



INVESTMENT PLAN TEMPLATE

San Diego County

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.

| | |
|---|--|
| 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

| 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. | \$139,376 | RTFH | 10/01/2022-12/31/2023 | 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. | \$40,419 | RTFH | 10/01/2022-12/31/2023 | 1.2 | Provider/ Partner Infrastructure |

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|--|--|--|------------------------|-----------------------------------|-----------------------|--------------------------|-----------------------------|
| 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. | \$418,127 | RTFH (with distribution to CBOs) | 10/01/2022-12/31/2023 | 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 | \$111,501 | RTFH (with distribution to CBOs) | 10/01/2022-12/31/2023 | 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- | \$55,750 | RTFH (using existing consultants and contractors: Gaither Stephens, Equity in Action) | 10/01/2022-12/31/2023 | 1.6 | Provider/ Partner Infrastructure |

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|-------------------------|--|--|------------------------|-----------------------------------|-----------------------|--------------------------|----------------------------------|
| | 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 | \$139,376 | RTFH | 10/01/2022-12/31/2023 | 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 | 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. | 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. | \$500,000 | Street Medicine Provider(s) | 10/01/2022-12/31/2023 | 2.1, 3.3, 3.4, 3.5 | Provider/ Partner Infrastructure |

PART II: RISK ANALYSIS

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 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 and RTFH must both have successful and timely IT implementations for supporting HMIS access and data sharing capabilities to expand RTFH infrastructure.
- The landlord incentive and tenant support program will depend on establishing definitions and eligibility criteria that's agreed upon by the Plan and RTFH in order to provide the best outcome for members. It also depends on the availability of having rental subsidies and keeping members housed.
- 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.

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

- 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 RTFH for care management for members if we cannot share updated data with one another.
- If the landlord incentive and tenant support program does not have defined eligibility criteria or definitions aligned between the Plan and RTFH this will hinder how we choose the right members that qualify for the incentive and what landlords are best to partner and work flexibility with to resolve the member's problems. The availability of housing rentals and subsidies impacts if the member is able to be housed and sustain being housed for improving outcomes.
- 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.

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

- 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.

- The Plan is discussing staffing needs with RTFH actively and HMIS system accessibility as well as internally planning the IT workstreams to support the platform for data sharing capabilities.
- The Plan is working with RTFH on the landlord incentive and tenant support program to collaborate on the framework and pre-defined criteria prior to the launch. Incentives will directly impact increasing housing subsidies to ensure there is housing available for our members.
- The Plan is in active contract discussions with Street medicine providers to offer competitive rates along with potential incentive amounts to support our goals. We are collaborating on further goals and incentives for coordinating infrastructure and operations for an integrated approach to expand and provider field based services throughout the County.

PART III: CoC LETTER OF SUPPORT

See CoC letter of support in Appendix.

Part IV: Attestation

See signed attestation as appendix.



September 22, 2022

To: California Department of Health Care Services

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

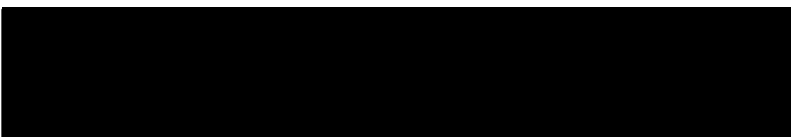
The Regional Task Force on Homelessness (RTFH) serves as the HUD-designated Continuum of Care for the City and County of San Diego (CA-601). As the Continuum of Care, RTFH supports the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plans being submitted 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 **Molina Healthcare** 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 Molina Healthcare will make to meet DHCS' HHIP program metrics independent of how the Plan invests HHIP incentive funds once earned. RTFH also understands that Molina Healthcare'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 Molina Healthcare 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.

Sincerely,



Tamera Kohler, CEO
Regional Task Force on Homelessness
Tamera.Kohler@rtfhsd.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: Molina Healthcare of California

County: San Diego

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.

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