

File No. 251151

Committee Item No. 10

Board Item No. 18

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"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| | | • DPH Cover Letter 11/10/2025 |
| | | • MYR Cover Letter 11/18/2025 |
| <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 |
| | | • Grant Budget |
| | | • Budget Justification |
| <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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter/Letter of Intent 5/5/2023 |
| <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"/> | Original Agreement 2/29/2024 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amendment No. 1 4/1/2024 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amendment No. 2 6/3/2024 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amendment No. 3 11/1/2024 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amendment No. 4 12/1/2024 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amendment No. 5 5/15/2025 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amendment No. 6 7/1/2025 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Cal HSA All Plan Letter 9/19/2022 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DPH Memo on Retroactivity 12/4/2025 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DPH Presentation 12/10/2025 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | PAM Temporary Membership 12/5/2025 |
| <input type="checkbox"/> | <input type="checkbox"/> | |

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 San Francisco Health Plan - Housing and Homelessness Incentive Program - \$7,658,684.63]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant increase from the California Department of Health Care Services**
5 **through San Francisco Health Plan for participation in a program, entitled, “Housing**
6 **and Homelessness Incentive Program,” in the amount of \$2,518,000 for the period of**
7 **January 1, 2025, through November 1, 2026, for a total amount of \$7,658,684.63 for the**
8 **total period of July 1, 2023, through November 1, 2026; and approving the Notice of**
9 **Award agreement pursuant to Charter, Section 9.118(a).**

10
11 WHEREAS, The California Department of Health Care Services (DHCS), through the
12 San Francisco Health Plan (SFHP) as a pass-through entity, has agreed to fund the
13 Department of Public Health (DPH) in the amount of \$7,658,684.63 for participation in a
14 program, entitled “Housing and Homelessness Incentive Program,” for the period of July 1,
15 2023, through November 1, 2026; and

16 WHEREAS, Under the Office of Coordinated Care (OCC), DPH operates the Bridge
17 and Engagement Services Team: Neighborhoods (BEST Neighborhoods) to provide rapid,
18 trauma-informed behavioral and physical health assessments; community-based therapeutic
19 interventions to promote healing, wellness, and positive community participation; and linkages
20 to benefits, housing and community resources; and

21 WHEREAS, This grant provides partial funding for BEST Neighborhoods Peers, who
22 will link and navigate clients to housing and benefits, support DPH teams in: Engagement and
23 relationship building with people experiencing homelessness, and linkage and engagement to
24 Enhanced Care Management and Community Supports; and
25

1 WHEREAS, DPH will integrate Findhelp closed-loop referral platform into its electronic
2 health record (EHR); and

3 WHEREAS, Once the referral is accepted and the member receives services, the
4 information will automatically flow back into the EHR, closing the loop and ensuring visibility
5 into whether the member was successfully connected to needed resources; and

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

7 WHEREAS, A request for retroactive approval is being sought because DPH received
8 an increase in grant funds in the amount of \$2,268,000 on February 26, 2025 for a project
9 start date of January 1, 2025, then received another increase in grant funds on August 25,
10 2025 in the amount of \$250,000 for a project start date of November 1, 2025, to an earlier
11 grant award of \$2,650,986 for a project start date of July 1, 2023, which was approved by the
12 Board in the 23-24 Fiscal Year Annual Appropriations Ordinance, under File Number 230644,
13 on May 5, 2023, and an increase in grant funds in the amount of \$2,489,698.63 on May 15,
14 2025, for a project start date of May 15, 2025, which was approved by the Board for accept
15 and expend purposes on July 23, 2025, under File Number 250620; and

16 WHEREAS, Charter, Section 9.118(a) requires Board of Supervisors' approval by
17 Resolution of any contract, which when entered into has anticipated revenue of \$1 million
18 dollars or more; and

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

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

23 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
24 expend a grant increase in the amount of \$2,518,000 from the DHCS through SFHP for a total
25 grant amount of \$7,658,684.63; and, be it

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

3 FURTHER RESOLVED, That under Charter, Section 9.118(a), the Board of
4 Supervisors approves the Notice of Award agreement for these funds; and, be it

5 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director
6 of Health or the Director's designee to enter into any amendments or modifications to the
7 Grant Agreement that the Department determines, in consultation with the City Attorney, are
8 in the best interests of the City, do not otherwise materially increase the obligations or
9 liabilities of the City, are necessary to effectuate the purposes of the Grant, and are in
10 compliance with all applicable laws; and, be it

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

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

1 Recommended: Approved: _____ /s/ _____
2 Mayor
3 _____ /s/ _____
4 Daniel Tsai Approved: _____ /s/ _____
5 Director of Health Controller
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File Number: 251151
(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: **\$7,658,684.63**

(Year 1 August 01, 2023 – June 30, 2025:	\$2,376,000.00
July 01, 2023 – December 31, 2024:	\$ 151,080.00
July 01, 2023 – December 31, 2025:	\$ 123,906.00
Year 2 January 01, 2025 – June 30, 2026:	\$2,268,000.00
May 15, 2025 – June 30, 2026:	\$2,489,698.63
November 01, 2025 – November 1, 2026:	\$ 250,000.00)

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: **Under the Office of Coordinated Care (OCC), the San Francisco Department of Public Health (SFPDH) operates the Bridge and Engagement Services Team: Neighborhoods (BEST Neighborhoods) 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 are composed of street-based clinicians, peers, nurses and psychiatric practitioners in assigned neighborhoods. This grant provides partial funding for BEST Neighborhoods Peers, who will link and navigate clients to housing and benefits, support SFPDH teams in: Engagement and relationship building with people experiencing homelessness, and linkage and engagement to Enhanced Care Management and Community Supports. SFPDH will integrate Findhelp closed-loop referral platform into its electronic health record (EHR). Once the referral is accepted and the member receives services, the information will automatically flow back into the EHR, closing the loop and ensuring visibility into whether the member was successfully connected to needed resources.**

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

Start-Date: **7/1/2023**

End-Date: **11/01/2026**

10a. Amount budgeted for contractual services: **\$6,328,986**

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 January 1, 2025. The Department received the original grant award on May 5, 2023 which was accepted through the annual budget. The Department then received the grant increases of \$2,268,000 on February 26, 2025, for a project start date of January 1, 2025, \$2,489,698.63 on May 15, 2025, for a project start date of May 15, 2025, and \$250,000 on August 25, 2025, for a project start date of November 1, 2025, for a total of \$7,658,684.63 for the period of July 1, 2023, to November 01, 2026. The grant increase of \$2,489,698.63 had been previously approved by the Board of Supervisors on July 23, 2025, under File No. 250620.

This grant does not require an ASO amendment, does not create net new position(s), and partially reimburses the Department for the positions below:

No.	Class	Job Title	FTE	Start Date	End Date
1	2593	Health Program Coordinator 3	0.50	05/15/2025	06/30/2026
2	2320	Registered Nurse	0.25	05/15/2025	06/30/2026
3	2586	Health Worker II	0.25	05/15/2025	06/30/2026
4	2587	Health Worker III	0.25	05/15/2025	06/30/2026
5	2588	Health Worker IV	0.25	05/15/2025	06/30/2026
6	P103	Special Nurse	0.25	05/15/2025	06/30/2026
7	1054	IS Business Analyst-Principal	0.98	11/01/2025	11/01/2026

Equipment will not require tracking per grantor and will not need capitalization. Equipment will be owned by Whole Person Integrated Care.

Project Description: HN WP102 2425 HHIP (SFHP)

Project ID: 10040052

Proposal ID: CTR00004480

Fund ID: 11580

Version ID: V101

Authority ID: 10001

Activity ID:

****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: 11/10/2025 | 11:58 AM PST

DocuSigned by:
Toni Rucker
A04292F7331F44D
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 11/12/2025 | 12:15 PM PST

Signed by:
Jenny Louie for Daniel Tsai
40GFE25D06B4464
(Signature Required)

HHIP (BEST Neighborhoods) July 1, 2023 - November 01, 2026								
		Project Code: 10040052						Total
		8/1/23-6/30/2025	7/1/23-12/31/24	7/1/23-12/31/25	1/1/25-6/30/26	5/15/25-6/30/26	11/1/25-11/1/26	Amount
	Personnel					\$ 504,912.31	\$ 250,000.00	\$ 754,912.31
	Equipment					\$ 574,786.32		\$ -
	Contractual	\$ 2,376,000.00	\$ 151,080.00	\$ 123,906.00	\$ 2,268,000.00	\$ 1,410,000.00		\$ 574,786.32
								\$ -
								\$ 6,328,986.00
								\$ -
Total		\$ 2,376,000.00	\$ 151,080.00	\$ 123,906.00	\$ 2,268,000.00	\$ 2,489,698.63	\$ 250,000.00	\$ 7,658,684.63

San Francisco Department of Public Health (SFPDH)
Housing and Homelessness Incentive program Expanding San Francisco
Department of Public Health Recuperative Care Community Supports
BUDGET JUSTIFICATION

May 15, 2025 to November 01, 2026

A. PERSONNEL (SALARIES/FRINGE)

1	0.50	2593 – Health Program Coordinator 3
Annual Salary/Fringe	\$203,585	x 0.5 FTE for 12 months = \$101,793
2	0.25	2320 – Registered Nurse
Annual Salary/Fringe	\$300,981	x 0.25 FTE for 12 months = \$75,245
3	0.50	2586 – Health Worker II
Annual Salary/Fringe	\$261,942	x 0.5 FTE for 12 months = \$130,971
4	0.50	2587 – Health Worker III
Annual Salary/Fringe	\$282,888	x 0.5 FTE for 12 months = \$141,444
5	0.25	2588 – Health Worker IV
Annual Salary/Fringe	\$162,000	x 0.25 FTE for 12 months = \$40,500
6	0.10	P103 – Special Nurse
Annual Salary/Fringe	\$149,595	x 0.1 FTE for 12 months = \$14,959
7	0.98	1054 – IS Business Analyst-Principal
Annual Salary	\$254,488	x 0.98 FTE for 12 months = \$250,000

TOTAL PERSONNEL: \$754,912

B TRAVEL

C EQUIPMENT \$574,786

D SUPPLIES

E CONTRACTUAL \$6,328,986

F OTHER

TOTAL DIRECT COSTS \$7,658,684

G INDIRECT COSTS \$0

TOTAL BUDGET: \$7,658,684

San Francisco Department of Public Health (SFPDH)
Housing and Homelessness Incentive program Expanding San Francisco
Department of Public Health Recuperative Care Community Supports
BUDGET JUSTIFICATION

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!**

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:

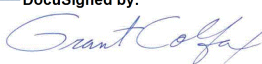
San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119
Attn: Chief Executive Officer
vhuggins@sflhp.org

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: 9D4617B1400D431...
Printed: Nina Maruyama
Title: Chief Officer Compliance & Regulatory Affairs
Date: 2/9/2024

Approved as to Form:

David Chiu

City Attorney

DocuSigned by:

By: 1A7B5E19D5F391B1...
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

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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.

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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

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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.

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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>.

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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

ALL PLAN LETTER 22-007 (REVISED)

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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)

Page 7

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*)

Page 8

Managed Care Quality and Monitoring Division

**AMENDMENT NUMBER ONE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number One (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 April 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number One to amend the Agreement to provide for changes to the Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. 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.

(Signature page follows)

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.

Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

DocuSigned by:
Signature: Jenn Moore
1CDB68C0E64A4B9...

Print Name: Jenn Moore

Title: Chief Operating Officer

Date: 9/13/2024

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

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

Print Name: Naveena Bobba

Title: Deputy Director of Health

Date: 06/04/2024 | 11:44 AM PDT

Approved as to Form:
David Chiu
City Attorney

DocuSigned by:
By: Adam Radtke
1AFBEA6D5F35481...
Adam Radtke
Deputy City Attorney
06/04/2024 | 8:30 AM PDT

EXHIBIT A-2

This exhibit is intentionally left blank.

**AMENDMENT NUMBER TWO
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Two (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 June 30, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, Health Plan has not yet disbursed HHIP funds for the creation of BEST Neighborhoods engagement teams to HHIP Grantee; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Two to amend the Agreement to provide for changes to the Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Exhibit A-1 (Best Neighborhoods) of the Agreement is deleted in its entirety and replaced with the Exhibit A-1 attached hereto to this Amendment Number Two. HHIP funds shall be disbursed upon execution of this Amendment Number Two.

(Signature page follows)

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.

Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

SAN FRANCISCO HEALTH PLAN

DocuSigned by:
Signature: Jenn Moore
1CDB68C0E64A4B9...

Print Name: Jenn Moore

Title: Chief Operating Officer

Date: 12/9/2024

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

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

Print Name: Naveena Bobba

Title: Deputy Director of Health

Date: 12/06/2024 | 12:31 PM PST

Approved as to Form:
David Chiu
City Attorney

DocuSigned by:
By: Arnulfo Medina
71CE0E756B6346E...
Arnulfo Medina
Deputy City Attorney
12/05/2024 | 2:13 PM PST

EXHIBIT A-1
BEST Neighborhoods
August 2023 - June 2025

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: 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 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 23-months of operations.

7. Effective Date: 8/1/2023 - 6/30/2025

8. Disbursement Intervals:

- a. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon execution of this Amendment Number Two.
- b. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon staffing and training of seventy percent (70%) 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 in Section 4 of this Amendment Number Two.

(Remainder of this page is intentionally left blank.)

**AMENDMENT NUMBER THREE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Three (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 November 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, under its Office of Coordinated Care (OCC), the San Francisco Department of Public Health is working to continue its expansion of street-based services by operating BEST Neighborhoods; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Three to amend the Agreement to provide for changes to the Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Exhibit A-1a (BEST Neighborhoods 01/01/2025 - 06/30/2026), is incorporated into the Agreement upon execution of this Amendment Number Three attached hereto. HHIP funds shall be disbursed upon execution of this Amendment Number Three.

(Signature page follows)

IN WITNESS WHEREOF, the parties have executed this Amendment Three as of the date first hereinabove written. Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

DocuSigned by:
Jenn Moore
Signature: _____
1CDB68C0E64A4B9...

Print Name: Jenn Moore

Title: Chief Operating Officer

Date: 2/27/2025

City and County of San Francisco, by and through San Francisco Department of Public Health

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

Print Name: Naveena Bobba

Title: Deputy Director of Health

Date: 02/26/2025 | 2:47 PM PST

Approved as to Form:
DAVID CHIU
City Attorney

DocuSigned by:
Arnulfo Medina
By: _____
71CE0E756B6346E...
Arnulfo Medina
Deputy City Attorney
02/25/2025 | 3:03 PM PST

EXHIBIT A-1a
BEST Neighborhoods
January 2025 - June 2026

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: 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:** Under the Office of Coordinated Care (OCC), HHIP Grantee is working to continue its expansion of street-based services by operating the Bridge and Engagement Services Team: Neighborhoods (BEST Neighborhoods) 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 new engagement teams are composed of street-based clinicians, peers, nurses and psychiatric practitioners in assigned neighborhoods. The integrated teams will be working 6 days a week with focused and phased interventions to support clients in transitioning to ongoing care and services.

- 3. Project Scope:** The OCC is the primary conduit for HHIP Grantee to accept, triage, and respond to referrals for follow up and linkage to behavioral and physical health care from hospitals, clinics and other non-medical street-based programs across the city. The BEST Neighborhood teams will be directed to reach people for linkage/follow up. The team works closely with other street teams within the City such as Street Crisis Response team, The Homeless Outreach Team, and Community Ambassadors.

The OCC BEST Neighborhoods teams will:

- Respond to referrals and provide targeted engagement, assessment, care planning and linkage to other street and four walls health services.
- Assess for 5150 holds and Lanterman-Petris-Short (LPS) Conservatorship, in compliance with all applicable laws, regulations, and policies and procedures.
- Connect clients to low-threshold services for immediate psychiatric or medical need, such as Street Medicine, or Managed Alcohol Program
- Connect clients to other linkage and care managers from OCC, BEST Enhanced Care Management (ECM), additional SFHN ECM, and Intensive Case Management (ICM) teams
- BEST Neighborhoods Peers will
 - Link and navigate clients to housing and benefits
 - Support SFDPH Street Medicine health teams in:
 - engagement and relationship building with people experiencing homelessness.
 - linkage and engagement to Street Medicine ECM and Community Supports.

- Support clients with a street based Medi-Cal enrollment processes, which would otherwise need to be done in four walls centers.

4. **Sustainability Plan:** HHIP Grantee's Behavioral Health Services Department has secured a portion of ongoing funding for future fiscal years and is optimistic about additional ongoing funding opportunities that are in process.
5. **HHIP Grantee Deliverables / Reporting:** HHIP Grantee will provide Health Plan with a complete grant progress and final report of all activities, purchases, and vendor acquired services via email at CALAIMECMILOS@sfhp.org following the below due dates using the most current Health Plan Grant Reporting Template.

6. **Project Deliverables:**

Exclusions – Describe any specific components that are excluded from this project
N/A

Major milestones (<i>first six months</i>)	
Deliverable	Delivery Date
Onboarding and Training of new staff	July 2025 - August 2025
Resource Guide updates / revisions	August 2025
100% of Staff Trained and Actively Delivering Services	September 2025
Report Name	Report Due Date
Progress Report	Due on or before 07/01/2025
Final Report	Due on or before 06/30/2026

Final Report		Due on or before 6/30/2026
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7. **Total Grant Amount:** Two million two hundred sixty-eight thousand dollars and zero cents (\$2,268,000.00) for 18-months of operations
8. **Effective Date:** 01/01/2025 - 06/30/2026
9. **Disbursement Intervals:**
- Seven hundred fifty-six thousand dollars and zero cents (\$756,000.00) upon execution of this Amendment Number Three.
 - Seven hundred fifty-six thousand dollars and zero cents (\$756,000.00) upon completion of the first six months' deliverables as outlined in Section 5. of this Amendment.

- c. Seven hundred fifty-six thousand dollars and zero cents (\$756,000.00) at the end of the grant term period or no later than June 30, 2026, with the stipulation that all program deliverables have been satisfied.

- 10. Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return any unspent funds to Health Plan within sixty (60) business days upon notification of the following reasons:
- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. The Agreement or this Exhibit A-1a is terminated before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

(Remainder of this page is intentionally left blank.)

**AMENDMENT NUMBER FOUR
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Four (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 December 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, Health Plan has disbursed funds to HHIP Grantee to procure vehicles for use by HHIP Grantee’s Street Medicine Program and Bridge and Engagement Services Team (BEST) Neighborhoods Teams; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Four to amend the Agreement to extend the “Effective Date” of Exhibit A-4 (7.) of the Agreement; and

WHEREAS, Health Plan wishes to add language to Exhibit A-4 in regard to Health Plan’s right to recover grant disbursements as necessary.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Section 4. **Term and Termination** of the Agreement, is hereby deleted and replaced as follows:

This Agreement will commence on the Effective Date and shall terminate on December 31, 2026, 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-1, Exhibit A-3, Exhibit A-4 and all future Exhibits that may become a part of the Agreement. In the event of an automatic termination, Health Plan will request repayment of unspent grant funds.

2. Exhibit A-4 (Street Medicine Vehicles) of the Agreement is deleted in its entirety and replaced with the Exhibit A-4 attached hereto to this Amendment Number Four.

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written. Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

SAN FRANCISCO HEALTH PLAN

DocuSigned by:
Signature: Jenn Moore
1CDB68C0E64A4B9...

Print Name: Jenn Moore

Title: Chief Operating Officer

Date: 2/27/2025

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

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

Print Name: Naveena Bobba

Title: Deputy Director of Health

Date: 02/26/2025 | 2:47 PM PST

Approved as to Form:
David Chiu
City Attorney

DocuSigned by:
By: Arnulfo Medina
71CE0E756B6346E...
Arnulfo Medina
Deputy City Attorney
02/25/2025 | 3:03 PM PST

EXHIBIT A-4
Street Medicine Vehicles
Grant Number HHIP-04

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 (see Section 9. of this Exhibit A-4).

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 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: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at CALAIMECMILOS@sfhp.org following the below due dates using the most current Health Plan Grant Reporting Template.

<i>Deliverable: Obtain and put into service one vehicle each for the below programs</i>	
Program	Report Due Date
DPH Street Medicine Program	On or before 12/31/2025
ECM Street Medicine Program	On or before 12/31/2025
BEST Neighborhood Team	On or before 12/31/2025

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: 07/01/2023 - 12/31/2025

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

9. Recovery and/or Return of Fund Disbursement: Health Plan has a right to recover and HHIP Grantee agrees to return any unspent funds to Health Plan within sixty (60) business days upon notification of the following reasons:

- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
- b. HHIP Grantee uses the funds for a different purpose other those outlined in its application project budget without prior approval.
- c. HHIP Grantee ceases operations during the grant period.
- d. The Agreement or this Exhibit A-4 is terminated before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

**AMENDMENT NUMBER FIVE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Five (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 May 15, 2025.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, pursuant to Section 7. of the Agreement, the parties desire to execute this Amendment Number Five to amend the Agreement to incorporate a new grant for the purposes of expanding recuperative care community supports; and

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Exhibit A-5 (Expanding Recuperative Care Community Supports), is added to the Agreement as attached hereto and incorporated herein by this reference.

[Remainder of page is left blank intentionally.]

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.
Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

Signed by:
Signature: Jenn Moore
1CDB68C0E64A4B9...
Print Name: Jenn Moore
Title: Chief Operating Officer
Date: 6/17/2025

**City and County of San Francisco acting by and through
the San Francisco Department of Public Health for the
San Francisco Health Network**

DocuSigned by:
Approved By: Naveena Bobba
52BC36E46CB9439...
Print Name: Naveena Bobba
Title: Deputy Director Of Health
Date: 06/16/2025 | 8:52 AM PDT

Approved as to Form:

David Chiu

City Attorney

DocuSigned by:
By: Arnulfo Medina
71CE0E736B6346E...
Arnulfo Medina
Deputy City Attorney
Date: 06/13/2025 | 4:02 PM PDT

Initial
TB
Recommended By: _____
Tangerine Brigham
SFHN Chief Operating and Strategy Officer

[Remainder of page is left blank intentionally.]

EXHIBIT A-5
Expanding Recuperative Care Community Supports
Grant Number HHIP-20

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 Section 6 (Total Grant Amount)) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If the 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 and Section 9 (Recovery and/or Return of Fund Disbursement) of this Exhibit.

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health ("DPH")	Primary Contact for Grant: Name: Bernadette Gates Email: bernadette.gates@sfdph.org Phone: 628-233-8266
Grantee Address: 1001 Potrero Ave, Bldg 5, 25, 80, 90 & Bldg 5 Ward 1B, San Francisco, CA 94110	County Served: San Francisco

2. Description of Grant/Investment: HHIP Grantee aims to tackle San Francisco's mental health, addiction, and homelessness crisis by moving people quickly from the streets into effective treatment and sustained recovery. Additionally, caring for clients in the right setting and avoiding unnecessary emergency department utilization and hospital days are also primary HHIP Grantee's goals. Key strategies to these goals are to expand Recuperative Care Community Supports and streamline program delivery. The RESTORE 1, Eleanora Fagan/Kean, and Hummingbird programs provide recuperative care for Medi-Cal members experiencing homelessness. Included in the models of care are referrals to Coordinated Entry, Housing Community Supports, ECM and other services to promote physical and behavioral health linkages, recovery, and stabilization. This funding request is for RESTORE 1 operating expenses and staffing, and for Epic implementation for RESTORE 1, Eleanora Fagan/Kean, and Hummingbird programs to enable staff to implement CS closed loop referrals, documentation, invoicing, reporting, and care coordination.

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 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 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: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at CALAIMECMILOS@sfhp.org based on the below due dates using the most current Health Plan Grant Reporting Template.

- Progress report due on or before November 15, 2025.
- Final report due on or before July 1, 2026.
- By June 30, 2026, Night Navigation staff and Bringing Expanded Access to Medications for Opioid Use Disorder (“BEAM”) staff will transport at least 25 clients directly from the street to Community Supports Recuperative Care programs by securing and utilizing 2 transportation vans through one-time funding provided by SFHP.

Major Activities	Measurable Outcomes	Target Completion Date
Identify at least two vendors to procure vans.	Confirmation that the identified vendor can be utilized for purchase by SFDPH.	9/30/2025
Staff trained on standard operating procedures for client transportation in vans.	At least 25 clients are transported in the vans from the street to Community Supports programs.	3/30/2026
Increase access to opioid medication.	At least 25 CS members are connected to medication for opioid use disorder.	6/30/2026

- By September 30, 2025, RESTORE 1 staff will be able to scale from 35 to 70 rooms by securing and utilizing office furniture, clinical equipment, and technology supplies funded by SFHP.

Major Activities	Measurable Outcomes	Target Completion Date
Vendors for office furniture, clinical equipment, and technology supplies are identified.	Confirmation that the identified vendors can be utilized for purchase by SFDPH.	6/30/2025
Purchase of office furniture, clinical equipment, and technology supplies (refer to anticipated items needed with estimate costs in "CalAIM RESTORE 1 Operating Expenses" spreadsheet)	Purchase of equipment will furnish RESTORE 1 Recuperative Care site that has capacity of 70 rooms.	9/30/2026
Staff trained on proper use of office furniture, clinical equipment, and technology supplies (refer to anticipated items needed with estimate costs in "CalAIM RESTORE 1 Operating Expenses" spreadsheet)	100% of designated staff will be properly trained to use clinical equipment and technology supplies.	9/30/2026

- By September 30, 2025, RESTORE 1 program staff will be hired to enable recuperative care services to be provided in 70 rooms (key example of services provided includes clients being started on Medications for Opioid Use Disorder (MOUD) while enrolled in the RESTORE 1 program).

Major Activities	Measurable Outcomes	Target Completion Date
RESTORE 1 program staffing model identified.	Documented list of service providers and Full-Time Equivalents (FTEs).	5/13/2025
RESTORE 1 program staff hired.	Hiring is completed and documented.	9/1/2025
RESTORE 1 program staff onboarded and trained in care and service delivery workflows including MOUD.	RESTORE 1 care and services provided to clients on MOUD increases from 75% to 80% by 9/30/2025	9/30/2025
RESTORE 1 program staff onboarded and trained in care and service delivery workflows including Community Supports requirements.	100% of RESTORE 1 program staff trained on Community Supports requirements and workflows.	9/30/2025

- By June 30, 2026, RESTORE 1, Eleanora Fagan/Kean, and Hummingbird Programs will be able to use Epic for closed loop referrals, documentation, claims, reporting, and care coordination aligned with CalAIM Community Supports requirements.

Major Activities	Measurable Outcomes	Target Completion Date
Epic Program Manager and Analyst are hired for Epic build, optimization, eventual expansion of the build to additional Recuperative Care programs, and associated project management for each.	RESTORE 1 Epic build will be completed.	8/31/2025
RESTORE 1 program staff are trained on use of Epic for documentation, requesting authorization, charge capture, claim denial management, reporting, and care coordination.	RESTORE 1 Program staff will document on Epic for 100% clients enrolled in the program. Staff will also submit charges from Epic for all SFHP members.	9/30/2025
Two Analysts are hired for Epic build.	Eleanora Fagan/Kean and Hummingbird Epic build, go-live support, optimization is completed.	6/30/2026
Eleanora Fagan/Kean program staff are trained on use of Epic for documentation, requesting authorization, charge capture, claims denial management, reporting, and care coordination.	Eleanora Fagan/Kean program staff document on Epic for 100% clients enrolled in the program. Staff will also submit charges from Epic for all SFHP members.	5/31/2026
Hummingbird program staff will be trained on use of Epic for documentation, requesting authorization, charge capture, claims denial management, reporting, and care coordination.	Hummingbird program staff document on Epic for 100% clients enrolled in the program. Staff will also submit charges from Epic for all SFHP members.	5/31/2026

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: Two million four hundred eighty-nine thousand six hundred ninety-eight dollars and sixty-three cents (\$2,489,698.63)

7. Effective Date: 05/15/2025 – 06/30/2026

8. Disbursement Intervals: Full Total Grant Amount as described in Section 6 (Total Grant Amount) within ten (10) business days upon execution of this Amendment.

9. **Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return all or any unused funds to Health Plan within sixty (60) business days upon notification of the following reasons:
- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other than those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. HHIP Grantee under the Agreement is terminated with Health Plan before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

[Remainder of this page is left blank intentionally.]

**AMENDMENT NUMBER SIX
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Six (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 July 1, 2025.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Six to incorporate a new grant for the purposes of Implementing Closed Loop Referrals Through Findhelp; and

WHEREAS, the parties wish to amend the Agreement to reflect these changes.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. **Exhibit A-6 (Implementing Closed Loop Referrals Through Findhelp)**, is added to the Agreement attached hereto and incorporated herein by this reference.

[Remainder of page is left blank intentionally.]

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.
Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

Signed by:
Signature: Jenn Moore
1CDB68C0E64A4B9...
Print Name: Jenn Moore
Title: Chief Operating Officer
Date: 8/26/2025

**City and County of San Francisco acting by and through
the San Francisco Department of Public Health**

Approved
Signed by:
By: Naveena Bobba
52BC36E46CB9439...
Print Name: Naveena Bobba
Title: Deputy Director Of Health
Date: 08/25/2025 | 5:00 PM PDT

Approved as to Form:
David Chiu
City Attorney
Signed by:
By: Arnulfo Medina
71CE0E736B6346E...
Arnulfo Medina
Deputy City Attorney
Date: 08/25/2025 | 1:35 PM PDT

Initial
TB
Recommended By: TB 08/25/2025 | 2:48 PM PDT
Tangerine Brigham
SFHN Chief Operating and Strategy Officer

[Remainder of page is left blank intentionally.]

EXHIBIT A-6
Implementing Closed Loop Referrals Through Findhelp
(HHIP-19)

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 Section 6 (Total Grant Amount)) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If the 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 and Section 10 (Recovery and/or Return of Fund Disbursement) of this Exhibit A-6.

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health (“DPH”)	Primary Contact for Grant: Name: Bernadette Gates Email: bernadette.gates@sfdph.org Phone: (628)233-8266
Grantee Address: 1001 Potrero Ave, Bldg. 5, 25, 80, 90 & Bldg. 5 Ward 1B, San Francisco, CA 94110	County Served: San Francisco

2. Description of Grant/Investment HHIP Grantee will integrate Findhelp closed-loop referral platform into its electronic health record (EHR). Once the referral is accepted and the member receives services, the information will automatically flow back into the EHR, closing the loop and ensuring visibility into whether the member was successfully connected to needed resources.

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 type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input 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 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		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)

housing-related Community Supports		
<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 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: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at ipp@sflhp.org based on the below due dates using the most current Health Plan Grant Reporting Template.

- Progress report due on or before May 1, 2026.
- Final report due on or before December 1, 2026.

5. Objectives/Deliverables:

1. By December 5, 2025, HHIP Grantee will collaborate with Findhelp, who will train at least one hundred seventy-five (175) providers on how to use the Findhelp platform.
2. By March 31, 2026, the Findhelp platform will be available to one hundred percent (100%) of HHIP Grantee users through the Epic EHR.
3. By June 30, 2026, at least forty-five (45) referrals will be submitted by HHIP Grantee providers through Findhelp.
4. By June 30, 2026, least one hundred eighteen (118) HHIP Grantee providers will have submitted at least one referral using Findhelp.

6. 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.

7. Total Grant Amount: Two hundred fifty thousand dollars and zero cents (\$250,000.00)

8. Effective Date: 11/01/2025 - 11/01/2026

9. Disbursement Intervals: Total Grant Amount as described in Section 7 (Total Grant Amount) will be disbursed within ten (10) business days upon execution of this Amendment.

- 10. Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return all or any unused funds to Health Plan within sixty (60) business days upon notification of the following reasons:
- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other than those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. HHIP Grantee under the Agreement is terminated with Health Plan before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

[Remainder of this page is left blank intentionally.]

**AMENDMENT NUMBER ONE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number One (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 April 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number One to amend the Agreement to provide for changes to the Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. 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.

(Signature page follows)

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.

Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Approved as to Form:
David Chiu
City Attorney

By: _____
Adam Radtke
Deputy City Attorney

EXHIBIT A-2

This exhibit is intentionally left blank.

**AMENDMENT NUMBER TWO
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Two (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 June 30, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, Health Plan has not yet disbursed HHIP funds for the creation of BEST Neighborhoods engagement teams to HHIP Grantee; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Two to amend the Agreement to provide for changes to the Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Exhibit A-1 (Best Neighborhoods) of the Agreement is deleted in its entirety and replaced with the Exhibit A-1 attached hereto to this Amendment Number Two. HHIP funds shall be disbursed upon execution of this Amendment Number Two.

(Signature page follows)

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.

Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

SAN FRANCISCO HEALTH PLAN

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Approved as to Form:
David Chiu
City Attorney

By: _____
Arnulfo Medina
Deputy City Attorney

EXHIBIT A-1
BEST Neighborhoods
August 2023 - June 2025

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: Karen Lancaster Email: [REDACTED] Phone: [REDACTED]
Grantee Address: [REDACTED] 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 (DHCS Priority Measure)
<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 (DHCS Priority Measure)
<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 (DHCS Priority Measure)		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (DHCS Priority Measure)
<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 23-months of operations.

7. **Effective Date:** 8/1/2023 - 6/30/2025

8. **Disbursement Intervals:**

- a. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon execution of this Amendment Number Two.
- b. Seven hundred ninety-two thousand dollars and zero cents (\$792,000.00) upon staffing and training of seventy percent (70%) 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 in Section 4 of this Amendment Number Two.

(Remainder of this page is intentionally left blank.)

**AMENDMENT NUMBER THREE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Three (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 November 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, under its Office of Coordinated Care (OCC), the San Francisco Department of Public Health is working to continue its expansion of street-based services by operating BEST Neighborhoods; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Three to amend the Agreement to provide for changes to the Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Exhibit A-1a (BEST Neighborhoods 01/01/2025 - 06/30/2026), is incorporated into the Agreement upon execution of this Amendment Number Three attached hereto. HHIP funds shall be disbursed upon execution of this Amendment Number Three.

(Signature page follows)

IN WITNESS WHEREOF, the parties have executed this Amendment Three as of the date first hereinabove written. Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

Signature _____

Print Name: _____

Title: _____

Date: _____

City and County of San Francisco, by and through San Francisco Department of Public Health

DocuSigned by:
Signature: Naveena Bobba
52BC30E40CB9439...

Print Name: Naveena Bobba

Title: Deputy Director of Health

Date: 02/26/2025 | 2:47 PM PST

Approved as to Form:
DAVID CHIU
City Attorney

DocuSigned by:
By: Arnulfo Medina
71CE0E756B6346E...
Arnulfo Medina
Deputy City Attorney
02/25/2025 | 3:03 PM PST

EXHIBIT A-1a
BEST Neighborhoods
January 2025 - June 2026

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: Karen Lancaster Email: [REDACTED] Phone: [REDACTED]
Grantee Address: [REDACTED] San Francisco, CA 94103	County Served: San Francisco

2. Description of Grant/Investment: Under the Office of Coordinated Care (OCC), HHIP Grantee is working to continue its expansion of street-based services by operating the Bridge and Engagement Services Team: Neighborhoods (BEST Neighborhoods) 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 new engagement teams are composed of street-based clinicians, peers, nurses and psychiatric practitioners in assigned neighborhoods. The integrated teams will be working 6 days a week with focused and phased interventions to support clients in transitioning to ongoing care and services.

3. Project Scope: The OCC is the primary conduit for HHIP Grantee to accept, triage, and respond to referrals for follow up and linkage to behavioral and physical health care from hospitals, clinics and other non-medical street-based programs across the city. The BEST Neighborhood teams will be directed to reach people for linkage/follow up. The team works closely with other street teams within the City such as Street Crisis Response team, The Homeless Outreach Team, and Community Ambassadors.

The OCC BEST Neighborhoods teams will:

- Respond to referrals and provide targeted engagement, assessment, care planning and linkage to other street and four walls health services.
- Assess for 5150 holds and Lanterman-Petris-Short (LPS) Conservatorship, in compliance with all applicable laws, regulations, and policies and procedures.
- Connect clients to low-threshold services for immediate psychiatric or medical need, such as Street Medicine, or Managed Alcohol Program
- Connect clients to other linkage and care managers from OCC, BEST Enhanced Care Management (ECM), additional SFHN ECM, and Intensive Case Management (ICM) teams
- BEST Neighborhoods Peers will
 - Link and navigate clients to housing and benefits
 - Support SFDPH Street Medicine health teams in:
 - engagement and relationship building with people experiencing homelessness.
 - linkage and engagement to Street Medicine ECM and Community Supports.

- Support clients with a street based Medi-Cal enrollment processes, which would otherwise need to be done in four walls centers.

4. **Sustainability Plan:** HHIP Grantee's Behavioral Health Services Department has secured a portion of ongoing funding for future fiscal years and is optimistic about additional ongoing funding opportunities that are in process.
5. **HHIP Grantee Deliverables / Reporting:** HHIP Grantee will provide Health Plan with a complete grant progress and final report of all activities, purchases, and vendor acquired services via email at [REDACTED] following the below due dates using the most current Health Plan Grant Reporting Template.

6. **Project Deliverables:**

Exclusions – Describe any specific components that are excluded from this project
N/A

Major milestones (<i>first six months</i>)	
Deliverable	Delivery Date
Onboarding and Training of new staff	July 2025 - August 2025
Resource Guide updates / revisions	August 2025
100% of Staff Trained and Actively Delivering Services	September 2025
Report Name	Report Due Date
Progress Report	Due on or before 07/01/2025
Final Report	Due on or before 06/30/2026

Final Report		Due on or before 6/30/2026
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7. **Total Grant Amount:** Two million two hundred sixty-eight thousand dollars and zero cents (\$2,268,000.00) for 18-months of operations
8. **Effective Date:** 01/01/2025 - 06/30/2026
9. **Disbursement Intervals:**
 - a. Seven hundred fifty-six thousand dollars and zero cents (\$756,000.00) upon execution of this Amendment Number Three.
 - b. Seven hundred fifty-six thousand dollars and zero cents (\$756,000.00) upon completion of the first six months' deliverables as outlined in Section 5. of this Amendment.

- c. Seven hundred fifty-six thousand dollars and zero cents (\$756,000.00) at the end of the grant term period or no later than June 30, 2026, with the stipulation that all program deliverables have been satisfied.

- 10. Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return any unspent funds to Health Plan within sixty (60) business days upon notification of the following reasons:
- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. The Agreement or this Exhibit A-1a is terminated before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

(Remainder of this page is intentionally left blank.)

**AMENDMENT NUMBER FOUR
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Four (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 December 1, 2024.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, Health Plan has disbursed funds to HHIP Grantee to procure vehicles for use by HHIP Grantee’s Street Medicine Program and Bridge and Engagement Services Team (BEST) Neighborhoods Teams; and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Four to amend the Agreement to extend the “Effective Date” of Exhibit A-4 (7.) of the Agreement; and

WHEREAS, Health Plan wishes to add language to Exhibit A-4 in regard to Health Plan’s right to recover grant disbursements as necessary.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Section 4. **Term and Termination** of the Agreement, is hereby deleted and replaced as follows:

This Agreement will commence on the Effective Date and shall terminate on December 31, 2026, 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-1, Exhibit A-3, Exhibit A-4 and all future Exhibits that may become a part of the Agreement. In the event of an automatic termination, Health Plan will request repayment of unspent grant funds.

2. Exhibit A-4 (Street Medicine Vehicles) of the Agreement is deleted in its entirety and replaced with the Exhibit A-4 attached hereto to this Amendment Number Four.

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.
Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

SAN FRANCISCO HEALTH PLAN

Signature: _____

Print Name: _____

Title: _____

Date: _____

**SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH**

Signature: _____

Print Name: _____

Title: _____

Date: _____

Approved as to Form:
David Chiu
City Attorney

By: _____
Arnulfo Medina
Deputy City Attorney

**EXHIBIT A-4
Street Medicine Vehicles
Grant Number HHIP-04**

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 (see Section 9. of this Exhibit A-4).

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health ("DPH")	Primary Contact for Grant: Name: John Grimes Email: [REDACTED] Phone: [REDACTED]
Grantee Address: [REDACTED] 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 that allows for timely information exchange and member matching (DHCS Priority Measure)		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (DHCS Priority Measure)
<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: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at [REDACTED] following the below due dates using the most current Health Plan Grant Reporting Template.

<i>Deliverable: Obtain and put into service one vehicle each for the below programs</i>	
Program	Report Due Date
DPH Street Medicine Program	On or before 12/31/2025
ECM Street Medicine Program	On or before 12/31/2025
BEST Neighborhood Team	On or before 12/31/2025

5. MCP Responsibilities:

- Identify a point of contact to serve as a liaison for HHIP grant.
- Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
- 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: 07/01/2023 - 12/31/2025

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

9. Recovery and/or Return of Fund Disbursement: Health Plan has a right to recover and HHIP Grantee agrees to return any unspent funds to Health Plan within sixty (60) business days upon notification of the following reasons:

- HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
- HHIP Grantee uses the funds for a different purpose other those outlined in its application project budget without prior approval.
- HHIP Grantee ceases operations during the grant period.
- The Agreement or this Exhibit A-4 is terminated before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

**AMENDMENT NUMBER FIVE
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Five ("Amendment") to the Housing and Homelessness Incentive Program Agreement ("Agreement") between San Francisco Health Authority doing business as the **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 May 15, 2025.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement ("Agreement"); and

WHEREAS, pursuant to Section 7. of the Agreement, the parties desire to execute this Amendment Number Five to amend the Agreement to incorporate a new grant for the purposes of expanding recuperative care community supports; and

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. Exhibit A-5 (Expanding Recuperative Care Community Supports), is added to the Agreement as attached hereto and incorporated herein by this reference.

[Remainder of page is left blank intentionally.]

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.
Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

Signed by:
Signature: Jenn Moore
1CDB68C0E64A4B9...
Print Name: Jenn Moore
Title: Chief operating officer
Date: 6/17/2025

**City and County of San Francisco acting by and through
the San Francisco Department of Public Health for the
San Francisco Health Network**

DocuSigned by:
Approved By: Naveena Bobba
52BC36E46CB9439...
Print Name: Naveena Bobba
Title: Deputy Director Of Health
Date: 06/16/2025 | 8:52 AM PDT

Approved as to Form:

David Chiu

City Attorney

DocuSigned by:
By: Arnulfo Medina
71CE0E750B6346E...
Arnulfo Medina
Deputy City Attorney
Date: 06/13/2025 | 4:02 PM PDT

Initial
TB
Recommended By: Tangerine Brigham
SFHN Chief Operating and Strategy Officer

[Remainder of page is left blank intentionally.]

EXHIBIT A-5
Expanding Recuperative Care Community Supports
Grant Number HHIP-20

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 Section 6 (Total Grant Amount)) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If the 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 and Section 9 (Recovery and/or Return of Fund Disbursement) of this Exhibit.

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health ("DPH")	Primary Contact for Grant: Name: Bernadette Gates Email: [REDACTED] Phone: [REDACTED]
Grantee Address: [REDACTED] San Francisco, CA 94110	County Served: San Francisco

2. Description of Grant/Investment: HHIP Grantee aims to tackle San Francisco's mental health, addiction, and homelessness crisis by moving people quickly from the streets into effective treatment and sustained recovery. Additionally, caring for clients in the right setting and avoiding unnecessary emergency department utilization and hospital days are also primary HHIP Grantee's goals. Key strategies to these goals are to expand Recuperative Care Community Supports and streamline program delivery. The RESTORE 1, Eleanora Fagan/Kean, and Hummingbird programs provide recuperative care for Medi-Cal members experiencing homelessness. Included in the models of care are referrals to Coordinated Entry, Housing Community Supports, ECM and other services to promote physical and behavioral health linkages, recovery, and stabilization. This funding request is for RESTORE 1 operating expenses and staffing, and for Epic implementation for RESTORE 1, Eleanora Fagan/Kean, and Hummingbird programs to enable staff to implement CS closed loop referrals, documentation, invoicing, reporting, and care coordination.

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 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 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: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at [REDACTED] based on the below due dates using the most current Health Plan Grant Reporting Template.

- Progress report due on or before November 15, 2025.
- Final report due on or before July 1, 2026.
- By June 30, 2026, Night Navigation staff and Bringing Expanded Access to Medications for Opioid Use Disorder (“BEAM”) staff will transport at least 25 clients directly from the street to Community Supports Recuperative Care programs by securing and utilizing 2 transportation vans through one-time funding provided by SFHP.

Major Activities	Measurable Outcomes	Target Completion Date
Identify at least two vendors to procure vans.	Confirmation that the identified vendor can be utilized for purchase by SFDPH.	9/30/2025
Staff trained on standard operating procedures for client transportation in vans.	At least 25 clients are transported in the vans from the street to Community Supports programs.	3/30/2026
Increase access to opioid medication.	At least 25 CS members are connected to medication for opioid use disorder.	6/30/2026

- By September 30, 2025, RESTORE 1 staff will be able to scale from 35 to 70 rooms by securing and utilizing office furniture, clinical equipment, and technology supplies funded by SFHP.

Major Activities	Measurable Outcomes	Target Completion Date
Vendors for office furniture, clinical equipment, and technology supplies are identified.	Confirmation that the identified vendors can be utilized for purchase by SFDPH.	6/30/2025
Purchase of office furniture, clinical equipment, and technology supplies (refer to anticipated items needed with estimate costs in "CalAIM RESTORE 1 Operating Expenses" spreadsheet)	Purchase of equipment will furnish RESTORE 1 Recuperative Care site that has capacity of 70 rooms.	9/30/2026
Staff trained on proper use of office furniture, clinical equipment, and technology supplies (refer to anticipated items needed with estimate costs in "CalAIM RESTORE 1 Operating Expenses" spreadsheet)	100% of designated staff will be properly trained to use clinical equipment and technology supplies.	9/30/2026

- By September 30, 2025, RESTORE 1 program staff will be hired to enable recuperative care services to be provided in 70 rooms (key example of services provided includes clients being started on Medications for Opioid Use Disorder (MOUD) while enrolled in the RESTORE 1 program).

Major Activities	Measurable Outcomes	Target Completion Date
RESTORE 1 program staffing model identified.	Documented list of service providers and Full-Time Equivalents (FTEs).	5/13/2025
RESTORE 1 program staff hired.	Hiring is completed and documented.	9/1/2025
RESTORE 1 program staff onboarded and trained in care and service delivery workflows including MOUD.	RESTORE 1 care and services provided to clients on MOUD increases from 75% to 80% by 9/30/2025	9/30/2025
RESTORE 1 program staff onboarded and trained in care and service delivery workflows including Community Supports requirements.	100% of RESTORE 1 program staff trained on Community Supports requirements and workflows.	9/30/2025

- By June 30, 2026, RESTORE 1, Eleanora Fagan/Kean, and Hummingbird Programs will be able to use Epic for closed loop referrals, documentation, claims, reporting, and care coordination aligned with CalAIM Community Supports requirements.

Major Activities	Measurable Outcomes	Target Completion Date
Epic Program Manager and Analyst are hired for Epic build, optimization, eventual expansion of the build to additional Recuperative Care programs, and associated project management for each.	RESTORE 1 Epic build will be completed.	8/31/2025
RESTORE 1 program staff are trained on use of Epic for documentation, requesting authorization, charge capture, claim denial management, reporting, and care coordination.	RESTORE 1 Program staff will document on Epic for 100% clients enrolled in the program. Staff will also submit charges from Epic for all SFHP members.	9/30/2025
Two Analysts are hired for Epic build.	Eleanora Fagan/Kean and Hummingbird Epic build, go-live support, optimization is completed.	6/30/2026
Eleanora Fagan/Kean program staff are trained on use of Epic for documentation, requesting authorization, charge capture, claims denial management, reporting, and care coordination.	Eleanora Fagan/Kean program staff document on Epic for 100% clients enrolled in the program. Staff will also submit charges from Epic for all SFHP members.	5/31/2026
Hummingbird program staff will be trained on use of Epic for documentation, requesting authorization, charge capture, claims denial management, reporting, and care coordination.	Hummingbird program staff document on Epic for 100% clients enrolled in the program. Staff will also submit charges from Epic for all SFHP members.	5/31/2026

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: Two million four hundred eighty-nine thousand six hundred ninety-eight dollars and sixty-three cents (\$2,489,698.63)

7. Effective Date: 05/15/2025 – 06/30/2026

8. Disbursement Intervals: Full Total Grant Amount as described in Section 6 (Total Grant Amount) within ten (10) business days upon execution of this Amendment.

9. **Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return all or any unused funds to Health Plan within sixty (60) business days upon notification of the following reasons:
- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other than those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. HHIP Grantee under the Agreement is terminated with Health Plan before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

[Remainder of this page is left blank intentionally.]

**AMENDMENT NUMBER SIX
TO
THE HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

This Amendment Number Six (“Amendment”) to the Housing and Homelessness Incentive Program Agreement (“Agreement”) between San Francisco Health Authority doing business as the **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 July 1, 2025.

RECITALS

WHEREAS, Health Plan and HHIP Grantee previously entered into a Housing and Homelessness Incentive Program Agreement (“Agreement”); and

WHEREAS, pursuant to Section 7 of the Agreement, the parties desire to execute this Amendment Number Six to incorporate a new grant for the purposes of Implementing Closed Loop Referrals Through Findhelp; and

WHEREAS, the parties wish to amend the Agreement to reflect these changes.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the Parties agree to amend the Agreement as follows:

1. **Exhibit A-6 (Implementing Closed Loop Referrals Through Findhelp)**, is added to the Agreement attached hereto and incorporated herein by this reference.

[Remainder of page is left blank intentionally.]

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first hereinabove written.
Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

Signed by:
Signature: Jenn Moore
1CDB68C0E64A4B9...
Print Name: Jenn Moore
Title: Chief Operating Officer
Date: 8/26/2025

**City and County of San Francisco acting by and through
the San Francisco Department of Public Health**

Approved
Signed by:
By: Naveena Bobba
52BC36E46CB9439...
Print Name: Naveena Bobba
Title: Deputy Director Of Health
Date: 08/25/2025 | 5:00 PM PDT

Approved as to Form:

David Chiu

City Attorney

Signed by:
By: Arnulfo Medina
71CE0E750B6346E...
Arnulfo Medina
Deputy City Attorney
Date: 08/25/2025 | 1:35 PM PDT

Initial
TB
Recommended By: TB 08/25/2025 | 2:48 PM PDT
Tangerine Brigham
SFHN Chief Operating and Strategy Officer

[Remainder of page is left blank intentionally.]

EXHIBIT A-6
Implementing Closed Loop Referrals Through Findhelp
(HHIP-19)

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 Section 6 (Total Grant Amount)) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If the 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 and Section 10 (Recovery and/or Return of Fund Disbursement) of this Exhibit A-6.

1. Grantee Information:

Grantee Name: SF Department of Department of Public Health ("DPH")	Primary Contact for Grant: Name: Bernadette Gates Email: [REDACTED] Phone: [REDACTED]
Grantee Address: [REDACTED] San Francisco, CA 94110	County Served: San Francisco

2. Description of Grant/Investment HHIP Grantee will integrate Findhelp closed-loop referral platform into its electronic health record (EHR). Once the referral is accepted and the member receives services, the information will automatically flow back into the EHR, closing the loop and ensuring visibility into whether the member was successfully connected to needed resources.

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 type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input 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 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		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)

housing-related Community Supports		
<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 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: HHIP Grantee will provide Health Plan with a complete grant report of all activities, purchases, and vendor acquired services via email at [REDACTED] based on the below due dates using the most current Health Plan Grant Reporting Template.

- Progress report due on or before May 1, 2026.
- Final report due on or before December 1, 2026.

5. Objectives/Deliverables:

1. By December 5, 2025, HHIP Grantee will collaborate with Findhelp, who will train at least one hundred seventy-five (175) providers on how to use the Findhelp platform.
2. By March 31, 2026, the Findhelp platform will be available to one hundred percent (100%) of HHIP Grantee users through the Epic EHR.
3. By June 30, 2026, at least forty-five (45) referrals will be submitted by HHIP Grantee providers through Findhelp.
4. By June 30, 2026, least one hundred eighteen (118) HHIP Grantee providers will have submitted at least one referral using Findhelp.

6. 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.

7. Total Grant Amount: Two hundred fifty thousand dollars and zero cents (\$250,000.00)

8. Effective Date: 11/01/2025 - 11/01/2026

9. Disbursement Intervals: Total Grant Amount as described in Section 7 (Total Grant Amount) will be disbursed within ten (10) business days upon execution of this Amendment.

- 10. Recovery and/or Return of Fund Disbursement:** Health Plan has a right to recover and HHIP Grantee agrees to return all or any unused funds to Health Plan within sixty (60) business days upon notification of the following reasons:
- a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other than those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. HHIP Grantee under the Agreement is terminated with Health Plan before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

[Remainder of this page is left blank intentionally.]



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
MCP LHP Submission Revisions	January 1, 2022 to April 30, 2022	August 12, 2022	1
MCP Investment Plan (IP) Submission	N/A	September 30, 2022	1
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).

ALL PLAN LETTER 22-007 (REVISED)

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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.

- 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

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.*

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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



Here for you



Housing and Homelessness Incentive Program (HHIP) City and County of San Francisco

May 5, 2023

Hali Hammer, MD
Director of Ambulatory Care
Department of Public Health
City and County of San Francisco
101 Grove St
San Francisco, CA 94102

Dear Dr. Hammer:

San Francisco Health Plan and Anthem Blue Cross are in receipt of the City and County of San Francisco's proposals to use funds from California's Housing & Homelessness Incentive Program to support and enhance the Department of Public Health's Street Medicine programs. DPH submitted four Street Medicine proposals – to expand use of Bridge and Engagement Services Teams (BEST), to incorporate peer counselors and supervisors into Enhanced Care Management Street Medicine, to engage a contractor for Epic support, and for vehicle procurement.

We are happy to share that the Medi-Cal Managed Care Plans (MCPs) agree to fund one year of these HHIP investment proposals, in the amount of \$ 3,375,884. These funds are intended to increase the capacity and quality of care provided by DPH Street Medicine. The MCPs agree to split this investment proportional to Medi-Cal membership in the City and County:

- San Francisco Health Plan (\$ 2,970,780)
- Anthem Blue Cross (\$ 405,104)

The MCPs are funding this proposal because expanded access to Street Medicine aligns with HHIP program goals and measures. Per proposal, the investments for each MCP shall be:

Proposal	SFHP	Anthem Blue Cross
BEST Teams	2,376,000	324,000
Peers for ECM Street Medicine	337,794	46,062
EPIC upgrades	151,080	20,600
Vehicles	105,906	14,442
Total	\$ 2,970,780	\$ 405,104

In follow-up to this letter, we will reach out to DPH to establish funding agreements for this investment. If you have any immediate questions, please contact us.

Sincerely,

DocuSigned by:

04B0F925084A472...
Hanan Obeidi

VP, Health Services Programs
San Francisco Health Plan

Beau Hennemann
Regional VP, Local Engagement
Anthem Blue Cross



San Francisco Department of Public Health

Daniel Tsai
Director of Health

City and County of San Francisco
Daniel Lurie
Mayor

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

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: 11/10/2025

SUBJECT: Grant Accept and Expend

GRANT TITLE: Housing and Homelessness Incentive Program -
\$7,658,684.63

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 - San Francisco Health Plan - Housing and Homelessness Incentive Program - \$7,658,684.63
DATE: November 18, 2025

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase from the California Department of Health Care Services through San Francisco Health Plan for participation in a program, entitled, "Housing and Homelessness Incentive Program," in the amount of \$2,518,000 for the period of January 1, 2025, through November 1, 2026 for a total amount of \$7,658,684.63 for the total period of July 1, 2023, through November 1, 2026; and approving the Notice of Award agreement pursuant to Charter, Section 9.118(a).

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