

Standardizing Social Determinants of Health Data for Increased Interoperability

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Karis Grounds, 2-1-1 San Diego/ CIE



Session Reminders

We're Recording!

- All participant lines are muted and videos are disabled upon entry.
- Please keep your audio and video off unless otherwise requested by presenters.

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- We invite you to submit content-related questions in the Q&A section on your screen or offer ideas, comments, and suggestions in the Chat section.

Give Us Feedback!

- Love what you're hearing? Like our session!
- Click the 'Rate Session' button and complete mini evaluation

The Gravity Project:



Virtual CIE Summit
8/14/2020



Agenda

- Gravity Team Intro
- Project Background (the WHY)
- Project Scope (the WHAT)
- Project Approach (the HOW)
- Project Deliverables to-date
- How to Engage

Who I am...

- Clinical Informatics Director, The Gravity Project
- Former Farmer
- Current Rural Family Nurse Practitioner
- *Not a coder*



Gravity Project Team



The University of Vermont
LARNER COLLEGE OF MEDICINE



Yale School of Nursing



Academy of
Nutrition
and Dietetics



- **Caroline Fichtenberg**, Managing Director, UCSF/ SIREN
- **Mark Savage**, SDOH Policy Lead, USCF/SIREN
- **Sarah DeSilvey**, Clinical Informatics Director, University of Vermont
- **Evelyn Gallego**, Program Manager, EMI Advisors
- **Bob Dieterle**, Technical Director, EnableCare
- **Linda Hyde**, Coding Systems Expert, EMI Advisors
- **Donna G. Pertel**, Food Insecurity Co-Lead, Academy of Nutrition and Dietetics
- **Becki Gradl**, Food Insecurity Tech Lead, Academy of Nutrition and Dietetics
- **Monique Van Berkum**, FHIR Modeling Lead, AMA
- **Corey Smith**, FHIR IG Project Coordination, AMA
- **Megan Sandel**, Housing Domain Lead, Children's Health Watch
- **Allison Bovell-Ammon**, Housing Domain Lead, Children's Health Watch
- **Richard Sheward**, Children's Health Watch

Gravity Project Sponsorship (Financial & In-Kind)



Background



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

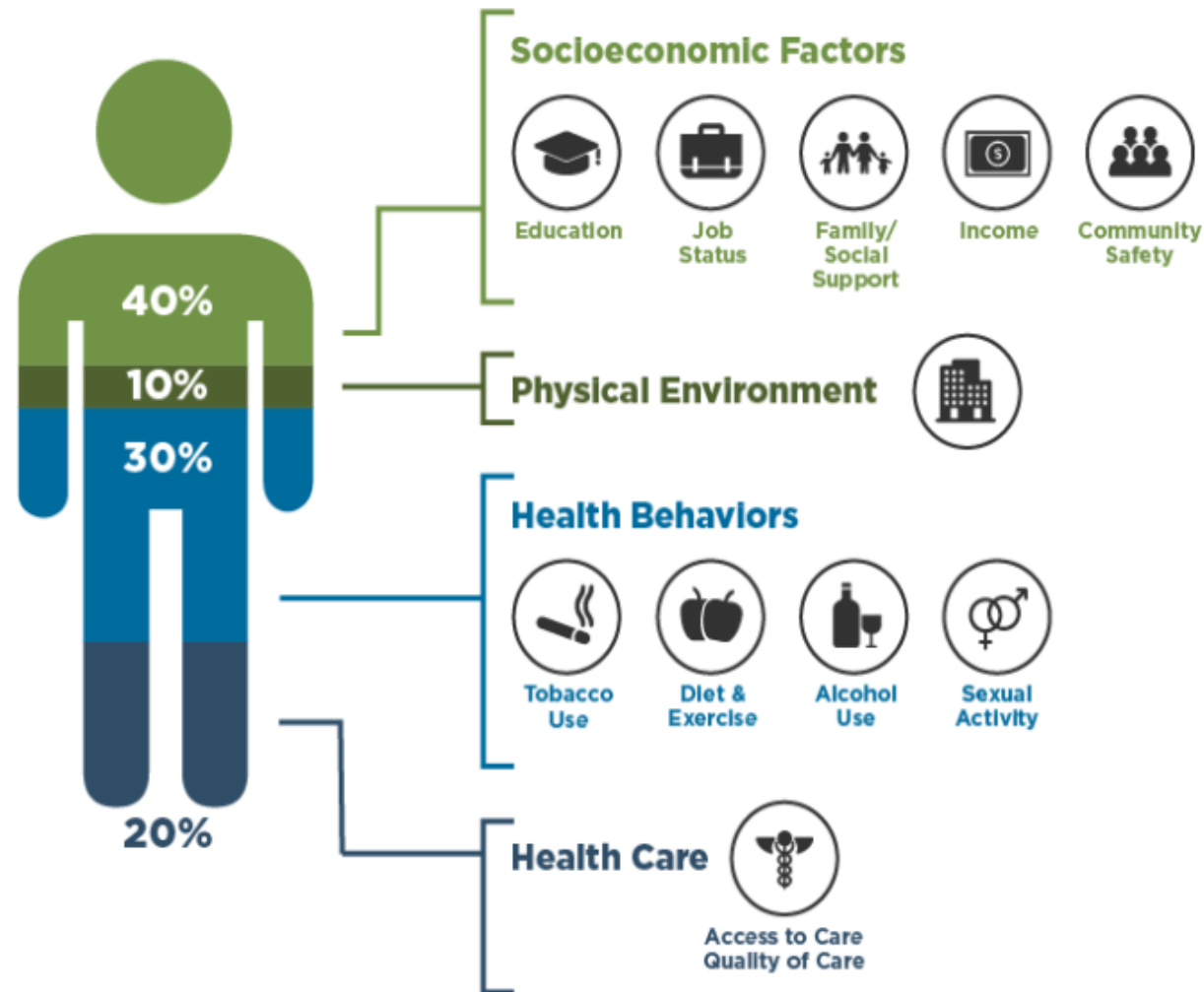
CONSENSUS STUDY REPORT

INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

MOVING UPSTREAM
TO IMPROVE THE
NATION'S HEALTH

<http://nationalacademies.org/hmd/Reports/2019/integrating-social-care-into-the-delivery-of-health-care.aspx>

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

Why capture social risk data in a standardized and structured way?

- As care for social needs has advanced in healthcare, there is an increasing demand to expand the terminology for social needs in order to:
 - Better care for patients with social needs and the populations they live within
 - Collaborate with clinical and community partners
 - Study social needs, their effect on health outcomes, and the effects of our interventions
 - Allocate resources toward social risk within value-based care

What Codes Exist to Capture Social Risk Data?

SIREN Social Risk Codes Review



Arons A, DeSilvey S, Fichtenberg C, Gottlieb L. [Documenting social determinants of health-related clinical activities using standardized medical vocabularies](http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors). JAMIA Open. 2018;2(1):81-88. (<http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors>)

SIREN Social Risk Codes Review

Social Risk Domains

- Access to health care
- Child Care
- Clothing
- Education
- Finances
- Food
- Housing

- Immigration/ migration
- Incarceration
- Primary Language
- Race/ ethnicity
- Residential address
- Safety

- Social connections/ isolation
- Stress
- Transportation
- Utilities
- Veteran status
- General SDOH (not domain specific)

Arons A, DeSilvey S, Fichtenberg C, Gottlieb L. [Documenting social determinants of health-related clinical activities using standardized medical vocabularies](http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors). JAMIA Open. 2018;2(1):81-88. (<http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors>)

SIREN Social Risk Codes Review

133 Screening question panel codes

33 Screening procedure codes

686 Assessment/Diagnosis codes

243 Treatment/Intervention codes

1095 SDH Codes

Arons A, DeSilvey S, Fichtenberg C, Gottlieb L. [Documenting social determinants of health-related clinical activities using standardized medical vocabularies](http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors). JAMIA Open. 2018;2(1):81-88. (<http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors>)

Problems?

- Yes, codes, but...
- There are critical absences
- In some cases there are terms not aligned with clinic or community knowledge
- There are many opportunities to improve

Enter the Gravity Project...

Goal

Develop consensus-driven data standards to support use and exchange of social determinants of health (SDOH) data within the health care sectors and between the health care sector and other sectors.



Food
Insecurity



Housing
Instability & Quality

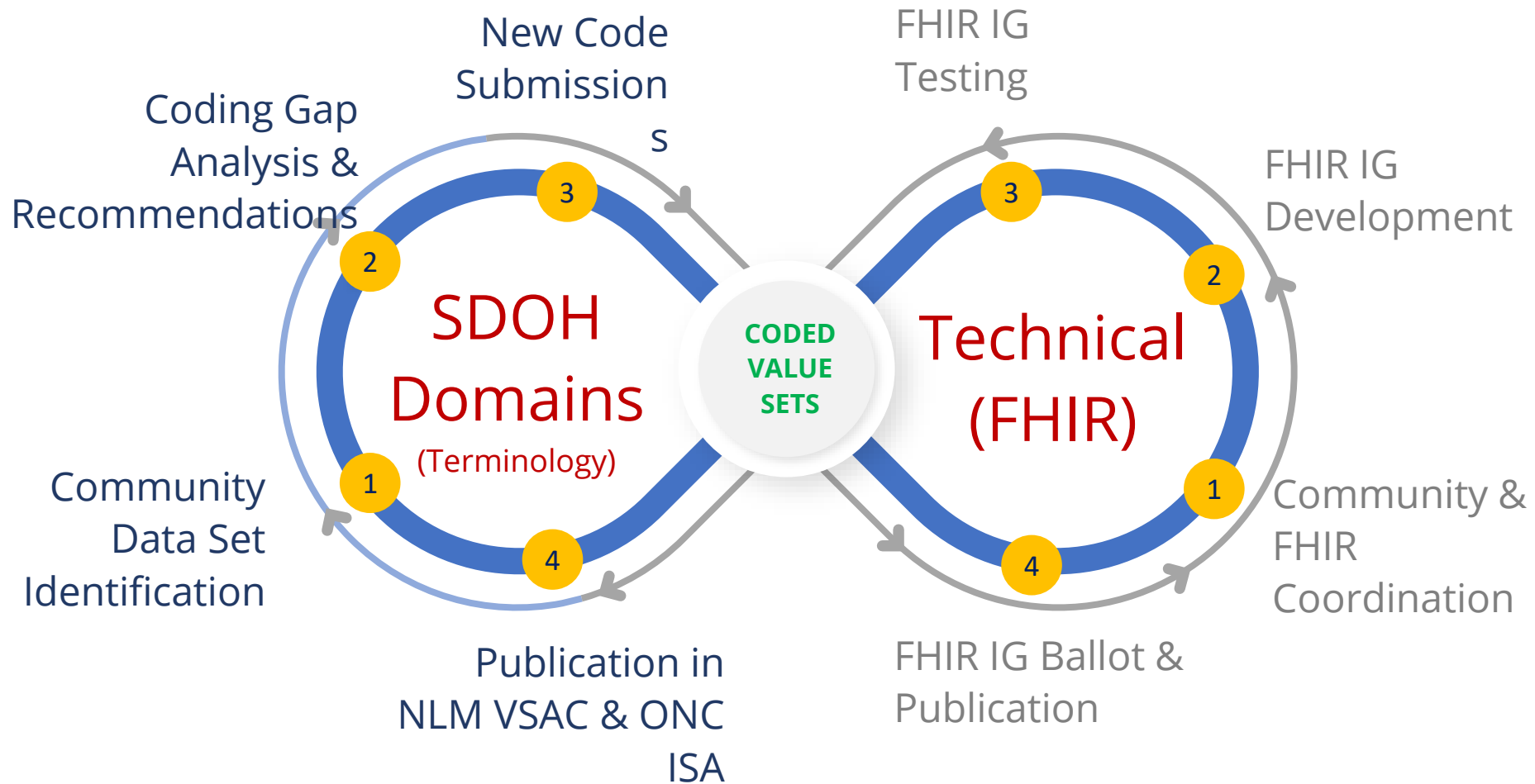


Transportation
Access

Project Scope



Gravity Overview: Two Streams



Technical- HL7® FHIR® Accelerator Program

- Designed to assist implementers across the health care spectrum in the creation of FHIR Implementation Guides or other informative documents
- Gravity Project became an official Accelerator in August 2019: http://www.hl7.org/documentcenter/public_temp_3840821C-1C23-BA17-0C64E3ACBE05D630/pressreleases/HL7_PRESS_20190820.pdf



Project Approach



Gravity Community

1,100+
Participants

<https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList>



Public Collaborative Process

The Gravity Project

Created by Laura Heermann-Langford, last modified by Marissa Rice about 2 hours ago



Consensus-driven standards on social determinants of health



Announcements

- END TO END HOUSING DATA ELEMENTS READY FOR REVIEW! The [Housing Instability and Homelessness Master List](#) is now available [here](#) for end-to-end review and comments. Please email your end-to-end review comments to gravityproject@emiadvisors.net by no later than the close of business on Thursday, July 9, 2020.**
- NEW Food Insecurity Coding Submissions**
 - The Gravity Project recently completed submissions for new food insecurity codes to LOINC, ICD-10, and SNOMED-CT based on the coding gaps identified in the [final food insecurity master list](#). [View the latest coding submissions here](#).
- SEND US YOUR DATA ELEMENTS for Inadequate Housing and Transportation**
 - Please continue to send us your data element concepts for Inadequate Housing and Transportation. [Click here to submit your data element concepts](#).
- JOIN OUR NEXT Gravity Project Community Collaborative Meeting**
 - Please join us for the bi-weekly Gravity Project Community Meeting Thursday, July 9th from 4:00 - 5:30 pm ET (1:00 - 2:30 pm PT). The web meeting URL and dial-in information are available [here](#). If you are unable to attend the meeting, materials and recordings are posted [here](#). For further information, please visit the [Gravity Project Meeting Schedule](#).
- The Gravity Project is HIRING!**
 - The Gravity Project is looking for a new Senior Project Manager to manage all the Gravity workstreams and coordinate across our three Governance Committees. Please see job posting [here](#). Qualified candidates can send their resumes to hello@emiadvisors.net.
- May FHIR IG Connectathon Reports Available**
 - View Lessons Learned slides from the MHIRN Interopathon [here](#).
 - View Lessons Learned slides from HL7 May FHIR Connectathon [here](#).

COVID-19 and SDOH

We have stood up a public collaboration space where everyone can share ideas and resources around COVID-19 and SDOH efforts. Please visit and contribute to the new [Gravity Project SDOH COVID-19 Response page](#), where you'll find a blog and other resources. Anyone can view the blog, but a Confluence login is required for those who wish to post blog content. [Click here](#) for instructions on how to request a Confluence login. Email webmaster@hl7.org for login and technical support.

Gravity Events and Newsletter

Gravity Project will be participating WEDI Forum virtually on Tuesday, August 2020. Please view event details [here](#).

- Visit the [Gravity Project Events Page](#) to keep track of the latest events and news items for the Gravity Project.

Quick Links

[Why the Name "Gravity"](#)

[Submit Data Element Concepts for Inadequate Housing and Transportation](#)

[Gravity Project Announcements](#)

[Gravity Project Events](#)

[Join the Gravity Project](#)

[Gravity Project Meeting Schedule](#)

[Gravity Use Case Package](#)

[Housing Instability Master List and Summary Documents](#)

[Past Meeting Presentations and Recordings](#)

[Educational and Instructional Materials](#)

[Glossary](#)

[Relevant Work](#)

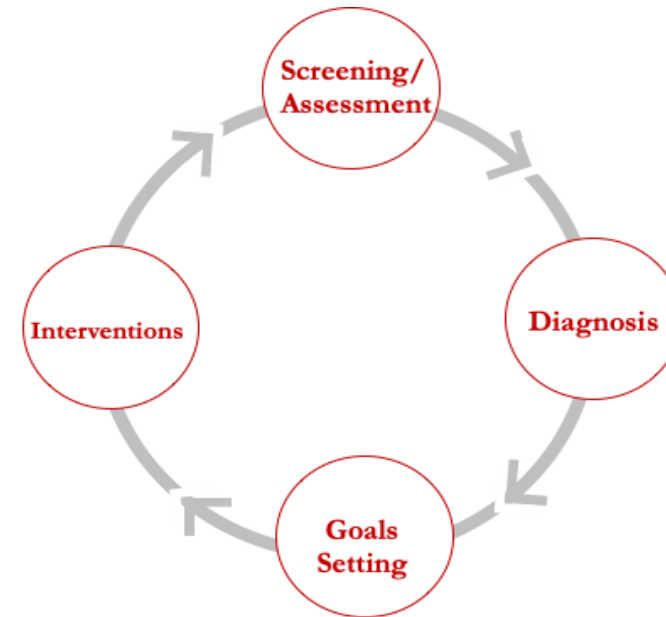
[Gravity January 2020 Project Overview for Da Vinci](#)

[SIREN Website](#)

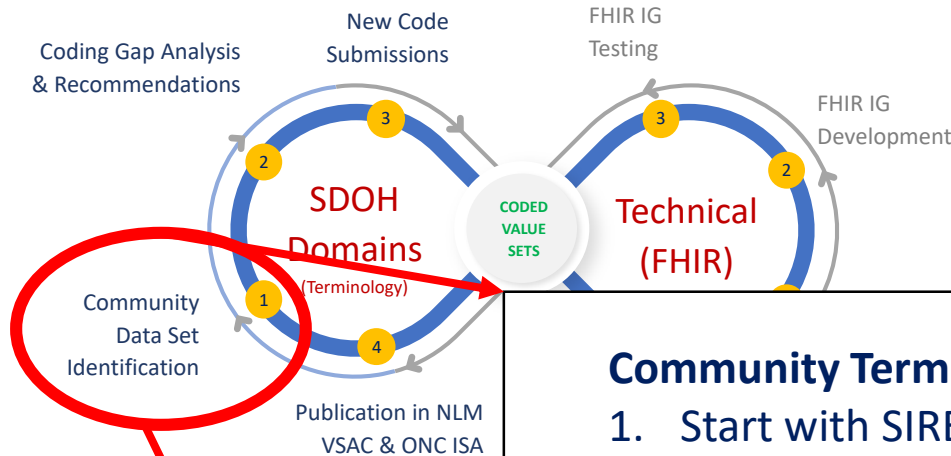
<https://confluence.hl7.org/display/GRAV/The+Gravity+Project>

Gravity Terminology Development Process

- A. Community Terminology Development
- B. Publication of ONC Gap Analysis and Recommendations Manuscript
- C. New Code Submissions (LOINC, SNOMED, ICD-10-CM)
- D. Development of Coded Value Sets
- E. Value Set Publication



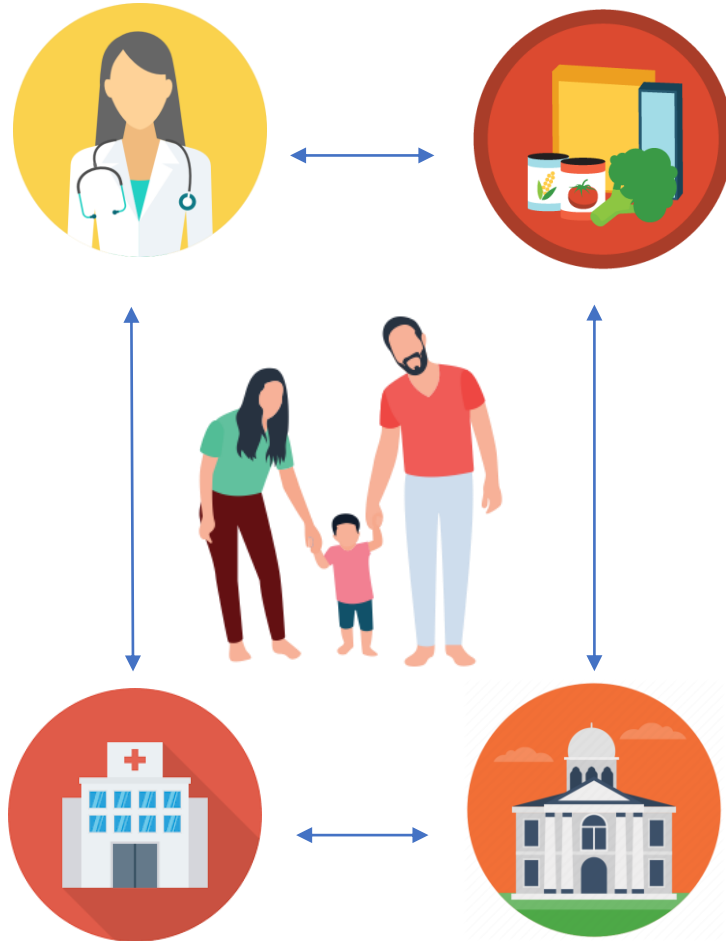
Terminology Development Process



Community Terminology Development Process

1. Start with SIREN compendium of existing SDOH terminology—a study of what exists
<https://sirenetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors>
2. Glean relevant terms from the compendium and adjudicate against the literature
3. Develop and refine Master List based on collective brainstorming with 1000+ Public Collaborative
 - Regularly publish on Confluence
4. Add, refine, and define concepts until we have a representative set aligned with literature and practice
5. Review and achieve consensus on Master List; publish on Confluence

Perspectives on Data



What kinds of data does the provider need to care for their patients?

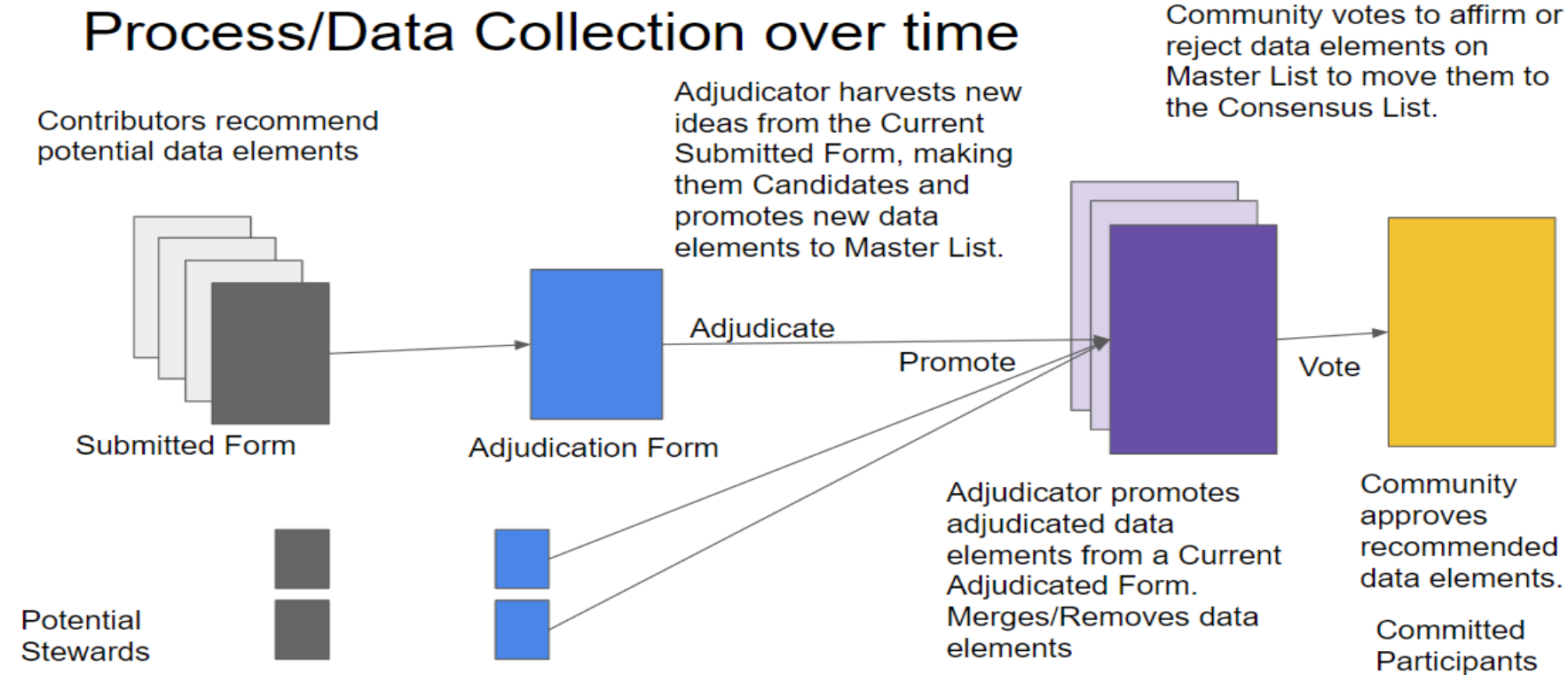
the hospital need to study the effects of provider interventions?

the WIC office or food bank need to address the need of their clients?

the state need to plan for population health needs?

And what are the principles we need to consider to keep patients at the center?

Data Element Submission & Adjudication Process



Adjudication Dispositions - Review

Adjudication Status	Definition	Disposition
Duplicate Data Element	Conceptually similar, same code(s), same answers for questions	Submitter will be added as contributor for the data element in the Master file
Add Data Element	In scope, fit for purpose, not too broad and not too narrow	Data element will be added to the Master file
Do Not Add - Park	Not in scope for this domain but may be useful for another Gravity Domain (housing insecurity, transportation)	Will be added to a Parking File for future review
Do Not Add	Not in scope for this domain or another Gravity domain, not well formed, not fit for purpose	Will be noted on adjudication file with reason
On-Hold (Info Needed)	Need additional clarification from submitter	Will be noted on adjudication file with additional information needed
Withdrawn	After discussion between submitter and SMEs, concept was withdrawn by submitter	Will be noted on adjudication file with reason

Project Status



Use Cases and Terminology Structure

Gravity Use Cases

1. Document SDOH data in conjunction with the patient encounter.

2. Document and track SDOH related interventions to completion.

3. Gather and aggregate SDOH data for uses beyond the point of care (e.g., population health management, quality reporting, and risk adjustment/risk stratification).

<https://confluence.hl7.org/display/GRAV/Gravity+Use+Case+Package>

Food Insecurity

Submitting Organizations: Food Insecurity Data Sets



Washington Association for Community Health
Community Health Centers • Advancing Quality Care for All



<https://confluence.hl7.org/display/GRAV/Food+Insecurity+Domain>

Food Insecurity Coding Gap Analysis

- Total **224** data elements identified; **only 25** of these have applicable codes to represent them electronically!

Activity	Total # of Concepts	# Current Codes	# Requiring Codes
Screening	24 Screeners 77 Questions	2 Screeners 6 Questions	22 Screeners 71 Questions
Diagnosis	8	5	3
Goals	6	0	6
Interventions	109	12	97

Food Insecurity Screening Summary

Validated: > USDA	Relevant Screening Tool	Comprehensive Tool?
x	Hunger Vital Sign	
x	AHC	*
	Medicare THA	*
	IHELP	*
	PRAPARE	*
x	US household food security six item	
x	US household food security ten item	
x	US household food security 18 item	
x	FIES-SM	
x	SWYC	*
x	Health Leads	*
	We Care	*
x	HFIAS	
	Kaiser YCLS	*
x	Household Food Security Survey Module (HFSSM) (NOTE: Canadian survey adapted from the US food security measurement method)	
x	USDA Youth	
	Health Information National Trends Survey	
~	NC/SEEK	*
x	Kleinman	
	CommunityConnect Social Needs Screening Tool	*
	CHCW Internally developed SDoH Tool	*
	Total Health Quick Check (CHC Sno)	*

Food Insecurity: Establishing a Consensus Definition

- **Common definition July 18, 2019** “An economic and social condition of limited or uncertain access to adequate food for an active, healthy life” (United States Department of Agriculture, 2017)




- **Consensus definition-** Uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways
 - *Includes the primary domains of food insecurity: quantity, quality, cultural acceptability, safe and being acquired in socially acceptable ways*
 - *Includes the modifiers of food insecurity status: uncertainty in the present, limitation, and stability (which allows for fluctuations over time)*
 - *Logically inverse and computable.*

Food Insecurity Terminology Submissions

- LOINC V2.68 released 6/17/20
 - The three USDA Screeners submitted by Gravity are included in this release (U.S. Household Food Security (18), U.S. Adult Food Security (10), U.S. Household Short Form (6))
 - Additional screeners from the Food Insecurity Master List are being prepared to submit for consideration in the December LOINC release.
- SNOMED CT
 - Food insecurity diagnoses and interventions from the master list for consideration in the September release
 - Submitted concepts are currently being reviewed by SNOMED
- ICD-10
 - Food insecurity diagnoses from the master list have been submitted for review at the September ICD-10 Coordination and Maintenance meeting.

Accomplishments to date

- Developed consensus-approved **Use Case Package**:
<https://confluence.hl7.org/display/GRAV/Gravity+Use+Case+Package>
- Developed consensus-approved **Food Insecurity Data Set**:
<https://confluence.hl7.org/display/GRAV/Food+Insecurity+Domain>
- Developed Food Insecurity **Gap Analysis & Coding Recommendations Report**.
- Collaborating on **NQF Food Insecurity Quality Measure TEP** 
- Submitted new code applications for Food Insecurity concepts to Regenstrief, ICD-10, and SNOMED CT.
- Developed **Gravity Manuscript Outline (ONC Deliverable)**
- Developed draft **SDOH FHIR Implementation Guide (IG)**:
<https://confluence.hl7.org/display/GRAV/Gravity+SDOH+FHIR+IG>
- **Completed two SDOH IG Connectathons**:
<https://confluence.hl7.org/display/GRAV/Gravity+SDOH+FHIR+Connectathons>
- Developed draft **Housing Instability and Homelessness Data Set**:
<https://confluence.hl7.org/display/GRAV/Housing+Instability+and+Homelessness+Domain>

How to engage!

Join our Project!

- Join the Gravity Project:
<https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project>
- Commit to test the Gravity FHIR IG at the September 2020 HL7 FHIR Connectathon: <https://confluence.hl7.org/display/FHIR/2020-09+Connectathon+25>

Questions?

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Standardizing Social Determinants of Health Data for Increased Interoperability:

The AIRS bit ...

3rd Annual CIE Summit - VIRTUAL!

August 2020

Alliance of Information and Referral Systems (AIRS)

- AIRS is a 40-something year-old 501(c)(3) association of 900-something organizations that do something which is still sometimes called “Information and Referral” (i.e. stuff that improves access to human services for individuals, families and communities ... a.k.a. bringing people and services together)

AIRS

- About 25% of members are 211s, 40% serving aging/disabilities sector ... remainder whole bunch of committed organizations in whole host of helpful roles
- San Diego 211 is among the tip of this particular iceberg, but “I&R” barely hints at the current work of many of our members

The I&R Thing One ...

- Establish and maintain rapport, non-clinical assessment, appropriate tone, active listening, communication techniques, relevant questions, clarification of client need, empowerment, probing for underlying issues, retrieval and sharing of resources, concept of informed choice, mutual problem-solving, advocacy and/or follow-up when needed, confidentiality, collecting and/or not-collecting demographic and personal information, closing contact in manner that optimizes success and future support/trust, document ...

The I&R Thing Two ...

- Develop inclusion/exclusion policy that defines collection policies within resources, gather information on relevant programs/services that help folks and the organizations that provide them, organize/edit that information, enter the information in accordance with defined fields for packets of data, index/organize those programs/services to enhance retrieval, document ...

AIRS Pyramid of Purpose and Value

AIRS Standards and Quality
Indicators for Professional
Information and Referral

AIRS Accreditation for I&R Programs
and AIRS Certification for individual
I&R practitioners

AIRS Training (e.g. webinars, online training),
AIRS Networking, and AIRS **Support**

The Matter at Hand –

- *“What does it take to create true interoperability? Organizations and coalitions across the country are working to standardize data to increase interoperability across health and social sectors ...”*

The Zeigarnik-Jones Effect



- It is easier to recall what has NOT been done than to remember what HAS been done. One is more conscious of unfinished business than on what has already been achieved and what actually exists ...
- And I am going to try and outline what exists – particularly in the area of resource databases (i.e. “the who does what in human services and where”)

The Matter at Hand – What Exists?

(that I know about ...)

- AIRS STANDARDS and QUALITY INDICATORS FOR PROFESSIONAL INFORMATION AND REFERRAL
- **211 LA COUNTY TAXONOMY OF HUMAN SERVICES**
- HSDS DATA SCHEMA
- AIRS STYLE GUIDE
- AIRS CERTIFICATION

AIRS Standards

- AIRS Standards underpin and bind together every aspect of I&R
- First published in 1973, version 9.0 is about six weeks away
- Covers direct service and resource database curation
- Sometimes a pick-and-dip, sometimes a guide, sometimes an absolute foundation on which all else is built

211 LA County Taxonomy of Human Services

A classification system distinguishes concepts, names those concepts, and places them into a hierarchical order. The botanist Linnaeus (1707-1778 = the guy below) developed the original taxonomy, a system of grouping plants and animals into related families that essentially remains in current use



BUT – Lately, the title “Taxonomy” is often claimed by lists of keywords that are far from a real classification system ...

211 LA County Taxonomy Of Human Services

- Work on the Taxonomy began at INFO LINE of Los Angeles (now 211 LA County) in 1982
- Full name = “*A Taxonomy of Human Services: A Conceptual Framework with Standardized Terminology and Definitions for the Field*”
- Original developer remains the sole single editor: Georgia Sales
- Taxonomy now includes around 11,000 terms and every week, new terms are created, definitions updated, and Use References added

Taxonomy Benefits

- The challenge and triumph is that it defines “programs and services” as opposed to “things” – one stays more or less the same, the other is constantly changing
- Structure is comprehensive in scope
- Uses same language that is used within the human services field
- Terms are clearly defined and cross referenced

Taxonomy Benefits

- Each term has a unique identification number – its Taxonomy code – that represents its exact placement in the hierarchy
- Cost – imagine the work (and incompatibility!) involved in developing/maintaining your own system
- Terms can be rolled up or down within or across a hierarchical branch – which make statistics easier to collect

Taxonomy Structure

- **Level 1 Taxonomy Terms – 10 sections plus Target Populations**
 - **B Basic Needs**
 - D Consumer Services
 - F Criminal Justice and Legal Services
 - H Education
 - J Environment and Public Health/Safety
 - L Health Care
 - N Income Support and Employment
 - P Individual and Family Life
 - R Mental Health and Substance Use Disorder Services
 - T Organizational/Community/International Services
 - Y Target Populations

Taxonomy Structure

- There are 168 taxonomy records under BH Housing/Shelter. Select a taxonomy record to see its complete details.
- Code Name
- **B Basic Needs**
- BH Housing/Shelter
- BH-0500 At Risk/Homeless Housing Related Assistance Programs
- BH-0500.3100 Homeless Diversion Programs
- BH-0500.3140 Homelessness Prevention Programs
- BH-0500.3200 Housing Related Coordinated Entry
- BH-0500.3200-300 Housing Related Coordinated Entry Lead Agencies
- BH-0500.3200-310 Housing Related Coordinated Entry Participating Agencies
- **BH-0500.7000 Rapid Re-Housing Programs**
- BH-1800 Emergency Shelter
- BH-1800.1500 Crisis Shelter

Taxonomy Structure

- Term: **Rapid Re-Housing Programs**
- Code: BH-0500.7000
- Definition: Programs that help individuals and families experiencing homelessness transition more quickly out of the shelter system (or avoid it altogether) and move into permanent housing, ideally within 30 days of becoming homeless. Rapid re-housing assistance is generally offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of each household. Services include housing search and selection support, assistance in negotiating the terms of a lease, short term rent subsidies and move-in assistance, individualized case management after the individual/family has moved into the home, ongoing crisis prevention and crisis management services as needed, facilitated access to community resources (e.g., benefits, employment) and other supportive services.
- Created: 7/14/15
- Use References: Emergency Housing, Homeless Rapid Re-Housing Programs

Taxonomy (The Unintended Benefit)

- A program/service that is defined by a Taxonomy term, when selected as a referral, translates as a de facto and recordable problem/need ..
- When one has time, check out www.211counts.org

Human Service Data Specification (HSDS)

- This is a data exchange format (basically a technical specification on the fields and structure of a resource database record)
- This open-source schema was developed by the Open Referral project (drawing upon the original AIRS XSD schema), and is the most widely accepted structure that allows for the interoperability of resource databases, and allows data to import/export through APIs

AIRS Style Guide

- It is one thing having a standard set of defined data fields in which to add information
- It is another challenge to get 1,001 organizations to populate those data fields in more or less the same way
- Wouldn't it be great if there was a single Style Guide that detailed the best language to use?
Oh, there is

AIRS Style Guide

- Naming authority
- Clarity
- Brevity/concision (bearing in mind it is possible to be 'too concise' and raise ambiguity)
- Example: A controlled list of the most possible alternative descriptions of “How to Apply”
- Natural-ish language

AIRS Certification

- *Decided to add this ... It's a professional credential to individual practitioners.*
- Folks can be certified as either database curators or community resource specialists (i.e. navigators)
- Psychometric Rules !
- What it means is that there are 4,000+ folks who share the same lens on how to do the same stuff properly

The Matter at Hand

- ALL OF THE THINGS ON THE PREVIOUS SLIDES ARE:

GENUINELY IMPERFECT

- However, they actually do exist and ably handle many things, meaning that energy is best spent on attending to imperfections collectively rather than trying to reinvent individually

QUESTIONS

... now or later or much later ...

- WHAT?
- WHY?
- HOW COME?
- ... BUT?!?

Clive at clive@airs.org



Comprehensive Social Continuum Assessment

Common Themes/Backgrounds

- **Lack of Standardization in Screening and Assessment**
- **Limited Definitions of Value and Impact of Collaborative Efforts**
- **Screening that Captures Limited Information**
- **Lack of Investment in Building Capacity Across the Social Service Ecosystem**

14 Social Determinants of Health



HOUSING STABILITY



FOOD & NUTRITION



PRIMARY CARE & PREVENTION



HEALTH MANAGEMENT



SOCIAL & COMMUNITY CONNECTION



ACTIVITIES OF DAILY LIVING



LEGAL & CRIMINAL JUSTICE



FINANCIAL WELLNESS & BENEFITS



EMPLOYMENT DEVELOPMENT



TRANSPORTATION



PERSONAL CARE & HOUSEHOLD GOODS



UTILITY & TECHNOLOGY

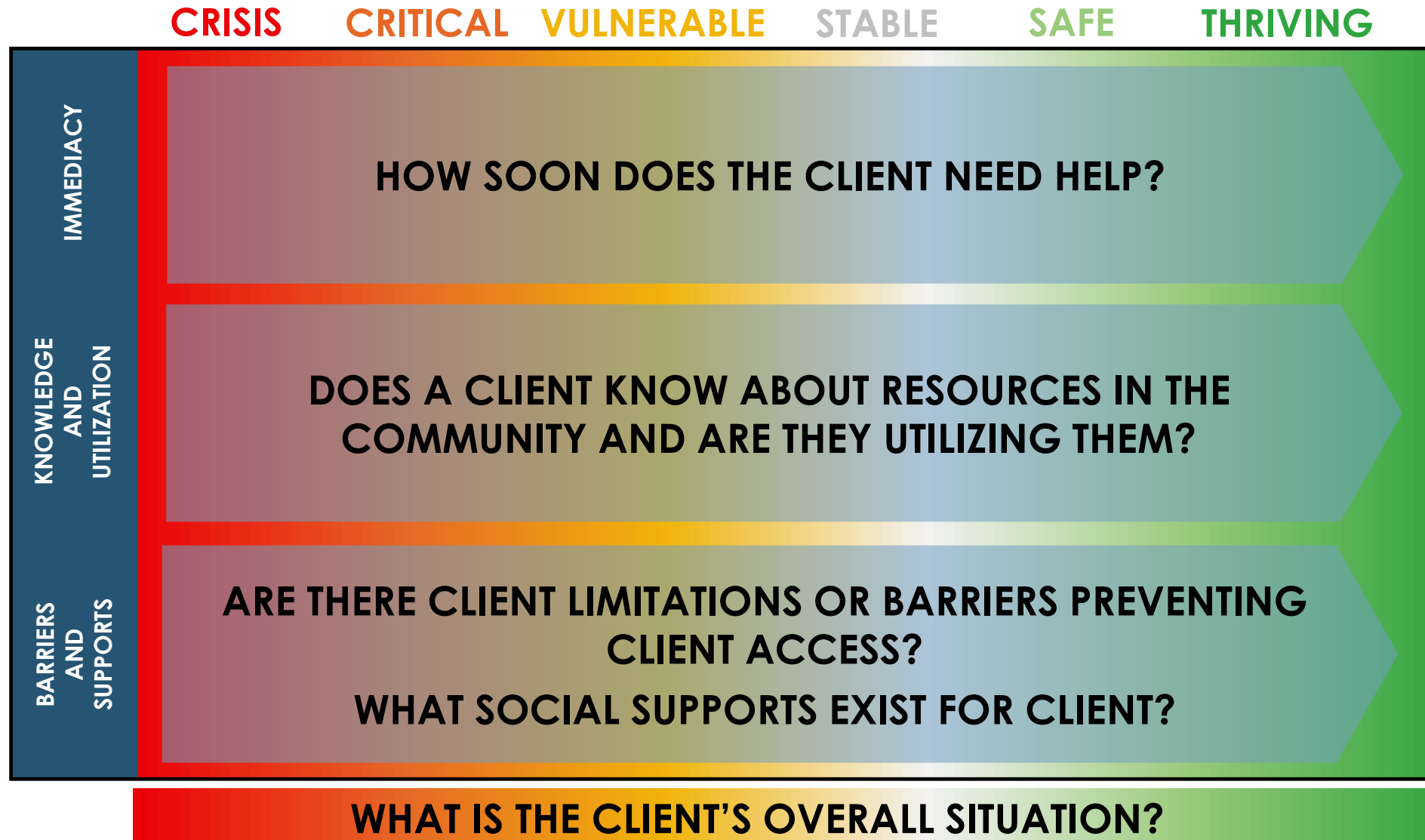


SAFETY & DISASTER



EDUCATION & HUMAN DEVELOPMENT

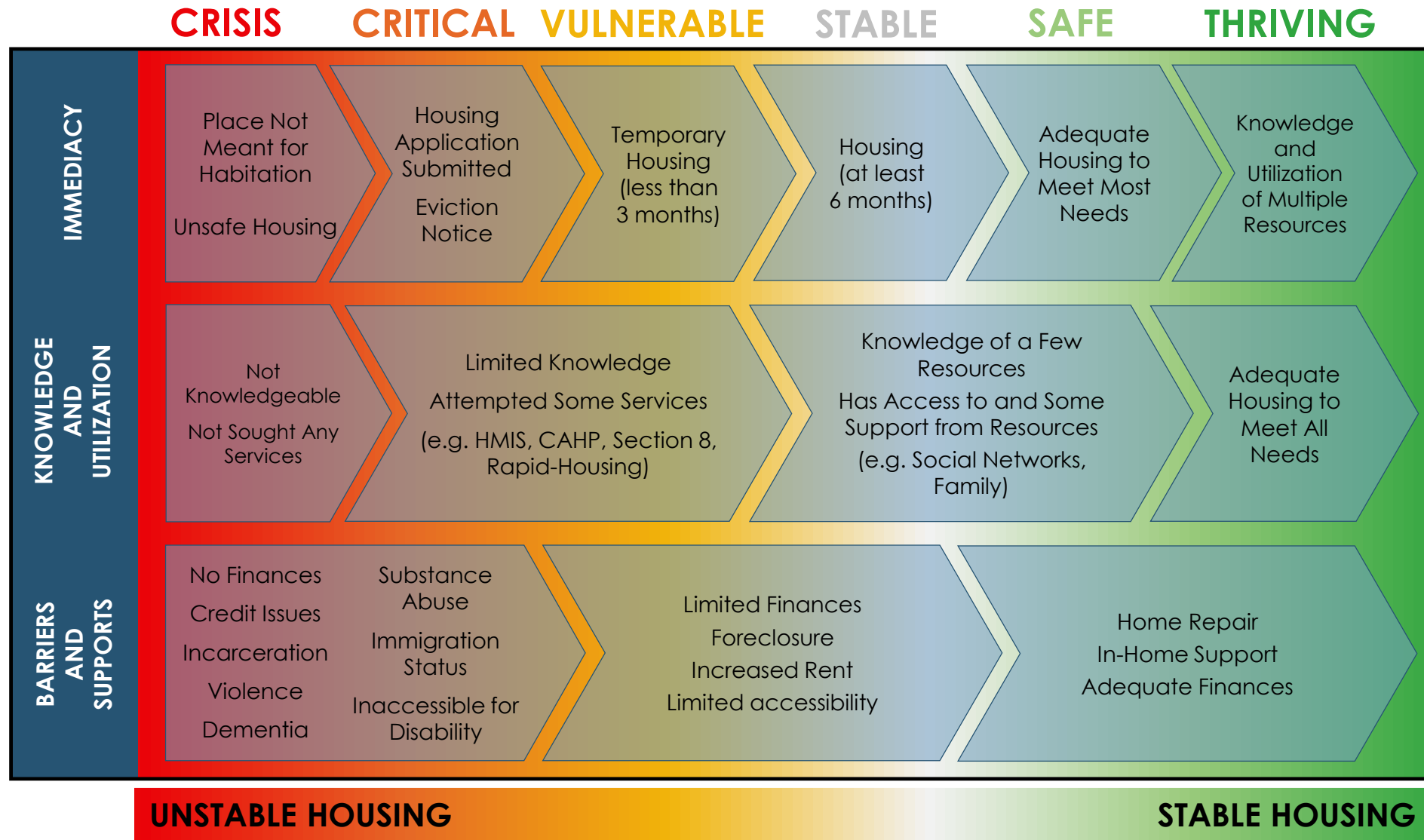
Framework





HOUSING STABILITY

Long-term safe and adequate housing that meets all needs with access to multiple resources and ability to access supports for long-term housing sustainability



Impact/Value

- **Micro: Individual Care Planning and Intervention**
 - Practical guide for key information across sectors
- **Mezzo: Agency Level**
 - Communication and coordination across agencies
- **Macro: Community Level**
 - Broad cross-section of the population in the community
 - Regional policies and investment strategies

The screenshot shows a digital form titled 'Housing Vulnerability Assessment' with a status bar at the top indicating levels: Crisis, Critical (selected), Vulnerable, Stable, Safe, and Thriving. The form is divided into several sections with expandable headers (▼):

- Client Information:** Contact (Sadie Blue), Domain Name (Housing), Actions (18), Referrals (3), Last Assessment (8/5/2020 8:49 AM). It also includes fields for HHS Assessment Date, Name, and Score.
- Immediacy and Current Situation:** Includes questions about housing concern, safety, immediate threat, current living situation, and past experience of homelessness.
- Barriers and Supports:** Includes questions about financial barriers, credit history, employment, and housing supports.
- Knowledge and Utilization of Resources:** Includes questions about housing resource knowledge and utilization.

The form uses a clean, modern design with a light blue color scheme and clear labeling for each section and question.

Next Steps

- Increase access to social well-being information within healthcare
- Expand tools to account for how certain demographic factors such as race, age, and zip code impact risk
- Test the CSCA and similar tools across multiple geographic settings.
- Continue practice-based research by testing models against other tools.
- Avoid overly prescriptive models in social services.



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Clive Jones, Alliance of Information and Referral Systems

Sarah DeSilvey, Larner College of Medicine at University of Vermont

Karis Grounds, 2-1-1 San Diego/ CIE



THANK YOU!

What's Next:

9:45am - 10:15am

**Coffee Break Sponsored by Aetna and Blue
Shield of California Promise Health Plan**

