

File Number: _____
(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: **Incentive Payment Program (“IPP”) San Francisco Department of Public Health Epic Enhancement Implementation Project**
- 2. Department: **Department of Public Health
San Francisco Health Network**
- 3. Contact Person: **Alex Boyder** Telephone: **(628) 206-2400**
- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: **\$6,000,000**
- 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): **San Francisco Health Plan**
- 8. Proposed Grant Project Summary:

The purpose of this project is for the Department of Public Health (DPH) California Advancing and Innovating Medi-Cal (CalAIM) Community Supports (CS) and Enhanced Care Management (ECM) providers to be able to continue to use Epic software to receive referrals, document, bill for services, and implement a new project that connects Behavioral Health Services to CS and ECM. Expected outcomes are providing a single, integrated platform for ECM coordination of client appointments and the ability to support more closed-loop referrals from Behavioral Health Services (BHS) to Community Supports providers. Additionally, an enhanced ability to coordinate care, generate data-driven reports, and track key client outcomes such as Emergency Department (ED) utilization, hospital admissions, medical/mental/substance use services utilization, and enrollment in ECM and CS programs to engage in target improvement projects.

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

Start-Date: **07/01/2025**

End-Date: **06/30/2026**

10a. Amount budgeted for contractual services: **\$4,629,300.00**

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? **\$0**

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:

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

We respectfully request for approval to accept and expend these funds from July 1, 2025. The Department received the award letter on May 15, 2025.

Project Description: SFDPH Epic Enhancement Impleme

Project ID: 10042563

Proposal ID: CTR00004862

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: 5/22/2025 | 1:29 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: 5/23/2025 | 6:19 AM PDT

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