



# **INVESTMENT PLAN TEMPLATE**

## **HOUSING AND HOMELESSNESS INCENTIVE PROGRAM**

September 30, 2022



San Diego 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. HMIS connection, reporting & assessment	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.	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.	\$60,775	RTFH	10/2022 – 6/2024	1.2, 2.2, 2.3, 3.1, 3.2	Provider/ Partner Infrastructure

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2. Coordinated Entry System (CES) Integration	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.	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 HMIS.	\$17,620	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
3. Flexible housing pool (FHP), landlord engagement , and tenancy supports	RTFH has identified that MCP members lack immediate and equitable access to housing.	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.	\$182,320	RTFH (with distribution to CBOs)	10/2022 – 6/2024	1.3, 3.4, 3.5, 3.6	Direct Member Interventions
4. Prevention and Diversion	RTFH identified insufficient flexible funding to meet needs to prevent homelessness or to divert from shelter.	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	\$48,620	RTFH (with distribution to CBOs)	1/2023 – 6/2024	1.3, 3.3, 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
		costs that are not eligible under federal housing programs but that will make a difference in preventing homelessness or diverting MCP members from shelter.					
5. Equity – Address disparities and equity in service delivery, housing placements, and housing retention	RTFH identified significant racial disparities that exist in the population of people experiencing homelessness. RTFH adopted a set of recommendations from the Ad Hoc Committee addressing homelessness among Black San Diegans and	Funds will support vendor costs for developing a data dashboard to monitor and identify 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-	\$24,320	RTFH (using existing consultants and contractors: Gaither Stephens, Equity in Action)	10/2022 – 6/2024	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
	they are supporting the committee in developing and implementing an action plan to address the disparities.	demand for contracted ECM and CS partners.					
6. RTFH Program Support	RTFH identified the need for additional capacity to support MCP participation and ensure complete geographic coverage for the PIT Count.	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	\$60,780	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	RTFH, MCPs, and KP Community Health staff indicated that there are some existing street medicine services available in San Diego, however most are limited in scope. They also noted that there is a lack of coordination for robust,	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.	\$150,000	Street Medicine Provider(s)	1/2023 – 6/2024	2.1, 3.3, 3.4, 3.5	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
	integrated street medicine in the county.						
8. 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 subject matter experts, like Community	Funds will support MCP staff 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,	\$257,631	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
	Solutions and the Institute for Healthcare Improvement, also indicated a need for better coordination and alignment across MCPs, providers, and the CoC.	coordination with the CES, supporting CoC equity initiatives, helping with the PIT Count, and collaboration to improve member housing access and housing retention.					

## PART II: RISK ANALYSIS

Description of Anticipated Contingencies (500 - 1000 word limit)

To achieve the HHIP goals of preventing and ending homelessness in San Diego 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:** San Diego City and County CoC, Regional Task Force on Homelessness (RTFH), have challenges with resources considering multiple federal and state initiatives related to homelessness. Taking on new activities that require expanding existing services to meet HHIP incentive measures will be difficult to achieve in the timeframe of the reporting period.

RTFH identified significant racial disparities that exist in the population 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. These initial steps are crucial, however addressing the historical, systemic racial discrimination and ongoing inequity will require longer-term commitments and resources.

**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 additional staffing, consultants, and training to achieve these advancements. The proposed technology evaluation may identify a need for additional technology which may require additional time and investment. Data sharing agreements will require legal participation and review and significant investment of staff resources. All 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:** San Diego 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.

Expanding programs and hiring additional staff may be difficult to achieve because workforce shortages are an issue in San Diego County. Recruiting and training staff to implement extensive HMIS data enhancements, support CES and equity activities, and provide new services and support services through ECM and CS may be difficult. This will impact the ability of KP members to receive CalAIM services.

**Limited Supply:** Affordable housing is limited in San Diego 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 investment can accelerate movement related to all 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.

**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 RTFH to support the development of Diversity, Equity, and Inclusion training and a public equity dashboard to inform improvement processes to generate better outcomes.
- Invest in RTFH 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.
- Invest in strategic housing activities with community partners that will specifically support homeless members to prevent homelessness and improve housing access and stability, including the FHP and prevention and diversion programs.
- Invest in street medicine capacity building and collaboration and work with providers to develop evidence based, effective and sustainable services.
- Invest in KP staff capacity to engage with community partners to support expansion of ECM and CS and support capacity building in community providers and share best practices and learnings from our experience with other counties and programs to support RTFH in overcoming any barriers and replicating successes.

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

See CoC letter of support in Appendix.



September 22, 2022

**To: California Department of Health Care Services**

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

The Regional Task Force on Homelessness (RTFH) serves as the HUD-designated Continuum of Care for the City and County of San Diego (CA-601). As the Continuum of Care, RTFH supports the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plans being submitted by the following six Medi-Cal Managed Care Plans (MCP) operating within San Diego:

- Aetna
- Blue Shield of California Promise Health Plan
- Community Health Group
- Health net
- Kaiser Permanente
- Molina Healthcare

This letter confirms that RTFH engaged and collaborated with **Kaiser Permanente** in the development of their Investment Plan, provided recommendations on activities to meet the goals of the HHIP program, and reviewed the Investment Plan prior to submission to DHCS. RTFH understands that the Investment Plan reflects a non-binding, general direction for investments Kaiser Permanent will make to meet DHCS' HHIP program metrics independent of how the Plan invests HHIP incentive funds once earned. RTFH also understands that Kaiser Permanente's HHIP investments are contingent upon them meeting HHIP measures over the two-year HHIP program. To this end, RTFH is committed to collaborating on an ongoing basis with Kaiser Permanente and all MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please contact Aimee Cox, Chief Impact and Strategy Officer at [Aimee.Cox@rtfhsd.org](mailto:Aimee.Cox@rtfhsd.org).

Sincerely,

Tamera Kohler, CEO  
Regional Task Force on Homelessness  
[Tamera.Kohler@rtfhsd.org](mailto:Tamera.Kohler@rtfhsd.org)

## **Part IV: Attestation**

See signed attestation as appendix.

