

CalOptima is grateful for the support of our Board of Directors, providers, community partners and other stakeholders who have joined us in an effort to improve the health care delivery system for Orange County residents experiencing homelessness. Much has been accomplished and we look forward to continuing our work on this initiative.

This document provides background on our Homeless Health Initiatives, information about specific efforts that have been launched, and changes implemented to address COVID-19 and future plans.

HOMELESS HEALTH INITIATIVES

During 2019, many organizations across Orange County actively responded to the local homeless crisis. CalOptima continues to participate by making improvements to the health care delivery system for individuals experiencing homelessness and strengthening services through our Homeless Health Initiatives (HHI). During the COVID-19 pandemic, CalOptima's commitment has not waned and we have adjusted our initiatives to better meet the needs of these individuals. Below is a summary of our current HHI initiatives including these adjustments.

The Board of Directors formed a Homeless Health Ad Hoc Committee at the March 7, 2019 meeting. The committee met regularly, often including homeless advocates and key community representatives. The committee considered opportunities to enhance CalOptima's delivery system to better meet the health care needs of individuals experiencing homelessness by providing on-site medical care where the individuals are located (e.g. shelters, hotspots and encampments). Through the committee's guidance and recommendations to the Board, and with the Board's approval, CalOptima has made great strides in supporting our members experiencing homelessness.

On April 4, 2019, the Board committed \$100 million for homeless health initiatives. On June 27, 2019, at a special Board meeting, the Board approved recommendations for new homeless health initiatives in the following areas:

1. Clinic health care services in all homeless shelters — \$10 million
2. Authorize mobile health team to respond to all providers — \$10 million
3. Residential support services and housing navigation — \$20 million
4. Extend recuperative care for homeless individuals with chronic physical health issues — \$20 million

Approximately \$51.2 million has been allocated by the Board for the following initiatives, leaving \$48.8 million for future projects and initiatives. CalOptima welcomes input from community organizations and providers serving homeless individuals to shape the design and implementation of HHI.

| HHI Projects/Initiatives (as of March 31, 2022) | Allocation |
|---|-----------------------|
| Enhanced Medi-Cal Services at the Be Well OC Regional Mental Health and Wellness Campus | \$11.4 million |
| Whole Person Care - Recuperative Care | \$8.25 million |
| Whole Person Care - Medical Respite | \$250,000 |
| Homekey Program Day Habilitation Services | \$2.5 million |
| Clinical Field Team (CFT) Start-Up Funds | \$1.6 million |
| CalOptima Homeless Response Team (\$1.2 million/year x 5 years) | \$6 million |
| Homeless Coordination at Hospitals (\$2 million/year x 5 years) | \$10 million |
| Homeless Clinic Access Program (HCAP; includes Expansion for Telehealth and On-Call Days) | \$2 million* |
| CFT and FQHC Expansion Claims Payments | \$300,000 |
| FQHC (Community Health Center) Expansion and HHI Support | \$500,000* |
| HHI Member COVID-19 Vaccination Incentives | \$400,000 |
| Street Medicine | \$8 million |
| New projects/initiatives with subsequent development of programs that meet CalOptima's Guiding Principles | \$48.8 million |
| | \$100 million* |

*Rounded

In addition to these investments, a statewide initiative known as California Advancing and Innovating Medi-Cal (CalAIM) initiated by the Department of Health Care Services (DHCS), has begun to significantly change the Medi-Cal managed care landscape. While the initial 2021 starting dates for CalAIM were postponed due to the COVID-19 pandemic, the state officially launched CalAIM in January 2022, with implementation expected to span five years (subject to DHCS and CMS approval). Many CalAIM program elements are designed to enhance services for high-need populations, including individuals experiencing homelessness. CalOptima is leveraging these opportunities to support members experiencing homelessness by providing such services as Enhanced Care Management, housing navigation, housing deposits, recuperative care and tenancy sustaining services. CalOptima will continue to expand upon these service offerings as CalAIM continues.

Guiding Principles

To move forward with effective funding allocations in this dynamic environment, the Board and staff developed four guiding principles to refine decision-making, ensure investment in the most appropriate programs and respond to provider concerns. On December 5, 2019, the Board approved the Homeless Health Initiatives Guiding Principles.

Transparent and Inclusive

CalOptima shall foster transparency in homeless health spending by regularly engaging stakeholders to gather ideas and feedback.

Compliant and Sustainable

CalOptima shall spend the \$60 million on allowable uses of Medicaid funds only, such as Medi-Cal-covered services for Medi-Cal members.

Strategic and Integrated

CalOptima shall support programs that honor the unique needs of the homeless population while integrating into the existing delivery system.

Defined and Accountable

CalOptima shall identify measures of success and develop incentives to boost accountability in any new homeless health initiative.

Impact of COVID-19

The effects of the COVID-19 pandemic have altered the health care landscape in Orange County. CalOptima has taken action across many fronts to provide a comprehensive and flexible response to address the needs of members, providers, stakeholders and employees. As part of this, and with stakeholder input, CalOptima has enhanced existing and proposed HHI initiatives. Some of those enhancements are noted below.

Current Projects and Initiatives

Be Well OC Regional Mental Health and Wellness Campus

Offering a range of services from prevention and early intervention to crisis aversion, acute care and recovery

The Be Well movement joins public, private, academic and faith-based organizations to create a coordinated system of mental health care and support for all Orange County residents. In 2018, stakeholders came together to envision the first Be Well campus. The 60,000-square-foot facility in Orange opened in early 2021. Services include triage, psychiatric intake and referral, substance use disorder (SUD) intake and referral, withdrawal management, transitional and residential treatment. In addition to CalOptima, key funding participants include the County of Orange, Hoag, Providence St. Joseph Health and Kaiser Permanente to establish this first facility to serve individuals with mental health needs regardless of payor source. Plans for a second wellness center are in development.

The Be Well OC initiative integrates across silos to address social determinants of health and recognizes that issues related to the justice system and housing have a significant impact on health and must be considered as part of a comprehensive solution. This mirrors concerns and priorities highlighted by the state and federal government. CalOptima is an active partner in the broader Be Well initiative, leading and participating in collaborative meetings.

CalOptima Homeless Response Team (HRT)

Connecting the CFTs with individuals in need of medical attention

This vital team of CalOptima staff serves as liaisons with the homeless population by making regular field visits to shelters, hotspots and recuperative care facilities. Special population Personal Care Coordinators (PCC) on the HRT also provide direct assistance to CalOptima members. For example,

they provide CalOptima ID cards, process member requests to change their primary care provider or health network, and arrange transportation for appointments. While the HRT provides virtual care coordination and outreach at this time, the goal is to get back in the field to provide in-person services.

This team serves as the primary point of contact at CalOptima for coordinating care with collaborating partners, such as community health centers, OC Health Care Agency's (HCA) Outreach & Engagement staff and Comprehensive Health Assessment Team – Homeless (CHAT-H) nurses, and homeless shelter operators. Staff also regularly provides training to homeless services providers, which includes an introduction to CFT and the process for referring individuals for CFT services.

During the course of the HHI, CalOptima increased our involvement in the community through the HRT. Activities as of April 2019 through December 2021 include:

- Participation in six pre-enforcement engagements in Orange, Anaheim, Costa Mesa, Fullerton, Placentia and San Clemente
- 631 outreaches for CFT on-call visits (includes in-person and virtual engagement)
- 45 members assisted through regularly scheduled virtual HRT hours at Yale Navigation Center and Cost Mesa Bridge Shelter (began August 19, 2021)
- Engagement of other shelters and hotspots to establish regularly scheduled virtual HRT hours

In addition, prior to COVID-19, the HRT:

- Had 1,505 face-to-face contacts with people experiencing homelessness
- Spent an average of 50% of the work week in the field at shelters, encampments, parks, recuperative care sites and other hotspots
- Had weekly scheduled hours at Courtyard, La Mesa and Bridges and were working to establish scheduled hours at Fullerton Armory, The Link and Friendship Shelter

Clinical Field Teams (CFT)

On-call mobile medical professionals treating individuals experiencing homelessness where they are

The CFTs launched in April 2019 to provide on-call urgent care service and travel throughout the community to where the individuals experiencing homelessness are located. The CFTs treat individuals by providing urgent care, such as wound care, prescriptions and immediate dispensing of commonly used medications. While treating the individual, the CFTs can also provide other services, such as health screenings. They are on call from 8:30 a.m. to 4:30 p.m., Monday through Saturday. They also provide regularly scheduled hours at shelters and other hotspots (locations in the community where individuals experiencing homelessness gather). CalOptima reimburses claims for services to members under this initiative regardless of the member's health network or primary care provider assignment.

CFTs are operated by participating community health centers that serve individuals experiencing homelessness, both uninsured and those who have Medi-Cal coverage. A CFT typically consists of three individuals — a physician or physician assistant, a medical assistant and a care coordinator.

To deploy a CFT, a CalOptima partner organization calls the CalOptima Homeless Response Team (HRT) designated phone line between 8:30 a.m. and 4:30 p.m. and provides information about the person and their urgent care needs. The HRT then contacts the CFT for rapid response. As initially designed, following dispatch, the CFT will meet the individual where they are, such as a park or shelter, to address the urgent need, assess for chronic conditions, prescribe necessary medication and support referrals for other services. As a result of COVID-19, the CFTs may also address the urgent care needs through telehealth, when appropriate. Virtual care also supports continued access to services at locations that might otherwise be difficult to access — such as closed campus shelters — and it increases capacity

From April 2019 through December 2021, of the nearly 1,300 dispatches to provide care through the CFT program; 73% were for CalOptima members. Common conditions treated include skin conditions (such as abscesses, infections, dog and bug bites), swelling of extremities and face, flu-like symptoms and medication refills. Nearly 269 recommendations have been made for recuperative care referral.

In December 2021, CalOptima's Board of Directors approved a one year extension of this pilot. Staff is considering options to make this an ongoing, sustainable program.

Homeless Coordination at Hospitals

Homeless-specific discharge planning and coordination

This program helps hospitals meet California's SB 1152 requirements for specific discharge planning and care coordination for individuals experiencing homelessness. The law went into effect on July 1, 2019. The hospitals are required to develop discharge plans for patients, including coordinating services and making referrals to other agencies for behavioral health, health care and social services to prepare the patients to return to the community.

CalOptima is providing financial support to contracted hospitals in Orange County to develop and implement these requirements, including use of data-sharing technology to help facilitate coordination of services for individuals experiencing homelessness with other providers and community partners. This support is through a 2% increase in Medi-Cal Classic rates paid to Medi-Cal-contracted acute care hospitals. The funding is distributed based on volume of services provided to members.

Homeless Clinical Access Program (HCAP) and Community Health Center Homeless Services Expansion

Integrated, well-coordinated care and improved access

HCAP focuses on increasing access to care for people experiencing homelessness by providing incentives for community health centers to establish regular hours at Orange County shelters and hotspots. The expanded access to primary and preventive care services helps connect the member back to the primary care delivery system. Community health centers that meet program requirements may receive an incentive based on scheduled time served through mobile or on-site fixed clinics.

Similar to the CFT program, CalOptima will also reimburse community health center claims for services to members seen at the shelters and hotspots through this initiative regardless of member's health network or primary care provider assignment.

As of August 2020, HCAP had eight community health centers contracted to provide services at shelters and hotspots under the CFT and expansion initiatives. Since the program started in August 2019, through December 2021, HCAP supported approximately 4,400 hours in the field providing services to nearly 6,400 person experiencing homelessness (including CalOptima and non-CalOptima members). Services were provided at over 32 shelters or designated hotspots throughout the County. There are plans to expand HCAP services to other key locations throughout the county.

CFT on-call access has been added to the HCAP program for on-call services. Additionally, telehealth visits are now included in this incentive program.

Housing for a Healthy California Program (HHCP)

Collaborating with supportive housing grant applicants

CalOptima provided letters of commitment in support of two grant applications under the HHCP to:

- AFH Casa Paloma LP, an affiliate of American Family Housing (AFH), to support its grant application to develop a property, which would include new supportive housing units.

- HCA to support its application for housing subsidies and rental assistance for existing and new supportive housing in Orange County.

Under the letters of commitment, CalOptima agreed to enter a Memorandum of Understanding (MOU) to support care coordination for residents who are also CalOptima members. Grants under the HHCP would benefit Medi-Cal members who experience chronic homelessness or are high-cost health users and meet other eligibility criteria.

AFH's grant application for Casa Paloma was approved, and CalOptima's board approved entrance into an MOU in February 2022. Casa Paloma occupancy is expected to begin in Summer 2022. The new development will add a total of 69 affordable housing units, of which 48 will be permanent supportive housing (with 34 being funded through the HHCP, an increase over its original submission).

CalOptima is meeting with AFH, which will act as the Lead Service Provider for the complex. During these meetings, CalOptima and AFH have educated each other about their respective programs to provide the baseline coordinating services.

This partnership model is being explored to determine how CalOptima can expand upon it to support member residing in new and future housing developments.

Homekey Program

Providing services when and where needed

As a result of the COVID-19 pandemic, HCA has implemented a variety of strategies, including Project Roomkey, to provide short-term shelter for physical distancing for high-risk individuals (e.g. those 65 years and older or with serious health conditions). As Project Roomkey wound down, HCA began focusing on the Homekey Program that would provide interim housing and wraparound services for former Roomkey participants and others experiencing homelessness impacted by COVID-19. HCA asked that Intergovernmental Transfer (IGT) funds be reallocated to the Homekey Program from the housing supportive services not funded through HHP and WPC. In December 2020, our Board approved reallocation to support Day Habilitation Services for CalOptima members residing at either of the two Homekey Program sites. As the two original Homekey properties are transitioning from interim housing to permanent supportive housing sites sooner than anticipated, the County applied for additional Round 2 Homekey funding from the state to build more interim housing. HCA has confirmed award and CalOptima staff are preparing to move forward with reallocation of the funds to the new property located in Huntington Beach to provide Day Habilitation services.

New Projects and Initiatives in Development

Proposals consistent with the guiding principles will be brought forward for consideration by the Board; proposals that are inconsistent would face revision or rejection. Proposals and established initiatives may also change with consideration of CalAIM or other existing initiatives.

Housing and Homeless Incentive Plan (HHIP)

Promoting continuity in the system of care

In accordance with the Home and Community Based Service (HCBS) Program Spending Plan, the California Department of Health Care Services (DHCS) is implementing the Housing and Homelessness Incentive Program (HHIP) from January 1, 2022 to December 31, 2023. 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.

Through this one-time funding opportunity through Section 9817 of the American Rescue Plan Act (ARPA) of 2021, Managed Care Plans (MCP) will have access to a portion of the total \$1.4 billion funds available. These funds will enable MCPs to make investments in the local homeless continuum of care and to advance the community's ability to address homelessness, while also supporting MCPs, such as CalOptima, in developing the capacity and partnerships necessary to connect Medi-Cal members to housing, and other related, services. MCPs will work with the local Continuums of Care and other key stakeholders to develop a local homelessness plan that will be submitted to DHCS in June 2022.

DHCS priority areas for this program:

1. Partnerships and capacity to support referrals for services
2. Infrastructure to coordinate and meeting member housing needs
3. Delivery of services and member engagement

Street Medicine Pilot

Meeting members where they are

The needs of Orange County's community health have grown. In December of 2021, with the collaboration of other public agencies, the Orange County Interagency Council on Homeless Health Care (OCICHHC) was formed for the purposes of creating a Street Medicine Program. Street Medicine includes health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless delivered directly to them in their own environment. The fundamental approach of Street Medicine is to engage people experiencing homelessness exactly where they are and on their own terms to maximally reduce or eliminate barriers to care access and follow-through. The Street Medicine provider will work with current Clinical Field Teams, outreach workers, and mobile teams to address the needs of the population.

In collaboration with the OCICHHC, CalOptima will develop a draft scope of work and return to the Board of Directors for approval of a scope of work and further direction to develop a Request for Proposals (RFP).

Direct Engagement of Members Experiencing Homelessness

Learning from our community partners and those with lived experience

CalOptima met with stakeholders in December 2019 as well as in March, July and September 2020 to solicit input on strategies and best practices to directly engage people experiencing homelessness. These stakeholders included chairs from CalOptima's member advisory committees, HCA and other organizations providing direct outreach activities to individuals experiencing homelessness. The stakeholders recommended CalOptima hear directly from those who have "lived experience."

CalOptima and community stakeholders are working to determine next steps to obtain input from individuals currently experiencing homelessness, as well as those who previously experienced homelessness in the past and are now housed. Data collected from such activities will help inform development direct engagement strategies with members currently experiencing homelessness.

Programs Previously under HHI Transitioned to CalAIM

The major components of CalAIM builds upon the success of previous federal waiver programs, including but not limited to the Whole Person Care (WPC) pilot, Health Homes Program (HHP) and the Coordinated Care Initiative (CCI). Services previously provided through WPC, HHP and CCI will be transitioned to CalAIM and made available to a larger portion of CalOptima's membership. Learn more about CalAIM on [CalOptima's website](#).

Housing Supportive Services

Collaborating with HCA

The HCA provides housing supportive services through various programs, such as WPC. CalOptima also provides housing supportive services for members enrolled in its HHP. CalOptima is collaborating with HCA to reimburse WPC for housing supportive services for members enrolled in both HHP and WPC.

In November 2019, the HCA established a funding pool to provide these services to individuals not receiving them through other programs, such as WPC. In order to support these efforts, CalOptima's Board approved the use of IGT funds to reimburse HCA for housing supportive services for members needing these services that are not funded through other programs, such as HHP and WPC (e.g., when WPC funding is exhausted).

Recuperative Care (including Whole Person Care [WPC] and Medical Respite Care)

Beyond the hospital discharge

The WPC program was a County-led pilot focused on improving coordination of physical, behavioral health and social services for Orange County Medi-Cal members experiencing homelessness. WPC brought together CalOptima, Orange County Health Care Agency (HCA) Behavioral Health Services and Public Health Services, hospital emergency rooms, community health centers and other homeless service providers.

WPC Recuperative Care provided up to a 90-day stay in a clean, safe environment for CalOptima members who are experiencing homelessness to recover from physical illness or injury when they do not meet the medical necessity criteria for inpatient or nursing facility care. CalOptima and the WPC program shared the cost paid to the recuperative care facility. The WPC pilot portion of the DHCS Medi-Cal 2020 Waiver was due to expire on December 31, 2020, however, DHCS and CMS agreed to extend the WPC pilot through 2021.

CalOptima also made a grant to the County for medical respite care for members who were expected to require more than the 90 days of recuperative care allowed under WPC, remain homeless, and need a stable environment to achieve and maintain medical stability, yet do not meet criteria for a hospital or nursing facility stay. The grant funding was available to support members who were certified for hospice, needed intravenous chemotherapy or had other serious conditions and met other specified criteria. The Medical Respite grant provided up to an additional 90 days in a recuperative care facility unless more time was approved. OC HCA administered the Med-Cal respite services under the grant.