



# **INVESTMENT PLAN TEMPLATE**

## **HOUSING AND HOMELESSNESS INCENTIVE PROGRAM**

September 30, 2022



Placer County

## MCP INFORMATION

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

<b>MCP Name</b>	Kaiser Permanente
<b>Lead Contact Person Name and Title</b>	Vanessa Davis, National Program Lead, Housing for Health Julie Bomgren, Regulatory Services Director
<b>Contact Email Address</b>	<a href="mailto:Vanessa.w.davis@kp.org">Vanessa.w.davis@kp.org</a> <a href="mailto:Julie.a.bomgren@kp.org">Julie.a.bomgren@kp.org</a>
<b>Contact Phone</b>	510-507-2711 626-314-0299

## 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. CoC Infrastructure & Capacity	The CoC identified the need for additional capacity and resources to support the managed care plans (MCP) with HHIP implementation, particularly with connection with HMIS & CES.	Funds will support CoC capacity to engage with MCP's on data sharing, HMIS access/user fees for MCPs, 'by name list' data clean-up, and technical upgrades to HMIS/CES.  Funds will also support the development and implementation of equity strategies to better serve marginalized and underserved groups.	\$80,069	Homeless Resource Council of the Sierras, technical experts, and homeless-serving community partners	10/2022 – 10/2023	1.1, 1.2, 1.4, 1.6, 2.2	Provider/ Partner Infrastructure
2. Point-in-Time (PIT) Count Support	The CoC identified the need for additional funds to support a strong and accurate 2023 PIT count.	Funding will help to support staffing, data analysis, software enhancements, technical support, volunteer/participant incentives, as well as the development and implementation of equity measures for the PIT count.	\$18,111	Homeless Resource Council of the Sierras and homeless-serving community partners	1/2023 – 10/2023	1.1, 1.6	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. Street Medicine Services	The CoC and MCPs identified that Placer County lacks a formal street medicine program in the county and the need for these services continues to grow.	Funds will support the initial development and eventual expansion of street medicine services in the county; investments will support feasibility planning, infrastructure development, technical assistance, and capacity building.	\$47,660	Street medicine providers located inside Placer County and in the surrounding region	10/2022 – 10/2023	2.1, 3.3, 3.4, 3.5, 3.6	Provider/ Partner Infrastructure
4. Collaborative Housing Investments & Flexible Housing-Related Interventions	The CoC has identified the need to develop and implement creative and effective solutions to connect homeless individuals with housing and ensure they remain housed.	Funds will support infrastructure needed to better coordinate care amongst service providers in the region and streamline integration with CalAIM supports and services.  Investments will support legal aid prevention and diversion services; landlord engagement, advocacy, and incentives; and flexible financial assistance (housing deposits, furniture, etc.) to help get individuals/families successfully housed and	\$95,320	Homeless Resource Council of the Sierras and homeless-serving community partners	10/2022 – 10/2023	3.1, 3.3, 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
		remain successfully housed.					
5. MCP Infrastructure	Through discussions with Kaiser Permanente staff, including health plan operations, care coordination, and community health teams, the MCP identified a need for infrastructure support to work with the CoC on HHIP implementation. Conversations with other MCPs and the CoC also indicated a need for better coordination and alignment across the MCPs, providers and the CoC.	Funds will support MCP staff and/or consultant(s) to engage with the CoC, the County, Street Medicine providers, and health plan/hospital staff to implement the Local Homelessness Plan and Investment Plan. Funds will support screening, reporting, improving data sharing/HMIS, securing data sharing agreements, coordination with the CES, ECM & CS, supporting CoC equity initiatives, helping with the PIT Count, and collaboration to increase the number of members who become and remain housed.	\$43,448	Kaiser Permanente	10/2022 – 10/2023	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6	MCP and Provider/ Partner Infrastructure

## PART II: RISK ANALYSIS

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

To achieve the HHIP goals of preventing and ending homelessness in Placer County, Kaiser Permanente reviewed the HHAP3 application, had discussions with the Continuum of Care and Managed Care Plan partners, conducted internet research on the community, reviewed community assessments, interviewed stakeholders (i.e., street outreach providers), and surveyed Kaiser Permanente staff to identify the following gaps/needs:

**CoC Capacity:** Placer County CoC has challenges with staffing bandwidth and resources considering multiple federal and state initiatives related to homelessness. HHAP3 and ESG funding as well as the Special Rural NOFO are all creating development of multiple new initiatives at the same time in the county. Taking on even more new activities that require rapid start up to meet HHIP incentive measures will be difficult to achieve in the timeframe of the reporting period.

**Data Integration:** Data sharing, integration of member matching and alerts in the HMIS system, integrating closed loop referrals in the CES and integration of equity measures and strategies will all take significant investment of time and resources to develop. HMIS will need to be updated and additional staffing will be needed to achieve these advancements. Data sharing agreements will require legal participation and review and significant investment of staff resources. These changes take time to integrate and implement and may be challenging to complete in the HHIP timeframe.

**Street Medicine and Other Service Provider Capacity:** Placer County currently has no street medicine programs and the county spans a diverse territory from the Sierra mountains to the outskirts of Sacramento. Start-up of a new program could take extensive resources and time. Effective delivery may be difficult to achieve across this broad of a region and showing impact on KP members in the HHIP reporting period may be challenging.

Workforce shortages are an issue for Placer County. Recruiting and training staff to implement extensive HMIS data enhancements, provide new services and supports through ECM and CS, and start new initiatives like street medicine may be difficult. This will impact the ability of KP members to receive CalAIM services.

**Limited Supply:** Affordable housing is limited in Placer County and landlord engagement is critical to expand housing stock. Like many other rural CA counties, the community has been challenged by fires which have caused loss of affordable housing stock. Expanding housing options takes time and may not be able to be significantly impacted during the reporting period. This will impact the number of members who can be housed and retained in housing.

Rapid investment can accelerate movement related to these challenges, but the timeline of the release of funds related to HHIP makes it difficult to utilize dollars quickly to generate results. Metrics will need to be reported before most of the incentive funds are delivered. In addition, the overall funds for rural counties, like Placer, are limited compared to more densely populated counties.

**Action and Activities:** Kaiser Permanente intends to take the following actions with the Investment Plan and HHIP activities to address these gaps/needs:

- Invest in Placer County and the CoC to support development of enhanced data sharing and reporting from HMIS, enhanced staffing capacity to partner and implement initiatives related to CalAIM and HHIP and share KP legal resources to accelerate data sharing agreements and contracts. KP supports a Built for Zero initiative with the CoC which will also assist with improvements in data and reporting.
- Invest in street medicine capacity building and work with providers to develop evidence based, effective and sustainable services. Considering regionalization of street outreach and integration of telemedicine may be an effective strategy to address workforce shortages and distance issues for Placer County.
- Invest in strategic housing activities with community partners that will specifically support homeless members to access housing and remain housed.
- Invest in KP staff capacity to engage with community partners to support expansion of ECM and CS and support capacity building in community providers.
- Provide coaching and support for developing complex case conferencing and network development for homeless populations.
- Support the communities emerging realization that coming together to build an integrated system of delivery for homeless populations may be advantageous for the community.

## **PART III: CoC LETTER OF SUPPORT**



September 15, 2022

To: California Department of Health Care Services

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

The Roseville, Rocklin/Placer County Continuum of Care (CoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Anthem Blue Cross, California Health and Wellness, and Kaiser Permanente in Placer County. The CoC has had the opportunity to engage and collaborate with Managed Care Plans (MCP), provide input on the IP, and were able to review the IP prior to submission. The CoC 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 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 directly to Samuel Holmes at [samuel@hrcscoc.org](mailto:samuel@hrcscoc.org).

Thank you,

[REDACTED]

Samuel Holmes, Executive Director, Homeless Resource Council of the Sierras

[REDACTED]

Louise Arquilla, Co-chairperson- Placer County Continuum of Care CA-515

[REDACTED]

Jazmin Breaux, Co-chairperson- Placer County Continuum of Care CA-515

## **Part IV: Attestation**

See signed attestation as appendix.

**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:** Kaiser Foundation Health Plan, Inc.

**County:** Placer

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:** Toby Douglas  
Print name

Sep 27, 2022  
Date

[Redacted Signature]  
Signature

SVP, Medicaid  
Title