Health and Homelessness Community of Practice

Quarterly Convening

September 2, 2026

DHCS
California Health Care Foundation

Homebase

Georgetown University McCourt School of Public Policy
Massive Data Institute

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Agenda

No.	Items
1	Welcome & Introductions
2	Community of Practice Recap
3	What the Workgroups Have Accomplished
4	Spotlight: Kaiser Permanente & California Mental Health Services Authority
5	Q&A
6	Key Learnings & Insights + Question for Audience
7	CoP Engagement & Resources

The CoP Team

Julie Silas
Senior Directing Attorney,
Homebase

Nick Large
Senior Policy Analyst,
Homebase

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

Julia Murphy
Senior Director,
Connecting for Better Health

Christina Andersen
Senior Manager
Connecting for Better Health

Lindsey Barranco
Directing Analyst,
Homebase

Riley Meve
Policy Analyst,
Homebase

Vince Dorie
Senior Fellow,
Georgetown University's
Massive Data Institute

Franny Kiles
Senior Analyst,
Connecting for Better Health

Homebase

GEORGETOWN UNIVERSITY
McCourt School of Public Policy
MASSIVE DATA INSTITUTE

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Participant Introductions

No.	Questions
1	What is your name and what organization do you work for?
2	What type of organization do you work for (e.g., QHIO, CoC, health plan)?
3	What geography do you serve?
4	What is one topic or issue that's on your mind that cross-sector data sharing could help address?

Recap of the CoP

The Health & Homelessness CoP

- **Who:** County behavioral health departments, Continuums of Care (CoCs) managed care plans (MCPs), IT/HMIS partners, and technical assistance (TA) providers
- **What and Why:** Implement cross-sector data matching and sharing to improve care coordination and access to services for people experiencing homelessness
- **How:**
  - Provide technical assistance (health, homelessness, & technology) to problem-solve and customize technology & policy solutions that work for each community
  - Create a workgroup structure for peer learning on similar data matching and data sharing challenge
  - Develop a forum for statewide convenings to further disseminate learnings and scale & spread adoption of the data sharing solution

Workgroup Progress

Workgroup Pairs Progress

Community		Progress				
County/CoC	**MCP**	**Regularly Meeting**	**Bilateral DSA**	**Security/Compliance Review of Client Matching Tool**	**Testing Client Matching Tool**	**Testing Automated Data Ingestion**
Sacramento (SSF)	**Health Net & Kaiser Permanente**	✓	In progress	✓ Cleared review with Health Net	✓ Completed with Health Net	
Kings / Tulare	**Anthem Health Net Kaiser Permanente**	✓	**In place w/ Anthem and Health Net**	✓ In progress with Anthem and KP ✓ Cleared review with Health Net and CoC	✓ Completed test with Kings/Tulare and Health Net ✓ KP to begin testing soon	
San Mateo	**Health Plan of San Mateo**	✓	**In place**	✓ Cleared review for both CoC and MCP	✓ Completed test and matched with real data	✓ Starting soon
Santa Clara	**Santa Clara Family Health Plan**	✓	**In place**	✓ Cleared review for both CoC and MCP	✓ Completed test with CoC and MCP ✓ In progress exchanging real data	
Many	**Kaiser Permanente**	✓	Template in progress	✓ In progress with KP	✓ In progress with KP	
Ventura	**Gold Coast**	✓	In progress	✓ In progress		
San Francisco	**Anthem**	✓	Signatures pending	✓ Completed with CoC ✓ In progress with Anthem	✓ In progress with CoC	
Santa Barbara & San Luis Obispo	**CenCal**		**In place**	✓ On hold with CenCal ✓ In progress with SLO CoC	✓ Completed test with SB CoC ✓ In progress with SLO CoC and CalMHSA	✓ In progress with Santa Barbara CoC

Spotlight: Kaiser Permanente & CalMHSA

HMIS Data Integration: Kaiser Permanente & California's Homelessness Response Systems

Executive Summary — Scope of Work

FIELD IMPACT PARTNERS

The Opportunity

In July 2026, Field Impact Partners (FIP) and Kaiser Permanente (KP) launched a partnership to move from unilateral, manual data sharing to a scalable, privacy-preserving bilateral data match between KP and California Continuums of Care (CoCs) — using HMIS data to identify, engage, and better serve members experiencing homelessness.

1

Identify shared clients

experiencing homelessness for coordinated care

2

Retrieve Medi-Cal enrollment data

member ID, assigned MCP, renewal dates

3

Access housing system data

including case manager contact info

4

Document ECM / Community Supports

referrals in HMIS without manual entry

5

Share housing status updates

to close the loop on care coordination

6

Automate data sharing

to the extent possible with existing technical capabilities

How We Got Here

This work builds on Kaiser Permanente's existing engagement in the Health and Homelessness Community of Practice (COP), convened by Homebase, Georgetown University and Connecting for Better Health, and supported by the DHCS TA Marketplace.

How the Tool Works

Through the COP, Kaiser Permanente has been working alongside Homebase, Georgetown University, and Connecting for Better Health to test a privacy-preserving bilateral data matching tool — “the Georgetown solution” — with eight CoCs and their managed care plan partners across California.

The tool lets both the CoC (via HMIS) and the managed care plan submit data independently — only matched records are surfaced, with neither party exposing its full dataset to the other.

Where Things Stand

Kaiser Permanente entered the COP through a partnership with Contra Costa County.

With Rakesh Ramachandran advancing SBAR approval and securing internal staffing commitment, KP is now positioned to move from participating in the COP with one community to testing the tool in additional communities.

Why This Matters Now

KP's internal data severely undercounts homelessness among its members — because it's rarely documented for billing or in the EHR. HMIS reflects a far fuller picture, making bilateral data sharing critical to identifying Kaiser Permanente members experiencing homelessness and serving this population.

5–10%

of records where homelessness likely applies actually carry the appropriate coding in KP data

~3x

more comprehensive: HMIS data holds roughly three times what KP currently captures internally

Regulatory context: The Transitional Rent (TR) APL technical guide requires KP TR providers to record data in HMIS for TR program participants by January 1, 2027. While this scope will not result in meeting the regulatory compliance obligation by the required deadline, the broader bilateral data integration opportunity will support the ease of these required recordings in the future.

Strategic Objectives

What success looks like across the two years of this partnership.

2026

Establish a functioning, privacy-preserving bilateral data matching capability between Kaiser Permanente with at least one California CoC by end of 2026 — with 1–2 counties as a strong benchmark for success.

2027

Build the internal infrastructure, team alignment, and partner relationships required to scale data integration to additional CoC-MCP pairs across Kaiser's California footprint.

Thank You

FIELD
IMPACT
PARTNERS

About CalMHSA

- CalMHSA is a public authority founded in 2009 that brings together county behavioral health departments across California to collaborate on shared challenges and solutions to transform mental health

- CalMHSA's **SmartCare is the electronic health record system that serves as the primary clinical platform for behavioral health county agencies in 27 California counties**
    - SmartCare stores client information, clinical documentation, and service history

CalMHSA
California Mental Health Services Authority

Overview of Proposition 1

Proposition 1 passed in March 2024 and includes the **Behavioral Health Services Act** and funding to **expand behavioral health services and supportive housing for individuals with the most serious mental health and substance use needs**.

The **Behavioral Health Services Act** replaces the 2004 Mental Health Services Act and fundamentally shifts how housing and behavioral health connect → **housing is now positioned as an integral part of behavioral health services delivery.**

Behavioral Health departments must now **identify and coordinate care for clients experiencing homelessness or housing instability** in order to meet the requirements of BHSA

- Data matching and sharing between BH and CoC systems is essential for this care coordination to occur
- **SmartCare contains the BH client data needed for this work** → by matching data from SmartCare against HMIS data from CoCs, BH departments and CoCs can identify shared clients and coordinate care

Our Partnership in the CoP

June 2026

CalMHSA joined the CoP as a partner to help support data matching and sharing between CoCs and BH departments; SmartCare contains the BH client data needed for matching but the goal is to develop methodologies that work for all county BH departments regardless of EHR

Today

Pilot discussions are active with counties in the CoP.

These pilots will determine how many clients are in common between CoC and BH systems, helping both systems connect those clients to appropriate services

Near-Term

CalMHSA will work with CoCs and BH departments to identify additional data elements that need to be shared between them for care coordination (e.g., chronically homeless or receiving BH services)

Future State

The longer-term vision is for SmartCare to flag key information from HMIS directly in the clinical workflow. This will be enabled by automated, ongoing ingestion of HMIS data into SmartCare rather than periodic file exchanges

Q&A

Discussion Question

How can HMIS further support your work in care coordination, administering new programs (e.g., housing-related services) or helping clients stay enrolled in Medicaid?

Lessons From the Last Quarter

Past Learnings Word Cloud

Lessons From the Last Quarter

- **Understanding SFTP architecture accelerates configuration.** Customized SFTP environments require additional configuration of the CoP's data matching and sharing solution to make the two systems compatible. When the team includes members familiar with the specific architecture and configuration details, configuration moves forward quickly without prolonged troubleshooting between technical and implementation staff.

- **Self-service implementation reduces dependency on dedicated technical support.** Well-documented solutions give organizations the information they need to implement independently. The GitHub resource library including role-based user guides, technical specifications, and system diagrams gives CoCs and health plans what they need to test and deploy the technology themselves, as San Francisco is currently doing.

- **Establishing baseline client matching metrics demonstrates impact.** Creating a before-and-after baseline of matched clients reveals the real-world impact to CoCs and MCPs: newly identified individuals experiencing homelessness and previously invisible Medi-Cal enrollment. Impact measurement has expanded to include outcomes like enrollment in Enhanced Care Management or Community Supports programs.

Lessons From the Last Quarter

- **Strategic business alignment on data elements accelerates data decisions.** Aligning on which data elements to exchange requires business leaders from the CoC and MCP to develop clear use cases and documented rationale for each field. IT teams are essential to these conversations because they understand where data currently lives, how easy it is to extract and how to integrate it into existing exchange files. San Mateo CoC and San Mateo Family Health Plan are advancing this approach now.

- **HMIS vendors are supporting customization for upcoming Medicaid requirements.** HMIS partners are taking steps to prepare systems for the H.R.1 Medicaid work requirements that take effect in January. By adding data fields for Medicaid renewal dates and enrollment status, among others, HMIS systems will enable CoCs to track eligibility changes and support client retention as new policy requirements go live.

- **Work continues even as resource capacity shifts.** Resource constraints don't derail progress if work is structured flexibly. An MCP partner recently shifted focus from testing and implementation to strategic alignment discussions on data elements, keeping momentum despite the resource change.

Lessons From the Last Quarter

- **New behavioral health funding programs create a business case for data sharing.** Transitional Rent and Behavioral Health Services Act funding programs already provide clear rationale for data exchange between CoCs and behavioral health departments. These time-bound funding opportunities create urgency around identifying individuals who could benefit from services and naturally prioritize the work of establishing data sharing between organizations.

CoP Engagement & Resources

Engagement in the CoP

CoP ENGAGEMENT

235 Participants

121 CoP Wiki Users

153 Organizations

CoP WORKGROUPS

10 CoP Counties

9 Completed Workgroup Meetings

13 CoP resources developed

CoP PROGRESS

1 Bilateral live data exchange

6 Orgs tested a client matching solution

8 Orgs completed Security Reviews

6 Bilateral DSAs in place

4 Counties with established client matching capabilities

3 Counties working on behavioral health data sharing

3 Counties working on data ingestion

Communities of Practice Wiki

A shared space where organizations can exchange lessons, and co-design and implement practical data solutions to tackle complex community health challenges

CoP Wiki Users Can…

- Access practical “how-to” examples from peers who have addressed data matching/sharing, along with useful tools, solutions, and resources.
- Share progress, troubleshoot challenges, and exchange lessons and promising practices.
- Stay informed about Communities of Practice updates and activities.
- Collaborate on our CA County-Level Data Sharing Snapshot resource.

A login is required but sign-up is free and fast. All are welcome to join!

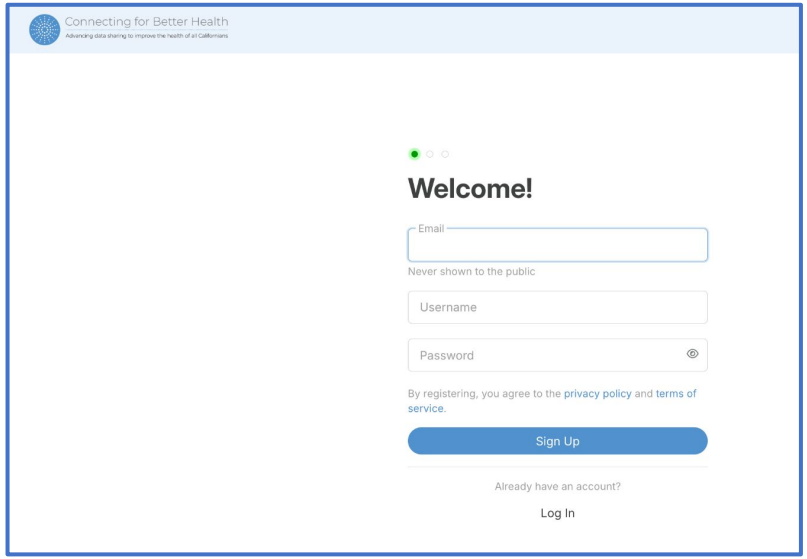
Homebase

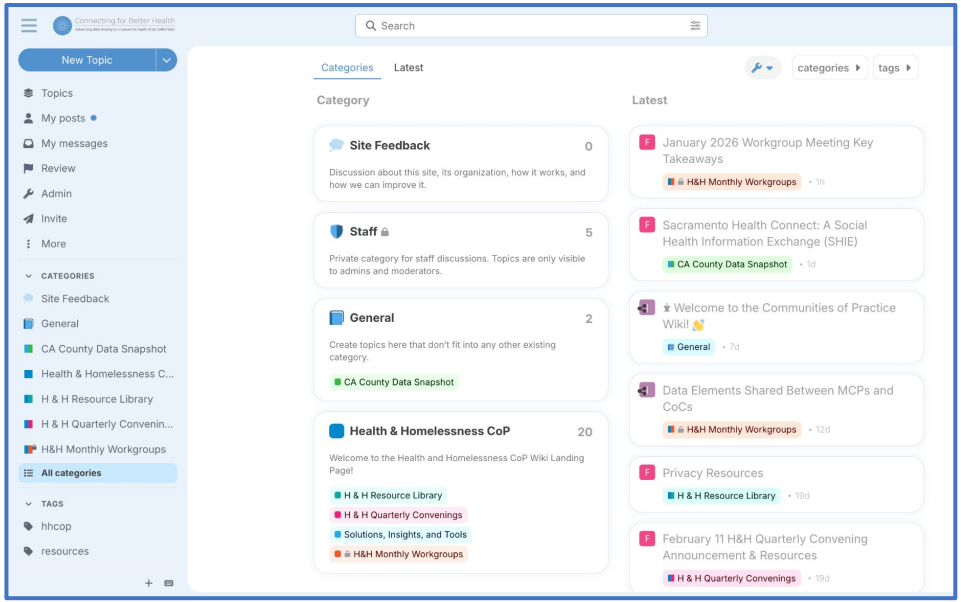
GEORGETOWN UNIVERSITY McCourt School of Public Policy MASSIVE DATA INSTITUTE

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Communities of Practice Wiki

[Click Here to Join]





Homebase

GEORGETOWN UNIVERSITY McCourt School of Public Policy
MASSIVE DATA INSTITUTE

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

Resources & Tools

All CoP Resources are available on the Wiki

Resource
CoP Project Overview
AB 133 FAQ
CoP Privacy Overview Document: Relevant Privacy Laws for Cross-sector Data Sharing
CoP Overview of PSI Data Sharing Tool
CoP PSI Data Matching FAQ
Project Blueprint: Enhancing Continuity of Care via Cross-CoC Data Match (SB & SLO)
Strategic Framework for Cross-Jurisdictional HMIS Data Sharing
Contra Costa Case Study: Bilateral Data Sharing Between Housing and Health Systems

Q&A

Thank you!

How to stay engaged:

- Community of Practice Registration Form
- Community of Practice C4BH Webpage
- Communities of Practice Wiki
- Homebase Health and Homelessness CoP Page
- C4BH Newsletter
- Homebase Newsletter

Contact us at healthandhomelessnessCoP@connectingforbetterhealth.com