

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, as well as information about specific efforts that have been launched, some 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. 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. A total of approximately \$43 million has been allocated by the Board for the following specified initiatives.

HHI Projects/Initiatives (as of April 1, 2021)	Funding
Enhanced Medi-Cal Services at the Be Well OC Regional Mental Health and Wellness Campus	\$11.4 million
Recuperative Care	\$8.25 million
Medical Respite	\$250,000
Homekey Program Day Habilitation Services	\$2.5 million
Clinical Field Team 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
CalOptima Day and QI Program (Homeless Clinic Access Program or HCAP)	\$1.2 million*
FQHC (Community Health Center) Expansion and HHI Support	\$.6 million*

HCAP Expansion for Telehealth and On-Call Days	\$1 million
HHI Member COVID-19 Vaccine Incentives	\$400,000
New projects and initiatives with subsequent development of programs that meet CalOptima's Guiding Principles addressing the four categories listed below	\$56.8 million*
	<b>\$100 million</b>

\*Rounded

CalOptima continued to consider program options, in part, by welcoming input from community organizations and providers serving individuals experiencing homelessness. On June 27, 2019, at a special Board meeting, the Board approved additional allocations 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

The Board recognized that the approved funding allocations allow room for interpretation and the possibility of executing new initiatives in various ways. Further, a state proposal, known as Medi-Cal Healthier California for All (CalAIM), suggested significant changes to the Medi-Cal managed care landscape. While the 2021 starting dates for most CalAIM had initially been postponed due to COVID-19 pandemic, the state has relaunched CalAIM with implementation over five years starting in 2022, subject to Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) approval. Although not yet finalized, many of the CalAIM elements are designed to enhance services for high-needs populations, including individuals experiencing homelessness. CalOptima is considering how to leverage these opportunities to support our members experiencing homelessness.

## 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.

Proposals consistent with the principles would be brought forward for consideration by the Board; proposals that are inconsistent would face revision or rejection. Proposals and established initiatives may also change depending on the status of CalAIM. Internal and external audiences can use the principles to support initiatives that unify the community around our shared goal of better serving Orange County's homeless population, though the Board has full discretion whether to approve a proposed initiative.

## Impact of COVID-19

The effects of the COVID-19 pandemic are being felt throughout Orange County. CalOptima has taken action across many fronts to provide a comprehensive and flexible response to address the needs of members (including those experiencing homelessness), 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 residential 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.

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

*Beyond the hospital discharge*

The WPC program is a County-led pilot focused on improving coordination of physical, behavioral health and social services for Orange County Medi-Cal members experiencing homelessness. WPC brings 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 provides 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. For example, recuperative care

may be part of a hospital discharge plan for a member experiencing homelessness who needs follow-up care, such as wound care. During their recuperative care stay, members will have access to housing navigation and, through CalOptima, health care services. CalOptima and the WPC program share the cost paid to the recuperative care facility.

The WPC pilot portion of the Department of Health Care Services (DHCS) Medi-Cal 2020 Waiver was scheduled to expire on December 31, 2020. DHCS and CMS have agreed to extend the WPC pilot through 2021. CalOptima is currently working with HCA on strategies to continue recuperative care through the WPC pilot end date. Our Board approved changes needed to continue supporting the WPC program through the end of the pilot and wind down activities after the pilot program comes to a close.

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.

### **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., seven days a week. They also provide regularly scheduled hours at shelters and other hot spots (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 services, when appropriate.

Additionally, prior to COVID-19, a CalOptima Personal Care Coordinator (PCC) would be dispatched, based on availability, to assist the CFT and referring agency to coordinate care for a CalOptima member (such as making referrals, coordinating and providing assistance in navigation of services, etc.).

Information about the CFT visit is also shared with the member's assigned health network for ongoing care coordination. If the person is not a member, the referring agency handles follow up. As a result of COVID-19, PCCs are continuing to coordinate and support member needs virtually.

These program changes, providing CFT and PCC support virtually, were adopted to reduce the potential risks to individuals receiving services, as well as risks to the CFT, referring agency and CalOptima staff. 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 June 2020, of the nearly 690 visits through the CFT program; 64% were for CalOptima members. Common conditions reported include skin conditions (such as abscesses, infections, dog and bug bites), swelling of extremities and face, flu-like symptoms and medication refills. During the same time frame, nearly 140 recommendations were made for recuperative care referral.

This pilot program currently has an end date of December 31, 2021. Staff is developing options to make this an ongoing, sustainable program. CalOptima is aware of the dramatic changes throughout the county, such as expansion of shelter options through Project Roomkey, including health care delivery at those sites, and expansion of telehealth. There is a great deal of uncertainty as we navigate the COVID-19 pandemic. As we continue to develop the sustainable program to meet the ongoing needs of our members experiencing homelessness, we anticipate more permanent changes to this program are likely to be a hybrid of original and new program design elements to address the “new normal.”

### **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, hot spots and recuperative care facilities. Special population PCCs on the HRT also visit these locations to provide 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 medical appointments.

This team also serves as the primary point of contact at CalOptima for coordinating care with collaborating partners, such as community health centers, HCA’s Outreach & Engagement staff and Comprehensive Health Assessment Team – Homeless CHAT-H nurses, homeless shelter operators and Homeless Emergency Aid Program (HEAP) providers.

Staff also regularly participates in collaborative meetings including:

- Anaheim Homeless Collaborative
- Collaborative to Assist Motel Families
- Meetings for Central and South Service Plan Areas
- WPC Core Care Coordination Workgroup
- WPC Collaborative

During the course of the HHI, CalOptima increased our involvement in the community through the HRT. Activities as of June 2020 include:

- Receipt of 476 referrals from the Case Management department for outreach
- Participation in five pre-enforcement engagements in Anaheim, Costa Mesa, Fullerton, Placentia and San Clemente
- 786 dispatches for CFT on-call visits (includes both in-person and virtual engagement with members)

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

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

As noted above, the HRT provides virtual coordination services and outreach at this time.

## **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 individuals experiencing homelessness by providing incentives for community health centers to establish regular hours at Orange County shelters and hot spots. The expanded access to primary and preventive care services and care coordination helps connect the member back to the primary care delivery system. CFTs and other community health centers that meet program requirements may receive an incentive based on scheduled time and members served through mobile or on-site fixed clinics. 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.

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

As of August 2020, HCAP had seven community health centers contracted to provide services at shelters and hot spots under the CFT and expansion initiatives. Since the program started in August 2019, through August 2020, HCAP supported approximately 1,500 hours in the field providing services to 1,200 individuals (including CalOptima and non-CalOptima members) experiencing homelessness, and CalOptima received submission under the HCAP incentive for scheduled days at over 10 shelters or designated hotspots. While the Courtyard, Fullerton Armory, and Salvation Army were visited most frequently by HCAP participating community health centers, other locations, such as Friendship Shelter in South County, have been supported as well. There are plans to expand HCAP services to other locations throughout the county.

## **New Projects and Initiatives in Development**

### **Housing Supportive Services and Homekey Program**

#### *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 Health Homes Program (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 Intergovernmental Transfer (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). 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 IGT funds be reallocated to the Homekey Program from the housing supportive services not funded through HHP and WPC. Our Board approved reallocation to support Day Habilitation Services for CalOptima members residing at either of the two Homekey Program sites.

### **Transitions of Care Pilot and Incentive**

*Improving transitions from hospital to skilled nursing to recuperative care*

In the summer of 2019, CalOptima convened a workgroup, including representatives from CalOptima, health networks, hospitals and WPC, to consider opportunities to improve coordination and transitions of care for members experiencing homelessness. The workgroup narrowed its focus to transitions from inpatient to skilled nursing facility (SNF) to recuperative care and then to the community. CalOptima fleshed out final details of a pilot, conducted stakeholder vetting, and the workgroup continued to meet to discuss opportunities under the proposed CalAIM. It was preparing to take the proposal to the Board for consideration, however, due to COVID-19 and related challenges that SNFs faced during the pandemic, CalOptima made the difficult decision to postpone this initiative indefinitely.

### **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 expertise.” CalOptima and the stakeholder workgroup have begun planning to conduct individual key informant interviews and focus groups to obtain input from those who experienced homelessness in the past and are now housed — either of which could be offered virtually should it be required under COVID-19 guidelines. Staff anticipates that these interviews and focus groups will help inform development of a strategy for direct engagement with members currently experiencing homelessness.

### **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 for funding to develop a property, which would include new supportive housing units in Orange County.
- 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 notified CalOptima that its grant application was approved. It also advised CalOptima that it anticipates developing 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). Our Board approved issuance of a new Letter of Commitment to reflect the increase in permanent supportive housing units under HHCP.

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 and MOU development. Under the MOU, CalOptima would provide covered Medi-Cal services and coordinate care with AFH for CalOptima members residing at the AFH Casa Paloma property. Occupancy is expected to begin in 2022.