



Community Information Exchange (CIE) Networking Meeting

February 25, 2021

Who's in the Room?

- **Good Morning ,Welcome** to **Our Space!**
- Please use the chat and share name/identity/agency/org
- we want to greet & give you a shout out.



Agenda

1. Who's in the Room?
2. Partner Highlight
 - Multicultural Health Foundation
 - Neighborhood House Association
 - MAAC
3. New functions/user experience/dashboards
4. COVID-19 Updates
5. Open Forum



Partner Highlights



Multicultural Health Foundation



CULTURALLY SENSITIVE
COMMUNITY-FOCUSED
CLINICAL EXCELLENCE



The Prevention Alliance

Preventing Diabetes in High Risk Communities





Mission Statement

The Prevention Alliance's mission is to prevent the spread of diabetes and other chronic diseases in multicultural, immigrant, refugee and senior populations to close the healthy equity gap.

The Prevention Alliance

is providing clinics with proactive ways to circumvent increases in diabetes in their patients.



1. Our Why
2. The Prevention Alliance's Social Franchising Model
 - Social Franchise Package
 - Infrastructure, Franchises and Success To Date
3. Targeted Recruitment
 - CDC's National Diabetes Prevention Program
4. How It Works
5. Next Steps – Site Orientation

Our Why

In 2018, MHF's board of directors asked an important question.

The QUESTION: What are we missing if the following is in place to reduce chronic diseases?

- Hospitals
- Clinics
- Insurance
- Public Health Programs
- Specific Chronic Disease Programs
- Health Policies
- Mental Health Services
- Social Determinates of Health Services
- Community Health Workers
- Clinical-2-Community Connections
- Community-wide Initiatives
- \$35+ million in health care funding in San Diego

Then **WHY**
DOES health
care
predictions
Include:

- 70% of 1.9 million prediabetics will become diabetic
- Diabetic related amputations up by 66% in San Diego
- Older adults have a higher risk "due to the combined effects of increasing insulin resistance and impaired pancreatic islet function with aging," according to the ADA.

OUR
SOLUTION

The Prevention Alliance

Shifting from reacting to preventing chronic diseases

Our Social Health Franchising Model

The Prevention Alliances pioneers **social health franchising** to **accelerate** the **replication** of Prevention Workshops in clinics, community organizations, employer sites, schools and other locations to generate **high volume participation in diabetes prevention.**

In 2018, the Prevention Alliance was awarded an \$1 million dollar investment by the Alliance Healthcare Foundation as an innovative strategy to prevent, preventable chronic diseases.

The Prevention Alliance Social Health Franchising Package

The Social Health Franchising Package provides all the tools and resources for clinics to successfully recruit and enroll prediabetics in Prevention Workshops.

Prevention Workshops

Certified, CDC Curriculum, One-on-One Phone, Virtual Group Sessions, Onsite

Prevention Coaches

Bi-cultural, bi-lingual, trained NDPP Prevention Coaches who imbed cultural health traditions

Prevention Pantry

Access to healthy food, workshop transportation, translation in 200 languages, fitness equipment, weight scales, behavioral counseling

Start-Up Capital

\$250 per Prevention Workshop launched for 15 participants

Full recognized diabetes prevention program by the Center for Disease Control

Our Growing Network of Social Health Franchises and Success To Date

Claims and Billing Partners

- Solera Health
- Skinny Gene

Eligible Insurance

- Medi-Cal, Medicare, Community Health Group, Kaiser, United Health, BSC Promise, Aetna, Anthem, Blue Shield of CA, Care 1st, Centene, Health Net, Cigna, Molina, SCAN, Partnership Health Plan of CA and others

Clinical Franchise(s)

- Alliance Health Clinic
- San Ysidro (formerly Careview Medical Clinic)

Employer Franchise(s)

- Salon 502
- Café X
- Town and Country

Community Franchises(s)

- East Africa for Women
- The Jacobs Center
- The Gathering Place (*on hold due to COVID-19*)

School Franchise(s)

- O'Farrell Charter School (*on hold due to COVID-19*)

Success To Date

- ▶ 98 % Attendance Rate
- ▶ Over 150 collective pounds lost
- ▶ English, Spanish, Swahili, Farsi, Asian
- ▶ Intergenerational and family support
- ▶ Prevention Pantry solutions result in continuous attendance and completion of the program.
- ▶ Participants are practicing exercises at home and teaching family members healthier lifestyle choices

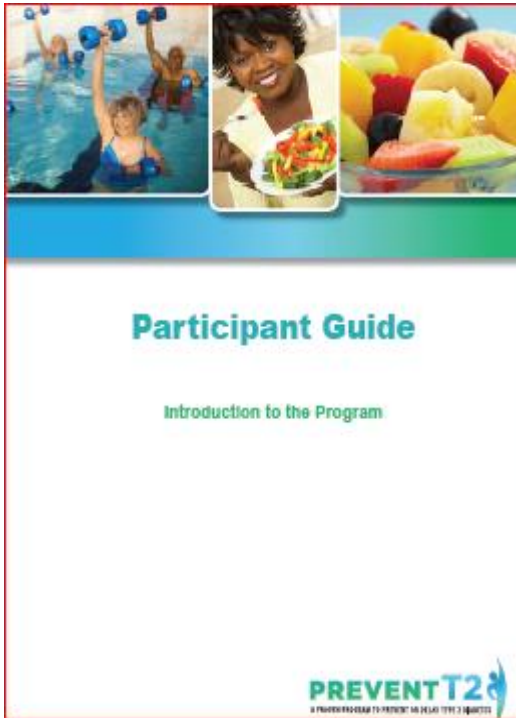
Targeted recruitment

Participants MUST meet requirements:

- Diagnosed as PRE-DIABETIC (A1c between 5.7-6.4)
- Insured with Medi-Cal, Medi-CAL, CHG, or APPROVED private insurance

Each site will need to pre-screen participants:

- Clinics will screen based on diagnosis and insurance coverage
- Non-Clinical sites need to pre-screen through participants
- All sites will process through [Solera 4 Me](#) and Unite Us screening tool
- Medi-CAL, CHG and Medicare with Pre-Diabetes diagnosis automatically qualify



Program focus

The Prevent T2 Lifestyle Change Program is a yearlong program designed for people with prediabetes. It is also designed for people who are at high risk for type 2 diabetes and want to lower their risk.

Program goals-First 6 months

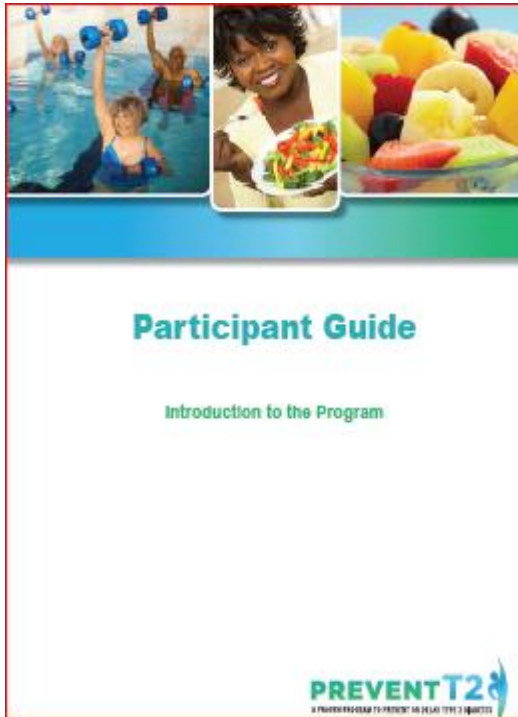
Prevent T2 helps participants achieve moderate weight loss by **eating well** and **being active**.

By the end of the first six months, the goal is for participants to:

Lose at least 5 to 7 percent of their starting weight

Get at least 150 minutes of physical activity each week, at a moderate pace or more.

For more information on the Prevent T2 Curriculum, visit the [National DPP website](#).



Program Goals-Second 6 months

By the end of the second six months, the goal is for participants to:

Keep off the weight they have lost

Keep working toward their goal weight, if they haven't reached it

Lose more weight if they wish

Keep getting at least 150 minutes of activity each week

Program Structure for Health Coach

In order to achieve CDC recognition, your program must last for a full year and complete at least 22 modules.

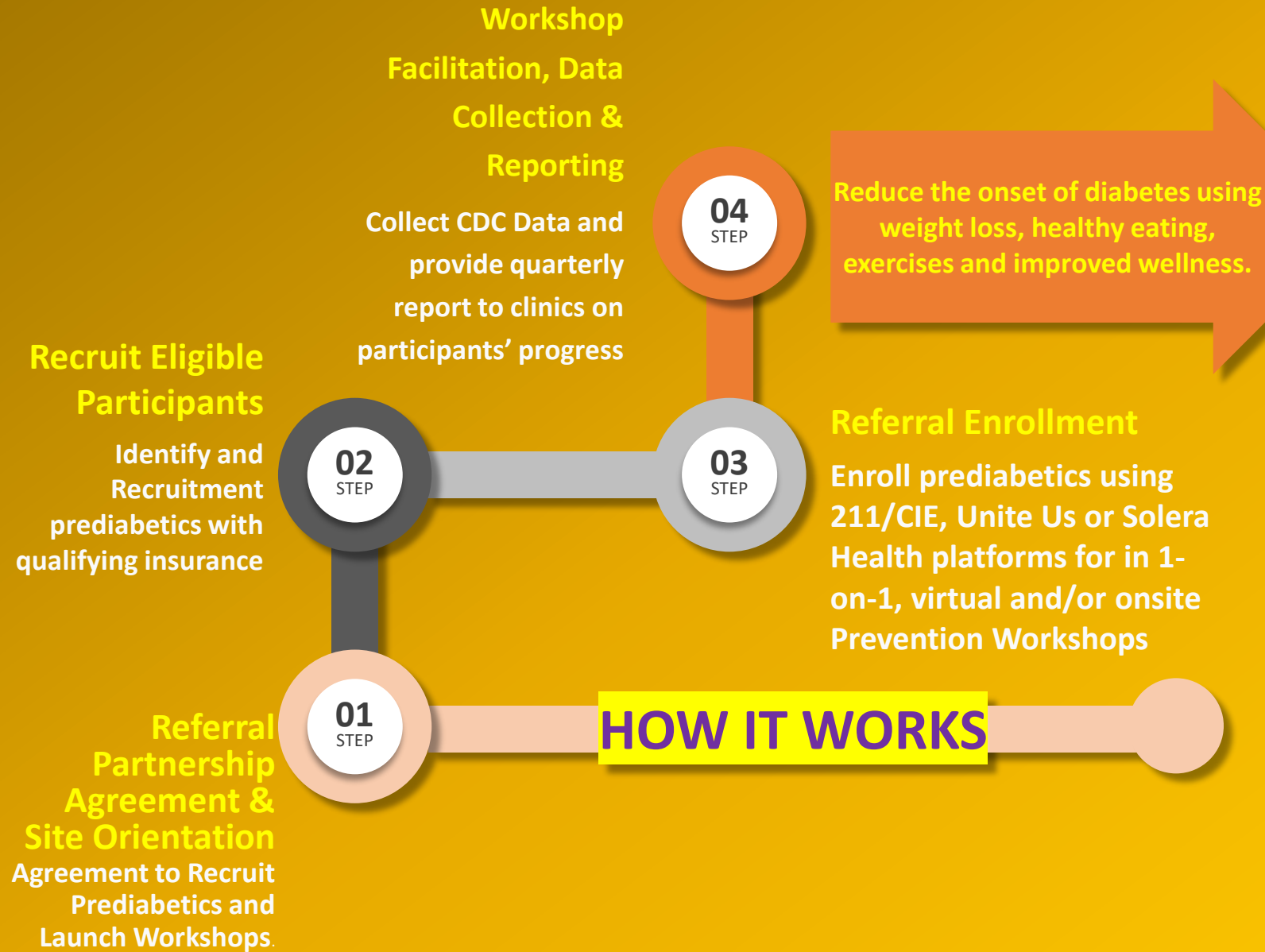
Once a week for four months (sessions 1 to 16)

Every other week for two months (sessions 17 to 20)

Once a month for six months (sessions 21 to 26)

For more information on the Prevent T2 Curriculum, visit the [National DPP website](#).

HOW IT WORKS



Next Steps

Site Orientation

The Prevention Alliance Business team is equipped to provide support to your entire agency to ensure effective technical assistance is provided during the early stages of implementation.

- Our management staff will work with your Prevention Coach or assign you one if you do not already have one.
- We will host a staff orientation provides a foundational understanding of the Social Franchise model, the role and responsibilities of the Prevention Alliance Team, the Franchisee, and the hosting site.
- Offers an opportunity set up a Recruitment and Enrollment Plan plan UNIQUE to your site.
- Ensure all questions and answers can be answered prior to implementation
- Onsite Technical Assistance could be provided up to the first 4 sessions during implementation



The Prevention Alliance

MANAGEMENT TEAM

Referral Partnership Development

Eugene Solomon

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Referral Management & Workshop Facilitation

Cherolyn Jackson

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Prevention Coach Network & Workshop Facilitation

Montrula Donaldson, licensed RN

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Prevention Alliance Strategic Development

Natache Muschette, Executive Director, MHF

natachemhf@gmail.com

Final Questions?



Neighborhood House Association



Neighborhood House Association
"A Neighbor You Can Count On...Since 1914"





Neighborhood House Association

"A neighbor you can count on...since 1914"



**Neighborhood House Association
(NHA)
PROJECT IN-REACH
&
PROJECT IN-REACH
MINISTRY**

Andrea Dauber-Griffin, Ph.D.

Senior Program Director

Derrick White, LMFT

Program Director

The Neighborhood House Association



INTRODUCTION

The Neighborhood House Association (NHA) is one of the largest multi-purpose human services organization in San Diego County, serving thousands of residents (children, families, seniors and youth) each year. The agency has 24 key program areas offered at 125 locations throughout San Diego County.

NHA Programs and Services include:

- *Adult Day Health Care (ADHC)*
- *Black Infant Health (BIH)*
- *Child Development Education*
- *Early Head Start*
- *Financial Counseling & Coaching*
- *Friendship Clubhouse*
- *Geriatric Specialty*
- *Head Start*
- *Coordinated HIV Services (CHIVS)*
- *CHIVS, Target to Persons of Color*
- *Homework Center*
- *InnoVisions*
- *NHA College Academy*
- *Nutrition Services*
- *Project Enable, BPSR Clinic*
- *Project Enable, Employment Services*
- *Project In-Reach, STAR/CSS*
- *Project In-Reach, Sheriff*
- *Project In-Reach SMI*
- *Project In-Reach Ministry*
- *Resident Services*
- *Senior Nutrition Center*
- *Quality Preschool Initiative*
- *Youth Fellowship Summer Employment*



MISSION

To enrich lives through a continuum of education and wellness services.

VISION

Healthy and educated communities—where dreams become reality.





PROJECT IN-REACH & PROJECT IN-REACH MINISTRY

- Started in 2012 & 2019
- Las Colinas Detention and Reentry Facility (**LCDRF**), George Bailey Detention Facility (**GBDF**), Central Jail (**SDCJ**), Vista Detention Facility (**VDF**) and East Mesa Re-entry Facility (**EMRF**), Facility 8 (**FAC 8**)
- Interdisciplinary team: admin team, clinicians, sociologists, certified substance use counselors, social workers, and peer specialists
- Discharge planning & post-release case management/wrap around services for incarcerated individuals challenged by serious mental illness and/or co-occurring disorders
- **Project In-Reach Ministry**: 2 faith-based wellness teams consisting of clinician and pastor, pastoral counseling & spiritual guidance, weekly contact & follow-up



SMI and COD in General & Jail Population

2013-2014	SMI	COD
General Adult Population	4% ³	3.3% ¹ (AMI)
Jail Population	17% ³	42% ²
SMI Jail Population	17%	72% ³

¹Center for Behavioral Health Statistics and Quality (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. To be retrieved from: <http://www.samhsa.gov/data/>

²Sung, H.E, Mellow, J., & Mahoney, A.M. (2010). Jail inmates with co-occurring mental health and substance use problems: Correlates and service needs. *Journal of Offender Rehabilitation*, 49, 126-145.

³Substance Abuse and Mental Health Services Administration (2017). *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. To be retrieved from: <https://store.samhsa.gov/shin/content/SMA16-4998/SMA16-4998.pdf>

PROJECT IN-REACH



PURPOSE

- **Outreach to & engagement** of individuals on medium/high-risk probation supervision (or w/out supervision) and living with a serious mental illness/COD
- Focus on **linkage to** substance use, mental health and or co-occurring disorder treatment
- **Wrap around services** to reduce structural barriers to re-entry (e.g., CA ID, SSI/SSDI, employment, education, transportation, transitional housing, etc.)

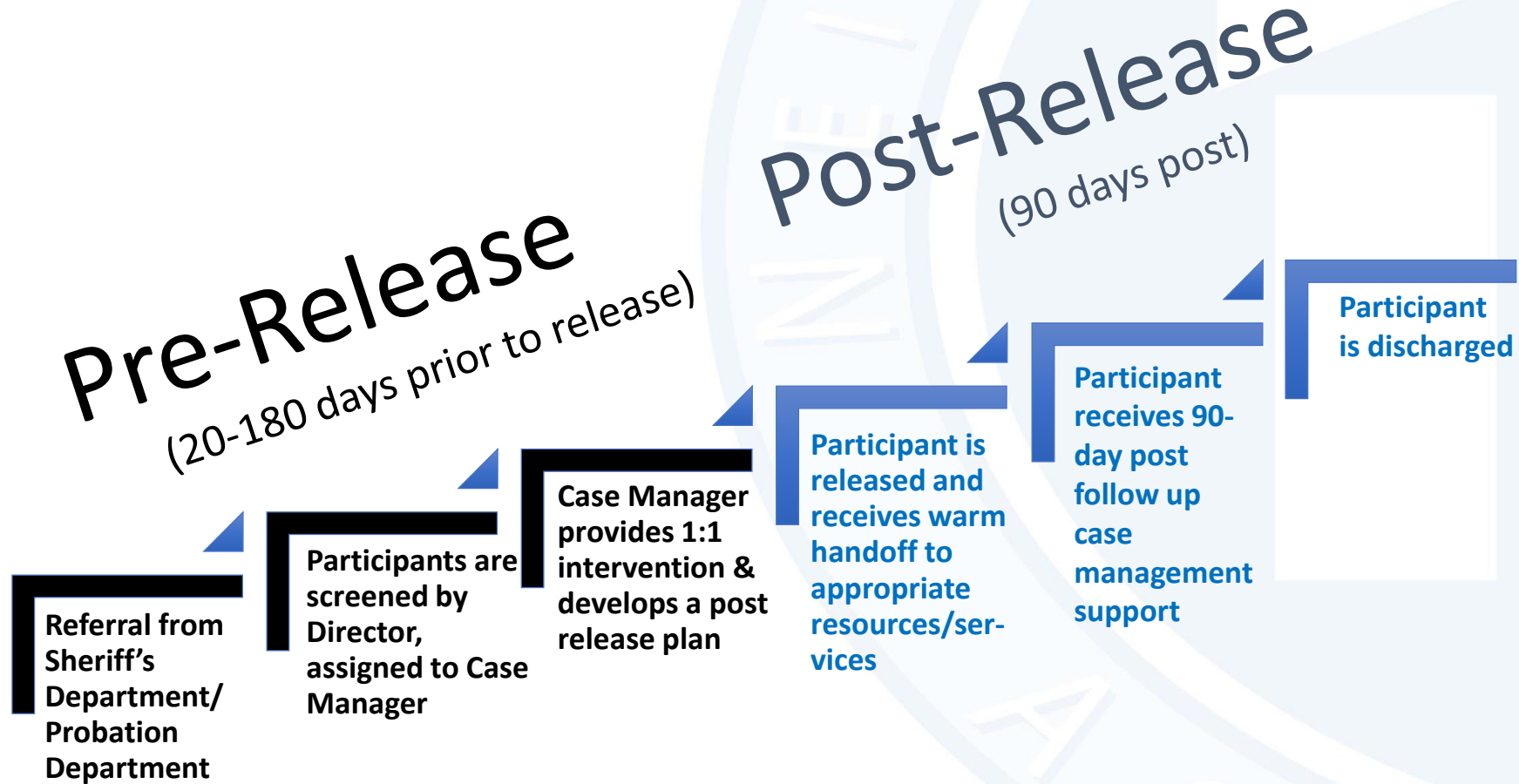
PROJECT IN-REACH



GOALS

1. Decrease **relapse** and reduce **recidivism**
2. Ensure the **successful linkage** between in-jail programs and community aftercare
3. Provide pre- and post-release **wrap around services**
4. Increase access to **health care** and **social services**
5. Reduce **stigma** surrounding mental health/substance use treatment & increase **awareness**
6. Addressing **criminogenic risks and needs**

TRANSITION PROCESS



Key Collaboration & Partnerships in San Diego County



- Faith-based agencies such as Bayview Baptist Church, Salvation Army
- Residential/Outpatient treatment programs such as Way Back, Heartland House, HOM, Tradition One, KIVA, Serenity House, FRC
- Family Health Centers of San Diego
- San Diego Sheriff Department
- Probation Department
- Recovery Homes
- NAMI San Diego
- Education/Employment programs



Common Client Resources/Referrals:

CRASH, UPAC, McAlister, Center for Employment, Project Enable, Clubhouses, Action EAST, City Star, Action CENTRAL, Center Star ACT, North Star ACT, Nosotros, HIV Case management, DMV, ROCK Church, Vista Hill, SAY San Diego, NAMI San Diego, Jane Westin, Aretha Crowell, Rachel's, St. Vincent De Paul, Mazie's Place, Black Infant Health, In His Steps, Volunteers of America, Family Health Centers, La Maestra, San Diego American Indian Health Center, House of Metamorphosis, Salvation Army, Tradition One, Serenity House, Family Recovery Center, New Entra Casa, VVSD, Casa Raphael, Breaking Barriers, Metro Career Center, Second Chance, Crossroads, Turning Point, Stepping Stone, The Center, East County Transitional Living Center, Interfaith Community Services, Fellowship Center, Mental Health Systems, Community Care Center, Way Back, Heartland House, Salvation Army STEPS etc.

Other Key Outcomes & Achievements



- In FY 17-18, the program achieved lower utilization rates by **46.2%** for emergency services and inpatient admissions
- Participation in the program reduced recidivism by **215.5%** 365 days post-release
- Outpatient and case management assignments increased by **124%**
- NACo's (National Association of Counties) 2019 Achievement Award
(Criminal Justice and Public Safety Category)

(Source: County of San Diego BHS Annual Report FY 17/18)

Challenges



Individual level

- Creating awareness and motivating acceptance (medication, treatment) in relatively short amount of time
- Re-connecting with family/friends and other support networks
- Quality of life/purpose
- Documentation (ID, birth certificate)
- Financial resources (employment, SSI, SSDI, etc.)
- Accessing social & other types of services
- Addressing criminogenic risks and needs

System level

- Structure of system of care
- Agency time
- Working within jail system and across criminal justice agencies
- Homelessness/housing
- Treatment capacities

Available Solutions/Approaches?



Individual level

- Pre- and post-release care coordination
- Pre- and post-release therapeutic intervention
- Housing first
- Financial assistance/independence
- Coaching clients to develop basic skills of organizing self (e.g., keeping track of appointments, practice assertiveness, etc.)

Program level

- Interdisciplinary discharge planning teams, incl. peer support
- Structured networking – warm hand-offs

Howard H. Carey Administrative Center

5660 Copley Drive
San Diego, CA 92111
858-715-2642

NHA 41st Street Campus

841 South 41st Street
San Diego, CA 92113
619-263-7761

“A neighbor you can count on...since 1914”

www.neighborhoodhouse.org



Metropolitan Area Advisory Committee (MAAC)





MAAC Head Start, Early Head Start, & State
Preschool are child development programs of
MAAC, a nonprofit organization serving San
Diego County

“Making a difference in the community we serve”

Introduction

- We provide high quality early childhood and family education programs at locations across Northern San Diego County and in San Ysidro at no cost to qualifying families based on family size and income.
- We serve children ages from 0-5 and their families, children with disabilities and pregnant women.



Enrollment

We serve over 1,847 per school year

Due to COVID19,

- enrollment capacity has been reduced.
- In-person services are at a limited capacity but increase in our virtual services.



Program Options

- **Full Day/Full Year Program:** Preschool classes up to 10 hours per day, 4-5 day per week from August to June.
- Family Child Care (FCC) Program: Nurturing preschool program in a home setting, for up to 10 hours per day, 5 days per week from July to June.
- **Head Start Part-Day Center Based Program:** Preschool classes up to 6 ½ hours per day, 4-5 days per week from September to May.
- **Home Based Program:** Children and parents can learn together at home with a Family Partner once per week for 1 ½ hours. Parent also visit the Head Start classroom 2X per month for Socialization activities. (Due to COVID socialization are done virtual).
- **EHS Prenatal Program:** Pregnant Women and their families are provided with health and nutrition information as well as emotional support needed for a Healthy pregnancy and delivery.



Center Locations

Northern San Diego County

- Carlsbad
- Oceanside
- Vista
- San Marcos
- Escondido
- Fallbrook
- Valley Center

Southern San Diego County

- San Ysidro



Application Intake

Families may start the application online through the link below or call the location near them.

www.MAACPROJECT.ORG/HEADSTART



Thank you

If you have any questions or need additional information, please feel free to reach me at

(760) 471-4210 ext 2209 or

email JCazares@maacproject.org



New Functions User Experience Dashboards



Referral Management

Referral Management: for viewing direct referrals to your agency, allows for efficient processing for referral outcomes

The screenshot shows a web application interface for 'Referral Management'. It features a table of referrals, a 'Quick Filters' sidebar, and a 'Select Columns' dialog box. Three yellow arrows with text annotations point to specific features: 'Bulk update referral status and outcomes' points to the 'Outcome' column header, 'Filter by Referral Status, Date, Outcome, Case Manager' points to the 'Quick Filters' sidebar, and 'Choose your own columns' points to the 'Select Columns' dialog box.

Bulk update referral status and outcomes

Outcome	Created Date	Client Name	Agency name	Service Name	Referral Status
<input type="checkbox"/>	2019-02-12T16:11:02.0...		Legal Aid Society of Sa...	Tenant Help, North Ce...	Active
<input type="checkbox"/> Legal Privilege	2019-02-12T16:20:30.0...		Legal Aid Society of Sa...	SSI Free Help, Central ...	Completed
<input type="checkbox"/> Did not Receive Services	2019-02-12T16:53:25.0...		San Diego Rescue Miss...	Transitional Housing, 2...	Completed
<input type="checkbox"/> Legal Privilege	2019-02-12T17:02:48.0...		Legal Aid Society of Sa...	SSI Free Help, Central ...	Completed
<input type="checkbox"/> Legal Privilege	2019-02-12T17:03:17.0...		Legal Aid Society of Sa...	Consumer Center For...	Completed
<input type="checkbox"/>	2019-02-13T00:05:16.0...		Legal Aid Society of Sa...	Consumer Protection ...	Active
<input type="checkbox"/> Legal Privilege	2019-02-13T00:13:39.0...		Legal Aid Society of Sa...	Consumer Center For ...	Active
<input type="checkbox"/> Legal Privilege	2019-02-13T00:17:57.0...		Legal Aid Society of Sa...	SSI Free Help, North Ce...	Active
<input type="checkbox"/> Did not Receive Services	2019-02-13T16:21:43.0...		Family Health Centers ...	Community Healthcare...	Active
<input type="checkbox"/> Receiving/Received Ser...	2019-02-13T16:52:00.0...		Family Health Centers ...	Community Healthcare...	Active
<input type="checkbox"/>	2019-02-13T18:13:45.0...		Legal Aid Society of Sa...	Public Housing Tenant ...	Active
<input type="checkbox"/> Legal Privilege	2019-02-13T21:01:58.0...		Legal Aid Society of Sa...	SSI Free Help, North Ce...	Active
<input type="checkbox"/> Legal Privilege	2019-02-13T21:19:34.0...		Legal Aid Society of Sa...	SSI Free Help, Central ...	Active

Filter by Referral Status, Date, Outcome, Case Manager

Choose your own columns

Select Columns

Available

- Id
- Outcome Note
- Appropriateness of Referral
- Accepted date
- Completed Date
- Declined Date

Selected

- Outcome
- Created Date
- Client Name
- Agency name
- Service Name
- Referral Status

Select Columns

Additional Filters for Finding Referrals

Integrate client information into the referral search and highlight potential resources

The screenshot displays a web application interface for finding referrals. On the left, a 'Client Details' sidebar shows information for 'Sadie Blue', including age (37), FPL (48,04%), monthly income (500), household size (1), home zip code (92117), health insurance type (Private), and health condition. The main search area includes a search bar, a 'Refine my results' panel, and a 'Search by category' dropdown set to 'Food'. The 'Refine my results' panel includes filters for location, age (37), day of operation (Sunday through Saturday), assessment (Not Apply), and sort order (Relevance). The results list shows three referrals with details on services and eligibility, each with an 'Add Referral' button.

Organization	Contact Information	Address	Eligibility
Social & Wellness Centers - Balboa Avenue Older Adult Center Jewish Family Service (JFS) of San Diego	(858) 550-5998	8804 BALBOA AVE Joan & Irwin Jacobs Campus SAN DIEGO, CA 92123	Provides social, recreational, and educational activities for seniors. Provides daily exercise classes, games, cultural programs, and live entertainment for older adults with early to ... Eligibility
Feeding San Diego Services Feeding San Diego	(858) 452-3663	9455 WAPLES ST Suite 135 SAN DIEGO, CA 92121	Provides food referrals and resources to a network of distribution partners serving children, families and seniors each week. Focused on healthy food, education and advoc... Eligibility
Emergency Food Assistance Program (EFAP), The Movement Church Jacobs and Cushman San Diego Food Bank	(866) 350-3663	1609 CAPALINA RD SAN MARCOS, CA 92069	The Emergency Food Assistance Program (EFAP) distributes USDA food each month. Eligible participants who do not exceed low income guidelines may be eligible to receive EFAP o... Eligibility

Clinical Measures

Clinical Measures: to provide clinical tests and other information through data integrations with FQHCs

Clinical Measures Detail		Edit	Delete	Clone	Sharing
▼ General Information					
Account	Reynaldo Cintron	Created By	San Ysidro Integration, 8/10/2020 9:51 AM		
Clinical Measures Name	a3e2C000000Wptb	Updated by Agency	San Ysidro Health		
Date Taken	5/7/2020 12:00 AM	Last Modified By	San Ysidro Integration, 8/10/2020 9:51 AM		
Total # Records	1				
▼ Clinical Measures					
A1C	55.00	HDL	99		
Systolic Blood Pressure	119	LDL	144		
Diastolic Blood Pressure	77	Triglycerides	6.40		
Body Mass Index	21.0	Total Cholesterol	158		
Smoking Status	Test Smoking Status 2	Fasting Plasma Glucose	126		
Medication List	albuterol 90 mcg/inh inhalation aerosol, beclomethasone 80 mcg/inh inhalation aerosol				
▼ Additional Clinical Information					
PCP/Medical Home	Yes	Health Coverage Payer	Test Health Insurance 2		
Health Condition	Test Health Condition 2	Health Plan	Test Health Plan 2		

New Alerts

Developed new **Alerts** to notify Care Team members when client has new or changes to information related to housing, health conditions, food insecurity, and new or changed Care Team members.

Jay Pritchett Demo Edit Find Referral

Age 74

DETAILS

Individual

Privacy Status A

Client Name Jay Pritchett

Email jrojas@21

Last 4 of SSN 6789

Address Information

Home Street 1234 House

Home City

Home Zip/Postal Code

Privacy Number Privacy Type Status

Expire Date

 Alerts (4)

Alert Name	Total # Incidents	Last Incident Date
Jail	1	2019-07-13 18:10:00Z
Jail	1	2019-07-06 18:10:00Z
EMS	1	2019-05-18 18:10:00Z
EMS	1	2019-06-18 18:10:00Z

[View All](#)

Feedback: Survey

Survey Main Objective: Measure the value, impact & efficacy of recent enhancements

Today's objectives:

- Gather input on how the questions are asked & response options
- Gather input on when these survey questions should appear
- Identify other considerations



Feedback: Question 1

Objective: Measure the value/impact of new alerts

SAMPLE

I found the alert highlighting my patient's/client's social and medical needs...

- Not at all helpful
- A little helpful
- Moderately helpful
- Very helpful
- Extremely helpful
- I didn't notice an alert / There was no alert

Feedback: Question 2

Objective: Identify how CIE information influences decision making in care coordination.

SAMPLE

The clinical and social information in my patient's/client's profile today, changed.... (check all that apply)

- The information didn't really affect my decisions or understanding of this patient/client today
- The social or community resources I offered
- The goals I made with my patient/client
- The clinical care decisions I made (clinical care plans, medications, clinical referrals)
- The areas that me and my patient/client focused on today
- Provided me a more comprehensive understanding of my patient/client
- Strengthened my relationship with my patient/client
- Other: (fill in box. Tell us how this information influenced you today!)
- I didn't notice the clinical and social information / the information was not present

Feedback: Question 3

Objective: Identify if tailored resources were found and provided

SAMPLE

In what ways were you able to identify tailored resources? (Check all that apply)

- Located resources that were culturally appropriate (culturally competent)
- Located resources that were tailored based on health conditions and/or clinical indicators
- Located resources that were tailored based on social and/or demographic information
- Was not able to locate a resource for the need
- Was not able to locate a resource the client is eligible for

Feedback: Question 4

Objective: Collect open-ended feedback on helpfulness and usefulness of CIE platform/survey.

SAMPLE

What was the impact of using the CIE with this individual today? If the CIE was particularly helpful with this client, tell us more about how the CIE helped or shaped the care you provided today. (fill in blank box response).

Enter text here...



Feedback: Considerations

When should these survey questions appear? (What should prompt them?)

On what pages should we ask the questions?

Thoughts...



COVID-19 T3 Updates

211 San Diego is currently supporting County in information for COVID-19, including general information, testing and vaccination:

- Educate on phases (phases to be expanding soon)
- Navigating County/Community locations for vaccine appointments
- Assisting 65+ on setting vaccine appointments without internet or supports to make appointments
- Role with equity and access to ensure populations can get the vaccine and communicating issues and opportunities with the County
- Partnering with organizations to serve hard to reach populations



Open Forum

- Share
- Inform
- Bring your voice into the space
- What's new and exciting in your organization or agency
- I need support or help with
- I have an idea

SPEAK
Live with Intent **OUT!**



We want to celebrate you!



Community Information Exchange Partner Badge

- Add to your email signature!
- Link to ciesandiego.org



External Affairs Update



- Sign up to **be featured on social media** at ciesandiego.org/partner-feature/
- Contribute to our **photo library**: Email qlacapra@211sandiego.org

