File Number: 230029
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

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

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

1. Grant Title: **CalAIM Incentive Payment Program (IPP)**

2. Department: **Department of Public Health
IT & ZSFGH Clinical Informatics**

3. Contact Person: **Jeff Scarafia**   Telephone: **628-206-1236**

4. Grant Approval Status (check one):

        [**X**] Approved by funding agency   [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$316,800**

6a. Matching Funds Required: **$0**
  b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **San Francisco Health Plan**
  b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

    <u>CareLink Client Summary Trainings to Build Capacity:</u>
    *   **To hire Department of Public Health information technology staff to support the approvals process, technical build, and implementation of CareLink and increase the number of organizations and individuals who are able to use CareLink.**
    *   **To onboard and train staff and optimize use and understanding of these CareLink functionalities.**
    *   **We will track numbers of new CareLink accounts and numbers of new staff onboarded and trained in Carelink.**

    <u>Project #1: San Francisco Department of Health (SFDPH) Information Technology (IT) Staff to Support Approvals Process, Technical Infrastructure Build, and Implementation of CareLink:</u>
    *   **This funding will support the hiring of a SFDPH IT staff member to support the approvals process, technical build, and implementation of CareLink and increase the number of organizations and individuals who are able to use CareLink.**
    *   **Health plans and community-based organization (CBO) partners, including San Francisco Health Plan lead entities and Department of Homelessness and Supportive Housing (HSH), will have access to SFDPH CareLink, but will have a wide range of support needs for implementation. SFDPH CareLink is an IT platform that will provide access to client background and overviews, CalAIM Community Supports (CS) service history, visit histories at SFDPH and other city healthcare sites, information on shelter stays and transition into permanent supportive housing, and more to support implementation of CalAIM CS services in San Francisco.**

2) CareLink Client Summary Trainings to Build Capacity:

- **This funding will support the hiring of a trainer to build materials and lead CareLink clie   summary trainings to onboard and train staff and optimize use and understanding of he CareLink functionalities needed to implement CalAIM initiatives in San Francisco.**
- **The San Francisco Health Network (SFHN) provides CareLink access for numerous groups within the community. With the expansion of CalAIM Enhanced Care Management (ECM) a d Commu ity Supports (CS) we anticipate a significant increase in requests for CareLink access from San Francisco Health Plan (SFHP) ECM lead entities, SF Department of Homeless ess a d Supportive Housing (HSH), and more than 50 community-based organizations. SFDPH IT is currently unable to support training and education requests to ensure users are able to implement the tools required to coordinate care.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

   Start-Date: **September 12, 2022**   End-Date: **February 28, 2023**

10a. Amount budgeted for contractual services: **$280,800**

   b. Will contractual services be put out to bid? **Yes.**

   c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes.**

   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   [**X**] No

   b1. If yes, how much? **N. .**
   b2. How was the amount calculated? **N. .**

   c1. If no, why are indirect costs not included?
       [ ] Not allowed by granting agency   [**X**] To maximize use of grant funds on direct services
       [ ] Other (please explain):

   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:
The grant does not require an ASO ame dme   .

We respectfully request for approval to accept and expend these funds retroactive to September 12, 2022. The Department received the agreement on September 14, 2022.

Project Description: HN EH102 FY2223 Enhanced Care
Project ID: 10039576
Proposal ID: CTR00003354
Fu d ID: 11580
Version ID: V101
 u hority ID: 10001
 c vity ID: 0001

Disabi i A ss Ch k is *(D par m n mus forward a op of a omp d Gran Informa ion Fo ms to the Mayo 's Office of Disability)

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

[X] Existing Site(s)   [ ] Existing Structure(s)   [ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)   [ ] Rehabilitated Structure(s)   [ ] New Program(s) or Service(s)
[ ] New Site(s)   [ ] 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.

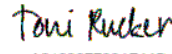If such access would be technically infeasible, this is described in the comments section below:

Comments:

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

Toni Rucker, PhD
_____
(Name)

DPH ADA Coordinator
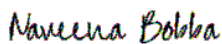_____
(Title)

Date Reviewed: _____12/21/2022 | 5:27 PM PST_____

DocuSigned by:
Toni Rucker
A84292F7331F44D...
(Signature Required)

D par m n H ad or D sign Approva of Gran Informa ion Form:

Dr. Grant Colfax
_____
(Name)

Director of Health
_____
(Title)

Date Reviewed: _____12/22/2022 | 7:10 PM PST_____

DocuSigned by:
Naveena Bobba
528C86E40CB9433...
(Signature Required)
Naveena Bobba, Deputy Director for