

 Connecting for Better Health

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ADVANCING SOLUTIONS TO HOMELESSNESS

14 October, 2025

# Catching a Wave: A Community of Practice for Problem-Solving to Achieve Simple, Low Cost, and Safe Data Sharing between Health and Homeless Systems of Care

With support from the California Health Care Foundation and the DHCS Marketplace

 California Health Care Foundation

# Host/Moderator

**Timi Leslie**  
*Executive Director*  
**Connecting for Better Health**

*Founder and President*  
**BluePath Health**



# About The Coalition & Policy Priorities

**Our Vision: Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable**



## Establish DxF Governance and Accountability

Engage in DxF policy development and provide critical feedback to state legislative and regulatory leadership to realize the full promise of AB 133.



## Identify Dedicated and Sustained Funding Streams

Support continued and coordinated funding for health and social services data sharing and encourage state agencies to actively seek federal match and/or other funding sources when and where appropriate.



## Strengthen Social Services Data Sharing

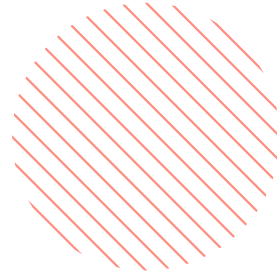
Improve cross-sector data sharing through the development of priority use cases and policy advancements that support consent management, standards alignment, and capacity building for social services data sharing.



## Advance High-Quality and Actionable Data Sharing

Support focused efforts that enhance the completeness, accuracy, and timeliness of data sharing to transform data usability and drive better outcomes.

# Our Presenters



**Eric Gianella**  
Associate Research Professor  
Georgetown University's Massive  
Data Institute



**Christina Andersen**  
Senior Manager  
Connecting for Better Health



**Julie Silas**  
Senior Directing Attorney  
Homebase

# Today's Objectives

## 01

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Identify and contextualize the challenges that exist when health and homeless systems of care seek to share data for greater collaboration and coordination

## 02

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Describe the opportunities to use privacy preserving technology that enables two entities to conduct simple, periodic data exchanges, even in environments where the partners have heightened security concerns.

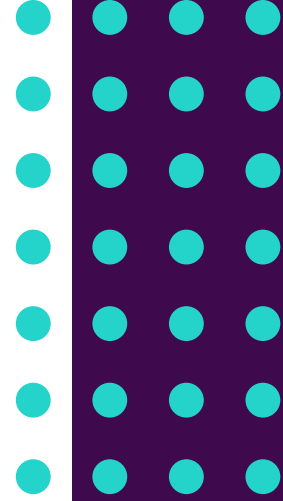
## 03

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Disclose how open-source technology can be used to make data sharing more affordable and less complicated, thereby enabling data sharing in resource constrained environments.

# Why We're Here

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# Homelessness & Health Disparities

- People experiencing homelessness are at greater risk for poor health.
  - Increased rates of infectious and acute illnesses (skin diseases, TB, pneumonia, asthma); chronic diseases (diabetes, hypertension, HIV/AIDS, cardiovascular disease); mental and/or substance use disorders
  - Susceptibility to violence and trauma
- High proportion of complex health needs and co-occurring disorders increases the number, intensity, and scope of services needed.
- Homelessness inhibits the long-term, consistent care needed for many of these conditions, aggravating the conditions and making them more dangerous.





*People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population.\**

\*Source: National Health Care for the Homeless Council Fact Sheet, February 2019

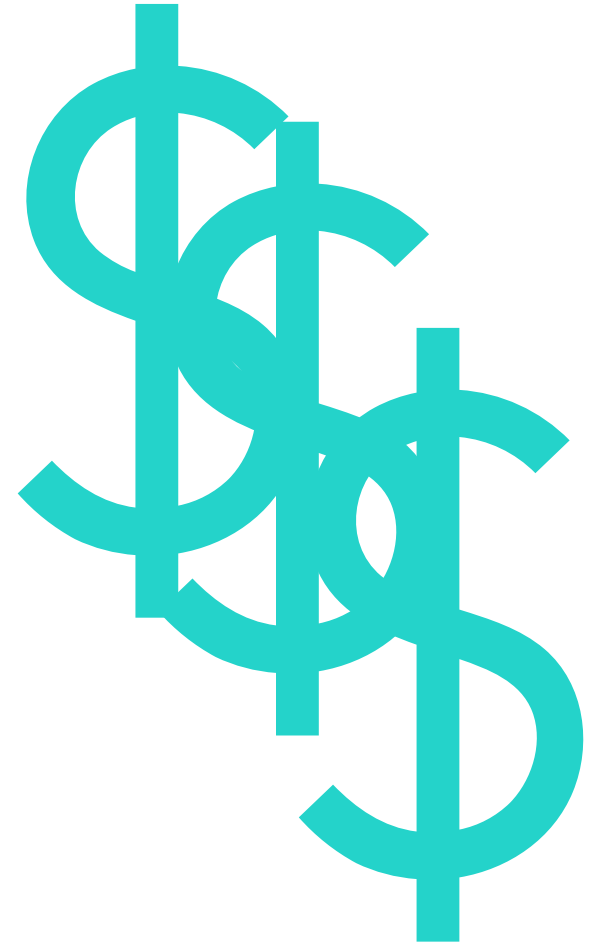
# California Advancing and Innovating Medi-Cal (CalAIM) and housing services

- Effective January 2022 through 1115 Medicaid Waiver
- New California Medicaid initiative to improve the health of Californians, especially those with the most complex needs.
- Provides housing-related services as a Medicaid benefit
- People experiencing homelessness who have physical/behavioral health issues = population of focus.



# California's Homelessness and Housing Incentive Program (HHIP)

- California's Housing and Homelessness Incentive Program (HHIP) funded with \$1.3 billion in one-time American Rescue Plan Act (ARPA) funding.
- Under HHIP, managed care plans (MCPs) earned incentive funds by making investments and progress in addressing homelessness and keeping people housed in their local communities.
  - Ensure Medicaid MCPs develop the necessary capacity and partnerships to connect their members to needed housing services; and
  - Reduce and prevent homelessness.
- Populations to benefit were individuals experiencing or at risk of homelessness (including children, youth, and unaccompanied youth)



# Barriers and Challenges: CalAIM and HHIP

Despite funding and focus, barriers and challenges remain.

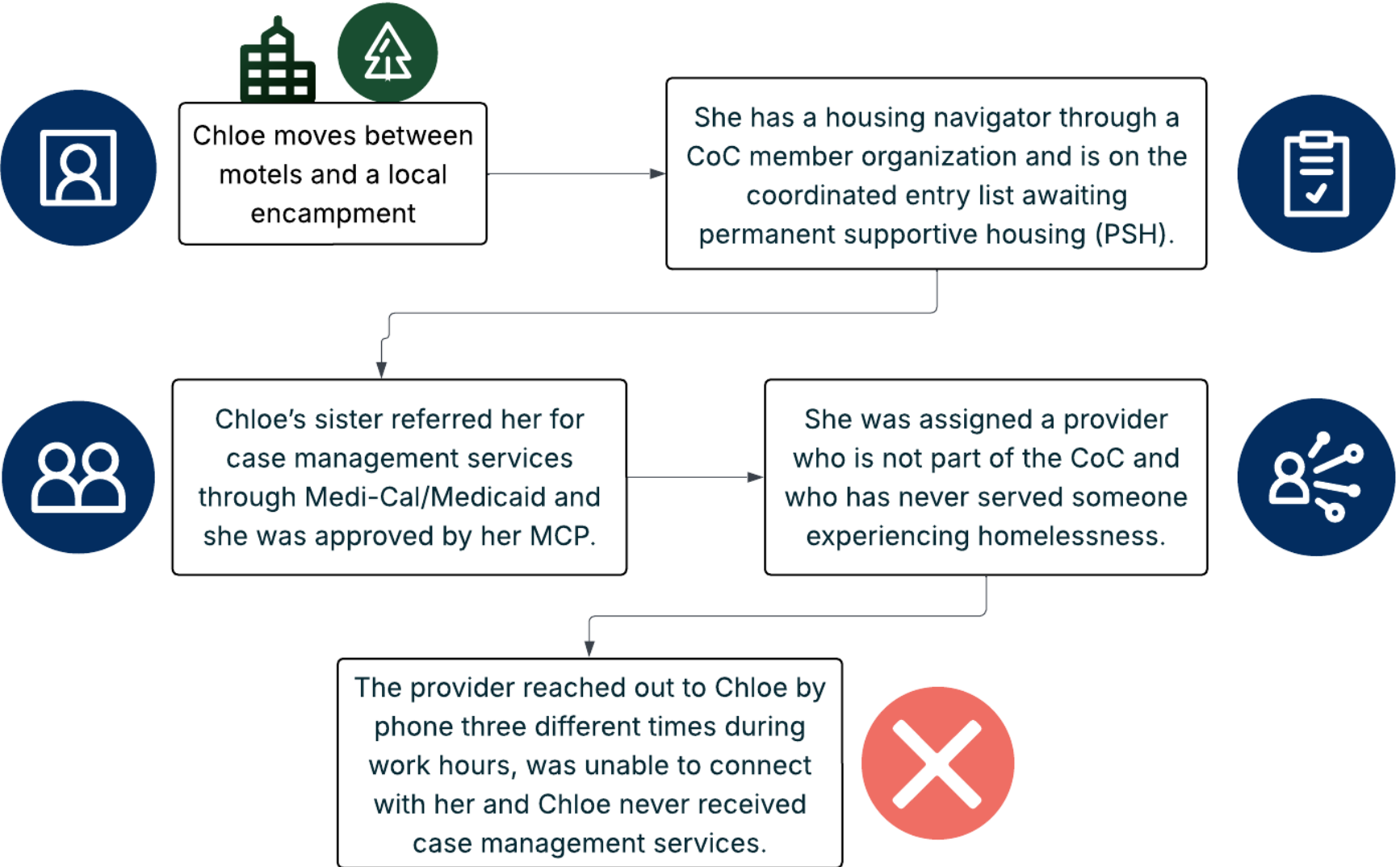
- **Provider engagement:**
  - MCPs contracted with health providers with no experience serving people experiencing homelessness.
- **Separate system challenges**
  - Hard to be transparent
  - Inhibited coordination
  - Privacy rule differences
- **Data matching and data sharing**
  - Technology did not exist
  - Funding sources to fund HMIS functionality for data match/share not included

# Key Challenges for CoC and MCP partners

There's an inability to...

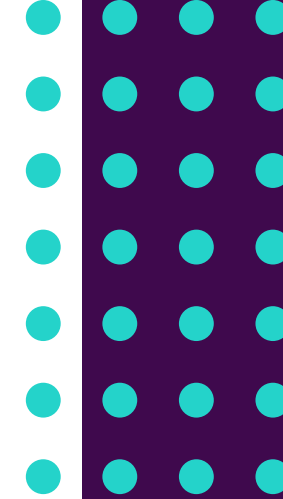
- 1 ...identify shared clients to enable coordinated care
- 2 ...discover clients' Medicaid enrollment status, member ID, and assigned managed care plan.
- 3 ...access homeless system data, including case manager contact information
- 4 ...document successful referrals in HMIS without manual entry.
- 5 ...share housing status updates to close the loop on care coordination.
- 6 ... conduct other data matching and data sharing, as needed

# Chloe's Story



# How We're Working Together

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# Overview of the Health and Homelessness Community of Practice (CoP)

- Brings together CoCs, MCPs, and their IT/HMIS partners
- Offers access to technical assistance (health, homelessness, technology) to problem solve and customize solutions that work for each specific community
- Creates an environment for participants to learn from peers working on similar data matching and sharing challenges
- Improves care coordination and access to services for people experiencing homelessness

# The Purpose of the CoP

- Support CoC members, MCPs and their partners (e.g. IT staff, HMIS vendors) in the same regions to **design and test practical solutions to address data matching/sharing challenges** that prevent people experiencing homelessness from receiving ECM and Community Supports.
- **Develop low-cost, simple, and secure solutions** that can be implemented locally, adapted and scaled across California
- Engage a broader group of stakeholders to **build awareness/ increase readiness to adopt practical, easy-to-use solutions** for data sharing between CoCs and MCPs.





# The Structure of the COP



1

**Quarterly convenings:** Open to all interested parties to share lessons, spotlight local efforts, and build statewide readiness.

2

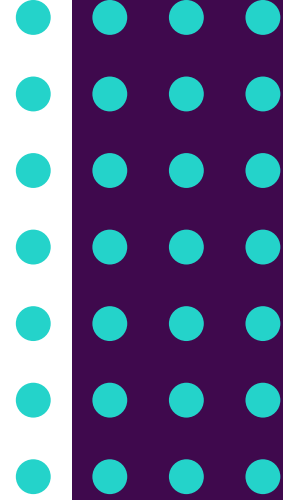
**Monthly Workgroups:** Targeted participation of CoCs and MCPs to co-design and test solutions. Resources are available to support teams as needed. Working group sessions bring local teams together with peers from other communities designing similar solutions.

3

**Technical Assistance:** Tailored policy and technical support for participating teams.

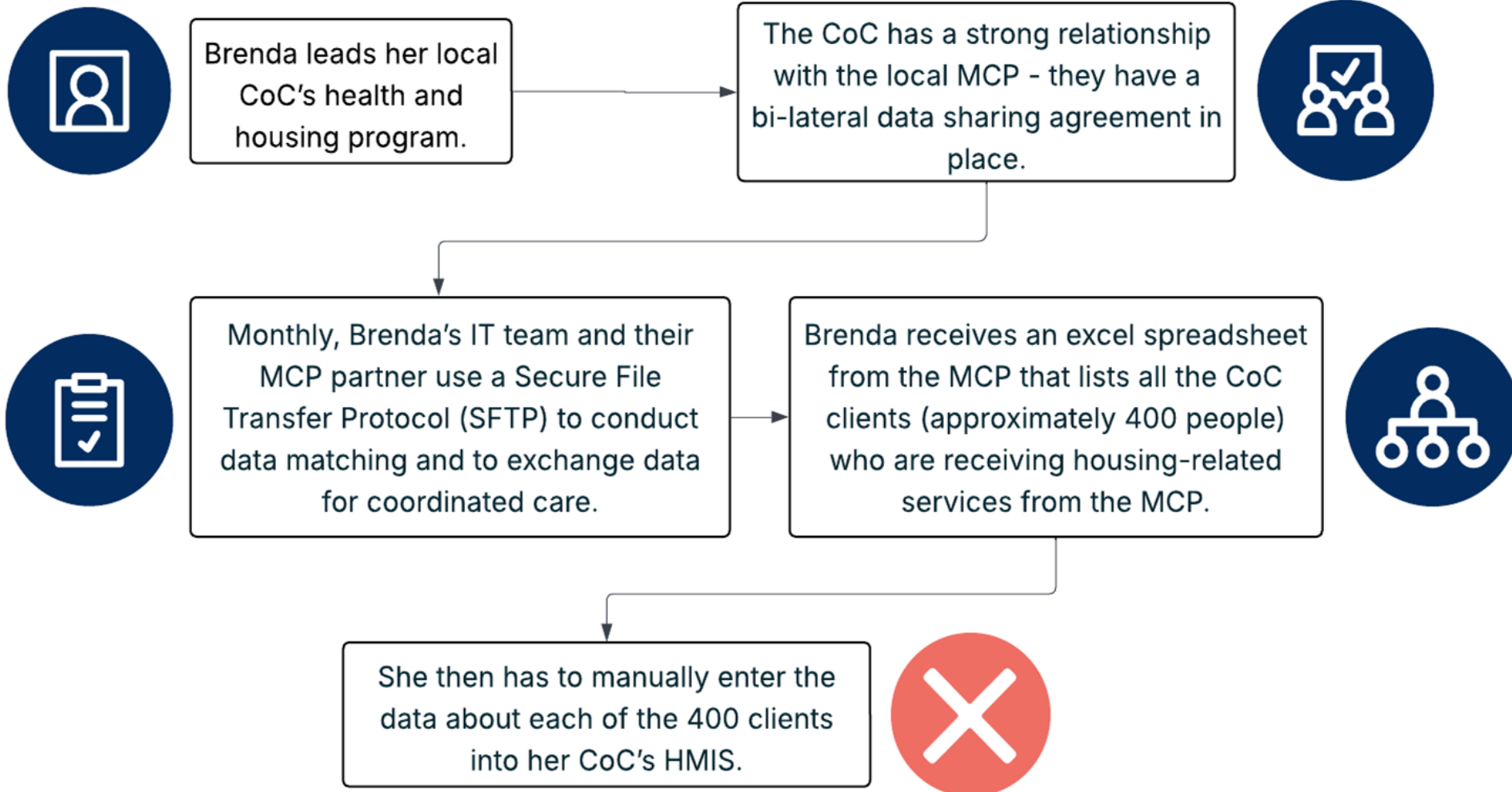
# What We're Solutioning

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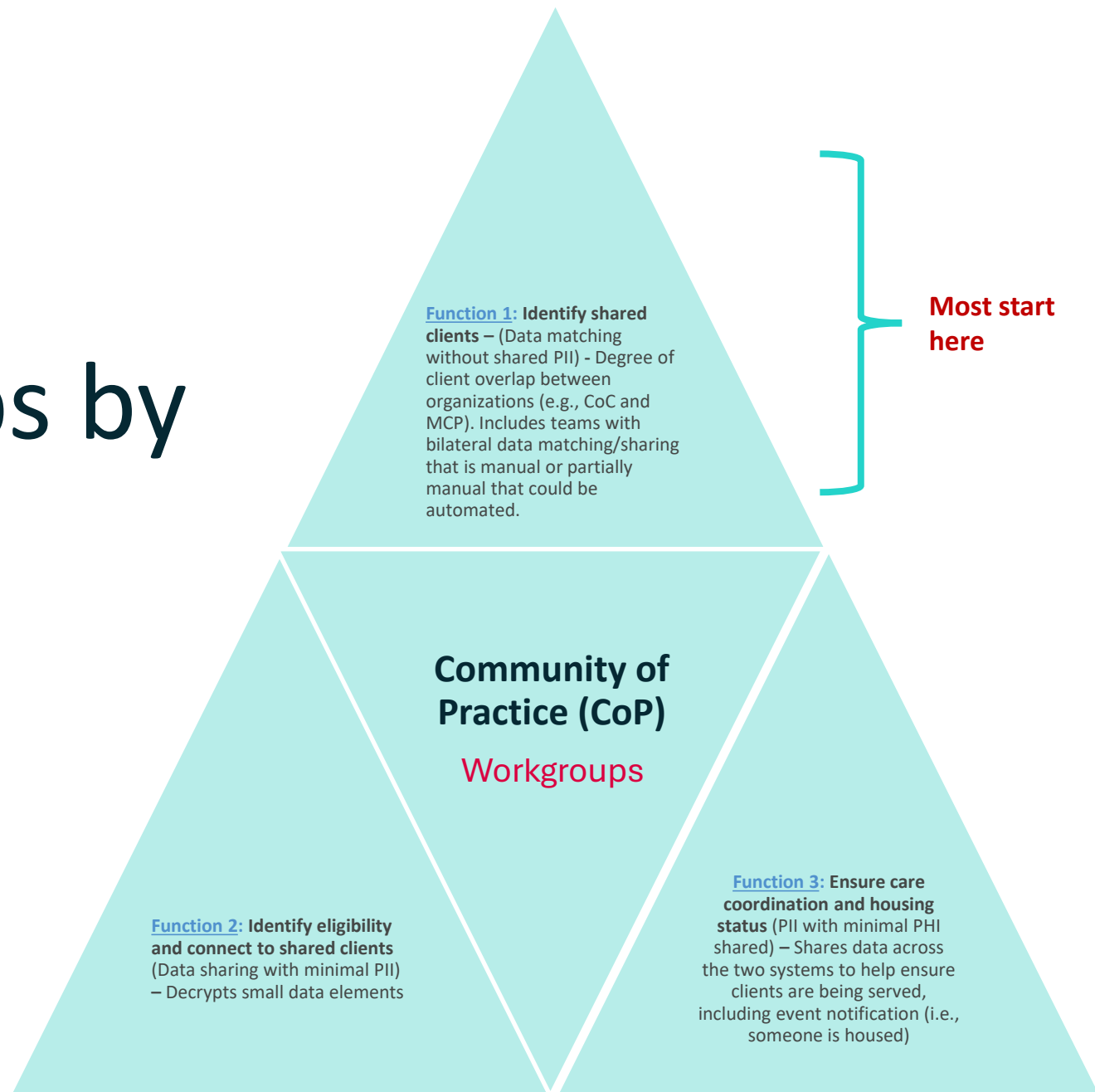


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# Brenda's Story



# CoP Workgroups by Functionality



# Collaborative Problem-Solving

*Subject matter experts work shoulder-to-shoulder with CoC and MCP IT and policy teams*



## Mapping

What does it look like day-by-day to data match and/or data share?



## Challenges

What are the technology limitations?



## Barriers

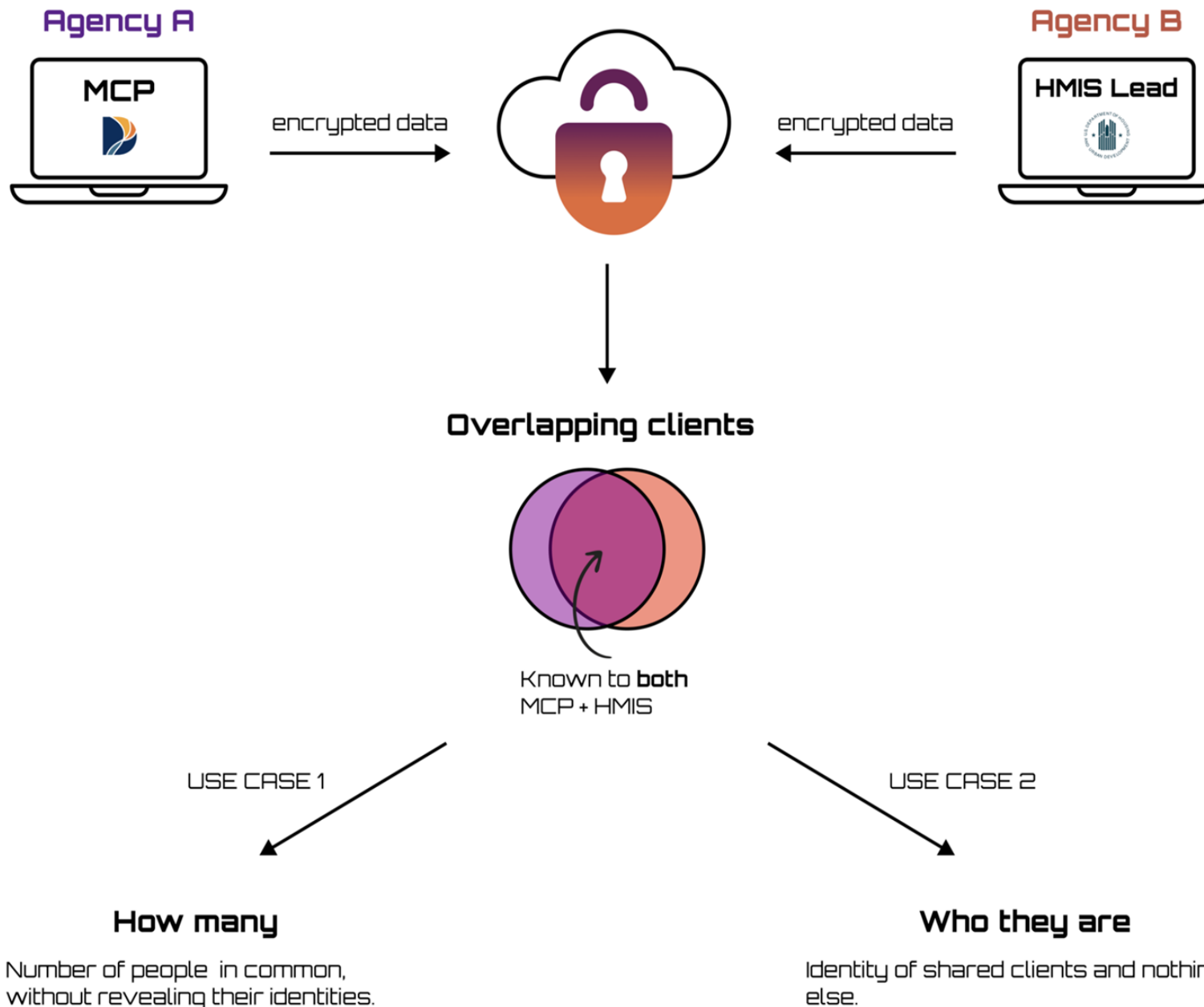
What are the non-technology barriers (i.e., time, resources, staffing, competing priorities?)



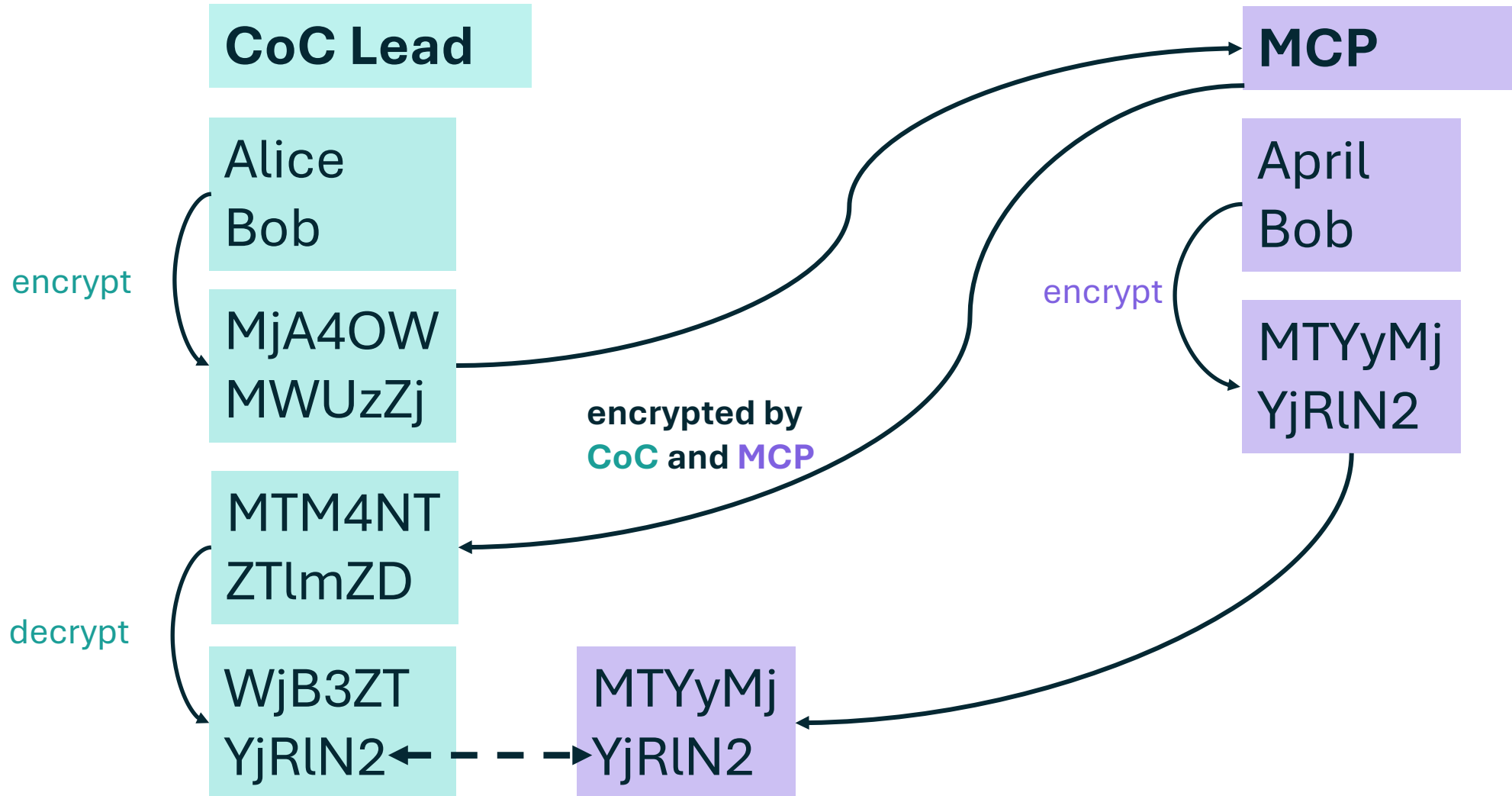
## Solutions

What solutions have been tried? What worked? What did not work?

# Design a Solution: Identify Client Overlap using Encrypted Data



# Matching with encrypted data



# How to get your data encrypted by your partner

## Step

1. A and B have exported PII data to use for matching into local files

2. Using their own private keys, A and B encrypt their data and then share their encrypted files

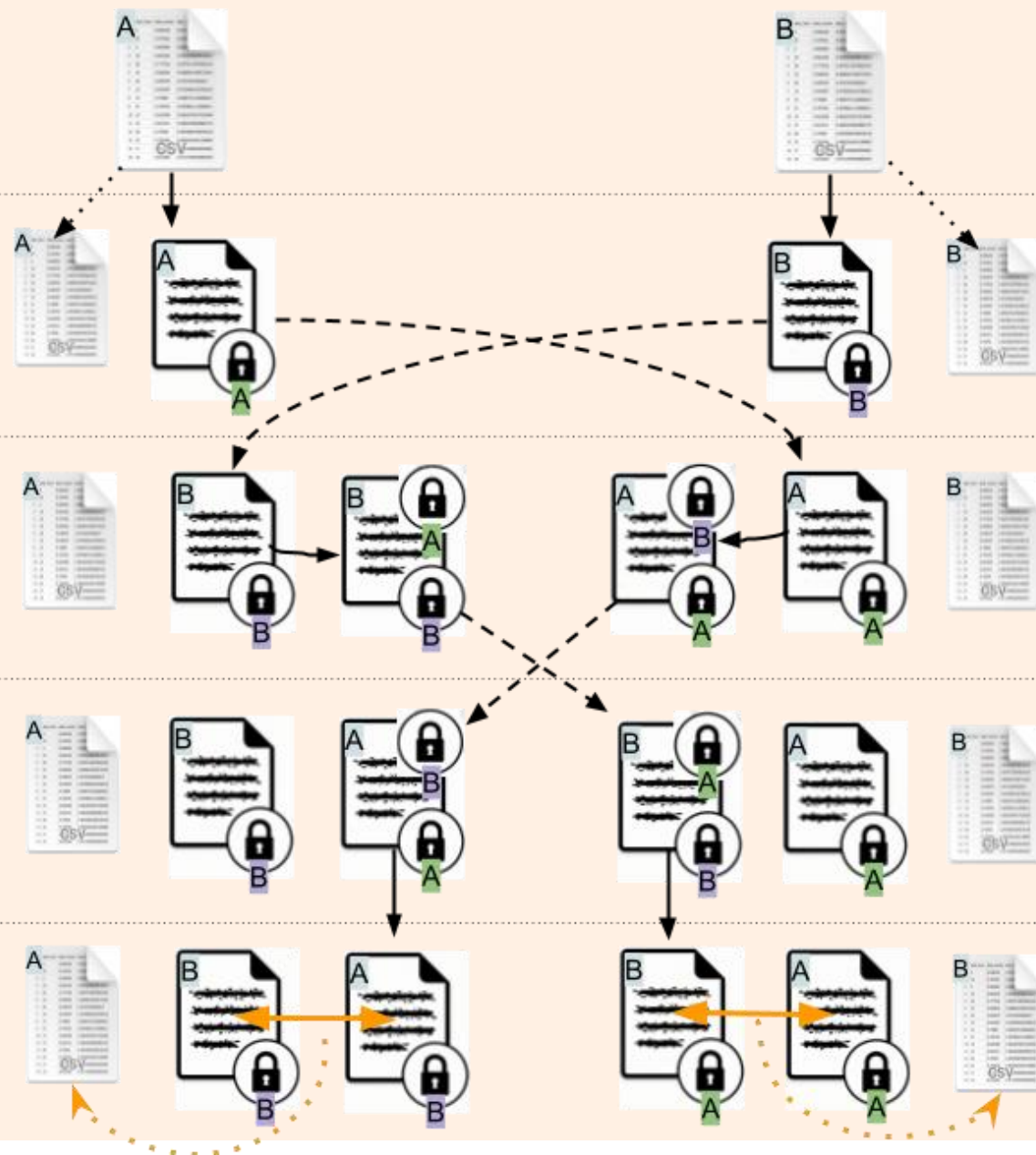
3. A and B encrypt each other's already encrypted data. They send the doubly-encrypted data back.

4. A and B temporarily keep a copy of each other's singly-encrypted data. They decrypt the doubly-encrypted version of their own data.

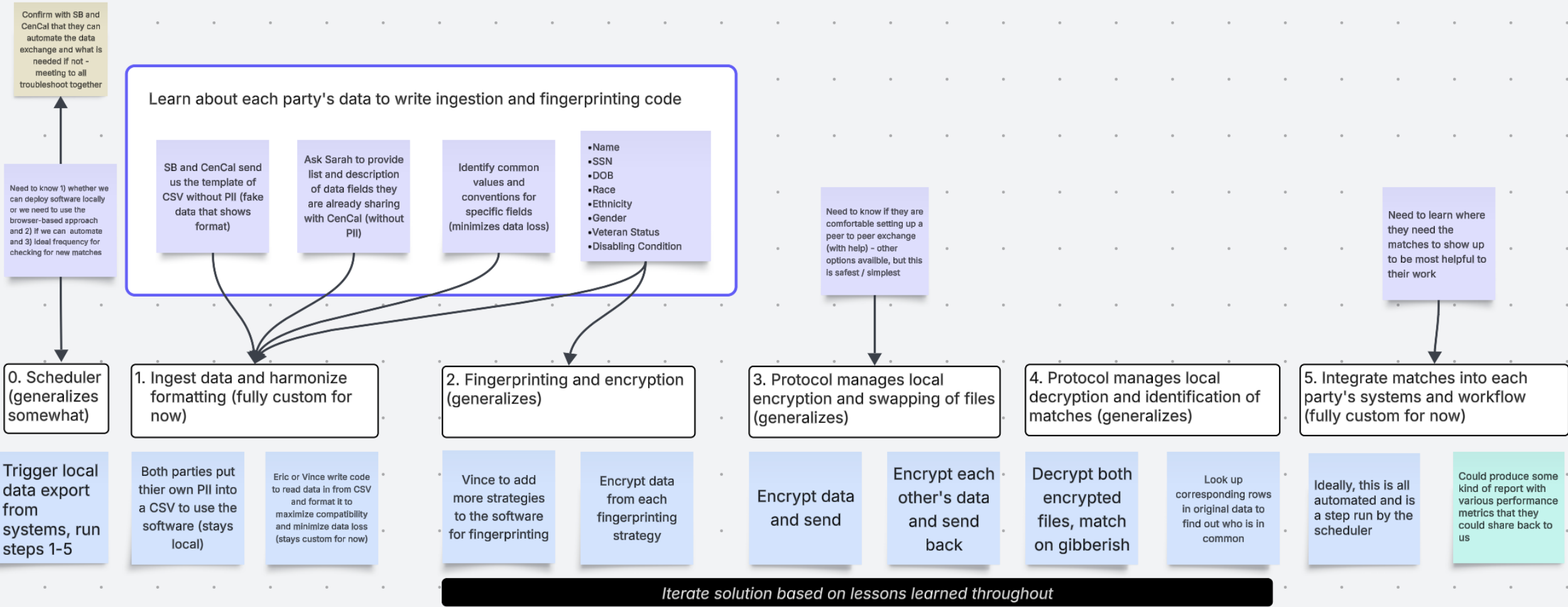
5. A and B have their data and the other's data encrypted, both encrypted by their partner's key. Comparing elements, they look up matches in their

## Agency A

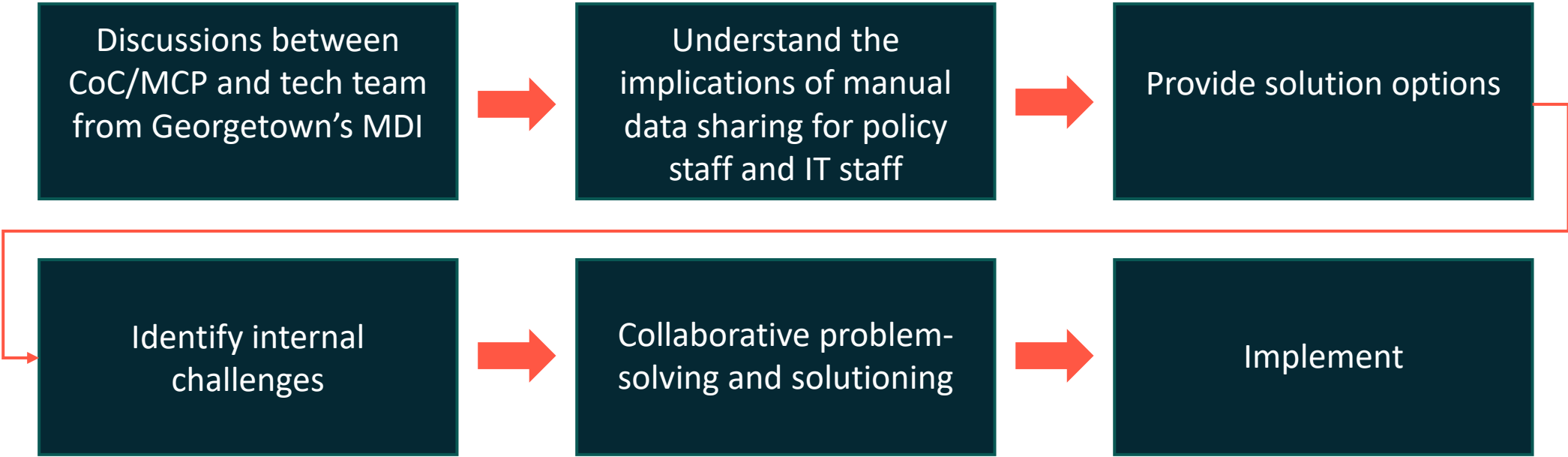
## Agency B



# Process Mapping the Design



# How Our Beta Test Works with the County and MCP



# Early Findings from the Beta Test

- 1 Both parties wanted more data fields & to exchange data more often
- 2 Opportunity to consolidate two manual processes on different systems (CS/ECM info & housing status change)
- 3 How to automate? Plug in an old desktop machine that was available
- 4 Lowest lift initial deployment: computers talking to one another via existing SFTP server
- 5 Test functionality with each side before connecting the two (fake data, our SFTP server)
- 6 Total time to deploy for current solution for SB: <1 hr

# Questions and Discussion



# Resources

## California Statewide Initiatives to Address Complex Needs of People Experiencing Homelessness: Key Takeaways from the Implementation of the Department of Health Care Services' Systems Integration Efforts

## Fundamentals of Homelessness Response for Managed Care Plans

## C4BH point-in-time snapshot of active social and health data sharing initiatives in counties across California

## Enhanced Care Management and Community Supports: Key Findings and Opportunities to Improve Implementation<sup>1</sup>

### Overview of CalAIM's Housing Support Programs

#### Introduction to Enhanced Care Management and Community Supports

In 2022, California's Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal (CalAIM), a sweeping initiative that aims to deliver coordinated, holistic care for Medi-Cal (California's Medicaid program) members with the most complex needs, including people experiencing or at risk of homelessness. Through CalAIM, the State is leveraging federal Medicaid flexibilities to pay for housing-related services.<sup>2</sup> Among the many components of CalAIM, two key programs introduced in 2022 have significant implications for people experiencing or at risk of homelessness: Enhanced Care Management (ECM) and Community Supports (referred to collectively herein as ECM/CS). Administered through Medi-Cal managed care plans (MCPs), ECM/CS were designed to enhance care coordination, address many of the social drivers of health, improve health outcomes, and reduce unnecessary health care spending for people with complex needs.

**Enhanced Care Management (ECM)**<sup>3</sup> delivers comprehensive care management to Medi-Cal members with the most complex needs. The program provides eligible members with a care team or staff who help that individual navigate physical, mental, behavioral, and social systems, and coordinate their clinical and non-clinical needs. Importantly, ECM providers can meet members where they are, whether that's in a shelter, encampment, at home, or otherwise. The State has prioritized several "Populations of Focus" to receive ECM, including individuals experiencing homelessness.<sup>4</sup> ECM is a statewide benefit that MCPs are

**Community Supports**<sup>5</sup> are 14<sup>6</sup> services that are intended to address members' health-related social needs and prevent costlier, more intensive health care interventions like hospitalization. Of the 14 services, five are specifically housing-related:

- **Housing transition navigation services (HTNS)** help members find, apply for, and secure housing.
- **Housing deposits** provide deposits to secure a unit, which includes support with things such as utilities.
- **Housing tenancy and sustaining services (HTSS)** are supportive services to help members maintain tenancy once they have been housed.
- **Recuperative care (medical respite)** provides members with a facility to continue to heal from an injury or illness, with a focus on monitoring and recovery from their condition.
- **Short-term post-hospitalization housing** provides housing up to six months following a discharge from a recuperative care facility or inpatient facility.

While Community Supports are optional services that MCPs can choose to provide on a county-by-county basis, all MCPs offer the core housing trio (HTNS, Housing Deposits, and HTSS).<sup>7</sup>


When taken together, ECM/CS create a unique opportunity to better serve people experiencing homelessness, leverage Medi-Cal dollars to provide – and potentially expand – housing services typically funded by the homeless response system, and integrate the homeless and health care systems as they serve

# Stay Updated With C4BH



 C4BH Website



 Meeting Registration



 Newsletter

For any questions or inquiries, please contact: [info@connectingforbetterhealth.com](mailto:info@connectingforbetterhealth.com)

# Thank you!

