



Policy Brief

Data-Sharing to Increase Young Mothers' Benefits Enrollment in Central California

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April 2026



This policy project was developed by Aspen Policy Academy leaders while participating in the 2026 Tech Executive Leadership Initiative (TELI). This policy brief provides an overview of the leaders' proposed solution. The full project is [available here](#). Please note that all authors' opinions published here are their own. This publication does not reflect the views of the Aspen Policy Academy or the Aspen Institute.

Executive Summary

The California Department of Health Care Services (DHCS) should make benefits enrollment information available directly inside the case management systems of the state's managed care provider network of clinics (MCPs) to increase enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the CalFresh program among eligible young mothers in California's Central Valley. Displaying the most up-to-date benefits enrollment information inside MCP-affiliated clinics' existing computer systems would leverage the state's current data-sharing agreements and healthcare models. It would also remove a critical obstacle to improving maternal healthcare: access to the most current benefits enrollment data at the point of care, when in-network providers are actually meeting with clients. Connecting in-network clinics, as well as community health workers and social service providers, with the most up-to-date enrollment data directly in their existing computer systems would make it much easier to alert care providers about the programs that mothers are currently enrolled in and any additional benefits they may be eligible for.

Background

Improving Maternal Health

California is making substantial investments in improving maternal health through initiatives like the Data Exchange Framework ([DxF](#)), California Advancing and Innovating

Medi-Cal ([CalAIM](#)), and the Transforming Maternal Health ([TMaH](#)) Model.

- DxF is a policy framework comprising a single data-sharing agreement and a common set of policies and procedures that mandate the secure, real-time exchange of health and social services information among a broad spectrum of mandated organizations. DxF ensures that actionable data are available to drive clinical and public health decisions across the state.
- CalAIM is California’s 5-year Medi-Cal transformation program, which is aimed at improving health outcomes for its high-risk, high-needs members. It integrates a variety of health services while addressing the social determinants of health, such as food insecurity and housing.
- The TMaH Model is a 10-year initiative funded by the Centers for Medicare and Medicaid Services (CMS) that is specifically designed to improve maternal health outcomes in 5 California Central Valley counties (Fresno, Kern, Kings, Madera, and Tulare counties).

Together, these initiatives provide a vision for improving care quality and health equity, but they do not prescribe any specific implementation strategies.

Benefits Enrollment Gaps

Thousands of young mothers remain disconnected from nutrition benefits that could improve their health outcomes. California’s Central Valley continues to suffer from a [maternal health crisis](#), with persistently high pregnancy-related mortality rates. Furthermore, young mothers in the Central Valley often face [transportation barriers](#), [complex households](#), and other challenges that [increase administrative burdens](#) and make cross-benefit enrollment more difficult.

Medi-Cal (California’s Medicaid program), CalFresh (California’s food assistance program), and WIC (the federal Special Supplemental Nutrition Program for Women, Infants, and Children) are designed to complement one another. Enrollment in Medi-Cal confers immediate income eligibility for WIC. However, cross-enrollment gaps remain. For example, in 2022, just [68.9% of eligible Californians were enrolled in WIC](#). Many Medi-Cal recipients, including [young mothers in California’s Central Valley](#), [do not know they are eligible for WIC](#).

Efforts to Reduce Gaps

California has begun addressing enrollment gaps through data-sharing pilots and outreach efforts, catching up with states like Colorado, Massachusetts, Montana, and Virginia, which are demonstrating early success with [data matching and targeted outreach](#). In 2024, a data linkage pilot between California’s WIC division and Medi-Cal identified [500,000 children enrolled in Medi-Cal](#) who were eligible for WIC but not enrolled. Additional pilot projects in Santa Cruz and San Francisco enabled MCPs to send referrals and clinical information to WIC electronically in real time.

Under CalAIM, MCPs are required to strengthen care coordination and support referrals for pregnant individuals and children under 5, many of whom are eligible for WIC. Beginning in January 2024, the state required MCPs to identify WIC-eligible clients and help them enroll. Although Medi-Cal claims data are currently shared with MCPs, benefits eligibility information is not yet integrated into clinic workflows and is difficult for providers to access at the point of care.

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Recommendation

The California DHCS should create and maintain a new “Enrollments” API, a secure software interface that would share benefits enrollment data with in-network clinics. This interface should be made available by DHCS within the Medi-Cal Connect platform. By leveraging existing data-sharing agreements across agencies, clinics and other care providers would be alerted when young mothers in the Central Valley are likely eligible for additional benefits but not yet enrolled. DHCS should pilot this program in Kern County, the largest and most populous county in Central California, and then extend the implementation to the 4 other TMaH Model counties (Fresno, Kings, Madera, and Tulare). Kern County should be vetted for the political support needed to run such a pilot. The pilot will focus on the clinics with case management software that can successfully integrate with the new enrollment data connection. This new data connection would meaningfully

support the priorities outlined in the [TMaH Model](#), such as stronger data linkage, more effective care coordination, and improved screening and referral protocols, to ensure that families know about the full set of benefits that they qualify for.

By increasing data sharing and supplying up-to-date eligibility data, MCP-affiliated clinics would be able to address enrollment gaps face-to-face during client visits. Without access to integrated enrollment data, providers may miss opportunities to discuss benefits when meeting with patients. A notification built into clinics' existing systems would enable real-time identification of eligible clients, allowing DHCS to leverage existing data-sharing agreements to create a practical tool that would help increase cross-benefits enrollment. DHCS should add the following features to its current [data-sharing infrastructure](#):

- A software interface that shares a benefits enrollment status flag with in-network clinics.
- Direct integration with current clinic workflows and digital case management systems.
- The ability for care providers to create a benefit referral to help eligible clients apply for benefits and potentially enroll more quickly.

Specifically, DHCS and MCP clinics should work together to implement the following changes.

For DHCS

- Use existing data-sharing agreements to securely source Medi-Cal, WIC, and CalFresh member enrollment data.
- Reconcile records and formats to generate an "eligible but not enrolled" flag for cross-program eligibility, starting with WIC.
- Create and maintain a lightweight API using the [Fast Healthcare Interoperability Resources](#) specification, a standard for exchanging healthcare information electronically prescribed and mandated by [DHCS](#) and [CMS](#).
- Generate and host a referral form generator.

For MCP Clinics

- Work with DHCS's technology team to connect clinic case management systems to the new Enrollments API.
- Act on notification triggers within their digital case management platform when members are likely eligible for benefits but not enrolled.
- Provide guidance and next steps to young mothers to help connect them with their benefits.

This approach recognizes that every conversation with a provider is an opportunity to engage young mothers about the benefits they may be eligible for. The proposed solution is designed to be accessible to MCP clinic care teams as well as community partners such as doulas, midwives, and other trusted providers—consistent with TMaH’s goal to support holistic, whole-person care. Community partners would be able to access eligibility data through their partner MCP clinic or their community organization’s own computer system.

This approach would also reduce benefits enrollment gaps by offering care providers a link to a referral form generator that would be hosted by DHCS. When a provider sees that a client is likely eligible for but not enrolled in WIC and is interested in applying, they would generate a WIC referral form based on their assessment, including information about nutritional risk, breastfeeding support needs, and doula or midwife services, that the client could use as proof of WIC eligibility when applying. Later, a direct connection to WIC could be established to support real-time referrals, as the Santa Cruz and San Francisco pilots demonstrated.

Importantly, this proposal does not require overly broad data access. The software interface, or API, would simply send an “enrolled” or “not enrolled” status flag for the relevant benefits to the MCP’s case management system. The in-network care provider would see the client’s enrollment status at the point of care, directly inside their current computer system. All other client data would be protected by privacy and security safeguards and would not be exposed through the API.

Budget Estimate: Data Integration Pilot Project and Statewide Implementation

Based on state IT system cost research, DHCS should allocate between \$1.2 million and \$1.9 million through [CalAIM funding opportunities](#) for a pilot and full rollout thereafter. Subsequent years would require lower maintenance funding once the infrastructure is in place. Please see the [Operational Plan](#) for more detailed budget estimates.

If you’d like to learn more, see the full project, including an operational plan, at aspnpolicyacademy.org/project/california-nutrition-benefits-2026.



Photo by Ferdinand Stohr



About the Tech Executive Leadership Initiative (TELI)

This project was completed as part of TELI, a partnership between the Aspen Institute's Policy Academy and the Tech Talent Project. TELI is a multiweek skills-building initiative that prepares experienced technology leaders to engage effectively with public sector challenges. Learn more at aspenspolicyacademy.org/teli.