Council Meeting

November 10, 2022

Agenda

I. Call to Order and Roll Call

II. Council Co-Chair Opening Remarks

III. Consent Calendar

IV. Advisory Committee Introduction

V. Interagency Coordination: California Advancing and Innovating Medi-Cal (CalAIM) and Housing and Homelessness Incentive Program Action Plan for Preventing and Ending Homelessness

VI. State and Federal Partner Updates

VII. Public Comments

VIII. Final Remarks and Adjournment

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I. Call to Order and Roll Call

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II. Council Co-Chair Opening Remarks

III. Consent Calendar

- Adoption of the Meeting Summary from the September 1, 2022 Council Meeting

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IV. Advisory Committee Introduction

- Advisory Committee Overview

- Member Introduction

- Discussion on Possible Committee Priorities

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Advisory Committee Establishment

Homeless Coordinating and Financing Council

(SB 1380 (2017))

- Oversee the implementation of Housing First policies, guidelines, and regulations
- Identify resources, deliver guidance

California Interagency Council on Homelessness

(AB 1220 (2021))

- Significant changes
  - Restructured Council Membership
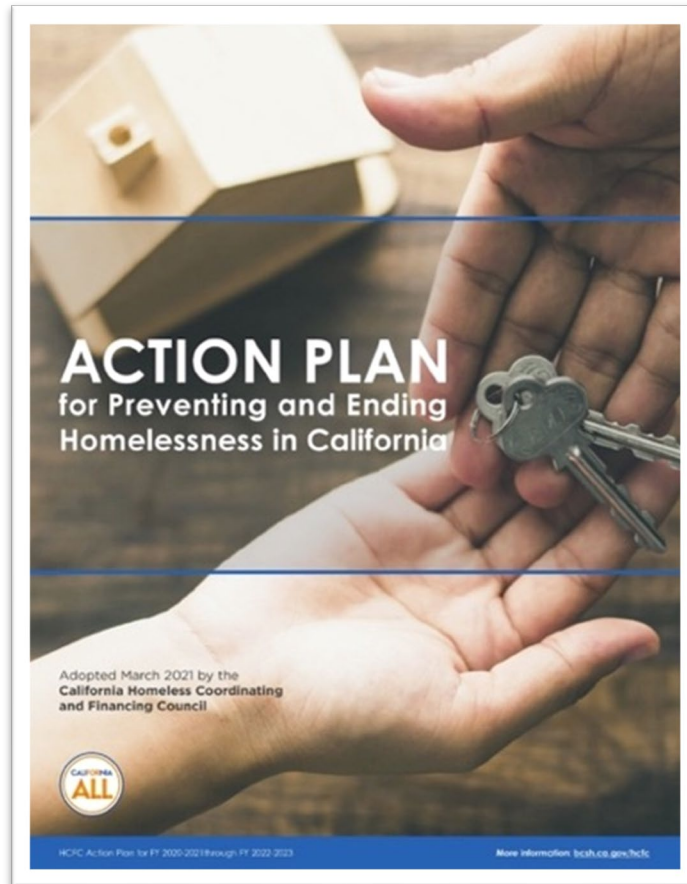 - Created Advisory Committee

Advisory Committee Role

WIC Section 8257

(d) The council shall **regularly seek guidance from and**, at least twice a year, **meet with an advisory committee**. The cochairs of the council shall appoint members to this advisory committee that reflects racial and gender diversity, and shall include the following:

1) A survivor of gender-based violence who formerly experienced homelessness.
2) Representatives of local agencies or organizations that participate in the United States Department of Housing and Urban Development's Continuum of Care Program.
3) Stakeholders with expertise in solutions to homelessness and best practices from other states.
4) Representatives of committees on African Americans, youth, and survivors of gender-based violence.
5) A current or formerly homeless person who lives in California.
6) A current or formerly homeless youth who lives in California.
7) This advisory committee shall designate one of the above-described members to participate in every quarterly council meeting to provide a report to the council on advisory committee activities.

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Action Plan for Preventing and Ending Homelessness

- Originally adopted March 2021, updated and adopted September 2022

- Comprehensive collection of state activities to address homelessness

- Plan covers FY 20-21 through FY 22-23
  - Reported annually
  - Pending updated version for FY 22-23

- Vision: homelessness is rare, brief, and one-time
  - Increased leadership from the State
  - Purposeful, action-oriented coordination and alignment
  - Stronger, collaborative partnerships

ACTION AREA 1
Strengthening Our Systems to Better Prevent and End Homelessness in California

ACTION AREA 2
Equitably Addressing the Health, Safety, and Services Needs of Californians Experiencing Unsheltered Homelessness

ACTION AREA 3
Expanding Communities' Capacity to Provide Safe and Effective Sheltering and Interim Housing

ACTION AREA 4
Expanding and Ensuring Equitable Access to Permanent Housing in Our Communities

ACTION AREA 5
Preventing Californians from Experiencing the Crisis of Homelessness

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Advisory Committee Members

- **Ludmilla Bade** – Homelessness Advocate
- **Al Ballesteros** – President and CEO, JWCH Institute
- **Samantha Batko** – Principal Research Associate, Urban Institute
- **Doug Bond** – President and CEO, Amity Foundation
- **Carolyn Coleman** – Executive Director, League of California Cities
- **Joe Colletti** – CEO, Hub for Urban Initiatives
- **Charlene Dimas-Peinado** – President and CEO, Wellnest Emotional Health & Wellness
- **Vitka Eisen** – President & CEO, HealthRIGHT 360
- **Dora Gallo** – President & CEO, A Community of Friends
- **Jennifer Hark Dietz** – CEO, PATH
- **Eric Harris** – Director of Public Policy, Disability Rights California
- **Charles Helget** – Executive Director, California Association of Veteran Service Agencies
- **Janet Kelly** – Executive Director, Sanctuary of Hope
- **Jody Ketcheside** – Deputy Chief Operating Officer, Turning Point of Central California
- **Margot Kushel** – Director, UCSF Benioff Homelessness and Housing Initiative

- **Philip Mangano** – President and CEO, American Roundtable to Abolish Homelessness
- **Chris Martin** – Policy Director, Housing California
- **Moriah McGill** – Housing Development Construction Manager, Northern Circle Indian Housing Authority
- **Luana Murphy** – President and CEO, Exodus Recovery
- **Alisa Orduña** – Executive Director, Florence Aliese Advancement Network
- **Sharon Rapport** – Director of California State Policy, Corporation for Supportive Housing
- **Janey Rountree** – Executive Director, California Policy Lab at UCLA
- **Emilio Salas** – Executive Director, Los Angeles County Development Authority
- **Miguel Santana** – CEO, Weingart Foundation
- **Doug Shoemaker** – President, Mercy Housing
- **Sean Spear** – President and CEO, Community HousingWorks
- **Reba Stevens** – Homelessness Advocate
- **Megan Van Sant** – Senior Program Manager
- **Alex Visotzky** – Senior California Policy Fellow, National Alliance to End Homelessness
- **Jevon Wilkes** – Executive Director, California Coalition for Youth
- **Roxanne Wilson** – Monterey County Homelessness Services Director

Advisory Committee Poll Questions

To answer these questions, respond to the poll that has appeared on your Zoom screen. Select all that apply.

1. Which type of work do you do?

- ❑ Direct service provider or nonprofit
- ❑ Local Government or CoC
- ❑ Advocacy or philanthropy
- ❑ Research Institution
- ❑ Other (type in chat)

2. Which subpopulation(s) do you primarily serve?

- ❑ Youth / young adults
- ❑ Families with dependent children
- ❑ Older adults
- ❑ People involved in the justice system
- ❑ People with physical or behavioral health needs
- ❑ Veterans
- ❑ Survivors of gender-based violence
- ❑ Populations overrepresented in homelessness (racial/ethnic, gender, sexuality, etc.t.)
- ❑ Other (type in chat)

3. Which Action Area from the Action Plan does your work fall into?

- ❑ 1: Strengthening Systems
- ❑ 2: Addressing Needs of People Experiencing Unsheltered Homelessness
- ❑ 3: Providing Safe and Effective Sheltering and Interim Housing
- ❑ 4: Expanding Access to Permanent Housing
- ❑ 5: Preventing Homelessness

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Discussion Question

Given the charge of this Council and the commitments we have each made in the Action Plan...

What guidance would you ask of Committee Members in order to help inform our work as a Council?

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Poll Results

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V. Interagency Coordination: California Advancing and Innovating Medi-Cal (CalAIM) and Homelessness Incentive Program

- Programmatic update

- Opportunities for cross system collaboration

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California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:

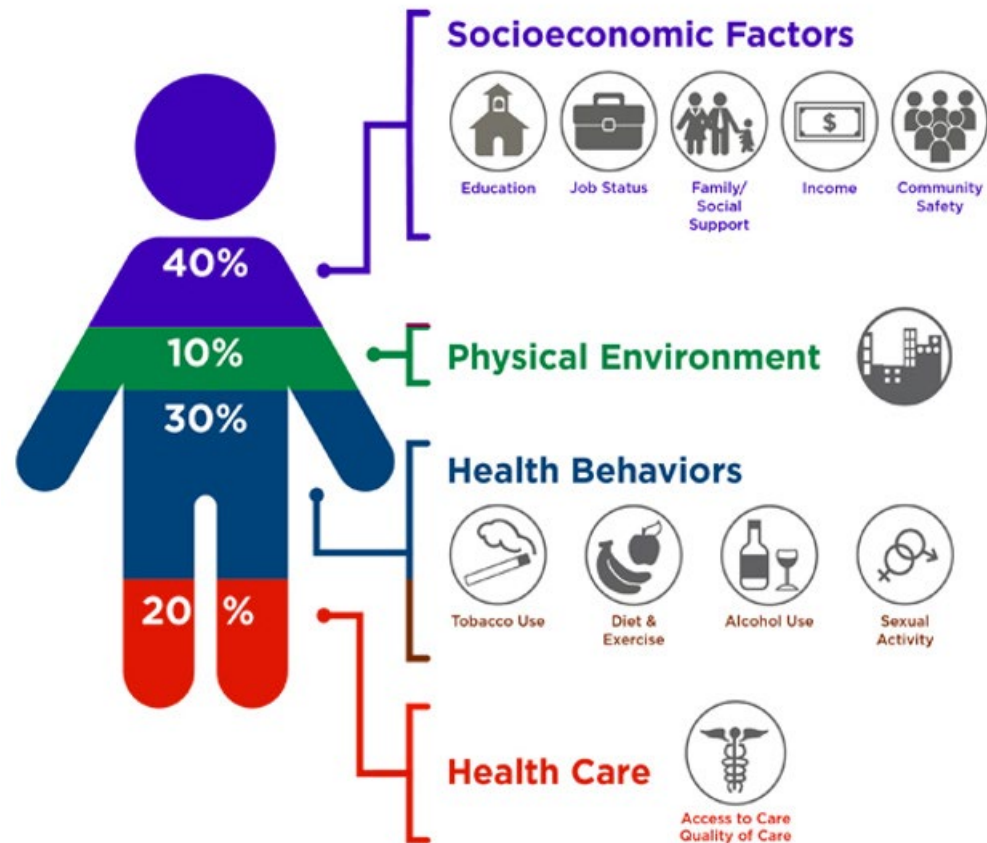A whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

A consistent, efficient, and seamless Medi-Cal system.

Social Drivers of Health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Socioeconomic Factors

Education | Job Status | Family/Social Support | Income | Community Safety

40%

10% **Physical Environment**

30% **Health Behaviors**

Tobacco Use | Diet & Exercise | Alcohol Use | Sexual Activity

20 %

Health Care

Access to Care
Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

Socioeconomic factors, physical environments, and health behaviors drive health outcomes more than medical care.

Having at least one unmet social need is associated with increased rates of depression, diabetes, hypertension, ED overuse, and clinic "no-shows."

States and countries with higher ratios of social-to-health spending have statistically better health outcomes

See appendix for citations

Addressing Drivers of Health Through CalAIM

One key focus of CalAIM is addressing the challenges facing people with complex and unmet needs, including people experiencing homelessness and housing instability.

Medi-Cal enrollees with complex health needs and unmet social needs are at high risk of hospitalization, institutionalization, and other higher cost services.

People experiencing homelessness have higher rates of diabetes, hypertension, HIV, and mortality **resulting in longer hospital stays and higher readmission rates than the general public**.

About 20 percent of Californians are food insecure. California spends approximately $7.2 billion annually on health care associated with food insecurity.

Enrollees with complex needs must often engage **several delivery systems to access care**, including primary and specialty care, dental, mental health, substance use disorder, and long-term services and supports

Over half of Medi-Cal spending is attributable to the **5 percent of enrollees with the highest-cost needs**.

Social Drivers of Health are key to Equity Work

Health disparities exist independently from, but are substantially compounded by, social drivers of health. More than 65% of Medi-Cal enrollees are from communities of color.

Homelessness

- **Race is a key factor in homelessness.** People who are Black make up **39% of California's homeless population** as compared to 13% of the State's general population. And people experiencing homelessness have mortality rates 4 to 10 times higher than the general population, experience more frequent and longer hospital stays, and higher rates of diabetes, hypertension and HIV.

COVID-19

- Californians of color have been disproportionately impacted by both the economic and health effects of COVID-19. **60% of Black households lost earnings in 2020 due to the pandemic**, further exacerbating a persistent racial wealth gap that blocks Black Californians from economic opportunities.

Food Insecurity

- In LA County, **40% of Hispanic/Latinos and 39% of African Americans experienced food insecurity** during the pandemic (April-December 2020) compared to only 21% of Non-Hispanic White households.

CalAIM Enhanced Care Management (ECM) and Community Supports Initiatives

On January 1, 2022, DHCS launched two major initiatives that address drivers of health, including for people who experience homelessness or housing instability:

Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that addresses clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

» **ECM:**

» Is designed to address both the clinical and non-clinical needs of the highest-need enrollees

» Provides intensive coordination of health and health-related services

» Meets enrollees wherever they are – on the street, in a shelter, in the doctor's office, or at home

» Is the highest level of care management provided by MCPs as part of a broader CalAIM Population Health Management program

Seven ECM Core Services

Outreach and Engagement

Member and Family Supports

Comprehensive Assessment and Care Management Plan

Health Promotion

Enhanced Coordination of Care

Comprehensive Transitional Care

Coordination of and Referral to Community and Social Support Services

ECM for Medi-Cal MCP Members Experiencing Homelessness

Adults	Children, Youth and Families Experiencing Homelessness Collectively
Went live in **2022**	Launching **July 2023**
Adults who are experiencing homelessness **and** have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.	Children, Youth, and Families who are experiencing homelessness under a **broader definition** that includes housing instability such as living in motels, hotels, trailer parks, or camping grounds, or "couch surfing." **No** requirement for additional physical, behavioral or developmental health needs to qualify.

What are Community Supports?

Community Supports are Medi-Cal managed care plans (MCPs) services designed to address combined medical and social drivers of health needs and avoid higher levels of care and associated costs.

» Community Supports are medically appropriate, cost-effective alternative services or settings that are provided as a substitute for more costly services or settings, such as hospitalization, SNF admissions, or ED use.

» Plans offer different combinations of Community Supports.

» Members do not need to be eligible for ECM to receive Community Supports.

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

Housing Community Supports

Of the 14 Pre-Approved Community Supports, several are designed to provide support for people who do not have safe, stable housing.

Support to Reach Long-Term Housing	**Housing Transition Navigation Services**	Support for finding housing
	Housing Deposits	Once housing is found, support for identifying or securing one-time services and modifications needed to establish a basic household
	Housing Tenancy and Sustaining Services	Once housing is secured, assists members with maintaining safe and stable tenancy
Recovery-Focused Housing	**Recuperative Care (Medical Respite)**	Short-term residential care to members who no longer require hospitalization but still need support to heal from an injury or illness
	Short-Term Post-Hospitalization Housing	Short-term housing to members who do not have a residence and who have high medical or behavioral health needs during recovery
Other Housing-Focused Supports	**Medically-Supportive Food**	Medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and medically tailored meals
	Day Habilitation	Services to assist with self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment
	Sobering Centers	Alternative destinations for individuals found to be publicly intoxicated

CalAIM Incentive Payment Program

The CalAIM Incentive Payment Program (IPP) is a voluntary program designed to support the implementation and expansion of ECM and Community Supports statewide by incentivizing managed care plans (MCPs) to invest in the priority activities including:

Delivery System Infrastructure
Support core ECM, and Community Supports provider HIT and data exchange infrastructure required for ECM and Community Supports

ECM Provider Capacity Building
Support ECM workforce, training, TA, workflow development, operational requirements and oversight

Community Supports Provider Capacity Building & MCP Take-Up
Support Community Supports workforce, training, TA, workflow development, operational requirements, take-up and oversight

IPP Measure Examples

MCP will **improve outreach to and engagement** with the Population of Focus: "**people experiencing homelessness** or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness

MCP will offer Community Supports housing: Housing Transition Navigation, Housing Deposits, Housing Tenancy and Sustaining Services, Recuperative Care, Short-Term Post-Hospitalization Housing, Day Habilitation Programs starting in January 2022 or July 2022.

CalAIM Providing Access & Transforming Health

Providing Access and Transforming Health (PATH) is a five-year, $1.85 billion initiative to build up the capacity and infrastructure to implement CalAIM.

Collaborative Planning and Implementation Initiative	
• Support planning to promote readiness for ECM and Community Supports • Expected to launch Fall 2022	*Stakeholders may identify and address housing related issues as part of a collaborative*
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	
• Grants to build ECM and Community Supports provider capacity and infrastructure • Applications for Round 1 have closed, funding anticipated in Winter 2022	*Housing-related Community Supports providers may receive CITED funding to support capacity and infrastructure development*
Technical Assistance (TA) Marketplace Initiative	
• TA for providers, community-based organizations, county agencies, public hospitals, tribal partners, and others • Launches in 2023	*Medically-tailored meals providers may access TA to help them participated in Community Supports*

Street Medicine Policy Updates

» **Presumptive Eligibility**

  » DHCS issued a [Provider Bulletin](#) to clarify how street medicine providers may utilize Presumptive Eligibility in mobile clinics, street teams, or other locations to be able to provide immediate access to Medi-Cal services.

» **Billing Codes Guidance**

  » DHCS issued [clarification on billing guidelines](#) for street medicine. DHCS allows services appropriate for street medicine to be billed when delivered to beneficiaries receiving services through fee-for-service (FFS) Medi-Cal. Providers billing FFS Medi-Cal when rendering medical services through street medicine can designate homeless shelters, mobile units, and temporary lodging as places of service.

» **Managed Care Plan Contracting Relationships**

  » DHCS developed All Plan Letter (APL) guidance to MCPs that integrate street medicine models in managed care through various provider contracting relationships such as:

    » Member's Assigned Primary Care Provider;

    » ECM Provider;

    » Referring/treating provider; and/or

    » Directly contracted with the MCP.

  » The APL also clarifies the ability of FQHCs to receive Prospective Payment System (PPS) reimbursement when services are provided outside the four walls and where the member is located.

Housing and Homelessness Incentive Program (HHIP)

MCPs may earn incentives payments for helping Members get housing and stay housed.

» HHIP is intended to:

  » Reward MCPs for developing the necessary infrastructure, capacity, and partnerships to connect their Members to needed housing services; and

  » Incentivize MCPs to take an active role in reducing and preventing homelessness.

» To participate, MCPs partnered with their local homeless Continuum of Care and others and submitted a **Local Homelessness Plan** in August 2022 and an **Investment Plan** in September 2022.

» From 2022 to 2024, DHCS will disperse $1.288 billion in funds to MCPs based on the successful achievement of program measures, LHP components, and the Investment Plan.

  » Priority HHIP measures include establishing a connection between MCPs and Street Medicine teams.

Progress Report: How CalAIM Transformed Medi-Cal and Grew Housing Services in 2022

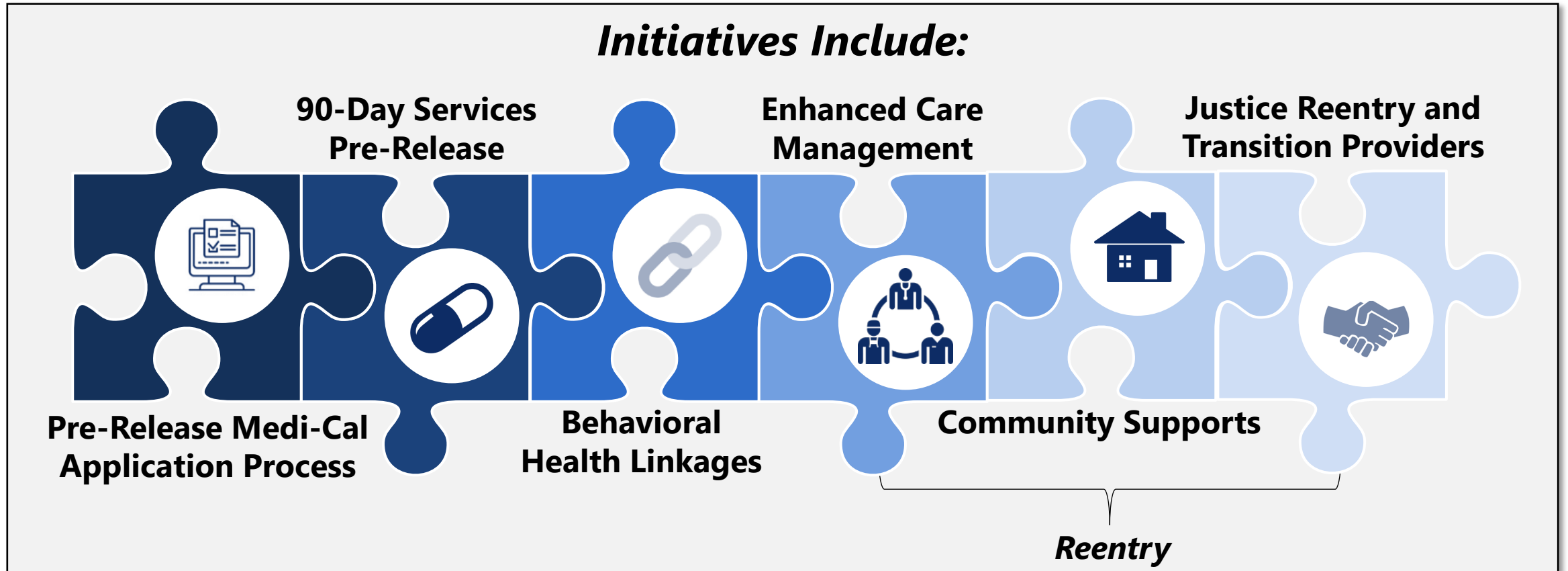|	
ECM	Enhanced Care Management program – including the Adults experiencing homelessness are among the populations of focus – launched in January and has been available in every county as of July.
Community Supports	Community Supports launched in January, and every managed care plan now offers at least one of the housing-focused Community Supports.
IPP	IPP distributed $300 million to MCPs to help plans implement and expand Community Supports and ECM.
PATH	• **Collaborative Planning and Implementation** launch participant registration on August 23, 2022, and registrations are currently being accepted on a rolling basis. DHCS sent "Intent to Award" notices to selected Collaborative Facilitators on October 7, 2022. • **CITED** applications for Round 1 closed on 9/30/22. DHCS received 231 applications totaling more than $500M. Decisions on funding awards are expected by the end of the year. • **TA Marketplace** applications to serve as vendor on the marketplace are currently live.
HHIP	HHIP established partnerships between MCPs and local CoCs statewide, building a critical bridge between the housing and health care sectors at the local level.

Remaining Challenges and the Ongoing Need for Transformation

Ongoing transformation and efforts to address homelessness among Medi-Cal members requires continued, cross-agency efforts to building capacity across the state.

» Early CalAIM implementation surfaced significant challenges for providers navigating variation in processes and workflows between MCPs

    » DHCS has established more standards for Community Supports and ECM, where possible, including aligning authorizations policies between primes and subcontractors

» CalAIM represents a major shift in how housing and health care organizations work together, raising the need for ongoing assistance for housing supports providers in building the required infrastructure for managed care plan partnerships

    » First round of PATH CITED grants will be issued in Winter 2022 to support this capacity building

    » PATH TA Marketplace will launch in 2023 to provide hands-on assistance to providers

» Short supply of available housing limits providers' ability to secure long-term housing solutions for Medi-Cal members
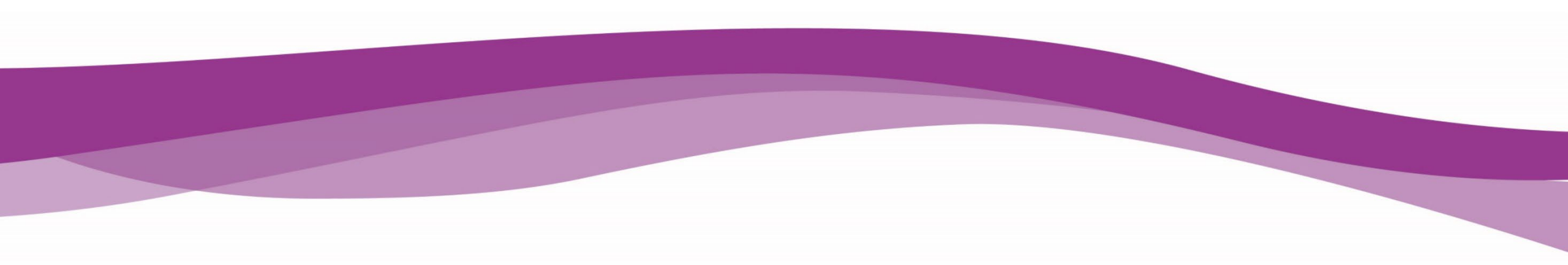
CalAIM Initiatives to Support Justice-Involved Populations

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry from prisons, jails and youth correctional facilities.

Initiatives Include:

- 90-Day Services Pre-Release
- Enhanced Care Management
- Justice Reentry and Transition Providers
- Pre-Release Medi-Cal Application Process
- Behavioral Health Linkages
- Community Supports

Reentry

Thank You

Citations

(1) Booske, B.C., Athens, J.K., Kindig, D. A., et al. Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Population Health Institute. February 2010.

(2) Bachrach, D., Pfister, H., Wallis, K. and Lipson, M. Addressing Patients' Social Needs: An Emerging Case for Provider Investment. Commonwealth Fund. May 2014.

(3) Blendon, R.J., Donelan K., Hill C., Scheck A., Carter W., Beatrice D., Altman, D. "Medicaid beneficiaries and health reform." Health Affairs, 12, no.1 (1993): 132-143.

VI. State and Federal Partner Updates

- Cal ICH update

- USICH Updates

- Council Member announcements

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Cal ICH Grants Updates

- HHAP Round 3 status update

- Encampment Resolution Fund update

- HHAP Round 4 application progress

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HHAP Round 3 Updates

- HHAP-3: $1 Billion in one-time flexible funds for CoCs, Counties, and large cities to support direct services, capacity building, and system supports.
  - Local Homelessness Action Plan with data landscape assessment
  - Specific Metrics in the form of Measurable Performance Goals
  - Outcome goals for disproportionately impacted communities
  - Opportunity for Public Comment through local governing body

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HHAP Round 3 Application Status

- Cal ICH staff conducted individualized engagements and provided intensive technical assistance over a six-month period to all 75 applicants, representing 114 eligible cities, counties, and CoC's.

- Grants staff received all applications by the June 30 statutory deadline and assessed that all 75 applications satisfied conditions of statute by September 29.

- Cal ICH and BCSH continue to work with the Administration on a final review of HHAP-3 collective outcomes.

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ERF and Tribal Grant Updates

- Cal ICH has also released an additional $48M in ERF awards to support 8 new projects serving nearly 1400 individuals.

- Cal ICH grants staff anticipates releasing application in December for another round of ERF funds (approximately $250M).

- Cal ICH grants staff has completed review of the 16 applications for the first HHAP tribal grant, Cal ICH anticipates announcing tribal awards in mid-November.

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HHAP Round 4 Application Progress

- Cal ICH Grants staff has met the statutory deadline of September 30 for releasing the HHAP-4 application.

- Grants staff has begun individual engagements with all HHAP grantees, as required in statute, to ensure timely and complete submission of all eligible HHAP-4 applications by the statutory deadline of November 29, 2022.

- Grants staff will continue to work with grantees during the 90-day statutory review period to finalize all HHAP-4 plans by the statutory deadline of February 28.

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Federal Update

Cal ICH Council Meeting
November 10, 2022

Helene Schneider, Senior Regional Advisor

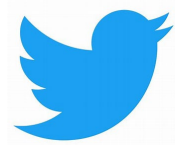# HUD Youth Homelessness Demonstration Program (YHDP) Awards

- 2-Year grants to assist awarded communities build systems to end youth homelessness through a wide range of housing programs & services, including
  - Rapid Rehousing
  - Permanent Supportive Housing
  - Transitional Housing
  - Host Homes
  - Youth-Centered Services
- Two California CoCs received Awards (17 Awards Nationwide)
  - Santa Barbara County: $5.1M
  - Sacramento Steps Forward: $6.5M
- 17 Communities Awards Nationwide – joins 77 Past Award Recipients

Emergency Housing Voucher (EHV) Utilization

- As of October 2022, 50% of EHVs provided through the American Rescue Plan Act (ARPA) have been leased up
  - Over 35,000 housed
  - 36,000 voucher holders in the process
  - Program on track to reach full lease-up by end of 2023.
- EHV Dashboard shows progress in real time

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www.usich.gov

Council Member Announcements

- Upcoming events

- NOFA opportunities

- Time-sensitive events

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VII. Public Comment

- If joining by Zoom, click the "raise hand icon"

- If connected by phone, press "*9" to indicate that you would like to comment

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VIII. Final Remarks and Adjournment

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Contact Information

- Cal ICH Website: https://www.bcsh.ca.gov/calich

- Questions: calich@bcsh.ca.gov

- Social Media

  https://twitter.com/Cal_ICH

  https://facebook.com/CaliforniaICH

  https://linkedin.com/company/california-interagency-council-on-homelessness

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