



# **STANISLAUS COUNTY INVESTMENT PLAN**

## **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. Point in Time (PIT) Count Support	Insufficient resources for the 2023 PIT count. Based on MCP and CA-510 CoC and community partner meetings on 9/12,09/23, and Stanislaus Regional Homeless Strategic Plan, and Stanislaus County PIT Executive Summary.	Funds will support staffing, volunteer recruitment, and incentives to ensure complete coverage for the 2023 PIT Count.	\$5,600	CA-510 CoC, CoC lead agency, or Stanislaus County	10/2022 – 12/2023	1.1	Provider/ Partner Infrastructure
2. Supporting local Coordinated Entry (CES) and HMIS Infrastructure	Identified infrastructure needs and staff to support HHIP implementation and community support services. Based on CA-510 CoC and community partner meetings on 9/19, 9/23 and Stanislaus Regional Homeless Strategic Plan.	Funds will support staff for HHIP coordination of CES/HMIS tasks and CES/HMIS partner training activities	\$94,500	CA-510 CoC, CoC lead agency, or Stanislaus County.	10/2022 - 03/2024 (or dates determined by DHCS)	1.2 1.6 2.2 2.3 3.4 3.5 3.6	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
3. 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 outcomes. Based on an MCP and CA-510 CoC and community partner meetings on 9/12,9/13, 9/19 and 9/23 CoC lead agency	MCP and county partners to integrate with CES and HMIS to for better participant identification, partner/provider coordination and participant outcomes. 1) Access to CES as an active partner. 2) Collaborate with HMIS lead agency and establish connectivity to HMIS, member matching, reporting, and alerts capabilities. 2)Support HMIS lead agency with supplemental funding to address resource challenges or needed licenses	\$175,000	CA-510 CoC, CoC lead agency, or Stanislaus County.	10/2022 - 03/2024 (or dates determined by DHCS)	1.2 1.4 1.6 2.2 3.1 3.5 3.6	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
		for partners.  Customization of current system and updating HMIS for standard changes every two years					
4. Supporting data exchange capabilities	Need for data sharing abilities as noted in #3 above and standardization of data sharing agreement amongst MCPs, providers, social services, and housing service organizations.	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.	\$35,000	1.MCP or MCP Consultant 2.HMIS lead agency 3.Community Support providers 4.Housing service organization	09/2022 - 03/2024 (or dates determined by DHCS)	1.2	Provider/Partner Infrastructure
5.Supporting Street Medicine Capacity	Support expanded	Contract and	\$406,700	Street medicine providers/	10/2022 –	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
Building	outreach of the existing street medicine programs. Based on 09/12 meeting with CA-510 CoC and 09/12/22 meeting with Golden Valley Health Centers	<p>provided resources for added infrastructure and capacity including but not limited to:</p> <ul style="list-style-type: none"> <li>-Staffing</li> <li>-Vehicle</li> <li>-Supplies</li> <li>-Virtual Care Devices</li> </ul>		Golden Valley Health Center	03/2024 (or dates determined by DHCS)	3.4 3.5	Direct Member Interventions
6.Partnerships that support the delivery housing services including but not limited to (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion)	Need for housing supports to address health disparities and community needs. Based on Stanislaus Regional Homeless Strategic Plan, MCP and CA-510	Funds will help close a funding gap for Central Valley Home Project(Vine Street location) to that will make available 46 new permanent housing units in	\$1,680,000	Stanislaus County Behavior Health and Recovery Services  Stanislaus Regional Housing Authority	09/2022 – 12/2023	1.6 3.4 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
	CoC meeting on 06/20 and 09/12 meetings, and community partner meetings with Stanislaus County BHRS and Housing Authority.	2023 for Medi-Cal members with SMI diagnosis.					
7.Partnerships that support the delivery housing services including but not limited to (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion)	Need for housing supports to address health disparities and community needs. Based on Stanislaus Regional Homeless Strategic Plan, MCP and CA-510 CoC meeting on 06/20 and 09/12 meetings, and Stanislaus	Support for micro housing units (Bridge Covenant Church Micro Housing Village). Project will develop 8 units in total to provide housing stability and supportive services to low-income community members	\$1,050,000	Stanislaus Equity Partners Developer	10/2022 - 11/2023	1.6 3.4 3.5 3.6	Provider/ Partner Infrastructure  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
	community partner meetings.	and homeless members. Will serve 27-36 homeless or at risk of homeless individuals or 9 families)					

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
8.Partnerships that support the delivery housing services including but not limited to (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/ diversion)	Need for housing supports to address health disparities and community needs. Based on Stanislaus Regional Homeless Strategic Plan, MCP and CA-510 CoC meeting on 06/20 and 09/12 meetings, and Stanislaus community partner meetings.	Support for 9-unit modular home village(Free Will Baptist Church) to provide permanent supportive, affordable housing to homeless individuals and voucher holders. Will serve 30-35 clients(9 families) at risk of homelessness or experiencing homeless Medi-Cal members.	\$1,050,000	Stanislaus Equity Partners Developer	10/2022 - 11/2023	1.6 3.4 3.5 3.6	Provider/ Partner Infrastructure  Direct Member Interventions
9.Partnerships that support the deliver housing services including but not limited to	Need for housing supports to address health disparities and	Support for 8- unit single family home development (Kestrel Ridge) to be	\$175,000	Stanislaus Regional Housing Authority	09/2022 - 11/2022	1.6 3.4 3.5 3.6	Provider/ Partner Infrastructure  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
(i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion)	community needs. Based on Stanislaus Regional Homeless Strategic Plan, MCP and CA-510 CoC meeting on 06/20 and 09/12 meetings, and Stanislaus community partner meetings	used as permanent supportive housing for behavioral health clients.					

## 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.

In order 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 26, 2022


To: California Department of Health Care Services


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

The CA-510 Turlock, Modesto/Stanislaus County CoC 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 HealthNet in Stanislaus County. The CA-510 Turlock/Modesto/Stanislaus County Continuum of Care had the opportunity to engage and collaborate with Health Plan of San Joaquin and HealthNet provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Stanislaus Continuum of Care 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 Stanislaus Continuum of Care 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 Stanislaus Continuum of Care 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

Thank you,

  
Jason Conway, Chairperson of the Stanislaus Continuum of Care  
jason@mymission.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:** Health Plan of San Joaquin

**County:** Stanislaus

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 29, 2022  
Date

[Redacted Signature]  
Signature

CEO  
Title