



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>

Data Collection and Data Sharing	Ensuring effective and reciprocal data sharing. 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 effectiveness of data sharing in a manner compliant with HIPAA and other concerns	\$28-30K	CoC and partners	2022, 2023	<p>1.1 Engagement with the local CoC</p> <p>1.2. Connection and integration with the local Coordinated Entry System (CES)</p> <p>1.4 Partnership with counties, local CoCs, and/or organizations that deliver housing services (e.g., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with which the MCP has a data sharing agreement that allows for timely sharing of</p>	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
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						<i>information and member matching</i> <i>2.2 Connection with the local Homeless Management Information System (HMIS)</i>	
Administration	<p>Coordination of housing programs and ensuring HHIP compliance. 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>Full-time position to coordinate HHIP and HHAP activity across Partnership, CAP Solano, the County, and the JPA</p>	\$800-\$835K	CoC	2023-2024	<p><i>1.1 Engagement with the local CoC</i> <i>1.2. Connection and integration with the local Coordinated Entry System (CES)</i> <i>1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports or other housing-related services to MCP members who are experiencing homelessness.</i> <i>1.4 Partnership with counties, local CoCs, and/or organizations that</i></p>	<p>Provider/partner Infrastructure</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
						<p><i>deliver housing services (e.g., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with which the MCP has a data sharing agreement that allows for timely sharing of information and member matching</i></p> <p><i>2.1 Connection with street medicine team providing health care for individuals who are homeless</i></p> <p><i>2.2 Connection with the local Homeless Management Information System (HMIS)</i></p> <p><i>3.1 Percent of MCP members screened for homelessness/risk of homelessness.</i></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
Housing Navigation	Provide additional housing-focused services and supports via CalAIM Community Supports. And HHIP-funded efforts. 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.	Engage partners to facilitate the provision of housing and housing-focused services and supports to all members in County · Provide additional housing navigators or case managers to services needed to support individuals and families with preparing for and finding affordable and accessible housing.	\$1.5 to \$1.6 million	<i>Housing service providers; CoC and County staff</i>	2023-2024	<p><i>1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports or other housing-related services to MCP members who are experiencing homelessness.</i></p> <p><i>3.4 MCP members experiencing homelessness receiving at least one housing-related Community Supports (CS)</i></p> <p><i>3.5 MCP members who were successfully housed</i></p>	Direct Member Services; MCP and 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
Transitional and Permanent supportive housing	Linkages to identify and support additional housing 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 reviewed and approved by the relevant CoC as being consistent with those needs.	Fund or partially fund staff to identify rehabilitation or renovation of sites identified by JPA and the County and the service needed to support them.	\$2.5 to \$3 million	<i>CoC, housing providers</i>	<i>Throughout the operation of the program</i>	<i>3.5 MCP members who were successfully housed</i> <i>3.6 MCP members who remained successfully housed</i>	Provider/Partner Infrastructure; Direct Member Services

<p>Data System Operations, maintenance, and support</p>	<p>Upgrade of HMIS ad related systems needed to better coordinate across systems and provide necessary 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 investments were reviewed and approved by the relevant CoC as being consistent with those needs.</p>	<p>Fund procurement of new HMIS vendor to improve functionality to support better collaboration and coordination</p> <p>Provide data analysts who can use available data from across systems to identify populations or geographic locations in need of addt'l support or services.</p> <p>Review the local homeless system of care's system performance measures and identify ways in which Partnership can help improve those measures.</p>	<p>\$224K to \$340K</p>	<p>CoC staff; HMIS vendor</p>	<p>Throughout the operation of the program</p>	<p>1.4 Partnership with counties, local CoCs, and/or organizations that deliver housing services (e.g., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with which the MCP has a data sharing agreement that allows for timely sharing of information and member matching</p> <p>2.2 Connection with the local Homeless Management Information system (HMIS)</p>	<p>MCP and Provider/Partner Infrastructure</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
Street outreach and street medicine	Supplement current street outreach teams and programs by contributing medical staff (including behavioral health specialists), funding peer specialist positions, purchasing mobile trailer or van for team, funding additional supplies, build in connections to Enhanced Care Management and Community Supports referral process, etc. 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.	Fund or partially fund one or more medical staff positions (e.g., nurse practitioner, behavioral health specialist) to provide street medicine to the community, who can provide medical care and make referrals to ECM and Community Supports <ul style="list-style-type: none"> · Provide medical and other needed supplies to street outreach/street medicine teams · Fund or partially fund peer specialist positions · Purchase or donate a mobile trailer or medical van for outreach teams 	\$900K to \$1 million	Housing and Health partners	2023, 2024	<p>1.1 <i>Engagement with the local CoC</i></p> <p>1.2. <i>Connection and integration with the local Coordinated Entry System (CES)</i></p> <p>2.1 <i>Connection with street medicine team providing health care for individuals who are homeless</i></p> <p>2.2 <i>Connecti on with the local Homeless Management Information System (HMIS)</i></p> <p>3.4 <i>MCP members experiencing homelessness receiving at least</i></p>	Direct Member Services; MCP and Provider/Partner Infrastructure

						<i>one housing-related, Community Support (CS).</i>	
Rapid Rehousing	Provide financial resources to fill gap between a household's need and what CoC funds can cover for people able to be diverted with one-time assistance. 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.	Integrate in one-time financial assistance available through Partnership for members to diversion and prevention activities of the CoC	\$700-\$750K	County, CoC and Housing service providers	Throughout the operation of the program	<i>3.4 MCP members experiencing homelessness receiving at least one housing-related, Community Support (CS).</i> <i>3.5 MCP members who were successfully housed</i> <i>3.6 MCP members who remained successfully housed</i>	Direct Member 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
Manage annual Point in Time (PIT) Counts	Contribute financially to JPA efforts to contract with a third-party vendor to conduct their annual PIT count. 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.	Fund or partially fund a third-party vendor to conduct 2023, 2024, and 2025 PIT counts.	\$150K	CoC	Throughout the operation of the program	<p>1.1 Engagement with the local CoC</p> <p>1.3 Identifying and addressing barriers to providing medically-appropriate and cost-effective housing-related Community Supports or other housing-related services to MCP members who are experiencing homelessness.</p> <p>3.1 Percent of MCP members screened for homelessness/risk of homelessness.</p>	Provider/Partner Infrastructure
Assessment of Individuals Needing Services	Work with the JPA to develop quick assessment protocols and tools for health care providers to identify people at risk/experiencing homelessness. The gaps were identified by seeking input from the local CoC and the County, based upon	Provide additional staff to JPA who understands the health care system to develop tools that can be used by health care providers and other cross-sector staff (e.g., child welfare, criminal legal system) to better identify people at risk/experiencing homelessness	\$2,500	CoC	Throughout the operation of the program	<p>1.2. Connection and integration with the local Coordinated Entry System (CES)</p> <p>2.2 Connection with the local Homeless Management Information System (HMIS)</p>	MCP and Provider/Partner Infrastructure

	<p>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>3.1 Percent of MCP members screened for homelessness/risk of homelessness.</p> <p>3.4 MCP members experiencing homelessness receiving at least one housing-related, Community Support (CS).</p>	
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Coordinated Entry System	<p>Work with health care providers to create new CES entry points or connect discharge planning processes to existing CES entry points. Fund additional staff to conduct discharge planning through their own plans, as well as through other health care partners and other sectors that engage in discharge planning (e.g., the child welfare or criminal legal systems). The gaps were identified by seeking input from the local CoC and the</p>	<p>Staff discharge planning positions at Partnership to provide coordinated planning for people at risk/experiencing homelessness. Fund additional discharge planning positions to provide on-call discharge planning in partnership with other health care systems, child welfare (including foster care), and the criminal legal system</p>	\$450-\$500K	CoC	Throughout the operation of the program	<p>1.2. Connection and integration with the local Coordinated Entry System (CES)</p> <p>3.1 Percent of MCP members screened for homelessness/risk of homelessness.</p> <p>3.2 The number of MCP members who were discharged from an inpatient setting or who have been to the emergency department for services two or more times in a 4-month period who</p>	MCP and Provider/Partner Infrastructure
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	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.					were screened for homelessness or risk of homelessness.	
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Supportive Services	Services needed to house individuals and help them remain 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.	Fund supportive services (e.g., job training and employment services, life skills training, financial management services) for Medi-Cal families and youth in rapid rehousing (RRH) to help ensure they have the tools needed to keep their housing after their subsidies end.	\$650-\$675K	County and CoC	Throughout the operation of the program	3.4 MCP members experiencing homelessness receiving at least one housing-related, Community Support (CS) 3.5 MCP members who were successfully housed 3.6 MCP members who remained successfully housed	Direct Member Services
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<p>Improve PHC Data Collection and Member Matching</p>	<p>PHC coordination and alignment with Solano 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.</p>	<p>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.</p>	<p>\$0-\$50K</p>	<p>PHC vendors as needed</p>	<p>Throughout the operation of the program</p>	<p>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)</p>	<p>MCP and Provider/Partner Infrastructure</p>
<p>PHC support and assistance for Point in Time Count</p>	<p>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.</p>	<p>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.</p>	<p>\$0 - \$50K</p>	<p>Supply vendors as needed</p>	<p>Throughout the operation of the program</p>	<p>1.1 (CoC and PIT support)</p>	<p>MCP and Provider/Partner Infrastructure</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)

- 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, particularly in areas of behavioral health staffing needs. Steps that PHC will take to address or mitigate the effect include workforce development and 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 First Solano

Vallejo/Solano County Continuum of Care



Partnership HealthPlan
4665 Business Drive
Fairfield, CA 94534

Re: Continuum of Care Letter of Support

Dear Partnership HealthPlan:

The Housing First Solano CoC represents Solano County. This letter is to verify that the CoC has reviewed and supports the Investment Plan developed with Solano County 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 Partnership HealthPlan in the coming years.

Sincerely,

[REDACTED]

Kari Rader, Chair
Housing First Solano

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: Solano

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

[Redacted Signature]	CEO
Signature	Title