

File No. 251257

Committee Item No. 4
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** January 7, 2026
Board of Supervisors Meeting **Date** _____

Cmte Board

- Motion
- Resolution
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- Legislative Digest
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OTHER (Use back side if additional space is needed)

Completed by: Brent Jalipa **Date:** December 31, 2025
Completed by: Brent Jalipa **Date:**

1 [Accept and Expend Grant - Blue Cross of California Partnership Plan, Inc. (Anthem) -
2 Housing and Homelessness Incentive Program Funding - San Francisco - \$268,000]

3 **Resolution authorizing the Human Services Agency to accept and expend a grant in the**
4 **total amount of \$268,000 from the Blue Cross of California Partnership Plan, Inc. for**
5 **participation in the program entitled “Housing and Homelessness Incentive Program**
6 **Funding - San Francisco” for the period of April 1, 2026, through March 31, 2030.**

7

8 WHEREAS, The Blue Cross of California Partnership Plan, Inc. (Anthem) awarded the
9 San Francisco Human Services Agency (SFHSA) Housing and Homelessness Incentive
10 Program (HHIP) funding in support of increased enrollment in HSA benefits among unhoused
11 clients; and

12 WHEREAS, The Blue Cross of California Partnership Plan, Inc. issued a grant award,
13 dated October 16, 2025, notifying the City and County of San Francisco of its grant award
14 dollar amount of \$268,000, multi-year grant period dates of April 1, 2026, through March 31,
15 2030, and terms and conditions to comply with the grant agreement; and

16 WHEREAS, The San Francisco Human Services Agency intends to utilize these grant
17 funds towards SFHSA public benefits (including Med-Cal, In-Home Supportive Services, and
18 Social Security Insurance advocacy) access and advocacy for homeless individuals, through
19 a partnership between SFHSA and the San Francisco Department of Homelessness and
20 Supportive Housing (SFHSH), as well as funding an SFHSA trainer specifically dedicated to
21 SFHSH; and

22 WHEREAS, The Human Services Agency will not use these funds to supplant existing
23 funds paying for current services; and

24 WHEREAS, The grant does not require an ASO amendment; and

WHEREAS, There are no restrictions related to the spending of accrued interest earned on the grant funds; and

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

RESOLVED, That the Human Services Agency is hereby authorized and directed to accept and expend the Housing and Homelessness Incentive Program Funding in the amount of \$268,000 to facilitate the connection of unhoused clients with HSA benefits; and, be it

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

FURTHER RESOLVED, That the Executive Director of the Human Services Agency, or his or her designee, is hereby authorized and directed to act on behalf of the City in connection with the Housing and Homelessness Incentive Program Funding, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to accept and expend this funding.

File Number: 251257
(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 (HHIP)

2. Department: Human Services Agency

3. Contact Person: Celia Pedroza Telephone: 415-557-6103

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$ 268,000

6. a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable):

7. a. Grant Source Agency: California Department of Health Care Services (DHCS)

b. Grant Pass-Through Agency (if applicable): Blue Cross of California Partnership Plan, Inc. (Anthem)

8. Proposed Grant Project Summary: The San Francisco Human Services Agency intends to utilize these grant funds towards SFHSA public benefits (including Med-Cal, In-Home Supportive Services, and Social Security Insurance advocacy) access and advocacy for homeless individuals, through a partnership between SFHSA and the San Francisco Department of Homelessness and Supportive Housing (SFHSH), as well as funding an SFHSA trainer specifically dedicated to SFHSH.

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

Start-Date: 04/01/2026 End-Date: 03/31/2030

10. a. Amount budgeted for contractual services: \$0.00

b. Will contractual services be put out to bid? No

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

d. Is this likely to be a one-time or ongoing request for contracting out? N/A

11. a. Does the budget include indirect costs?

Yes No

b. 1. If yes, how much? \$

b. 2. How was the amount calculated?

c. 1. 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):

c. 2. If no indirect costs are included, what would have been the indirect costs? The grantor has no restrictions on direct versus indirect cost allowance. Expected indirect costs of 10% (\$26,800) are covered by the HSA General Fund budget.

12. Any other significant grant requirements or comments: There are no restrictions related to the spending of accrued interest earned on the grant funds.

We respectfully request approval to accept and expend these funds effective April 1, 2026. The Department rewarded the grant of \$268,000 on October 16, 2025, for the period of April 1, 2026, to March 31, 2030.

The grant does not require an ASO amendment.

Department ID: 186645
Proposal ID: CTR00004927
Fund ID: 12920
Project ID: 10042713
Project Description: HS PA H&H Inc Prg - Blue Cross
Activity ID: 0001
Authority ID: 10001
Version ID: V101
Amount: \$268,000

****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:

M'kia Mccright

(Name)

Manager III

(Title)

Date Reviewed: 11/25/2025

DocuSigned by:

 49EFE1570754EF
 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

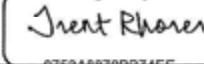
Trent Rhorer

(Name)

Executive Director

(Title)

Date Reviewed: 11/24/2025

DocuSigned by:

 0750A6870D974EE
 (Signature Required)

Housing and Homelessness Incentive Program Agreement
BETWEEN BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
AND
SAN FRANCISCO HUMAN SERVICES AGENCY

THIS AGREEMENT (the "Agreement") by and between Blue Cross of California Partnership Plan, Inc. and its affiliates ("Anthem" or "MCP") and the City and County of San Francisco, a municipal corporation, acting by and through the San Francisco Human Services Agency ("HHIP Grantee"), referenced collectively as parties and individually as party, is effective upon the date of complete execution of the 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 a two-year (2-year) incentive program from the California Department of Health Care Services (DHCS) that allows Medi-Cal Managed Care Plans to earn funds by working with community organizations to build partnerships and address housing and homelessness. As part of HHIP, Anthem is making investments to community partners such as HHIP Grantee, to address identified gaps and needs and meet HHIP metrics.

AGREEMENT:

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows.

1. Anthem and HHIP Grantee each desire to participate in the 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 and confidential. HHIP Grantee and Anthem agree not to use such proprietary and confidential information except for the purpose of carrying out their obligations under this Agreement. Neither party shall disclose any proprietary and confidential 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. The Agreement will commence on the Effective Date and will terminate as specified in Exhibit A.

5. Either party may terminate this Agreement with or without cause on thirty (30) business days' prior written notice to the other party. This Agreement will automatically terminate upon one or more of the following events:
 - a. HHIP Grantee fails to meet requirements and measurements as outlined in Exhibit A.
6. This Agreement may not be amended except in writing and executed by the duly authorized representatives of the parties hereto.
7. The parties hereto represent to each other that to their knowledge this Agreement (i) has been validly executed and delivered, and (ii) has been duly authorized by all corporate action necessary for the authorization.
8. 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 Human Services Agency
Cindy Ward, worker #A430
PO Box 7988
San Francisco, CA 94120-7988
cindy.ward@sfgov.org
(415) 558-1101

If to Anthem:

Anthem Blue Cross
21215 Burbank Blvd.
Woodland Hills, CA 91367
Attn: Les Ybarra
Les.Ybarra@anthem.com
Cc: Rebecca Samaha
Rebecca.Samaha@elevancehealth.com

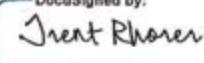
9. This Agreement shall be construed and interpreted in accordance with the laws of the State of California.
10. This Agreement is solely for the benefit of HHIP Grantee and Anthem and will not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity.
11. 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.

12. 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.
13. The funding for this Agreement is subject to Anthem's receipt of HHIP funds from DHCS.

(Remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed.

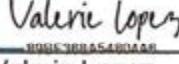
CITY AND COUNTY OF SAN FRANCISCO

DocuSigned by:

Signature: _____
0753A8870B874EE

Name: Trent Rhorer

Date: 10/14/2025

Approved as to Form:
David Chiu
City Attorney

DocuSigned by:

By: 090530045400AA
Valerie Lopez
Deputy City Attorney

**BLUE CROSS OF CALIFORNIA PARTNERSHIP
PLAN, INC. (Anthem)**

Digitally signed
by Les Ybarra
Date: 2025.10.16
11:27:42 -07'00'

Signature: _____

Name: Les Ybarra

Date: 10/16/2025

(Remainder of this page was intentionally left blank.)

EXHIBIT A

HHIP is for Anthem California Medicaid/Medi-Cal business 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, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. Grantee Information:

| | |
|--|---|
| Grantee Name: San Francisco Human Services Agency | Primary Contact for Grant: Name: Cindy Ward Email: cindy.ward@sfgov.org Phone: (415) 558-1101 |
| Grantee Address: PO Box 7988 San Francisco, CA 94120-7988 | County Served: San Francisco |

2. Description of Grant/Investment: HHIP funds will support enhanced capacity for Medi-Cal benefits access and advocacy. Through partnership between the San Francisco Human Services Agency (SFHSA) and the San Francisco Department of Homelessness and Supportive Housing (HSH), Multi-Disciplinary Teams ("MDTs" or the "teams") will rotate monthly from shelter to shelter to help individuals experiencing homelessness enroll in benefits, SSI advocacy and IHSS. The teams will also provide coordinated entry assessments and assist in housing placements. HHIP funding will also support an SFHSA trainer specifically dedicated to HSH.

Currently, one-third of homeless clients enrolled in housing navigation services are not active Medi-Cal members. Investment in capacity building for benefits enrollment and advocacy will support efforts to increase enrollment in CalAIM Enhanced Care Management and Community Supports housing 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 type="checkbox"/> 2.1 Connection with street medicine team (DHCS Priority Measure) | <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 (DHCS Priority Measure) | <input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (DHCS Priority Measure) | <input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (DHCS Priority Measure) |
| <input 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 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 is agreeing to work in partnership with Anthem on achieving HHIP metrics identified above. HHIP Grantee will work towards achieving the following milestones:

- Expand MDTs to increase shelter visits to every 9 months.
- Increase the benefits take up rate among shelter residents.
- Increase the capacity of the shelter system to support shelter residents in accessing and remaining on benefits through additional staff training through SFHSA trainer, who will provide ongoing support at both shelter and PSH sites.

5. Monitoring and Analysis:

- Reporting to Anthem 12 months following the execution of this agreement, and annually through the term of the agreement, HHIP Grantee will provide the following information:
 - Summary report of progress to date.
 - Summary of gaps, challenges, and successes of CalAIM service integration into CES/homeless system.
 - Data on impact to benefits enrollment and redetermination for shelter residents.

6. Anthem 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.
- Work with HHIP Grantee to determine how HHIP investments are sustained through other CalAIM mechanisms.
- 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.
7. **Total Grant Amount:** two hundred and sixty-eight thousand dollars (\$268,000)
8. **Effective Date:** 4/1/2026 – 3/31/30
9. **Disbursement Intervals:** Full Total Grant Amount as described in Section 7 above to be paid upon execution of this Agreement.

(Remainder of page is intentionally left blank.)

| | A | B | C |
|----|--|----------------------------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM | | |
| 4 | | | |
| 5 | | | |
| 6 | Housing and Homelessness Incentive Program | | |
| 7 | | | |
| 8 | Program Term | 04/01/2026 - 03/31/2030 | Total |
| 9 | Expenditures | | |
| 10 | Salaries & Benefits | \$268,000 | \$268,000 |
| 11 | Operating Expense | \$0 | \$0 |
| 12 | Subtotal | \$268,000 | \$268,000 |
| 13 | Indirect Percentage (%) | 0% | \$0 |
| 14 | Indirect Cost (Line 16 X Line 15) | \$0 | \$0 |
| 15 | Direct Client Pass-Thru | \$0 | \$0 |
| 16 | Total Expenditures | \$268,000 | \$268,000 |
| 17 | HSA Revenues | | |
| 18 | Housing and Homelessness Incentive Program | \$268,000 | \$268,000 |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | TOTAL HSA REVENUES | \$268,000 | \$268,000 |
| 27 | Other Revenues | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | Total Revenues | \$268,000 | \$268,000 |
| 34 | | | |
| 35 | | | |
| 36 | | | |
| 37 | | | |
| 38 | | | |

SFHP Housing and Homelessness Incentive Program Application

January 2025

San Francisco Health Plan (SFHP) is participating in the California Department of Health Care Services' Housing and Homelessness Incentive Program (HHIP). Through this program, SFHP is providing grants to expand capacity and partnerships to connect Medi-Cal members to essential housing services and reduce and prevent homelessness. SFHP's investment priorities include:

- Advancing housing equity
- Enhancing street medicine
- Optimizing data sharing and coordination
- Expand housing-related Community Supports capacity
- Enhancing home-based care
- Improving coordination and referrals

Grants generally support initial startup or one-time costs that can be sustained beyond the grant period.

How do I apply for funding?

HHIP applications are accepted on a quarterly basis starting in 2025. To apply for funding, please fill out the information below and submit this application to IPP@sfhp.org. Applications are reviewed and approved by SFHP staff based on established criteria. Applicants can expect to be notified of funding decisions within two months of applying. If you have questions about the HHIP or need assistance with your application, please email IPP@sfhp.org.

Date of Application

1/31/25

Applicant and Organization Information

1. Organization Name
San Francisco Human Services Agency
2. Mailing Address
PO Box 7988, San Francisco CA. 94102
3. Name of Executive Director/CEO & Phone Number and Email
Trent Rhorer, [\(trent.rhorer@sfgov.org\)](mailto:trent.rhorer@sfgov.org), (415) 557-6540
4. Contact Person (if not Executive Director) Name, Title, Phone Number and Email
Cindy Ward, Homeless Benefits Linkages Manager, 415-203-1388, cindy.ward@sfgov.org
5. Organization Type
Government Entity
6. TIN: **94-6000417**
7. Organization Mission Statement
At the SF Human Services Agency, we are committed to delivering essential services that support and protect people, families, and communities. We partner with neighborhood organizations and advocate for public policies to improve well-being and economic opportunity for all San Franciscans.
8. Briefly describe your organization's current programs and services.
SFHSA supports individuals, families, and communities with food, health care, financial, employment, child care, in-home, and protective services and provides the foundation

for two City Departments - the Department of Disability & Aging Services (DAS) and the Department of Benefits and Family Support (BFS) - each with a unique role in supporting San Franciscans. Together we build well-being in our communities by offering programs that make children and adults feel connected, valued, and supported. From financial assistance to nutrition, health care coverage, employment, and protective services, our dedicated professionals are here to lend support to all in need. Each year, SFHSA's 2,400-trained professionals connect more than 225,000 San Franciscans to 60+ essential services. We also fund partnerships with hundreds of community-based providers who share our mission and help extend our reach into the community. SFHSA provides direct services at our nine locations across the City and, in some cases, in people's homes. We continuously assess community needs, design new programs, and advocate for better state and federal policies. With an annual budget of more than \$1 billion dollars, we deliver dozens of publicly funded programs and work closely with all levels of government to achieve our mission.

9. Total organizational budget (for the current year)
\$1.2B
10. Network Status – Is your organization currently contracted with SFHP to provide services? **Yes, for Enhanced Case Management and Community Support under DAS.**
11. Has your organization applied for or received funding through other CalAIM programs or related initiatives such as PATH, HCBS spending plan, etc.?
No
12. Has your organization applied for or received HHIP or IPP funding from other health plans or participating entities?
 - Anthem - No
 - Other – Yes**
 - If yes, briefly describe the funding request and how it is not duplicative of this request.

We received IPP funding from SFHP. It was used to put in a new platform allowing us to receive files from SFHP, track services for clients, and file claims electronically. It is specifically for the populations of focus we are serving and for ECM and CS services for them. These services are not duplicative of this proposal.

Proposal Details

13. Project Title
Homeless Benefits Access Initiative
14. Amount Requested
\$1,341,388
15. Estimated Total Project Costs
\$1.34M
16. Proposed Start and End Date
October 2025-October 2029
17. Project Overview: Please describe your proposed project and need for funding, including how the request will help your organization address gaps or expand capacity to connect Medi-Cal members to housing services and/or reduce and prevent homelessness in San Francisco.
This funding would increase enrollment in SFHSA public benefits (Medi-Cal, CalFresh, County Adult Assistance Program) among people experiencing homelessness. Currently, one-third of homeless clients enrolled in housing navigation services are not active

Medi-Cal members. This is particularly concerning given the expansion of Medi-Cal eligibility. In this project, we will:

- Increase the benefits take up rate among shelter guests by expanding the Multidisciplinary Team (MDT). We will add a 2905 SFHSA Eligibility Worker to assist guests in completing applications for Medi-Cal, CalFresh, and CAAP (County Adult Assistance Program) on an expedited manner. The MDT is a partnership between SFHSH and SFHSA where City staff and CBO partners rotate monthly from shelter to shelter to help people enroll in SFHSA benefits, SSI advocacy, and IHSS; the team also does Coordinated Entry assessments and assists in housing placement. Current capacity only allows the MDT to revisit a shelter once every 18 months. We would use the MDT dashboard data to assess progress toward expansion goals.
- Increase the capacity of shelter case manager to better help their shelter guests obtain and maintain benefits by adding an additional HSA trainer (2913) under our Guidance and Alignment Group who would be dedicated specifically to HSH and their contracted partners. The 2913 would add resources to perform ongoing training and support for shelter and PSH providers by designing a training curriculum specifically for shelter workers; providing group and one-on-one benefits education and processes trainings; and providing technical assistance to 500+ SFHSH contracted shelter staff. Having a resource dedicated exclusively to HSH and their providers will build systems-wide benefits enrollment capacity.

18. What are the overall goals for the project?

Increasing enrollment in SFHSA benefit programs (Medi-Cal, CalFresh, CAAP) for unhoused clients in SFHSH shelter and navigation centers; training nonprofit staff working with unhoused people to better assist them in obtaining and maintaining benefits through enhanced benefits education. Doing so will enable people experiencing homelessness to access all of the critical services available to Medi-Cal beneficiaries and help stabilize their income as these clients move into housing.

19. Describe how your project aligns with SFHP's HHIP goals and funding strategies. Please select the specific goal your project supports.

- Advancing housing equity
- Enhancing street medicine
- Optimizing data sharing and coordination
- Expand housing-related Community Supports capacity
- Enhancing home-based care
- Improving coordination and referrals

This project will improve systems-wide coordination and referrals by bringing the benefits application process--along with other housing and support services - directly - to unhoused people where they are residing vs. requiring applying at a government office; by doing so, we will increase the number of successful approvals and expedite applications with fewer appointments. We will also build systemwide capacity on benefits acquisition and maintenance by training nonprofit staff working with the population to better understand the benefits processes and assist clients if barriers arise.

20. If you are currently contracted or planning to contract with SFHP to be an Enhanced Care Management (ECM) or Community Supports (CS) provider:

- Please describe how this request will help your organization expand its capacity to provide Community Support, and please indicate for which service(s).

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post- Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Other, please describe.
7. **N/A – This request is not focused on expanding these services.**

- If this request will help increase ECM enrollment or capacity, please indicate which CalAIM Populations of Focus you are currently serving or will be served by your organization as a result of this project. Check all that apply.
 1. Individuals experiencing or at risk of homelessness.
 2. Individuals who are at risk for avoidable hospital or emergency department.
 3. Individuals with serious mental health and/or substance use disorder needs.
 4. Individuals living in the community and at risk for long-term care institutionalization.
 5. Adult nursing facility residents transitioning to the community.
 6. Children/youth with complex medical needs.
 7. Adults and youth who are transitioning from incarceration.
 8. Pregnant and postpartum individuals; birth equity population of focus.
 9. **N/A - This request is not focused on expanding these services.**

21. Describe the population(s) that will be served through this project, including the estimated number of Medi-Cal members expected to be served annually.

Note this project aims to enroll people experiencing homelessness who are *not* currently receiving Medi-Cal onto Medi-Cal and other benefits so most of these columns are not relevant. However, we are providing demographic data on the target population: unhoused individuals residing in city shelters and navigation centers, and formerly unhoused individuals residing in city-funded permanent supportive housing.

- If the project targets specific populations, provide a detailed demographic breakdown (e.g., race/ethnicity, gender, age, etc.) below.

| Population(s) Served (from 2024 Point in Time Count for Sheltered Individuals, total 3969) | Current # of Medi-Cal Members Served | Estimated # of Additional Members Served | Total # of Members to be Served (Current + Additional) |
|---|--------------------------------------|--|--|
| Male: 2497 | | | |
| Female: 1327 | | | |
| Transgender: 49 | | | |
| Nonbinary: 43 | | | |
| Age 18-34: 1204 | | | |
| Age 35-54: 1553 | | | |
| Age 55-64: 506 | | | |
| Age over 64: 259 | | | |
| White: 1103 | | | |
| Black/African American: 982 | | | |
| Hispanic: 572 | | | |

| | | | |
|--|--|--|--|
| American Indian/Alaska Native/Indigenous: 55 | | | |
| AI/AN/I and Hispanic: 145 | | | |
| Multiracial and Hispanic: 144 | | | |
| Asian, Asian American and Hispanic: 20 | | | |

22. Please describe how your project will support/incorporate the following best practices:

- o Housing First, Housing Focused, and Harm Reduction
- o Trauma Informed Care
- o Use of San Francisco's One System (HMIS) and Coordinated Entry System (CES)

SFHSA's partners at SFHSH and their providers are trained in and practice Housing First and Harm Reduction-based service delivery, and they and SFHSA direct services staff are trained in Trauma Informed Care. The MDT relies on SF's ONE system to identify clients and provides Coordinated Entry services including housing assessments and problem-solving conversations at every MDT event.

23. Describe how this project will support increased housing placements and/or expand housing capacity in San Francisco.

Given that the project will be connecting clients with both the Coordinated Entry system and Medi-Cal enrollment, we envision that this work will provide a foundation for increased utilization of Housing Community Supports as a result.

24. Project Objectives and Performance Measurement

Use the tables below to describe the project objectives, major activities, and how you will measure success. Please limit the number of objectives to no more than four. Please make sure that your objectives are Specific, Measurable, Achievable, Relevant, and Time-Framed (SMART). Elements to include: By (dates), (applicant) will (what, where, how and for whom) in order to (impact, by how much).

| Objective #1: | | | |
|---|--|---|--|
| Major Activities | Measurable Outcome | Target Completion Date | |
| <p>Increasing benefits (Medi-Cal, CalFresh, CAAP) enrollment among the target population by 75-100 clients annually with at least a 75% approval rate.</p> <p>Helping existing Medi-Cal beneficiaries maintain coverage.</p> <p>In-person client meetings and application processing at shelters and navigation centers at least once a month</p> | <p>Increased enrollment as measured by applications and application approvals at MDTs and through site specific BenefitsCal portals</p> <p>In person outreach at shelters least once a month</p> | <p>Activities are ongoing for the four years, with annual measurable outcomes data.</p> | |

Objective #1 Evaluation Methods: How will your outcomes be measured?

| Objective #2: | | |
|--|--|---|
| Major Activities | Measurable Outcome | Target Completion Date |
| <p>Training and capacity building for nonprofit providers working with target population, including:</p> <p>Development of training modules (Public Benefits 101, use of BenefitsCal application portal)</p> <p>At least one in-person visit to shelter and navigation centers</p> <p>Two group and 4 one-on-one trainings per month</p> | <p>Written training modules</p> <p>Number of in-person site visits</p> <p>Number of group and one-on-one trainings conducted per month</p> | <p>Activities are ongoing for the four years, with annual measurable outcomes data.</p> |

Objective #2 Evaluation Methods: How will your outcomes be measured?

| Objective #3: | | |
|-------------------------|---------------------------|-------------------------------|
| Major Activities | Measurable Outcome | Target Completion Date |
| | | |

Objective #3 Evaluation Methods: How will your outcomes be measured?

| Objective #4: | | |
|-------------------------|---------------------------|-------------------------------|
| Major Activities | Measurable Outcome | Target Completion Date |

| | | |
|--|--|--|
| | | |
|--|--|--|

Objective #4 Evaluation Methods: How will your outcomes be measured?

25. Describe how the project will be sustained after the grant period ends.

The caseload growth brought about by these staff will augment our future CalFresh and Medi-Cal allocations. Generally, State allocations for both programs take caseload size into account. CalFresh recently refreshed its State methodology to not only account for total caseload, but also caseload subpopulation, trying to weight funding for challenging populations like PEH more appropriately. A fully loaded Eligibility Worker would also draw uncapped Federal social services revenue.

26. Please complete the budget template and justification below. For each line item, please identify which project objective it supports.

| Line Item | Description | Objective | Total Funding Requested |
|--|---|---|----------------------------|
| Personnel | | | |
| For each position, specify the percentage of time dedicated to the project (% FTE) and number of months covered by the requested funds | 1 FTE 2905 Benefits Eligibility Worker (100%) 1 FTE 2913 Program Specialist for Training and Technical Assistance (100%) | Increase benefits enrollment among target population Provide training and capacity building for nonprofit staff working with target population, develop training modules | \$640,364 \$701,024 |
| Capital expenses | N/A | | |
| | | | |
| | | | |

| | | | |
|-------------------------------|-----|--|--------------------|
| | | | |
| Operating expenses | N/A | | |
| | | | |
| | | | |
| | | | |
| Other costs | N/A | | |
| | | | |
| | | | |
| | | | |
| Total Requested Amount | | | \$1,341,388 |

Budget Justification (200 words)

Annual cost of one FTE 2905 Eligibility Worker is \$160,091 x 4 years = \$640,364
Annual cost of one FTE 2913 Program Specialist training coordinator is \$175,256 x 4 years = \$701,024
Total for 4 years = \$1,341,388
All requested costs are for direct client and staff assistance
No capital, operating, or administrative costs are requested



SAN FRANCISCO
HUMAN SERVICES AGENCY

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Trent Rhorer, Human Services Agency Executive Director
DATE: November 25, 2025
SUBJECT: Accept and Expend Resolution for Housing and Homelessness
Incentive Program Grant
GRANT TITLE: Housing and Homelessness Incentive Program - \$268,000

Department of Benefits and Family Support

Department of Disability
and Aging Services

Attached please find the original* and one copy of each of the following:

- Proposed grant resolution; original* signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Letter of Intent or grant award letter from funding agency
- Ethics Form 126 (if applicable)
- Contracts, Leases/Agreements (if applicable)
- Other (Explain): _____

The seal of the City and County of San Francisco, featuring an eagle perched on a shield with a figure on either side, surrounded by the text "SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO".

Daniel Lurie
Mayor

Special Timeline Requirements: N/A

Departmental representative to receive a copy of the adopted resolution;

Name: Celia Pedroza

Phone: 415-557-6103

Kelly Dearman

Kelly Dearman

Interoffice Mail Address: 170 Otis Street, 8th Floor, San Francisco, CA 94103

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 – Blue Cross of California Partnership Plan, Inc. (Anthem) – Housing and Homelessness Incentive Program Funding – San Francisco - \$268,000
DATE: December 16, 2025

Resolution authorizing the Department of Human Services to accept and expend a grant in the total amount of \$268,000 from the Blue Cross of California Partnership Plan, Inc. for participation in the program entitled "Housing and Homelessness Incentive Program Funding – San Francisco" for the period of April 1, 2026, to March 31, 2030.

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