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.**

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	CalOptima Health
Lead Contact Person Name and Title	Michael Wood, Manager Regulatory Affairs and Compliance
Contact Email Address	mwood@caloptima.org
Contact Phone	(714) 246-8415

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 HHAP[2], 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
1. Regional Collaboration and Service Hubs	Target services for unhoused population continue to be siloed, and unified efforts to address homelessness using a regional approach has been limited/difficult to achieve - scattered throughout the County.	Invest in innovative and collaborative services in each Service Planning Area throughout the county. Enable partners to increase access to health care and connection to housing related services. Activities could include funding expenses related to capacity building: technology infrastructure, staffing and direct services to members.	Up to $29,000,000	Collaborative partnerships: housing authorities, OC CoC, Community Based Organizations (CBO) and other homeless service providers	10/2022 – 12/2023	1.2, 1.3, 1.4, 2.1, 3.1, 3.3, 3.4, 3.5	Provider/ Partner Infrastructure
2. Increase Street outreach and engagement to support prevention and diversion	Regular and reliable support are a necessary part of the community to connect members to homeless resources and services to address Social Determinants of Health.	Support expansion of the county's Outreach & Engagement (O&E) team to provide street outreach services.	$7,000,000	OC Outreach & Engagement, CBOs, or other homeless service providers	6/2022 - 5/2023	1.2, 1.3, 1.4, 1.6, 3.1, 3.2, 3.3, 3.4	MCP and Provider/ Partner Infrastructure
3. Equity grants for special populations	There historically an unequitable distribution of resources due to limited capacity of providers/ organizations who might be best suited to work directly with specific populations.	Funding for CBOs and/or other homeless services providers to support deliver culturally competent services to populations that are often overrepresented in the homeless population (TAY, family homelessness, LGBTQ+, seniors, etc.).	Up to $3,000,000	CBOs and/or other homeless service providers	1/2023 – 12/2024	1.3, 1.6	

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
4. Healthcare navigation: Discharge planning and service coordination	Discharge planning and healthcare navigation services for unhoused individuals need to be scaled to ensure available resources are utilized in the most effective way.	Provide financial support to build capacity within, or in collaboration with, local emergency departments, inpatient facilities, or other similar settings. Ensure partners can effectively coordinate services and/or discharge planning.	Up to $3,000,000	CBOs and potentially Health Networks	1/2023 – 12/2023	1.2, 1.3, 3.1, 3.2, 3.3, 3.4	MCP and Provider/ Partner Infrastructure
5. Street Medicine	Health care is needed when/where members experiencing homelessness are located - with a focus on unsheltered homeless members.	Launch a new, street medicine program to provide to care to unhoused members. Using a regional approach, street medicine providers will deliver preventive and urgent care in the field. Providers will be expected to have the capacity and experience to provide these services.	$8,000,000	Federally Qualified Health Centers (FQHC), FQ lookalikes, medical groups	7/2022 - 12/2023	2.1, 3.3, 3.4, 3.5	MCP and Provider/ Partner Infrastructure
6. Flexible Funding to Reduce Barriers to Obtaining/ Maintaining Housing	Due to limited affordable housing pool, financial barriers, and general hesitance of landlords to rent to individuals with housing vouchers, challenges persist with getting into dignified and appropriate housing.	Funds expected to support a "whatever it takes" approach to overcome barriers, including financial assistance for past due utility bills, personal credit rebuilding, landlord incentives and/or sign bonus for units, and relocation assistance to reunite with family and support networks.	Up to $3,000,000	OC Housing Finance Trust, United Way OC, housing authorities, CBOs and other homeless service providers	1/2023 – 12/2023	1.4, 1.6, 3.5, 3.6	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
7. Data Collection, Sharing and Integration	Data integration and sharing challenges persist between CalOptima health and the local Continuum of Care (CoC). Additionally, provider and member feedback on homeless health services/programs is not collected via unform methods.	Funding for data integration and sharing efforts, including, but not limited to, purchase software/applications to ensure members, providers, partners have a way to communicate feedback on services received/delivered. These data can provide insights necessary for innovation and process improvement.	Up to $1,000,000	CalOptima Health, OC Office of Care Coordination and OC CoC	10/2022 – 12/2023	1.2, 1.4, 1.5, 2.2, 2.3	MCP and Provider/ Partner Infrastructure
8. CoC Support	Finite resources are available for annual PIT and opportunity to provide additional resources to participants and volunteers.	Funding for the local CoC in support of future PIT counts, lived experience advisory committee and the youth advisory board compensation, as well as other capacity building efforts to strengthen the housing and homeless system of care.	Up to $1,000,000	OC CoC	9/2022 – 12/2024	1.1	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)
I. Risks, Challenges and Systemic Barriers CalOptima Health faces numerous risks and challenges to implementing this investment plan that are both internal to the organization and external within the broader Orange County continuum of homeless services. The first of these risks are internal obstacles that can be generally categorized as complex policies and procedures. CalOptima Health is a massive, complex, government entity, balancing regulatory functions, multiple payment systems and structures, and myriad stakeholder groups. This complexity results in bureaucratic processes that, while necessary and well-intentioned, can make it challenging to facilitate and engage in external projects. While CalOptima Health's leadership is working toward streamlining internal administrative processes, they must still be navigated to accomplish stated goals and objectives, requiring additional staff time and resources. The second risk CalOptima Health faces is the highly disjointed healthcare and affordable housing space in Orange County. Policies abound that restrict shelter (and other housing) placement of individuals outside of their "proven residency," creating a competitive environment where each city must deal with a regional (if not statewide) crisis within the confines and limitations of their own making. This contributes to conflicted public opinion as to where housing needs to be located (i.e., not-in-my-backyard mentality) and stigmatization toward those who would benefit from affordable housing. Due to these factors, competition between providers is heightened when resources are designated county-wide but then must be distributed across cities, forcing duplication of services across mere miles. This an inefficient use of resources and restricts greatly needed innovation in the homeless services space. While individuals may claim residency in one location, they often still travel across city boundaries and thus their information is captured in disparate systems, creating data-sharing and coordination of care challenges among stakeholders. This fragmentation coupled with the highly competitive environment often leads to overstatement of capacity to provide services to obtain funding. Data silos and competition issues are exacerbated by the fact that Orange County is one of a few in California without County-run hospitals. The third risk to implementation is the growth limitations of the current provider structure. There is a finite number of service providers within the county, and with the influx of funding and attention to these services have been pushed to grow capacity at alarming rates. Many of the traditional providers are growing at speeds that could jeopardize service quality and consistency.

CalOptima Health must allay growing pains among those providers to ensure quality outcomes are achieved. Additional contributing factors include hiring and employee retention challenges faced by all employers.

II. Impact to Investment Strategy/Plan

All these factors will have an impact on how quickly and effectively the investment plan is operationalized.

The internal risks primarily have an impact on the process to distribute funds in a timely manner and conduct ongoing monitoring. Extended internal processes to contract with providers and process payments could delay some implementation strategies. It will also take time to set up internal monitoring protocols to ensure funds are spent effectively and contractors are able to report on required metrics to CalOptima Health. Additionally, measurable change can often only be observed over time, resulting in lag in understanding program outcomes.

External risks impact CalOptima Health's ability to build capacity at a rate necessary to achieve HHIP required outcomes. With limited providers to invest in and many already building capacity at a tremendous rate, ensuring investments are cautious, yet effective, will impact the speed and, potentially, the quality of outcomes produced by through these investments. Bringing in nontraditional providers, or those without connection to the current continuum, to fill provider gaps could also impact outcomes achieved; requiring time to be spent on partnership development or integration before program launch can occur. Finally, the technical requirements and legal implications around data sharing and better integration with the existing structures are numerous. There are privacy concerns that need to be managed, contracts and other agreements must be sound, all of which takes time.

Moreover, the outlined investments are subject to change, including an increase in the amount of dollars invested, as incentive funds are made available – adding another complex layer.

III. Steps to Mitigate Risks

CalOptima Health is working to mitigate internal risks by streamlining investment strategies and the processes used to identify investment partners, obtain applications, make payments and monitor outcomes. This singular process will cut down on internal lag time in processing and monitoring these investments.

In terms of external risks, CalOptima Health has been a fixture in the homeless service continuum, and will continue to be, but is evolving in its role of investor to build out the existing continuum of service. Through the Investment Plan, CalOptima will deploy strategies for equitable and efficacious distribution of funds. This is designed to combat service duplication and drive innovation in the design and implementation of programs needed to build out the continuum. Emphasis will consistently be placed on delivery of culturally competent, trauma-informed, and person-centered services.

In addition to a consistent, equitable process, CalOptima Health will engage stakeholders using a comprehensive communications strategy to spread awareness of these investment efforts, and to ensure the organization is developing the necessary relationships

to accomplish its goals.

To mitigate the external risk of fragmentation, CalOptima will continue deep engagement with the CoC, working to align providers across the county under a cohesive strategy. Meetings have commenced with key external stakeholders to further explore what data sharing and integration needs exist and how to navigate. CalOptima Health is well positioned to take on a central role, as the only MCP in Orange County, in promoting what systemic changes would benefit individuals experiencing homelessness, and the providers that serve them. This includes exploring what data can be shared with the CoC to get individuals off the streets and into the services and housing pipeline.

Finally, to address the risk of provider growing pains, CalOptima Health is looking to engage smaller, grassroots organizations that have not been well-integrated into the existing continuum and will also bring in new providers.

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.

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.

September 20, 2022

Re: Letter of Support for CalOptima Health's Housing and Homelessness Inventive Program Investment Plan

To Whom It May Concern:

The California Department of Health Care Services (DHCS) established the Housing and Homelessness Incentive Program (HHIP) to be implemented from January 1, 2022, to December 31, 2023. HHIP aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population.

CalOptima Health staff have worked to engage key internal and external stakeholders, including the Orange County Continuum of Care (CoC), the CoC Collaborative Applicant and the CoC Board, to identify strategic priorities and investment opportunities through the following means: public listening sessions, administration of an online survey, and presentations to the CoC Board in May 2022 and August 2022. Through these engagement efforts, CalOptima Health Staff have helped to inform potential actionable strategies that could be incorporated into a Local Homelessness Plan and to solicit feedback on and socialize proposed investments for the Investment Plan.

The CoC Collaborative Applicant and the CoC Board can confirm that they have been informed of and support the following broad initial investment strategies to meet HHIP priorities, measures and goals, with the assistance and support of the Orange County CoC:

Priority Area 1 – Partnerships and capacity to support referrals for services:

- Discharge planning and healthcare navigation for individuals leaving inpatient and Emergency Department settings
- CoC support for the Point In Time Count, youth action board and lived experience advisory committee
- Connect and better integrate with the Homeless Management Information System (HMIS)

Priority Area 2 – Infrastructure to coordinate and meet Medi-Cal member housing needs:

- Landlord incentives and marketing plan to increase housing access and availability
- Service hubs in each service planning area that would include connection to housing providers, healthcare, Enhanced Care Management (ECM), Community Support and Behavioral Health/Substance Use Disorder services

Priority Area 3 – Delivery of services and member engagement

- Community grants to address homelessness among underrepresented populations (e.g., LGBTQ+, families, transitional aged youth, seniors)
- Street medicine to provide care when and where needed to members experiencing unsheltered homelessness
- Member experience research and real-time feedback systems

Notwithstanding, CalOptima Health staff have been meeting with local partners, local housing authorities and other homeless service providers, to develop and strengthen the necessary community partnerships to enable these funds to have the greatest impact in the Orange County CoC.

The Orange County CoC is pleased to offer this letter of support and to continue its collaboration with CalOptima Health in an effort to strengthen the system of care and address homelessness in our community.

If you have any questions, please do not hesitate to contact Maricela Rios-Faust, CoC Board Chair and Chief Executive Officer of Human Options at mrios@humanoptions.com and/or Doug Becht, Director of Care Coordination and CoC Collaborative Applicant representative at dbecht@ochca.com.

Sincerely,

DocuSigned by:
Maricela Rios-Faust
EDF6061B9D634...

Maricela Rios-Faust
Board Chair
Orange County Continuum of Care

DocuSigned by:
Douglas Becht
C3F502060A0B46A...

Doug Becht
Director
Office of Care Coordination
Continuum of Care Collaborative Applicant
County of Orange

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)

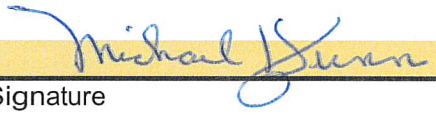
Health Plan: CalOptima Health

County: Orange

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:

Michael Hunn	9.23.2022
Print name	Date
	CEO
Signature	Title