



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**.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	Gold Coast Health Plan
Lead Contact Person Name and Title	David Tovar, Incentive Strategy Manager
Contact Email Address	DTovar@goldchp.org
Contact Phone	805-437-5557

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
1. Recuperative Care Expansion	The County of Ventura currently has an insufficient number of recuperative care beds, based on utilization data and discussions with the Ventura County Health Care Agency.	Support the expansion of recuperative care beds in Ventura County to support individuals who are homeless or are experiencing unstable living conditions.	\$7,000,000 - \$10,000,000	County of Ventura Health Care Agency	3/2023 – 12/2024	1.3, 1.4, 1.6, 3.2, & 3.4	Provider/ Partner Infrastructure
2. Healthcare for Homeless Clinic	The current Ventura County Healthcare for the Homeless FQHC is currently poorly situated, away from public transportation and social services additionally, the building is dilapidated	To supply a home base for the Ventura County Street Medicine team. The clinic would expand services for homeless individuals and will be collocated at the expanded recuperative care site to	\$2,000,000 – 3,000,000	County of Ventura Health Care Agency	3/2023 – 1/2024	1.3, 1.4, 1.6, 2.1, & 3.3	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
	and needs significant work to be used functionally for expanded street medicine operations and services.	ensure connections to health and social services for GCHP members.					
3. CoC Support	Insufficient resources for the CoC to engage the public regarding the PIT count. based on conversations between GCHP and the CoC.	Support Ventura County's CoC in the PIT count, provide resources for training, and media engagement.	\$50,000	Ventura County Continuum of Care	12/2022 – 3/2023	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
4. Member Engagement	Insufficient resources for GCHP engage members, the public, and providers regarding the homeless services and HHIP.	GCHP will create homeless population specific communication material (pamphlets, brochures, fact sheets, etc.) to assist in the engagement of homeless membership. Additionally, GCHP intends to utilize funds to host a series of webinars for provider, members, and the community and the expansion of services under HHIP.	\$200,000	Gold Coast Health Plan	3/2023 – 12/2024	1.1, 2.2	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
5. Prioritization of SDOH Z-Codes	SDOH Z-Codes identified in APL 21-009 have not been taken up by network providers due to lack of awareness about the use of the codes and little incentive to engage in the assessments needed to code members approximately.	GCHP will create provider and network incentives to increase the utilization of SDOH Z-codes and assessments as described in APL 21-009.	\$2,000,000-\$2,500,000	Network Providers	3/2022 – 12/2024	1.6, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6	Provider/ Partner Infrastructure
6. Street Medicine	Street medicine services in Ventura County are sparsely utilized due to a lack of resources and staffing.	GCHP will establish a street medicine team that is fully staffed with a medical doctor, licensed substance	\$2,000,000	County of Ventura Health Care Agency	3/2022 – 12/2024	2.1	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
		uses counselors, and CHWs. The funding will assist in maintaining and supporting additional time, locations of service, and frequency of					
7. HMIS/CES Connection	GCHP lacks access to HMIS and CES to appropriately connect members to homeless services and resources. Additionally, GCHP cannot does not have member matching ability with the system.	GCHP will utilize funds to pay for licensing fees and staff training for HMIS and CES.	\$100,000	Gold Coast Health Plan	11/2022 – 1/2024	1.2, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, & 3.6	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
9. Data Sharing/ Reporting	Assistance for Providers and Community Based Organizations to increase capacity for data sharing	GCHP is looking to engage community-based organizations that provide homeless services and Community Supports, Local health care organizations , and network providers in adopting a local Community Information Exchange to support closed-loop referral services. Funding can also help support connections to the local Health Information Exchange, regional data sharing agreements, and the	\$750,000 - \$1,000,000	Network Providers & Community Based Organizations	3/2023 – 12/2023	1.4, 1.6, 3.1, 3.2, 3.3, 3.4, 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
		California Health and Human Services Agency's Data Sharing Framework.					

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)

Gold Coast Health Plan (GCHP) is excited to embark on implementing strategies to achieve the program goals of the Housing and Homelessness Incentive Program (HHIP). However, it anticipates a number of challenges arising through the implementation of the Investment Plan. Like many other California communities, Ventura County continually faces challenges related to housing availability. A study released this year stated that Ventura County ranked number one in the nation for experiencing housing shortages, around 31,000 units short (UpForGrowth, 2022). Ventura County's rent is also part of the nation's top five most expensive average monthly rents, topping over \$4,200 a month (House Canary, 2022). Given these external challenges, GCHP has structured its Investment Plan and incentive program strategy to focus on strengthening partnerships by funding additional services and programs, supporting the coordination of care to meet our member's housing and social needs, and working to engage social and community health providers to deliver services in a more seamless fashion.

GCHP is working within four domains for our investments: Infrastructure, Member Experience, Service Delivery, and Technology. Each of these domains encompasses our strategies for accomplishing the HHIP program goals and meeting GCHP's long-term strategy for creating a sustainable system of engagement for the unhoused population. However, as stated above, GCHP anticipates several challenges to achieving its goals but is implementing several mitigation strategies to ensure the accomplishment of the objectives.

Infrastructure: GCHP'S Infrastructure investments fall into two categories, expansion of community supports and facilities for whole-person care health care services. GCHP is working with the County of Ventura to develop plans to expand Ventura County's recuperative care capacity by up to tenfold and incorporate the Health Care for the Homeless FQHC at the same site. The County and GCHP have identified a location for which these services can be expanded that ideally sits in a location currently owned by the county government. This reduces costly purchases, revitalizes current infrastructure, and uses a site familiar to the community and homeless individuals. GCHP intends to leverage the expansion of recuperative care services to assist homeless individuals by providing short-term residential care for whom long-term hospitalization is no longer required but may still benefit from a health-focused setting. However, we expect some challenges in this process. It is reasonable to expect that there will be some challenges with any infrastructure revitalization. While the structure is currently used for other community services, GCHP expects that constructing new infrastructure will take time. Given the reality of projects post-COVID, the Plan recognizes material delays may occur. Additionally, neighborhoods could push back on placing homeless services within their community. GCHP will work with the County to engage in messaging related to homeless services and the engagement of community members to recognize the issues that may occur and put in place an action plan to mitigate possible adverse outcomes. However, given the long-term goals for HHIP and the demand for additional recuperative care beds in the community, GCHP believes this is the best investment, despite the risk factors.

Member Experience: GCHP's Member Experience investments fall into several categories, CoC Support, GCHP's Member Engagement, and Prioritization of SDOH Z-codes. The CoC and member engagement investment focuses on internal investments for creating Street Medicine materials, community and provider engagement related to homeless services, and supporting the CoC in the Point in Time Count. GCHP envisions little risk associated with this domain. However, the prioritization of SDOH Z codes does carry some risks associated with the investment. GCHP has seen low utilization of the SDOH Z-codes since their release in August of 2021 due to a few factors related to provider engagement, understanding of uses, and a reimbursement structure that doesn't support the time commitment. Increasing utilization of these Z codes will come in different forms depending on the health system affected and the model they have with their providers. However, this may create a complicated reimbursement system depending on the structure each system decides to engage in. Additionally, GCHP believes many of these issues could be alleviated by expanding the Community Health Worker (CHW) provider within the network. If underutilization of the Z-codes continues, GCHP will alter the investment model to promote CHWs incorporation for non-clinical SDOH assessments.

Service Delivery: GCHP's lone Service Delivery investment is the expansion of street medicine services in Ventura County. Currently, the County's street medicine team operates infrequently; this service delivery investment will establish a street medicine team that is fully staffed with a medical doctor, licensed substance use counselors, and CHWs. Little risk is envisioned for this domain primarily since this service is already ongoing, and the funding will assist in maintaining and supporting additional time, locations, and frequency. GCHP will work with County to create reports to help in geo-targeting homeless populations, ensure member eligibility through the Hospital Presumptive Eligibility (HPE) program, and conduct regular check-ins with the operations teams to ensure issues are quickly alleviated.

Technology: GCHP's Technology domain focuses on three areas, connection to HMIS, data sharing, and data reporting. While there is little risk associated with the HMIS investment, GCHP recognizes some risk in the data sharing and reporting sections. The most prominent risk associated with technology investments is the length of time to implement data reporting and sharing changes. GCHP is looking to engage community-based organizations that provide homeless services and Community Supports, Local health care organizations, and network providers in adopting a local Community Information Exchange to support closed-loop referral services. Funding can also help support connections to the local Health Information Exchange, regional data sharing agreements, and the California Health and Human Services Agency's Data Sharing Framework. The technology investments are long-term solutions to the HHIP program goals. However, working with agencies can take up legal resources, raise concerns about protected health information, and ensure organizations have the appropriate resources to ensure compliance and the ability to transmit information suitably.

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 23, 2022

RE: Gold Coast Health Plan's Housing and Homelessness Incentive Program (HHIP)

To Whom It May Concern:

The Ventura County Continuum of Care (VC CoC) partners with local homeless service providers and agencies who are dedicated to preventing and ending homelessness in our community. These providers participate in the VC CoC Coordinated Entry System called Pathways to Home, to work collaboratively, coordinate services and prioritize the most vulnerable clients for Permanent Supportive Housing (PSH) units. The VC CoC is currently partnering with Gold Coast Health Plan (GCHP) to provide support and improve health outcomes for mutual clients who are placed in PSH, as well as those who are unsheltered and seeking permanent housing placement.

The VC CoC supports GCHP's Investment Plan as part of HHIP and looks forward to partnering with them to implement its various aspects. The VC CoC service providers collect data through the Homeless Management Information System (HMIS). According to the most recent HMIS data reporting, 659 chronically homeless clients seek housing placement in Ventura County. Through Pathways to Home, PSH units and housing vouchers are matched with the highest need individual that is eligible. Through HHIP, agencies, non-profits, and government organizations serving these chronically homeless individuals will be better connected to provide social and health services. Ventura County has several new PSH developments, is adding recuperative care options, and is expanding homeless health services throughout the County. HHIP provides an opportunity to align supportive services with Gold Coast Health Plan's implementation of CalAIM to support housing retention and health care services.

Please reach out if you have any questions. We appreciate the partnership and thank you for making strides to achieve the goal of ending homelessness in Ventura County.

Sincerely,

[Redacted Signature]

Jennifer Harkey, MPA
Ventura County Continuum of Care

Dawn Dyer
Dyer Sheehan Group
Chair of the Board

Manuel Minjares
County of Ventura District 3
Vice Chair

Carolyn Briggs
Community Advocate

Kevin Clerici
Downtown Ventura Partners

Susan Englund
United Way

Ingrid Hardy
City of Thousand Oaks

Mara Malch
City of Simi Valley

Pam Marshall
Community Advocate

Emilio Ramirez
Oxnard Housing Dept.

Michael Nigh
Area Housing Authority of
Ventura County

Nancy Wharfield
Gold Coast Health Plan

**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: _____ Gold Coast Health Plan _____

County: _____ Ventura County, California _____

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: _____ Nick Liguori _____
Print name

_____ 09-28-2022 _____
Date

Signature

_____ CEO _____
Title