



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

July 18, 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	Partnership HealthPlan of California
Lead Contact Person Name and Title	Debbie McAllister, Director of UM Strategies
Contact Email Address	HHIPgrants@partnershiphp.org
Contact Phone	(707) 419-7982

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
<i>Example: CoC Support</i>	<i>Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.</i>	<i>Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023</i>	<i>\$50,000 - \$80,000</i>	<i>CA-501 San Francisco CoC</i>	<i>6/2022 – 1/2023</i>	<i>3.3</i>	<i>Provider/ Partner Infrastructure</i>
Service Coordination	Ensuring individuals are supported for housing stability and receipt of adequate Community Supports. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Navigation and case management services to ensure housing stability.	\$230-\$250K	County and existing service providers.	2022, 2023, 2024	1.1, 1.2 and 1.3 (working to address barriers); 1.4 (ensuring partnerships and data sharing); 2.1 (connection to street medicine). 2.2 (linkages to supports). 3.4 and 3.5 (getting members housed with appropriate services)	MCP and Provider/Partner Infrastructure; Direct Member Intervention

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
Administration	Improving exporting and administration; ensuring the effectiveness of programs and monitoring of provider performance. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Ensuring programs meet goals and provide the supports outlined as well as the fiscal integrity of the overall program.	\$125K to \$150K	County and Service Providers.	Throughout the operation of the program.	1.3(working with PHC to identify and address barriers); 1.4-5 (ensuring data sharing); 1.6 (identification and development of equity goals).	MCP and Provider/Partner Infrastructure
Permanent Supported Housing Services	Services to ensure members can remain permanently housed. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Case management, life skills and other supports to help ensure members remain housed.	\$140-\$150K	County and housing providers.	Throughout the operation of the program.	1.3 identifying and addressing housing barriers); 3.1 (getting members necessary services); 3.4 and 3.5, getting members housed	MCP and Provider/Partner Infrastructure; Direct Member Intervention

Emergency Shelter	Site to stabilize and initially house individuals. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Ensure permanent shelter site for ongoing services.	\$140K	Existing housing provider.	2024	1.2,1.3,2.1,2.2,2.3,3.1,3.4	Provider/Partner Infrastructure
Rapid Rehousing	Facilitating housing through one-time investments. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Rental assistance (e.g., first and last payments, etc.); other help for tenants and landlords.	\$70-\$80K	County and existing service providers.	Throughout the operation of the program.	1.4 (Partnerships and data sharing to facilitate housing); 3.4 (ensuring linkages to Community Supports)	MCP and Provider/Partner Infrastructure; Direct Member Intervention

Interim Shelter Support	Getting members housed to facilitate their receipt of necessary services and an eventual transition to permanent supportive housing. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Operating subsidies and other support to provide services to individuals seeking PSH.	\$70-\$80K	County and existing service providers.	Throughout the operation of the program.	1.4 (partnerships and data sharing); 3.5 and 3.6 (getting and keeping members housed)	Direct Member Intervention; Provider/Partner Infrastructure
Shelter Improvements	Providing immediate shelter and services to those experiencing homelessness. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Additional support and structures for navigation centers and shelters.	\$200K	Existing housing provider	2023	1.1, 1.2 and 1.3 (Working to address barriers); 1.4 (ensuring partnerships and data sharing); 2.1 (connection to street medicine); 2.2 (linkages to supports); 3.4 (getting members housed with appropriate services)	Direct Member Intervention; Provider/Partner Infrastructure

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Data Infrastructure/ Systems Support	Ensuring effective data collection and analysis. The gaps were identified by seeking input from the local CoC and the County, based upon their HHAP applications and goals as well as reviews of the gaps associated with meeting HHIP requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Support and improvements to Coordinated Entry, HMIS and other systems.	\$300-\$325K	County and existing service providers.	Throughout the operation of the program.	1.2 (Coordinated Entry System), 2.2 (Outreach services); 2.3 (data sharing and partnerships), 3.1, 3.2, 3.3 (Identifying and linking members to services), 3.4, 3.5 (housing and keeping members housed)	MCP and Provider/Partner Infrastructure
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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
Improve PHC Data Collection and Member Matching	PHC coordination and alignment with Del Norte housing data and services. PHC identified these gaps based upon our review of current system and staffing configurations and capacities and what would be needed to meet HHIP requirements.	Analyze existing data collection and reporting practices to determine the best strategy to collect, align and use data for the broader HHIP and CalAIM purposes.	\$0-\$50K	PHC vendors as needed	Throughout the operation of the program	1.2, 1.3, 1.4, 1.5, 1.6 and 2.3 (Coordinated Entry System; data sharing and partnerships; identifying and linking members; help with identifying and addressing equity goals)	MCP and Provider/Partner Infrastructure
PHC support and assistance for Point in Time Count	Conduct an effective Point in Time Count. PHC identified these gaps based upon our review of current system and staffing configurations and capacities and what would be needed to meet HHIP requirements.	PHC will provide support in a manner determined jointly by PHC and the County/CoC, including potential purchases of supplies or provision of technical assistance.	\$0 - \$50K	Supply vendors as needed	Throughout the operation of the program.	1.1 (CoC and PIT support)	MCP and Provider/Partner Infrastructure
Street Medicine	Collaborate with local clinic for effective delivery of Street Medicine. PHC identified this gap based upon the current street medicine services available in the County, and our assessment of additional work that might be needed to meet the street medicine HHIP requirement.	PHC is working with the local clinic to strengthen and better document street medicine services.	\$0 - \$100K	Open Door Clinic	Throughout the operation of the program.	2.1 (street medicine)	MCP and Provider/Partner Infrastructure

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)

- a. Significant staffing issues among providers and potential providers will make it challenging to achieve goals. All areas of the Investment Plan might be affected by these factors. Steps that PHC will take to address or mitigate the effect include workforce development is an ongoing process. PHC will work with the County to help identify potential resources for providers.
- b. Insufficient housing resources (sites as well as buildings for conversion) in the community will make it challenging to achieve goals. To some degree, all areas of the Investment Plan are affected but particularly the success of development of new permanent and short-term housing and prevention efforts. Steps that PHC will take to address or mitigate the effect include ongoing collaboration and advocacy regarding the need for housing throughout the community and the State.
- c. Sustainability for operational support and non-permanent supportive housing resources is uncertain. Most areas of the Investment Plan excluding those supported by CalAIM will be affected. Steps that PHC will take to address or mitigate the effect include ongoing collaboration and analyses to identify alternative funding sources and/or to adjust operations to mitigate the need for additional funding.
- d. The County size limits the range of providers and resources available within the community will make it challenging to achieve goals. Identification of transitional and permanent supportive housing are the areas of the Investment Plan most affected as most affected by these factors. Steps that PHC will take to address or mitigate the effect include continued outreach and technical support where appropriate.



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.

Note that Del Norte County is one of 5 PHC counties governed by the NorCal Continuum of Care, serving a total of 7 counties. Del Norte County-specific issues are addressed by the Del Norte Advisory Committee to the NorCal CoC.



COUNTY OF DEL NORTE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

880 North crest Drive
Crescent City, California 95531

Phone
(707) 464-3191

Ranell Brown, Director

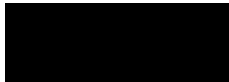
Fax
(707) 465-1783

8/1/2022

To Whom It May Concern:

The Del Norte County Advisory Board to NorCal CoC 516 represents the County of Del Norte. This letter is to verify that the Del Norte County local advisory board has reviewed and supports the Investment Plan developed with the County of Del Norte and Partnership HealthPlan of California (PHC). The Investment Plan is consistent with the CoC's work on the Homeless, Housing Assistance and Prevention (HHAP) grant program and related efforts to address the needs of those experiencing homelessness in our area. It also provides the basis for our continued and intensified collaboration with Partnership HealthPlan in the coming years.

Sincerely,



Dorothy Waddelow
Chair

Del Norte County Advisory Board to NorCal CoC 516



NorCa Continuum of Care™

August 24, 2022

Dear California Department of Health Care Services,

This letter of support confirms that the NorCal Continuum of Care (NorCal Coe) supports Del Norte county's Housing and Homeless Invenive Program (HHIP) Investment Plan.

The NorCal Coe coordinates the implementation of a housing and services system that meets the need of person experiencing homelessness in the Continuum. The Coe geographic area includes Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra, and Siskiyou counties. This letter is to verify that the NorCal Coe has reviewed and supports the investment plan being developed by Del Norte County and Partnership HealthPlan of California.

The Investment Plan is consistent with the CoC's Homeless, Housing Assistance and Prevention (HHAP) Action Plan and related efforts to address the needs of those experiencing homelessness in our area. It also provides the basis for the continued and intensified collaboration with Partnership HealthPlan of California in the coming years.

Sincerely,



Roy Jackson

NorCal CoC Executive Board Chair



NorCal Continuum of Care™

August 24, 2022

Dear California Department of Health Care Services,

This letter of support confirms that the NorCal Continuum of Care (NorCal CoC) supports the plan reviewed for Del Norte, Lassen, and Siskiyou Counties Housing and Homeless Invention Program (HHIP) Investment Plan. An Individual letter was signed for each of those counties listed. The NorCal CoC has delegated the authority to send a Coe HHIP approval letter for Modoc, Plumas, Shasta, and Sierra counties to their individual advisory boards

The NorCal CoC coordinates the implementation of a housing and services system that meets the need of person experiencing homelessness in the Continuum. The Coe geographic area includes Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra, and Siskiyou counties. This letter is to verify that the NorCal CoC has reviewed and supports the investment plan being developed by Del Norte, Lassen, and Siskiyou Counties and Partnership HealthPlan of California. And the Coe has voted to approve the advisory boards of Modoc, Plumas, Shasta, and Sierra to review the HHIP plan for their counties and provide the Coe letter of support for HHIP.

Sincerely,

A black rectangular redaction box covering the signature area.

NorCal Coe Executive Board Chair

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.

**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)**

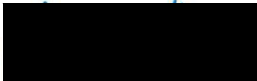
Health Plan: Partnership HealthPlan of California

County: Del Norte

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>Liz Gibboney</u>	<u>September 30, 2022,</u>
Print name	Date
	<u>CEO</u>
Signature	Title