



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

July 18, 2022

PURPOSE OF THIS INVESTMENT PLAN TEMPLATE

The Housing and Homelessness Incentive Program (HHIP) is a Medi-Cal Managed Care Plan (MCP) incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

The California Department of Health Care Services (DHCS) is providing this Investment Plan (IP) Template as a required submission for MCPs seeking to participate in the HHIP. The primary goal of the IP is for MCPs participating in the HHIP to demonstrate to DHCS that they have a clear plan for achieving measures and targets across the course of the program, in collaboration with their local partners, through targeted investments in activities and efforts that align with program measures and goals and support the MCP's performance strategies. MCPs will be eligible to earn incentive payments for successful completion and submission of the IP, subject to acceptance of the IP by DHCS. The IP is worth up to 10% of each MCP's allocated earnable funds for HHIP overall. DHCS will evaluate the IP based on the MCP's demonstration of a meaningful investment strategy, including how adequately stated needs are addressed and how effectively funding is targeted, to support the achievement of program measures and goals.

Participating MCPs will be eligible to earn HHIP payments for the successful completion or achievement of HHIP program milestones and measures. Such payments do not constitute pre-funding or reimbursement for investments made using MCP funds in pursuit of program milestones and measures. Once the HHIP payments are earned by the MCP, DHCS does not direct or restrict the MCP's use of the earned incentive funds.

Each MCP must collaborate with the local Continuum(s) of Care (CoCs) to complete one IP per county in which they are participating in HHIP using this Word file template. **Completed IPs must be submitted to DHCS no later than Friday, September 30, 2022.**

HHIP Program Submissions



INVESTMENT PLAN SUBMISSION STRUCTURE

The IP template has the following four components (with associated earnable points) and must be completed in full and submitted to DHCS no later than **September 30, 2022**. DHCS will not accept a submission if any of the components are missing (i.e., an incomplete submission) or unsatisfactory. MCPs participating in the HHIP across multiple counties must submit a separate IP for each county.

- **PART I: Investments:** MCPs must submit a narrative describing specific investments they intend to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. The narrative should include details of anticipated funding activities, investment amounts, recipients, and timelines. For each intended investment, MCPs must specify:
 1. Which HHIP measures each investment is intended to impact; and
 2. Whether each investment will support MCP or provider/partner infrastructure and capacity (or both), and direct member interventions.
- **PART II: Risk Analysis:** MCPs must conduct a brief risk analysis to identify challenges they may face in achieving the HHIP program goals and in making the investments outlined in Part 1. This narrative description will include what steps the MCP might take to address these potential risks and barriers.
- **PART III: CoC Letter of Support:** MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP, and support the MCP's IP. The letter of support should be included with this IP submission **as an appendix**.¹
- **PART IV: Attestation:** MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee, and included with this IP submission **as an appendix**.

As part of the HHIP submission 1 requirement, MCPs may detail any proposed prospective changes to the IP based on observed impacts and lessons learned from investments made during the measurement period. If prospective changes are not proposed, MCP must submit reaffirmation that the original IP (this submission) remains up to date. Retrospective changes are not allowable.

¹ If an MCP is operating in a county with multiple CoCs, the MCP must obtain letters of support from at least 50% of the CoCs in the county.

MCP INFORMATION

Provide the name and contact information for the MCP submitting this IP response.

MCP Name	CenCal Health
Lead Contact Person Name and Title	Dr. Van Do-Reynoso, MPH, PhD, Chief Customer Experience Officer
Contact Email Address	vdoreynoso@cencalhealth.org
Contact Phone	(805) 685-9525 ext. 1011

PART I: INVESTMENTS

Using the table below, MCPs must submit a narrative describing specific investments they intend to make to overcome existing funding gaps and meet the goals of the HHIP. For each investment activity, MCPs should include details on anticipated:

- I. **Investment Activity:** Investment that will be made throughout CY 2022 and CY 2023 toward achieving the HHIP program goals to (1) ensure MCPs have the necessary capacity and partnership to connect their members to needed housing services, and (2) reduce and prevent homelessness.
- II. **Gap or Need Addressed:** Identify the existing funding gaps or county needs that the investment is intended to address and specify how the MCP identified this gap/need (i.e., in reviewing the HHAP², through conversations with the CoC). Funding gaps and county needs are defined as gaps/needs in housing-related infrastructure, capacity and provider partner capabilities that are not sufficiently funded to meet the needs of Medi-Cal beneficiaries.
- III. **Description:** Details of the investment activity, including anticipated:
 - a. Dollar amount. If the specific dollar amount is not known at this time, the MCP may provide a dollar range, which should be as narrow as possible.
 - b. Recipient(s). If the specific organization is not known at this time, the MCP may provide the type of recipient which should be defined as specifically as possible (i.e., all FQHCs in a defined geographic region, short-term housing shelters in need of beds).
 - c. Timelines for the investment activity, including potential plans for sustainability after the conclusion of the HHIP.
- IV. **HHIP Measures Impacted:** Specify HHIP measure(s) that the investment activity is intended to impact. In total across all investments, a minimum of ten measures that are designated “P4P” in either Submission 1 or Submission 2, or both, must be impacted.
- V. **Domain Targeted:** Specify whether the investment will support MCP or provider/partner infrastructure and capacity (or both) and serve as a direct member intervention.

MCPs may add additional rows to the table submission as needed.

² Materials for each round of HHAP can be accessed on the [HHAP website](#). MCPs should use the HHAP-3 assessment of funding availability to inform their IP submission (or the HHAP-2 assessment, if the HHAP-3 assessment is unavailable).

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
<i>Example: CoC Support</i>	<i>Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.</i>	<i>Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023</i>	<i>\$50,000 - \$80,000</i>	<i>CA-501 San Francisco CoC</i>	<i>6/2022 – 1/2023</i>	<i>3.3</i>	<i>Provider/ Partner Infrastructure</i>
1.CoC Support & provider Support	Insufficient resources to complete PIT Count. This gap was identified in meetings with the CoC and discussed at the CoC Board Meetings on 9/7/22 and 9/16/22.	Support 2023 PIT Count and invest in street mapping software.	\$70,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan.	12/22-1/2023	1.1-	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
2. CoC and Local Homeless Organization Support	Address racial inequities and underserved populations identified in LHP noted in the review of the HHAP. This gap was identified in meetings with the CoC and through review of the HHAP on 9/7/22 and 9/16/22.	Increase access to housing and services through language services, engaging underserved populations.	\$450,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan	12/2022-11/2023	1.6	Provider/ Partner Infrastructure
3. CoC & MCP Support	Connection and integration of data for effectively connecting to housing resources and services. This gap was identified through conversations with the CoC and discussed at the CoC Board Meetings on 9/7/22 and 9/16/22.	Data sharing and IT infrastructure including Homeless Management Information System and Coordinated Entry System Integration.	\$1,000,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan.	11/2022-11/2023	1.2 2.2	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
4.Member Support	Accessible services and supports for individuals with SMI/SED. This gap was identified through conversations with the CoC and discussed at the CoC Board Meetings on 9/7/22 and 9/16/22.	Expand mental health services and education in San Luis Obispo County through creating street outreach teams that include mental health professional.	\$ 2,200,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan.	11/2022-11/2023	2.1	Direct Member Support
5.CoC Support	Increase access to safe, affordable housing. This gap was identified through conversations with the CoC and discussed at the CoC Board Meetings on 9/7/22 and 9/16/22.	<p>Increase housing stock by completing projects and fund rental assistance in private market.</p> <p>Rapid Re-Housing and/or Tenant Based Rental Assistance - Lumina Foundation review proposal.</p> <p>Master leasing of hotels, multi-family, or single-family homes.</p>	\$4,400,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan	11/2022-11/2023	3.5	Direct Member Support

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
6.CoC Support	Use best practices to deliver tailored support services. This gap was identified through conversations with the CoC and discussed at the CoC Board Meetings on 9/7/22 and 9/16/22.	Provide Best Practice Trainings.	\$200,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan.	11/2022-11/2023	1.6	MCP and Provider/Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
7.CoC & MCP Support	Strengthen support systems to obtain and maintain housing. This gap was identified through conversations with the CoC and discussed at the CoC Board Meetings on 9/7/22 and 9/16/22.	<p>Increase income through employment and benefits.</p> <p>Provide landlord incentives to rent their unit and a flexible housing subsidy pool to facilitate access to housing for members.</p>	\$2,007,000	CoC, Community Based Organizations , other Homeless Service Agencies, and Health Plan.	11/2022-11/2023	3.6	MCP and Provider/Partner Infrastructure

PART II: RISK ANALYSIS

Using the space below, MCPs must submit a narrative response detailing a brief risk analysis for their IP, including:

- I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals.
- II. Which aspects of the IP might be affected by those factors; and
- III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

Description of Anticipated Contingencies (500 - 1000-word limit)

Based on meetings with the CoC and community partners, CenCal Health (CCH) anticipates three factors that may make it challenging to achieve our HHIP goals. The first factor is the high cost of housing and limited housing stock. San Luis Obispo County and Santa Barbara County have a much higher housing cost than most geographical areas in California. San Luis Obispo County is the second least affordable small metro area in the entire nation, with the County's cost of housing about 51.7% higher than the national average. Due to this barrier, both counties have less permanent supportive housing available, especially to vulnerable community members. The ongoing high cost of housing and limited housing stock will impact four of the eight priority areas in the IP that directly support systems to obtain and maintain housing. These four investment activities (1,3,5,6) include activities to address gaps in:

- equitable access to housing and services by underserved populations identified in LHP;
- connection and integration of data for effectively connecting to housing resources and services;
- access to safe, affordable housing through an increase in housing stock; and
- support systems to obtain and maintain housing through landlord incentives and flexible housing subsidy pool.

CCH will mitigate this factor by closely working with the CoC and community partners to integrate upstream solutions to prevent homelessness and maintain permanent housing. CCH will begin to schedule meetings with CoC partners to brainstorm and identify potential strategies to mitigate barriers to achieving the four investment activities listed above.

The second factor is the deployment of funding from the Local Homelessness Plan (LHP) and Investment Plan (IP) payments to our community partners for members to become housed and/or stay housed. The delay of deploying the resources to CoC and community partners may result in missed opportunities for acquiring permanent housing solutions or maintaining housing stability. CCH will address this risk by expediting LHP and IP allocations as soon as the resources are received so that our members can be connected to needed housing services.

The third factor is accessing critical data from the HMIS system. CenCal Health will complete a feasibility study to explore becoming a CES access point provider or build additional capacity in the community. CES provider expansion would be a recurring cost to the health plan. Access to HMIS and building CES access point capacity will affect all aspects of the IP. CenCal Health will address this risk factor by expediting LHP and IP allocations to prioritize activities that meet the highest HHIP metrics. Concurrently, CenCal Health will complete the counties' MOU to access HMIS data.

PART III: CoC LETTER OF SUPPORT

MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP response and support the MCP's IP. For MCPs in counties with more than one

CoC, **at least 50% of CoCs** must provide signatures indicating their support.

The CoC letter of support or CoC signature(s) should be included with this IP submission as an appendix.

Part IV: Attestation

MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets as of the date of signature. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee.

The signed attestation should be included with this IP submission as an appendix.



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES

Department Head *Devin Drake*

September 26, 2022

California Department of Health Care Services
Housing and Homelessness Incentive Program
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: Letter of Support for CenCal Health Housing and Homeless Incentive Program (HHIP) Investment Plan

To Whom It May Concern,

I write on behalf of the San Luis Obispo County Continuum of Care (CA-614) regarding CenCal Health's application for HHIP. The County of San Luis Obispo administers the San Luis Obispo County Continuum of Care (CoC). At the last meeting of the Homeless Services Oversight Council, the CoC advisory body for CA-614, we heard and discussed an update from CenCal Health regarding their proposed HHIP Investment Plan, which CenCal has been developing in consultation with the CoC and in consideration of the CoC's Homeless Housing, Assistance, and Prevention (HHAP) grant and the CoC's recently updated Five-Year Plan to Address Homelessness.

The CoC is excited to partner with CenCal Health to explore opportunities to improve services to our unhoused community. We appreciate the opportunity to collaborate with CenCal Health in the development of the Investment Plan for the Housing and Homeless Incentive Program (HHIP). We validate the partnership in supporting the following proposed investment activities:

1. CoC and Local Homeless Organization Support: Address racial inequities by expanding language interpreter/translator services identified in Local Homelessness Plan.
 2. CoC Support: Identify resources for the CoC to complete the PIT count identified in Local Homelessness Plan.
 3. CoC & MCP Support: Connect and integrate with the local Coordinated Entry System.
 4. Member Support: Accessible services and supports for individuals with SMI/SED
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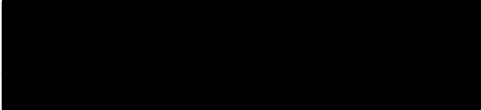
County of San Luis Obispo Department of Social Services

P.O. Box 8119 | San Luis Obispo, CA 93403 | (P) 805-781-1825 | (F) 805-781-1846
info@slocounty.ca.gov | slocounty.ca.gov

5. CoC Support: Increase access to safe, affordable housing.
6. CoC Support: Use best practices to deliver tailored support services.

The San Luis Obispo County CoC looks forward to working with the CenCal Health team to provide additional input in the development of the activities, budgets, and timelines in the aforementioned investment areas.

Sincerely,



Devin Drake, Director
Department of Social Services
County of San Luis Obispo

**Medi-Cal Managed Care
Housing and Homelessness Incentive Program (HHIP) Investment Plan (IP)
Certification (to be completed by Health Plan CEO/CFO/COO/Authorized Executive)**

Health Plan: CenCal Health

County: Santa Barbara and San Luis Obispo

I certify that, to the best of my knowledge, the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets.

As a CEO, CFO, COO, or Executive duly authorized to sign on behalf of the Health Plan listed above, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law.

By: Van Do-Reynoso
Print name

September 26, 2022
Date

[Redacted Signature]
Signature

Chief Customer Experience & Health Equity Officer
Title