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# Community Information Exchange (CIE) Advisory Board Meeting

November 16, 2021

# CIE Advisory Board Meeting

## AGENDA

November 16, 2021 • 8:30 AM – 9:30 AM



Time	Agenda Item	Presenter
8:30 – 8:35 AM	Welcome & Agenda Overview	Mathew Packard Chair 2-1-1 Advisory Board
8:40– 8:50 am	CIE Trends & Utilization Updates	Karis Grounds VP of Health and Community Impact
8:50-9:25 am	Workgroup Updates <ul style="list-style-type: none"><li>• Membership Meeting</li><li>• <b>Outcomes Meeting</b></li><li>• CalAIM Meeting</li></ul>	Mathew Packard Chair 2-1-1 Advisory Board Karis Grounds VP of Health and Community Impact
9:00-9:25	CIE Onboarding/Refresher <ul style="list-style-type: none"><li>• Overview of Content</li><li>• Governance/Data Ownership</li></ul>	<b>Karis Grounds</b> <b>VP of Health and Community Impact</b>
9:25-9:30 am	Action Items & Meeting Adjournment	Mathew Packard Chair 2-1-1 Advisory Board

# CIE Trends and Utilization



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# Draft CIE Dashboard



## CIE TRENDS AND METRICS DASHBOARD

Fiscal Year: July 1, 2021 - June 30, 2022

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.

	FY Goal	Current	% of Goal	Monthly Trends	All-Time Total								
Partners	20	3	15%	<table border="1"> <tr> <td>1</td> <td>1</td> <td></td> <td>1</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	1	1		1	Jul	Aug	Sep	Oct	110
1	1		1										
Jul	Aug	Sep	Oct										

### Adoption Metrics

Logins	45,000	11,130	25%	<table border="1"> <tr> <td>2,689</td> <td>3,250</td> <td>2,596</td> <td>2,595</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	2,689	3,250	2,596	2,595	Jul	Aug	Sep	Oct	84,867
2,689	3,250	2,596	2,595										
Jul	Aug	Sep	Oct										
Consents	90,000	32,318	36%	<table border="1"> <tr> <td>7,295</td> <td>9,488</td> <td>8,576</td> <td>6,959</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	7,295	9,488	8,576	6,959	Jul	Aug	Sep	Oct	245,958
7,295	9,488	8,576	6,959										
Jul	Aug	Sep	Oct										
Searches	35,000	6,301	18%	<table border="1"> <tr> <td>1,240</td> <td>1,996</td> <td>1,575</td> <td>1,490</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	1,240	1,996	1,575	1,490	Jul	Aug	Sep	Oct	61,010
1,240	1,996	1,575	1,490										
Jul	Aug	Sep	Oct										

### Engagement Metrics

Records with Shared Data	80,000	48,527	61%	<table border="1"> <tr> <td>18,384</td> <td>21,317</td> <td>21,284</td> <td>20,132</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	18,384	21,317	21,284	20,132	Jul	Aug	Sep	Oct
18,384	21,317	21,284	20,132									
Jul	Aug	Sep	Oct									
Profile Views	35,000	10,503	30%	<table border="1"> <tr> <td>2,575</td> <td>3,071</td> <td>2,435</td> <td>2,422</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	2,575	3,071	2,435	2,422	Jul	Aug	Sep	Oct
2,575	3,071	2,435	2,422									
Jul	Aug	Sep	Oct									
Panel Management Users	N/A	32	N/A	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>32</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Oct</td> </tr> </table>				32				Oct
			32									
			Oct									

Data Source: 211/CIE Information Systems | Reporting Period: 7/1/2021 - 10/31/2021



	FY Goal	Current	% of Goal	Monthly Trends	All-Time Total
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### Intervention Metrics

Direct Referrals	50,000	8,917	18%	<table border="1"> <tr> <td>2,488</td> <td>2,442</td> <td>2,181</td> <td>1,806</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	2,488	2,442	2,181	1,806	Jul	Aug	Sep	Oct	76,367
2,488	2,442	2,181	1,806										
Jul	Aug	Sep	Oct										
SDoH Screenings	N/A	350	N/A	<table border="1"> <tr> <td>92</td> <td>118</td> <td>69</td> <td>71</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>	92	118	69	71	Jul	Aug	Sep	Oct	1,785
92	118	69	71										
Jul	Aug	Sep	Oct										
SDoH Assessments	N/A	38	N/A	<table border="1"> <tr> <td></td> <td>26</td> <td>9</td> <td>3</td> </tr> <tr> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> </tr> </table>		26	9	3	Jul	Aug	Sep	Oct	38
	26	9	3										
Jul	Aug	Sep	Oct										



# CIE Membership Workgroup



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# Advisory Board Representation

- **CIE reflects the CIE Community Participants:**

- Race/Ethnicity

- 34% white
- 36% latinx
- 15% black
- 6% Asian
- 1% Native American
- 3% Biracial

- Gender Identity & Sexual Orientation

- **Top Client Needs**

- Nutrition: FreshStart programs, pantries
- Housing
- Utility

## **Other Criteria:**

- Research Experience
- Communications

# CIE Outcomes Workgroup



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# Draft Local Strategic Goals

Goals	Approach	Outcomes
<b>Bolster Strategic Partnerships</b>	<ul style="list-style-type: none"> <li>Expand affinity groups, peer learning and use cases</li> <li>Authentic relationships with community-organizing stakeholders and subject matter experts in focused areas</li> <li>Responsive to the community needs/partnerships and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Document and track, highlight initiatives/use cases—(Partners in Prevention, ACES AWARE, CalAIM and other related use case/lessons learn)</li> <li>Highlight/share organizations (before and after) stories of use CIE</li> <li>Brief on CIE being a coordination system--- regional plans</li> </ul>
<b>Steward Community Ownership</b>	<ul style="list-style-type: none"> <li>Bring in voice of impacted community stakeholders, including those with lived experience</li> <li>Identify what success means to community members</li> <li>Incorporating formal and informal supports into share community care plan</li> </ul>	<ul style="list-style-type: none"> <li>Community Voice—publication--process outcomes—ways in which community voice changed our existing policies and use case feedback (i.e. trauma-informed care, consent, etc.)</li> <li>Host town hall or focus groups to better understand the value/benefits, in collaboration with CIE Network Partner existing network</li> </ul>
<b>Accessibility of Information</b>	<ul style="list-style-type: none"> <li>Expand modes and avenues to communicate, support use and enhance CIE</li> <li>Client access to information, including consent</li> </ul>	<ul style="list-style-type: none"> <li>Document and share information sharing avenues and timelines</li> </ul>

# Draft CIE State/National Strategic Efforts

- **Align CIE metrics with State and National Targeted Goals/Plans**

- CalAIM
- Master Plan on Aging
- HealthyPeople2030 (LiveWellThriveWell)—identify 3

**Outcomes:**

- Tie CIE metrics to larger metrics/initiatives (define/share/track/publish)

- **Promote and advocate for the role of CIE as local infrastructure**

- Sharing tenants and commitments to ensure systems change
- Local capacity building and infrastructure
- Elevating community voice
- Local Data Intermediary

- **Creating an infrastructure for peer to peer learning and advancement in the field**

- Use the CIE National Community Council and CIE National Advisory Board to highlight challenges from the field and make changes at the top
- Facilitate experiences in which communities can learn from one another and adopt frameworks to shift the power
- Collaborate and partner with other organizations to advocate for equitable models of care
- Develop more robust consultancy model—leverage expertise in house and partnerships
- Solidify our role with policy

# CalAIM Workgroup



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# CIE CaAIM Workgroup

**Goal:** Identify ways CIE can be leveraged to support CIE Network (CBOs, health plans, healthcare providers, etc.) in CaAIM efforts and operations

## Current State of CIE with CaAIM:

- County of San Diego Framework for Future: Requires CIE participation
- In conversation with all health plans on CIE Membership
  - Primary Interest:
    - Data sharing and identification/eligibility of members
    - Enrollment in ECM/Community Supports
    - Closed-loop referrals



# Enhanced Case Management

2022

- **Population #1:** Individuals and Families Experiencing Homelessness Individuals who: (1) are experiencing homelessness (as defined below) AND (2) have at least one complex physical, behavioral or developmental health need with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services
- **Population #2: High Utilizer** (5 or more emergency room visits within 6 months or 3 or more unplanned hospital short-term skilled nursing facility)
- **Population #3: SMI/SUD + social risk**

2023

- **Population #4: Transitioning from incarceration + 2 health conditions**
- **Population #5:** Individuals at Risk for Institutionalization and Eligible for Long-Term Care Services
- **Population #6:** Nursing Facility Residents Who Want to Transition to the Community

## Key opportunities with CIE:

- **Finding eligible TEL list members**
  - CB-CMEs get a list of eligible members and have to find them to enroll
  - List of who is eligible (yes/no)
- **Enrollment with CB-CME/ECM**
  - Once enrolled, organizations don't know who the member is working with
- **Approval by Health Plan for access to ECM services**
  - Refer potentially eligible individuals for ECM services
  - Health Plans can accept direct referrals from providers for eligible ECM members

- An individual or family who lacks adequate nighttime residence;
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation;
- An individual or family living in a shelter;
- An individual exiting an institution into homelessness;
- An individual or family who will imminently lose housing in next **30 days**;
- Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes; or
- Individuals fleeing domestic violence.



# Community Supports/ILOS

Using the CIE platform to support the administrative support in collaboration with CBOs, track status, outcomes and documentation for services:

- CIE can capture the details of contracted providers, lifecycle of the referral to support community support services
- CIE supports authorization, eligibility, intake and services received and rendered
- We collaborate and work directly with CBOs to support their needs, including reporting and dashboards to support members

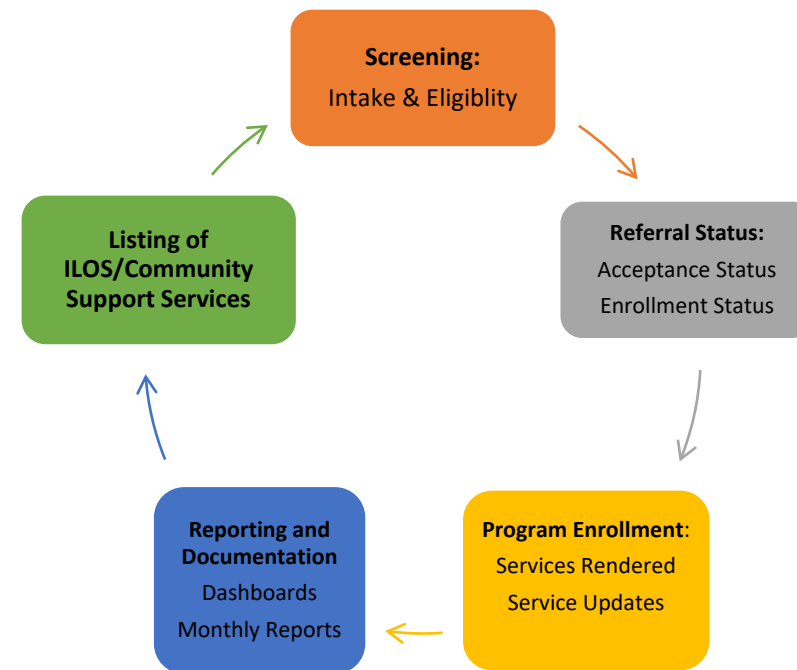
**Listing of ILOS/Community Support Services:** Ability to list service descriptions and information for contracted services

**Screening: Intake and Eligibility** Descriptive member information and custom intake as needed for processing community support services

**Referral Status:** Ability to make referrals to contracted community support services and process referrals including accept, decline, waitlist, receiving services, etc.

**Program Enrollment:** Document enrollment within CIE profile, dates served and additional utilization data

**Reporting and Documentation:** Ability for dashboards, custom reporting to support claims and other needs



# Population Health

## Population Health - Capturing Social Needs and Care Management Documentation

- CIE captures individual and aggregate needs and service utilization data
- Allows for exchange of SDOH and behavioral data and visibility of key aspects of a person's changing circumstances to plans and providers.

### Opportunities with CIE:

- Code our data sets to align with priority SDOH Codes

DHCS Priority SDOH Codes

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z60.2	Problems related to living alone
Z60.3	Acculturation difficulty (migration, social transplantation)
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.21	Child in welfare custody (non-parental family member, foster care)
Z62.810	Personal history of physical and sexual abuse in childhood
Z62.811	Personal history of psychological abuse in childhood
Z62.812	Personal history of neglect in childhood
Z62.819	Personal history of unspecified abuse in childhood
Z62.820	Parent-biological child conflict
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

# CaAIM Next Steps

- Recommendations for Use of CIE for CaAIM
- Opportunities to support for the larger CIE Network
  - Workflow Integration/System Integration
  - Role with advocacy, data ownership/narrative & technical assistance with CBO Network
  - Incentive \$-Capacity Building in San Diego (resources/technology)
  - Next Meeting Thursday December 2<sup>nd</sup> at 1:00 PM





# Membership: Refresher/Onboarding



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# Refresher/Onboarding CIE

Date	Content
November 2021	Governance/Data Ownership
January 2022	Security/Privacy/Use of Data
February 2022	Technology/Customization & Use of CIE Financial Report
March 2022	Bi-laws for CIE Advisory Board

[Onboarding/Refresher Toolkit](#)



# Refresher/Onboarding CIE

- The CIE Advisory Board operates as a committee of the 211 SD corporate board of directors
- 211 SD recognizes CIE originates from the community, exists to meet the community need and is ultimately owned by the community
- 211 SD acts as a steward for this community lead effort and the CIE Advisory Board's purpose is to ensure it is reflective of the community served, its operation meets the community's expectations and is serving community need





# CIE Stewardship: Current Structure

211 San Diego Board of Directors

CIE Network Partner

Ethics Policy  
(inclusion, data ownership, data governance)

User Experience

Community Voice

Affinity Groups  
(Initiative, Catalyst, Collaborative)



CIE Advisory Board

Clinical Healthcare Working Group

Outcomes/Measurement

CalAIM Working Group

Membership Working Group

CIE Community Network

# CIE Stewardship

Name	Overarching Goal	Frequency	Style	Membership
CIE Advisory Board	Provide direction and strategic guidance on CIE movement within San Diego Community	Monthly	Operational advisory board with designated seats and committees	Executives from all sectors
CIE Community Network	Keep the community informed on progress, challenges and opportunities with CIE (State of CIE)	Bi-Annual	Formal presentation and shared resources	Open to All
Outcomes Workgroup	Develop a framework and collect feedback for strategic outcomes for CIE	Monthly	Informal and collaborative, developing processes, tools and recommendations	Open to CIE Network
Membership Workgroup	Provide recommendations and structure of CIE Advisory to ensure a more inclusive and represented CIE Advisory Board that meet needs of future of CIE	Monthly	Collaborative, with formal recommendations	Open to CIE Network, sub group of CIE Advisory Board
CalAIM Workgroup	Identify ways CIE can be leveraged to support CIE Network (CBOs, health plans, healthcare providers, etc.) in CalAIM efforts and operations.	Monthly	Informal and collaborative with recommendations and resources for community and Network	All welcome
Clinical Workgroup	Provide recommendations to clinical and healthcare providers in leveraging CIE for use cases and workflows.	TBD	Working group to develop workflows, tools and recommendations	Healthcare Providers and partners

# CIE Stewardship

Name	Overarching Goal	Frequency	Style	Membership
Network Partner Meetings	The CIE Partner Network meets on a monthly basis to discuss the ongoing changes with CIE platform and to be informed about new system functionality to advance the work to improve the health and social influences that impact wellness outcomes of shared clients in the community.	3 <sup>rd</sup> Thursday of every month	Formal and Informational	CIE Network Partners, managers of CIE users or users or interested parties
Community Voice	The CIE Community Voice will use community organizing approach and strategies to mobilize community members to address common issues and concerns and enable members to take action.	Quarterly	Community-led	Community members and allies
User Experience	Using human-centered design approaches, elicit feedback from partners to generate buy-in, inform platform design, and increase overall adoption of the CIE platform	Bi-Monthly (during development phases)	Structured yet informal	CIE end-users
Policy & Ethics	Identify and create ethical practices of the CIE that ensure equity and inclusion	Monthly or ad-hoc	Formal with reviews and approvals	CIE Members and interested parties
Affinity Groups	Create opportunities for collaborations through a cohort and shared needs of CIE and target populations	Monthly or Quarterly	Informal and collaborative	Based on shared value for Network Partners

# CIE San Diego Team



[Karis Grounds](#)

VICE-PRESIDENT OF  
HEALTH & COMMUNITY IMPACT



[Tanissha Harrell](#)

DIRECTOR OF  
ENGAGEMENT



[Nakisha Jones](#)

CIE PROGRAM ASSISTANT



[Alana Kalinowski](#)

DIRECTOR OF PARTNER  
INTEGRATION



[Aidee Roman](#)

COMMUNITY PARTNERSHIP  
MANAGER



[Roxanne Suarez](#)

DIRECTOR OF PARTNER  
INTEGRATION



# Challenges/Opportunities

- Clarifying role as 211 San Diego and Community Information Exchange
- Representation
- Communication and Engagement
- Community Voice—ongoing feedback from those impacted by services
- True Community Ownership, what does that mean, how do you make it happen?





# OTHER UPDATES & NEXT MEETING

January 21 2021, 8:30-9:30 AM



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