

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:

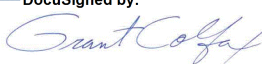
San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119
Attn: Chief Executive Officer
vhuggins@sflhp.org

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.


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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

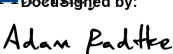
SAN FRANCISCO HEALTH AUTHORITY

DocuSigned by:

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

Approved as to Form:

David Chiu

City Attorney

DocuSigned by:

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

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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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