

Reed, Kathleen (DPH)

From: Reed, Kathleen (DPH)
Sent: Saturday, October 1, 2022 1:42 PM
To: Clayton, Jillian@DHCS; trrobinson@pcgus.com; PATH TPA CITED; DHCS 1115 Path
Cc: Justice, Carla; Devonish, Jazmin; Lelchook, Sari
Subject: Re: [External]Re: We have received your response for PATH CITED Round 1 Application

Thank you, Jillian!

Kathleen Reed
CalAIM Community Supports Program Manager

From: Clayton, Jillian@DHCS <Jillian.Clayton@dhcs.ca.gov>
Sent: Saturday, October 1, 2022 12:27:58 PM
To: Reed, Kathleen (DPH) <kathleen.reed@sfdph.org>; trrobinson@pcgus.com <trrobinson@pcgus.com>; PATH TPA CITED <cited@ca-path.com>; DHCS 1115 Path <1115Path@dhcs.ca.gov>
Cc: Justice, Carla <cjustice@pcgus.com>; Devonish, Jazmin <jdevonish@pcgus.com>; Lelchook, Sari <slelchook@pcgus.com>
Subject: RE: [External]Re: We have received your response for PATH CITED Round 1 Application

Thank you, Kathleen. We will reach out should we have any clarifying questions during our review period. If you have any further questions, please don't hesitate to reach out. Thanks!

From: Reed, Kathleen (DPH) <kathleen.reed@sfdph.org>
Sent: Saturday, October 1, 2022 11:47 AM
To: trrobinson@pcgus.com; PATH TPA CITED <cited@ca-path.com>; DHCS 1115 Path <1115Path@dhcs.ca.gov>; Clayton, Jillian@DHCS <Jillian.Clayton@dhcs.ca.gov>
Subject: [External]Re: We have received your response for PATH CITED Round 1 Application

Hi all,

Thank you for your support and feedback in answering my questions about the PATH CITED application, which I successfully submitted yesterday.

Some of our funding requests had milestones beyond 2023, but your application did not allow the option to select 2024 or 2025 for the year. (This is why you may see no dates for some milestones.) Please refer to my Milestones documentation attachment, where I have detailed all of our milestones. Please let me know if you have any questions.

Thank you!

Kathleen

Kathleen Reed
CalAIM Community Supports Program Manager

From: CA PATH CITED team <noreply@formresponse.com>
Sent: Friday, September 30, 2022 11:25:12 PM
To: Reed, Kathleen (DPH) <kathleen.reed@sfdph.org>
Subject: We have received your response for PATH CITED Round 1 Application

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

PATH CITED Round 1 Application

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| Get Page URL | https://pcgus.jotform.com/222056209203141?session=JF-S4L-8ccRqPm5&stoken=JF--VKOLpjs-11 |
| Applicant Organization Name | San Francisco Health Network ECM and CS |
| Point of Contact Name | Kathleen Reed |
| Point of Contact Title | CalAIM Community Supports Program Manager, San Francisco Health Network, San Francisco Department of Public Health |
| Point of Contact Telephone Number | (628) 227-4104 |
| Point of Contact Email Address | kathleen.reed@sfdph.org |
| Mailing Address | Street Address: 1001 Potrero Ave Street Address Line 2: Building 5, 25, 80, 90 and Bldg 5 Ward 1B City: San Francisco State: California Zip Code: 94110-3518 |
| Please select the box that best describes your organization. | County, city and local government agency |
| Please describe your experience providing Enhanced Care Management (ECM) and/or Community Supports (or equivalent services) prior to the start of CalAIM and since CalAIM began in 2022. | Behavioral Health Services (BHS) and San Francisco Health Network (SFHN) have longstanding expertise and skills relevant to providing ECM and Community Supports (CS). BHS and SFHN are leveraging their significant experience providing case management in San Francisco serving the ECM populations of focus. Each of our ECM teams have been working with persons experiencing homelessness, substance use disorders, severe mental illness, and individuals who are high users of emergency services. Since January, 2022, SFHN has launched an ECM team across SFHN that incorporates primary care, street medicine, behavioral health services, and soon will launch a permanent supportive housing team, a team focusing on pregnant women, a mobile team linked to our mental health clinics, and a medically focused team embedded in one of our intensive case management subcontractors. Medical Respite is a program of San Francisco Department of Public Health (SFDPH) in partnership with a CBO (CFSF - |

Community Forward San Francisco) which opened in 2007 at 1171 Mission St. in South of Market neighborhood (SOMA). It's 55 bed capacity provides post-acute recuperative care for people experiencing homelessness who are too sick or frail to be on the streets or in the shelter. Since 2003, SFPD worked with CFSF and the SF Fire Department's Community Paramedic division to open a program to address the needs of people found intoxicated in public. Both Medical Respite (since 1/1/22) and Sobering Center (since 7/1/22) have been implemented as CalAIM Community Supports.

DPH is a close partner of the San Francisco Department of Homelessness and Supportive Housing (HSH) and will work with HSH to implement Housing CS services in SF. HSH funds and oversees a full scope Homelessness Response System, which includes Housing Navigation Transition Services, Housing Transition Sustaining Services, and Housing Deposits through its 'Move-In Assistance' service in its prevention and diversion programming.

Applicants are required to attach to this application the signature page of an existing contract from an MCP or other organization to provide ECM/Community Support services for Medi-Cal beneficiaries, or have a signed attestation letter from an MCP, county, delegated provider or other entity authorized to contract with the Applicant that they intend to contract with the Applicant to provide ECM/Community Supports in a timely manner. Please indicate below the type of attachment included in this application.

A signature page of an existing contract from an MCP or other organization to provide ECM / Community Support services

Please upload a copy of the signature page of your existing contract or signed attestation here.

[Signature Page from SFHP-SFHN CalAIM CS Agreement.pdf](#)
[Signature Page from SFHP-SFHN CalAIM ECM Agreement.pdf](#)

| | |
|---|--|
| Adult populations of focus (select all that apply) | <p>Individuals and families experiencing homelessness</p> <p>High utilizers</p> <p>Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)</p> <p>Individuals transitioning from incarceration</p> <p>Individuals at risk for institutionalization and eligible for long-term care services</p> <p>Nursing facility residents who want to transition to the community</p> |
| Children and youth populations of focus (select all that apply) | <p>Children experiencing homelessness</p> <p>High utilizers</p> <p>Children with Serious Emotional Disturbance (SED) or identified to be at Clinical High Risk (CHR) for psychosis or experiencing a first episode of psychosis</p> <p>Children enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition</p> <p>Children involved in, or with a history of involvement in, child welfare (including foster care up to age 26)</p> <p>Children transitioning from incarceration</p> |
| If applicable, please indicate which Community Support services are currently provided or will be provided by your organization. | <p>Housing transition navigation services</p> <p>Housing deposits</p> <p>Housing Tenancy and Sustaining Services</p> <p>Recuperative care (medical respite)</p> <p>Sobering centers</p> |
| Is this application for more than one county | No |
| Funding Amount | \$ 23,319,679.40 |
| Start Date: | 01-01-2022 |
| End Date: | 03-15-2025 |
| What is the county you are requesting funding for? | San Francisco |
| Which of the following allowable uses does your organization's funding request best fit into? | <p>Increasing the provider workforce</p> <p>Providing upfront funding needed to support capacity and infrastructure necessary to deliver ECM and Community Supports services</p> |
| Provide a justification of why CITED funding is needed to support the delivery of and/or bolster capacity to support ECM and/or Community Support services. Applicants should include a description of the anticipated breadth of impact of the | <p>CalAIM Staffing: Our CalAIM CS Program Manager implements strategic plans to implement and operationalize CS. Her direct oversight of these programs has enabled 28 Sobering Center visits and 96 Medical Respite visits (5,226 days) under CalAIM. She is currently preparing for Food Pharmacy, Housing Deposits, and Housing Transition CS to go live in 2023. Our CalAIM ECM Program Manager implements strategic plans to operationalize ECM services for our populations of focus, onboards new ECM teams, and projects capacity for new populations of focus (PoF). Under her leadership, we have launched 3 ECM Teams, have triaged 175, opened (in</p> |

requested CITED funding.

outreach, enrolled) 75, and closed 80 members. She is onboarding 4 additional ECM Teams to expand capacity for current PoF and prepare for Long Term Care and Justice Involved PoF in 2023. Our CalAIM Manager develops strategy and oversees operations for ECM, CS, and serves as a liaison with our managed care plans (MCPs) and other City and County of San Francisco Agencies. Our IT Project Manager provides overall CalAIM IT program management and supports CS and ECM IT planning and implementation, including Epic workflow development, data reporting, billing, and quality assurance. She provides onboarding and ongoing training to the CalAIM Central Team on ECM and CS Epic related workflows, reports, and dashboards. Our IS Business Analysts analyze data and develop reports to plan for and operationalize programs for future CalAIM populations of focus, and to identify and expand the number of Medi-Cal beneficiaries supported by CalAIM.

Purchase of BHS Building: The San Francisco Department of Public Health (SFDPH) is requesting funding for 33% of a building acquisition, which will serve as the new Mental Health Service Center (MHSC), a 'one-stop' behavioral health drop-in access point, particularly for individuals experiencing homelessness. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 33% of the total physical space of the building. The co-location of BHS staff and CalAIM/ECM staff will improve coordination and service delivery. Our Office of Coordinated Care's Bridges and Engagement Services Team (BEST), an SFHN ECM provider, will see people on-site. This will facilitate linkages for these members as well as other SFHN ECM teams including SF Street Medicine, primary care Complex Care Management Team (CCM), Permanent Housing Advanced Clinical Services (PHACS), Team Lily serving pregnant women, and BHS Outpatient Mobile Outreach Teams (MOT). We expect to expand the number of Medi-Cal eligible individuals being served by 25%, from 6,000 currently to 7,500, within our first year of full operation.

Food Pharmacy: Since 2016, SFDPH has partnered with patient advisors, clinic staff, and the Food as Medicine Coalition to implement Food Pharmacy in primary care clinics across our network. Approximately 1,500 patients have participated in Food Pharmacy since its inception, totaling over 7,500 visits. Food Pharmacy supports patients with uncontrolled hypertension and diabetes, with a particular emphasis on reducing disparities in control rates among Black/African-American and Latinx clients, and has been successful in reducing uncontrolled

hypertension in Black/African-Americans participating in the program.

Provide a high-level description of how the requested CITED funding will be used to support the delivery of ECM and/or Community Supports, including how funding request aligns with the goals of CalAIM. Note: administrative or “indirect” costs are not permitted to exceed 5% of total requested funds.

CalAIM Staffing: The collaborative work among our CalAIM Managers, IT Project Manager, and IS Business Analysts, allows us to more effectively identify and manage the comprehensive needs of San Francisco's vulnerable and historically underserved populations through whole person care approaches and social drivers of health and to modernize our systems, implement payment reform, and create a more seamless and integrated system for SF Medi-Cal enrollees.

Purchase of BHS Building: The space is designed to optimize the client experience, particularly for individuals who are unhoused, experiencing homelessness or justice involved with complex substance use and behavioral health needs. The building is centrally located in the most high-demand neighborhood of SF, with proximity to other services frequently accessed by our priority population, allowing ease of access for the ~3,800 people experiencing homelessness (PEH) in that district based on the 2022 Point in Time Count (PIT) (approximately half of SF's 7,800 PEH). Through integration and co-location of CalAIM and ECM staff and services, Behavioral Health Access Center (BHAC), Office-based Buprenorphine Induction Clinic (OBIC), Behavioral Health Services (BHS) Pharmacy, a medical laboratory, Street- and community-based outreach and extended care management teams, housing services, and more, we will address systemic challenges in providing coordinated access to care for vulnerable populations. The center will improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives.

Food Pharmacy: The Food Pharmacy funding aligns with the goals of CalAIM by implementing a preventive, whole person approach to: Addressing social determinants of health via access to healthy, affordable food; Improving quality outcomes by reducing hypertension; Reducing health disparities for Black/African American and Latinx clients; Transforming the SFDPH health care system by integrating Food Pharmacy more formally into SFDPH primary care clinics through standardization of work, tracking patient outcomes using electronic health records, measurement of cost savings.

Describe your initial approach to sustaining activities/items funded via CITED after CITED funding ends.

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

Purchase of BHS Building: This is a one-time funding request for purchase of a building, so ongoing funding will not be needed.

Food Pharmacy: While Food Pharmacy is a proven and highly effective health intervention at SFDPH, it has operated separately at each clinic and lacked centralized oversight from SFHN Primary Care leadership, limiting full integration into our primary care delivery system. It has also relied on inconsistent funding from philanthropic organizations and donations from food banks for the food. This limits scalability and prevents SFDPH from expanding this program to other primary care sites in the network. CITED funding will allow SFDPH to fully integrate and modernize how the Food Pharmacy program is implemented at SFHN primary care clinics, while continuing to address the social drivers of health for 250 or more patients per year. SFDPH is coordinating with health plan partners (San Francisco Health Plan and Anthem) to develop Food Pharmacy as a Community Support (CS). The long-term vision is that Food Pharmacy will be expanded to serve all eligible Medi-Cal beneficiaries and will be integrated into SFHN primary care clinics as a CalAIM CS.

Describe how your organization intends to coordinate with other stakeholders (including MCPs) to ensure CITED funding is aligned with, but does not duplicate or supplant reimbursement from other sources.

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

Purchase of BHS Building: DPH will be leveraging local funds to support the remaining 67% of funding for the building, therefore this does not duplicate or supplant reimbursement from other sources.

Food Pharmacy: SFDPH has discussed with both the San Francisco Health Plan (SFHP) and Anthem this CITED Food Pharmacy funding application and our plans to scale Food Pharmacy as a CaAIM CS in San Francisco. We are partnering with other City and County of San Francisco agencies to ensure this program is coordinated with and complements other Medically Supportive Food & Nutrition Community Supports, and does not overlap with other funding requests. Both health plan partners are supportive of Food Pharmacy as part of Medically Supportive Food & Nutrition Community Supports implementation in San Francisco, and will collaborate with SFDPH to build out Food Pharmacy as a CS.

Milestones (select + to add more milestones)

| Milestone | Metrics | Anticipated Date |
|-----------|---------|------------------|
|-----------|---------|------------------|

| | | |
|--|--|------------|
| Individuals hired | Number of individuals hired | 09/03/2022 |
| Individuals completed onboarding and necessary training | Number of individuals who completed onboarding and training | 12/03/2022 |
| Individuals supporting delivery of ECM and CS | Number of individuals actively involved in support of ECM and CS delivery | 12/04/2022 |
| Board and Mayoral approval of purchase | Financing and sale agreement resolutions and ordinances approved and signed by the Mayor | 03/10/2023 |
| Escrow - initial funding | All funding sources deposited into escrow account | 04/10/2023 |
| Building tenant improvements completed | 3-6 months after escrow funded | 09/15/2023 |
| Escrow – close - building purchased | 30 days after building tenant improvements complete | 10/15/2023 |
| Building fully operational | IT systems, pharmacy licensing, and equipment in place (including supply chain considerations); majority of client services spaces are operational and DPH staff can utilize office spaces | |
| Staff in the Mental Health Service Center (MHSC) building providing ECM services and associated required CalAIM and ECM administrative support | Number of staff in the MHSC building providing ECM services and associated required CalAIM and ECM administrative support | |

| | | |
|---|--|------------|
| Achieve 25% operational capacity by end of first quarter, based on projected full operational capacity of 625 people served per month | Number of people served per month | |
| Achieve full operational capacity by end of first year, based on projected full operational capacity of 625 people served per month (25% increase from current Behavioral Health Access Center) | Number of people served per month | |
| Funding approved via the City's accept and expend process | Signed resolution | 06/30/2023 |
| Funding added to San Francisco Public Health Foundation contract | Funding notification issued to SFPHF that funding has been added to contract | 07/01/2023 |
| Submit request for Information (RFI) to health plans to establish Food Pharmacy as a CalAIM Community Support | RFI submitted | 06/30/2023 |
| Develop and implement a coordinated tracking process across clinic sites to monitor patient participation and health outcomes | Health outcome data for participating patients | |
| Develop and implement a coordinated | # of clinics reporting patient data every 6 months | |

| | | |
|---|--|--|
| tracking process across clinic sites to monitor patient participation and health outcomes | | |
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| Milestone Documentation, if necessary | SFDPH PATH CITED Round 1 Milestones.xlsx |
| Describe to what extent your organization serves populations that are historically marginalized or underserved. | <p>The San Francisco Health Network (SFHN) is the City’s only complete system of care, with locations throughout SF, including Zuckerberg San Francisco General Hospital and Trauma Center, Laguna Honda Hospital and Rehabilitation Center, 18 behavioral health service sites, 16 neighborhood-based primary care health centers, Health at Home, and Jail Health Services. SFHN also provides care in schools, navigation centers, shelters, on the streets, and in childcare centers. SFNH and Behavioral Health Services (BHS) serve all populations in San Francisco.</p> <p>The San Francisco Department of Public Health (SFDPH) has made equity an explicit value; equity is a True North Dimension for the SFDPH. In 2014, the establishment of the Black/African American Health Initiative (BAAHI) prioritized the elimination of large and persistent health and workforce disparities for this population. Over the last 3 years, that work expanded to include increasing attention to institutional and structural causes of these disparities. Different areas of the department have instituted training, created infrastructure, set new policy, and taken action to advance racial equity. SFDPH is committed to creating greater consistency in racial equity activities across the department and has created the Office of Health Equity to organize these efforts. This work aligns with city-wide goals addressing racial equity through the San Francisco Office of Racial Equity at the Human Rights Commission.</p> <p>Additionally, SFHN and BHS actively cut through socioeconomic, ethnic, cultural, and linguistic barriers to provide a wide range of mental health services to San Francisco’s most vulnerable populations. Frontline staff reflect the diversity of the communities served. Many staff offer services in non-English languages, making services more accessible and reducing stigmas within cultures historically reluctant to seek mental health support. SFDPH has led efforts to offer programming and resources to the LGBTQ+ community, including expanding data collection to integrate information around Sexual Orientation/Gender Identity (SOGI).</p> |
| Has your organization received, or applied for, funding from MCPs | 1) In August 2022, San Francisco Department of Public Health (SFDPH) was awarded an Incentive Payment Program (IPP) grant of \$360,000 jointly funded between |

through the Incentive Payment Program? If yes, please describe the amount of funding received or requested, when funding was received or requested, the activities that funding is supporting or is intended to support, and the MCP that provided this funding.

Anthem and SFHP as follows based on market share:
Anthem (12%) - \$43,200
SFHP (88%) - \$316,800

The below activities will be supported by this grant:

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

Project 2: \$180,000 for CareLink Client Summary Trainings to Build Capacity. SFHN provides CareLink access for numerous groups within the community. With the expansion of ECM and CS, we anticipate a significant increase in requests for CareLink access from SFHP ECM lead entities, SF Department of Homelessness and Supportive Housing (HSH), and more than 50 community-based organizations.

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

The below activities will be supported by this grant:

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

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

c) Staffing to support HSH’s general project management related to a range of projects required to kick off participation in Community Supports planning and operations, and other projects in the CalAIM initiative.

3) Justice Involved PATH Round 1: The San Francisco Sheriff's Office received \$100,000 to identify processes, protocols, and IT modifications that are necessary to support implementation of pre-release enrollment and suspension processes.

Does your organization participate in a PATH-funded Collaborative Planning and Implementation group? If so, please describe which group your organization participates in, when it began participating, and how this application was coordinated with other participants in the collaborative planning group.

The San Francisco Department of Public Health (SFDPH) is enthusiastic to participate in a PATH-funded Collaborative Planning and Implementation group. However, SFDPH has not yet been informed of who is the Facilitator for the San Francisco Collaborative Planning and Implementation group, nor has that person reached out to SFDPH to coordinate participation. In developing this application, we have coordinated with internal and external partners including the SF managed care plans (MCPs) SFHP and Anthem, SF Homelessness and Supportive Housing (HSH), and various other departments within the City and County of San Francisco. Despite the lack of a DHCS Collaborative Planning and Implementation facilitator in SF, SFDPH has developed a collaborative partnership with both MCPs to implement CalAIM in San Francisco. SFDPH also partners closely with the San Francisco Human Services Agency (HSA), the San Francisco Department of Homeless and Supportive Housing (HSH), the San Francisco Sheriff's Department and Jail Health Services (JHS), a division of the San Francisco Department of Public Health (SFDPH), and other City departments. JHS has been assisting incarcerated individuals with applying for Medi-Cal for over eight years. We intend to build upon this existing collaboration as we implement CalAIM, with the goals of significantly increased Medi-Cal enrollment, increasing automated data sharing, and improving communication and coordination. The San Francisco Health Network has existing relationships and collaboration with HSH around Community Supports and CalAIM at large, and is working closely with HSH to plan for the implementation of CalAIM Housing CS. The San Francisco Health Network (SFHN) would like to expand collaborative planning, and feel a multicounty approach is needed among Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma counties. We're interested in learning more about the PATH-funded Collaborative Planning and Implementation group in SF and/or the Bay Area.

Is any portion of this request seeking retroactive funding for

Yes

investments made in infrastructure and capacity from January 1, 2022 until the release of applications for the first round of CITED funding?

Dollar Amount \$ 862,929.40

Start Date 01-01-2022

End Date 09-30-2022

Purpose: SFDPH is requesting \$862,929.40 in retroactive funding for 5 CalAIM positions dedicated 100% to CalAIM: 3 CalAIM Central Team Managers, 1 Information Technology (IT) Project Manager, and 2 Information System (IS) Business Analysts dedicated to CalAIM between 1/1/2022 and 9/30/2022. (These positions are ongoing, thus if retroactive funding is available to cover expenses from 9/30/2022 through 12/31/2022, we request expenses for these 5 CalAIM positions are covered for that time period.)

Our CalAIM CS Program Manager implements strategic plans to implement and operationalize CS. Her direct oversight of these programs has enabled 28 Sobering Center visits and 96 Medical Respite visits (5,226 days) under CalAIM. She is currently preparing for Food Pharmacy, Housing Deposits, and Housing Transition CS to go live in 2023. Our CalAIM ECM Program Manager implements strategic plans to operationalize ECM services for our populations of focus, onboard new ECM teams, and projects capacity for new populations of focus (PoF). Under her leadership, we have launched 3 ECM Teams, have triaged 175, opened (in outreach, enrolled) 75, and closed 80 members. She is onboarding 4 additional ECM Teams to expand capacity for current PoF and prepare for Long Term Care and Justice Involved PoF in 2023. Our CalAIM Manager develops strategy and oversees operations for ECM, CS, and serves as a liaison with our managed care plans (MCPs) and other City and County of San Francisco Agencies.

Our IT Project Manager provides overall CalAIM IT program management and provides onboarding and ongoing training to the CalAIM Central Team on ECM and CS Epic related workflows, reports, and dashboards. She developed Epic workflows for Medical Respite team members to send authorizations, to document charges in flowsheets to bill MCPs for Sobering and Medical Respite and built functionality in Epic to track the length of stay. For ECM, she has supported various aspects of ECM IT planning and implementation, including Epic workflow development, data reporting, billing, and quality

assurance. She also leads the SFDPH CalAIM IT workgroup to support both ECM and CS initiatives, and facilitates IT project planning and communications among ECM, CS, IT, and CalAIM leadership stakeholders.

Our IS Business Analysts pull and analyze data from multiple electronic platforms to provide integrated reporting all SF CalAIM ECM and CS initiatives. They work closely with the Epic application team to build reports for current ECM and CS services (Medical Respite and Sobering), and for upcoming CalAIM Populations of Focus, such as Justice involved, to support operations and planning related to ECM and Community Supports. The data analytics they provide is crucial to track the impact of and report on current ECM and CS services, to plan for and operationalize programs for future CalAIM populations of focus, and to identify and expand the number of Medi-Cal beneficiaries supported by CalAIM.

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

Provide a high-level description of how the requested CITED funding will be used to support the delivery of ECM and/or Community Supports, including how funding request aligns with the goals of CalAIM. Note: administrative or "indirect" costs are not permitted to exceed 5% of total requested funds. (300 words)
The requested funding has been and will continue to be used to cover expenses related to scaling Community Supports and expanding ECM to serve more members and introduce new Populations of Focus.

Our CS Program Manager partnered closely with the Medical Director, IT Project Manager, Information Systems (IS) Business System Analysts, and the SF Health Plan's Social Determinants of Health Program Manager to operationalize San Francisco Department of Public Health's (SFDPH) Sobering Center and Medical Respite as Community Supports. She will continue to collaborate with our MCP's, IT Project Manager, IS Business Analysts for future community supports. Additional City and County of San Francisco Agencies such as Human Services Agency, Homelessness and Supportive Housing, and Zuckerberg San Francisco General Hospital Social

Determinants of Health Committee as well as CBO's will be key stakeholders for 2023 CS to go live and maintain focus on equitable, whole person care approaches as we develop a more consistent and seamless system.

Our ECM Program Manager partners closely with our ECM Medical Director, IT Project Manager, IS Business System Analysts, MCP's, and Field Teams including Primary Care, Behavioral Health, and Street Medicine to plan for, implement, and operationalize ECM services. To expand capacity and introduce new PoF, she will widen her network of stakeholders to include additional ECM Teams who are able to serve all PoF. She will continue to stratify ECM statistics by race and ethnicity to better understand the population we are serving, identify gaps, and put forth measures to close those gaps.

In partnership with MCP Leadership and CCSF Stakeholders, our CalAIM Manager will develop continued strategy that aligns with SFDPH's True North Metrics, which prioritize equity and health impact, to improve quality outcomes, reduce health disparities, and transform the SFDPH delivery system.

Describe your initial approach to sustaining activities/items funded via CITED after CITED funding ends. (500 words)

Funding for salaries will continue through the County General Funds.

Describe how your organization intends to coordinate with other stakeholders (including MCPs) to ensure CITED funding is aligned with but does not duplicate or supplant reimbursement from other sources. (300 words)

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

Receipts, invoices or other documents for retroactive funding requests:

[SFDPH PATH CITED Round 1 retroactive funding documentation for 5 CalAIM positions.xlsx](#)

CITED Budget Upload

[SFDPH PATH CITED Budget Template 2022-09-30.xlsx](#)

| | |
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| Do you have any additional documentation? | Yes |
| Please describe the additional documentation that you would like to upload. | The below two documents are referenced in the SFDPH PATH CITED Budget Template in Tab C, Cell D5, and support the SFDPH funding request for \$20,000,000 for 33% of a building acquisition, building improvements, and FFE (furniture, fixtures, & equipment), which will serve as the new Mental Health Service Center (MHSC), a 'one-stop' behavioral health drop-in access point, particularly for individuals experiencing homelessness and those with complex behavioral health needs. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 33 percent of the total physical space of the building. 1) SFDPH Mental Health Service Center Client Experience 2) SFDPH Mental Health Service Center Community Partners |
| Additional Documentation | SFDPH Mental Health Service Center Client Experience.docx SFDPH Mental Health Service Center Community Partners.docx |
| Please sign | Kathleen M. Reed |
| Date of Signature | 09/30/2022 |

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CalAIM PATH CITED Round 1 BHS Building Application Content Submitted 9/30/2022:

Please describe your experience providing Enhanced Care Management (ECM) and/or Community Supports (or equivalent services) prior to the start of CalAIM and since CalAIM began in 2022.

Behavioral Health Services (BHS) and San Francisco Health Network (SFHN) have longstanding expertise and skills relevant to providing ECM and Community Supports (CS). BHS and SFHN are leveraging their significant experience providing case management in San Francisco serving the ECM populations of focus. Each of our ECM teams have been working with persons experiencing homelessness, substance use disorders, severe mental illness, and individuals who are high users of emergency services. Since January, 2022, SFHN has launched an ECM team across SFHN that incorporates primary care, street medicine, behavioral health services, and soon will launch a permanent supportive housing team, a team focusing on pregnant women, a mobile team linked to our mental health clinics, and a medically focused team embedded in one of our intensive case management subcontractors. Medical Respite is a program of San Francisco Department of Public Health (SFDPH) in partnership with a CBO (CFSF -

Community Forward San Francisco) which opened in 2007 at 1171 Mission St. in South of Market neighborhood (SOMA). It's 55 bed capacity provides post-acute recuperative care for people experiencing homelessness who are too sick or frail to be on the streets or in the shelter. Since 2003, SFDPH worked with CFSF and the SF Fire Department's Community Paramedic division to open a program to address the needs of people found intoxicated in public. Both Medical Respite (since 1/1/22) and Sobering Center (since 7/1/22) have been implemented as CalAIM Community Supports.

DPH is a close partner of the San Francisco Department of Homelessness and Supportive Housing (HSH) and will work with HSH to implement Housing CS services in SF. HSH funds and oversees a full scope Homelessness Response System, which includes Housing Navigation Transition Services, Housing Transition Sustaining Services, and Housing Deposits through its 'Move-In Assistance' service in its prevention and diversion programming.

Which of the following allowable uses does your organization's funding request best fit into?

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

Provide a justification of why CITED funding is needed to support the delivery of and/or bolster capacity to support ECM and/or Community Support services. Applicants should include a description of the anticipated breadth of impact of the requested CITED funding.

BHS Building: The San Francisco Department of Public Health (SFDPH) is requesting funding for 33% of a building acquisition, which will serve as the new Mental Health Service Center (MHSC), a 'one-stop' behavioral health drop-in access point, particularly for individuals experiencing homelessness. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 33% of the total physical space of the building. The co-location of BHS staff and CalAIM/ECM staff will improve coordination and service delivery. Our Office of Coordinated Care's Bridges and Engagement Services Team (BEST), an SFHN ECM provider, will see people onsite. This will facilitate linkages for these members as well as other SFHN ECM teams including SF Street Medicine, primary care Complex Care Management Team (CCM), Permanent Housing Advanced Clinical Services (PHACS), Team Lily serving pregnant women, and BHS Outpatient Mobile Outreach Teams (MOT). We expect to expand the number of Medi-Cal eligible individuals being served by 25%, from 6,000 currently to 7,500, within our first year of full operation.

Provide a high-level description of how the requested CITED funding will be used to support the delivery of ECM and/or Community Supports, including how funding request aligns with the goals of CalAIM. Note: administrative or "indirect" costs are not permitted to exceed 5% of total requested funds.

Purchase of BHS Building: The space is designed to optimize the client experience, particularly for individuals who are unhoused, experiencing homelessness or justice involved with complex substance use and behavioral health needs. The building is centrally located in the most high-demand neighborhood of SF, with proximity to other services frequently accessed by our priority population, allowing ease of access for the ~3,800 people experiencing homelessness (PEH) in that district based on the 2022 Point in Time Count (PIT) (approximately half of SF's 7,800 PEH). Through integration and co-location of CalAIM and ECM staff and services, Behavioral Health Access Center (BHAC), Office-based Buprenorphine Induction Clinic (OBIC), Behavioral Health Services (BHS) Pharmacy, a medical laboratory, Street- and community based outreach and extended care management teams, housing services, and more, we will address systemic challenges in providing coordinated access to care for vulnerable populations. The center will improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives.

Describe your initial approach to sustaining activities/items funded via CITED after CITED funding ends.

Purchase of BHS Building: DPH will be leveraging local funds to support the remaining 67% of funding for the building, therefore this does not duplicate or supplant reimbursement from other sources.

Describe to what extent your organization serves populations that are historically marginalized or underserved.

The San Francisco Health Network (SFHN) is the City's only complete system of care, with locations throughout SF, including Zuckerberg San Francisco General Hospital and Trauma Center, Laguna Honda Hospital and Rehabilitation Center, 18 behavioral health service sites, 16 neighborhood-based primary care health centers, Health at Home, and Jail Health Services. SFHN also provides care in schools, navigation centers, shelters, on the streets, and in childcare centers. SFHN and Behavioral Health Services (BHS) serve all populations in San Francisco. The San Francisco Department of Public Health (SFDPH) has made equity an explicit value; equity is a True North Dimension for the SFDPH. In 2014, the establishment of the

Black/African American Health Initiative (BAAHI) prioritized the elimination of large and persistent health and workforce disparities for this population. Over the last 3 years, that work expanded to include increasing attention to institutional and structural causes of these disparities. Different areas of the department have instituted training, created infrastructure, set new policy, and taken action to advance racial equity. SFDPH is committed to creating greater consistency in racial equity activities across the department and has created the Office of Health Equity to organize these efforts. This work aligns with city-wide goals addressing racial equity through the San Francisco Office of Racial Equity at the Human Rights Commission. Additionally, SFHN and BHS actively cut through socioeconomic, ethnic, cultural, and linguistic barriers to provide a wide range of mental health services to San Francisco's most vulnerable populations. Frontline staff reflect the diversity of the communities served. Many staff offer services in non-English languages, making services more accessible and reducing stigmas within cultures historically reluctant to seek mental health support. SFDPH has led efforts to offer programming and resources to the LGBTQ+ community, including expanding data collection to integrate information around Sexual Orientation/Gender Identity (SOGI).

Has your organization received, or applied for, funding from MCPs through the Incentive Payment Program? If yes, please describe the amount of funding received or requested, when funding was received or requested, the activities that funding is supporting or is intended to support, and the MCP that provided this funding.

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

The below activities will be supported by this grant:

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

Project 2: \$180,000 for CareLink Client Summary Trainings to Build Capacity. SFHN provides CareLink access for numerous groups within the community. With the expansion of ECM and CS, we anticipate a significant increase in requests for CareLink access from SFHP ECM lead entities, SF Department of Homelessness and Supportive Housing (HSH), and more than 50 community based organizations.

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

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

b) Consulting services to support HSH Data Exchange with MCPs and/or SFDPH, including gaps and needs analysis regarding HSH's ability to produce 837/EDI compliant claims, as required for CalAIM billing;

identification of technological solutions, workflows, and personnel needs that would put HSH on a path to 837/EDI claims submission and adjudication (implementation may be a separate, longer-term project for a future IPP or other funding cycle).

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

Does your organization participate in a PATH funded Collaborative Planning and Implementation group? If so, please describe which group your organization participates in, when it began participating, and how this application was coordinated with other participants in the collaborative planning group.

The San Francisco Department of Public Health (SFDPH) is enthusiastic to participate in a PATH-funded Collaborative Planning and Implementation group. However, SFDPH has not yet been informed of who is the Facilitator for the San Francisco Collaborative Planning and Implementation group, nor has that person reached out to SFDPH to coordinate participation. In developing this application, we have coordinated with internal and external partners including the SF managed care plans (MCPs) SFHP and Anthem, SF Homelessness and Supportive Housing (HSH), and various other departments within the City and County of San Francisco. Despite the lack of a DHCS Collaborative Planning and Implementation facilitator in SF, SFDPH has developed a collaborative partnership with both MCPs to implement CalAIM in San Francisco. SFDPH also partners closely with the San Francisco Human Services Agency (HSA), the San Francisco Department of Homeless and Supportive Housing (HSH), the San Francisco Sheriff's Department and Jail Health Services (JHS), a division of the San Francisco Department of Public Health (SFDPH), and other City departments. JHS has been assisting incarcerated individuals with applying for Medi-Cal for over eight years. We intend to build upon this existing collaboration as we implement CalAIM, with the goals of significantly increased Medi-Cal enrollment, increasing automated data sharing, and improving communication and coordination. The San Francisco Health Network has existing relationships and collaboration with HSH around Community Supports and CalAIM at large, and is working closely with HSH to plan for the implementation of CalAIM Housing CS. The San Francisco Health Network (SFHN) would like to expand collaborative planning, and feel a multicounty approach is needed among Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma counties. We're interested in learning more about the PATH-funded Collaborative Planning and Implementation group in SF and/or the Bay Area.

Describe how your organization intends to coordinate with other stakeholders (including MCPs) to ensure CITED funding is aligned with, but does not duplicate or supplant reimbursement from other sources.

SFDPH has discussed with both the San Francisco Health Plan (SFHP) and Anthem this CITED Food Pharmacy funding application and our plans to scale Food Pharmacy as a CaAIM CS in San Francisco. We are partnering with other City and County of San Francisco agencies to ensure this program is coordinated with and complements other Medically Supportive Food & Nutrition Community Supports and does not overlap with other funding requests. Both health plan partners

are supportive of Food Pharmacy as part of Medically Supportive Food & Nutrition Community Supports implementation in San Francisco, and will collaborate with SFPDPH to build out Food Pharmacy as a CS.

Please describe the additional documentation that you would like to upload.

The below two documents are referenced in the SFPDPH PATH CITED Budget Template in Tab C, Cell D5, and support the SFPDPH funding request for \$20,000,000 for 33% of a building acquisition, building improvements, and FFE (furniture, fixtures, & equipment), which will serve as the new Mental Health Service Center (MHSC), a 'one stop' behavioral health drop-in access point, particularly for individuals experiencing homelessness and those with complex behavioral health needs. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 33 percent of the total physical space of the building.

- 1) SFPDPH Mental Health Service Center Client Experience
- 2) SFPDPH Mental Health Service Center Community Partners

Budget Template

Allowable Use Category: Providing Upfront Funding Needed to Support Capacity and Infrastructure Necessary to Deliver ECM and Community Supports Services

Purchase Category: Facility costs (e.g. renovations, furniture etc.) Include description of items

Item Description

The San Francisco Department of Public Health (SFPDPH) is requesting one-time funding of \$20,000,000 for 33% of a building acquisition, building improvements, and FFE (furniture, fixtures, & equipment), which will serve as the new Mental Health Service Center (MHSC), a 'one-stop' behavioral health drop-in access point, particularly for individuals experiencing homelessness and those with complex behavioral health needs. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 33 percent of the total physical space of the building. We're requesting an additional \$2,000,000 for overhead and administrative expenses. The total PATH CITED funding request for this building is \$22,000,000.

1019 Market Street will house a behavioral health drop-in access hub, to create San Francisco's (SF's) first comprehensive Mental Health Service Center (MHSC). The space is designed to optimize the client experience, particularly for individuals who are unhoused, experiencing homelessness or justice involved with complex substance use and behavioral health needs.

The MHSC at 1019 Market Street will be a joint collaboration across multiple programs including Behavioral Health Access Center (BHAC), Office-based Buprenorphine Induction Clinic (OBIC), Behavioral Health Services (BHS) Pharmacy, a medical laboratory, Street- and community-based outreach and extended care management teams, housing services, community CBO partners, and overnight services. Through integration and co-location, we will address systemic challenges in providing coordinated access to care for vulnerable populations. This whole-person approach will improve outcomes and decrease morbidity/mortality amongst people utilizing behavioral health services. The building is centrally located in the most high-demand neighborhood of SF, with proximity to other services frequently accessed by our

priority population, allowing ease of access for the ~3,800 people experiencing homelessness (PEH) in that district based on the 2022 Point in Time Count (PIT) (approximately half of SF's 7,800 PEH). It's adjacent to the Maria X Martinez Health Resource Center and the Tom Waddell primary care clinic, which both serve complex medical needs of this same vulnerable population. Referral to CS services (e.g., housing services, alcohol sobering, drug sobering), will support an accessible, consistent and seamless system for clients. The center will improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives. Engagement is essential, including access to food, clothing, showers, and other basic needs. Holistic programming such as resiliency groups, job access and training, community building, and companionship support will address issues such as loneliness and limited social support that impact substance use and mental health.

Justification

The San Francisco Department of Public Health (SFDPH) is requesting funding for 33% of a building acquisition, which will serve as the new Mental Health Service Center (MHSC), a 'one-stop' behavioral health drop-in access point, particularly for individuals experiencing homelessness. CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support will be provided within 33 percent of the total physical space of the building.

The total projected costs of building purchase and tenant improvements for 1019 Market Street in San Francisco is approximately \$60 million. The building is eight stories and each of the floors are 10,000 square feet. Based on current plans, Behavioral Health Services (BHS) staff, including key Mental Health SF staff and the Office of Coordinated Care (OCC), will occupy six floors of office space, with half of one of those floors dedicated to CalAIM and ECM administrative support staff. This co-location of BHS staff and CalAIM/ECM staff will improve coordination and service delivery, especially with the proximity to direct clinical services planned on the first two floors. The first two floors will be dedicated to client facing services and will serve as the 'one-stop' behavioral health drop-in access point and will provide enhanced client service integration, including significant collaboration across programs including Behavioral Health Access Center (BHAC), Office-Based Buprenorphine Induction Clinic (OBIC), Behavioral Health Services (BHS) Pharmacy, Street- and community-based teams, community partners, and overnight services. Proximity to the Maria X Martinez Health Resources Center allows for strong linkages between physical health urgent care, primary care, and behavioral health services. The new Center will embody the principals of trauma informed care, creating a healing environment for people experiencing homelessness, substance use and/or mental health challenges. (See attached document: "SFDPH Mental Health Service Center Client Experience.")

The MHSC will facilitate referrals to providers throughout the city per the attached document: "SFDPH Mental Health Service Center Community Partners." We expect to expand the number of Medi-Cal eligible individuals being served by 25%, from 6,000 currently to 7,500, within our first year of full operation. Referrals to CS services (e.g., housing services, alcohol sobering, drug sobering), will support an accessible, consistent and seamless system to meet additional needs of enrollees.

Our Office of Coordinated Care's Bridges and Engagement Services Team (BEST), an SFHN ECM provider, will see people on-site. This will facilitate linkages for these members as well as other SFHN ECM teams including SF Street Medicine, primary care Complex Care Management Team (CCM), Permanent Housing Advanced Clinical Services (PHACS), Team Lily serving pregnant women, and BHS Outpatient Mobile Outreach Teams (MOT). The new center will offer expanded assessment space to accommodate 1:1 ad hoc individual assessment sessions for street-based providers as well as weekly or monthly clinic time.

DPH estimates that given the two floors of co-located client services and 5,800 square feet of CalAIM and ECM administrative office space, at least 33% of the building aligns with and helps facilitate our achieving

the goals of CalAIM ECM and CS. As such, DPH proposes \$22 million in one-time CalAIM PATH CITED funding to support the building acquisition and tenant improvements. DPH will be leveraging local funds to support the remaining 67% of funding for the building.

Timeframe for Requested Funding

Timeframe for requested funding is 1/1/2023 to 3/15/2025.

Note: Building acquisition timeline is estimated and dependent on other funding sources, approvals, etc.

Amount Requested

\$ 22,000,000

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**Milestones for \$22,000,000 for 33% of a building acquisition for CalAIM Enhanced Care Management (ECM) services and associated required CalAIM and ECM administrative support**

**NOTE: All milestones must have a funding amount associated with them**

| Milestone                              | Metric                                                                                                                                                                                     | Anticipated Date |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>BUILDING PURCHASE</b>               |                                                                                                                                                                                            |                  |
| Board and Mayoral approval of purchase | Financing and sale agreement resolutions and ordinances approved and signed by the Mayor                                                                                                   | 3/10/2023        |
| Escrow - initial funding               | All funding sources deposited into escrow account                                                                                                                                          | 4/10/2023        |
| Building tenant improvements completed | 3-6 months after escrow funded                                                                                                                                                             | 9/15/2023        |
| Escrow – close - building purchased    | 30 days after building tenant improvements complete                                                                                                                                        | 10/15/2023       |
| Building fully operational             | IT systems, pharmacy licensing, and equipment in place (including supply chain considerations); majority of client services spaces are operational and DPH staff can utilize office spaces | 3/15/2024        |
| <b>OPERATIONS</b>                      |                                                                                                                                                                                            |                  |

|                                                                                                                                                                                                        |                                                                                                                           |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Staff in the Mental Health Service Center (MHSC) building providing ECM services and associated required CalAIM and ECM administrative support                                                         | Number of staff in the MHSC building providing ECM services and associated required CalAIM and ECM administrative support | 6/15/2024                                                                          |
| Achieve 25% operational capacity by end of first quarter, based on projected full operational capacity of 625 people served per month                                                                  | Number of people served per month                                                                                         | 6/15/2024<br><i>(based on 3 months from the date the building is operational)</i>  |
| Achieve full operational capacity by end of first year, based on projected full operational capacity of 625 people served per month <i>(25% increase from current Behavioral Health Access Center)</i> | Number of people served per month                                                                                         | 3/15/2025<br><i>(based on 12 months from the date the building is operational)</i> |