



Community  
Information  
Exchange®

# Community Information Exchange (CIE) Advisory Board Meeting

April 18, 2023

# CIE Advisory Board Meeting

## AGENDA

April 18, 2023 • 8:30-9:30 AM

Time	Agenda Item	Presenter
8:30-8:35 am	Welcome & Agenda Overview	Jack Dailey Chair 211 Advisory Board Arnulfo Manriquez Vice Chair 211 Advisory Board
8:35-8:50 am	CIE Updates <ul style="list-style-type: none"><li>• AB1011</li><li>• CITED Funding</li><li>• ASCMI</li><li>• CIE Summit</li></ul>	Camey Christenson 211 San Diego/CIE
8:50-9:20 am	Health Policy Data Analysis Project: <i>A research collaboration between 211 San Diego, Health Leads and Community Voice</i>	Nicole Blumenfeld, 211 San Diego Scott Minkin, Health Leads Sheena Nahm, Health Leads Elsbeth Sites, Health Leads
9:20-9:30 am	Action Items & Meeting Adjournment	Jack Dailey Chair 211 Advisory Board Arnulfo Manriquez Vice Chair 211 Advisory Board
Pre/Post Read	Appendix: <ul style="list-style-type: none"><li>• CIE Trends</li></ul>	

# CIE Updates – CITED/ASCFMI

## CITED Funding Announcements: March 2023

### 211/CIE Project:

- 211 SDCalAIM Direct Services (ECM/CS)
- CIE/HIE Integration Enhancements
- Community Support Pilot – Recuperative Care
- Others?

## ASCFMI Pilot

### ASCFMI Project Partners include:

- 211 San Diego - Community Information Exchange (CIE)
- County Health and Human Services Agency
  - Behavioral Health Services
  - Medical Care Services
  - San Diego Advancing and Innovating Medi-Cal Unit
- Health Net
- Integrated Health Partners
- McAlister Institute
- Metropolitan Area Advisory Committee on Anti-Poverty (MAAC)
- San Diego Health Connect (HIE)
- San Ysidro Health Center
- People Assisting the Homeless (PATH)



**CALIFORNIA AWARDS ADDITIONAL \$88.5 MILLION TO HELP TRANSFORM MEDI-CAL**  
*Funds will be used to develop and deploy Medi-Cal [Enhanced Care Management](#) and [Community Supports](#) services statewide*

**SACRAMENTO** — The California Department of Health Care Services (DHCS) today announced the award of \$88.5 million to help local organizations build their capacity and infrastructure in support of a more coordinated, person-centered, and equitable Medi-Cal system for all Californians. These funds further the vision of California Advancing and Innovating Medi-Cal (CalAIM), California's long-term commitment to transform and strengthen Medi-Cal.

**ADDITIONAL SAN DIEGO COUNTY FUNDED AGENCIES:**

- Catalyst Health Networks
- County of San Diego
- Mama's Kitchen
- Pacific Clinics
- PATH – Glenn
- Roots Food Group
- Sterling Hospitalist Medical Group, Inc. (DBA Titanium Healthcare)

**Attachment B**  
State of California - Health and Human Services Agency Department of Health Care Services

**Authorization to Share Confidential Medi-Cal Information (ASCFMI)**  
**Version 1.0 [Pilot]**  
December 2022

*Disclaimer: The ASCFMI Form is intended to be used solely by ASCFMI Pilot participants. DHCS makes no representation about the suitability of this form for uses outside of the ASCFMI Pilot. The ASCFMI Form, including attachments, are subject to change.*

First Name	Last Name	Date of Birth	
Mailing Address	City	State	Zip Code
Residential Address	City	State	Zip Code
Phone Number(s)	Email	Beneficiary Identification Card (BIC)	

By signing this form, you authorize certain organizations and individuals to use and share your health and other confidential information for the purposes described in section 1.

**1. Purposes**  
By signing, you authorize your health and other confidential information to be shared only to:

- (a) Provide you with, refer you to, or help you access healthcare treatment, benefits, programs, social services, case management, community resources, and other supports ("Services") to meet your needs.
- (b) Identify, support, coordinate, improve, and arrange payment for Services that may be provided to you.
- (c) Help Medi-Cal provide better care through evaluation, reporting, and population health management.

**2. Types of Your Information that You Authorize to be Shared**



# CIE Summit / Legislation

[CA AB1011](#) | [2023-2024](#) | [Regular Session](#) | [LegiScan](#)



## LEGISLATIVE BRIEFING: AB 1011 Legislation

### AB 1011 Sponsored by Assemblymember Dr. Akilah Weber:

- The legislation focuses on privacy and consent requirements for sharing personal information for specific social care information and consumer protections which will ultimately break down care coordination networks and impede the social care model that communities and individuals within in those communities rely on. The legislation requires individual consent for each instance of a referral for social care. This requirement for social care is over and above HIPAA requirements for health care data sharing.

### What This Means:

- At a glance – requiring a new consent for each referral, adds referral fees in the pocket of the sponsor – does not reduce barriers to care.
- Does not make meaningful or improve privacy.
- Opposes standards of care for trauma-impacted clients.
- Creates access issues for clients and nonprofits serving vulnerable populations.
- Throws out carefully curated, community-based care coordination model.
- Benefits a for profit, out of town technology platform with a revenue model, not a privacy model.

### Who is Impacted?

- Large community partners including multiservice providers, health care systems and managed care plans locally and statewide would be impacted.
- 211 San Diego and the Community Information Exchange, including 130 cross-sector partner organizations, will be directly impacted.
- California's Health and Human Services Data Exchange Framework.
- Individuals currently opt-in to share their information with the San Diego CIE Network Partners.

### Who is Behind the Legislation?



# Health Policy Data Analysis Project



# Health Leads \* 211 San Diego CIE Advisory Committee Meeting

April 18th, 2023



### WHO WE ARE

Health Leads is an innovation hub that unearths and addresses the deep societal roots of racial inequity that impact health.

### OUR MISSION

We partner with communities and health systems to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

### OUR VISION

Health, well-being and dignity for every person, in every community.

# Practice Agreements

## Address Racially Biased Systems & Norms

- Recognize power dynamics in the room - be intentional about how you exercise your privilege
- Remember, we all have bias. Biases are learned and can be unlearned
- Practice the ability to recognize personal biases, emotions, and triggers, considering how they might impact actions

## Be Brave, Be Inclusive

- Acknowledge the risk speakers take, and value the privilege to learn from one another
- Individual values, cultures, religious beliefs, disabilities, sexual orientation, gender identity, and personal experiences matter
- Conflict is always possible, and conflict is OK

## Be Open to Anti-Racist Dialogue

- Remember Black, Brown, Asian American, Pacific Islander, and Indigenous people speak from lived experiences with racism

## Be Present, Be Accountable

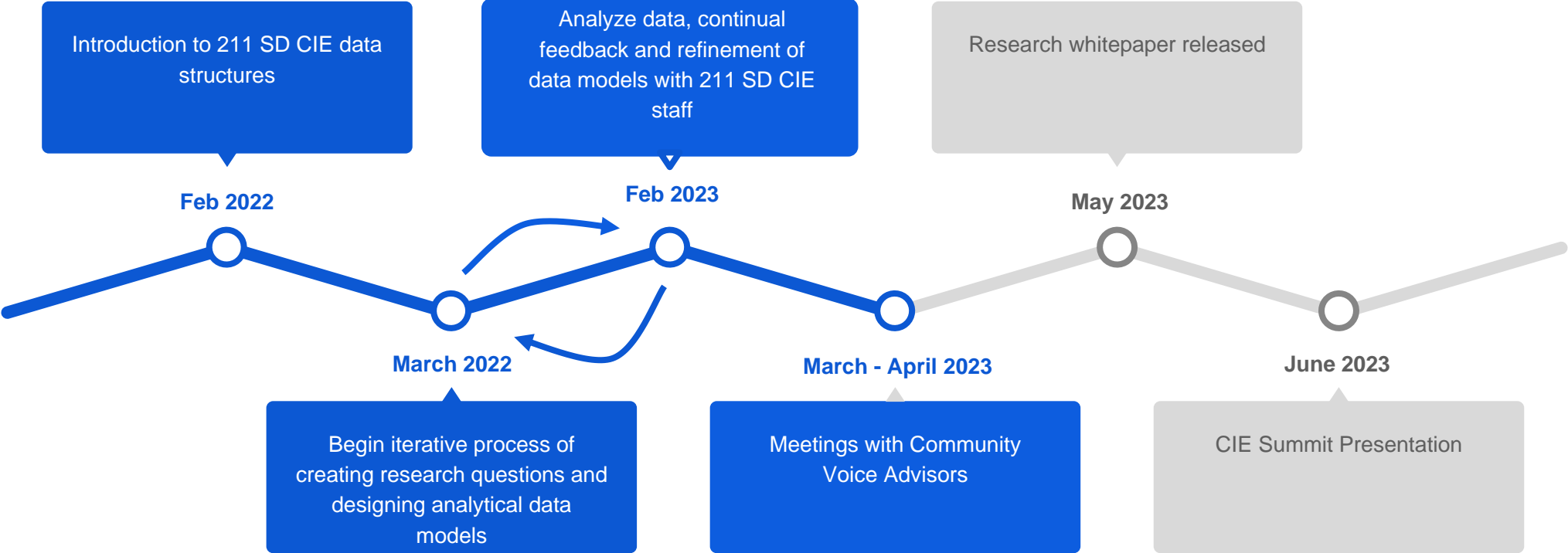
- Listen - feel no pressure to speak yet resist temptation to only witness the dialogue

## Share Space

- Call attention to the unheard voices of people, ensuring that all individuals have space to participate fully



# Process Overview



# Before we get started...

Here are some key terms we will be using:

**Where the data comes from:** Information is collected from clients and used to better understand individual needs to find community resources (micro) and in aggregate for understanding populations (macro and mezzo). **The data from the 211 CIE system is representative of the 211 CIE client population, but it is not necessarily generalizable to the entire population of San Diego County.**

**Hardship:** 211 CIE way of recording a client's level of security across different SDOH categories (nutrition, utilities, housing, etc).

**Severity:** A client's hardship is assigned a severity - either low, medium or high.

**Racial health equity:** Racial disparities in health due to systemic racism are especially pervasive and persistent, so achieving health equity requires particular attention to the health needs of people of color.

How accurate are these definitions for you?

# Can our research findings support CIE as a vehicle for CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

## Goals of CalAIM

1

**Identify and manage comprehensive needs through whole person care approaches and social drivers of health.**

2

**Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.**

3

**Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.**

Using data about the nearly [120,000 clients](#) who called seeking services from 2018 to 2021, we aimed to answer several questions:

- Which aspects of client demographics have the greatest impact on the **severity** of a client's hardship (low, medium, or high)?
- Which aspects of client demographics have the greatest impact on the **number of hardships** a client experiences?
- Which aspects of client demographics have the greatest impact on **severity** of specific **types of hardships** (nutrition, housing, utilities, etc.)?
- Do patterns of inequities vary for different **areas** of San Diego County?

# Modeling demographic variables together

The demographic variables we used in this analysis include:

- Race
- Gender identity
- Preferred language
- Age
- Reporting having a disability or not
- Location (city or zip code)
- Health insurance type

When the variables are put in the model together, the model adjusts the results based on all of them.

# Our findings affirm the documented effects of systemic racism and other intersecting oppressions, and contribute specificity:

Across all research questions and geographies, clients with disabilities (n=30,125, 41.4%) are experiencing more severe hardships (OR = 1.13, [1.10, 1.16]), more of them (IR = 1.23, [0.19,0.22]), and are more likely to experience housing and medical/financial hardships than clients without disabilities (n=3,0125, 64%).

Compared to white clients (n=14,182, 30.2%):

- African American/Black clients (n=7,628, 16.3%) are 61% more likely to have a utility hardship (OR=1.61, [1.53, 1.68])
- American Indian/Native American clients (n=476) are 21% more likely to have a housing hardship (OR=1.21, [1.07, 1.36])
- Asian clients (n=1,399, 3.0%) are 73% more likely to have a nutrition hardship (OR=1.73, [1.58, 1.89])
- Hispanic/Latino clients (n=19,032, 40.6%) have twice the odds of having a utility hardship (OR=2.00, [1.91-2.09])

# **Our findings affirm the documented effects of systemic racism and other intersecting oppressions, and contribute specificity:**

Across the county, people whose preferred language is “Other” (i.e., none of the available options) (N=1,338, 2.9%) have more hardships (IR = 1.24, [0.19, 0.24]), particularly for nutrition and utilities.

Racial disparities among clients are more pronounced in the City of San Diego than in unincorporated SD county or across the county as a whole.

There are opportunities to better serve clients with public health insurance (MediCal, Medicare, Medi-Medi), as they are more likely to experience more hardships, particularly in housing and transportation, than clients with private health insurance.

If we can strike a balance between collecting thorough demographic information and not placing additional burden on staff who assist clients, we can address disparities by using more robust analysis about what contributes to hardship.

# Community Voice Advisors

- Members: Imani Robinson, Khea Pollard, Oscarin Ortega, & Andrea Dauber
- Collective Data talk #1- 3/27
- Collective Data talk#2- 4/26
- Next Steps:
  - Convene for Data talk #2
  - Calibrate on what he heard
  - Include Advisor voices within the data narrative
  - Invite Community Voice advisors to participate as Co-authors and/or speakers at the CIE Summit on 6/8/23



# OTHER UPDATES & NEXT MEETING

**May 16, 2023 8:30-9:30 AM**



# Appendix



# CIE Trends and Utilization



# CIE Dashboard



## CIE TRENDS AND METRICS DASHBOARD

Fiscal Year: July 1, 2022 - June 30, 2023

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 ..
Partners	15	10	67%		129

### Adoption Metrics

Logins	50,000	25,386	51%		133,010
Consents	106,000	40,954	39%		308,469
Successful Searches	50%	32%	63%		26%

### Engagement Metrics

Records with Shared Data	175,000	101,577	58%		101,577
Profile Views	45,000	23,709	53%		95,548
Program Enrollments	150,000	115,445	77%		253,873
Care Teams	3,500	1,334	38%		9,936

Data Source: 211/CIE Information Systems | Reporting Period: 7/1/2022 - 6/30/2023

- Program Enrollments continue to increase. Reached 77% of goal.
- Increase in Care Team enrollments in March.
- Increase in partners sending direct referrals in March.
- Records with shared data at its highest in March.

### Intervention Metrics

Direct Referrals	40,000	20,661	52%		118,523
SDoH Screenings	N/A	535	N/A		3,532
SDoH Assessments	N/A	52	N/A		118