



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 29, 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**.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 | Santa Clara Family Health Plan (SCFHP) |
| Lead Contact Person Name and Title | Gaya Amirthavasar, Manager, Social Determinants of Health, SCFHP <i>(Alternate: Lori Andersen, Director, Long Term Services and Supports while Gaya is on maternity leave – return 10/31/2022)</i> |
| Contact Email Address | gamirthavasar@scfhp.com (landersen@scfhp.com) |
| Contact Phone | 408-874-1409 (408-637-6357) |

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), or 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. HMIS Development – Identifying Members | Based on ongoing conversations with the CoC, County, and other homeless system partners: Inability to identify all MCP members in HMIS and to receive real-time notification of homeless status changes for MCP members. | <ol style="list-style-type: none"> Match MCP members in HMIS, update the HMIS intake process to include health plan information, and develop regular reports that identify MCP members, their housing status, and linkages to specific programs with their primary case management entity. Develop aggregated regular reporting. Develop the necessary application | <p>Total: \$473,000</p> <p>Breakdown:</p> <ul style="list-style-type: none"> • \$273,000 for development of API to accomplish member/client matching and internal alerts system. • \$200,000 for internal SCFHP IT support | Bitfocus, Santa Clara Office of Supportive Housing | 10/1/2022 – 3/31/2023 | 1.2 1.4 2.2 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 |
|---|---|--|---|---|------------------------------|------------------------------------|---|
| | | <p>programming interface (API), data import tool, and service transaction elements.</p> <p>4. Provide ongoing support to facilitate the successful exchange of data and accurate reporting.</p> | | | | | |
| <p>2. HMIS Development – ECM and Community Supports Enrollment Status</p> | <p>Based on ongoing conversations with the CoC, County, and other homeless system partners:</p> <p>ECM and Community Supports enrollment data for MCP members does not exist in HMIS; therefore, providers must contact the MCP for enrollment confirmation on a member-by-</p> | <p>1. Train contracted ECM and Community Supports providers to document in HMIS when members are enrolled in ECM and/or Community Supports housing services.</p> <p>2. Provide training to CoC providers who have a role in completing referrals for ECM and</p> | <p>\$10,000 for training</p> <p>Mechanism for data sharing is covered in cost estimate in Item 1 above.</p> | <p>Training recipients: SCFHP contracted providers and CoC providers</p> <p>Recipients of funds for data sharing functionality: Santa Clara County Office of Supportive Housing, Bitfocus</p> | <p>10/1/2022 – 9/30/2025</p> | <p>2.2 2.3 3.3 3.4</p> | <p>MCP and Provider/ Partner Infrastructure</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 |
|---------------------|--|--|--|--|---------------------------------------|----------------------------|-----------------------------|
| | member basis. | <p>Community Supports.</p> <p>3. Create a mechanism for MCPs to update HMIS with ECM and Community Supports enrollment data to enable housing providers to identify and refer unenrolled members for ECM and/or Community Supports and create regular aggregated reporting of such data.</p> | | | | | |
| 3. Street Medicine | <p>Based on ongoing conversations with the CoC, County, and other homeless system partners:</p> <p>Lack of a sufficient process for street medicine delivery to all MCP members,</p> | <p>1. Identify MCP members served by the County's Street Medicine Program and the services provided through frequent reporting.</p> <p>2. Provide funding to the</p> | <p>Total: \$244,920</p> <p>Breakdown:</p> <ul style="list-style-type: none"> • \$39,000 for data pull and reporting • \$205,920 for Street Medicine team costs | Santa Clara Valley Homeless Health Care Program (VHHP) | <p>11/1/2022 – 10/31/2023</p> | <p>2.1 3.3 3.4</p> | Direct Member Interventions |

| 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 |
|---|--|--|--|--|-----------------------|---------------------------------|-----------------------------|
| | including all geographies throughout the County; the need for more robust follow-up care and connections for people making initial contact with the County’s Street Medicine team. | Street Medicine Program to expand capacity for outreach and care delivery to people experiencing homelessness, including MCP members, and to interface with MCP case management/ ECM teams. | (MD, RN, Outreach Worker, Social Worker, Financial Counselor, and Psychologist) | | | | |
| 4. Screen Members for Homelessness and Housing Instability, including During Emergency Department Discharge | Based on internal and cross-MCP conversations: There is not any internal standardized screening/data collection processes for MCP members; MCPs are not able to access screening data from the CoC and other housing agencies. Based on ongoing conversations with the CoC, | 1. Develop and implement internal protocols (and provide training on new protocols) for screening members, track the screening information, and connect screened members experiencing homelessness or housing instability to CoC’s Coordinated Entry | Total: \$478,000 Breakdown: • \$468,000 for training providers on new protocols • \$10,000 for additional internal SCFHP costs | MCP providers/ networks CoC/Santa Clara County Office of Supportive Housing | 10/1/2022 – 9/30/2025 | 1.2 3.1 3.2 3.5 3.6 | Direct Member Interventions |

| 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 |
|---|--|---|------------------------|---|-----------------------|--------------------------|--|
| | County, and other homeless system partners: There is not a standardized screening tool and process across County programs and systems. | <p>System.</p> <p>2. Incorporate screening protocols into utilization management, case management, and discharge planning processes.</p> <p>3. Discuss ways to support ongoing efforts to standardize homelessness screening protocols, data collection, and data sharing across County programs and systems.</p> | | | | | |
| 5. CoC Support in Completing Annual Point-In-Time (PIT) Count | Based on ongoing conversations with the CoC, County, and other homeless system partners: Insufficient resources (volunteers, | 1. Provide funding to help improve and expand the CoC's PIT count (e.g., recruiting and training appropriate volunteers with lived | \$210,506 | CoC/Santa Clara County Office of Supportive Housing | 10/1/2022 – 9/30/2025 | 1.1 3.3 3.4 | 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 |
|---------------------|--|--|------------------------|-----------------------------------|----------|--------------------------|-----------------|
| | funds) to complete a comprehensive PIT count and report. | <p>experience to conduct the count, technology-based improvements to support innovation resources needed to otherwise revamp and improve the process).</p> <p>2. Collaborate on exploring better ways to conduct the PIT count and analyze information gathered in future years, including potentially through a pilot program in 2023 to inform the community's 2025 PIT count.</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 |
|-------------------------------|---|---|------------------------|---|-----------------------|--------------------------|----------------------------------|
| 6. CoC Infrastructure Support | Based on ongoing conversations with the CoC, County, and other homeless system partners: Need for increased staff and other capacity to allow CoC to coordinate with MCPs and other partners on HHIP implementation. | Provide support for administrative and infrastructure needs, to ensure MCPs achieve the HHIP metrics. The support includes staffing for the HMIS projects for Investment Activities 1-2 above; administrative costs and training for Investment Activity 4; strategic redesign of the Coordinated Entry System; and technical assistance and infrastructure support for HMIS users/participating organizations, especially to support training and capacity building for screening MCP members for homelessness and for making and noting ECM and Community Supports referrals. | \$2,913,184 | CoC/Santa Clara County Office of Supportive Housing | 10/1/2022 – 9/30/2025 | All | 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. MCP Infrastructure Support | Need for increased MCP capacity to oversee housing-related services, continued collaboration with homeless system, and HHIP implementation. | <ol style="list-style-type: none"> <li data-bbox="619 267 890 1153">1. Hire a Housing Program Manager to coordinate housing strategies for which SCFHP will be engaged in to meet the HHIP metrics and ongoing work to support meeting housing needs for members, communications, and collaboration with CoC and other partners, and additional HHIP implementation efforts. <li data-bbox="619 1169 890 1518">2. Hire a technical assistance consultant with subject matter expertise in homelessness and homeless system/health care system | <p>Total: \$885,000</p> <p>Breakdown:</p> <ul style="list-style-type: none"> <li data-bbox="919 446 1142 592">• \$600,000 for SCFHP Housing Program Manager <li data-bbox="919 609 1142 690">• \$200,000 for SCFHP IT costs <li data-bbox="919 706 1142 836">• \$85,000 for TA provider/facilitator | <p>SCFHP</p> <p>Homebase (TA provider)</p> | <p>10/1/2022 – 9/30/2025</p> | All | MCP 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 |
|----------------------------|--|---|------------------------|-------------------------------------|------------------------|--------------------------|--|
| | | coordination to support HHIP implementation. | | | | | |
| 8. Homelessness Prevention | Based on ongoing conversations with the CoC, County, and other homeless system partners: Insufficient resources to prevent homelessness for the total number of households identified in the Santa Clara County Community Plan to End Homelessness. | <ol style="list-style-type: none"> Identify programs that prevent homelessness and provide funding for financial assistance to approximately 1,000 households at risk of becoming homeless per year for two years. Develop a method to track MCP members, with a goal of targeting 80% of funds to MCP members and connecting all eligible member households to ECM and Community | \$7.8 million | Homelessness Prevention Agency(ies) | 11/1/2022 – 10/31/2024 | 3.3 3.4 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 |
|---------------------|-----------------------|---|------------------------|-----------------------------------|----------|--------------------------|-----------------|
| | | Supports. | | | | | |

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)

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?

The primary factors that SCFHP anticipates may arise that would make achieving its own goals and the HHIP program goals are:

1. Housing that is affordable and accessible for people experiencing or at risk of homelessness is incredibly scarce throughout Santa Clara County, even with financial and other support to assist households financially and otherwise, and much of the housing stock that does exist in the private market is controlled by landlords and property managers who are very risk averse and have lots of options when selecting tenants. Furthermore, the CoC's Coordinated Entry System (as with all such systems throughout the state) is set up to prioritize households for housing resources and related supports based on criteria the community has developed in alignment with U.S. Department of Housing and Urban Development (HUD) requirements and those criteria may impact the ability and speed with which some MCP members experiencing homelessness or housing instability are able to access housing and other services.

2. The County, CoC, and homeless services providers and partners have a variety of funding sources (federal, state, local, and private) and associated requirements, which contribute to differing priorities and reporting requirements and may greatly impact staffing and other capacity.
3. While SCFHP has been communicating and working with the CoC, County, City, and other homeless system stakeholders in the context of HHIP, building and strengthening these crucial partnerships while simultaneously meeting submission and planning deadlines (including but not limited to those related to HHIP) can introduce tension and complexity into the collaborative process. Cross-system collaboration requires concerted effort and investment of time and resources from all partners to learn each other's systems, needs, processes, and capabilities.
4. Building internal capacity (and supporting increased capacity within the CoC and County) will require time to recruit, hire and train staff. The availability of qualified and interested applicants is unknown and recruiting for positions in homelessness response (and primary and behavioral health positions that work with people experiencing homelessness) is often challenging.
5. Developing new protocols and implementing training (e.g., for standardized screening and data collection by health care providers, for referrals to ECM and Community Supports by housing providers) requires staff capacity on the part of providers and some may require incentive programs to be developed and funded to ensure full implementation that will allow for HHIP metrics to be met. Incentive programs would take additional time to develop and implement, and still may not be sufficient to allow all providers to participate in activities needed to achieve the metrics.
6. SCFHP must rely on regular information from the CoC and housing partners to establish progress toward metrics, and that data collection and reporting is not currently built into their workflow or staffing processes.
7. Per the CoC's HMIS vendor, the estimated cost and scope of work for building out the needed infrastructure in HMIS to accomplish the stated goals contain numerous unknowns which might impact the cost, feasibility, and timeline for completing the planned work.
8. Client/patient choice is paramount and the willingness of MCP members to engage with homeless system or health system providers in ways that may impact HHIP metrics is difficult to predict.
9. The impact of COVID on families' ability to pay rent, including back rent, after federal support ended puts many at risk of homelessness. Inflation and increases in rental costs have also contributed to a recent spike in requests for rental assistance to avoid homelessness and this is expected to increase the number of individuals requiring housing support.

II. Which aspects of the IP might be affected by those factors?

While the MCP doesn't anticipate that any of the above factors would eliminate its ability to work toward achieving their goals or make progress toward HHIP metrics, many of the factors could impact both the timeliness of meeting goals and metrics and the extent of the progress (e.g., the numbers of members screened, connected to ECM and Community Supports, and who obtain or retain housing). Several of the factors may also impact the ability to accurately monitor progress toward metrics, which could result in underreporting progress within the current timeframe.

III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP?

SCFHP plans to take the following steps to address the factors it can and to avoid or mitigate their impact on the IP to the extent possible:

- Continue regular HHIP-focused meetings with representatives from the CoC, County, cities, and other homeless and health care system partners to build mutual understanding; develop priorities, goals and strategies; make adjustments as needed; and create a strong culture of communication and collaboration for the purpose of implementing planned activities, achieving HHIP metrics, and maintaining an ongoing partnership to better serve people experiencing homelessness beyond the HHIP program time period
- In partnership with the CoC and other homeless system partners, develop an expenditure plan for HHIP award funds that addresses priority needs and includes an equitable process for distribution of funds
- Educate homeless system and health care providers about HHIP and work with them to understand what information or resources they need to allow them to contribute toward HHIP metrics and overall HHIP goals
- Engage a technical assistance provider with subject matter expertise in homelessness and homeless-health care system coordination, as well as experience working specifically with the homeless response system in Santa Clara County, to help facilitate the ongoing HHIP planning and implementation process and serve as a cross-system liaison and coalition builder
- Work with the CoC, County, and other homeless and health care system providers (and people with lived experience of homelessness where possible) to ensure MCP members understand the resources available to them and have sufficient support to identify their housing and related goals and connect to the available resources best suited to help them make progress toward those goals
- Revisit both the activities and investment amounts of the IP and make adjustments as needed to ensure it remains responsive to both the goals of HHIP and the needs of the community
- Expand capacity and infrastructure within the MCP to support HHIP activities, relationships and larger housing strategy to address member needs.

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.

Please see Appendix A for a letter of support from Santa Clara County's CoC.

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.

Please see Appendix B for a signed attestation from SCFHP's Chief Financial Officer.



Santa Clara County Continuum of Care



September 22, 2022

Michelle Baass
California Department of Health Care Services
1501 Capitol Avenue, Suite 6130
Sacramento, CA 94814

RE: Housing and Homelessness Incentive Program Investment Plan Letter of Support

Dear Ms. Baass:

I am writing on behalf of the Continuum of Care (CoC) in support of the Medi-Cal Managed Care Plans, (MCPs) Anthem Blue Cross and Santa Clara Family Health Plan, for their Housing and Homelessness Incentive Program (HHIP) Investment Plan to end homelessness in Santa Clara County.

The CoC had the opportunity to engage and collaborate with the MCPs, provided input on the Investment Plan, and were able to review the Plan prior to MCPs' submission to the California Department of Health Care Services. The CoC understands that the Investment Plan reflects a non-binding general direction for investments that the MCPs are willing to initially make to meet DHCS' HHIP metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The CoC also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year program timeline. To this end, the CoC is committed to collaborating with the MCPs in Santa Clara County as they continue to engage with key stakeholders to meet HHIP metrics.

The CoC values the Managed Care Plans as a partner agency and appreciates your consideration of their application. If you have any questions, please feel free to contact our CoC Manager, Hong Cao at hong.cao@hhs.sccgov.org or 408-314-1540.

Sincerely,



Jennifer Loving
Chairperson, Continuum of Care Board

**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: Santa Clara Family Health Plan

County: Santa Clara

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: NEAL JARECKI

Print name

September 23, 2022

Date



Signature

CFO

Title