

Appendices to Statewide Initiatives to Address Complex Needs of People Experiencing Homelessness: Key Takeaways from Implementation of the Department of Health Care Services' Systems Integration Efforts¹

APPENDIX A: Methodology

Homebase conducted significant research to develop a rich and nuanced understanding of the State's recent initiatives to address the complex care needs of people experiencing homelessness. The multi-faceted approach is described below.

Direct Input from Implementers and Key Informants

Interviews and Listening Sessions

Homebase convened a series of listening sessions throughout 2024 to elicit feedback on innovations and lessons learned from the implementation of HHIP and CalAIM's ECM and Community Supports. Homebase held separate listening sessions to gather insights from the following key groups: 1) Continuums of Care (CoCs); 2) Managed Care Plans (MCPs); 3) ECM and Community Supports providers; and 4) People with Lived Experience of Homelessness. The goal of the listening sessions was to identify promising practices or ideas to continue leveraging the programs to build and sustain cross-sector partnerships and adopt on-the-ground practices that best serve people experiencing homelessness and lead to better health and housing outcomes. During each session, Homebase facilitated participants through a series of questions to prompt discussions around accomplishments, challenges, and remaining gaps.

- Continuums of Care (CoCs): 19 participants representing 17 CoCs, including urban, suburban, and rural communities
- Managed Care Plans (MCPs): 27 participants from 12 Medi-Cal MCPs operating in California, including both local health plans and commercial plans operating across multiple counties²
- Enhanced Care Management (ECM) and Community Supports providers: 116 participants from 65 different agencies, representing both ECM and Community Supports providers. 45 written comments were submitted anonymously in addition to the feedback shared during the sessions.

Homebase engaged with people experiencing homelessness about the services they receive. Through one-on-one interviews and focus groups, Homebase asked Medi-Cal members experiencing homelessness in Alameda, Fresno/Madera, Los Angeles, and Santa Barbara Counties about their coverage, their services, and the benefits or impacts of those services on their lives. Homebase spoke with members of Lived Experience Advisory Boards (LEABs), as well as people who were referred by their ECM and/or Community Supports providers. Not all individuals we spoke with were receiving ECM and/or Community Supports services at the time of the interview.

Homebase also conducted over 50 interviews with key informants from multiple State agencies, staff from MCPs, CoCs/homeless response systems, ECM and Community Supports providers, hospital providers, HMIS vendors, and other consultants with expertise in this area.

Monthly Health-focused CoC Roundtables

Homebase also gleaned insights from a monthly roundtable it has facilitated for health-focused CoC staff since April 2023. The majority of the state's CoCs have participated across the twenty roundtable sessions, with many consistently sending representatives. During these sessions, CoC staff have discussed their experiences and shared input relating to the following:

- HHIP implementation while that program was active
- ECM and Community Supports implementation
- Cross-sector collaboration strategies and promising practices
- Data sharing and infrastructure development

¹ This paper is part of a larger report entitled [Statewide Initiatives to Address Complex Needs of People Experiencing Homelessness: Key Takeaways from Implementation of the Department of Health Care Services' Systems Integration Efforts](#), developed by Homebase and funded by the California Health Care Foundation. The report offers a deep dive into the impact, challenges, and opportunities made possible by two critical and complementary state initiatives aimed at improving health and housing outcomes of Californians experiencing homelessness: CalAIM's housing-related services – Enhanced Care Management (ECM) and Community Supports (collectively referred to in these materials as ECM/CS) – and the Housing and Homelessness Incentive Program (HHIP).

² Only 10 of the state's Medicaid MCPs did not participate, nearly all of which operate in only one county each; all of those counties had at least one MCP present.

Though the roundtable is specifically for CoCs, additional key informants have attended as well. MCP representatives from across the state attended a joint session to discuss key opportunities for improving ECM and Community Supports implementation and California Department of Health Care Services (DHCS) representatives focused on HHIP and ECM and Community Supports have attended multiple sessions to provide updates and discuss implementation issues and opportunities with CoCs.

Direct Technical Assistance

Insights were also gathered through Homebase's experience providing:

- Direct HHIP and ECM and Community Supports-focused technical assistance to CoCs and MCPs in several communities
- Support for Medi-Cal renewal campaign implementation across the state, including development of a written toolkit and facilitation of monthly office hours
- Guidance to local communities on ECM and Community Supports program development and implementation
- Development of written materials on HHIP and ECM and Community Supports and hosting interactive webinars and office hours relating to implementation

Geographic and Demographic Representation

The information gathering process intentionally included:

- Rural, suburban, and urban communities
- Counties with single and multiple MCPs
- Areas with varying levels and types of homeless response system infrastructure
- Communities with different approaches to ECM and Community Supports implementation
- Regions representing California's diverse population and needs

Administrative Data Analysis

All data cited in this report comes from Calendar Year 2023. Because Homebase sought to look across different data sources, the period of time that was complete for all sources was from Calendar Year 2023. Some sources have more current, up-to-date information about homelessness and utilization of CalAIM's ECM and Community Supports, which may provide more insights into how the systems have broadened services in the past 12 months.

Homebased analyzed 2023 data from:

- The State of California's [Homeless Data Integration System](#) (HDIS), which incorporates Homeless Management Information System (HMIS) data from each Continuum of Care, from Calendar Year 2023.
- California Department of Health Care Services' [ECM and Community Supports Quarterly Implementation Reports](#), last accessed in August 2024 for purposes of this report.
- California Health and Human Services' Department of Health Care Access and Information (HCAI), [2023 Hospital Emergency Report](#), from Calendar Year 2023.

Integration and Analysis Process

The findings were developed through:

- Analysis and synthesis of themes across multiple administrative and qualitative data sources
- Identification of common challenges and successes
- Analysis of varying experiences across different types of communities
- Assessment of promising practices and replicable models
- Review of systemic barriers and potential solutions

This multi-faceted methodology allowed for a thorough examination of both implementation successes and challenges while capturing diverse perspectives from key parties across California's health care and homeless response systems, at both the state and local levels. The approach enabled identification of both common themes and unique local experiences that can inform future program development and system integration efforts.

APPENDIX B: Glossary of Key Terms

At risk of homelessness is a status given to individuals and their families who have unstable housing and inadequate income and resources.

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory. The success of CalAIM will be a model for transformation of the entire health care sector.

Community Supports are new services intended for Medi-Cal members with complex health needs who also have unmet social needs due to issues such as food insecurity, homelessness, or systemic racism.

Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule for a defined geographic area. A CoC is composed of representatives of organizations including: nonprofit homeless response service providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and people experiencing or who have previously experienced homelessness. Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

Coordinated Entry System (CES) provides a centralized approach to connect the region's most vulnerable residents experiencing homelessness to housing through a single, community-wide assessment tool and program matching system.

Department of Health Care Services (DHCS) is the California State agency that oversees the Medi-Cal program.

Enhanced Care Management (ECM) is a statewide program for Medi-Cal members with complex care needs that impact their physical, mental, and/or social well-being. The State has identified several "Populations of Focus" who should be offered the opportunity to receive these services and to facilitate referrals to and engagement in ECM programs that meet their needs.

Homeless is defined by the U.S Department of Housing and Urban Development (HUD) through four categories:

- individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- individuals and families who will imminently lose their primary nighttime residence;
- unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and
- individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing or at risk of homelessness.

Homeless response system is another way of describing the Continuum of Care (CoC) and the network of partners who come together to work to support people experiencing or at risk of homelessness.

Housing and Urban Development (HUD), U.S. Department of, is the federal agency responsible for national policy and programs that address housing needs, improve and develop communities, and enforce fair housing laws.

Medicaid is a joint federal/state funded program that provides health coverage to individuals and families with low incomes; children; pregnant people; older adults; and people with disabilities.

Medi-Cal is California's name for the state Medicaid program

Medi-Cal Managed Care Plans (MCPs) contract with the State to provide Medi-Cal health coverage for people enrolled in Medi-Cal. The MCPs then contract with networks of health care providers and other qualified service providers to provide delivery of direct services to Medi-Cal beneficiaries.

People with lived experience is a term used to refer to people who have lived through the experience of homelessness and have first-hand knowledge of what it feels like to live unsheltered and/or to move through the homeless response system.

Permanent Supportive Housing (PSH) provides long-term housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.

Providing Access and Transforming Health (PATH) is part of the CalAIM initiative. It aims to promote health equity by addressing social determinants of health. It seeks to create an equitable, coordinated, and accessible Medi-Cal system that meets the diverse needs of Californians. PATH provides \$1.85 billion in funding over a five-year period to address gaps in local organizational capacity and infrastructure throughout the state. By providing additional resources such as staff, billing systems, and data exchange capabilities, community partners will be better equipped to contract with managed care organizations and expand the services they offer to Medi-Cal beneficiaries.

Rapid Rehousing (RRH) provides rental housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to more permanent housing.

Supportive services include assistance applying for benefits, mental health and substance use services, outpatient health services, information and referral services, child care, education, life skills training, employment assistance and job training, housing search and counseling services, legal services, outreach services, transportation, food assistance, risk assessment and safety planning (particularly for individuals and families experiencing domestic violence), and case management services such as counseling, finding and coordinating services, and monitoring and evaluating progress in a program.