Telling the Story of Your County's BHSA Program through EHR and HMIS Data

Presented by Abt Global in Partnership with California DHCS and CalMHSA

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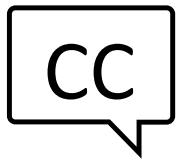
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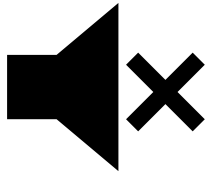
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Questions

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Agenda

- Electronic Health Records
- Individuals Housed under MHSA and now BHSA
- Chronic Homelessness: Evergreen Status
- HMIS and HDIS Data
- How to Review your HMIS Data
- Comparing EHR and APR Data
- Resources and Next Steps
- Q&A

Documenting Housing Status in your EHR and in HMIS

CalMHSA
California Mental Health Services Authority

What counties must be able to show

100%

of clients served with BHSA Housing Intervention funds meet the definition of homeless or at risk of homelessness

50%

of HI expenditures must serve the BHSA chronically homeless, with a focus on encampments



Current and Future reporting

Starting this quarter, BHSA data is being included in each HMIS Lead's quarterly upload to the state's Homeless Data Integration System (HDIS) submission

Counties will report through the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)

Counties can show compliance by tracking housing status in their EHRs.

Documenting Housing Status in Your Electronic Health Record

Tracking homelessness and housing risk for Behavioral Health Services Act (BHSA) compliance

CalMHSA

California Mental Health Services Authority

EHR: Use Problem List and Set Flags



1: Problem list

The Department of Health Care Services (DHCS) requires county behavioral health plans to keep a problem list in the EHR (Behavioral Health Information Notice 23-068). ICD-10 Z59 codes record homelessness and housing problems.

ACTION REQUIRED
Enter the recommended Z59 code with a start date. Update it when the client's status changes. If the start date is unknown, estimate it from the client's report.



2: Flags or special populations

Z59 codes identify clients who are homeless or at risk. No code identifies chronic homelessness or living in an encampment.

ACTION REQUIRED
Create EHR flags or special populations for clients who are chronically homeless and for clients living in an encampment.

Chronic status carries into funded housing



Tip: Build reports on each client's housing status at program entry. This captures funding status even after the client is no longer experiencing homelessness.

Key Definitions

CalMHSA
California Mental Health Services Authority

At risk of homelessness

An adult or family is at risk if they lack the resources or support networks to avoid moving to a shelter or other place in the homeless definition, and meet one of seven conditions. Conditions include:



Moved two or more times for economic reasons in the 60 days before applying for help



Living in someone else's home because of economic hardship *or* being notified in writing that the right to stay in current housing ends within 30 days of applying



Living in a hotel not paid for by a government agency or charity



Leaving a publicly funded institution or system of care, such as a hospital, mental health facility, foster care, or correctional program



Living in an overcrowded unit: more than two people in a single-room or efficiency unit, or more than 1.5 people per room (U.S. Census Bureau definition)



Living in housing the local consolidated plan identifies as unstable.

BHSA does not include the federal 30% Area Median Income (AMI) test.
Children or youth who do not meet any of the seven conditions may qualify under other federal laws.

Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence, has no next residence identified, and lacks resources or support networks.



Sleeping somewhere not meant for people to live, such as a car, park, abandoned building, station, airport, or campground



Living in a shelter that provides temporary housing



Leaving an institution after being homeless before or during the stay



About to lose their main nighttime residence within 30 days of applying for help



Fleeing or trying to flee domestic violence

Unaccompanied youth under 25 and families with children may qualify under other federal laws.

Chronic homelessness and encampments



Chronically homeless

A homeless person with a disability who lives in a place not meant for people to live, a safe haven, or an emergency shelter, and has been homeless for a combined 12 months or more over the last three years. People who were chronically homeless before entering an institutional care facility keep that status after discharge, however long they stayed.



Living in an encampment

A group of people sleeping outside in the same place over a long period, with physical structures such as tents, personal belongings, and social supports or a sense of community.

Status before housing counts: Anyone who was chronically homeless, homeless, or at risk before receiving Transitional Rent or Mental Health Services Act (MHSA)-funded housing keeps that status for BHSA purposes.

Recommended ICD-10 Z59 Codes

CalMHSA
California Mental Health Services Authority

Z-Codes for at-risk of homelessness

Client situation	Code	When to use
Housed, but at imminent risk of homelessness within 30 days	**Z59.811**	Client reports risk of losing housing soon, such as an eviction notice or a lease ending with no other option
Housed, but was homeless in the past 12 months	**Z59.812**	Client is housed now and has recent history of homelessness
Housed, but housing is unstable (details unclear)	**Z59.819**	Housing is unstable, but the details are unknown



BHSA counts clients coded Z59.811 (housing loss within 30 days) as homeless, not at risk.

Z-Codes for homelessness

Client situation	Code	When to use
Homeless, shelter status unknown	**Z59.00**	Homelessness is confirmed, but it is unknown whether the client is sheltered or unsheltered
Homeless, living in a shelter or transitional housing	**Z59.01**	Emergency shelters, transitional housing, or similar programs. Do not use for tents or abandoned buildings.
Homeless, living outdoors (street, encampment, vehicle, abandoned building)	**Z59.02**	Unsheltered settings, including encampments, cars, and makeshift outdoor structures



For a client in an encampment, use Z59.02 on the problem list and add the encampment flag (Method 2).

Action checklist

1

Enter Z59 codes

Add the right Z59 code to each client's problem list with a start date.

2

Keep status current

Update codes and flags whenever a client's housing status changes.

3

Create EHR flags

Set up flags or special populations for chronically homeless clients and for clients living in encampments.

4

Report on entry status

Build reports on housing status at program entry to show BHSA funding eligibility.

HUD and BHSA Chronic Homelessness

Evergreen Status

BHSA Chronic Homelessness Status is Broader than HUD's Definition

BHSA definition of chronically homeless

Starts from HUD's definition (24 CFR 91.5)

- A person with a **disability** who lives in a place not meant for habitation, a safe haven or an emergency shelter
- Homeless for 12 months continuously, or on at least 4 occasions in 3 years that total 12+ months

DHCS changes for BHSA

- **Any number of occasions** can add up to the 12 months (HUD requires four)
- People who were CH right before entering an institution keep that status, regardless of length of stay
- People who were CH **before Transitional Rent or MHSA housing** stay CH when they move to Housing Interventions

How the status carries forward

BHSA Chronically Homeless at entry

↓

BHSA interim housing

↓

BHSA permanent housing

BHSA CH status retained

Note: HMIS re-checks **HUD's** CH definition, not BHSA's, at each new enrollment, so a client who is still CH under BHSA may not show as CH. Some HMIS vendors also show BHSA CH status; if yours does not, counties and providers need to track it themselves.

HMIS and HDIS Data

How BHSA Housing Data Reaches the State and How Counties Can Use It

Public Transparency: AB 977 and AB 799

- **AB 977:** Grantees of state homelessness programs must enter HUD data elements into their local HMIS. This now includes data on people being served with BHSA Housing Intervention funds.
  - HMIS Leads upload this data quarterly to the state's HDIS
- **AB 799:** Cal ICH must publicly report fiscal and outcome data for AB 977 programs
  - Outcomes rely on complete exit Destination and Prior Living Situation data
- **Bottom Line:** HMIS set-up and data quality decide how your county's BHSA outcomes appear to the public

BHSA and other AB 977 Program Data Available to State Departments Privately and Publicly Through HDIS

Not public: department outcome dashboards

Built by Cal ICH for state departments that run AB 977 programs

- Program outcome dashboards for each department
- State Department Compliance Dashboards
- AB 977 Data Summaries Dashboards

Why they stay private

They include client-level data, so Cal ICH can't publish them without suppression. AB 799 requires public program outcome data by June 1, 2027.

Public Statewide HMIS data from HDIS

- HHAP, ERF and FHC Persons-Served Outcome Dashboard
  public.tableau.com · linked from HCD's HHAP page
- California Homelessness Services Data Dashboard
  calich.ca.gov/hdis.html
- HELP Act Dashboard (SB 914)
  calich.ca.gov/help_act.html
- California System Performance Measures
  calich.ca.gov/ca_spms.html
- Cal ICH datasets, California Open Data Portal
  data.ca.gov/organization/california-interagency-council-on-homelessness
- Homelessness demographics dataset
  data.ca.gov/dataset/homelessness-demographics
- HDIS methodology, release notes and inquiries
  calich.ca.gov/hdis/inquiries.html
- Index of all Cal ICH data tools
  calich.ca.gov/data_resources.html

Source: Cal ICH data resources (calich.ca.gov); HCD HHAP program page; Cal ICH response to State Auditor report 2023-102.1; Cal ICH presentation to Senate Budget Subcommittee 4, February 26, 2026.

Example 1 of Public HDIS Data by CoC

Goal 4: Increasing Exits to Permanent Housing

This goal aligns with **Goal 2 of California's Action Plan for Preventing and Ending Homelessness:** Help more people move into housing.

This chart **shows the percentage of domestic violence survivors, their children, and unaccompanied women who exited homelessness services into permanent housing**—alongside the percentage for all people experiencing homelessness.

According to the U.S. Department of Housing and Urban Development (HUD), permanent housing includes options such as **permanent supportive housing, rapid rehousing, living with family long-term**, or **renting or owning a home**, with or without a housing subsidy.

Helping people move into permanent housing is a critical outcome—both for people rebuilding their lives and for communities working to end homelessness.

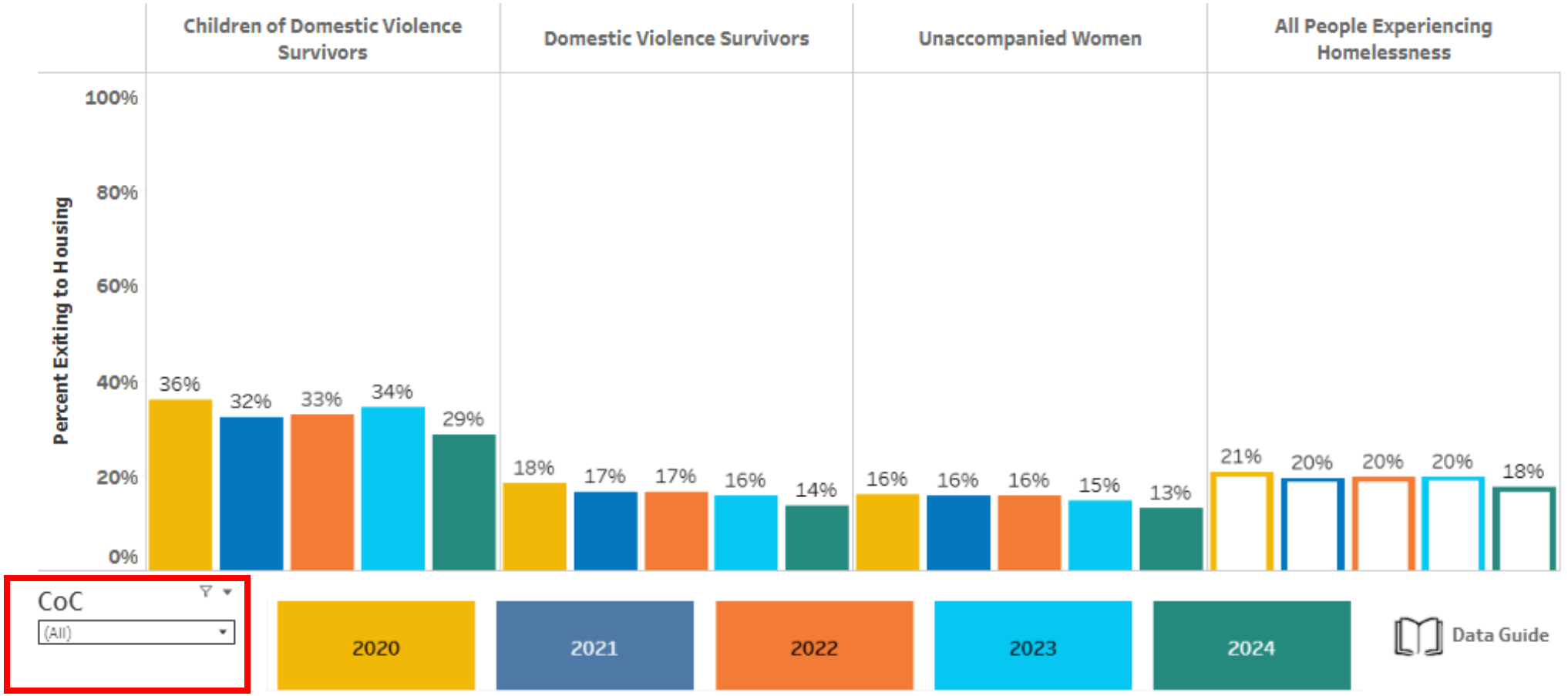
From 2020 to 2024:

- This goal has remained **fairly stable** for all groups but showed a **decline in the most recent year**.
- **Children of survivors** had the **highest exit rate**, averaging 33%.
- Domestic violence survivors and unaccompanied women exited to permanent housing at slightly lower rates—16% and 15%, respectively—compared to 19% for all people accessing services.

All of these rates remain well below California's **statewide goal** of achieving **60% exits to permanent housing by 2028**, highlighting the need for continued investment and cross-system coordination.

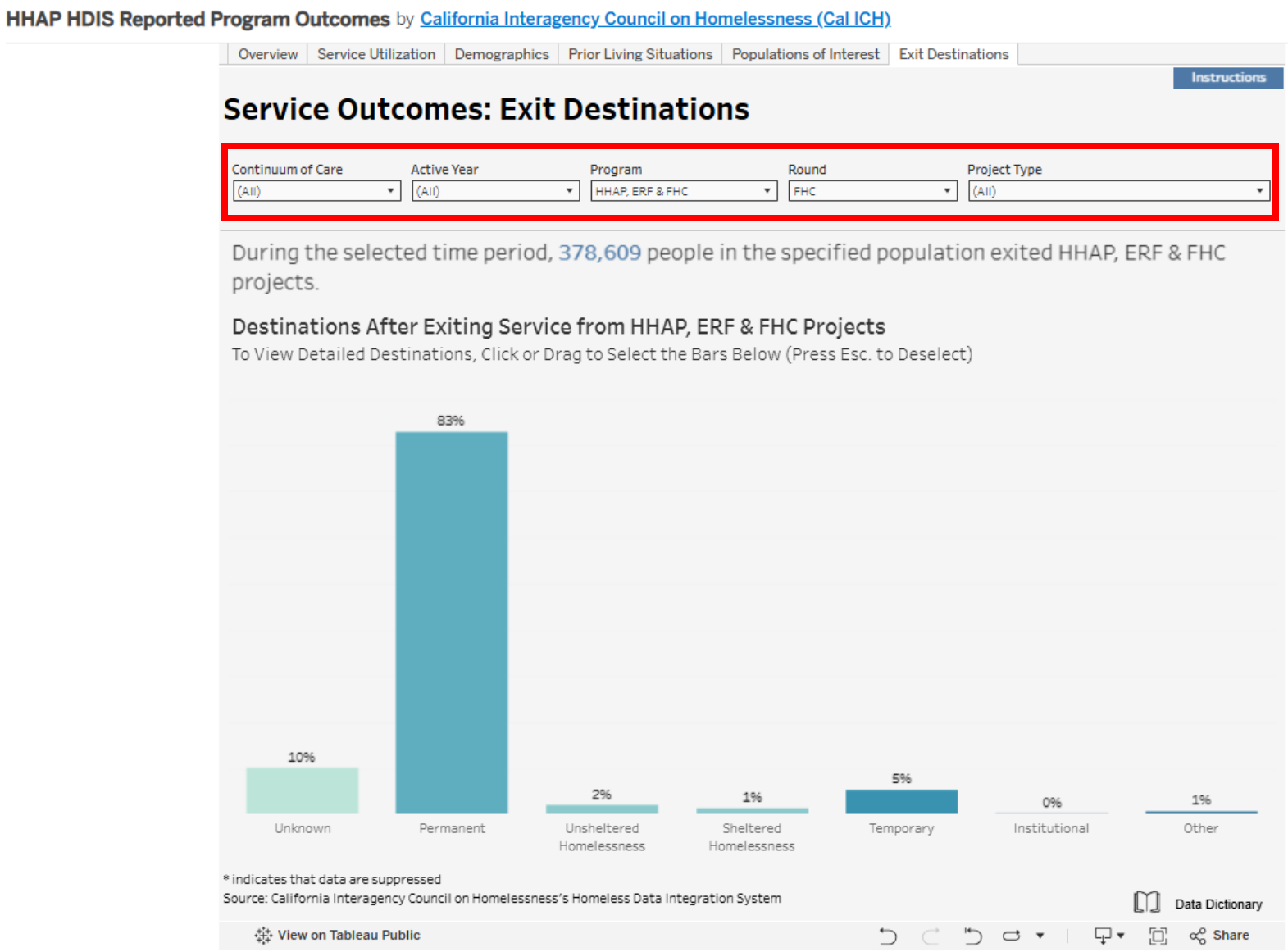
Source: Homeless Equity for Left Behind Populations (HELP) Act Dashboard (Cal ICH), https://calich.ca.gov/help_act.html

Example 1 of Public HDIS Data by CoC



Source: Homeless Equity for Left Behind Populations (HELP) Act Dashboard (Cal ICH), https://calich.ca.gov/help_act.html

Example 2 of Public HDIS Data by CoC



Source: HHAP-HDIS Persons-Served Outcome Dashboard (Cal ICH), https://public.tableau.com/app/profile/california.business.consumer.services.and.housing.agency/viz/HHAPReport/Overview

Upload Process for Q3 and Q4

- **Quarterly Uploads:** Starting in Q3 2026, BHSA data is being included in each HMIS Lead's quarterly upload to HDIS
  - **Wrapping up:** Q3 HDIS uploads for 2026 are due by Monday, November 9th
- **Upcoming:** Q4 HDIS uploads for 2026 will be due by Wednesday, February 10th
- **HMIS Leads** manage HDIS upload coordination and timing
- **Bottom Line:** For BHSA data to be included in the HDIS, each project must be set up properly their HMIS Funding Codes and Grant Identifiers

State View: DHCS Funding Codes and Grant Identifiers

DHCS **Funding Codes** and **Grant IDs** must be entered into the Funding Program fields in HMIS. Projects can have more than one funding program record.

Program	Local or Other Funding Source (Please Specify) Other Funder Code	Grant ID	Grant ID Examples
BHSA	CA-DHCS-BHSA	Use **Appendix D** of the BHSA Project Setup Instructions	BHSA01
BHBH	CA-DHCS-BHBH	Use **Appendix C** of the BHBH Project Setup Instructions	BHBH01

State View: Levels of Data

- CoC: Project CoC and Enrollment CoC
- County: Funding Codes and Grant Identifiers
- Project type: Project type
- Project: Project ID or Project Name
- Household: Household ID
- Client: Personal ID

State View: BHSA First Order Data Quality Priorities

- Project setup accuracy and alignment with the BHSA-HMIS Project Setup Instructions
  - Funding source and Grant ID
  - Project type
  - Household and client counts
  - Entry and exit dates

- If the above information is inaccurate, then the state may not see your CoC or County's data

How to Review Your HMIS Data

How can BH Counties regularly review BHSA-HMIS data?

- Establish a data review process with the HMIS Lead and CoC
  - Review the state's expectations for BHSA data collection
  - Define your county's data quality and monitoring needs
  - Bring those needs to the CoC's HMIS or data committee, which approves the local data quality plan
  - Agree on data quality thresholds that meet State, CoC, BH County and HMIS Lead expectations
  - Meet regularly with the HMIS Lead to review data, and report results to the CoC
    - Use these meetings to show the CoC BHSA's scope, scale and results: who it serves, how many, and housing outcomes

How can BH Counties regularly review BHSA-HMIS data?

- Access to Reports: Simplest way to regularly review BHSA-HMIS data
  - Direct access in HMIS to BHSA funded project reports
  - Indirect access from HMIS to BHSA funded project reports
- Reports
  - Canned Reports: Use HMIS vendor or local canned reports. These vary by CoC.
  - User Generated Reports: The user sets up the report query. Usually, report templates can be saved for future use.
  - Annual Performance Report (APR): Standard HUD reports available on all HMIS systems.

Three Ways to Scope a BHSA APR

- **One project:** answers “How is this project doing?” with who it served, data completeness, and client outcomes
- **One project type:** answers “How are all our projects of this type doing?” in a single APR across several projects
- **All BHSA projects in the county or CoC:** Answers “How many people did BHSA serve?”, the **total** counties report and fund

The county-wide total is not a performance measure

- It also counts prevention clients and PSH residents who have been housed for years
- To judge outcomes like exits to housing, filter to people who were homeless at entry

What an APR shows a BH County about one project

APR section	What it shows the county
Persons and households served	Number of clients and households served, split by adults, children, and household type
Data quality	Missing or "don't know" answers on required fields, and how quickly data is entered
Client characteristics	Age, race and ethnicity, veteran status, and chronic homelessness
Health conditions	Mental health and substance use disorders at entry, confirming the project serves the BHSA population
Income and benefits	Income sources and changes from entry to exit, plus health insurance such as Medi-Cal
Length of participation	How long clients stay in the project
Exit destinations	Share of leavers who moved to permanent housing, temporary settings, or back to homelessness

What an APR shows a BH county about one project type

APR section	What it tells the county about a project type
Projects included	Every BHSA-funded project of one project type, such as Permanent Supportive Housing, Rapid Re-Housing, Emergency Shelter, Street Outreach, etc.
Persons and households served	Total reach of that project type across providers, with duplicates removed
Data quality	Missing data and slow data entry for the project type as a whole
Client characteristics	Whether the housing type reaches the BHSA priority groups, such as chronically homeless people
Health conditions	How many clients enter with mental health or substance use disorders
Length of participation	Typical stays for the type; for interim housing, how many stays pass the BHSA 6-or 12-month limit
Exit destinations	Share of leavers who moved to permanent housing or returned to homelessness, for the type as a whole

What an APR shows a BH County for all BHSA projects

APR section	What it tells the county about its BHSA portfolio
Projects included	Every BHSA-funded project in HMIS, across all project types and providers
Persons and households served	Total number of people housed or served with BHSA funds, with duplicates removed
Data quality	Missing data and slow data entry for the BHSA portfolio as a whole
Client characteristics	Whether BHSA housing reaches priority groups, such as chronically homeless people
Health conditions	How many clients enter with mental health or substance use disorders
Income and benefits	Changes in income and health insurance, including Medi-Cal, from entry to exit
Exit destinations	Share of all BHSA leavers who moved to permanent housing or returned to homelessness

Three APR levels answer different questions

Widening scope: From one project to the whole BHSA portfolio

One project

Scope
One provider's BHSA project

Question it answers
Who is the project serving and what are their outcomes?

Limitation
Small numbers can drastically impact performance results; highly reliant on one provider's data entry

Access needed
Report access to that one project

One project type

Scope
All BHSA projects of one type, such as PSH or interim housing

Question it answers
How well does each project type model work in our county for BHSA? Useful for discussions with local system leaders/CE

Limitations
Blends providers together; run per project to compare them

Access needed
Funder role across BHSA-tagged projects

All BHSA projects

Scope
The full BHSA housing portfolio, with duplicates removed

Question it answers
Who does BHSA housing reach, and where do people go?

Limitations
Mixes different project types, so length of stay is not meaningful

Access needed
Funder role across BHSA-tagged projects

HMIS access a BHSA County needs to run APRs

Review scope	HMIS access needed	What to expect
One project	Report-only user account that can see that project's data	Simplest to approve; the agency or HMIS lead can also run the APR and share it
Groups of projects (by project type, county, or CoC)	Report-only access across all BHSA-funded projects, usually a funder or report-viewer role	Projects must be tagged with a BHSA funding source so the report can group them
No direct access	HMIS Lead runs APRs on a set schedule and sends the results	Fastest to start; depends on HMIS lead staff time

Note: Access is granted locally by the CoC's HMIS lead under CoC data governance policies; BHSA and AB 977 do not grant BH Counties local HMIS access.

An HMIS access agreement often takes months



Governance committees often meet monthly or quarterly, so each step can wait on the next meeting. Step 3 is usually the longest.

What agreements usually include

- **MOU or data sharing agreement** between county BH and the HMIS lead or CoC
- **Permitted uses:** program oversight and reporting, with limits on sharing data further
- **User agreements** and privacy and security training for each user
- **License or user fees,** if the HMIS charges them

What varies by CoC

- **HMIS vendor** and its reporting tools
- **Data sharing model:** open or closed between agencies
- **County role:** faster if the county is already the HMIS lead
- **Client privacy notice** must cover funder access
- **Multi-county CoCs** may need approval from several partners

Comparing EHR and APR Data

Do Your Data Sources Tell the Same Story?

Both sources count people served, but only HMIS shows housing outcomes

BHSA question	EHR	HMIS APR
People and households served	Individuals in county BH treatment; households usually not tracked	Persons and households enrolled in BHSA-funded projects
Project type	No HMIS project type; may show a program or service code	Every project has an HMIS project type
Demographics	Age, race and ethnicity, sex from clinical intake	Age, race and ethnicity, veteran status from HUD data elements
Disability status at entry	Diagnoses from clinical assessment	Self-reported disabling condition at project entry
Housing success rate	Not available	Exits to permanent housing; housing retention for PSH
Length of stay	Will be available under ISL reporting	Days enrolled and days from entry to housing move-in

Shaded rows: outcomes only HMIS can answer

Six steps to find where BHSA EHR and APR data differ

1 Align the period

Run the EHR report and the BHSA HI APR for the same start and end dates

Usual reason: HMIS or EHR data entered late

2 Align the population

Filter the EHR to BHSA Housing Interventions codes; confirm the APR includes every BHSA HI project

Usual reason: Projects missing the BHSA funding source in HMIS

3 Compare counts

Put people and households served side by side for each project type

Usual reason: Clients served but never entered into HMIS or EHR

4 Compare demographics

Compare shares by age, race and ethnicity, and disability status at entry

Usual reason: Different field definitions or missing data

5 Match client lists

Where a data sharing agreement allows, match clients by name and date of birth or a shared ID

Usual reason: Clients in one system only; declined consent

6 Explain and fix

Log each gap, fix setup or entry with providers, and rerun both reports each quarter

Usual reason: Gaps that remain are real program differences

Known reasons EHR and HMIS data differ

Known reason	What happens
Data entry timing	HMIS entries and EHR service codes can lag the actual service date
Project setup	BHSA HI projects without the BHSA funding source in HMIS drop out of the APR
Other household members	EHR records only the BH client; HMIS enrolls every household member, so APR person counts run higher
Definitions	Diagnosis in EHR vs. self-reported disability in HMIS; race and sex categories differ
Client consent	Clients who decline data sharing may be entered anonymously or in a restricted project, so they can't be matched across systems
No shared client ID	The same person cannot be matched across systems, so duplicates are removed differently

Summary: Comparing BHSA EHR and APR data

What each source answers

- Both count people served and report demographics
- Only the EHR shows clinical diagnoses and services
  - **Recommended: Add encampment status, BHSA CH status, and housing status to EHR**
- Only the HMIS APR shows project type, and housing success

How to compare them

- Align the period and the BHSA population first
- Then compare counts, demographics and client lists
- Log each gap, fix it with providers, rerun quarterly

Why they differ

- Timing and project setup drop records
- HMIS counts every household member
- Definitions (ex. Homelessness, BHSA CH), consent (ex. NPP) and no shared IDs to match

Bottom line: Use the EHR and the APR together. Once reporting setup and data entry are fixed, the gaps that remain are real program differences.

Resources and Next Steps

Resources

BHSA Housing Interventions

HMIS Project Set-up Instructions for the Behavioral Health Services Act (BHSA)
HMIS data project setup and other key guidance on BHSA for BH Counties and HMIS Leads

DHCS-BHSA HMIS Project Setup Frequently Asked Questions
Answers frequent questions about setting up BHSA HI projects in an HMIS

HUD APR guidance

CoC APR Submission Guidance
HUD Exchange overview of the APR

APR Programming Specifications
FY 2026 business rules and table shells

CoC APR Guidebook
Question-by-question guide to the APR

HMIS Guides and Tools
Data Standards Manual and reporting glossary

EHR and BHSA reporting

DHCS ISL Encounter Reporting
BHSA service data from county EHRs, required from January 2027

CalMHSA: ISL in SmartCare
EHR setup, BHSA program mapping and training

DHCS BHT Resources
ISL code library and data resources for counties

Documenting Housing Status in Your Electronic Health Record

Q&A

For additional TA support, reach out to
BHSA@abtglobal.com