



DxF Community Design Studio in Action: An Analysis of Housing Referrals in Sacramento County

About Connecting for Better Health

Connecting for Better Health (C4BH) is a non-profit coalition dedicated to advancing health and social data sharing to improve the health of all Californians. We share a vision that every Californian and their care team will have the information and insights they need to make care seamless, high quality, and affordable.

BACKGROUND INFORMATION



The Data Exchange Framework (DxF) Community Design Studio led a human-centered design approach to analyze and improve data exchange methods for housing referrals in Sacramento County. Over the span of 10 weeks, the Community Design Studio centered on housing referrals among CalAIM (California's Medi-Cal Transformation waiver) providers, and emergency departments (EDs). The Design Studio uncovered critical data sharing issues impacting program effectiveness and outcomes, including:



Determining Medi-Cal enrollment status and assigned providers



Multiple referral pathways



Lack of necessary client information provided in referrals

As part of an 10-week design process, the Community Design Studio reviewed DxF requirements, allowing organizations to assess their data exchange practices against state policy. Participants in the Community Design Studio included: Managed Care Plans (MCPs), a large hospital system, housing community-based organizations (CBOs), a housing technology vendor, a 2-1-1 agency, and a Continuum of Care (CoC) organization.

CLIENT/PATIENT JOURNEY



Through a human-centered design approach, the C4BH design studio team developed a use case centered on a fictitious persona, "John Lee" in Sacramento, who is diagnosed with schizophrenia, has chronic health conditions, and recently became unhoused. John's care journey includes being admitted to the emergency department for an infection and it then documents the steps and referrals needed for him to become safely housed.

Health Plan Participant

"It was beneficial for us to contribute to discussions on care navigation, service coordination, and identify challenges in streamlining processes. These sessions highlighted **opportunities for greater collaboration, uniformity, and improvement** in closed-loop referrals and data exchange"

LEARNINGS / RECOMMENDATIONS



4 things that we would recommend to a housing provider, MCP, HIEs, CLR tool, HMIS, a clinic/provider, and state:

1

HMIS Utilization

The Homeless Management Information System (HMIS) serves as a platform for providers to get updates on a client's progress towards gaining permanent housing. However, HMIS is a Housing and Urban Development (HUD) sponsored program which currently does not track other social needs (e.g. enrollment in CalAIM programs).

Recommendation: Evaluate opportunities to work with CoCs to update HMIS with MCP enrollment and ECM provider information to allow for more effective collaboration among all providers supporting unhoused individuals.

2

Closed-Loop Referral (CLR) Burden

Organizations must manage referrals in a myriad of CLR systems depending on a client's MCP. In some cases, MCPs maintain different instances of the same system from the same vendor. While MCPs acknowledge they are working to standardize forms, there are inconsistencies across MCPs.

Recommendation: Assess how CLR systems can ease provider burden such as standardizing the Enhanced Care Management (ECM) and Community Supports (CS) referral forms across MCPs and, enabling providers with a single entry point for all ECM/CS referrals across MCPs.

3

Minimum Data Sets

CBOs do not regularly receive key information from referring providers needed to enroll their clients for services. When a client is unhoused, this becomes difficult and often delays the referral process.

Recommendation: MCPs may consider how key information (e.g. monthly income, household size, and member, guardian, or conservator contact information) is shared with providers for efficient CalAIM enrollment.

4

Determining Medi-Cal Eligibility

A client's social security number (SSN) is required when looking up a client's Medi-Cal enrollment status in the Automated Eligibility Verification System (AEVS).

Recommendation: DHCS may consider enabling providers to look up a client's status by readily collected demographic information such as name, date of birth, address, phone number, etc.

Community Design Studio findings available to all

The findings from this Community Design Studio can serve as a resource for human-centered design and guidance on processes within the current policy frameworks. Community Design Studio references include:

- **Complete User Story** that chronicles the step-by-step care-journey for an individual. The User Story identifies every actor that is involved in the care-journey, documents system-level assumptions, and outlines data flow between and among organizations.
- **Data Set Requirements** with regulatory, legal and standards compliance considerations.
- **Synthetic Data** that *does not* contain PHI for use case validation.

Interested in Participating in a Community Design Studio?

Utilizing human-centered design, the Community Design Studio is open to all California organizations interested in working collaboratively with their peers and partners to develop a priority use case aligned with the DxF that can be put to use immediately. Prior to and in-between sessions, the design studio team provides support by conducting interviews, developing data exchange network maps, documenting use case requirements, and producing corresponding test data.



Sign up for the DxF Community Sandbox and access the full use case [here](#).