health Plan's receipt of HHIP funds from DHCS.
16. Entire Agreement. This Agreement shall consist of the terms and conditions set out in the main body of this Agreement together with those provisions set out in any Schedule, Exhibit, Attachment and/or Addenda relating to this Agreement and attached or otherwise signed by the parties to this Agreement. This Agreement shall constitute the entire, integrated agreement and understanding between the parties and supersedes all prior agreements, representations and understandings between the parties, whether written or oral. This Agreement may not be amended or modified except by an instrument in writing executed by the parties hereto.


(Remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, the parties have duly executed this Agreement by their authorized representatives as of the Effective Date.

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

DocuSigned by:

By: _____
SF44B17A50944BA...
Printed: Grant Colfax
Title: Director of Health
Date: 02/05/2024

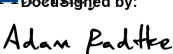
SAN FRANCISCO HEALTH AUTHORITY

DocuSigned by:

By: _____
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Printed: Nina Maruyama
Chief Officer Compliance & Regulatory Affairs
Title: _____
Date: 2/9/2024

Approved as to Form:

David Chiu

City Attorney

DocuSigned by:

By: _____
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Date: 01/29/2024 | 9:42 AM PST
Adam Radtke
Deputy City Attorney

(Remainder of this page is intentionally left blank.)

EXHIBIT A-1
BEST Neighborhoods

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

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

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health (“DPH”)	Primary Contact for Grant: Name: Kathleen Johnson-Silk Email: kathleen.silk@sfdph.org Phone: 415-839-0607
Grantee Address: 1076 Howard St 2 nd Floor San Francisco, CA 94103	County Served: San Francisco

- 2. Description of Grant/Investment:** HHIP Grantee will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.

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

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

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

4. HHIP Grantee Deliverables/Reporting:

- Establish BEST Neighborhood teams in assigned neighborhoods
- BEST Neighborhood Teams link and navigate clients to housing and benefits, and will receive training on how to submit online_Medi-Cal applications
- BEST Neighborhood Teams support SFDPH Enhanced Care Management through linkage and engagement with Enhanced Care Management and Community Supports.
- By December 1, 2023, provide a report of:
 - Number of MCP members who received BEST Neighborhood services, January 1, 2023 to October 31, 2023
 - Number of MCP members referred to an MCP-contracted CalAIM Community Supports provider for a housing-related CalAIM Community Support, January 1, 2023 to October 31, 2023
 - Number of MCP members referred and enrolled in SFHN Enhanced Care Management by the BEST Neighborhood program, January 1, 2023 to October 31, 2023

5. Health Plan Responsibilities:

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
- c. Work with HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
- d. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
- e. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

6. **Total Grant Amount:** Two million three hundred seventy-six thousand dollars and zero cents (\$2,376,000.00) for 12-months of operations

7. **Effective Date:** 8/1/23-7/31/24

8. Disbursement Intervals:

- a. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon execution of this agreement.

- b. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon staffing and training 75% of personnel necessary to actively deliver services in assigned neighborhoods
- c. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon receipt of December 1, 2023 reporting detailed above

(Remainder of this page is intentionally left blank.)

EXHIBIT A-2
ECM Peers Street Medicine

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

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

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health (“DPH”)	Primary Contacts for Grant: Name: Joel Parker Email: mailto:greg.wagner@sfdph.org joel.parker@sfdph.org Phone: 415-653-9171 Name: Carol Carbone Email: carol.carbone@sfdph.org Phone: 415-509-9147
Grantee Address: 1076 Howard St 2 nd Floor San Francisco, CA 94103	County Served: San Francisco

- 2. Description of Grant/Investment:** HHIP Grantee will expand the capacity of its street-based Enhanced Care Management (ECM) services by incorporating peer counselors and supervisors, to support enrollment and engagement in services through trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. Peers will be embedded in the ECM Street Medicine team and will work with qualified individuals to support them in connecting to ECM or transitioning to other services.

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

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
<input type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input checked="" type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM

<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. Grantee Deliverables/Reporting:

- Hire and train peer counselors and supervisors
- Peer counselors and supervisors respond to referrals and provide targeted engagement, assessment, care planning and linkage to services.
- Peer counselors and supervisors support SFDPH Street Medicine Enhanced Care Management through engagement and relationship-building with people experiencing homelessness.
- Peer counselors and supervisors support SFDPH Street Medicine Enhanced Care Management through linkage and engagement with Enhanced Care Management and Community Supports.
- Peer counselors and supervisors support clients with Medi-Cal enrollment processes enrollment or reenrollment, including development and implementation of street-based Medi-Cal enrollment
- Train peers to support documentation of ECM outreach encounters and/or other engagement with ECM
- Train peers in tracking of MCP-referred members under the ECM Episode in EPIC, including the use of appropriate coding for outreach and engagement encounters
- By December 1, 2023, provide a report of:
 - Number of MCP members who enrolled in SFDPH Street Medicine Enhanced Care Management services January 1, 2023 to October 31, 2023
 - Number of MCP members referred by SFDPH Street Medicine Enhanced Care Management to an MCP-contracted CalAIM Community Supports provider for a housing-related CalAIM Community Support January 1, 2023 to October 31, 2023
 - Number of MCP members screened for homelessness by SFDPH Street Medicine Enhanced Care Management January 1, 2023 to October 31, 2023

5. MCP Responsibilities:

- a. Identify a point of contact to serve as a liaison for HHIP grant.

- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
 - c. Work with HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
 - d. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
 - e. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.
6. **Total Grant Amount:** Three hundred thirty-seven thousand seven hundred ninety-four dollars and zero cents (\$337,794.00)
7. **Effective Date:** 7/1/23-12/31/24
8. **Disbursement Intervals:**
- Full Total Grant Amount as described in Section 6 above to be paid upon execution of this Agreement.

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EXHIBIT A-3
Epic Upgrades

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

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

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health (“DPH”)	Primary Contact for Grant: Name: Natasha Lalani Email: natasha.lalani@sfdph.org Phone: 628-206-1142
Grantee Address: 1001 Potrero Ave Building 40, 2nd Floor San Francisco, CA 94110	County Served: San Francisco

- 2. Description of Grant/Investment:** HHIP Grantee will engage a contractor for Epic support of the Street Medicine Program, to build flowsheets and dashboards supporting more efficient documentation and data collection pathways, as well as one-time Epic training Grantee’s street-based care team. The contractor’s work will augment the Street Medicine Program by expanding capacity to see more clients, providing additional outreach and enrollment support into Medi-Cal, improving documentation and the ability to claim for services provided during visits and follow up, and increasing referrals to Enhanced Care Management and linkages to Community Supports.

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

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

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

4. HHIP Grantee Deliverables/Reporting:

- a. Conduct user training and develop user training materials.
- b. Create, update, and maintain project documentation materials
- c. By December 1, 2023, have capability to share with MCP from Epic the current homelessness status of MCP members served by the Street Medicine Program
- d. By December 1, 2023, report to MCP on the number of MCP members who received street medicine services, January 1, 2023 to October 31, 2023

5. MCP Responsibilities:

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
- c. Work with HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
- d. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

6. Total Grant Amount: One hundred fifty-one thousand eighty dollars and zero cents (\$151,080.00)

7. Effective Date: 7/1/23-12/31/24

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

(Reminder of this page is intentionally left blank.)

EXHIBIT A-4
Street Medicine Vehicles

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

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

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health (“DPH”)	Primary Contact for Grant: Name: John Grimes Email: john.grimes@sfdph.org Phone: 628-233-0692
Grantee Address: 555 Stevenson St San Francisco, CA 94105	County Served: San Francisco

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

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

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
<input type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input checked="" type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)

that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		
<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. HHIP Grantee Deliverables/Reporting:

Obtain and put into service one vehicle each for:

- a. DPH Street Medicine program,
- b. ECM Street Medicine program, and
- c. BEST Neighborhoods Team.

5. MCP Responsibilities:

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

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

7. Effective Date: 7/1/23-12/31/24

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

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EXHIBIT B
DHCS All Plan Letter (APL) 22-007
See following pages

(Remainder of this page is intentionally left blank.)



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 19, 2022

ALL PLAN LETTER 22-007 (*REVISED*)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS¹

SUBJECT: CALIFORNIA HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Housing and Homelessness Incentive Program (HHIP) implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal Home and Community-Based Services (HCBS) Spending Plan. Revised text is found in *italics*.

BACKGROUND:

In accordance with section 9817 of the American Rescue Plan Act of 2021, DHCS developed an HCBS Spending Plan detailing a series of initiatives that will enhance, expand, and strengthen HCBS in California. HHIP is one of the HCBS *Transition* initiatives, which aim to expand and enhance programs that facilitate individuals transitioning to community-based independent living arrangements. HHIP is a voluntary incentive program that *enables* MCPs to earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities.

Effective January 1, 2022, DHCS *implemented* HHIP. As designed, the incentive program is intended to support delivery and coordination of health and housing services for *Members* by:

- Rewarding MCPs for developing the necessary capacity and partnerships to connect their *Members* to needed housing services; and
- Incentivizing MCPs to take an active role in reducing and preventing homelessness.

¹ This APL does not apply to Prepaid Ambulatory Health Plans or any MCP *that* will not be in operation in CY 2023, which includes, but is not limited to, Cal Medi-Connect Plans.

ALL PLAN LETTER 22-007 (REVISED)

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The incentive program period is expected to be effective from January 1, 2022 to December 31, 2023. The program period *is* split between two distinct Program Years (PY) with three distinct measurement periods:

- PY 1 (January 1, 2022 to December 31, 2022), and:
- PY 2 (January 1, 2023 to December 31, 2023)

MCP Submission	Measurement Period	MCP Submission Date	Program Year
MCP Local Homelessness Plan (LHP) Submission	January 1, 2022 to April 30, 2022	June 30, 2022	1
<i>MCP LHP Submission Revisions</i>	<i>January 1, 2022 to April 30, 2022</i>	<i>August 12, 2022</i>	<i>1</i>
<i>MCP Investment Plan (IP) Submission</i>	<i>N/A</i>	<i>September 30, 2022</i>	<i>1</i>
MCP Submission 1	May 1, 2022 to December 31, 2022	March 10, 2023	1
MCP Submission 2	January 1, 2023 to October 31, 2023	December 29, 2023	2

POLICY:

Participating MCPs must comply with the policy requirements outlined throughout this APL to earn incentive payments. The incentive payments will be in addition to the MCPs' actuarially sound capitation rates. *Program Resources and Submission Materials* can be found on the DHCS website.²

MCP Eligibility and Participation

MCP participation in this incentive program is voluntary, but strongly encouraged. MCPs that elect to participate must adhere to program and applicable federal and state requirements to earn incentive payments.

Definition of Individuals Experiencing Homelessness

The HHIP includes all *Members* who are at risk of, have recently been, or are currently experiencing homelessness. In order to assist MCPs with identification of these *Members*, DHCS has provided a definition for individuals *or families* who are experiencing *or have recently experienced* homelessness *or* are at risk of homelessness that aligns with the Community Supports Policy Guide and the Housing

² These documents can be found on the HHIP website. The HHIP website can be found at: <https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx>.

ALL PLAN LETTER 22-007 (REVISED)

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and Urban Development definition as provided in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR).^{3,4} These include:

- An individual or *families* who lacks adequate nighttime residence.
- An individual or *families* with a primary residence that is a public or private place not designed or ordinarily used for habitation.
- An individual or *families* living in a shelter.
- An individual or *families* exiting an institution into homelessness.
- An individual or *families* who will imminently lose housing in next 30 days.
- Unaccompanied youth *under 25 years of age*, or families *with* children and youth, defined as homeless under other federal statutes.
- Individuals or *families* fleeing domestic violence.

MCP Incentive Payments

DHCS will make available up to the total funding of \$1.288 billion across eligible MCPs in *four* payments. DHCS determined and shared the maximum amount of incentive payments that each MCP is eligible to earn for each measurement period based on a range of factors, including *Member* enrollment, revenue, and county point-in-time (PIT) counts of homelessness,⁵ subject to the requirement of 42 CFR section 438.6(b)(2) that incentive payments not exceed five percent of the value of capitation payments attributable to the enrollees or services covered by the incentive arrangement.⁶ Each MCP may earn up to its allocated amount based on the successful completion of the requirements for the *four* payments as outlined below.

Each MCP payment will be based on the successful completion and achievement of program measures, LHP components, and the IP.

DHCS will evaluate each MCP's submissions and performance and make incentive payments that are proportional to the number of points earned. DHCS will monitor the timeliness and content of MCP submissions and may request *information* for incomplete submissions as needed during the review timeframe.

DHCS expects participating MCPs to work closely with all applicable local partners including, but not limited to: local Continuums of Care (CoCs), counties, public health agencies, organizations that deliver housing services (i.e., interim housing, rental

³ Definition aligns with the Community Supports Policy Guide and 24 CFR section 91.5. The Community Supports Policy Guide is available at

<https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>.

⁴ The CFR is searchable at <https://www.ecfr.gov/>.

⁵ PIT estimates as of 2019. DHCS may, at its discretion, use an updated PIT count as appropriate to redetermine these amounts for PY 2.

⁶ See 42 CFR Section 438.6(b)(2).

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assistance, supportive housing, outreach, *and* prevention/diversion), *Providers*, county mental health plans, and Drug Medi-Cal and Drug Medi-Cal Organized Delivery Systems in their efforts to meet the program's goals and to report on measures. DHCS does not direct or restrict the MCP's use of incentive funds they have earned. However, DHCS intends for the HHIP to bolster housing and homelessness-focused efforts and investments at the local level, with the aim of building or expanding capacity and partnerships to connect *Members* to needed housing services and achieving measurable progress in reducing and preventing homelessness. Therefore, DHCS anticipates participating MCPs will maximize investment with local partners who are leading housing and homelessness-related efforts on the ground and most directly supporting and assisting this vulnerable population.

Requirements for Payment 1 (measurement period January 1, 2022 to April 30, 2022)

Participating MCPs operating in the same county must collaborate *with the local CoCs* to submit a single LHP by **June 30, 2022**, *and MCPs must submit revised LHP measures to DHCS by August 12, 2022*. DHCS will issue Payment 1 to MCPs in *October of 2022*, subject to DHCS' acceptance of the LHP submissions *and the MCP's performance on applicable measures*. The MCP is required to complete the LHP in full, as outlined in the *MCP LHP Template*, including the following sections:

1. **Measurement Areas:** MCPs must complete required quantitative and narrative responses, outlined in the *MCP LHP Template*, providing information on current regional progress and goals toward the three priority areas of HHIP (*Partnerships and capacity to support referrals for services, Infrastructure to coordinate and meet Member housing needs, Delivery of services and Member engagement*) described in this APL.
2. **MCP Strategies:** MCPs must provide a county-wide aggregate and unique MCP narrative submission identifying housing and service gaps in alignment with the Homeless Housing, Assistance and Prevention Program (HHAP) strategies to meet HHAP Outcome Goals and *address* the overall approach for the county as well as specific strategies for each MCP and how they align with the county approach.
3. **Landscape Analysis:** MCPs must provide an aggregate and unique landscape analysis in alignment with the HHAP Round 3 (HHAP-3)⁷ application landscape analysis utilizing relevant data from the Homeless Management Information System (HMIS), PIT counts, and other local needs assessments.⁸

⁷ MCPs may also reference HHAP Round 2 (HHAP-2) applications if additional context is helpful for them, or if Round 3 are not yet available. https://bcsh.ca.gov/calich/hhap_program.html

⁸ If the MCP does not have the current data capabilities, they *must* provide an estimate based on PIT counts and describe what they need to achieve the connectivity to HMIS or other local data sources to report this information in the future.

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- 4. Funding Availability:** MCPs must submit as an appendix their local HHAP funding availability assessment identifying state, federal, and local funds currently being used, and available to be used, to provide housing and homelessness-related services in alignment with the HHAP-3 assessment (or Round 2, if Round 3 is unavailable).

Effective July 19, 2022, participating MCPs must complete revised measures 1.1, 3.3, 3.4 and 3.5 and resubmission of Measure 2.1 is optional and may be submitted at the MCP's discretion. MCPs are encouraged to reference the LHP Revised Measures Template for further details.

MCPs will be evaluated based on the quality of the LHP components they submit, including the Landscape Analysis, Funding Availability assessment, and MCP Strategies, as well as on the program measures. Each program measure will either be earned in full, or not earned.

The MCP LHP Template specifies the requirements for MCP reporting. The data sources specified in the MCP LHP Template and LHP Revised Measures Template must be used for collecting and reporting data. The MCP LHP Template and the LHP Revised Measures Template must be submitted electronically to DHCSHHIP@dhcs.ca.gov.

Requirements for Payment 2 (based on the MCP IP 2022)

*Each MCP(s) must collaborate with the local CoCs and participating MCPs to complete one IP per county in which they are participating in HHIP. MCPs must submit completed IPs to DHCS by **September 30, 2022**. The IP must be submitted electronically to DHCSHHIP@dhcs.ca.gov. DHCS will issue Payment 2 to MCPs in December of 2022, subject to DHCS' acceptance of the IP submissions and the MCP's performance on applicable components of the IP.*

PART I: Investments: MCPs must submit a narrative describing specific investments they intend to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. The narrative should include details of anticipated funding activities, investment amounts, recipients, and timelines. For each intended investment, MCPs must specify:

1. Which HHIP measures each investment is intended to impact; and
2. Whether each investment will support MCP or Provider/partner infrastructure and capacity (or both), or direct Member interventions.

PART II: Risk Analysis: MCPs must conduct a brief risk analysis to identify challenges they may face in achieving the HHIP program goals and in making the investments outlined in Part 1. This narrative description must include what steps the MCP might take to address these potential risks and

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barriers.

PART III: CoC Letter of Support: *MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, was given an opportunity to review the MCP's IP, and supported the MCP's IP. The letter of support must be included with the IP submission as an appendix.*

PART IV: Attestation: *MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investments and their strategy for achieving program measures and targets. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee, and included with this IP submission as an appendix.*

MCPs will be evaluated based on the quality of the IP components they submit, including the Investments, Risk Analysis, CoC Letter of Support, and Attestation.

Requirements for Payment 3 (measurement period May 1, 2022 to December 31, 2022)

*MCPs must report a set of quantitative and narrative measures, as outlined in the HHIP Measure Set Updated for MCP Submission 1, describing their performance during the period from May 1, 2022 to December 31, 2022. MCPs must submit completed Submissions to DHCS by **March 10, 2023**. For MCPs operating in more than one county, the MCP must complete a Submission 1 *template* for each county in which it operates and elects to participate in the incentive program. *Submission 1 Templates will be distributed to the MCPs via the DHCS HHIP inbox.* DHCS will issue Payment 3 to MCPs in May 2023, subject to DHCS' acceptance of the MCP Submission 1 and the MCP's performance on applicable measures.*

Requirements for Payment 4 (measurement period January 1, 2023 to October 31, 2023)

*MCPs must report a set of quantitative and narrative measures, as outlined in the HHIP Measure Set Updated for MCP Submission 2 *template*, describing their performance in Program Year 2 by **December 29, 2023**. For MCPs operating in more than one county, the MCP must complete a Submission 2 *template* for each county in which it operates and elects to participate in the incentive program. *Submission 2 Templates will be distributed to the MCPs via the DHCS HHIP inbox.* DHCS will issue Payment 4 to MCPs in March 2024, subject to DHCS' acceptance of the MCP Submission 2 and the MCP's performance on applicable measures.*

Program Priority Areas and Measurement Areas

HHIP will prioritize MCP investment in and achievement of partnerships, capacity-building, infrastructure, delivery of services, and *Member* engagement.

Program Resources and Submission Materials are available on the HHIP website.

ALL PLAN LETTER 22-007 (REVISED)

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High Performance Option

The program allows MCPs that fail to achieve points on select measures in Submissions 1 and 2 to earn back some or all of those points by performing over and above thresholds on select Priority Measures in the same reporting period. This option is only applicable to points not earned on pay-for-performance measures that are not noted in the HHIP measure set as a priority measure. Points that are not earned on a priority measure may not be re-earned by the MCP.

DHCS Oversight

DHCS will monitor the timeliness of MCP submissions, as well as the content of the reports, and *may request further information if submissions are incomplete*. DHCS will send confirmation of approved submissions, as well as revision requests for incomplete submissions, to MCPs electronically.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's *contractually required* policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.⁹ These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please email DHCSHHIP@dhcs.ca.gov and CC your MCOD Contract Manager and/or your Capitated Rates Development Division Rate Liaison.

Sincerely,

Dana Durham, Chief

⁹ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.

ALL PLAN LETTER 22-007 (*REVISED*)

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Managed Care Quality and Monitoring Division

Accept and Expend Grants for the Housing & Homelessness Incentive Program:



File 251150: California Department of Health Care Services
through the Blue Cross Partnership Plan

File 251151: California Department of Health Care Services
through the San Francisco Health Plan

BOS Budget & Finance Committee

Alex Boyder, Administrative Analyst, San Francisco Health Network

December 10, 2025

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of File 251150



- **Funder:** California Department of Health Care Services (DHCS)
- **Third-Party Administrator:** Blue Cross of California Partnership Plan, Inc. (Anthem)
- **Grant Amount:** \$626,000
- **Timeline:** July 1, 2024 – June 30, 2026
- **Summary:**
 - Grant will support the Bridge and Neighborhood Services Team (BEST) Neighborhood program, now called the Street Health Team
 - RAMS Peers, through Street Health, will offer focused and phased interventions to support clients transitioning to ongoing care and services

File 251150 - Retroactivity



We are seeking **retroactive authorization** to accept this grant.

- The project period for this grant began July 1, 2024 and goes through June 30, 2026.
- DPH received notice of the grant on December 10, 2024, after the pre-determined project start date. There were delays due to prolonged discussions in coordination with the grantor on whether to treat the grant as a new grant or a grant increase.
- DPH brought this item to the BOS after going through the fiscal approvals process, including Controller's Office review and approval.

Overview of File 251151



- **Funder:** California Department of Health Care Services (DHCS)
- **Third-Party Administrator:** San Francisco Health Plan
- **Grant Increase:** \$2,518,000
 - **Total Grant Amount:** \$7,658,684.83
- **Timeline:** July 1, 2023 – November 1, 2026
- **Summary:**
 - Grant will support the Bridge and Neighborhood Services Team (BEST) Neighborhood program, now called the Street Health Team
 - DPH will integrate the FindHelp closed-loop referral platform into the electronic health record (EHR) for Enhanced Care Management (ECM) and Community Supports (CS).

File 251151 - Retroactivity



We are seeking **retroactive authorization** to accept this grant increase.

- The project period for this grant began on July 1, 2023 and goes through November 1, 2026.
- DPH has received several grant increases for this grant.
 - DPH received one notice of a grant increase on February 26, 2025, for a project start date of January 1, 2025.
 - DPH received another notice of grant increase on August 25, 2025, for a project start date of November 1, 2025.
- DPH brought these two most recent grant increases together as one accept & expend to the BOS after going through the fiscal approvals process, including Controller's Office review and approval.



Conclusion

**DPH respectfully requests approval of these items.
Thank you!**

AMENDMENT ONE
TO
HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

This Amendment One to the Housing and Homelessness Incentive Program Agreement has an Effective Date of April 1, 2024 between Blue Cross of California Partnership Plan, Inc. and its affiliates (“Anthem” or “MCP”) and the City and County of San Francisco, a municipal corporation, acting by and through the San Francisco Department of Public Health (“HHIP Grantee”), referenced collectively as parties and individually as party.

RECITALS

- A. Anthem and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and
- B. Pursuant to Section 6 of the Agreement, the parties desire to execute this Amendment One to amend the Agreement to provide for the following changes to the Agreement:

THEREFORE, IT IS AGREED:

- I. Exhibit A-2 (ECM Peers Street Medicine) of the Agreement is deleted in its entirety and replaced with the Exhibit A-2 attached to this Amendment One.

Upon acceptance by the parties, this Amendment One, as of the Effective Date hereof, shall become a part of the Agreement, and all provisions of the Agreement not specifically inconsistent herewith shall remain in full force and effect.

(Signature page follows)

ANTHEM



Digitally signed by Les
Ybarra
Date: 2024.05.09
13:19:56 -07'00'

Signature:

Les Ybarra, President, CA Medicaid
Health Plan (Anthem)

5/09/2024

Date:

HHIP Grantee

DocuSigned by:
Naveena Bobba

52BC36E46CB9439...

Signature:

Naveena Bobba, Deputy Director of Health

06/04/2024 | 11:44 AM PDT

Date:

Approved as to Form:
DAVID CHIU
City Attorney

DocuSigned by:
Adam Radtke

4AFBEA6D5F35481...

By: Adam Radtke
Adam Radtke
Deputy City Attorney

06/04/2024 | 8:30 AM PDT

Date

EXHIBIT A-2

This exhibit is intentionally left blank.

**AMENDMENT TWO
TO
HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment One to the Housing and Homelessness Incentive Program Agreement has an Effective Date of June 30, 2024 between Blue Cross of California Partnership Plan, Inc. and its affiliates (“Anthem” or “MCP”) and the City and County of San Francisco, a municipal corporation, acting by and through the San Francisco Department of Public Health (“HHIP Grantee”), referenced collectively as parties and individually as party.

RECITALS

- A. Anthem and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and
- B. Pursuant to Section 6 of the Agreement, the parties desire to execute this Amendment Two to amend the Agreement to provide for the following changes to the Agreement:

THEREFORE, IT IS AGREED:

- I. Exhibit A-1 (BEST Neighborhoods) of the Agreement is deleted in its entirety and replaced with the Exhibit A-1 attached to this Amendment Two.

Upon acceptance by the parties, this Amendment Two, as of the Effective Date hereof, shall become a part of the Agreement, and all provisions of the Agreement not specifically inconsistent herewith shall remain in full force and effect.

(Signature page follows)

ANTHEM

HHIP Grantee

Signature:

Les Ybarra, President, CA Medicaid
Health Plan

8/13/2024

Date:

DocuSigned by:
Naveena Bobba

Signature:

Naveena Bobba, Deputy Director of Health

08/09/2024 | 12:57 PM PDT

Date:

Approved as to Form:
DAVID CHIU
City Attorney

DocuSigned by:
Adam Radtke

By: Adam Radtke

Deputy City Attorney

08/08/2024 | 2:33 PM PDT

Date:

EXHIBIT A-1
BEST Neighborhoods

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

Under the Program, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. Grantee Information:

Grantee Name: San Francisco Department of Public Health (“DPH”)	Primary Contact for Grant: Name: Karen Lancaster Email: karen.lancaster@sfdph.org Phone: 628 217-7719
Grantee Address: 1076 Howard St 2 nd Floor San Francisco, CA 94103	County Served: San Francisco

2. Description of Grant/Investment: HHIP Grantee will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.

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

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
<input type="checkbox"/> 1.1 Engagement with the CoC (Continuum of Care)	<input checked="" type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or		<input type="checkbox"/> 3.6 MCP members who remained

organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		successfully housed (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. **HHIP Grantee Deliverables/Reporting:**

- Establish BEST Neighborhood teams in assigned neighborhoods
- BEST Neighborhood Teams link and navigate clients to housing and benefits, and will receive training on how to submit online Medi-Cal applications
- BEST Neighborhood Teams support SFDPH Enhanced Care Management through linkage and engagement with Enhanced Care Management and Community Supports.
- By December 1, 2023, provide a report of:
 - Number of MCP members who received BEST Neighborhood services, January 1, 2023 to October 31, 2023
 - Number of MCP members referred to an MCP-contracted CalAIM Community Supports provider for a housing-related CalAIM Community Support, January 1, 2023 to October 31, 2023
 - Number of MCP members referred and enrolled in SFHN Enhanced Care Management by the BEST Neighborhood program, January 1, 2023 to October 31, 2023

5. **Anthem Responsibilities:**

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant. Work with HHIP grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
- c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
- d. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

6. **Total Grant Amount:** Fifty-nine thousand dollars and zero cents (\$59,000.00)

7. **Effective Date:** 08/01/23-06/30/2025

8. **Disbursement Intervals:** Full Total Grant Amount as described in section 6 above to be paid upon full execution of this Agreement.

(Remainder of page is intentionally left blank.)

**AMENDMENT THREE
TO
HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Three to the Housing and Homelessness Incentive Program Agreement has an Effective Date of July 1, 2024 between Blue Cross of California Partnership Plan, Inc. and its affiliates ("Anthem" or "MCP") and the City and County of San Francisco, a municipal corporation, acting by and through the San Francisco Department of Public Health ("HHIP Grantee"), referenced collectively as parties and individually as party.

RECITALS

- A. Anthem and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement ("Agreement"); and
- B. Pursuant to Section 6 of the Agreement, the parties desire to execute this Amendment Three to amend the Agreement to provide for the following changes to the Agreement:

THEREFORE, IT IS AGREED:

- I. Exhibit A-1 (BEST Neighborhoods) of the Agreement is deleted in its entirety and replaced with the Exhibit A-1 attached to this Amendment Three to include additional funding amount for BEST Neighborhood program year 2.
- II. Exhibit A-4 (Street Medicine Vehicles) of the Agreement is deleted in its entirety and replaced with the Exhibit A-4 attached to this Amendment Three to amend the Effective Date.

Upon acceptance by the parties, this Amendment Three, as of the Effective Date hereof, shall become a part of the Agreement, and all provisions of the Agreement not specifically inconsistent herewith shall remain in full force and effect.

(Signature page follows)

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed.

**SAN FRANCISCO DEPARTMENT OF PUBLIC
HEALTH**

DocuSigned by:
Naveena Bobba
Signature: 52BC36E46CB9439...

Name: Naveena Bobba

Deputy Director of Health
Date: _____

Approved as to Form:
David Chiu
City Attorney

DocuSigned by:
Arnulfo Medina
By: 71CE0E75688346E...
Arnulfo Medina
Deputy City Attorney
12/10/2024 | 4:43 PM PST

**BLUE CROSS OF CALIFORNIA PARTNERSHIP
PLAN, INC. (Anthem)**

Signature: _____

Name: Les Ybarra

Date: 12/12/2024

EXHIBIT A-1
BEST Neighborhoods

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

Under the Program, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. Grantee Information:

Grantee Name: San Francisco Department of Public Health ("DPH")	Primary Contact for Grant: Name: Karen Lancaster Email: karen.lancaster@sfdph.org Phone: 628 217-7719
Grantee Address: 1076 Howard St 2 nd Floor San Francisco, CA 94103	County Served: San Francisco

2. Description of Grant/Investment: HHIP Grantee will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.

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

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
<input type="checkbox"/> 1.1 Engagement with the CoC (Continuum of Care)	<input checked="" type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or		<input type="checkbox"/> 3.6 MCP members who remained

organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		successfully housed (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. **HHIP Grantee Deliverables/Reporting:**

- Establish BEST Neighborhood teams in assigned neighborhoods
- BEST Neighborhood Teams link and navigate clients to housing and benefits, and will receive training on how to submit online Medi-Cal applications
- BEST Neighborhood Teams support SFDPH Enhanced Care Management through linkage and engagement with Enhanced Care Management and Community Supports.
- By December 1, 2025, provide a report of:
 - o Number of MCP members who received BEST Neighborhood services, January 1, 2024 to October 31, 2025
 - o Number of MCP members referred to an MCP-contracted CalAIM Community Supports provider for a housing-related CalAIM Community Support, January 1, 2024 to October 31, 2025
 - o Number of MCP members referred to Enhanced Care Management by the BEST Neighborhood program, January 1, 2024 to October 31, 2025
- MCP may request additional reporting for Best Neighborhood Program Year 2 including:
 - o Narrative update on program success, challenges and lessons learned along with staffing and onboarding update
 - o Number of MCP members who received BEST neighborhood services in a given reporting period

5. **Anthem Responsibilities:**

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant. Work with HHIP grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
- c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
- d. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

6. **Total Grant Amount:** Six hundred and twenty-six thousand dollars and zero cents (\$626,000.00)

7. **Effective Dates:** Year 1: 07/01/2024 – 06/30/2025
Year 2: 01/01/2025 – 06/30/2026

8. **Disbursement Intervals:**

Year 1: Fifty-nine thousand dollars and zero cents (\$59,000) upon initial execution of agreement

Year 2: Five hundred sixty-seven thousand dollars and zero cents (\$567,000) upon execution of this Amendment Three

(Remainder of page is intentionally left blank.)

EXHIBIT A-4
Street Medicine Vehicles

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

Under the Program, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. Grantee Information:

Grantee Name: San Francisco Department of Public Health (“DPH”)	Primary Contact for Grant: Name: John Grimes Email: john.grimes@sfdph.org Phone: 628-233-0692
Grantee Address: 555 Stevenson St San Francisco, CA 94105	County Served: San Francisco

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

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

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
<input type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input checked="" type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)

<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		
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4. **HHIP Grantee Deliverables/Reporting:**

Obtain and put into service one vehicle each for:

- DPH Street Medicine program,
- Street Medicine ECM program, and
- BEST Neighborhoods Team.

5. **Anthem Responsibilities:**

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
- c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
- d. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

6. **Total Grant Amount:** Sixteen thousand four hundred forty-two dollars and zero cents (\$16,442.00)

7. **Effective Date:** 07/01/23-12/31/25

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

(Remainder of page is intentionally left blank.)



City and County of San Francisco
Daniel Lurie
Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Thursday, December 4, 2025

RE: **Retroactivity re: File 251150 and File 251151**

This Resolution seeks authorization for the Department of Public Health (DPH) to retroactively accept and expend two grant increases in the amount of \$626,000 and \$, respectively, from the California Department of Health Care Services through the Blue Cross Partnership Plan and the San Francisco Health Plan, respectively for the Housing and Homelessness Incentive Program (HHIP).

File 251150: Accept and Expend Grant - Retroactive - California Department of Health Care Services - Blue Cross of California Partnership Plan, Inc. (Anthem) - Housing and Homelessness Incentive Program - \$626,000 – The project period for this grant began July 1, 2024 and goes through June 30, 2026. DPH received notice of this grant on December 10, 2024, after the pre-determined project start date. There were prolonged discussions in coordination with the grantor on whether to treat the grant as a new grant or a grant increase. DPH then brought the items to the Controller's Office for review. The Controller's Office reviewed and forwarded the packet to the Mayor's Office on October 30, 2025, for introduction on November 18, 2025.

File 251151: Accept and Expend Grant - Retroactive - California Department of Health Care Services - San Francisco Health Plan - Housing and Homelessness Incentive Program - \$7,658,684.63 – The project period for this grant began May 5, 2023. DPH has received several grant increases for this grant, all after the predetermined project start date. DPH received two notices of this grant increase, on February 26, 2025 and November 1, 2025. This resolution represents both increases as one accept & expend grant. The project period goes through November 1, 2026. After receiving these notices of grant increase, DPH brought these increases as one accept & expend to the Controller's Office for review. The Controller's Office reviewed and forwarded the packet to the Mayor's Office on November 13, 2025, for introduction on November 18, 2025.

We respectfully request retroactive authorization for these items. Please contact Lily Conover, SFDPH Controller, at lily.conover@sfdph.org for any questions about this request for retroactive authorization.

President, District 8
BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689
Tel. No. 554-6968
Fax No. 554-5163
TDD/TTY No. 544-5227

RAFAEL MANDELMAN

PRESIDENTIAL ACTION

Date:

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,
Pursuant to Board Rules, I am hereby:

Waiving 30-Day Rule (Board Rule No. 3.23)

File No.

(Primary Sponsor)

Title.

Transferring (Board Rule No 3.3)

File No.

(Primary Sponsor)

Title.

From:

Committee

To:

Committee

Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor:

Replacing Supervisor:

For:

Meeting

(Date)

(Committee)

Start Time:

End Time:

Temporary Assignment:

Partial

Full Meeting

Rafael Mandelman, President
Board of Supervisors



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 251150

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING

Original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

Office of the Clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Gregory Wong

DEPARTMENT CONTACT TELEPHONE NUMBER

628-206-7378

FULL DEPARTMENT NAME

DPH Department of Public Health

DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS, Inc.	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. SF CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 251150
DESCRIPTION OF AMOUNT OF CONTRACT \$626,000		
NATURE OF THE CONTRACT (Please describe) The Department of Public Health (DPH) will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tang	Angela	CEO
2	Shea	Christina	Other Principal Officer
3	Agajanian	Eduard	CFO
4	Rodriguez	Patty	COO
5	Giovannini	Domenica	Other Principal Officer
6	Sinaga	Hasian	Other Principal Officer
7	De Joya	Trina	Other Principal Officer
8	Tualemoso Ah Soon	Natalie	Other Principal Officer
9	Yeh	Tom	Board of Directors
10	Roberts	Maggie	Board of Directors
11	Lee	Summer	Board of Directors
12	Chow	Wade	Board of Directors
13			
14			
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16			
17			
18			
19			

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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40			
41			
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43			
44			
45			
46			
47			
48			
49			
50			

☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board

City and County of San Francisco

Department of Public Health



Daniel Lurie
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Daniel Tsai
Director of Health

DATE: 10/21/2025

SUBJECT: Grant Accept and Expend

GRANT TITLE: Housing and Homelessness Incentive Program - \$626,000

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

- ☒ Proposed grant resolution, original signed by Department
- ☒ Grant information form, including disability checklist
- ☒ Budget and Budget Justification
- ☐ Grant application: Not Applicable. No application submitted.
- ☒ Agreement / Award Letter
- ☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes ☐

No ☒

OFFICE OF THE MAYOR
SAN FRANCISCO



DANIEL LURIE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Adam Thongsavat, Liaison to the Board of Supervisors
RE: Accept and Expend Grant - Retroactive - California Department of Health Care Services - Blue Cross of California Partnership Plan, Inc. (Anthem) - Housing and Homelessness Incentive Program - \$626,000
DATE: November 18, 2025

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant from the California Department of Health Care Services through Blue Cross of California Partnership Plan, Inc. (Anthem) for participation in a program, entitled, "Housing and Homelessness Incentive Program," in the amount of \$626,000 for the period of July 1, 2024, through June 30, 2026.

Should you have any questions, please contact Adam Thongsavat at adam.thongsavat@sfgov.org