



**SAN JOAQUIN COUNTY  
INVESTMENT PLAN TEMPLATE**

**HOUSING AND HOMELESSNESS INCENTIVE PROGRAM**

September 30, 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), or 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**.<sup>1</sup>
- **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.

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<sup>1</sup> 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.

<b>MCP Name</b>	Health Plan of San Joaquin
<b>Lead Contact Person Name and Title</b>	Cynthia Peña, Director of Special Projects
<b>Contact Email Address</b>	cpena1@hpsj.com
<b>Contact Phone</b>	209-942-5208

## 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 HHAP<sup>2</sup>, 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), or serve as a direct member intervention.

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

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<sup>2</sup> 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
1.Supporting the Point in Time (PIT) Count	Insufficient resources for CoC for conducting the 2024 PIT count; based on San Joaquin Community Response to Homelessness Strategic Plan and meeting with San Joaquin CoC 511 on 08/26/22.	Support for 2024 PIT count through: 1.) Supplemental funding for additional staff supports to organize and manage PIT count and extend to encampments 2.) Offer funding resource for planning in 2023 for the 2024 PIT counts to replenish any needed resources which may have been impacted during the COVID-19 pandemic.	\$ 45,500	County of San Joaquin (Lead Entity of San Joaquin CoC 511)	10/2022-12/2023	1.1 3.1	MCP and Provider/ Partner Infrastructure
2.Supporting local Coordinated Entry (CES) and HMIS Infrastructure	Lack of coordination across referral and information systems among healthcare and homeless service entities. Coordination challenges associated with data collected homeless service agencies. Limited data available to managed care plans about MCP homeless members and housing	Integration with the coordinated entry system and connection with the homeless management information system (HMIS) to support better identification and coordination. 1) Conduct efforts to become Coordinated Entry System (CES) referral source through plan or	\$455,000	Central Valley Low Income Housing CVLIHC	10/2022 - 03/2024( or dates determined by DHCS)	1.2 1.4 1.6 2.2 3.1 3.5 3.6	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
	outcomes. Gap and Needs Analysis-San Joaquin County's Health and Behavioral Health Care System for the Unhoused, HHAP and Local/Regional Supportive Plans. Also based on San Joaquin CoC BOD meeting on 08/11/22.	<p>provider partners.</p> <p>1)MCPs establish connectivity to HMIS, member matching, reporting, and alerts capabilities.</p> <p>2)Support HMIS lead agency with supplemental funding to address resource challenges or needed licenses for partners.</p>					
3 Supporting Data Exchange Capabilities	Need for data sharing abilities in support of integration as noted in #2 above. Need for standardization data sharing agreements amongst MCPs, providers, social services, and housing services organizations. Based on Gap and Needs Analysis-San Joaquin County's Health and Behavioral Health Care System for the Unhoused and AB 133.	Funding for required internal work efforts to operationalize CalHHS data sharing framework and provide incentives for social service that deliver housing-related services to become participants and complete California HHS Data Exchange Framework: Single Data Sharing Agreement.	\$100,000	<p>1.MCP or MCP Consultant</p> <p>2.HMIS lead agency</p> <p>3.Community Support providers</p> <p>4.Housing service organization</p>	09/2022-12/2023	<p>1.2</p> <p>1.4</p> <p>1.5</p> <p>1.6</p> <p>2.2</p>	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
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6. Partnerships that support the deliver housing services including but not limited to (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion).	Need for housing support based on San Joaquin Community Response to Homelessness Strategic Plan and meeting with San Joaquin CoC 511 on 08/26/22. Community Partner Meeting with City of Tracy in 09/27/22.	<p>Gap funding to support two interim site locations. The sites will be comprised of modular units, dormitory style units, pallet homes, and may include administrative offices and storage facilities.</p> <p>Arbor Avenue Interim Shelter Site (48 units)</p> <p>Brichetto Road Interim Shelter Site (65 units)</p> <p>Supplemental funding as support for benefits not covered by other funding source to recruit and sustain shelter staff.</p>	\$1,231,850	City of Tracy	10/2022-12/2023	1.4 1.6 3.1 3.5 3.6	Direct Member Interventions  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)

Overall, in our assessment of risk for HHIP, we anticipate many factors occurring simultaneously with HHIP. Managed care plans (MCP) are continuing to bridge the nexus between healthcare and social services delivery. There may be competing priorities and time limitations during the measurement period with other CalAIM initiatives. Additionally given the current state of the economy, development of some investments be impacted by external factors such as construction costs, workforce issues, inflation, timing, or system constraints. The new single data sharing agreement framework is being introduced and may require some clarifying guidance or adaptation to ensure all parties comply with the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). Based on early feedback, managed care plans may need to work with HMIS lead agencies on addressing any data sharing or privacy concerns prior to moving forward with HMIS connectivity. IT infrastructure investments are contingent on whether both MCPs and the CoC can make the changes necessary to meet HHIP program goals and associated measures. There is also pending guidance for street medicine providers which is necessary for additional direction and expansion. For plans with multiple counties such as San Joaquin and Stanislaus, plans may need to adjust to different structures depending on the county and allocate resources to engage with multiple CoCs. The CoCs do not have the capacity to serve as the fiscal agent for HHIP funding. The CoCs has also indicated capacity and resource constraints and cannot be the fiscal agent. Lastly, due to the complexities of homelessness and plans may need to make minor modifications or flexibility for new opportunities as well.

MCPs are developing and building a greater understanding of homelessness and HHIP program measures. From potential changes from external factors such as inflation, timing, or system constraints, HPSJ may need to reassess as needed and adjust cost estimates for any additional funding or resources. Some investments may require additional clarification or have dependencies prior to implementation. This could potentially also have an impact on cost estimates, activity description or approach from some activities. Recipients and providers will also adjust to new guidance or regulatory requirements. Investment plans may have some level of variations depending on the county. Lack of CoC's ability to serve as the fiscal agent may impact the IP execution. As time progresses, there may be additional opportunities to address homelessness identified in addition to currently identified investments.

To avoid or mitigate impacts to the investment plan, HPSJ will continue to partner with other MCPs and community stakeholders (as needed) to maximize efficiencies and increase our community knowledge to address homelessness. In making these investments HPSJ will execute memorandum of understanding (MOU) and contracts where applicable to ensure adherence to applicable laws and regulations. HPSJ will seek opportunities for related webinars or community meetings and will leverage best practices from CalAIM implementations. HPSJ will maintain open dialogue and monitor our local continuums of care and recipients to assess

progress on intended activities. We will continue to actively research and monitor emerging guidance for data sharing agreement and street medicine topics and liaise with our associations and DHCS. We will continue to educate our providers and community partners as we make progress in our implementations. We will progressively report our lessons learned from the investment plan within HHIP measure 1.7 for a status update, sharing of best practices, and outcomes. HPSJ will continue engagement with our CoC and community partners to build awareness of county landscape, stakeholders, and any county variations. HPSJ will work to unify approaches where possible and focus on actionable steps to make meaningful progress across HHIP program goals and measures. This funding allocation is program year 1, based on information known and available to HPSJ may modified in accordance with payments made by DHCS and new developments.

### **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.**

September 8, 2022

To: California Department of Health Care Services  
Re: Housing and Homelessness Incentive Program (HHIP) Investment  
Plan Letter of Support



The Stockton/San Joaquin Continuum of Care (SJCoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Health Plan of San Joaquin and Health Net in San Joaquin County.

The SJCoC had the opportunity to engage and collaborate with our local Managed Care Plans (MCP), provide input on the IP, and were able to review the IP prior to the Medi-Cal MCP submission. The SJCoC understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The SJCoC also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the SJCoC is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly at (530) 601-0024.

On behalf of the Stockton/San Joaquin Continuum of Care Board of Directors,



Kate Hutchinson  
Chair  
Stockton/San Joaquin Continuum of Care

**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:** Health Plan of San Joaquin

**County:** San Joaquin County

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:** Michael Schrader

Print name

September 9, 2022

Date



Signature

CEO

Title