CIE Toolkit In Depth

Webinar 3: Mobilize the Community Network
February 21, 2019
10:00 am – 11:30 am (Pacific)
Introductions

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Director of Partner Integration

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Director of Partner Engagement
What is a Community Information Exchange (CIE)?

Network Partners + Shared Language + Resource Database and Bi-directional Referrals + Technology Platform and Data Integration

Community Care Planning
Why a Toolkit?

• Share San Diego’s long history developing, growing, and maintaining its CIE

• Support the nationwide movement around capture and use of social determinants of health data to promote individual well-being as a foundation for more holistic approach to community health

• Provide communities across the country with insights and strategies on how to approach development of a local CIE

This toolkit was made possible through a generous grant from the Schultz Family Foundation
Toolkit Sections

Section 1: What is a Community Information Exchange
Learn about the features and benefits of developing a CIE, including how the CIE creates community impact.

Section 2: State of the Field
Discover the influences that shaped the conceptualization and evolution of the CIE.

Section 3: Insights and Strategies
Explore the six strategies essential to developing an effective and sustainable CIE.
Toolkit Features

- Purpose
- Action Checklist
- Practical Application
- Glossary
- Resources/Templates
Section 3: Insights and Strategies

www.ciesandiego.org/toolkit

I: Identify the CIE Vision and Governance
M: Mobilize the Community Network
P: Prepare a Legally Compliant Framework
A: Adopt Interoperable and Scalable Technology
C: Cultivate Sustainability
T: Transform the Movement

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Importance of Mobilizing the Community Network
Action Checklist

1. Develop a Partnership Engagement Strategy
2. Create Shared Values and Language
3. Engage the Coalition of the Willing
4. Create an Individualized Partner Plan
1. Develop a Partnership Engagement Strategy

- Designate an engagement team
- Meet organizations where they are
- Foster ongoing collaboration and continuous feedback loops
Designate an engagement team

### 2-1-1 San Diego Team Model

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>VP of Health and Community Impact</td>
</tr>
<tr>
<td>Community Partnership Manager</td>
</tr>
<tr>
<td>Senior Data Analyst</td>
</tr>
<tr>
<td>Director of Partner Engagement</td>
</tr>
<tr>
<td>Director of Partner Integration</td>
</tr>
<tr>
<td>Partner Integration Manager</td>
</tr>
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</table>

### Other Approaches

- Coalitions
- Collaborative
Meet organizations where they are

- What is valuable to the organization?
- What is valuable to their clients?
- What is the organization’s capacity to meet privacy and security requirements?
- What is the organization’s technical capabilities?
- How can participation in the CIE benefit their current workflow?
## A 211-Specific Approach to Tiered Partnership Structure

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tbody>
<tr>
<td><strong>Referral Partners</strong> exemplify the traditional information and referral relationship in which partners list program and service information within the 2-1-1 San Diego resource database. They have login access to update their profile and add service, and their agency’s information is shared with 2-1-1 clients and partners. They do not have access to the CIE individual records and do not participate in electronic referrals.</td>
<td><strong>Connected Partners</strong> have the ability to make electronic referrals, including the functionality to send, accept, and decline referrals, and provide electronic status and outcome updates through the CIE. They receive only limited client information and do not have access to the full CIE client record.</td>
<td><strong>Integrated Partners</strong> have full access to the CIE shared client record with options for record look-ups, record creation, data sharing, and bi-directional referrals. They also have the capacity to share data about the people they serve in the system and are required to comply with legal requirements.</td>
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</table>
Foster ongoing collaboration and continuous feedback loops.
2. Create Shared Values and Language

- Identify common individual, provider, and community outcomes
- Define and share social influences and measures
Identify common individual, provider, and community outcomes
Define and share social influences and measures
Sample Shared Client Record

### Individual Information
- **First Name**: John Doe
- **Last Name**: Doe
- **Phone**: (858) 486-1234
- **Email**: J.Doe1942@email.com
- **Birth Year**: 1942
- **Hire Date**: 04/19/1942

### Address Information
- **Home Street**: 1000 DEPOT RD
- **Home City**: SAN DIEGO
- **Home State**: CA
- **Home Zip**: 92110

### Demographics
- **Gender**: Male
- **Language**: English
- **Race**: Bi-Racial / Multi-Racial
- **Marital Status**: Widower

### Income & Benefits
- **Employment Status**: Disabled
- **Monthly Income Amount**: $500.00
- **Supplemental Security Income (SSI)**: $0.00
- **Social Security Income (SSI)**: $0.00
- **Medicaid**: N/A
- **Highest Level of School Completed**: Associates Degree

### Privacy Records
- **Privacy Type**: Privacy Method
- **Privacy Method**: Created By
- **Privacy Method**: 205560
- **Privacy Method**: John Doe II

### Source Data Sources
- **Source Name**: PATH San Diego
- **Source ID**: 92110

### Alerts
- **Alert Name**: Total # of Records
- **Last Incident**: 2019-10-02 2:03 AM

### Domains
- **Risk**: Vulnerable
- **Actions**: Critical
- **Referrals**: 205560

### Care Teams
- **Care Team**: Active
- **Outreach Team**: Active

### Program Enrollments
- **Enrollments**: Active
- **Enrollments**: Closed
Alerting to Status Changes within the CIE

Client

Homeless Service Provider

Medical Services Care Team

Nutrition Services Care Team

Client Record

Risk Rating
Notifications
Program Enrollment
Care Teams
3. Engage the Alliance of the Willing

- Assess Prospective Partner Buy-in and Readiness
- Use a Phased Approach
- Secure Early Adopters
Engage Willing Partners

<table>
<thead>
<tr>
<th>CIE Data Sharing Sectors</th>
<th>Program and Service Data</th>
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<tbody>
<tr>
<td>2-1-1 San Diego</td>
<td>Information on referrals from the 2-1-1 San Diego Call Center, including profile information, assessments, referrals, and referral outcomes.</td>
</tr>
<tr>
<td>Homeless System of Care</td>
<td>Program data from the Homeless Management Information System (HMIS) includes basic Universal Data Elements (UDEs) that are part of the U.S. Department of Housing and Urban Development’s data standards. Available data includes participation in various homeless programs, length of time in those programs, and contact information for each program.</td>
</tr>
<tr>
<td>Food Banks and Meal Serving Programs</td>
<td>Data about accessing food programs, including dates the individual was enrolled and services were provided.</td>
</tr>
<tr>
<td>Other Social Services</td>
<td>Depending on the organization, data include a client’s profile information and participation in programs and services.</td>
</tr>
<tr>
<td>Health Care System</td>
<td>Healthcare partners—health centers, hospitals, health plans, and emergency medical services—are sharing healthcare utilization data, such as EMS transports, health insurance type, health insurance plan, primary medical home, etc.</td>
</tr>
<tr>
<td>Criminal Justice System</td>
<td>Criminal justice partners share booking data on persons booked into any County jail, including the date of booking, initial charge, jail location, and release dates. While this information is publicly available, having it in the CIE allows an alert to be sent to the individual’s care team when the person is booked into jail.</td>
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Assess Prospective Partner Buy-in and Readiness

Homeless Providers

Older Adults Providers

Health and Social Service Providers
Feasibility Assessment

CIE/Community Connections: Feasibility Assessment Questions

Goal: 211/Community Information Exchange strives to be a regional tool used to coordinate a community care plan that addresses access, the social determinants of health and stability, among multiple sectors to help provide better care to Southern Californians.

Based on Five Principles of Collective Impact:

Common Agenda: All participants have a shared vision for change that includes a common understanding of the program and joint approach to solving the problem through agreed upon actions.

- How would you rate your agency’s willingness to coordinate service with partners outside your agency? (Very Willing, Willing, Neutral, Somewhat Willing, Not Willing)
- Organizational Readiness: How do you see a community care plan changing your agency’s approach to services? Benefits to agency clients? Challenges to agency clients?
- Community Vision: How does your agency provide whole person care?
- What are your current working relationships, partner programs and/or collaborative your agency currently attends?
- How does information sharing and community care plan connect to your agency’s mission and values?
- What do you know about Information exchanges, such as San Diego Health Connect (SDHC) and Connect2Bill?

Shared Measurement: Agreement on ways success will be measured and reported, with a short list of common indicators identified and used across all participating organizations for learning and improvement.

- How comfortable is your agency in problem solving and providing feedback to improve systems and measurement? (Very Comfortable, Comfortable, Neutral, Somewhat Comfortable, Not Comfortable)

- What information does your agency collect that would be relevant to share with other service providers? What relevant information would you want from your partners?
- In what ways would your staff benefit from receiving information from other service providers about your clients?
- How do you approach and initiate agencies in collaborative partnerships?
- Have you previously shared client information with other community partners? How was the information formatted and shared? What technology did you use? What was the shared outcome measure?

Mutually Reinforcing Activities: Engagement of a diverse set of stakeholders, typically across sectors, coordinating a set of differentiated activities through a mutually reinforcing plan of action.

- How would you rate your interest in coordinating services with agencies outside of your current sector? (Very Interested, Interested, Neutral, Somewhat Interested, Not Interested)
- What return on investment do you see in participating in information sharing and contributing to a community care plan? How will this impact your operations?

Continuous Communication: Frequent and structured open communication across the many players to build trust, assure mutual objectives and create common vision.

- How would ready in your agency to integrate into your operations and workplace culture community care planning and information sharing? (Very Ready, Ready, Neutral, Somewhat Ready, Not Ready)
- How does your agency implement open communication and feedback internally and with other partners?
- What skills does your staff currently possess that align with the community care planning and information sharing? Do you have staff in mind that you could designate as a champion for this effort?

Backbone Support: Ongoing support by Independent, funded staff dedicated to the initiative, including guiding the initiative’s vision on strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing funding.

- What is your willingness to be open to adapt to the ongoing changes and issues that arise with a collective impact CIE project?
Use a Phased Approach

Phase 1: Engagement
- Introduction to CIE
- Value Proposition
- Legal Agreements
- Communication & Partner Meetings

Phase 2: Implementation
- Implementation Plan
- Establish Utilization Expectations
- Set Timeline for Utilization Goals
- Facilitate Meetings on Preliminary Integration Plan

Phase 3: Integration
- Training & Onboarding
- Implementation into Integrations within each Program
- Follow-up Consultations and Technical Assistance
- Custom Workflow Training

Phase 4: Utilization
- Utilization Attainment
- Ongoing Support and Updates
- Movement on Partner Integration Metric Levels
- Expansion within the Agency
Secure Early Adopters

Partners

Champions
4. Create an Individualized Partner Plan

- Determine Initial Participation Level
- Facilitate Business Process Re-engineering
- Support CIE Implementation and Ongoing Participation
# Determine Initial Participation Level

<table>
<thead>
<tr>
<th>Client State</th>
<th>Target Time to Respond</th>
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<tr>
<td>Referral Status: Accept or Decline</td>
<td>Within ____ hours</td>
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<tr>
<td>Outcome Status: Received services or other referral outcome on service</td>
<td>Within ____ days</td>
</tr>
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**Timeline**

- Milestone:
- Milestone:
- Milestone:
- Milestone:
- Milestone:
Facilitate Business Process Re-engineering
CIE Partner Connection

Happy New Year!

Welcome to the first edition of CIE Partner Connection!

This newsletter will be released quarterly and will provide you with information about all of the amazing work that CIE Partners are doing in the community and will include:

- Community events
- Highlights of CIE high achievers
- Summary of system function updates
- Information about future CIE meetings
- Client success stories and more!

Want to share an update, share a success story, or share information about a future event? Send your request to: cie@ciesandiego.org

Be a CIE Ambassador
Next Time

CIE Toolkit In Depth: Prepare a Legally Compliant Framework & Adopt an Interoperable Technology
March 21, 2019
10:00 am – 11:30 am (Pacific)

Register today at www.ciesandiego.org/events
Q&A

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The 2nd Annual Community Information Exchange Summit
Driving Cross-Sector Collaboration and Data Sharing to Create Healthier Communities

April 24 – 26, 2019
Marriott Marquis San Diego Marina
www.ciesandiego.org/ciesummit2019
Thank You!

Please provide your feedback!

Visit: https://www.surveymonkey.com/r/ClEweb3