

# Housing and Homelessness Incentive Program (HHIP) TA Webinar for Submission 1

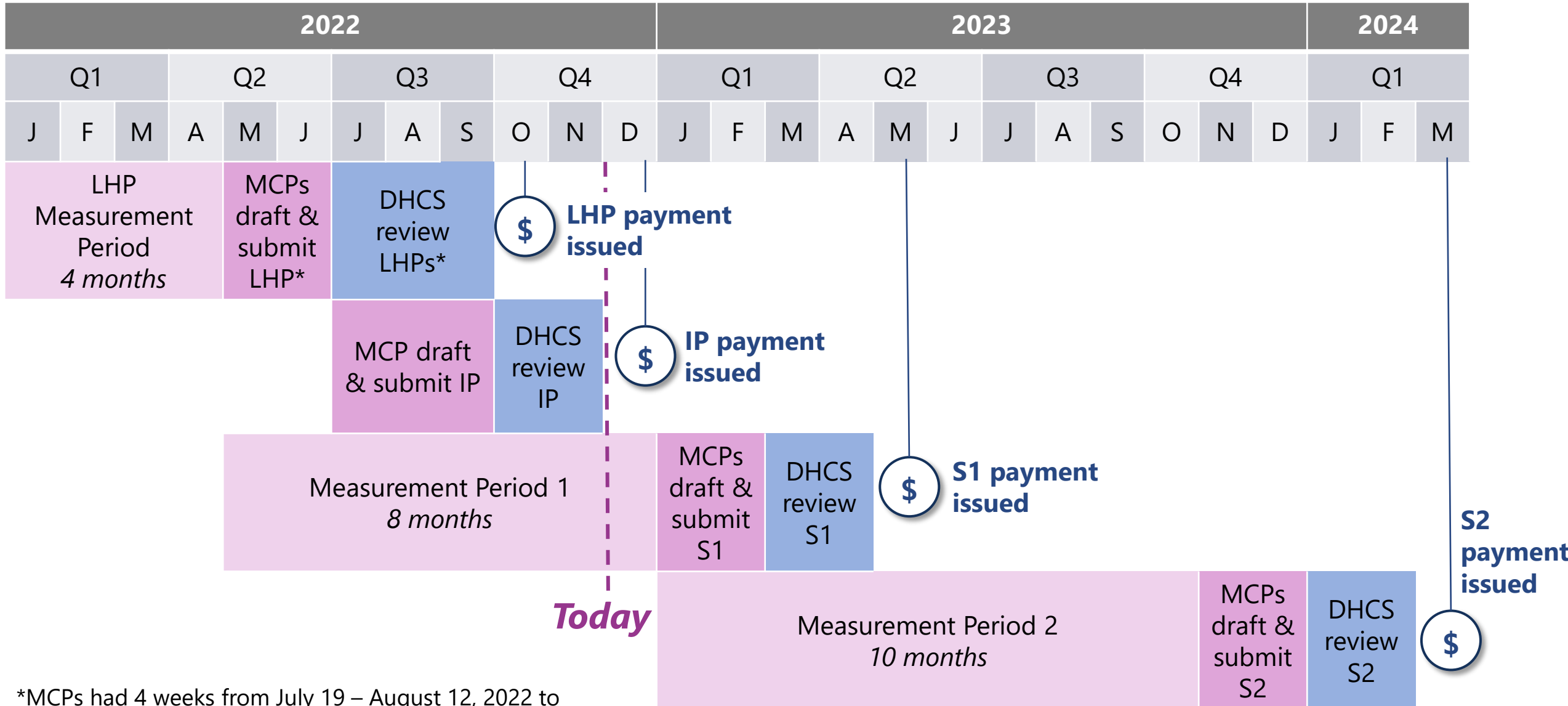
December 5, 2022

# Agenda

---

- » Program Timeline
- » Updates to Program Materials
  - » Submission 1 (*new*)
  - » Measure Set (*revised*)
- » Q&A
- » Next Steps

# HHIP Program Timeline



\*MCPs had 4 weeks from July 19 – August 12, 2022 to revise measures 1.1, 2.1, 3.3, 3.4, and 3.5 based on updated guidance from DHCS.

# Submission 1 & Updates to HHIP Measures

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the main title.

# Submission 1 Structure & Content

The Submission 1 (S1) template contains quantitative and narrative measures for MCPs to document their performance during the S1 measurement period (May – December 2022).

MCPs may earn up to **\$450.8M** for S1, 35% of total earnable funds for HHIP.

There are six pay-for-reporting and nine pay-for-performance measures in S1. S1 measures build on the MCP's baseline performance as submitted in the MCP Local Homelessness Plan (LHP), across the three **HHIP program priority areas**:



1. Partnerships and capacity to support referrals for services



2. Infrastructure to coordinate and meet member housing needs



3. Delivery of services and member engagement

# Baseline Resubmission of the Number of Members Experiencing Homelessness

There are four performance measures (2.1, 3.3, 3.4, and 3.5) that MCPs submitted baseline data for in the LHP. The denominator for these four measures asks for the number of MCP members experiencing homelessness during the measurement period.

- DHCS anticipates MCPs may have **refined data collection processes regarding members experiencing homelessness** and have more accurate reporting about the number of members who were experiencing homelessness during the LHP measurement period.
- In the S1 template, the MCP **must resubmit baseline data** for the number of members they had experiencing homelessness during the LHP.
- For the S1 denominator for measures 2.1, 3.3, 3.4, and 3.5, DHCS requests that MCPs use information based on HMIS data. If they are not able to, MCPs must **provide a narrative description of the methodology** the MCP used to determine the number of members experiencing homelessness.

This revised baseline data:

✓ Will be used to calculate the performance for the MCP for S1

✗ Will not impact the score the MCP received for the LHP

# Submission 1 Measures

DHCS would like to remind MCPs there are two measures in Submission 1 that did not have a reporting requirement in the LHP. These measures have previously been detailed and shared with MCPs via the HHIP Measure Set.

- » **Measure 1.7** Lessons learned from the development and implementation of the Investment Plan (IP)
  - » MCPs will be asked to evaluate their investments to date, based on the Investment Plan submitted to DHCS and determine what was successful and not successful in progressing the **HHIP program goals**.
- » **Measure 3.6** MCP members who remained successfully housed
  - » Of the members experiencing homelessness who were successfully housed during the LHP measurement period, MCPs will be asked to submit how many of these members remained housed during the S1 measurement period.

## HHIP Program Goals

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

# Submission 1 Performance Measures

Nine quantitative measures are subject to performance targets in Submission 1. Of these measures, two are Yes/No responses, three require MCPs to achieve a set percentage threshold, and four require MCPs to demonstrate a percentage point improvement from their baseline performance on the LHP.

➤ **Select Yes/No** *Measures 1.5 and 2.2*

MCPs must respond Yes/No to whether they have met the measure requirements as defined in the S1 template. These measures are not eligible for partial points.

➤ **Set percentage threshold** *Measures 1.1, 2.3, and 3.6*

MCPs must demonstrate that they have met a set percentage threshold as defined in the S1 template (e.g., 50%). These measures are eligible for partial points.

1.1 Number of CoC meetings attended during the measurement period that encompasses the MCP/CoC engagement as described in the LHP

**100% attendance required**

2.3 Number of contracted housing-related Community Supports providers who are able to electronically receive, follow-up and close a referral.

**50% required**

3.6 Number of MCP Members who were successfully housed\* from January 1, 2022 to April 30, 2022 who remained housed through December 31, 2022.

**85% required**



# Submission 1 Performance Measures

Of the four performance measures that require MCPs to demonstrate a percentage point improvement from their baseline performance on the LHP, three allow MCPs to earn partial points.

## Percentage point improvement from LHP

Measures 3.1, 3.2, 3.4, and 3.5

MCPs must demonstrate a percentage point improvement, as defined in the S1 template, in the *ratio* between the S1 numerator and denominator from the *ratio* between the LHP numerator and denominator.

$$\begin{array}{c} \text{LHP Ratio} \\ \hline \text{LHP Numerator} \\ \hline \text{LHP Denominator} \end{array} + X\% \leq \begin{array}{c} \text{S1 Ratio} \\ \hline \text{S1 Numerator} \\ \hline \text{S1 Denominator} \end{array}$$

3.1 Percent of MCP members screened for homelessness/ risk of homelessness	3.2 MCP members screened for homelessness or risk of homelessness who were discharged from an inpatient setting, or have been to the emergency department for services two or more times in a 4-month period	3.4 MCP members in the ECM Population of Focus (PoF) "Individuals and Families Experiencing Homelessness" receiving at least one housing-related Community Supports.	3.5 MCP members who were successfully housed
<b>5% increase</b> from LHP required  <i>Partial points allowable</i>	<b>5% increase</b> from LHP required  <i>Partial points allowable</i>	<b>2% increase</b> from LHP required  <i>Must be achieved in full</i>	<b>5% increase</b> from LHP required <i>Partial points allowable</i>

# Measure 1.1 Engagement with CoC

**DHCS revised the denominator language for the S1 submission for measure 1.1 (see bolded text below). In addition, DHCS will administer a survey to CoCs to solicit feedback on the MCP engagement to date.**

S1 Measure Numerator	S1 Measure Denominator
<p>Based on the engagement described in the LHP, cite the number and type of CoC meetings attended during the measurement period, such as:</p> <ul style="list-style-type: none"> <li>- # of CoC board meetings attended</li> <li>- # of CoC workgroups attended</li> <li>- # of CoC webinars attended</li> <li>- # of other CoC meetings attended</li> </ul>	<p>List the number of each type of CoC meeting held during the measurement period <b>that encompasses the MCP/CoC engagement as described in the LHP:</b></p> <ul style="list-style-type: none"> <li>- # of CoC board meetings attended</li> <li>- # of CoC workgroups attended</li> <li>- # of CoC webinars attended</li> <li>- # of other CoC meetings attended</li> </ul>

## CoC Survey

To better understand the MCP’s engagement with the CoC, DHCS will administer a survey to the CoCs.

If there is a discrepancy in the CoC survey results compared to what the MCP submitted in the LHP, DHCS may conduct additional TA to facilitate and support the partnership.

If there are significant concerns, DHCS may conduct an audit of the MCP.

# Defining: Successfully Housed

DHCS issued guidance to MCPs on August 9 with the definition for “successfully housed,” a summary of which is provided below. MCPs should use the definition sent on August 9 for Measures 3.5 and 3.6 in S1 to determine whether members who were experiencing homelessness were considered successfully housed.

- Receiving tenancy services community supports, if the member was homeless during the measurement period.
- **Permanent Housing:** Community-based housing without a designated length of stay.
- **Supportive Housing:** Supportive housing (often abbreviated as PSH, with the P indicating “permanent”) is permanent housing for a specific target population—generally people with disabilities/special needs and long histories of homelessness—that is linked to onsite or offsite services that assist the resident to retain the housing, improve their health status, and maximize their ability to live and, when possible, work in the community.
- **Service-Enriched Affordable Housing:** Housing that is affordable to low-income households, not necessarily targeted to those who are at risk or with special needs, but nevertheless able to monitor and support the needs of its more vulnerable residents. The services in service-enriched housing are typically less intensive than those offered in Supportive Housing and vary depending on the population.
- **Rapid Re-Housing (RRH) or time-limited subsidies:** Housing with time-limited rental assistance which can last anywhere from three to 24 months, can be structured to decline or vary over that time, and is usually coupled with housing search, case management, tenancy supports, and connections to other services including employment support. Programs’ financial, tenancy, and service supports are geared toward supporting a household’s successful transition to paying full rent.

# Defining: Street Medicine

**For the purposes of Measure 2.1, street medicine is defined as health and social services developed specifically to address the unique needs and circumstances of unsheltered homeless individuals delivered directly to these individuals in their own environment, this includes services delivered via mobile clinics.**

S1 Measure Numerator	S1 Measure Denominator
<p>Number of MCP members receiving care from the MCP's street medicine partner (or, for MCPs operating in a designated rural county*, the alternative services provided directly by the MCP if a street medicine team is not present in the county).</p> <p><i>*Designated rural county as defined by OMB, as a county that is not part of a Metropolitan Statistical Area (MSA).</i></p>	<p>Number of MCP members experiencing homelessness during the measurement period based on member matching with the MCP's local Homeless Management Information System (HMIS).</p> <p>If the MCP is not connected to an HMIS, provide a narrative description of the methodology the MCP used to determine this number.</p> <p><i>Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded.</i></p>

# Questions

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands of purple and magenta colors, spanning the width of the slide below the main text.

# Next Steps



Additional questions should be sent to [DHCSHHIP@dhcs.ca.gov](mailto:DHCSHHIP@dhcs.ca.gov).

DHCS will continue to provide MCPs with ongoing technical assistance via email and will schedule additional TA calls to address common questions as needed.

# Thank you

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender, positioned below the 'Thank you' text and above the contact information.

Please visit the HHIP Website for more information and access to the HHIP documents and supporting resources:

[Housing and Homelessness Incentive Program \(ca.gov\)](https://www.dhcs.ca.gov/Programs/Pages/HHIP.aspx)

Please send questions to [DHCSHHIP@dhcs.ca.gov](mailto:DHCSHHIP@dhcs.ca.gov).

# Appendix

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the page below the main title.



# Program Vision, Goals & Strategic Approach

Drawing on the HCBS Spending Plan and the DHCS Quality Strategy, DHCS established HHIP guided by a defined program vision, goals, and strategic approach.

**VISION:** 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

## GOALS

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

## STRATEGIC APPROACH

- **Develop** partnerships between MCPs and social service agencies, counties, public health agencies, and public and community-based housing agencies to address homelessness
- **Provide** rapid rehousing for Medi-Cal families and youth, and interim housing for aging and disabled populations
- **Expand** access to housing services and street medicine programs
- **Improve** access to coordinated housing, health and other social services
- **Reduce** avoidable use of costly health care services
- **Improve** whole person health for Medi-Cal enrollees, including behavioral health treatment and resources
- **Implement** solutions that manage information to better identify populations of focus and Member needs