



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>	
Administration	Improving data collection 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.	Improving the data collection and administration associated with the Coordinated Entry System and necessary for the successful operation of CalAIM; support for staff and providers in administration of services.	\$300-\$325K	County	Throughout the operation of the program	1.3(working with PHC to identify and address barriers); 3.4 (ensuring linkages to Community Supports)	MCP and Provider/Partner Infrastructure

	Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.						
Prevention and Shelter	Shorter term housing while individual is working to transition to PSH. 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.	Through rental support and other rapid rehousing tools; cross system partnerships and coordination.	\$140-\$160K	Existing Housing providers	Starting in 2023 and continuing through 2024	1.3 (working with PHC to identify and address barriers); 1.6 (Identifying and executing strategies to address equity issues); 3.5, (getting members housed)	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

Support for data systems	<p>Ensure effectiveness and usefulness of data systems. 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.</p>	<p>Sustain and improve the HMIS and other systems to better collaborate with PHC and with service providers and to address other needs (e.g., analytics, defining and addressing needs); staff training and support.</p>	\$100-\$125K	Existing vendors and staff support	Starting in 2022 and continuing through 2024	<p>1.3 (more effectively working with PHC and others to identify and address barriers); 1.6 (more effectively work with PHC and housing providers to link individuals to Community Supports); 3.3 (linking members to ECM)</p>	MCP and Provider/Partner Infrastructure
Service Coordination	<p>Expanding ability to facilitate 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</p>	<p>Expanding existing resources to better link individuals to permanent supportive housing and to keep them housed</p>	\$400K	Existing provider	2023 and 2024	<p>1.3 (collaboratively addressing barriers); 2.3 (tracking and facilitating use of Community Supports); 3.5 (keeping members housed)</p>	<p>Provider/Partner Infrastructure; MCP and Provider/Partner Infrastructure; Direct Member Interventions</p>

	<p>requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.</p>						
Rental/Landlord Assistance	<p>Continued support for landlords and risk mitigation. 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.</p>	<p>Support landlords to ensure availability of rental units and associated linkages</p>	\$300K	<p>Existing providers and County</p>	2023-2024	<p>1.3 (collaboratively addressing barriers); 3.5 (keeping members housed)</p>	<p>Provider/Partner Infrastructure; Direct Member Intervention</p>
Interim Shelter	<p>Transitional housing. The gaps were identified by seeking input from the local</p>	<p>Transitional housing to facilitate members getting housed and served while awaiting permanent supportive housing placement.</p>	\$1 million	<p>Existing housing provider</p>	2024	<p>1.3 (collaboratively addressing barriers); 3.5 (keeping members housed)</p>	<p>Direct Member Intervention</p>

	<p>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.</p>						
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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
Shelter Improvements	Capital and staff support to shelters. 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 ongoing services and supports at shelters and improve linkages to other programs (e.g., street medicine) for individuals in the shelters.	\$650K	Existing housing providers	2023-2024	1.3 (collaboratively addressing barriers); 2.1 (street medicine)	Provider/Partner Infrastructure/ Direct Member Interventions
Equity and Strengthening Staff Resources	Staff/Volunteer Recruitment and Support. 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	Recruit and support volunteer, staff, and student efforts to better address equity issues and to ensure sufficient resources to perform the point in time count and other activities through trainings; presentations and other means.	\$100-\$125K	County staff and student/volunteer organizations	2023-2024	1.3 - Gaps is system to need demand for services/support; 1.6 - Language access, incentives to trusted providers for increased engagement, HMIS engagement, CoC working group support (TA with Homebase); 3.3 - PIT count capacity, incentives & support	Provider/Partner Infrastructure

	requirements. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.						
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Improve PHC Data Collection and Member Matching	PHC coordination and alignment with Napa 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	One or more Napa County based clinics	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.



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.



Housing Authority

August 17, 2022

TO: Jennifer Palmer, Napa County Director of Housing & Homeless Services

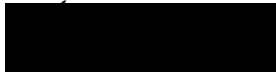
RE: HHIP grant program Letter of Support

Dear Jennifer:

The Napa County Continuum of Care (CoC) represents the County of Napa. This letter is to verify that the Napa County Continuum of Care has reviewed and supports the Investment Plan developed with the County of Napa and with 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 homelessness Partnership HealthPlan in the coming years.

Sincerely,



Jonathen Sakamoto
Co-Chair of Napa County Continuum of Care



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: Napa

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:

Liz Gibboney	September 30, 2022
Print name	Date
	CEO
Signature	Title