Community Information Exchange (CIE)
Advisory Board Meeting

April 20, 2021
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
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| 8:30 – 8:35am | Welcome and Introductions & Agenda Overview                              | Mathew Packard  
Chair 2-1-1 Advisory Board                                                   |
| 8:35 – 8:45am | COVID-19 Highlights                                                        | William York  
Chief Executive Officer  
Camey Christenson  
Chief Business Development Officer                                           |
| 8:45– 9:00 am | CIE Trends and Utilization  
• RWJF Updates to Commission                                                | Karis Grounds  
VP of Health and Community Impact                                             |
| 9:00-9:25 am  | Workgroups Update  
• Membership  
• Outcomes  
• Sustainability                                                           | Mathew Packard  
Chair 2-1-1 Advisory Board  
Karis Grounds  
VP of Health and Community Impact  
Camey Christenson  
Chief Business Development Officer                                             |
| 9:25-9:30 am  | Other Updates & Meeting Adjournment                                        | Mathew Packard  
Chair 2-1-1 Advisory Board                                                   |
WELCOME & INTRODUCTIONS
CIE UTILIZATION UPDATE
The trends dashboard highlights the established fiscal year metric goals for the CIE. These goals are specific to utilization, including how many partners and clients are in the network and how partners use the network to view clients, refer them to appropriate resources and share data to enhance records. This utilization allows us to better assess and understand the overall impact the CIE has on client outcomes.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Current Numbers</th>
<th>% to Goal</th>
<th>Monthly Trends</th>
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<tbody>
<tr>
<td>105 Partners</td>
<td>101 Partners</td>
<td>96% of Goal</td>
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**Adoption Metrics**

<table>
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<tr>
<th>30,000 Logins</th>
<th>19,447 Logins</th>
<th>65% of Goal</th>
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<tbody>
<tr>
<td>205,000 Consents</td>
<td>195,104 Consents</td>
<td>95% of Goal</td>
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<tr>
<td>40,000 Searches</td>
<td>16,572 Searches</td>
<td>41% of Goal</td>
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**Engagement Metrics**

<table>
<thead>
<tr>
<th>100,000 Records with Shared Data</th>
<th>103,879 Records with Shared Data</th>
<th>104% to Goal</th>
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<tbody>
<tr>
<td>30,000 Profile Views*</td>
<td>12,635 Profile Views*</td>
<td>42% of Goal</td>
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**Intervention Metrics**

| 25,000 Direct Referrals        | 14,085 Direct Referrals         | 56% of Goal |

*Metrics seem low increased number of integrations and delay in capturing bidirectional data points into our metrics

**Insights:**
- Significant increase within consents and shared records

*10 days of profile view data were lost in January and February 2021 and are not retrievable; number for these months appear lower than actual utilization.*
A CIE is a community-led ecosystem comprised of multidisciplinary network partners using a shared language, a resource database, and integrated technology platforms to deliver enhanced community care planning. A CIE enables communities to have multi-level impacts by shifting away from a reactive approach towards proactive, holistic, person-centered care. At its core, CIE centers the community to support anti-racism and health equity.
## RWJF Recommendations:

<table>
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<tr>
<th>A CIE...</th>
<th>Assumptions</th>
<th>A CIE Is Not...</th>
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| **Cultivates trust and capacity within the community:**  
- Coordination and collaboration among community members and the sectors that serve them (healthcare, social services, government, for-profit, etc.) is key to ensuring more equitable access, often facilitated through technology. | Social Determinants of Health cannot be solved by:  
- "Off the shelf" technology that cannot adapt to and grow with local community needs  
- Electronic referrals alone, referrals may be a modality used to address someone’s needs but not a solution in and of itself. | ...a specific technology or platform, nor is it dependent solely on technology to connect others to services. |
| **Cultivates individual agency and understands root causes of resource gaps:**  
- The CIE aims to incorporate a person or family’s wants, priorities, capacity, culture into care planning while also being sensitive to the trauma and systemic oppression customers endure.  
- The CIE hopes to facilitate customer empowerment throughout the CIE experience, ranging from care coordination to data usage, to address root cause issues while aiming to reduce potential harm and exploitation. | Social Determinants of Health cannot be solved by:  
- The healthcare sector’s approach to addressing SDOH focuses on referrals, especially closed loop referrals, are the goal.  
- The pathologist's approach to diagnosing SDOH resource gap problems without addressing root causes of these resource gaps. | ...referral-centric or created in a fashion that focuses on a one-size-fits-all solution |

**Drivers systems change**  
- The focus of CIE is on the individual/family, institutions, and the community at large.  
-ness in the community is to support the local infrastructure, create sharing and coordination across sectors and share data to push change policy and investment.  
- the CIE is accountable to the community.  

**Is a community-led collaborative**  
- Health equity is a core tenant  
- Care values align to community members and the system is designed to value the best interest of community members.  
- Financial gain is shared with the people that CIE services and power shifts to the community, and requires investment by all parties, at all levels.  

**Social Determinants of Health cannot be solved:**  
- Without community or focus on equity  
- By a managed system of care driven by power or money, those must get buy-in by the community.

**Designed to uplift and assist in providing agency to the communities who experience the worst effects and inequalities**  
- Communities must be defined by the community  
- Un社区 can set the terms of how SDOH are addressed and who they are addressed for.  

**Social Determinants of Health cannot be solved by:**  
- Addressing social needs in the same way as healthcare needs are addressed.  
- Currently, healthcare systems determine the need, investment, and needs in which SDOH should or can be addressed.  

...many areas around institutional goals or interests.
**Tale of Two Cities**

<table>
<thead>
<tr>
<th>City A Snapshot</th>
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<tr>
<td>• Value Proposition: Systems change through individual, cross-sector communication and community at large</td>
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<tr>
<td>• Impact: Address social needs prioritized by the community and institutions and reinvest money back into the community</td>
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<tr>
<td>• Design: Led by the community via human-centered design</td>
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<tr>
<td>• Governance: Shared governance by community members and key stakeholders from non-profit, government, healthcare and for-profit sectors</td>
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<tr>
<td>• What are you Solving for? Health equity, shifting the current model of care through a comprehensive and upstream approach</td>
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<tr>
<td>• Peak: COVID-19 hit, responsive with community support and coordination with social services, and had a lasting impact on value of systems for City A</td>
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<table>
<thead>
<tr>
<th>City B Snapshot</th>
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<tbody>
<tr>
<td>• Value Proposition: Healthcare interest to address SDoH and potential impact on cost-savings</td>
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<tr>
<td>• Impact: Address social needs and save money for the healthcare system</td>
</tr>
<tr>
<td>• Design: Led by the healthcare system</td>
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<tr>
<td>• Governance: Primarily led by healthcare, with some big CBO engagement</td>
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<tr>
<td>• What are you Solving for? Closed loop referrals to address healthcare identified needs, often based on health conditions vs. patient identified needs</td>
</tr>
<tr>
<td>• Peak: COVID-19 hit, not responsive, no community support, overburdened social services, and limited impact</td>
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Landscape of System Design

- **Passive**
  - Ignores the Oppressed

- **Savior-Designed**
  - Stigmatizes the Oppressed

- **Ally-Designed**
  - Listens to Feedback to Support Institutional Goals and Objectives

- **Equity Empowered**
  - Provides Agency and Aims to Eradicate Systematic Barriers

- **Liberating Model**
  - Seeks Restorative Justice and Reparations

- **Predatory-Designed**
  - Profits from Oppressed

- **Harm Reduction**
  - Do No Harm

- **Intentional Harm**
  - Anti-Racism Commitment

- **Impacted Community**
  - **Y1 Beneficiary of the System**

- **Institution**
  - **X Impact on Oppressed Community**

- **Customer Agency**
RWJF Recommendations:

Topics explored include:

- Strategies for and examples of meaningful engagement of community members in the development and maintenance of community data systems;
- Approaches to community engagement;
- Challenges and opportunities for community member engagement;
- Compensation;
- Tools and resources to cultivate relationships with community members; and
- Policy and resources that could support continued growth in this area.
Leading with Community to Drive Systems Change

Historically, our health systems and social service delivery infrastructure have not been responsive to or inclusive of the true needs of communities and vulnerable populations, especially people of color. Community Information Exchanges have the potential to promote equity and inclusivity through their community-led model. Drawing from current events, including the COVID-19 pandemic, CIE Summit 2021 sessions will thoughtfully analyze and discuss how to move CIE planning and implementation forward using community-led strategies that enable inclusive and equitable community input and participation.
Working Groups
Workgroups

• Membership Workgroup Meeting
  • Second Monday of the Month

• Sustainability Workgroup Meeting
  • Second Tuesday of the Month

• Outcomes Workgroup Meeting
  • 1st Tuesday of the Month
Workgroup Updates
Membership Workgroup
Membership Workgroup

- **Workgroup 1: Current Membership**
  - Review workgroup purpose and outline of topics
  - Review Current Charter
  - Review Current Membership
  - Discuss Membership Approach “Seats” vs. “Individual” approach

- **Workgroup 2: Number of AB Seats and Optimum Representation**
  - Review best practices to define number of AB members
  - Based on outcome of “seats” vs. “individual” discussion begin discussion of what stakeholder representation will best serve CIE

- **Workgroup 3: Potential Membership**
  - Confirm number of seats and stakeholder groups to be represented on AB
  - Review current membership to align with stakeholder groups
  - Define terms of membership
  - Discuss structure for allowing for other than AB members to participate in meetings and working groups

- **Workgroup 4: New Member Outreach**
  - Define outreach plan for potential new members, who within a stakeholder group should be approached, who should conduct the outreach
  - Review Charter and determine if any changes are advised based on the work of the Membership Workgroup
Outcomes Workgroup
CIE Impact Survey

• Request for completion by at least one member at each organization
Survey Completed: 64

Themes
• Efficiency of Service Delivery
• Effectiveness of Interventions
• Collaboration/Coordination
• Equity-Disparities
• Changes in Interventions
We are adding a pop-up survey feature to the Partner Community to measure the value, impact, and effectiveness of upcoming enhancements.
Feedback: Question 1

**Objective:** Measure the value/impact of new alerts

**SAMPLE**

I found the alerts...
- Not Helpful
- Somewhat Helpful
- Helpful

Ideally: thumbs up with text
Feedback: Question 2

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

**SAMPLE**
The information in the client profile... (check all that apply)

- Influenced the referrals I offered
- Influenced care decisions or care plan I made with my patient/client
- Provided a comprehensive understanding of my patient/client
- Strengthened my relationship with my patient/client
- Didn’t affect my decisions or understanding of this patient/client
- Other: (Fill in large area text box. “Tell us how this information influenced you today!”)
Feedback: Question 3

**Objective:** Identify if tailored resources were found and provided

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**SAMPLE**

I located resources that were... (Check all that apply)

- Culturally appropriate (culturally competent)
- Relevant based on health conditions and/or clinical indicators
- Relevant based on social and/or demographic information

- Unable to locate a resource (if checked, please explain why)

Comments (open text field):
**Objective:** Identify benefits from the panel management list views

The Dashboard views of my clients and referrals helped me... (check all that apply):

- Identify new individuals for outreach or program enrollment
- Prioritize existing clients or patients in my program
- Make decisions about my program design and/or implementation
- Save time when processing direct referrals
- None of these apply to my experience today
**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, tell us more about how the CIE helped or shaped the care you provided today. (fill in blank box response).

Enter text here...
Sustainability Workgroup
Recommendations:

**MEMBERSHIP COSTS**

1. The CIE Membership price points for each sector should be socialized, publicized to support transparency. Pricing should detail benefits of CIE access.

2. Continue in-kind charges (not direct) only to community-based, not for profit organizations.

3. Improve tracking and reporting in-kind support for community-based social service organizations and community health clinics (FQHCs).

4. Work with the Outcomes Workgroup to align membership costs and in-kind calculations with different levels (micro/mezzo/macro) of outcome contributions.

5. Recognizing CIE’s capacity for outcomes tracking and reporting expand role of philanthropy/government in underwriting CBO service provider and targeted sector for BOTH onboarding and ongoing expenses including integration efforts and technology costs.
Recommendations:

**GENERAL AWARENESS**

1. Develop strategy for sharing public story of CIE San Diego - a mechanism (annual report, event) to share stories about the totality of work that goes into producing and sustaining CIE as a community infrastructure.

   Potential Publications:
   - CIE SD Annual Report
   - Value Propositions
     - Share Communitywide SDoH Indicators CIE SD provides
   - CIE Movement – National
   - State of the Region and CIE’s role

2. Consider separate report of the “Value Proposition” (by sector) to accompany newer level of transparency; highlighting agency/provider values and larger community value.

3. Host annual “State of CIE” - Bringing together the executives of the partnerships we have and potential funders and key stakeholders.
Recommendations:

**DATA**

1. Increase the publication and sharing of CIE data for all users to tell story (partners, community).

2. Identify opportunities for comparison data sharing (providers/sectors/communities).

3. Prioritize data integration CIE partnerships and prioritize partners who are contributing data into the system.
Recommendations:

THOUGHT LEADERSHIP

1. Monetize thought leadership/consulting expertise with the right price points to account for opportunity cost and to support local efforts.
OTHER UPDATES & NEXT MEETING

May 18th, 2020 8:30-9:30 AM