

Housing and Homelessness Incentive Program Letter of Intent

In accordance with the Home and Community Based Services Spending Plan, DHCS is implementing the Housing and Homelessness Incentive Program (HHIP) over a 24-month period starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). 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. The goals of HHIP are to:

- 1. Reduce and prevent homelessness; and,
- 2. Ensure MCPs develop the necessary capacity and partnerships to connect their members to needed housing services.

Medi-Cal MCPs interested in participating in HHIP must complete and submit a non-binding letter of intent with the information outlined below.

A summary of HHIP and supporting documents are available on the <u>DHCS HHIP</u> <u>webpage</u>. Please submit this completed letter of intent form to DHCSHHIP@dhcs.ca.gov no later than **5pm PST on April 4, 2022**.

Medi-Cal MCP Organization Name	
Contact Information	
Medi-Cal MCP HHIP Lead Contact Person Name and Title	Mary Lourdes Leone Chief Compliance Officer
Medi-Cal MCP Contact Phone Number	(559) 540-7856
Medi-Cal MCP Email Address	mlleone@calvivahealth.org
Medi-Cal MCP Mailing Address	7625 N. Palm Ave., Suite 109
Signature (Physical or electronic)	Mary Lounder Leone



HHIP Information	
List of Counties MCP intends participate in the HHIP	CalViva Health intends for the following Counties to participate in the HHIP: • Fresno County • Kings County • Madera County
List of organizations MCP has engaged or will engage, including counties, HHAP eligible cities, social service, and housing agencies (e.g. CoCs), CBOs, community providers, county MHPs, and DMC-ODS and others, and proposed approach to collaborate with organizations as the MCP develops the HHIP	CalViva Health will partner with our MCP partners to engage the following organizations in a transparent, collaborative approach as we collectively develop the HHIP: the County, HHAP eligible cities, social service, and housing agencies (e.g. CoCs), CBOs, community providers, county MHPs, and DMC-ODS and others.
For each county the MCP intends to support through HHIP, please describe current level of engagement with the Homeless Housing, Assistance and Prevention (HHAP) Round 3 Grant Program application process and its participants (if any)	Please see attached appendix.
Attestation that the MCP is familiar with the HHAP Round 2 grant applications, including relevant CoCs, counties, and cities, for their service area	CalViva Health has reviewed the HHAP Round 2 grant applications, including relevant CoCs, counties, and cities, for our service areas.



MCP HHIP Goals and Challenges	
List three preliminary goals for the MCP in participating and implementing the HHIP 100 word limit	Please see attached appendix.
List three potential challenges or barriers MCP anticipates addressing while participating in and implementing the HHIP 100 word limit	Please see attached appendix.

HHIP Letter of Intent: Appendix, CalViva Health Submission

Please find below detailed responses by County to the HHIP Letter of Intent submission by CalViva Health:

	For each county the MCP intends to support through HHIP, please describe current level of engagement with the Homeless Housing, Assistance and Prevention (HHAP) Round 3 Grant Program application process and its participants (if any).	List three preliminary goals for the MCP in participating and implementing the HHIP.	List three potential challenges or barriers MCP anticipates addressing while participating in and Implementing the HHIP.
Fresno County	CalViva Health has connected with the Fresno-Madera Continuum of Care to learn more about its Homeless Housing, Assistance and Prevention (HHAP) Round 3 Grant Program application process and participants. The most recent meeting was held on March 11, 2022.	Three preliminary goals for CalViva Health in participating and implementing the HHIP are to: 1) collaborate with MCP partner(s), County, providers, CoC, and others to improve data integration and electronic data sharing capabilities (i.e., connection with the local homeless CES, local Homeless Management Information System (HMIS)); 2) develop partnerships and strategies to address disparities and equity in service delivery, housing placements, and housing retention; and 3) leverage screenings to identify homeless individuals and connect them with culturally responsive programs such as street medicine, behavioral health and substance use services, community supports, ECM, etc.	Three potential challenges or barriers that CalViva Health anticipates addressing while participating in and implementing the HHIP include: 1) operating under a compressed implementation timeline given multiple competing initiatives (i.e., CalAIM implementation, IPP, SBHIP, etc.); 2) limited capacity of stakeholder partners to engage due to multiple competing priorities on their end; and 3) timing needed to properly identify sources of funding that can be braided together to support the requisite levels of integration and maximize scarce resources (i.e., IPP, PATH, BH-QIP).
Kings County	CalViva Health has connected with the Kings/Tulare Homeless Alliance, the local Continuum of Care, to discuss its Homeless Housing, Assistance and Prevention (HHAP) Round 3 Grant Program application process and participants. The most recent meeting was on March 16, 2022.	Three preliminary goals for CalViva Health in participating and implementing the HHIP are to: 1) collaborate with MCP partner(s), County, providers, CoC, and others to improve data integration and electronic data sharing capabilities (i.e., connection with the local homeless CES, local Homeless Management Information System (HMIS)); 2) develop partnerships and strategies to address	Three potential challenges or barriers that CalViva Health anticipates addressing while participating in and implementing the HHIP include: 1) operating under a compressed implementation timeline given multiple competing initiatives (i.e., CalAIM implementation, IPP, SBHIP, etc.); 2) limited capacity of

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		disparities and equity in service delivery, housing placements, and housing retention; and 3) leverage screenings to identify homeless individuals and connect them with culturally responsive programs such as street medicine, behavioral health and substance use services, community supports, ECM, etc.	stakeholder partners to engage due to multiple competing priorities on their end; and 3) timing needed to properly identify sources of funding that can be braided together to support the requisite levels of integration and maximize scarce resources (i.e., IPP, PATH, BH-QIP).
Madera County	CalViva Health has connected with the Fresno-Madera Continuum of Care to learn more about its Homeless Housing, Assistance and Prevention (HHAP) Round 3 Grant Program application process and participants. The most recent meeting was held on March 11, 2022.	Three preliminary goals for CalViva Health in participating and implementing the HHIP are to: 1) collaborate with MCP partner(s), County, providers, CoC, and others to improve data integration and electronic data sharing capabilities (i.e., connection with the local homeless CES, local Homeless Management information System (HMIS)); 2) develop partnerships and strategies to address disparities and equity in service delivery, housing placements, and housing retention; and 3) leverage screenings to identify homeless individuals and connect them with culturally responsive programs such as street medicine, behavioral health and substance use services, community supports, ECM, etc.	Three potential challenges or barriers that CalViva Health anticipates addressing while participating in and implementing the HHIP include: 1) operating under a compressed implementation timeline given multiple competing initiatives (i.e., CalAIM implementation, IPP, SBHIP, etc.); 2) limited capacity of stakeholder partners to engage due to multiple competing priorities on their end; and 3) timing needed to properly identify sources of funding that can be braided together to support the requisite levels of integration and maximize scarce resources (i.e., IPP, PATH, BH-QIP).