



INVESTMENT PLAN TEMPLATE

Riverside County

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	Molina Healthcare of California
Lead Contact Person Name and Title	Diana Sekhon, Director Government Contracts
Contact Email Address	Diana.Sekhon@MolinaHealthcare.com
Contact Phone	925-286-8829

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. Expansion of Affordable Housing in Riverside County	MCP members lack immediate and equitable access to housing.	<p>a. Investment catalyzes a pipeline of 2,442 units set to start to construction within next 2 years and 6,936 set to start over the next 5 years.</p> <p>b. \$1.2 Billion in development set to start within 2 years.</p> <p>c. County to match investment 1:1 and overall investment is leveraged 24:1 within 2 years.</p> <p>d. Units in pipeline for the County's diverse population of farmworkers, seniors, homeless, families, those with HIV/AIDs, etc.</p>	\$1,000,000	County	10/01/2022-12/31/2023	1.4, 3.5, 3.6	Partnership and Capacity to Support Referrals for Services

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. Increase Housing and Services for Homeless	MCP members lack immediate and equitable access to housing.	<p>a. The CoC is requesting \$14M to support 808 beds through the 2022 HUD CoC Competition due 09/30/22.</p> <p>b. CoC's receive extra points on the application for partnering with health care systems and receiving a 25% cash or in-kind match.</p> <p>c. Match dollars can be used to increase the number of persons assisted towards housing and facilitate linkages to healthcare treatment for physical health, mental health, and substance use.</p>	\$350,000	County	10/01/2022-12/31/2023	3.1, 3.2, 3.3, 3.4, 3.5, 3.6	Delivery of Services and Member Engagement

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 Teams	While there are some existing street medicine services available, most are limited in scope. Additionally, there is a lack of coordination for robust, integrated street medicine in the county.	<p>a. Integrate Street medicine professionals into 5 supervisorial CoC-funded street outreach teams.</p> <p>b. The County and CoC fund street outreach at \$4.4M Annually through a one-time allocation of ESG-CV funds.</p> <p>c. Teams are comprised of community based and county departments such as Housing Authority, Adult Services, Behavioral Health, Path of Life, Valley Restart, Lighthouse Social Services, Coachella Valley Rescue Mission, Operation Safehouse, Step-up on</p>	\$170,000	County and Street Medicine Providers	10/01/2022-12/31/2023	2.1, 3.3, 3.4, 3.5	Infrastructure to Coordinate and Meet Member Housing Needs

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
		Second, Starting Over, City Net and Social Work Action Group.					
4. Point-in-Time County of Riverside “More Than a Count” Initiative	Insufficient resources to fund, staff, and coordinate the PIT count.	<p>a. Strategically place and coordinate transportation, medical screenings and interim placements for vulnerable adults identified during the day of the count.</p> <p>b. County Innovative program – has not been implemented in any other county.</p> <p>c. Utilize a Promotors Model which incorporates persons with lived experience to act as community</p>	\$50,000	County	10/01/2022-12/31/2023	1.1, 1.6, 3.1, 3.2	Partnership and Capacity to Support Referrals for Services

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
		advocates and facilitate linkages to various systems of care.					
5.Homeless Management Information System	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.	a. Expand the CoC's No Wrong Door Approach by increasing the number licenses available (by 150) to support users across all sectors and forward-facing dashboards to measure project and system-performance towards achieving metrics.	\$25,000	County	10/01/2022-12/31/2023	1.2, 2.2, 2.3, 3.1, 3.2	Infrastructure to Coordinate and Meet Member Housing Needs
6.Palm Springs Navigation Center	MCP members lack immediate to shelter, the navigation center will	a. Will directly support capital improvements for the shelter's respite care program. b.\$2M will	\$500,000	County	10/01/2022-12/31/2023	3.4	Delivery of Services and Member Engagement

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
	provide beds and services to point members to needed housing resources.	cover capital costs and \$3M for 3 years to support operational costs. c. The center will support 10 respite care beds and a total of 60 shelter beds.					
7. Corona Harrison Shelter/Navigation Center and Respite Care Operations	MCP members lack immediate to shelter, the navigation center will provide respite care and services to point members to needed housing resources.	a. Request will support operational expenses for 4 years of emergency shelter, post hospital respite care and crisis stabilization services. b. Center will support 5 post hospital respite care beds, 30 low barrier emergency shelter beds for males and 5 low barrier emergency shelter beds for females for a total of 40 emergency shelter beds. c. Respite care	\$400,000	County/ Shelter program	10/01/2022-12/31/2023	3.4	Delivery of Services and Member Engagement

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
		<p>patients will have the option to be transitioned to regular emergency shelter beds that will provide crisis stabilization services and a path to permanent housing through the City's Permanent Supportive Housing and Tenant Based Rental Assistance Programs.</p>					

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)

I. The Plan anticipates the following factors that may arise which would make it challenging to achieve the goals above and HHIP program goals:

- For expanding affordable housing, the Plan anticipates the regulatory processes, such as obtaining permits, may cause delays for getting housing. We also anticipate supply chain issues for materials to be able to build housing. Planning may be challenging with any public emergencies faced that may delay housing construction build projects.
- Increase Housing and Services for Homeless will depend on awards from HUD which may or may not be awarded.
- The Plans anticipates challenges with capacity for street medicine providers to provide field-based environment services in the entire county geographic area for reaching all members homeless. The Plan also anticipates experiencing contract challenges such as rate agreements with providers to be able to support street medicine and mobile unit development.
- For supporting the PIT count, the Plan will need sufficient resources such as interested and committed volunteers to support these efforts to achieve our goals.
- The Plan must both have successful and timely IT implementations for supporting HMIS access and data sharing capabilities to expand infrastructure.
- The Plan anticipates challenges for funding and staffing resources to support the capital improvement of the shelter's respite care program.
- The Plan will need sufficient funds to support the operational expenses for emergency shelter, post hospital respite care, and crisis stabilization services.

II. The following aspects of the IP will be affected by these factors:

- The affordable housing activities will be affected by the timeline set for completing all the regulatory steps with the City to obtain permits and be able to get approval for building.
- The housing and services for homeless is dependent on the monetary awards from HUD to increase resources.
- The provider contract agreement will affect the Plan's ability to have a dedicated street medicine provider in the County serving our members homeless. Once the contract and rates are agreed upon, the Plan will still need to work with the

provider on building capacity with additional mobiles and/or staffing to access more of our members for covering the county geographic area.

- Sufficient volunteers to participate and coordinate the PIT count affects our accuracy for the planned count in 2023. Resources such as supplies for providing to the homeless members must also be sufficient during the PIT count when teams distribute them to those in need.
- The IT infrastructure for data sharing capabilities affects our visibility to our members that are identified in HMIS as homeless which impacts our care coordination activities to achieve goals. This may also result in duplicative efforts from the Plan and CoC for care management for members if we cannot share updated data with one another.
- The lack of secured resources will affect supporting the shelter's respite care program.
- Funding and resources such as staffing will affect the operational expenses to support for emergency shelter, post hospital respite care, and crisis stabilization services.

III. The Plan is addressing these factors by taking the following steps below to avoid and/or mitigate the impact:

- The Plan is working through the housing steps needed with the County to plan for actions that will be needed and funding opportunities to help with the timeline for obtaining housing.
- The Plan is in active contract discussions with RUHS to offer competitive rates along with potential incentive amounts to support our goals. We are collaborating on further goals and incentives for developing the mobile units and increasing staffing to expand capacity.
- The Plan will be incentivizing its staff interested in volunteering for the PIT count by paying for their dedicated hours. This will help support our resources for the goal of having an accurate count and supporting our committed staff by paying them for volunteer hours. We are conducting analysis on the last PIT count to anticipate the volume of resources needed to help us better plan for sufficient volunteers and supplies needed for the 2023 PIT count. We are also exploring community interest for volunteering to help support our goal.
- For the Shelter/Navigation Center and Respite Care Operations the Plan will be providing incentives to build up the workforce for recruiting the best fits for staffing and funding to expand the capacity for services provided to our members.

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.



HWS HOUSING AND
WORKFORCE
SOLUTIONS
ENGAGE. ENCOURAGE. EQUIP.

September 8, 2022

Michelle Baass, Director
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

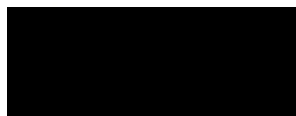
RE: Letter of Support for the Housing and Homeless Incentive Program

Dear Director Baass:

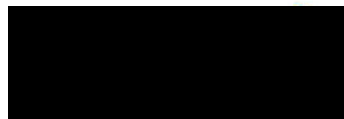
The Riverside County Continuum of Care (CoC) Committee has reviewed and strongly supports the Investment Plan submitted by Molina Healthcare for the Housing and Homelessness Incentive Program (HHIP). The Housing and Workforce Solutions (HWS) Department serves as the CoC Lead Agency and Administrative Entity for the Riverside County Continuum of Care (CoC) and works alongside over 200 public, private, non-profit and faith based organizations to coordinate responses to address homelessness across the region. These efforts include the implementation of a [5-Year Homeless Action Plan](#) which represents the roadmap used by the County, partnering cities, and provider agencies.

Molina Healthcare provides invaluable programs and services which are imperative to help residents experiencing housing insecurities in Riverside County. We strongly support efforts and appreciate the collaboration with the Riverside County CoC and look forward to a partnership resulting in improved health outcomes for those at-risk of and experiencing homelessness in Riverside County.

Regards,



Karen Roper
Chair, Riverside County Continuum of Care



Michelle Davis
Vice Chair, Riverside County Continuum of Care


**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: Molina Healthcare of California

County: Riverside

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:	<u>Abbie Totten</u>	<u>9/28/2022</u>
	Print name	Date
		
	Signature	<u>CEO/Plan President</u>
		Title