



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>
Rapid Rehousing	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.	Short term lease or other expenditure support; navigation and case management services to ensure housing stability or prevent homelessness.	\$190K	County staff and/or existing housing service providers	Throughout the operation of the program	1.4, 1.6 (establishing partnerships to encourage housing progress); 2.3 (ensuring linkages to Community Supports; 3.5, getting members housed; 3.6 helping housed members remain housed	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 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. Proposed investments were reviewed and approved by the relevant CoC as being consistent with those needs.	Improving the data collection and administration associated with the Coordinated Entry System and necessary for the successful operation of CalAIM; identifying and carrying out of goals associated with equity.	\$1.1 to \$1.2 million	County or selected administrative agency	Throughout the operation of the program	1.3(working with PHC to identify and address barriers); 1.4-5 (ensuring data sharing)	MCP and Provider/Partner Infrastructure
Permanent Supported Housing	Additional PSH units. 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	Continue to develop/renovate properties for new housing units	\$1.0 to \$1.1 million	Existing housing service and construction providers	Throughout the operation of the program	1.3, 1.4 establishing partnerships, data sharing, facilitating services); 3.5, getting members housed	Provider/Partner Infrastructure

	<p>reviewed and approved by the relevant CoC as being consistent with those needs.</p>						
<p>Prevention and Shelter</p>	<p>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.</p>	<p>Through outreach and service coordination, facilitate and establish short term housing.</p>	<p>\$150K</p>	<p>County staff and/or existing housing service providers</p>	<p>Throughout the operation of the program</p>	<p>3.4, ensuring linkages to Community Supports; 3.5, getting members housed; 3.6 helping housed members remain housed</p>	<p>Provider/Partner Infrastructure; Direct Member Intervention</p>

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
Street Outreach	Establish field services to address the needs of persons 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.	The services and manner provided will be determined as the result of a recently issued RFP. They might include behavioral health, clinical, and/or linkages to support and clinical services.	\$500 to \$525K	Existing service providers	Throughout the operation of the program	2.1; 2.2 (services in the field); 3.1, 3.2 (linkages to services and supports)	Direct Member Intervention
Service Coordination	Better coordination among providers and linkages to services. 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	Outreach and case management to members and providers; coordination on data systems and referral linkages	\$1.4 to \$1.6 million	Existing housing service providers	Throughout the operation of the program	1.6 (work to address disparities and equity issues); 2.1 (street medicine and outreach)	MCP and Provider/Partner's infrastructure; Direct Member Interventions

	investments were reviewed and approved by the relevant CoC as being consistent with those needs.						
Interim 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, construction and outreach facilitate and establish short term housing.	\$1.5 to \$1.6 million	Existing and potential housing service providers	Throughout the operation of the program	3.4, ensuring linkages to Community Supports; 3.5, getting members housed	Provider/Partner Infrastructure; 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
Data Analysis and Systems Support	Strengthen systems and linkages between 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.	Improving the data collection and administration associated with the Coordinated Entry System and necessary for the successful operation of CalAIM; identifying and carrying out of goals associated with equity.	\$900-\$950K	Administrative agency and partners	Throughout the operation of the program	1.3, 1.4 establishing partnerships, data sharing, facilitating services)	MCP and Provider/Partner Infrastructure

Improve PHC Data Collection and Member Matching	PHC coordination and alignment with Shasta 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

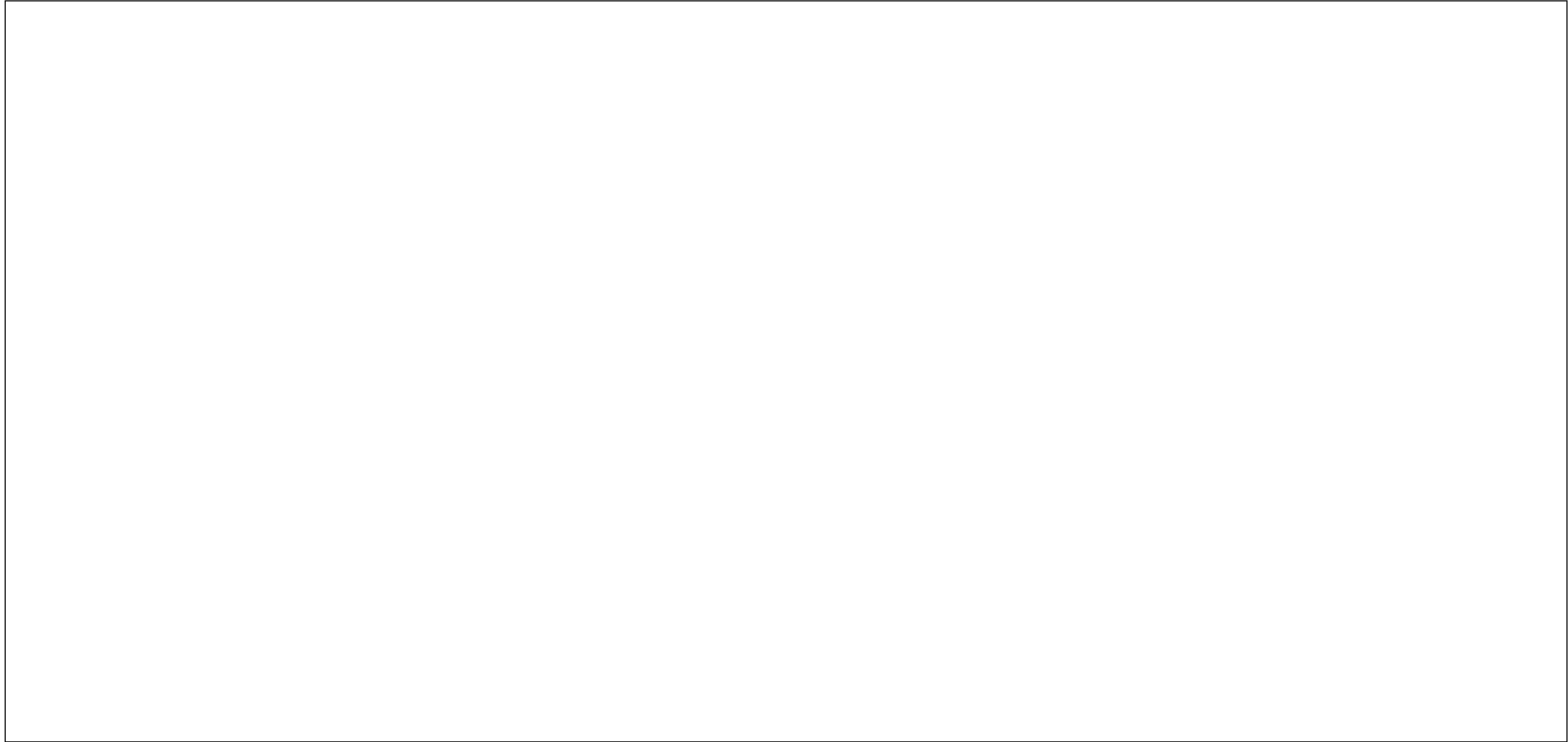
PART II: RISK ANALYSIS

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.

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



Shasta County Advisory Board to the

NorCal Continuum of Care™

September 22, 2022

Partnership HealthPlan of California
3688 Avtech Parkway
Redding, CA 96002

Re: Letter of Support for Shasta County Housing and Homeless
Incentive Program (HHIP) Investment Plan

To Whom It May Concern:

On August 24, 2022, the NorCal Continuum of Care (NorCal COC) delegated to the Shasta Advisory Board to the NorCal COC (SAB - COC) the authority to provide a letter of support for the HHIP Investment Plan (see attached letter).

On September 22, 2022, the SAB - COC voted and agreed to provide the letter of support requested. This letter is to verify that the SAB - COC has reviewed and supports the Investment Plan developed for Shasta County for the Partnership HealthPlan of California HHIP grant program.

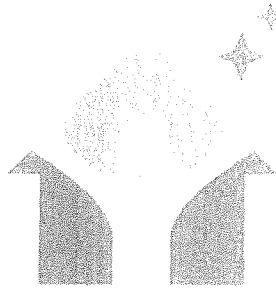
The Investment Plan is consistent with the NorCal COC's Homeless Action Plan that supported the request for the Homeless, Housing Assistance and Prevention (HHAP) grant application as well as related efforts to address the needs of those experiencing homelessness in our area. It also provides the basis for our continued collaboration with Partnership HealthPlan in the coming years.

The Shasta Advisory Board to the NorCal COC is pleased to work in partnership with the agency who will administer these funds.

Should you have any questions, please do not hesitate to contact Kristen McGee at 530.225.4351.

Sincerely,

Kristen McGee, Chair
Shasta County Advisory Board to the NorCal COC



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 CoC 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 CoC 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 CoC has voted to approve the advisory boards of Modoc, Plumas, Shasta, and Sierra to review the HHIP plan for their counties and provide the CoC letter of support for HHIP.

Sincerely,

Roy Jackson

NorCal CoC 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: Shasta

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