



**San Francisco Health Plan
HHIP INVESTMENT PLAN**

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 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	San Francisco Health Plan
Lead Contact Person Name and Title	Skip Bishop, Chief Financial Officer
Contact Email Address	sbishop@sfhp.org
Contact Phone	415-615-4230

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	Requestor Entity
1. MCP Engagement with the CoC	Develop MCP subject matter expertise to lead housing and homelessness strategy and initiatives	Engage consulting support for HHIP activities to continue efforts with CoC. Hire senior management SFHP staff to create in-house housing focus. The new position will lead a new department responsible for MCP's housing strategy and manage external stakeholders	\$ 750,000	SFHP	10/2022 – 10/2023	1.1	MCP Infrastructure	SFHP internal assessment
2. CoC Infrastructure	Provide CoC support to assist with strategic planning and coordination of housing and health integration activities.	Provide funding to DPH/HSR for consulting support on strategic planning and coordination of housing and health integration. This was recommended by HSR on 8/26.	\$250,000	HSR	10/2022 – 10/2023	1.1	Provider/ Partner Infrastructure	Discussions with the Homelessness and supportive housing (HSR)
3. Street Medicine	Increase MCP engagement with street medicine teams	Provide funding support for street medicine team(s). Support may include building infrastructure, systems, support to enable data exchanges in a	\$1M - \$2.5M	Service Provider	10/2022 – 10/2023	2.1	Provider/ Partner Infrastructure	SFDPH provided technical guidance on this request and SFHP identified an opportunity to create

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	Requestor Entity
	in SF	HIPAA-compliant manner, etc. Funding may also be used to support direct services provided by street medicine providers that may not qualify under the DHCS Street Medicine APL that has been released in draft.						more coherency for street medicine programs across the city.
4. Health disparities and outreach	Members disproportionately impacted by homelessness may lose Medi-Cal.	Provide funding to support activities to address health disparities among the homeless, provide funding to conduct outreach to homeless members to help them retain and/or renew their Medi-Cal enrollment. Fund an organization positioned to provide these services.	\$1,000,000	SFHP	10/2022 – 10/2023	1.6, 3.3	Direct Member Interventions	Discussions with SFDPH

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	Requestor Entity
5. Home based care	Ensure high-needs members in permanent housing retain their housing.	Provide funding to expand and/or build capacity for home-based care and clinical service in supportive housing. Explore possibility to have Cardea Health/Oak Days model expand to San Francisco or assist an existing San Francisco organization build capacity to create a similar model. This was recommended by HSH on 8/26	\$5M - \$9M	Service providers	10/2022 – 10/2023	2.3, 3.6	Direct Member Interventions	Discussions with CoC / HSH and DPH
6. Housing community supports capacity	Increase access to housing-related community supports for members at-risk or experiencing homelessness.	Expand and build capacity among providers to deliver housing-related Community Supports such as home modifications, personal caretaker services, transitional care coordination, short term post hospitalization housing, medical respite. This effort	\$5M - \$7M	Service providers	10/2022 – 10/2023	2.3, 3.5, 3.6	Provider/ Partner Infrastructure	Discussions with HSA, DPH, Housing providers, and SF Housing Workgroup

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	Requestor Entity
		would target members at risk for or experiencing homelessness. HSH recommended this investment activity.						
7. Data sharing and exchange	Strengthen HSH/HMIS data infrastructure to share housing and homelessness data with SFHP.	Provide funding for consulting and staffing for HSH/HMIS to support the data infrastructure needed for: - improved bidirectional data exchange between SFHP and HSH/HMIS. - implementation of the use of administrative/health care data into Coordinated Entry	\$1M - \$2.5M	SFHP, DPH, HSH, HSA	10/2022 – 10/2023	1.2, 1.4, 1.5, 2.2, 3.1, 3.2, 3.5, 3.6	Provider/ Partner Infrastructure	Discussions with DPH, HSH, SFHP

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	Requestor Entity
		<p>prioritization.</p> <p>- improved data sharing with HSA to improve predictive analytics on members experiencing homelessness (e.g., use APS involvement, hoarding, IHSS data as predictors of at-risk for homelessness).</p> <p>This was recommended by HSH on 8/26.</p>						
8. Coordination and referrals	Lack of housing navigation services in health care settings.	<p>Provide funding to expand housing navigation services and staff for existing teams (e.g., BHS Access teams, street outreach teams). Recommend</p>	\$2,000,000	HSH	10/2022 – 10/2023	2.3, 3.5	Provider/ Partner Infrastructure	Discussions with HSH and SFHP providers (ECM)

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	Requestor Entity
		ed by HSH on 8/26						

As we developed the Investment Plan, we had discussions with the following entities to identify needs and collect investment ideas.

- *Human Services Agency (HSA)*
- *San Francisco Department of Public Health (SFDPH)*
- *Homelessness and Supportive Housing (HSH) aka the local CoC - The CoC Board also signed a letter of support to indicate alignment with the plan.*
- *Community housing providers (5 housing providers and local leadership from SF housing provider collaborative)*
- *Community housing workgroup which included (DPH, HSH, HSA, On Lok, Institute on Aging, Mercy Housing, and SFHP)*

After submission of the investment plan on 9/30, SFHP continues to have a series of follow-up discussions to confirm investment ideas, gain greater scope clarity, and determine priorities by agency.

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)

Although SFHP has been engaging frequently with county and community partners to identify and prioritize HHIP investments, additional operational planning is needed to determine achievability of HHIP outcomes by October 2023. One of the most significant challenges we anticipate is having sufficient time for planning and implementation, to achieve measure targets in 13 months.

Some of the key challenges include:

- **Onboarding staff** – Hiring and recruiting staff and consultants, especially by our county partners, can take many months. Workforce shortages, County/civil service hiring processes, affordability of consultants and competitive bidding requirements will be challenges to getting needed resources. Investments 1, 2, 7 and 8 reflect investments that require staffing and/or consulting needs for SFHP, County partners and service providers (subcontractors of HSH).
- **Identifying and selecting the right opportunities for investments** – Although we have identified priorities for investments, SFHP will need to continue engagement with the community to identify the specific projects for investments. Investments 4 and 5 include discovery and exploration of projects and/or organizations for funding. . For example, SFHP will need to identify organizations appropriate for investment that will provide outreach to SFHP members that will impact HHIP measures (e.g., measure 2.3 and 3.6). In discussions with HSH, SFHP has learned about the Cardea and Oak Days models, but they are organizations in Alameda County that do not have a presence in San Francisco. To identify where best to support, participate and invest in this project, we need to let the community engagement phase of the project determine the need and identify the scope of work and potential organizations.
- **Contracting** – SFHP will need to identify and select service providers for investments 3, 5 and 6. The selection process can take time and be extensive to ensure readiness and due diligence by the health plan, and may also be hindered by contracting processes, which often require legal reviews and engagement with multiple parties at each organization.
- **Data and operational challenges** – SFHP anticipate challenges in executing data sharing agreements as well as building the data exchange infrastructure to match health plan member data to HMIS data. Determining the right model and process, as well building the technological infrastructure in less than 13 months will be challenging, especially for housing and homelessness data that is not in standardized health care formats.
- **Medi-Cal disenrollments resulting from the end of the Public Health Emergency (PHE)** – SFHP anticipates the PHE to end during the HHIP program (before October 2023), which will potentially result in a significant number of member disenrollments. These disenrollments may be particularly impactful for our members experiencing homelessness and may impact our ability to (a) confirm outcomes for populations that were but are no longer our members; and (b) effectively intervene to provide access to services and housing placements if members are disenrolled and/or have lapses in their Medi-Cal eligibility and enrollment due to the PHE.

To help mitigate some of these identified risks and concerns, SFHP plans to:

- **Leverage existing processes to identify interested and engaged providers** – This summer SFHP conducted an RFI to gather input from interested potential CS providers on their readiness and ability to deliver housing-related Community Supports. We plan to utilize information already collected to identify the best positioned providers and most viable options for growing housing Community Supports capacity.
- **Extend consultant support and expertise** – SFHP has engaged experienced consultants to help support HHIP and housing initiatives and anticipates this engagement may be needed as a stopgap until in-house MCP staff can be hired and onboarded.
- **Streamline activities to maximize efficiencies** – Starting in October 2022, SFHP will implement a reorganized operational structure for CalAIM and HHIP to bring implementation activities under one housing and homelessness unit. We hope this will allow SFHP to focus on a strategy to achieve the HHIP goals and outcomes.

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.

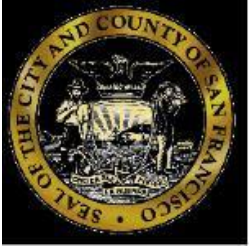
The CoC letter of support or CoC signature(s) should be included with this IP submission as an appendix.

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.

SAN FRANCISCO LOCAL HOMELESSNESS COORDINATING BOARD



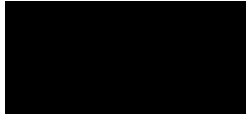
Monday September 12, 2022

To: California Department of Health Care Services
Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

San Francisco's Local Homeless Coordinating Board (LHCB) is a nine-member advisory body that is appointed by the Board of Supervisors, Mayor, and the Controller. The LHCB is the governing body for the San Francisco Continuum of Care (CoC CA-501). The LHCB serves as the lead independent body for coordinating homeless policy, McKinney funding, and San Francisco's Continuum of Care implementation. Our Board includes representation from a range of homelessness system stakeholders.

The LHCB is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by the San Francisco Health Plan (SFHP) and Anthem Blue Cross, San Francisco's two Medi-Cal Managed Care Plans (MCPs). San Francisco's Department of Homelessness and Supportive Housing (HSH), as well as other departments and homelessness stakeholders, engaged and collaborate with SFHP and Anthem, provided input on the IP, and will review the IP prior to submission. The LHCB understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The LHCB also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the LHCB is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics. If you have any questions, please feel free to reach out directly.

Thank you,



Mary Kate Bacalao and Del Seymour

Co-Chairs San Francisco Local Homelessness Coordinating Board

Del Seymour
Co-Chair

Mary Kate
Bacalao -
Co-Chair

Kelley Cutler

James Loyce

Brenda Jewett

Andrea Evans

Rev. Megan-

Rohrer

Charles Minor, Staff

**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: San Francisco Health Plan

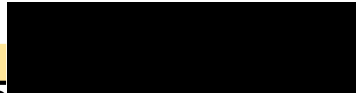
County: San Francisco

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: Ernest C. Bishop III
Print name

September 30, 2022
Date


Signature

CFO
Title