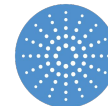


# Health and Homelessness Community of Practice Quarterly Convening



February 11, 2026



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 of Purpose & Goals
3	Community of Practice Engagement & Resources
4	What the Workgroup Pairs Have Accomplished
5	Contra Costa Spotlight
6	Lessons From The Work So Far
7	Q&A

# The CoP Team



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# 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)?
3	What geography do you serve?
4	What is one thing you've done since we last gathered in October 2025 to further cross-sector data sharing between health and homeless systems of care?

# CoP Recap of Purpose & Goals

# CoP Context

- Managed care plans (MCPs) and Continuums of Care (CoCs) both serve individuals with complex care needs, yet they often lack the tools to be able to effectively and efficiently collaborate and coordinate to meet the needs of their shared members/clients.
- The 2022 CalAIM Initiative recognized that housing is health care, integrating housing-related services into the Medi-Cal program.
- At the same time, the Housing and Homelessness Incentive Program (HHIP) established incentives for MCPs and CoCs to share data about clients in common to enable effective CalAIM implementation.

# Problem Statement

- Since 2022, MCPs and CoCs have not been able to realize HHIP's vision for data sharing.
- Currently, CoCs and MCPs cannot easily, affordably, regularly, or automatically identify shared clients or exchange information on housing status and care engagement to fully implement the vision of CalAIM.
- With mandatory Transitional Rent in place as of 1/1/26, MCPs will need accurate, timely data to determine eligibility, coordinate care, and manage payments.

# Data Sharing in the CoP

- Introducing tools and technical assistance to overcome the hurdles that still exist to achieve meaningful collaboration and coordination.
- Goal for MCPs and CoCs to easily and readily be able to:
  - Identify shared clients
  - Document CoC clients' Medi-Cal enrollment status, member ID, and assigned MCP
  - Access CoC case manager contact information so Medi-Cal providers can locate their members
  - Document successful ECM and Community Supports referrals in HMIS without manual entry
  - Share housing status updates to close the loop on care coordination
  - Share key data that CoCs collect for Transitional Rent eligibility

# The CoP Aim & Outcomes

## AIM:

People experiencing homelessness are enrolled in ECM & connected to Community Supports;  
Services are coordinated with housing supports;  
Through low-cost, secure, practical data sharing between CoCs and MCPs.

## PRIMARY DRIVER 1

CoCs and MCPs reliably identify shared clients and confirm eligibility for ECM/CS

## PRIMARY DRIVER 2

CoCs and MCPs confirm eligibility & share limited client data to connect people to services

## PRIMARY DRIVER 3

CoCs and MCPs share care coordination and housing status data to close the loop on services

## OUTCOMES:

Enrolled and receiving ECM benefits

Uptake of Community Supports

Stable housing

ED utilization

## EXAMPLE LEADING INDICATORS

- % records successfully matched between CoC and MCP files
- % matched records sharing agreed key data elements (case-manager contact, etc.)
- % shared clients with current referral and housing status visible to both partners

# CoP Engagement & Resources

# Engagement in the CoP

## CoP ENGAGEMENT

**156** Participants

**61**  
CoP Wiki Users

**111**  
Organizations

## CoP WORKGROUPS

**9** CoP  
Workgroup  
Pairs

**3**  
Completed  
Workgroup  
Meetings

## CoP PROGRESS

**5** Bilateral DSAs

**2** Bilateral DSAs in  
progress

**10** CoP  
resources  
created

# 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!**

# Communities of Practice Wiki

[Click Here to Join](#)

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Advancing data sharing to improve the health of all Californians

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CATEGORIES

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- Health & Homelessness C...
- H & H Resource Library
- H & H Quarterly Conveni...
- H&H Monthly Workgroups
- All categories

TAGS

- hhcop
- resources

Categories Latest

Category

- Site Feedback** 0  
Discussion about this site, its organization, how it works, and how we can improve it.
- Staff** 5  
Private category for staff discussions. Topics are only visible to admins and moderators.
- General** 2  
Create topics here that don't fit into any other existing category.
- Health & Homelessness CoP** 20  
Welcome to the Health and Homelessness CoP Wiki Landing Page!
  - H & H Resource Library
  - H & H Quarterly Convenings
  - Solutions, Insights, and Tools
  - H&H Monthly Workgroups

Latest

- January 2026 Workgroup Meeting Key Takeaways  
H&H Monthly Workgroups · 1h
- Sacramento Health Connect: A Social Health Information Exchange (SHIE)  
CA County Data Snapshot · 1d
- Welcome to the Communities of Practice Wiki!  
General · 7d
- Data Elements Shared Between MCPs and CoCs  
H&H Monthly Workgroups · 12d
- Privacy Resources  
H & H Resource Library · 19d
- February 11 H&H Quarterly Convening Announcement & Resources  
H & H Quarterly Convenings · 19d

# 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](#)

# What the Workgroup Pairs Have Accomplished

# First Cohort of Workgroup Pairs

County	Continuum of Care	Managed Care Plan
Contra Costa	Contra Costa Health Services - H3	Kaiser Permanente
Sacramento	Sacramento Steps Forward	Health Net
Santa Barbara	Santa Barbara CoC	CenCal Health
San Luis Obispo	San Luis Obispo CoC	CenCal Health
San Francisco	San Francisco Department of Homelessness and Supportive Housing	Anthem Blue Cross
Kings & Tulare	Kings and Tulare Homelessness Alliance (KTHA)	Anthem Blue Cross
Ventura	Ventura County CoC	Gold Coast
Santa Clara	Santa Clara CoC	Santa Clara Family Health Plan
San Mateo	San Mateo CoC	Health Plan of San Mateo

# 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	✓	✓ In progress	✓ Cleared security and compliance review; final intake review in progress		
San Mateo	HPSM	✓	✓ In place			
San Francisco	Anthem	✓	✓ In progress			
Santa Barbara	CenCal	✓	✓ In place	✓ In progress with CenCal	✓ Completed with Santa Barbara	✓ In progress with Santa Barbara
San Luis Obispo	CenCal		✓ In place	✓ In progress with CenCal		
Santa Clara	SCFHP	✓	✓ In place	✓ Starting soon with SCFHP ✓ In progress with SCC OSH		
Contra Costa	Kaiser	✓		✓ Starting soon with Kaiser		
Ventura	Gold Coast	✓				
Kings / Tulare	Anthem	✓	✓ In place	✓ In progress with Anthem	✓ Completed with Kings/Tulare	



# Spotlight: Contra Costa Health Services (H3)

## Contra Costa Health's Dual Role Enables Data Sharing Across Health & Homelessness Systems

CURRENT STATE	RESULT
A County agency (Contra Costa Health) oversees both the CoC and local MCP (Contra Costa Health Plan)	<ul style="list-style-type: none"><li>• <b>Reduced administrative barriers</b></li><li>• Eliminates the need for inter-agency agreements</li></ul>
<b>Daily, bilateral data sharing</b> between MCP (Epic) and CoC (HMIS)	<ul style="list-style-type: none"><li>• Better <b>care coordination</b> for people experiencing homelessness</li><li>• Streamlines program enrollment and continuity of services</li></ul>

# Methods of Data Match

## Contra Costa's Data Matching Process Today

- Utilize a sequential, deterministic approach
  - Most exact matches first and a match is considered a match
  - Matched records excluded from subsequent matches
- H3 worked with County IT's Business Intelligence team to iteratively develop and test matching strategies, trying to eliminate false positives and false negatives
  - This resulted in 14 different strategies using a large SQL query to produce the highest accuracy match



**Georgetown incorporated these strategies into their matching approach and algorithms**

# Data Elements Shared

From Contra Costa Health Plan	From Contra Costa CoC (HMIS)
Health Plan Enrollment Status	HMIS Program Enrollment Status
Health Plan Enrollment Effective Dates	Program Effective Dates
Health Plan Case Manager Contact Info	Program Contact Info
ECM/CS Case Manager Contact Info	
CS Authorization Status	
CS Authorization Effective Dates	
Hospital Admit/Discharge Notifications*	

# Impacts of Data Shared

- Well positioned to respond to COVID-19 pandemic and to quickly identify the most vulnerable clients
- Provides an understanding of how many people experiencing homelessness are eligible for or enrolled in Contra Costa Health Plan
- Improves communication between case managers on shared clients
- Improves visibility on authorizations that are about to expire or about to reach their global cap
- Helps close the loop on care coordination by sharing housing status updates
- Automates billing and claims
- Hospital admission and discharge notifications support ECM/CS Outreach workers with discharge or care planning

# Next Steps

- Participate in the Health & Homelessness Community of Practice
- **Goal:** Replicate and adapt CoC data sharing approaches with Kaiser Permanente, the other MCP in Contra Costa County

# Q&A





# Lessons From The Work So Far

# Lessons from the Work So Far...

- **Early wins matter:** Receiving CenCal enrollment data for the first time allowed SLO to identify overlap with HMIS, assess ECM/CS eligibility, and begin to ingest data into HMIS.
- **Seeing who is missed without HMIS data builds buy-in:** Kaiser's HMIS–Epic comparison showed gaps in care without HMIS data, building buy-in for HMIS integration.
- **Grounding in purpose sustains progress:** SF and Anthem maintain progress by staying focussed on why data exchange is essential for identifying homelessness risk and services, despite capacity constraints.
- **Tying work to TR requirements creates prioritization:** Linking HMIS integration to Transitional Rent requirements prioritizes this work and speeds up internal processes.



## Lessons from the Work So Far...

- **Prompt engagement of IT staff accelerates progress:** Counties that included IT staff at the outset were able to identify security, data, and workflow issues sooner and avoid rework.
- **Approvals take time, start early:** Health Net engaged IT and compliance early, moved the client matching tool through security and compliance review, allowing Sacramento to advance to design and deployment.
- **Low cost, open source technology exists:** An affordable, accessible, testable, open-source solution allows Counties to move forward without designing or procuring new technology.
- **Progress does not depend on a single technical path:** Counties are improving existing exchange, adding fields, and testing ingestion while matching approaches are under review.
- **Shared approaches reduce duplication and speed up implementation:** Monthly meetings will all CoC/MCP pairs facilitate approvals, sequence steps and data-decisions for the whole community.



# Q&A



# Thank you!

## How to stay engaged:

- [Community of Practice Registration Form](#)
- [Community of Practice C4BH Webpage](#)
- [Communities of Practice Wiki](#)
- [C4BH Newsletter](#)
- [Homebase Newsletter](#)

Contact us at [healthandhomelessnessCoP@connectingforbetterhealth.com](mailto:healthandhomelessnessCoP@connectingforbetterhealth.com)