File No. 251258 **Committee Item No.** 5
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**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☐	☐	**Introduction Form**
☒	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☒	☐	**Grant Information Form**
☒	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☒	☐	**Contract/Agreement**
☐	☐	**Form 126 – Ethics Commission**
☐	☐	**Award Letter**
☒	☐	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____

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

FILE NO. 251258 RESOLUTION NO.

[Accept and Expend Grant - San Francisco Health Plan (Health Plan) - Housing and Homelessness Incentive Program Funding - San Francisco - $1,072,000]

Resolution authorizing the Human Services Agency to accept and expend a grant in the total amount of $1,072,000 from the San Francisco Health Plan for participation in the program entitled "Housing and Homelessness Incentive Program Funding - San Francisco" for the period of April 1, 2026, through March 31, 2030.

WHEREAS, The San Francisco Health Plan (Health Plan) awarded the San Francisco Human Services Agency (SFHSA) Housing and Homelessness Incentive Program (HHIP) funding in support of increased enrollment in HSA benefits among unhoused clients; and

WHEREAS, The San Francisco Health Plan issued a grant award, dated October 8, 2025, notifying the City and County of San Francisco of its grant award dollar amount of $1,072,000, multi-year grant period dates of April 1, 2026, through March 31, 2030, and terms and conditions to comply with the grant agreement; and

WHEREAS, The SFHSA intends to utilize these grant funds towards the increased enrollment of SFHSA public benefits (Medi-Cal, CalFresh, and County Adult Assistance Program) for unhoused clients residing in San Francisco Department of Homelessness and Supportive Housing (SFHSH) operated shelters and navigation centers and to train nonprofit staff working with the unhoused to better understand the benefits process and assist clients in obtaining and maintaining benefits through enhanced benefits education; and

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

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 $1,072,000 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.

Recommended:

_____/s/_____

Trent Rhorer

Human Services Agency

Executive Director

Approved: __/s/ Sophia Kittler for_____

Mayor Daniel Lurie

Approved: _____/s/ Jocelyn Quintos for

Greg Wagner, Controller

Docusign Envelope ID: E428CC93-6C3F-42EB-839B-CF7E1A54DBCF

Docusign Envelope ID: 1CB046B4-1076-43B8-9DE0-A967D36FABE3

File Number: 251258
(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):

   [X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: $ 1,072,000

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
   b. Grant Pass-Through Agency (if applicable): San Francisco Health Plan

8. Proposed Grant Project Summary: SFHSA intends to utilize these grant funds towards the increased enrollment of SFHSA public benefits (Medi-Cal, CalFresh, and County Adult Assistance Program) for unhoused clients residing in San Francisco Department of Homelessness and Supportive Housing (SFHSH) operated shelters and navigation centers and to train nonprofit staff working with the unhoused to better understand the benefits process and assist clients in obtaining and maintaining benefits through enhanced benefits education.

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 [X] 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 [X] To maximize use of grant funds on direct services
    [ ] Other (please explain):

Docusign Envelope ID: E428CC93-6C3F-42EB-839B-CF7E1A54DBCF

Docusign Envelope ID: 1CB046B4-1076-43B8-9DE0-A967D36FABE3

c. 2. If no indirect costs are included, what would have been the indirect costs? The grantor's guidance allows up to 10% ($107,200) to support indirect costs. The indirect costs are covered by 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 $1,072,000 on October 8, 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:	CTR00004850
Fund ID:	12920
Project ID:	10042524
Project Description:	HS PA H&H Inc Prg - SFHP
Activity ID:	0001
Authority ID:	10001
Version ID:	V101
Amount:	$1,072,000

Docusign Envelope ID: E428CC93-6C3F-42EB-839B-CF7E1A54DBCF

Docusign Envelope ID: 1CB046B4-1076-43B8-9DE0-A967D36FABE3

****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):

[X] Existing Site(s)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] 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:
M'kia McCright
491EFC1578754EF...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Trent Rhorer

(Name)

Executive Director

(Title)

Date Reviewed: 11/24/2025

DocuSigned by:
Trent Rhorer
9753A8870BB74EE...
(Signature Required)

	A	B	C
1			
2			
3	**HUMAN SERVICES AGENCY BUDGET SUMMARY**		
4	**BY PROGRAM**		
5			
6	Housing and Homelessness Incentive Program		
7			
8	Program Term	04/01/2026 - 03/31/2030	Total
9	**Expenditures**		
10	Salaries & Benefits	$1,072,000	$1,072,000
11	Operating Expense	$0	$0
12	**Subtotal**	$1,072,000	$1,072,000
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	$1,072,000	$1,072,000
17	**HSA Revenues**		
18	Housing and Homelessness Incentive Program	$1,072,000	$1,072,000
19			
20			
21			
22			
23			
24			
25			
26	TOTAL HSA REVENUES	$1,072,000	$1,072,000
27	**Other Revenues**		
28			
29			
30			
31			
32			
33	Total Revenues	$1,072,000	$1,072,000
34			
36			
37			
38			

Salaries & Benefits Detail

	A	B	C	D	E	F	G	H	I	J	K
10						04/01/2026 - 03/31/2030					
11		Agency Totals		HSA Program		HSA Program					TOTAL
12	POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	04/01/2026-03/31/2027	04/01/2027-03/31/2028	04/01/2028-03/31/2029	04/01/2029-03/31/2030	04/01/2026 - 03/31/2030
13	HSA Sr Eligibility Worker	$113,068	0.80	100%	0.80	$90,454	$90,454	$90,454	$90,454	$90,454	$361,818
14	Program Specialist	$125,352	0.80	100%	0.80	$100,282	$100,282	$100,282	$100,282	$100,282	$401,126
15											
16					-						
17					-						
18					-						
19					-						
20					-						
21					-						
22					-						
23					-						
24					-						
25					-						
26					-						
27					-						
28	TOTALS	238,420	1.60	200%	1.60	$190,736	$190,736	$190,736	$190,736	$190,736	$762,944
29											
30	FRINGE BENEFIT RATE	41%									
31	EMPLOYEE FRINGE BENEFITS	$96,580				$77,264	$77,264	$77,264	$77,264	$77,264	$309,056
32											
33											
34	TOTAL SALARIES & BENEFITS	$335,000				$268,000	$268,000	$268,000	$268,000	$268,000	$1,072,000
35											

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT

BETWEEN

SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN

AND

SAN FRANCISCO HUMAN SERVICES AGENCY

This Housing and Homelessness Incentive Program Agreement (the "Agreement") by and between **San Francisco Health Authority dba 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 Human Services Agency ("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**.

RECITALS

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, and

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

AGREEMENT

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 shall 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.

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

4. Term and Termination. This Agreement will commence on April 1, 2026 (the "Effective Date") and shall terminate on March 31, 2030, 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. 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 than 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 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.

6. 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.

7. 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.

8. 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.

9. Payment. Health Plan will pay HHIP Grantee in the amount and in accordance with the schedules set forth in Exhibit A.

10. 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.

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

11. 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 Human Services Agency
    P.O. Box 7988
    San Francisco, CA 94102
    Attn: Trent Rhorer
    trent.rhorer@sfgov.org

    If to Health Plan:

    San Francisco Health Plan
    P.O. Box 194247
    San Francisco, CA 94119
    Attn: Chief Operating Officer
    jmoore01@sfhp.org

12. 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.

13. 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.

14. 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.

15. 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.

16. The funding for this Agreement is subject to Health Plan's receipt of HHIP funds from DHCS.

17. 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.

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

IN WITNESS WHEREOF, the parties have duly executed this Agreement by their authorized representatives as of the Effective Date.

SAN FRANCISCO HEALTH AUTHORITY DBA SAN FRANCISCO HEALTH PLAN

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

Print: Jenn Moore

Title: Chief Operating Officer

Date: 10/8/2025

SAN FRANCISCO HUMAN SERVICES AGENCY

Signature: DocuSigned by: Trent Rhorer 9753A8870BB74EE...

Trent Rhorer
Executive Director/CEO

Date: 10/14/2025

Approved as to Form:

David Chiu
City Attorney

By: DocuSigned by: Valerie Lopez 89BF368A54804A6...

Valerie Lopez
Deputy City Attorney

Date: 10/14/2025

[Remainder of this page is intentionally left blank.]

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

EXHIBIT A
Homeless Benefits Access Initiative
(HHIP-15)

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: San Francisco Human Services Agency	**Primary Contact for Grant:** Name: Cindy Ward, Homelessness Benefits Linkages Manager Email: cindy.ward@sfgov.org Phone: (415-203-1388)
Grantee Address: P.O. Box 7988 San Francisco, CA 94102	**County Served:** San Francisco

2. Description of Grant/Investment: HHIP Grantee will work to increase enrollment in SFHSA public benefits (Medi-Cal, CalFresh, County Adult Assistance Program) for unhoused clients in SFHSH shelters and navigation centers and train nonprofit staff working with the unhoused to better understand the benefits processes and assist clients in obtaining and maintaining benefits through enhanced benefits education.

3. Objectives and Performance Measurements: The following objectives are intended to be successfully achieved by the HHIP Grantee as measurement of success of the project:

Objectives #1		
Major Activities	**Measurable Outcome**	**Target Completion Date**
Increase benefits enrollment in Medi-Cal (SFHSA benefits program) among clients who are unhoused by 75-100 clients annually (300-400 total over the project term) with at least a 75% approval rate. Help existing Medi-Cal beneficiaries maintain coverage. Conduct in-person client meetings and application processing at shelters and navigation centers at least once a month.	Increase enrollment as measured by applications and application approvals at Multidisciplinary Team (MDT) and through site specific BenefitsCal portals. Conduct in person outreach at shelters at least once a month.	Activities will be ongoing for the four (4) year period, with annual measurable outcomes data.

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

Objectives #2		
Major Activities	**Measurable Outcome**	**Target Completion Date**
Increase benefits enrollment in CalFresh (SFHSA benefits program) among clients who are unhoused by 75-100 clients annually (300-400 total over the project term) with at least a 75% approval rate. Help existing CalFresh beneficiaries maintain coverage.	Increase enrollment as measured by applications and application approvals at Multidisciplinary Team (MDT) and through site specific BenefitsCal portals. Conduct in person outreach at shelters at least once a month.	Activities will be ongoing for the four (4) year period, with annual measurable outcomes data.
Objectives #3		
Major Activities	**Measurable Outcome**	**Target Completion Date**
Increase benefits enrollment in CAAP (SFHSA benefits program) among clients who are unhoused by 75-100 clients annually (300-400 total over the project term) with at least a 75% approval rate. Conduct in person outreach at shelters at least once a month. Help existing CalFresh beneficiaries maintain coverage. In collaboration with HAS, BI will create a tracking system.	Increase enrollment as measured by applications and application approvals at Multidisciplinary Team (MDT) and through site specific BenefitsCal portals. Conduct in person outreach at shelters at least once a month. Data to be tracked includes: - Date of outreach - Location of outreach - Number of enrollments by benefit (Medi-Cal, CalFresh, CAAP) - Percentage of total enrollments approved	Activities will be ongoing for the four (4) year period, with annual measurable outcomes data.
Objectives #4		
Major Activities	**Measurable Outcome**	**Target Completion Date**
Train at least 400 non-profit staff working at homeless response navigation centers and shelters to effectively assist unhoused clients in obtaining and maintaining San Francisco Human Services Agency (SFHSA) benefits through enhanced benefits education.	In collaboration, HSH and HSA, will provide up to four monthly group trainings to HSH-contracted staff for training site selection and coordination with CBO providers.	3/31/2030

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

4. **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**
☒ 1.1 Engagement with the Continuum of Care (CoC)	☐ 2.1 Connection with street medicine team *(DHCS Priority Measure)*	☐ 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
☐ 1.2 Connection and Integration with the local Homeless Coordinated Entry System *(DHCS Priority Measure)*	☒ 2.2 MCP Connection with the local Homeless Management Information System (HMIS) *(DHCS Priority Measure)*	☐ 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports *(DHCS Priority Measure)*
☒ 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		☐ 3.5 MCP members who were successfully housed *(DHCS Priority Measure)*
☒ 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)*		☐ 3.6 MCP members who remained successfully housed *(DHCS Priority Measure)*
☒ 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)		

5. **Grantee Deliverables/Reporting:** 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 ipp@sfhp.org following the below due dates using the most current Health Plan Grant Reporting Template.

Report Name	**Due Date**
Progress Report	On or before 04/01/2028
Final Report	On or before 03/31/2030

In addition to the above reports, Health Plan will have the right to request reports on an ad hoc basis at any point during the term of this Agreement.

6. **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.

Docusign Envelope ID: 3A624936-2513-4549-AAA1-88CE7293DB17

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 objectives. Engage with HHIP Grantee on strategies to improve/address challenges to meeting objectives.

7. **Total Grant Amount:** One million seventy-two thousand dollars and zero cents ($1,072,000.00)

8. **Effective Date:** 04/01/2026 - 3/31/2030

9. **Disbursement Intervals**: After the receipt of the fully executed Agreement, Total Grant Amount as described in Section 7 above shall be paid ten (10) days after notification to SFHP staff email address ipp@sfhp.org that project staff have been fully hired and trained.

[Remainder of this page is intentionally left blank.]

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, (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
    - X 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:
    - Housing First, Housing Focused, and Harm Reduction
    - Trauma Informed Care
    - 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**
Increasing benefits (Medi-Cal, CalFresh, CAAP) enrollment among the target population by 75-100 clients annually with at least a 75% approval rate. Helping existing Medi-Cal beneficiaries maintain coverage. In-person client meetings and application processing at shelters and navigation centers at least once a month	Increased enrollment as measured by applications and application approvals at MDTs and through site specific BenefitsCal portals In person outreach at shelters least once a month	Activities are ongoing for the four years, with annual measurable outcomes data.

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

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

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%)	Increase benefits enrollment among target population	$640,364
	1 FTE 2913 Program Specialist for Training and Technical Assistance (100%)	Provide training and capacity building for nonprofit staff working with target population, develop training modules	$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

Docusign Envelope ID: E428CC93-6C3F-42EB-839B-CF7E1A54DBCF

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 - $1,072,000**

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:

_X_ Proposed grant resolution; original* signed by Department, Mayor, Controller

_X_ Grant information form, including disability checklist

_X_ Grant budget

_X_ Grant application

_X_ Letter of Intent or grant award letter from funding agency

___ Ethics Form 126 (if applicable)

___ Contracts, Leases/Agreements (if applicable)

___ Other (Explain):

Special Timeline Requirements: N/A

Departmental representative to receive a copy of the adopted resolution:

Name: Celia Pedroza Phone: 415-557-6103

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

Certified copy required Yes ☐ No ☒

Daniel Lurie
Mayor

Trent Rhorer
Executive Director, SFHSA

Kelly Dearman
Executive Director, DAS

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 – San Francisco Health Plan (Health Plan) – Housing and Homelessness Incentive Program Funding - San Francisco - $1,072,000
DATE: December 16, 2025

Resolution authorizing the Department of Human Services to accept and expend a grant in the total amount of $1,072,000 from the San Francisco Health Plan 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

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141