



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 and Local Homeless Organizations 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 9/16/2022.	Increase access to housing and services through language services, engaging underserved populations. CenCal Health will identify opportunities for data sharing that may reduce exits into homelessness among BIPOC community	\$600,000	CoC, Community Based Organizations, other Homeless Service Agencies, and Health Plan	12/2022-11/2023	1.6	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
		members.					
2. CoC Support	Insufficient resources to complete PIT Count. This gap was identified through meetings with the CoC on 9/16/2022.	Support 2023 PIT Count and invest in street mapping software. Santa Barbara County needs assistance with the PIT count and to engage people with lived experience in this process. By providing a stipend and/or gift card incentive to volunteers, the CoC will likely increase volunteers with lived experience, in turn increasing the quality of PIT count data	\$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
		<p>collected.</p> <p>Santa Barbara County also requested CenCal Health support with application review of the RFP for the PIT count vendor, staff member participation, review of revised survey questions for the PIT Count, and funding to support the PIT count vendor.</p>					

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
3. CoC & MCP Support	Connection and integration of data for effectively connecting to housing resources and services. This gap was identified through meetings with the CoC on 9/16/2022.	Data sharing and IT infrastructure including Homeless Management Information System and Coordinated Entry System Integration.	\$2 million	CoC, Community Based Organizations, other Homeless Service Agencies, and Health Plan	11/2022-11/2023	1.2 – priority measure & 2.2-priority measure	MCP and Provider/ Partner Infrastructure
4. Member Support	Accessible services and supports for persons with SMI/SED. This gap was identified through meetings with the CoC on 9/16/2022.	Expand mental health services through creating street outreach teams that include mental health professionals.	\$2 million	CoC, Community Based Organizations, other Homeless Service Agencies, and Health Plan	11/2022-11/2023	2.1-priority measure	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
5. CoC Support	Increase access to safe, affordable housing. This gap was identified through meetings with the CoC on 9/16/2022.	Increase housing stock by completing projects and fund rental assistance in private market. (Priority)	\$5 million	CoC, Community Based Organizations, other Homeless Service Agencies, and Health Plan	11/2022-11/2023	3.5 – priority measure	Direct Member Support
6. CoC Support	Strengthen support systems to obtain and maintain housing. This gap was identified through meetings with the CoC on 9/16/2022.	Provide landlord incentives to rent their unit and a flexible housing subsidy pool to facilitate access to housing for members.	\$2.5 million	CoC, Community Based Organizations, other Homeless Service Agencies, and Health Plan	11/2022-11/2023	3.6 - priority measure	MCP and Provider/Partner Infrastructure
7. CoC Support	Use best practices to deliver tailored support services. This gap was identified through meetings with the CoC on 9/16/2022.	To address disparities and equity in service delivery, housing placement, and housing retention, the Santa	\$200,000	CoC, Community Based Organizations, other Homeless Service Agencies, and Health	11/22-11/23	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
		Barbara County CoC and CenCal Health have identified a need for culturally appropriate trainings provided to organizations assisting BIPOC community members experiencing homelessness.		Plan			
8. CoC & MCP Support	Strengthen support systems to obtain and maintain housing. This gap was identified through meetings with the CoC on 9/16/2022.	<p>Increase income through employment and benefits.</p> <p>Provide day habilitation that offers job skills and job training opportunities as well as education through expansion of</p>	\$1.2 million	CoC, Community Based Organizations, other Homeless Service Agencies, and Health Plan	11/2022-11/2023	3.6 - priority measure	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
		<p>community supports and partnerships with the education system. Partner with for-profit organizations to increase employment for veterans, and homeless community members through education on employer benefits such as Homeless Hiring Tax Credit (HHTC) which began January 1, 2022, and continues until December 31, 2026.</p>					

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 challenging factors to achieve our HHIP goals. The first factor is inflated cost of housing and limited housing stock. San Luis Obispo County and Santa Barbara County have higher housing costs than most geographical areas in California. San Luis Obispo County is the second least affordable small metro area in the nation, with the cost of housing about 51.7% higher than the national average. Both counties have less permanent supportive housing available, especially to vulnerable community members. The ongoing inflated cost of housing and limited housing stock will impact four of the eight IP priority areas 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 actively working with the CoC and community partners to integrate upstream solutions to prevent homelessness and maintain permanent housing. CCH will 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 funding deployment of the LHP and IP payments to community partners for members to become housed and/or stay housed. The delay of deploying 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 on 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.



Community Services Department
Connecting People to Opportunities

George Chapjian, Director, Community Services
Sarah York Rubin, Executive Director, Office of Arts & Culture
Ryder Bailey, CPA, Chief Financial Officer, Community Services
Dinah Lockhart, Deputy Director, Housing & Community Development
Jeff Lindgren, Assistant Director, Parks Division
Ashley Watkins, Division Chief, Sustainability Division



August 31, 2022

Department of Health Care Services
Housing and Homelessness Incentive Program

RE: Letter of Support for CenCal Health Housing and Homeless Incentive Program- Investment Plan

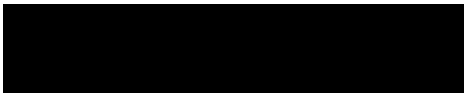
The Santa Maria/Santa Barbara County Continuum of Care (CoC) is excited to partner with CenCal Health to explore opportunities to improve services for our unhoused community. We appreciate the opportunity to collaborate with CenCal Health in the development of the Investment Plan for the Housing and Homeless Incentive Program (HHIP). The CoC validates the partnership in supporting the following proposed investment areas which align with the Local Homelessness Plan:

1. CoC and Local Homeless Organization Support: Address racial inequities by increasing access and expanding language interpreter/translator services.
2. CoC Support: Identify resources for the CoC to complete a comprehensive PIT count.
3. CoC & Managed Care Plan Support: Connect and integrate with the local Coordinated Entry System.
4. Member Support: Accessible services and supports for individuals with Serious Mental Illness/Serious Emotional Disturbance
5. CoC Support: Increase access to safe, affordable housing.
6. CoC Support: Use best practices to deliver tailored support services.

We look forward to working with the CenCal Health team to provide additional input in the development of the specific activities, budgets, and timelines in the aforementioned investment areas. Major investments by CenCal Health will be needed in housing and services to reach the HHIP measures.

Please contact Kimberlee Albers, Homeless Assistance Program Manager at (805) 560-1090 should you have any questions.

Sincerely,



Sylvia Barnard
Santa Maria/Santa Barbara County Continuum of Care Chairperson

cc: Dinah Lockhart, Deputy Director, Housing and Community Development Division
Kimberlee Albers, Homeless Assistance Program Manager, Community Services Department

**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