Community Information Exchange

California Forum

August 25-26, 2022 | San Diego, CA

In Collaboration With

Premier Sponsors

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Promise Health Plan

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Connecting our members, employees and communities with information, resources and support when they need it most.

Blue Shield of California Promise Health Plan is proud to sponsor the 2022 Community Information Exchange California Forum.

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Welcome to San Diego!

We are very excited to host our inaugural CIE California Forum here in San Diego! Participants from across California and beyond, as well as virtually, are joining us to learn more about how we move collectively forward. Our theme, “Aligning California: Maximizing Opportunities to Advance Local Community-Led Networks,” speaks to how community-led care coordination initiatives can inspire policy and systems change to yield significant shifts in social and health outcomes for underserved populations.

California is leading the nation in community health and systems change innovation. Recent local and state policy proposals prioritize funding to support data sharing infrastructure, with an emphasis on technology-enabled person-centered care models. The Community Information Exchange (CIE) model can be used to design systems that meet the needs of Medicaid recipients and other vulnerable populations while prioritizing local community governance.

At 211 San Diego, connecting people to their community to build better lives is the core of who we are and what we do. We draw strength from diversity and strive to create a space that honors everyone’s unique experiences and values growth and learning. This Forum continues in that spirit while exploring more in depth the policy opportunities, barriers, and challenges facing cross-sector data sharing work.

Our amazing collaborators at Health Leads, along with our generous sponsors, designed this Forum with the intention to influence how we work locally, how we partner to create meaningful change, and how we collaborate across regions to fund and sustain this important work. Together, we have identified 20 speakers who have community governance, policy, and technical expertise. We have worked with these subject matter experts to develop sessions that explore how we can leverage CIE infrastructure to achieve systems change and prepare for future funding opportunities that support community health. Through this Forum, we have the opportunity to advance cross-sector data sharing work in three areas:

• Understanding the Current State of the Field. Increase awareness of the current state of CIEs in California, including system maturity, approaches to shared governance and community engagement, and different approaches to technology and data sharing infrastructure.

• System Transformation. Share emerging practices and challenges to discuss opportunities for supporting infrastructure, evaluation measures, and sustainability strategies.

• Advocacy and Growth. Identify the priorities, needs, and advocacy efforts in California to support the continued development and growth of CIEs in the state.

Whether you are located in California or you are leading CIE planning and implementation elsewhere in the country, this CIE California Forum is meant to inspire all of us to think critically about how we approach engaging stakeholders with diverse perspectives, accountability to community outcomes, championing community participatory governance, and building innovative approaches to sustainability.

We hope that this Forum will allow us to identify concrete and actionable next steps that California networks can collaborate on, as well as develop a policy guidebook for CIE networks in other states that have embarked or will soon be embarking on a similar journey.

In Partnership,

William York, President & CEO, 211/CIE San Diego
Camey Christenson, Chief Business Development Officer, 211/CIE San Diego
Karis Grounds, Vice President of Health and Community Impact, 211/CIE San Diego
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Agenda | August 25

7:30 am - 8:30 am  Registration & Breakfast
Rotunda - Breakfast
Lobby - Registration
Participants will join us in the foyer to sign in and enjoy both breakfast and coffee with other participants of the CIE California Forum.

8:30 am - 9:00 am  Welcome & Fireside Chat:
Premier Sponsors Blue Shield of California Promise Health Plan and Kaiser Permanente
Fowler Family Ballroom
Join 211/CIE San Diego President & CEO William York as he kicks off the inaugural CIE California Forum, providing an overview of meeting goals and objectives for the event. Then join Nick Macchione, Director and Deputy Chief Administrative Office of San Diego County Health and Human Services Agency and Blue Shield of California Promise Health Plan and Premier Sponsors Kaiser Permanente who will engage in a Fireside Chat on the value of convening around the various policies impacting our communities and the need for collective work moving forward.

Speakers:
• William York, 211/CIE San Diego
• Nick Macchione, County of San Diego Health and Human Services Agency
• Jennifer Miyamoto Echeverria, Blue Shield of California Promise Health Plan
• Jane Finley, Kaiser Permanente Health Plans and Hospitals in San Diego

9:00 am - 9:10 am  Setting the Stage: The Value of Local Engagement
Fowler Family Ballroom
Hear from the Community Research Foundation, a local community-based organization, as they share their journey to provide unique community services and discuss the impact that the CIE has had on their organization.

Speakers:
• Mary Wheeler, Community Research Foundation
• Michael Hammel, Community Research Foundation

9:10 am - 10:30 am  Aligning California: Enacting Policies for Systems Change
Fowler Family Ballroom
This session will provide an overview of California policy initiatives that will influence the success and sustainability of cross-sector data-sharing infrastructure in the state. The opening plenary will provide participants with insights from key state policy leaders on current California policies such as, California Advancing and Innovating Medi-Cal (CalAIM) and AB 133. The session will highlight opportunities for and challenges of implementation across sectors and within local communities. The session will also explore how leveraging a CIE and data sharing models can support this work.

Speakers:
• Facilitator: Damon Francis, Health Leads
• Mark Elson, Intrepid Ascent
• Mark Savage, Savage & Savage LLC
• Jonah Frohlich, Manatt Health
10:30 am - 10:45 am  **Coffee Break - sponsored by Union Bank**  
*Pierce Family Foyer*  
Coffee and light snacks will be served in the common area.

10:45 am - 11:15 am  **Leveraging a CIE Framework: Lessons Learned and a Path Forward**  
*Fowler Family Ballroom*  
Speakers will share the redefined values, principles, and mission of a Community Information Exchange (CIE), highlight core elements of the CIE Model, and explore collective approaches for local initiatives and a broader community or region.

*Speakers:*  
- Artrese Morrison, Health Leads  
- Beth Johnson, 211/CIE San Diego

11:15 am - 11:45 am  **Shared Governance and Infrastructure**  
*Fowler Family Ballroom*  
Community-led CIEs can shift power and resources back to the community, but how do you authentically implement and design a governance model in your community? During this session, attendees will learn and discuss the role of community governance and how to structure it in a way that makes the most sense for local context. Topics covered include dynamics such as shared power, capacity building, advocacy, data stewardship and accountability.

*Speakers:*  
- Karis Grounds, 211/CIE San Diego  
- Sheena Nahm, Health Leads

11:45 am - 12:15 pm  **How We Can Position Communities to Lead**  
*Fowler Family Ballroom*  
Health Leads and CIE San Diego staff will lead participants through reflection, underscoring how community-led CIE approaches can help address state of the field implications for communities by meaningfully centering community members and community-based organizations.

*Speakers:*  
- Damon Francis, Health Leads  
- Tanissha Harrell, 211/CIE San Diego

12:15 pm - 12:30 pm  **Sponsor Remarks to Networking Lunch**  
*Fowler Family Ballroom*  
Learn more about the logistics for the upcoming Networking Lunch from Premier sponsors Blue Shield of California Promise Health Plan and Kaiser Permanente.

*Speakers:*  
- Jennifer Miyamoto Echeverria, Blue Shield of California Promise Health Plan  
- Yameeka J. Williams, Kaiser Permanente San Diego
12:30 pm - 1:45 pm

Networking Lunch and Conversation Tables
Aztec Walk Patio and Timeline Hallway
(See map for conversation tables and locations)

Following brief remarks and logistics from our Premier Sponsors in the ballroom. Participants will be encouraged to join conversation tables located throughout the event space to discuss hot topics, including data sharing with Homeless Management Information Systems (HMIS), CalAIM, closed loop-referrals and many more!

1:45 pm - 2:45 pm

Community Learning Breakout Sessions

Participants will choose to attend one of four breakout sessions to learn more about current community initiatives, insights, and lessons learned.

Emerging Insights: CalAIM Implementation in San Diego County
Fowler Family Ballroom

Hear from CIE San Diego, San Diego County Health and Human Services Agency and San Diego Wellness Collaborative on insights on CalAIM implementation in San Diego. This session will highlight the structure and approaches CIE San Diego and partners took to engage various sectors around implementation, opportunities, and challenges for ongoing feedback from various sectors and providers.

Speakers:
• Karis Grounds, 211/CIE San Diego
• Camey Christenson, 211/CIE San Diego
• Heather Summers, San Diego County Health and Human Services Agency
• Christy Rosenberg, San Diego Wellness Collaborative

Going Far Together: Leveraging Community Collective Impact Initiatives in the Development of North Coast Care Connect
Stephen L. Weber Alumni Board Room

This session will focus on the value of leveraging collective impact initiatives and community co-design as key drivers for CIE development. Jessica Osborne-Stafsnes, from North Coast Care Connect (Humboldt County’s CIE), will provide insight to the investment, returns, and challenges of working through community process to implement a system that is centered around the needs of network participants.

Speakers:
• Jessica Osborne-Stafsnes, NCHIIN
Community Learning Breakout Sessions (Continued)

Participants will choose to attend one of four breakout sessions to learn more about current community initiatives, insights, and lessons learned.

**Leading Change by Centering Community**  
*Fowler Family Ballroom*

This session will focus on Sonoma Connect’s experience leveraging Adverse Childhood Experiences to support a Trauma-Informed Network of Care, including a discussion of authentic and effective community leadership and engagement, how to manage the funder relationship in a way that allows for flexibility and adjusted timelines when needed, the importance of selecting the representative leaders with a systems orientation and existing relationship; shared values and definitions; facilitating engagement with reasonable expectations of participants; creating an RFP and selection process for technology that is inclusive and accessible and the importance of the backbone organization.

**Speakers:**  
- Cynthia King, Frontline Workers Counseling Project  
- Adriana Arrizon, Sonoma Connect

**Federal and State Policy Drivers Toward Local Cross-Sector Data Sharing**  
*Allan Bailey Library*

Hear insights on policy developments at the federal and state level impacting data sharing within communities. Explore how these trends may impact your CIE or related efforts, and strategies for navigating them.

**Speakers:**  
- **Moderator:** Mark Elson, Intrepid Ascent  
- Rachel Goldberg, Intrepid Ascent  
- Mark Savage, Savage & Savage LLC  
- Jennifer Martinez, Wellbrook Partners

Snack Break - Hosted by California Health Care Foundation

**Pierce Family Foyer**

Light snacks and beverages will be served in the common area.
Agenda | August 25

3:00 pm - 4:00 pm  Community Learning Breakout Sessions
Participants will choose to attend one of four breakout sessions to learn more about current community initiatives, insights, and lessons learned.

Emerging Insights: CalAIM Implementation in San Diego County  
Fowler Family Ballroom

Going Far Together: Leveraging Community Collective Impact Initiatives in the Development of North Coast Care Connect  
Stephen L. Weber Alumni Board Room

Leading Change by Centering Community  
Fowler Family Ballroom

Federal and State Policy Drivers Toward Local Cross-Sector Data Sharing  
Allan Bailey Library

4:30 pm - 6:00 pm  Networking Happy Hour  
Pierce Family Foyer and Rotunda
Meet fellow attendees and enjoy California! Join us for drinks and heavy hors d’oeuvres in an outdoor setting.
Agenda | August 26

7:00 am - 8:00 am  Continental Breakfast  
Rotunda  
Continental breakfast will be served in the foyer.

8:00 am - 8:15 am  Introduction & Overview of the Day  
Fowler Family Ballroom  
Sponsored by Health Net, Join 211/CIE San Diego, President & CEO, William York, who will reflect on Forum Day 1, and set goals and objectives for Forum Day 2.

Speakers:
• William York, 211/CIE San Diego

8:15 am - 9:00 am  Getting to Shared Power and Sustainability: The Role of Moral Imagination  
Fowler Family Ballroom  
Join Lauren Taylor and Damon Francis in a discussion about governance and financing, focusing on the challenges of sharing power with the people who have the most to gain and sustainably supporting community infrastructure that transcends individual programs. They will explore the role of moral imagination in undoing inequitable systems, and frame interactive discussions for later in the day that invite participants to envision their own roles and the role of CIE in the future we hope to create -- one that is profoundly more equitable than the world we live in.

Speakers:
• Damon Francis, Health Leads  
• Lauren Taylor, NYU Langone School of Medicine

9:00 am - 9:15 am  Coffee Break - sponsored by Alliance Healthcare Foundation  
Pierce Family Foyer  
Coffee and light snacks will be served in the common area.

9:15 am - 10:00 am  Concurrent Breakout Sessions: Community Governance and Regional Challenges  
Fowler Family Ballroom  
Participants will choose to attend one of multiple breakout sessions focusing on planning and implementation in different geographic areas. A list of identified challenges and barriers will be shared with the larger group and addressed in the following breakout session.

10:00 am - 10:30 am  Debrief and Report Out & Set-up for Breaking Down Barriers  
Fowler Family Ballroom  
Representatives from each breakout group will share insights from the breakouts with the larger group with Lauren Taylor and Damon Francis.
Agenda | August 26

10:30 am - 11:30 am  **Breakouts: Breaking Down Barriers**
Participants will choose to attend one of three breakout discussions to share challenges and barriers around four topical areas:

  **Stakeholder Strategy**  
  *Fowler Family Ballroom*

  **Participatory Governance**  
  *Allan Bailey Library*

  **Funding and Sustainability**  
  *Fowler Family Ballroom*

  **Accountable Success Measures for Community**  
  *Stephen L. Weber Alumni Board Room*

11:30 am - 12:15 pm  **Lunch and Connect**  
*Rotunda*
Join fellow participants for a lunch buffet and networking.

12:15 pm - 12:20 pm  **Sponsor Remarks and Insights**

  *Speakers:*
  - Moira Kenney, Unite Us

12:20 pm - 1:00 pm  **Debrief on Breaking Down Barriers & Call to Action and Closing**  
*Fowler Family Ballroom*
Share insights from breakouts and hear reflections and closing remarks from Lauren Taylor and Damon Francis on breaking down barriers and a “Call to Action” for California and opportunities for continued action after the CA Forum.

  *Speakers:*
  - Damon Francis, Health Leads
  - Lauren Taylor, NYU Langone School of Medicine
Keynote Speakers

Damon Francis, MD  
_Chief Medical Officer, Health Leads_

Damon Francis is the Medical Director of the Homeless Health Center at Alameda Health System in Oakland, CA and the Chief Clinical Officer of Health Leads, a national non-profit working to address the root causes of racial health inequities. He leads efforts to bring together health and human services data and community-led governance to drive decisions that improve racial justice and well-being for all.

Damon is a practicing primary care physician and a specialist in HIV medicine. He attended medical school and residency at the University of California, San Francisco, where he remains on the volunteer faculty.

Lauren A. Taylor, MDIV, MPH, PhD  
_Affiliated Faculty, NYU Wagner; Assistant Professor, NYU Langone School of Medicine_

Lauren Taylor is an assistant professor in the Department of Population Health at NYU Grossman School of Medicine. She primarily studies health care through an organizational lens, applying theoretical frameworks from business ethics and political philosophy to managerial and policy dilemmas. At NYU, she teaches health policy and leadership courses to masters and undergraduate students.

Lauren holds a PhD from Harvard Business School, a Masters from Harvard Divinity School and a Masters from Yale School of Public Health.

Mark Savage, JD  
_Managing Director, Digital Health Strategy & Policy Savage & Savage LLC_

Mark Savage is Managing Director, Digital Health Strategy & Policy, at Savage & Savage LLC, where he continues his passion to transform health care by developing and leveraging electronic health information exchange as the backbone for patient engagement and access, delivery reform and shared care planning, health equity, patient-generated health data and social determinants of health, and community and population health.

Mark serves as SDOH Policy Advisor for the Gravity Project; serves on numerous multi-stakeholder policy committees under the Office of the National Coordinator for Health IT; co-chaired the Health Care Task Force of the Leadership Conference on Civil and Human Rights; co-chaired the National Quality Forum’s Interoperability Committee; serves on California’s Data Exchange Framework Stakeholder Advisory Group; serves on the board of directors of Manifest MedEx, one of the nation’s largest nonprofit health information exchanges; and has provided Congressional testimony and numerous presentations on diverse health IT issues.

Mark graduated from Stanford Law School and the University of California, Berkeley.
Keynote Speakers

Mark Elson, PhD
Principal Intrepid Ascent

As CEO of Intrepid Ascent, Mark leads a dynamic team of consultants guiding clients through the terrain of digital transformation toward elevated community health. He engages directly with other leaders to advance shared goals for effective and equitable health services, and to leverage technology for collaboration across sectors to address social determinants of health.

Prior to founding Intrepid in 2014, Mark played key roles in California’s implementation of federal programs to advance health IT. He received a BA from Stanford University and a PhD from the University of Chicago, and serves on the Board of the California Association of Health Information Exchanges (CAHIE).

In a personal intrepid ascent, Mark recently spent three weeks living in and working from Mexico City (which sits at an elevation of 7,200 feet!) to experience the largest city in North America, to speak Spanish at every opportunity, and to learn more about our shared history.

Jonah P. B. Frohlich, MPH
Senior Managing Officer, Manatt Health

Jonah Frohlich helps health care organizations with strategy, policy and regulatory advice. He works with health systems and academic medical centers, health plans, state governments and philanthropic organizations.

To bolster improvements in medical care for individuals and high-risk populations, Jonah leads projects that enable physician-hospital integration, and align IT, clinical, financial, and administrative services.

Jonah also leads and facilitates complex multistakeholder engagements, and assists health systems and health plans with the development of accountable care organizations and clinical integration initiatives by creating and advancing strategic and business plans. In addition, Jonah publishes reports describing the impact of state and federal policy on public and private markets.
Stakeholder Strategy

Mapping Stakeholder Strategy

Working together and leveraging assets to tackle barriers

What are 1-2 big barriers facing your community right now?

Barrier 1:

Barrier 2:
Who is influential to tackling this barrier by working together? What is the role of the individual/organization they represent? What is their goal/motivation?

1.

2.

3.

4.

5.

6.
Seven Types of Community Assets

Source: University of Memphis. “Seven Types of Community Assets.”

People

1. Human assets are the skills and abilities of each individual within a community.

2. Social assets are the networks, organizations, and institutions, including norms of reciprocity and the mutual trust that exist among and within groups and communities.

3. Political assets refer to the ability of a group to influence the distribution of resources, financial and otherwise.

4. Financial assets refers to money or other investments that can be used for wealth accumulation rather than consumption.

Place

5. Cultural assets are the values and approaches to life that have both economic and non-economic benefits.

6. Built assets refer to anything physically made by humans, include housing, factories, schools, roads, community centers, power systems, water and sewer systems, telecommunications infrastructure, recreation facilities, transportation systems, etc.

7. Natural assets include the landscape, air, water, wind, soil, and biodiversity of plants and animals.
Consider your list of stakeholders and review the chart below. What are the assets that each stakeholder has? (Individual, Associations, Organizations, Physical, Cultural, Financial). Select 2-3 stakeholders, preferably ones that may represent different perspectives. You may want to refer to Seven Types of Community Assets and their definitions for inspiration and reference. Some stakeholders may have multiple examples of assets in a one or two categories and others may have a range of asset types.

<table>
<thead>
<tr>
<th>Asset</th>
<th>Stakeholder 1</th>
<th>Stakeholder 2</th>
<th>Stakeholder 3</th>
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<tbody>
<tr>
<td>Human asset:</td>
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<td>Social asset:</td>
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<td>Political asset:</td>
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<td>Financial asset:</td>
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<td>Cultural asset:</td>
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<td>Built asset:</td>
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<tr>
<td>Natural asset:</td>
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Participatory Governance

An effective CIE has a shared governance infrastructure with a learning network that supports true care coordination and, in turn, supports the evolving needs of the community. Community-based governance is “based on the idea that the ones whose living environment or livelihood is influenced by management choices should have a stake in these choices,” (Berkes 2009) and thus champions the involvement of impacted populations in decision-making. Participatory governance ensures that the decision makers, whether through direct or delegated authority, are committed to involving the most impacted constituents as much as possible.

Review the following common features of community-based and participatory governance approaches and the reflective questions in the following sections. Referring to the examples at the end of the worksheet, use the prompts to explore your current governance structure and guide the design of your future shared governance structure.

Common Features

• Shared vision and commitment to proactive coordination that goes beyond single initiative or individual programs/services
• Interdisciplinary and cross-sector stakeholder participation
• Integration of people with diverse forms of expertise and experience
• Prioritizing voices of those who have the most to gain from equitable outcomes
• Willingness to re-engineer business processes to better connect individuals to services and share information to address systems level changes
Reflective Questions

Community-Centered Design:
• How is your structure streamlined to balance inclusion of diverse community voices and tailoring based on availability, access, and interest?
• How do you create space and structure to empower a different way of thinking?
• Who should be represented on your governing board based on the communities most impacted by these efforts? Who is currently represented? Who is underrepresented and why? How do you include community voice?
• Who is in key decision-making sessions (e.g., Advisory Board)? How do others inform & influence representatives in that group and how do they stay informed about decisions coming out of that group?

Approach to Governance:
• What priority issue needs to be addressed in your community? (e.g., use case or awareness of specific issue) If your community has multiple needs, how will you phase and prioritize addressing those needs over time as your network matures and evolves?
• How would your structure support communication? How will the facilitating members or backbone organization maintain communication as the network grows?
• What are the roles and responsibilities of each group (e.g., Advisory Board, Network of Partners, Workgroup Members, etc.), and how are they accountable to one another?
Participatory Governance

Examples of Community Network Governance

EXAMPLE 1: Connect2 Community Network (King County, Washington)

Network partners co-designing Advisory Group composition to ensure it is a multi-sector decision making body. The Connect2 Community Network is collaboratively governed by a 25-member Advisory Group. This group is responsible for overseeing design, implementation and sustainability of the network, with support from cross-sector workgroups and guidance from the community. The group includes community leaders from over a dozen different sectors that are critical to the network’s success.

Distinct features responsive to local context:

1. Align local city/county efforts with statewide CIE effort
2. Uplifting indigenous and data sovereignty

Connect2 Community Network Governance

- **Advisory Group**
- **Network Partner Workgroup**
  - Develop recommendations on the design and implementation of the network
- **Legal, Data & Technology Workgroup**
  - Develop recommendations on privacy and technology
- **Unite Washington Workgroup**
  - Support partner participation and the growth of the Unite Us network
- **Other Workgroups as needed**
  - Examples:
    - Policy
    - Population-specific
    - Service type
EXAMPLE 2: 211 San Diego CIE (San Diego & Imperial Counties, California)

San Diego's CIE is supported by a multi-level governance structure in which different partners each play a unique role in guiding the vision and ongoing development of the CIE. While 211 San Diego staffs the CIE, the CIE also relies heavily on the contributions of its Advisory Board, a Partner Network, and several workgroups, as well as the 211 San Diego Board of Directors.

Distinct features responsive to local context:

1. A network of over 120+ community partners require efficient information flow in and across groups to meet the needs of current, incoming, and potential partners

2. Established governance structure that also includes a learning network allowing for shared value, use cases and development based on local community needs
Participatory Governance

EXAMPLE 3 North Coast Care Connect (Humboldt County, California)

NCHIIN is the backbone organization for North Coast Care Connect, Humboldt County’s CIE. Humboldt County residents have been an integral part of the governance and decision making for the CIE, having contributed to the CIE planning and design process.

Distinct features responsive to local context:

1. Community Residents are members of the NCCC Steering Committee, Operating Committee, and the Humboldt Community Health Trust

2. The Humboldt Community Health Trust is the collective impact initiative that chartered the development of NCCC, so the NCCC has an indirect reporting relationship to this body

3. The NCCC Steering Committee serves as the Governance Body for the CIE. The NCHIIN Board delegates most CIE decision making power to the NCCC Steering Committee but still approves all decisions that have a significant legal or financial impact.
Sustainability and Funding

Use the following sections to reflect on your current approach to funding and what changes, if any, should be made to increase chances of long-term sustainability.

CIE Needed Investment for Sustainable Models:

The ideal state of CIE needed investment covers sustainability or all peaks of the mountains.

- Technology or Technical Infrastructure to share and coordinate data
- Backbone Organization or Network Lead entity or steward of the CIE
- Community-based Organizations participating in the CIE, including onboarding activities, reimbursement for direct services and any navigation required to coordinate to services
- Community members who are contributing to the CIE should benefit from the system
Three Funding Approaches

The following are three broad primary source funding approaches with multiple variations within each approach.

Approach 1: Community Developed Funding

Often organically matures from a non-profit or health information exchange based, with primary source funding from a subscription or membership model in which multiple sectors or stakeholders are investing into the infrastructure. This approach often adapts sustainability and financing based on community need.

Examples: San Diego CIE, Quality Health Network (Grand Junction, CO)

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<thead>
<tr>
<th>Strengths/Value</th>
<th>Considerations</th>
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<tbody>
<tr>
<td>• Community driven and community priorities and value elevated.</td>
<td>• Requires extraordinary leadership.</td>
</tr>
<tr>
<td>• Community-lead and stewarded ensuring sustainability is acquired locally.</td>
<td>• Requires high level of technical expertise.</td>
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<tr>
<td>• Grows from trust with existing network of granular service delivery organizations.</td>
<td>• May require state support in motivating payers to participate.</td>
</tr>
<tr>
<td>• Business Model finances the expansion and growth.</td>
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## Sustainability and Funding

**Approach 2: Solitary Funder**

Often one sector or stakeholder is predominant funder of the system through initial or long-term investment in model.

**Examples:** State Government/Medicaid (North Carolina, Virginia, etc); Private Equity (UniteUs, findhelp, etc); Dominant local health organization (hospital system or insurer); Philanthropy

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<thead>
<tr>
<th>Strengths/Value</th>
<th>Considerations</th>
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<tbody>
<tr>
<td>• Streamlined sourced funding.</td>
<td>• Often creates power and decision making by one sector/organization, without community co-design or priority setting.</td>
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<tr>
<td>• Reduced upfront costs for beneficiaries (health orgs, CBOs, governments).</td>
<td>• Allows health plans and hospitals to benefit without investment or active participation.</td>
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<tr>
<td>• Can result in faster implementation.</td>
<td>• Community voices not necessarily at table, in co-design/priority setting.</td>
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<td></td>
<td>• Business model can eventually lead to monetization of social service flow, i.e., a drain on value due to either monopoly platform pricing or high unit cost due to diseconomies of scale/redundancies required by competing private systems.</td>
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<td></td>
<td>• Not likely to be sustained, so pricing/cooperation issues noted above will surface eventually.</td>
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<tr>
<td></td>
<td>• Technology is often seen as solution rather than a tool to support the work.</td>
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**Approach 3: Collaborative Funding**

Multiple funders or stakeholders investing equally in similar concept/problem, often leveraging healthcare or government funding sources, which could create a braided or blending funding enabling funding responsibility to be shared in legal and sustainable (i.e., perceived as fair) ways.

**Examples:** Healthy Alliance IPA (Albany, NY); Common Spirit’s Connected Community Networks (CA and Nevada)

<table>
<thead>
<tr>
<th><strong>Strengths/Value</strong></th>
<th><strong>Considerations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can create a one stop shop that supports multiple stakeholders need and values.</td>
<td>• Can require state financial and policy support that may not present in many places and statutory and regulatory burdens may be high.</td>
</tr>
<tr>
<td>• Requires funders to use and cede power to convene and to elevate community priorities in CBO network and health and social service ecosystem creation.</td>
<td>• Requires considerable time and work to build requisite trust. Conflicts over perceptions of self-interest and fairness may limit appeal in some places.</td>
</tr>
<tr>
<td>• Technology is seen as a tool, not the point of the collaboration.</td>
<td>• Requires community governance of collaborative financing and support.</td>
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<tr>
<td>• All should benefit from or have their mission enhanced from the creation and efficient use of a health and social service ecosystem including an information exchange platform.</td>
<td>• Fair price-setting mechanisms exist they are complex and may be impractical for some government entities, local governing coalitions.</td>
</tr>
<tr>
<td>• Potentially the fairest and most sustainable financing system if satisfies funders and local trust to oversee effective contracting for services.</td>
<td>• Number of local entities with requisite capacities would have to be expanded, nurtured.</td>
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</tbody>
</table>
Reflection Questions

1. Which of the noted examples most closely describes your current approach to funding and why?

2. Which approach is most appealing to you as a tool to achieve health equity?

3. Which approach and which example seem best suited to your community? Why?

4. Which approach or example poses the most challenges?
5. Which organizations in your community would benefit from a better functioning ecosystem? (* Could explore opportunity streams outside of traditional healthcare outcomes)

6. Could these organizations fund the ecosystem on a sustainable basis using one of these approaches?

7. What could catalyze local adoption of such an approach?

8. What policies might have to change to enable such an approach to be sustained?
Creating Accountable Community Outcomes

Building an Outcomes Strategy that is Accountable to Communities

A CIE is designed to uplift and assist in providing agency to communities who experience disparities and inequities. Outcomes and impact are defined by the community. Core values assign control to community members and the system is designed to value the best interests of community members. Use this worksheet to guide your local efforts to build an outcome strategy that is accountable to the community.

Reflection Questions

1. Select one issue that is a priority concern in your community. (e.g., housing, food insecurity or policy/initiative)
2. What data do the stakeholders listed in the chart below typically report?
3. What short-term and long-term measures of success are most valuable to each stakeholder?
4. From each stakeholder’s perspective, what systems-level changes would address root causes of racial inequities?
### Selected Issue:

<table>
<thead>
<tr>
<th></th>
<th>Data</th>
<th>Short-Term (Micro)</th>
<th>Long-Term (Mezzo)</th>
<th>System Level (Macro)</th>
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</thead>
<tbody>
<tr>
<td>Community Members (Clients/ Patients/Consumers)</td>
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<tr>
<td>Community-Based Organizations</td>
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<td>Government</td>
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<td>Healthcare (Clinical)</td>
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<td>For-Profit (Business)</td>
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<tr>
<td>Payors/Funders</td>
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</tbody>
</table>
Creating Accountable Community Outcomes

Operationalizing Strategy: Mapping Process through a Use Case

1. Reflect on the framework you just completed and list one or two measures of success associated with this priority area.

2. Who interprets the data? Who makes decisions based on those interpretations?

3. What policies or systems changes would impact these measures of success? Name two to three specific examples.
4. What is your current role in the system? What is your level of influence?

5. How would you engage with other stakeholders to mobilize together to address the identified need for systems change?

6. What are some barriers to mobilizing? What are some assets within your network that you can leverage to address these barriers?

7. How might you change power relationships to explicitly build equity into your measurement approach?
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Nicole Blumenfeld
Director of Informatics

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CIE Network Partners

- 211 San Diego
- A Positive Choice
- Access, Inc
- Access to Independence of San Diego
- Adjoin
- Aetna
- Alpha Project for the Homeless
- American Red Cross of San Diego and Imperial Counties
- ARCC Center Foundation, Inc.
- Bayside Community Center
- Blue Shield of California Promise Health Plan
- Catholic Charities Diocese of San Diego
- Champions for Health
- Chicano Federation of San Diego County
- Child Development Associates, Inc.
- Childcare Resource Service, YMCA of San Diego County
- Chula Vista Community Collaborative
- City Heights Community Development Corporation
- City of Chula Vista
- City of Oceanside
- City of San Marcos
- City of Vista
- Community Christian Service Agency
- Community Health Group
- Community Health Improvement Partners (CHIP)
- Community Research Foundation
- Community Resource Center
- County of San Diego
- Doors of Change
- Downtown San Diego Partnership
- Dreams for Change
- Easterseals Southern California
- Elder Law and Advocacy
- ElderHelp of San Diego
- Episcopal Community Services
- Exodus Recovery, Inc.
- Facilitating Access to Coordinated Transportation (FACT)
- Family Health Centers of San Diego
- Father Joe’s Villages
- Fire-Rescue Department, City of San Diego
- First Presbyterian Church of San Diego
- Fraternity House, Inc.
- Free to Thrive
- Gary and Mary West PACE
- Global Communities
- Goodwill Industries of San Diego County
- Health Net
- Heavens Windows
- Home Start
- Housing Innovation Partners
- Imperial Beach Community Clinic
- Interfaith Community Services
- Interfaith Shelter Network of San Diego
- International Rescue Committee
- It’s All About the Kids Foundation
- Jacobs and Cushman San Diego Food Bank
- Jewish Family Service (JFS) of San Diego
- Kaiser Permanente
- Kick it California
- La Maestra Community Health Centers
- Legal Aid Society of San Diego, Inc.
- McAlister Institute for Treatment and Education
- Meals on Wheels San Diego County
- Mental Health Systems, Inc.
- Metro Community Ministries
- Metropolitan Area Advisory Committee (MAAC)
- Molina Healthcare, Inc.
- Multicultural Health Foundation
- NAMI San Diego
- National Conflict Resolution Center
- National Veterans Transition Services, Inc.
- Neighborhood Healthcare
- Neighborhood House Association
- North County Lifeline
- Operation HOPE North County
- Pacific Southwest Community Development Corporation
- PATH San Diego
- Planned Parenthood of the Pacific Southwest
- Porchlight Community Services
- Regional Task Force on Homelessness
- Rock Church
- Samahan Health Centers
- San Diego City College District
- San Diego Community College District
- San Diego Family Care
- San Diego Financial Literacy Center
- San Diego for Every Child
- San Diego Health Connex
- San Diego Housing Commission
- San Diego LGBT Community Center
- San Diego Rescue Mission, Inc.
- San Diego Wellness Collaborative
- San Diego Workforce Partnership
- San Ysidro Health
- Santee School District
- SAY San Diego
- SBCS
- Scripps Health
- Serving Seniors
- Sharp HealthCare
- Skinny Gene Project
- Southern Caregiver Resource Center (SCRC)
- Southern Indian Health Council, Inc.
- St Paul’s Senior Services
- Telecare Corporation, San Diego Services
- The Salvation Army San Diego Regional Office
- Think Dignity
- Townspeople
- TransFamily Support Services
- Travelers Aid Society of San Diego
- TrueCare
- United Healthcare
- United Way of San Diego
- University of California San Diego Health
- Urban Corps of San Diego
- Veterans Chamber of Commerce
- Veterans Village of San Diego
- Vets’ Community Connections
- Vista Community Clinic
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