



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	Kaiser Permanente
Lead Contact Person Name and Title	Vanessa Davis, National Program Lead, Housing for Health Julie Bomgren, Regulatory Services Director
Contact Email Address	Vanessa.w.davis@kp.org Juile.a.bomgren@kp.org
Contact Phone	510-507-2711 949-670-8063

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	The CoC, Sacramento Steps Forward (SSF), needs support with overall project coordination and management, capacity building, addressing disparities, offering provider trainings, data/HMIS development and implementation, and CES development, implementation, and maintenance. There is a need for ongoing coordination and integration between the CoC, County, City & MCPs and an opportunity to build on the success of the community adopted Local Homeless Action Plan (LHAP).	Funds will support SSF staffing, consultation services, communication, technology, and trainings. Funds will support SSF in developing and maintaining a centralized intake/referral network including data management and reporting; offering training and support to CBOs and MCPs on CES and HMIS; providing quality assurance and technical assistance; and implementing equity initiatives to address MCP member needs. Funds will support SSF in coordinating the LHAP.	\$680,218	SSF	10/2022 – 6/2024	1.1, 1.2, 1.3, 1.4, 1.6, 2.2, 3.3, 3.4	Provide r/ 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
2. Street Medicine Capacity Building	Sacramento County Department of Health Services and the CoC identified that existing street medicine services are limited in scope. Street Medicine providers and FQHCs (i.e. WellSpace Health and Elica Health Center) also identified this gap. Additionally, they all indicated that 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 services through increased funding for staffing, supplies, travel, and other operations costs.	\$136,044	Sacramento County and Street Medicine Providers	10/2022–6/2024	2.1, 3.3, 3.4, 3.5	Provider/ Partner Infrastructure
3. Strategies for landlord engagement and housing lease up support	There is a need for more strategic, centralized, and focused engagement of landlords and acquisition of rental units on behalf of the homeless system.	Funds will be used to pay for services, support administrative capacity of the County contracted CBOs, and expand landlord subsidy/incentive (lease up bonuses,	\$544,175	Sacramento County (with distribution to CBOs)	10/2022–6/2024	1.2, 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
	Various rental assistance programs often go underutilized because of the struggle to find a unit. This is a critical gap outlined in the LHAP.	holding fees, and damage funds, etc.). This is a key strategy within the LHAP. As part of the County model, individuals receiving ECM and CS services are target populations for this intervention.					
4. Increase street outreach, Coordinated Access diversion, and housing navigation	The lack of affordable housing units and a need for housing coordination, including but not limited to staff who can support members with enrollment in Community Supports, eviction prevention, landlord/tenant education and incentives, and housing placement was identified by Sacramento County, SSF and specifically called out in the LHAP	Funds will support trainings, customer support, ombudsman development, program consultation, and stipends for people with lived experience who serve as Coordinated Access Navigators. Funds will also support increased service delivery for outreach, diversion, and housing navigation support.	\$462,548	SSF (with distribution to CBOs)	10/2022 – 6/2024	1.2, 1.4, 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
	and gaps analysis.						
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 and the County on HHIP implementation. Conversations with subject matter experts, like Community Solutions and Institute for Healthcare Improvement, along with ongoing conversations with the MCPs and the	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	\$446,837	Kaiser Permanente	10/2022 – 6/2024	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

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 also indicated a need for better coordination and alignment across MCPs, providers, and the CoC.	Count, and collaboration to increase the number of members who become and remain housed.					

PART II: RISK ANALYSIS

Description of Anticipated Contingencies (500 - 1000 word limit)

To achieve the HHIP goals of preventing and ending homelessness in Sacramento 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: The Sacramento County CoC, Sacramento Steps Forward (SSF), has challenges with staffing bandwidth and resources considering multiple federal and state initiatives related to homelessness. HHAP3 and the Special NOFO are all initiating the development of multiple new initiatives at the same time in the county. Taking on even more new activities that require rapid startup 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: Sacramento County has several smaller street medicine programs and lacks coordination amongst all programs. DHCS PATH CITED funding to support infrastructure will be helpful for the smaller programs however the timing of the funding and the ability of the smaller programs to become ECM providers may make it difficult to achieve the target increase during the HHIP reporting period.

Workforce shortages are an issue for Sacramento County. Recruiting and training staff to implement extensive HMIS data enhancements, coordinate with MCPs, and provide new services and supports may be difficult. This will impact the ability of KP members to receive CalAIM services.

Limited Supply: Affordable housing is limited in Sacramento County and landlord engagement is critical to expand 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 investments can accelerate movement related to all these challenges, but the timeline of the release of funds related to HHIP makes it difficult to use dollars quickly to generate results. Metrics will need to be reported before most of the incentive funds are delivered.

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 Sacramento County and the SSF 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 SSF which will also assist with improvements in data and reporting.
- Invest in street medicine capacity building and collaboration and work with providers to develop evidence based, effective and sustainable services.
- 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.

PART III: CoC LETTER OF SUPPORT



**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

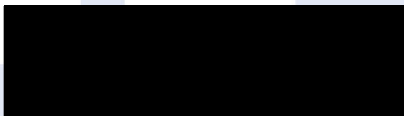
To Whom It May Concern,

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,



Lisa Bates

Chief Executive Officer

Sacramento Steps Forward

lbates@sacstepsforward.org

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: 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: Toby Douglas
Print name

Sep 27, 2022
Date

[Redacted Signature]
Signature

SVP, Medicaid
Title