



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 2022

Sacramento County

MCP INFORMATION

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

MCP Name	Aetna Better Health of California
Lead Contact Person Name and Title	James Trout, Senior Manager, Special Programs
Contact Email Address	troutj@aetna.com
Contact Phone	2488954877

PART I: INVESTMENTS

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. HMIS connection, reporting & assessment	<p>The CA-601 San Diego City and County CoC, Regional Task Force on Homelessness (RTFH), has identified a low percentage of Managed Care Plans (MCP) members assessed and connected to the homeless services system. There is also an inability to track and report MCP member outcomes.</p> <p>**Identified through regular meetings and</p>	<p>Funds will be used to expand HMIS data sharing and reporting to enhance service delivery and to track and report progress in achieving HHIP measures, including evaluation of additional technological solutions. Funds will also support the development of a universal homelessness assessment, the license and training of MCPs and healthcare providers in HMIS.</p>	12,828	RTFH	10/2022 – 6/2024	1.2, 2.2, 2.3, 3.1, 3.2	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
	collaboration with the CoC as well as utilizing the HHAP.						
2. Coordinated Entry System (CES) Integration	<p>RTFH has noted that the current process for MCP members entering the CES needs to be updated and processes improved to better account for health care needs and promote health equity of members.</p> <p>**Identified through regular meetings and collaboration with the CoC as well as utilizing the</p>	<p>Funds will support RTFH staff and consultants to update the Coordinated Entry assessment and improve the prioritization processes to better account for health care needs and promote equity. Funds will help to increase the number of access sites at hospitals, FQHCs, and high-volume ECM partners, which includes staff costs for training and connection to</p>	3,720	RTFH	10/2022 – 6/2024	1.2	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
	HHAP.	HMIS.					
3. Flexible housing pool (FHP), landlord engagement , and tenancy supports	RTFH has identified that MCP members lack immediate and equitable access to housing. **Identified through regular meetings and collaboration with the CoC as well as utilizing the HHAP.	Funds will be used to invest in existing FHP to fund, locate and secure additional housing in the private market for people experiencing homelessness, including funds for landlord incentives, tenancy supports, and flexible funding to resolve barriers to housing.	38,483	RTFH (with distribution to CBOs)	10/2022 – 6/2024	1.3, 3.4, 3.5, 3.6	Direct Member Interventions

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4. Prevention and Diversion	<p>RTFH identified insufficient flexible funding to meet needs to prevent homelessness or to divert from shelter.</p> <p>**Identified through regular meetings and collaboration with the CoC as well as utilizing the HHAP.</p>	<p>Funds will be used for consultant costs to train providers in diversion conversations. They will also be used to increase flexible funding to problem solve and pay costs that are not eligible under federal housing programs but that will make a difference in preventing homelessness or diverting MCP members from shelter.</p>	10,262	RTFH (with distribution to CBOs)	1/2023 – 6/2024	1.3, 3.3, 3.4, 3.5, 3.6	Direct Member Interventions
5. Equity – Address disparities and equity in service delivery, housing	RTFH identified significant racial disparities that exist in the population	Funds will support vendor costs for developing a data dashboard to monitor and identify	5,131	RTFH (using existing consultants and contractors: Gaither Stephens,	10/2022 – 6/2024	1.6	Provider/ Partner Infrastructure

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placements, and housing retention	<p>of people experiencing homelessness. RTFH adopted a set of recommendations from the Ad Hoc Committee addressing homelessness among Black San Diegans and they are supporting the committee in developing and implementing an action plan to address the disparities.</p> <p>**Identified through regular meetings and collaboration with the CoC as well as utilizing the</p>	disparities in housing and service delivery. Funds will also support consultant costs to develop Diversity, Equity, and Inclusion training to be available in person and on-demand for contracted ECM and CS partners.		Equity in Action)			

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	HHAP.						
6. RTFH Program Support	<p>RTFH identified the need for additional capacity to support MCP participation and ensure complete geographic coverage for the PIT Count.</p> <p>**Identified through regular meetings and collaboration with the CoC, as well as utilizing the HHAP.</p>	<p>Funds will support staff and professional services to provide technical assistance to MCPs for implementation of HHIP supported programming. Funds will be used to pay for staff, advisors who have lived experience, and consultants who lead stakeholder engagement and help revise community standards of</p>	12,828	RTFH	10/2022 – 6/2024	1.1, 1.6, 3.1, 3.2	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
		care. Funds will also help improve the PIT count by supporting volunteer recruitment, the purchase of a mobile app upgrade, and incentives for people completing surveys.					
7. Street Medicine Capacity Building	While there are some existing street medicine services available, most are limited in scope. Additionally, there is a lack of coordination for robust, integrated street medicine in the county.	Funds will support the expansion and integration of street medicine services throughout the county and linkages to the CalAIM and provider community. Funds will be used to support coordination, infrastructure, and expanded street medicine	Plan estimate approx. 60,000	Street Medicine Provider(s)	1/2023 – 6/2024	2.1, 3.3, 3.4, 3.5	Provider/ Partner Infrastructure

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	<p>**Identified through regular meetings and collaboration with the CoC, as well as utilizing the HHAP.</p>	<p>services.</p>					

PART II: RISK ANALYSIS

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

Aetna Better Health of California, in conjunction with Sacramento County, the CoC, and our plan partners have worked very closely together to bring together this investment plan. We have identified closely the following risks:

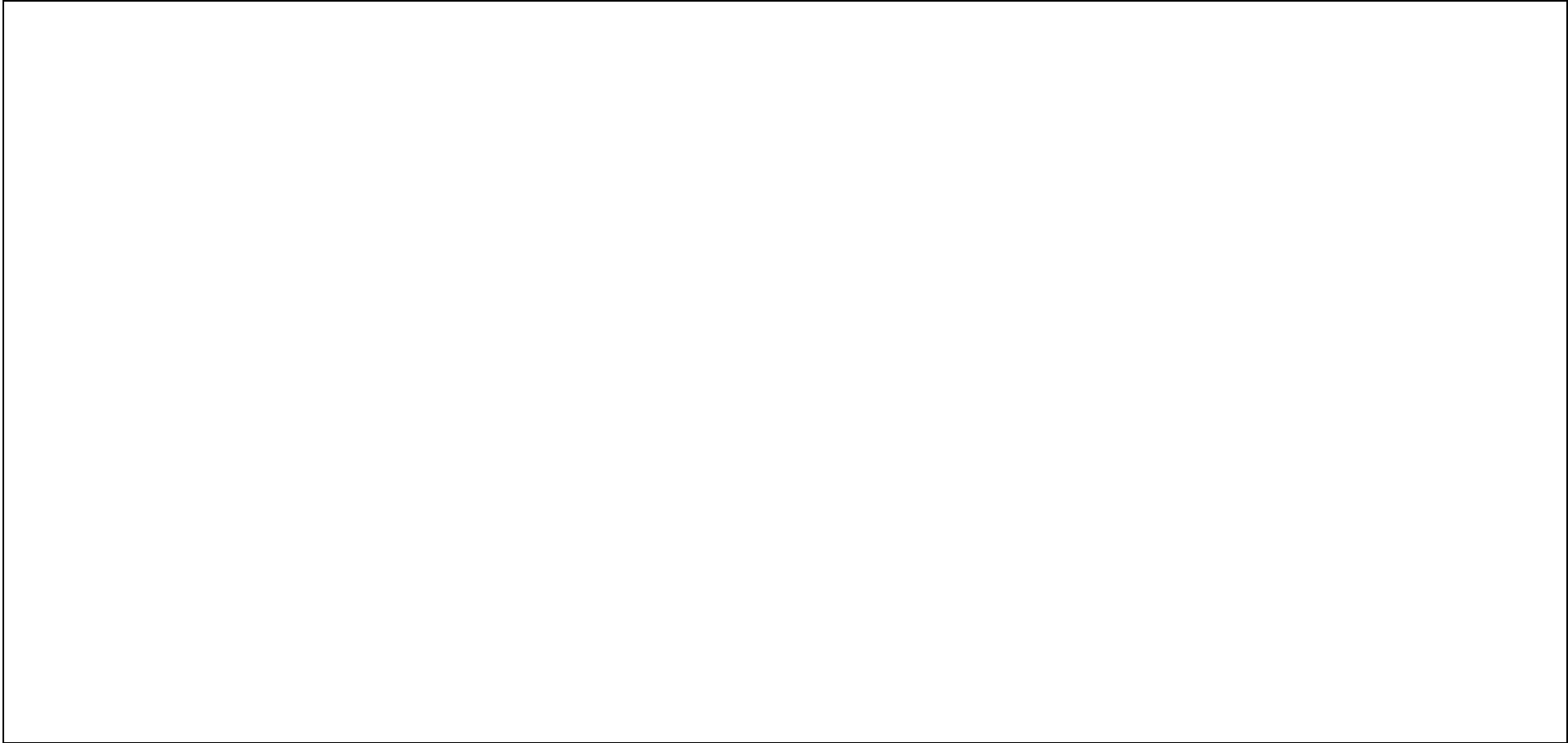
- Healthcare providers may not elect to enter information into another data system. Can P4P incentives continue to be paid after end of HHIP?
- Rental subsidies are needed to support housing costs and housing retention (keeping members housed). The FHP leverages rental subsidies of at least one year, ideally 2 years. Members would need to be entered into HMIS and enrolled in Coordinated Entry to be matched to a housing resource to access FHP.
- One-time funding to prevent homelessness might not be sufficient; ongoing support may be needed
- This plan will allow the CoC to identify disparities and test solutions in the short term, but making systemic change is a long-term project.
- Timely execution of a contract/agreement
- Organizations may only agree to expand service if support is provided for a longer period. Otherwise, may require quick ramp up then wind down
- Shared housing is currently used by some housing providers but could take time to become a regular practice that results in significant increases in housing placements.
- Day center costs will vary depending on size, location, hours, services, and number of staff. The timeframe for siting and staffing a day center could go beyond the HHIP performance period if an existing provider is unable to offer the service; ongoing support would be needed
- Timely execution of a contract/agreement
- Will not help meet immediate HHIP measures. This is a long-term investment to create needed units to house homeless members, improve health and reduce the cost of care.

The Above risks could affect the following aspects of the IP:

- Budget
- Staffing
- Timeline

Aetna will work together with our plan partners in Sacramento as well as the county, CoC and other stakeholders. Aetna will work together to mitigate these as much as possible by:

1. Continuing to stay in close communication with all stakeholders and our plan partners
2. Have and hold regular stakeholder meetings on a weekly basis.
3. Collaborate to mitigate any of the above
4. Pivot our investment plan as needed to accommodate any of the above risks or other unforeseen factors.
5. Add additional investments as needed.



PART III: CoC LETTER OF SUPPORT

See CoC letter of support in Appendix.

Part IV: Attestation

See signed attestation as appendix.



**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

September 16, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

To Whom It May Concern,

On behalf of the Sacramento County Continuum of Care (CoC), represented by Sacramento Steps Forward, we submit this Letter of Support as an endorsement of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Aetna Better Health of California, Anthem Blue Cross Partnership Plan, Health Net Community Solutions, Kaiser Permanente, and Molina Healthcare of California Partner Plan in Sacramento County.

The CoC had the opportunity to engage in and collaborate with the Plans, provide input on the IP, and review the IP prior to the Medi-Cal managed care plan (MCP) submission. The CoC understands that the IP reflects a non-binding consensus on the general direction for investments by the MCPs in order to meet DHCS' HHIP program 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 HHIP program. To this end, the CoC 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 to me directly at (916) 200-6553.

Sincerely,

[Redacted Signature]

Lisa Bates

Chief Executive Officer

Sacramento Steps Forward

lbates@sacstepsforward.org

**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: Aetna Better Health of California

County: Sacramento

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: Verne Brizendine
Print name

9.30.2022
Date

[Redacted Signature]
Signature

CEO, ABHCA
Title