Opportunities for Homeless Systems of Care under the Housing & Homelessness Incentive Program (HHIP)

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Under the new Housing & Homelessness Incentive Program (HHIP), the California Department of Health Care Services (DHCS) offers incentive funds to Medi-Cal managed care plans (MCPs) who choose to participate in the program and are able to meet certain metrics demonstrating that they have increased their capacity, engaged in partnerships with local homeless systems of care, and used their resources to reduce and prevent homelessness. While on its face, HHIP is a program to incentivize MCPs, it has the potential to result in significant additional investment (of funding and other resources) in local community efforts to prevent and end homelessness. Most, if not all, of the MCPs in California have chosen to participate in HHIP and are moving forward to partner with local homeless systems to undertake activities that will help them meet the state metrics. (For more information on HHIP and the state metrics, see our companion fact sheet: The Housing & Homelessness Incentive Program (HHIP).)

The purpose of this handout is to help counties, CoCs, and local homeless response system partners better understand what MCPs are likely to invest in and prioritize to meet as many HHIP metrics as possible over the coming months and years. The Investment Plans will highlight some of the key partnership and collaboration opportunities that will help MCPs access and fully leverage the HHIP incentive funds that are available. While each MCP was provided a specific allocation amount for each county, they will only receive 100% of that amount if they can meet all of the HHIP metrics. This handout helps answer the question: How can CoCs and their partners help MCPs meet their HHIP metrics to maximize the amount of HHIP incentive funds they receive, while also filling critical gaps in local homeless response efforts?

Many counties and local homeless systems of care (Continuums of Care or CoCs) were approached by their local MCPs in late Spring and early Summer 2022 to provide needed data and Homeless Housing, Assistance and Prevention (HHAP) Grant Round 3 application information to support their local MCPs' HHIP applications (also referred to as Local Homeless Plans). As of this writing, MCPs are waiting for the Department of Health Care Services' approval of their Local Homeless Plans. In the meantime, the Department asked MCPs to develop more detailed Investment Plans that indicate how they will leverage resources in their local communities to meet the HHIP metrics required to receive their incentive funds. MCPs are required to submit their Investment Plans to the Department by September 30, 2022. They will likely look to CoCs and local homeless system partners to help them develop and implement their Investment Plans. If the MCP efforts are done meaningfully, the future holds great opportunity to build or strengthen cross-system partnerships and fill many of the gaps communities have previously identified in their homeless response systems.

What are MCPs prioritizing and why should it matter to CoCs?

HHIP incentive funds are flexible. The Department of Health Care Services imposes few restrictions on what MCPs can do as part of their HHIP activities. However, to get their maximum allotted amounts in each county, MCPs must meet fifteen metrics, with a focus on the following seven **priority metrics**:

- Connection and integration with the local Coordinated Entry System (CES) [HHIP Metric 1.2]
- 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 [HHIP Metric 1.4]
- Connection with street medicine team providing health care for individuals who are homeless [HHIP Metric 2.1]
- Connection with the local Homeless Management Information System (HMIS) [HHIP Metric 2.2]
- MCP members experiencing homelessness receiving at least one housing-related, Community Support (CS) [HHIP Metric 3.4], including
  - Housing Transition Navigation
  - Housing Deposits
  - Housing Tenancy and Sustaining Services
  - Recuperative Care
  - Short-term Post Hospitalization Housing
  - Day Habilitation Programs
- MCP members who were successfully housed [HHIP Metric 3.5]
- MCP members who remained successfully housed [HHIP Metric 3.6]

(For the full list of metrics, see our companion fact sheet: *The Housing & Homelessness Incentive Program (HHIP)*.)

The tables on the following pages highlight 5 key activities or investment opportunities for CoCs and their local MCPs to discuss and work on together to improve the housing and health outcomes of people experiencing or at risk of homelessness in their communities. Each table outlines:

CoC/Homeless Response System Activities: CoC activities and functions that support the key activity or investment opportunity. The activities listed include those a CoC may already be doing, plan to do, or would like to do if sufficient resources were available.

Potential MCP Contributions: Ways that MCPs could contribute to or partner with CoCs on the key activities and investment opportunities (including through in-kind services, financial resources, staffing, or expertise).

HHIP Metrics Impacted: The HHIP metrics on which progress is most likely to be made as a result of the identified CoC activities and potential MCP contributions. For each metric listed, the table indicates whether it is one of the state's 7 priority metrics, as well as whether the metric would be directly or indirectly impacted.

The tables do not contain a comprehensive list of everything CoCs and their local MCPs might collaborate on, but rather concrete examples for CoCs to consider and discuss with their local MCPs as they collaborate on their local HHIP Investment Plans and work to meet HHIP metrics and improve and expand local homeless response efforts over the coming months and beyond.

Priority Metric | Non-priority Metric | Directly Impacted | Less or Indirectly Impacted

Activity or Investment Opportunity: Improve and expand methods to identify, outreach, engage, and assess people experiencing homelessness

CoC/Homeless Response System Activities	Potential MCP Contributions	HHIP Metrics Impacted
Manage annual Point in Time (PIT) Counts	Collaborate with the CoC to coordinate and/or contribute volunteer time toward the local PIT count, with a focus on a robust count of people living unsheltered. Contribute financially to CoC efforts to contract with a third-party vendor to conduct their annual PIT count. Create or finance more detailed PIT count reporting or data visualization.	**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 **3.1** Percent of MCP members screened for homelessness/risk of homelessness
Coordinate, manage, and staff street outreach or street medicine programs to identify, build relationships with, and provide resources to people experiencing unsheltered homelessness	Support/supplement street outreach or street medicine teams and programs by, for example: contributing medical staff (including behavioral health specialists), funding peer specialist positions, purchasing mobile trailer or van for team, funding additional supplies, building in connections to Enhanced Care Management and Community Supports referral process, etc. Stand up a robust street medicine program to work alongside street outreach teams to provide medical care onsite to people experiencing homelessness.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **2.1** Connection with street medicine team providing health care for individuals who are homeless **2.2** Connection with the local Homeless Management Information System (HMIS) **3.4** MCP members experiencing homelessness receiving at least one housing-related, Community Support (CS)
Manage Coordinated Entry System (CES) access/entry points (e.g., 211, emergency shelters, and other physical locations)	Work internally and 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 in other sectors (e.g., the child welfare or criminal legal systems) that includes connections to CES entry points for those needing housing or homeless assistance.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **3.1** Percent of MCP members screened for homelessness/risk of homelessness **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 were screened for homelessness or risk of homelessness
Assess people for eligibility for homeless services (which includes determining whether people meet the definition of homelessness or at-risk)	Work with the CoC to develop quick assessment protocols and tools for health care providers to identify people at risk/experiencing homelessness.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **2.2** Connection with the local Homeless Management Information System (HMIS) **3.1** Percent of MCP members screened for homelessness/risk of homelessness

Priority Metric | Non-priority Metric | Directly Impacted | Less or Indirectly Impacted

Activity or Investment Opportunity: Prevent people from becoming homeless & rapidly resolve people's homelessness (diversion)

CoC/Homeless Response System Activities	Potential MCP Contributions	HHIP Metrics Impacted
Identify people at risk of becoming homeless without intervention or who only need limited, one-time financial or other support to resolve their homelessness	Fund additional community intake staff who can identify people at risk of becoming homeless without intervention or whose homelessness can be resolved with limited, one-time assistance.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **2.2** Connection with the local Homeless Management Information System (HMIS) **3.1** Percent of MCP members screened for homelessness/risk of homelessness **3.5** MCP members who were successfully housed **3.6** MCP members who remained successfully housed
One-time financial assistance (e.g., deposits; utility assistance; back-rent/arrears; move-in/ moving fees; money to cover things like credit repair, criminal record expungement, etc.)	Provide financial resources to fill gap between need and what CoC funds can cover for people able to be diverted with one-time assistance.	**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
Expand availability of rental assistance for people enrolled in rapid rehousing	Provide ongoing rental assistance for rapid rehousing participants who need additional financial support when federal funding runs out.	**3.5** MCP members who were successfully housed **3.6** MCP members who remained successfully housed

Priority Metric | Non-priority Metric | Directly Impacted | Less or Indirectly Impacted

Activity or Investment Opportunity: Expand housing opportunities for people experiencing homelessness

CoC/Homeless Response System Activities	Potential MCP Contributions	HHIP Metrics Impacted
Housing search assistance: Case management, housing navigation/location support, housing application support, tenancy education, identify and address potential barriers to stable housing	Provide additional housing-focused services and supports via CalAIM Community Supports. Provide additional case managers or housing navigators (internally within the MCP or through funding positions in the CoC) to help people with housing searches, as well as to get document ready for permanent housing placement (i.e., help individuals and families apply for available housing and to obtain the paperwork necessary to meet eligibility requirements, such as birth certificates, state identification, and rental history).	**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 **3.4** MCP members experiencing homelessness receiving at least one housing-related Community Supports (CS) **3.5** MCP members who were successfully housed
Landlord recruitment and engagement: Unit searches, Landlord incentive programs (e.g., bonus payments, risk mitigation funds, etc.)	Provide funding or staffing to expand landlord search, engagement, and recruitment efforts (including unit/landlord search, landlord incentive programs, infrastructure for community-wide unit inventory creation and maintenance).	**3.5** MCP members who were successfully housed
Financial support: Rental assistance, move-in costs (e.g., utility assistance, deposits, etc.) and connection to Public Housing Authority (PHA) programs/ resources (HCVs, EHVs)	Provide financial assistance to fill gap between need and what CoC funds can cover.	**3.4** MCP members experiencing homelessness receiving at least one housing-related Community Supports (CS) **3.5** MCP members who were successfully housed
Program operations (rapid rehousing, permanent supportive housing, temporary/bridge housing)	Coordinate, finance, or provide medical care and other supportive services to Permanent Supportive Housing or Rapid Rehousing participants, temporary/bridge housing residents, or Public Housing Authority voucher holders who need additional services to sustain housing.	**3.3** The number of MCP members experiencing homelessness who were successfully engaged with enhanced care management (ECM) **3.4** MCP members experiencing homelessness receiving at least one housing-related Community Supports (CS) **3.5** MCP members who were successfully housed **3.6** MCP members who remained successfully housed

Priority Metric | Non-priority Metric | Directly Impacted | Less or Indirectly Impacted

CoC/Homeless Response System Activities	Potential MCP Contributions	HHIP Metrics Impacted
Create new housing (via acquisition, conversion, rehabilitation) (e.g., via Project Homekey, No Place Like Home, Mental Health Services Act, etc.)	Provide funding to help fill gaps for needed additional housing units. Collaborate with local hospitals to help rehabilitate or renovate buildings for use as medical respite/recuperative care for people ready for discharge from the hospital but who need a safe environment and access to continued medical care or support to recover from physical illness or injury.	**3.5** MCP members who were successfully housed **3.6** MCP members who remained successfully housed
Test new housing models (e.g., shared housing, master leasing) to increase availability/improve access for people seeking housing	Support research and funding of innovative housing models. For example: • Evaluate the potential for single room occupancy (SRO) units and provide start-up funding to pursue such an endeavor if recommended. • Collaborate with the local system of care to design a pilot program for shared housing for older adults, youth, and/or veterans. • Assist in a review of local laws to determine what policy changes, if any, are needed to support Accessory Dwelling Units (ADUs) or tiny home villages in the community for either interim or permanent housing. Provide start-up funds or funding for a pilot program in conjunction with local agencies.	**3.5** MCP members who were successfully housed **3.6** MCP members who remained successfully housed

Priority Metric | Non-priority Metric | Directly Impacted | Less or Indirectly Impacted

Activity or Investment Opportunity: Connect people experiencing or at risk of homelessness to health care and other community resources that contribute to housing stability

CoC/Homeless Response System Activities	Potential MCP Contributions	HHIP Metrics Impacted
Connect people experiencing or at risk of homelessness to health benefits via CES	Host enrollment fairs with all local MCPs specifically designed to help people experiencing homelessness apply for Medi-Cal if they are not already enrolled and/or screen and enroll them in specific programs like Enhanced Care Management and Community Supports if they are already enrolled in Medi-Cal and have a health plan. Work with all local MCPs to streamline referral processes for Enhanced Care Management and Community Supports.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **3.3** The number of MCP members experiencing homelessness who were successfully engaged with enhanced care management (ECM) **3.4** MCP members experiencing homelessness receiving at least one housing-related, Community Support (CS) **3.5** MCP members who were successfully housed
Connect people experiencing or at risk of homelessness to mainstream benefits via CES	Host other types of fairs where people experiencing homelessness can get support from a variety of providers in a central , accessible location, both to assist with housing searches, as well as to access mainstream benefits (e.g., SSI, CalWORKS, CalFRESH), and needed documents to support their eligibility for housing. Pay for additional intake staff to help people experiencing homelessness enroll in CalFRESH, CalWORKS, and other public benefit programs.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **3.5** MCP members who were successfully housed
Provide health care services (primary and behavioral) directly via street outreach or mobile medicine teams and/or connect people to health care system for specialty or ongoing care	Provide on-site medical and behavioral health services to permanent supportive housing (PSH) and rapid rehousing (RRH) residents who are eligible members and others (although MCPs may opt to focus on their own members). Provide or finance transportation from shelters, interim housing, or permanent housing locations to members needing day services, including to medical or behavioral health appointments and other supportive services.	**1.2** Connection and integration with the local Coordinated Entry System (CES) **2.1** Connection with street medicine team providing health care for individuals who are homeless **3.5** MCP members who were successfully housed **3.6** MCP members who remained successfully housed
Provide training, resources, and connections to community programs to support households to maintain housing	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.	**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

Activity or Investment Opportunity: Infrastructure/System Improvements (e.g., addressing disparities and advancing equity, expanding Coordinated Entry System, improving HMIS)

CoC/Homeless Response System Activities	Potential MCP Contributions	HHIP Metrics Impacted
Identify racial and other disparities in system access, connection to resources, service delivery, and housing outcomes and develop strategies to address inequities	Identify racial and other disparities in system access, connection to health care system, care and service delivery, and health and housing outcomes among members and work with CoC to develop strategies to address inequities. Analyze HMIS and other homeless response system data to identify disparities in how and to whom housing and supportive service are offered.	**1.6** Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (Aligns with Homeless Housing Assistance and Prevention (HHAP) Round 3 Application)
Coordinated Entry: Educate/onboard MCPs and health system partners to CES; develop tools to help health plans and their partners to understand and identify people who should be connected to CES (e.g., quick assessment tools to identify who is homeless or at risk and eligible for homeless system assistance); and potentially provide streamlined processes for eligible MCP members to get connected to CES	Provide support for getting hospitals and other health providers to screen patients to find people experiencing or at risk of homelessness and connecting them to CES. Increase capacity of CES (e.g., fund CES staff position; enhance technology available for the local homeless system of care to operate CES functions; support efforts to improve assessment and prioritization processes and tools to better account for health care needs and promote equity).	**1.2** Connection and integration with the local Coordinated Entry System (CES) **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
HMIS: Manage the data system, educate/onboard MCPs and health system partners to HMIS, work with MCPs to identify and connect with members who are in HMIS	Subsidize local partner membership fees in HMIS to support smaller organizations without resources to cover the HMIS fees required to participate. Provide support to enhance care coordination functionality of HMIS for shared clients. Provide or finance data analysts who can use available data from across systems to identify populations or geographic locations in need of additional support or services. Review the local homeless system of care's system performance measures and identify ways in which the MCP can help improve those measures.	**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 **2.2** Connection with the local Homeless Management Information System (HMIS)