Community Information Exchange (CIE)
Advisory Board Meeting

May 18, 2021

CIE Advisory Board Meeting
AGENDA
May 18, 2021 • 8:30 AM – 9:30 AM

Time	Agenda Item	Presenter
8:30 – 8:35am	Welcome and Introductions & Agenda Overview	Mathew Packard Chair 2-1-1 Advisory Board
8:35– 8:45 am	CIE Trends and Utilization • Data Integration Review and Inclusion	Karis Grounds VP of Health and Community Impact
8:45-9:25 am	Workgroups Update • **Sustainability** • Outcomes • **Membership** •	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

CIE Data Integrations

What is data integration?

2-1-1 San Diego Data Integration is the import of information from multiple CIE Partners' external data system sources into a specific single, longitudinal client record.
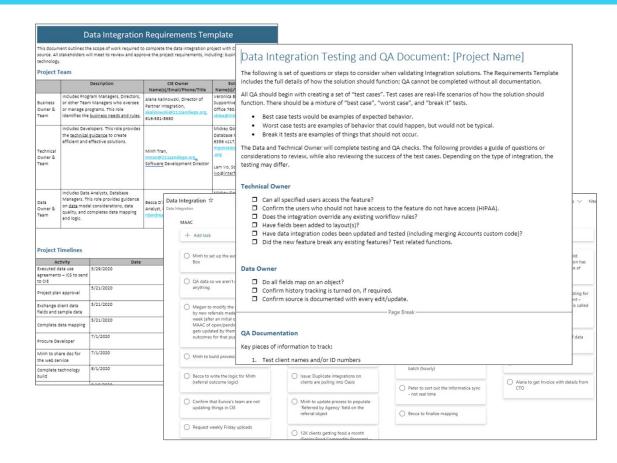
Why are data integrations important?

- **Reduction of Dual Data Entry:** Data integrations that share data from a CIE Partner's CRM to the consented CIE client record, allows that partner's staff to login and use all the functions of CIE with dual data entry.
- **Aligns with our Mission**
- **Data helps us tell the *true story* about our clients** by integrating data from multiple systems – each only capturing one part or instance of a person's situation.
- **Empowers CIE Partners** to leverage the functions of CIE without dual data entry and facilitates CIE adoption and utilization
- **Data Integration facilitates real-time care coordination** to promote the individual client's well-being as a foundation for a more quality of life. Comprehensive understanding of a client's situation enables a more trauma-informed and person-centered approach
- **Creates system of care efficiencies** by providing lines of sight into the realities of accessing services, barriers, disparities, service and referral outcomes
- **Centers 211 as a "hub of hubs"** and solidifies 211's role as a relevant and connector, and makes 211 continued center of information
- **Establish use cases** and value for national communities to adopt CIE and leverage technology

Privacy and Risk Overview
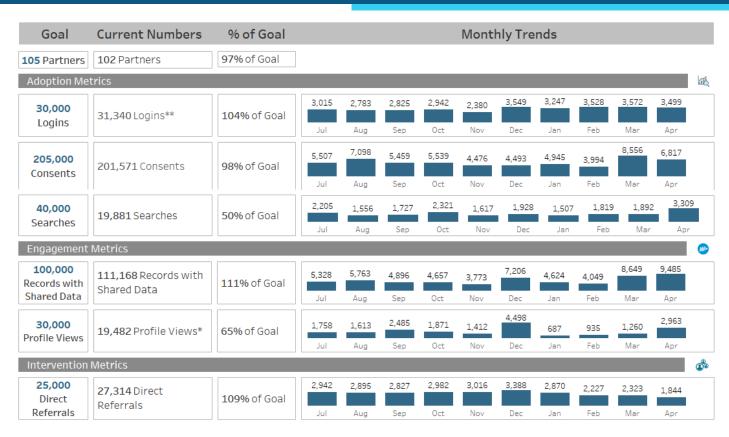
Current Practices

- Data Integration projects have detailed documentation and requirements
  - Data Use Agreement
  - Technical Requirements
  - Data Mapping
  - Process Flows
  - Quality Assurance

- Bi-weekly project team meetings

- Monthly meeting with wider audience, including executive team and technical stakeholders

- Standardized technical options, with vetted risk and security

Executive Summary

Goal	Current Numbers	% of Goal	Monthly Trends
105 Partners	102 Partners	97% of Goal	

Adoption Metrics

Goal	Current Numbers	% of Goal	Monthly Trends (Jul–Apr)
30,000 Logins	31,340 Logins**	104% of Goal	Jul 3,015; Aug 2,783; Sep 2,825; Oct 2,942; Nov 2,380; Dec 3,549; Jan 3,247; Feb 3,528; Mar 3,572; Apr 3,499
205,000 Consents	201,571 Consents	98% of Goal	Jul 5,507; Aug 7,098; Sep 5,459; Oct 5,539; Nov 4,476; Dec 4,493; Jan 4,945; Feb 3,994; Mar 8,556; Apr 6,817
40,000 Searches	19,881 Searches	50% of Goal	Jul 2,205; Aug 1,556; Sep 1,727; Oct 2,321; Nov 1,617; Dec 1,928; Jan 1,507; Feb 1,819; Mar 1,892; Apr 3,309

Engagement Metrics

Goal	Current Numbers	% of Goal	Monthly Trends (Jul–Apr)
100,000 Records with Shared Data	111,168 Records with Shared Data	111% of Goal	Jul 5,328; Aug 5,763; Sep 4,896; Oct 4,657; Nov 3,773; Dec 7,206; Jan 4,624; Feb 4,049; Mar 8,649; Apr 9,485
30,000 Profile Views	19,482 Profile Views*	65% of Goal	Jul 1,758; Aug 1,613; Sep 2,485; Oct 1,871; Nov 1,412; Dec 4,498; Jan 687; Feb 935; Mar 1,260; Apr 2,963

Intervention Metrics

Goal	Current Numbers	% of Goal	Monthly Trends (Jul–Apr)
25,000 Direct Referrals	27,314 Direct Referrals	109% of Goal	Jul 2,942; Aug 2,895; Sep 2,827; Oct 2,982; Nov 3,016; Dec 3,388; Jan 2,870; Feb 2,227; Mar 2,323; Apr 1,844

Summary

- Previously, our data integration metrics were not included in general trends.

- Standard CIE metrics now include Data Integration activities in Logins and Profile Views. When an integration activity occurs, these now cunt as a login. Direct referrals that are sent to an external system now count as a page view.

- For all data integration projects, we use a standard processes that includes review and approval by our data integration committee (includes CISO, Legal Advisor).

- With new integration metrics, three of the utilization metrics have surpassed this year's fiscal goals (Logins, Records with Shared Data, and Direct Referrals).

- Increased CIE utilization in April driven primarily by San Ysidro Health.

* 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.

** On 12/2/2020, CIE adjusted its policy on session time-outs (i.e. the number of idle minutes before the system signs a user out), which led to an increase in number of logins.
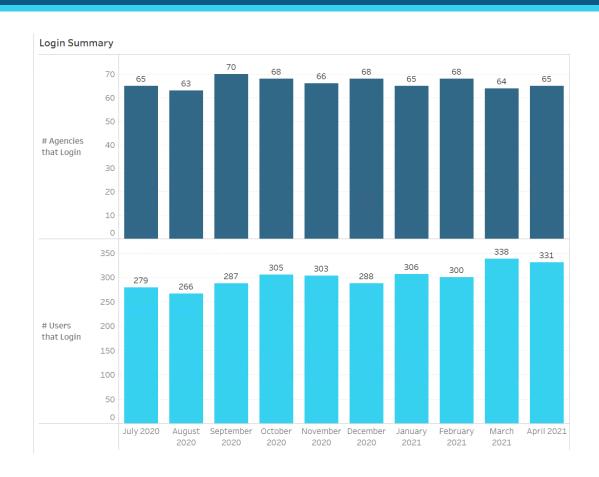
Logins

Updates to Metric

- In December 2020, CIE adjusted its policy on session time-outs (i.e. the number of idle minutes before the system signs a user out), which led to an increase in the number of logins.

- Logins now include data integration activities. For example, when data is integrated from an external source into CIE, that will now count as a login.

- This new metric definition added 8,394 logins for July to March, or a 43% increase from the old method.

Key Activities

- 83 agencies have logged into the CIE this year, averaging 2,800 logins per month for the full year and about 3,150 logins per month since December 2020.
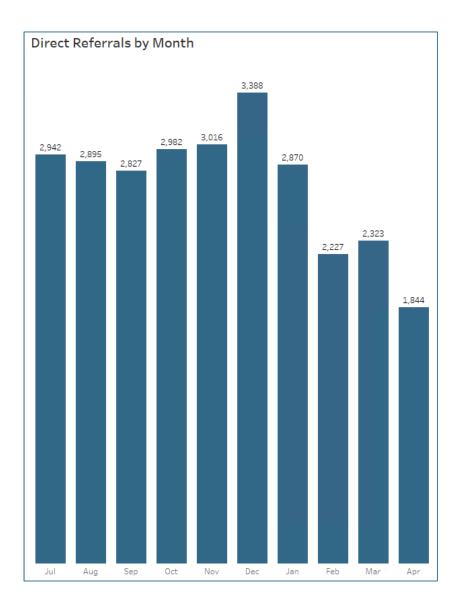- 806 total users have logged in, averaging 300 users per month.

Login Summary

Agencies that Login

July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021
65	63	70	68	66	68	65	68	64	65

Users that Login

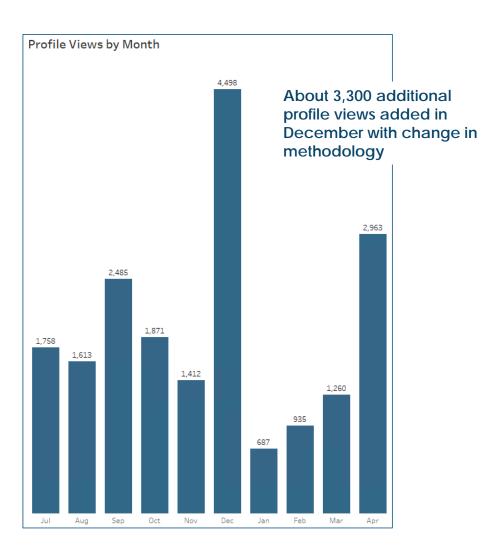| July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021
279	266	287	305	303	288	306	300	338	331

Direct Referrals

Updates to Metric

- Direct referrals to 211 San Diego programs that are sent by internal teams are now included.
- This change in methodology added 11,383 referrals for July through March, or about an 80% increase from the old methodology.

Key Activities

- On average, about 2,700 direct referrals are sent per month, though the number of referrals has been declining since December 2020.
- Excluding 211 San Diego, San Ysidro Health is top partner sending direct referral through the Partner Community.
- 93% of all referrals are appropriate.
- 67% of all referrals are closed.
- 64% of all referrals have been closed with a positive outcome.

Direct Referrals by Month

Month	Direct Referrals
Jul	2,942
Aug	2,895
Sep	2,827
Oct	2,982
Nov	3,016
Dec	3,388
Jan	2,870
Feb	2,227
Mar	2,323
Apr	1,844

Profile Views by Month

About 3,300 additional profile views added in December with change in methodology

Profile Views

Updates to Metric

- The Profile Views metric now includes Data Integration activities when the data is sent externally to a partner organization's source system, which replaces an agency's need to log directly into the Partner Community.

- For example, direct referrals to SD Food Bank are directly integrated in the SD Food Bank system. SD Food Bank processes and closes these referrals in their system, then the outcomes are integrated directly into the CIE.

- This new metric definition added 3,458 profile views for July to March, or a 26% increase from the old method.

Key Activities

- 59 agencies have viewed a client record in the Partner Community, or 63% of the agencies that can view profiles.

- The 135% increase in profile views in April can be attributed to a nearly 6-fold increase from San Ysidro Health.

Workgroup Updates

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.

Community Information Exchange

2-1-1 SAN DIEGO

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 data publications and shared learnings highlighting value of CIE data at all levels (ex. SYHC, Sharp, homeless prevention).

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.

4. Promote CIE data (SDoH) in local data reporting used for systems-level surveillance and strategic planning.

Community Information Exchange

2-1-1 SAN DIEGO®

Recommendations:
THOUGHT LEADERSHIP – National Work

1. Monetize thought leadership/consulting expertise in other communities, with the right price points to account for opportunity cost locally, to support local CIE San Diego operations.

Outcomes Workgroup
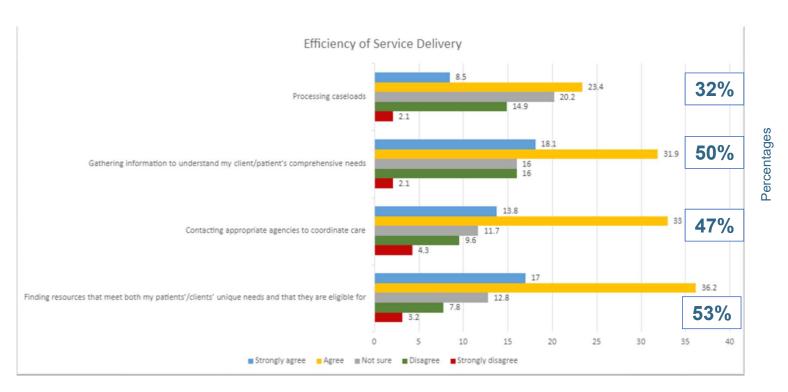
CIE Impact Survey

Themes n=94

- Efficiency of Service Delivery
- Effectiveness of Interventions
- Collaboration/Coordination
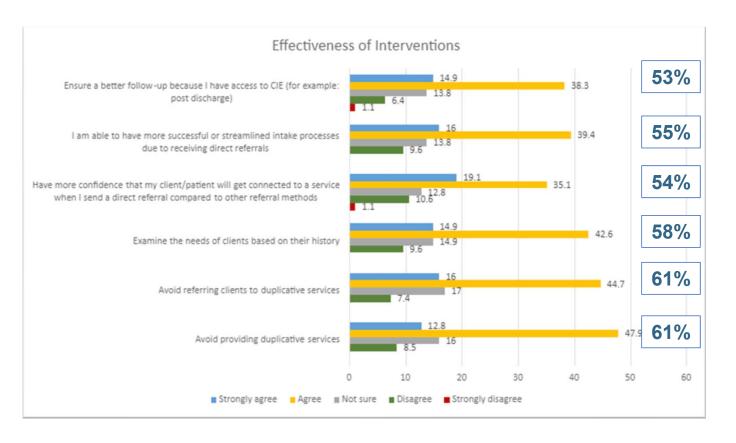- Equity-Disparities
- Changes in Interventions

Efficiency of Service Delivery

N = 94 as of 04/29/2021

Efficiency of Service Delivery

Category	Value
Processing caseloads — Strongly agree	8.5
Processing caseloads — Agree	23.4
Processing caseloads — Not sure	20.2
Processing caseloads — Disagree	14.9
Processing caseloads — Strongly disagree	2.1
32%	
Gathering information to understand my client/patient's comprehensive needs — Strongly agree	18.1
Gathering information — Agree	31.9
Gathering information — Not sure	16
Gathering information — Disagree	16
Gathering information — Strongly disagree	2.1
50%	
Contacting appropriate agencies to coordinate care — Strongly agree	13.8
Contacting — Agree	33
Contacting — Not sure	11.7
Contacting — Disagree	9.6
Contacting — Strongly disagree	4.3
47%	
Finding resources that meet both my patients'/clients' unique needs and that they are eligible for — Strongly agree	17
Finding resources — Agree	36.2
Finding resources — Not sure	12.8
Finding resources — Disagree	7.8
Finding resources — Strongly disagree	3.2
53%	

Percentages

Legend: ■ Strongly agree ■ Agree ■ Not sure ■ Disagree ■ Strongly disagree

Effectiveness of Interventions

Collaboration/Coordination

Equity and Disparities

Equity-Disparities

Statement	63% 62% 53% 60% 40% 55% 58%

The CIE has been a resource for my most vulnerable patients/clients — Strongly agree 17, Agree 45.7, Not sure 10.6, Disagree 4.3, Strongly disagree 2.1 — **63%**

Understanding these barriers allows me to come up with a better plan for my most vulnerable patients/clients — Strongly agree 10.6, Agree 51.1, Not sure 11.7, Disagree 3.2, Strongly disagree 1.1 — **62%**

I am able to find culturally and linguistically responsive services to meet the needs of my patients/clients — Strongly agree 10.6, Agree 42.6, Not sure 18.1, Disagree 2.1, Strongly disagree 2.1 — **53%**

Because of CIE I am able to connect my client to resources where they feel they are treated with respect and dignity — Strongly agree 16, Agree 43.6, Not sure 16, Disagree 3.2, Strongly disagree 2.1 — **60%**

The CIE enables me to understand a persons' experience with services that are culturally inappropriate and/or discriminatory and how this impacts my patients'/clients' ability to access or utilize… — Strongly agree 10.6, Agree 29.8, Not sure 22.3, Disagree 8.5, Strongly disagree 2.1 — **40%**

Because of CIE I am able to connect my client to resources that address these practical barriers (see list of example barriers in previous question) through referrals and/or care coordination — Strongly agree 9.6, Agree 45.7, Not sure 10.6, Disagree 6.4, Strongly disagree 2.1 — **55%**

The CIE enables me to understand practical barriers that impact my patients'/clients' ability to access or utilize resources (e.g., lack of transportation to employment, lack of childcare for heal… — Strongly agree 12.8, Agree 44.7, Not sure 13.8, Disagree 5.3, Strongly disagree 1.1 — **58%**

Percentages

■ Strongly agree ■ Agree ■ Not sure ■ Disagree ■ Strongly disagree

Changes in Interventions

Changes in Interventions

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Percentage
I consider both social and medical needs when I am making referrals	13.8	44.7	9.6	5.3	1.1	59%
I better understand how my patients'/clients' social and medical needs are linked	13.8	38.3	16	5.3	1.1	52%
My organization provides better services	17	45.7	11.7	6.4	2.1	63%
The referrals I provide better match my patients'/clients' needs	11.7	43.6	9.6	7.4	2.1	55%
I better understand patients'/clients' goals	12.8	38.3	14.9	9.6	2.1	51%
I have a more comprehensive understanding of my patients'/clients' situation	16	44.7	11.7	7.4	1.1	61%
I ask my patients/clients more meaningful or relevant questions	12.8	34	18.1	10.6	1.1	47%
My interaction with my patients/clients has improved	14.9	39.4	12.8	11.7	2.1	54%
I have taken a different approach to care	11.7	36.2	13.8	10.6	2.1	48%

CIE Impact Survey Initial Results

Please share a story/example of when the CIE was helpful to you and your work

CIE was helpful in providing transportation with Lyft for my CHG enrolled members since most of my members prefer Lyft transportation then the bus. [The bus] does take longer. Members do ask if they can have this transportation for all medical appointments, but at the moment, they are limited to 3 rides per person

It really helps when I know who might qualify for our services. So if there are no children in the home but the applicant is pregnant then I know that we most likely will be able to help that person since they are in a category that that we serve

Just today I was notified that one of my youth went to jail on Friday. Due to this alert, I was able to better assess my youths needs and also know why he was not responding to my calls

I have been able to make numerous Lyft referrals for my residents, and it was very impactful because most of them were being taken to get their COVID-19 vaccinations. In total, I was able to coordinate rides for 49 of my residents to get vaccinated

CIE 2-11 has helped a lot of my members who don't have access to transportation to go grocery shopping/ to their medical appts it has been a great resource and help to people who don't have other options to use transportation

CIE Impact Survey Initial Results

Please share a story/example of when the CIE was helpful to a specific patient/client

I had a patient from the health homes program who was running behind on rent, the CIE had several emergency assistance program(s) available during the pandemic. These info was provided to patient, when I followed up with patient, patient stated she had been able to pay off a large portion of her rent and was no longer at risk of homelessness

When talking with a client about their medical health needs, I was better able to relate to their concerns and experience

I was able to provide a client with access to Lyft transportation to arrive to and from a major surgery that they were having

The patient was able to reconnect with the clinic because one of the care coordinators updated the patients file with the most up-to-date information

I have a homeless heath plan member who knew she had been provided help through a community resource in the past however, couldn't remember the resource. I was able to log onto 211 data base and found the exact referral member became very excited because the resource she was referred gave her one of the best case managers she'd experienced. She was able to reconnect with the same case manager

A Southbay, Spanish speaking elderly couple were isolating at home and afraid to come out for groceries (wife was positive for COVID-19). Her husband is a high-risk Diabetic with COPD pt. of SYHealth and had high anxiety to even come out of his room. Food support was provided by FACT and Momma's Kitchen

Partner Community Pop-Up Survey

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

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):

Feedback: Question 4

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

Feedback: Question 5

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...*

Membership Workgroup

Membership Workgroup

- **Workgroup 1: Current Membership**

  o Review workgroup purpose and outline of topics
  o Review Current Charter
  o Review Current Membership
  o Discuss Membership Approach "Seats" vs. "Individual" approach

- **Workgroup 2: Number of AB Seats and Optimum Representation**

  o Review best practices to define number of AB members
  o Based on outcome of "seats" vs. "individual" discussion begin discussion of what stakeholder representation will best serve CIE

- **Workgroup 3: Potential Membership**

  o Confirm number of seats and stakeholder groups to be represented on AB
  o Review current membership to align with stakeholder groups
  o Define terms of membership
  o Discuss structure for allowing for other than AB members to participate in meetings and working groups

- **Workgroup 4: New Member Outreach**

  o Define outreach plan for potential new members, who within a stakeholder group should be approached, who should conduct the outreach
  o Review Charter and determine if any changes are advised based on the work of the Membership Workgroup

CIE Summit Update

COMMUNITY INFORMATION EXCHANGE
VIRTUAL SUMMIT 2021
September 8-10, 2021

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.

Summit Tracks

Governance and Power

Data Ownership and Technology

Sustainability and Monetization

OTHER UPDATES & NEXT MEETING

June 15th, 2020 8:30-9:30 AM