



Building Community-Based Organization (CBO) Capacity & Engagement with Community Information Exchange (CIE)

Social Determinants of Health (SDOH) Social Needs Screening &
Referral Measure Webinar

Zoom Meeting Tips

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- It will be shared on the [OHA Transformation Center Webpage](#) after the event

For **live captioning**

- Click the "cc" button located at the bottom of your screen

For **zoom troubleshooting**

- Chat **Kristina Giordano**



Welcome & Introductions

In the Zoom chat, please introduce yourself with the following:

- Your name & pronouns
 - CCO or Organization Affiliation
-
- **Please include your CCO or organization affiliation in your Zoom name**

Learning Objectives

Audience will...

- Hear views and experiences of CBOs across the state regarding CIE use.
- Learn what CBOs need to participate in CIE.
- Understand key strategies to facilitate engagement of CBOs in CIE in your service area.

Today's Agenda

- Context: Building a System and Advancing Health Equity
- Community Information Exchange: Community Engagement Findings and Recommendations
- CBO Engagement in Practice; Eastern Oregon Council on Independent Living (EOCIL)
- Q&A with Nancy Goff & Eastern Oregon Council on Independent Living
- Upcoming Technical Assistance Opportunities

Building a System

Helping community-based organizations (CBOs) to be active and consistently engaged in CIE platforms can...

- Support a data-sharing approach in your service area
 - Support a data-sharing approach in the CCO service area (metric element 15)
- Increase reliable centralized data collection that can be used for metric reporting
- Reduce the burden on clinical providers
- Allow for consistent written procedures to refer members to services across providers in a service area
 - Establish written procedures to refer members to services (metric element 10)
- Create a consistent and reliable experience for patients
 - Establish written protocols to prevent over-screening (metric element 8)



Nancy Goff (she/her), MPH
Health Policy Director
Oregon Rural Practice-based Research Network

Community Information Exchange: Community Engagement Findings and Recommendations 2022

Overview of project

Project Goals

- Through in-depth community engagement, identified common challenges and opportunities for support for CBOs to participate in CIE.
- Used findings to support the development of legislative recommendations that centered health equity and community voice

Methodology

Interviews

- May-July 2022
- 20 qualitative, in-depth interviews
 - 19 community based organizations
 - One county office

Survey

- 30 question survey, offered in English and Spanish
- Distributed to CBOs statewide
- Over 100 responses, 97 included in final analysis

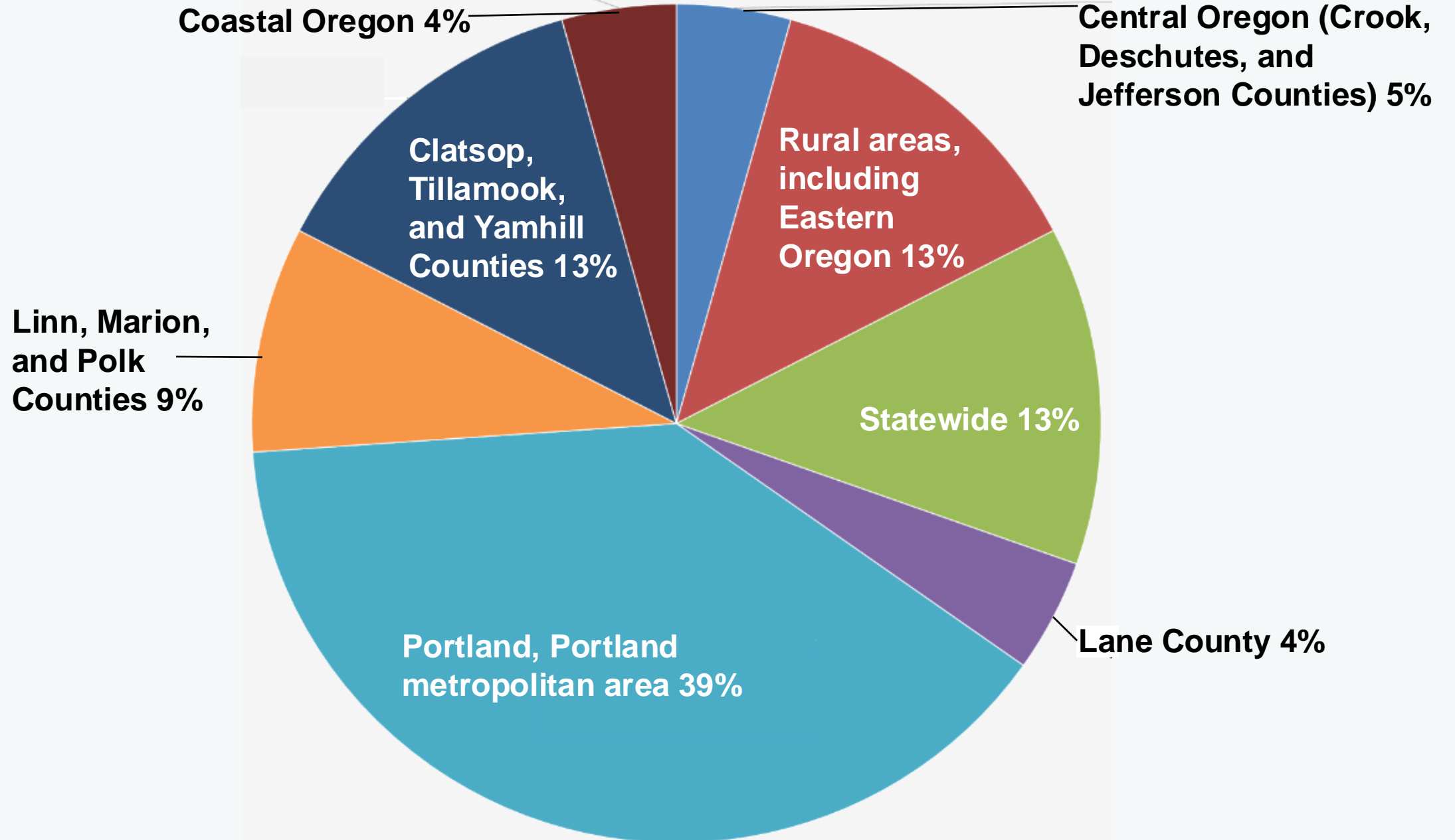
Interview and survey questions

- **Awareness, use and experiences** with CIE
- **Barriers and challenges** to implementation
- **Perceived benefits** of CIE
- The role of CIE in promoting **health equity**
- **Recommendations** for adoption
 - Communications and outreach
 - Technical assistance and training
 - Support needed
 - Role of a statewide coordinating entity

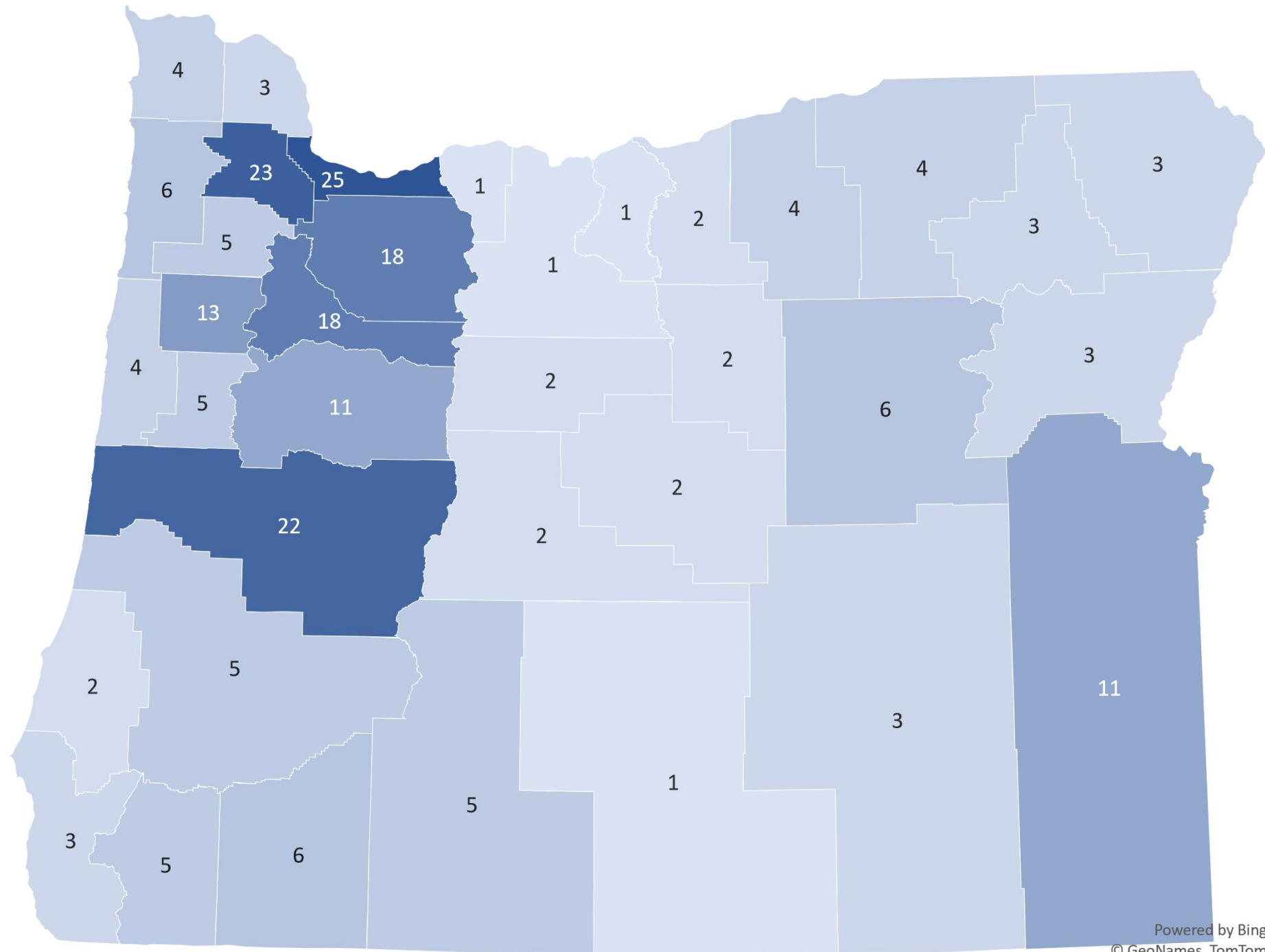


Interviewee CBO locations

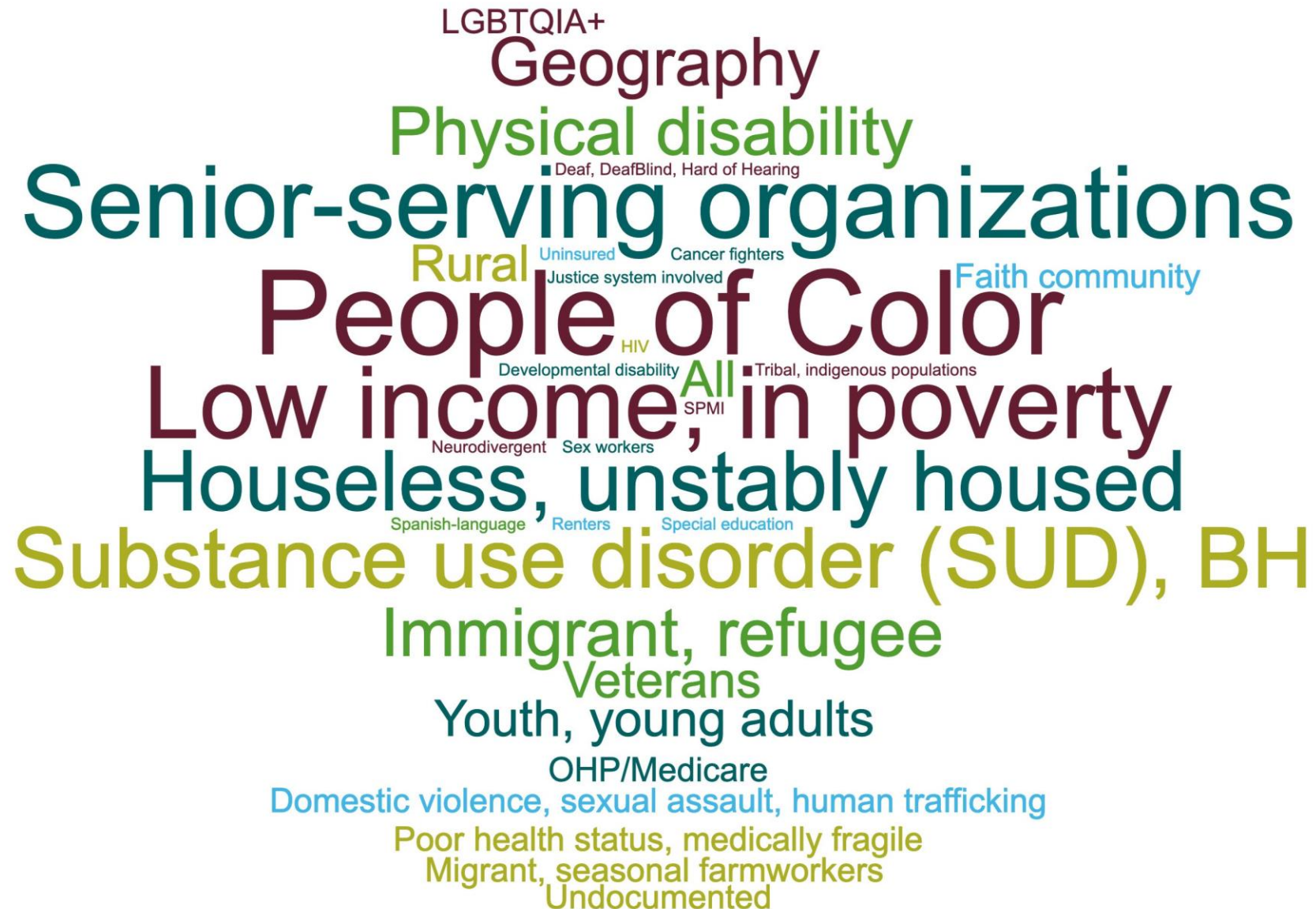
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Survey respondent locations



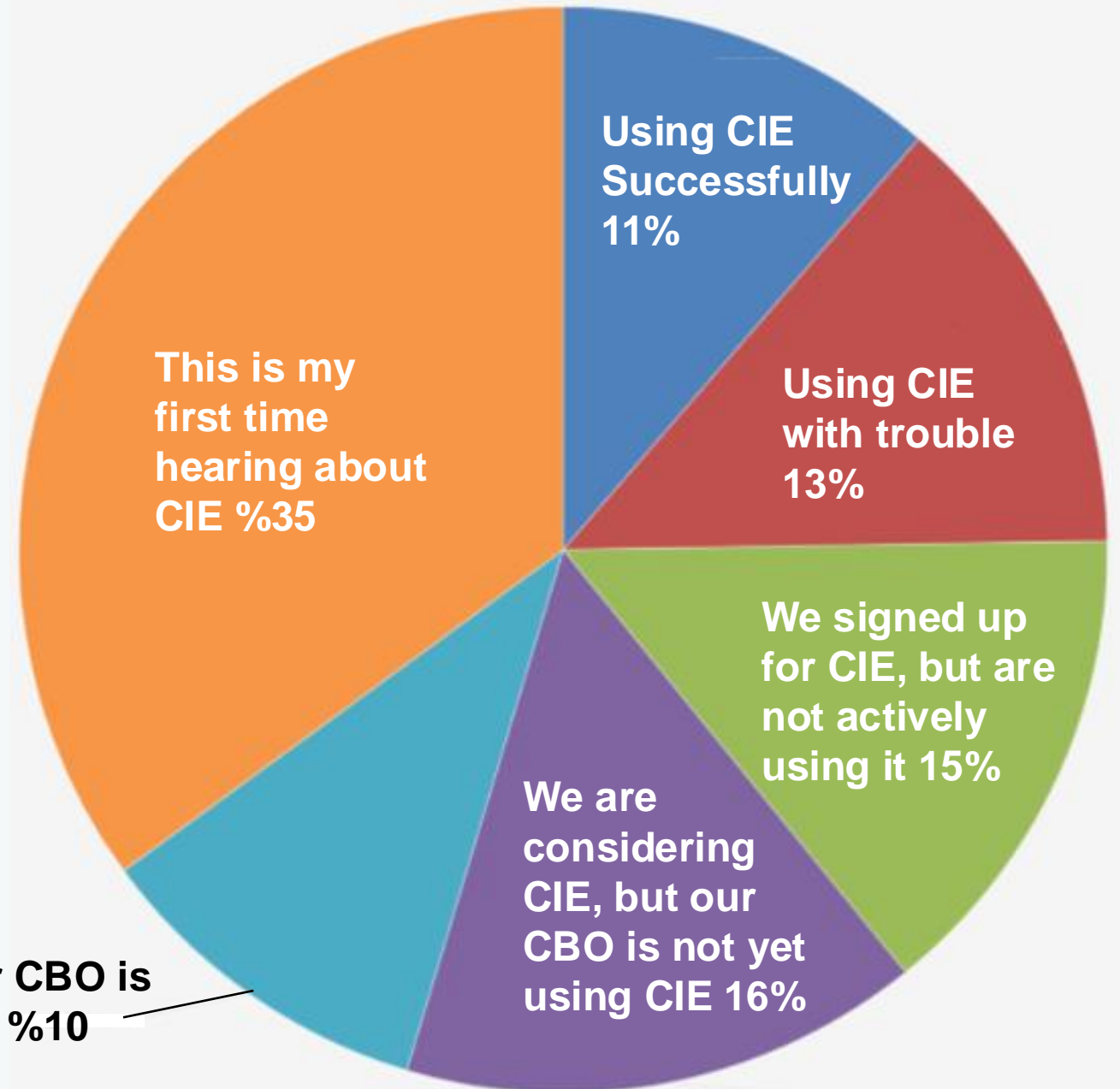
People served by CBO respondents



Experience with CIE in 2022



9 interviewees use CIE; 11 do not



I've heard of CIE but our CBO is not considering using it %10



Findings

Themes from interviews and surveys

High-level themes from interviews and surveys

- Most respondents are **supportive of the overall vision of CIE and its potential to improve health equity**, yet **struggle to envision successful implementation** of a robust, statewide CIE
- **Greater understanding brings greater engagement** with CIE and support for use
- **Strong relationships are key** to a strong CIE network
- **Staff capacity to implement CIE** is the greatest concern for CBOs

The Benefits of CIE

“I think with more partners hopping on and learning and having it be such an easy way to make that referral, it just helps educate and connect people to the programs, and then hopefully, reduce stigma.” – Interviewee

“[CIE] builds a bridge between inpatient care and community based care. In cases [redacted] where health is dramatically shifted, and there's a possibility of a lot of complications. The greater that bridge is, the greater the communication, the greater the collaboration and continuity of care is, the more likely that person is to have kind of an upward health trajectory” - Interviewee



CBO staff see value in using CIE to increase connections among healthcare, social services, and communities.

Perceived benefits include:

- Easier access to resources, especially in rural areas and behavioral health
- Forging stronger connections between health and social care partners
- Create pathways to culturally and linguistically specific CBOs
- Could promote equity by getting more services to more people most impacted by health inequities

Perceived usefulness, ease of use and ability to support equity for those who are using CIE

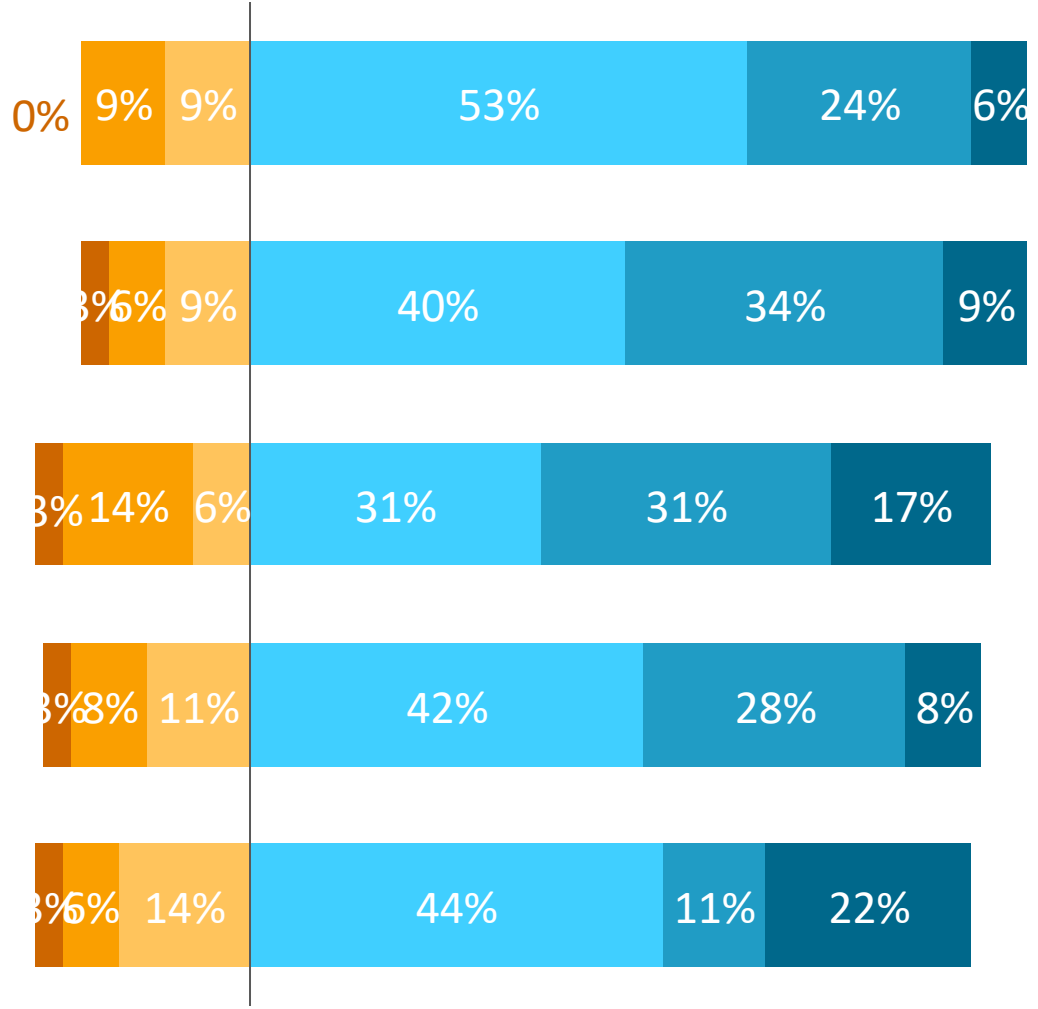
CIE helps me find services in a person's preferred language.

CIE improves a person's outcomes by having information...

I find CIE useful.

CIE helps my organization advance health equity.

CIE helps us send referrals more easily.



■ Extremely disagree
 ■ Quite disagree
 ■ Slightly disagree
 ■ Slightly agree
 ■ Quite agree
 ■ Extremely agree

Concerns about CIE

“There's still a lot of reservation among CBOs... about, you know, how much we want to be involved with the CIE when there isn't funding that comes with it. But because it's, we see it as increasing demand without increasing supply.” -

Interviewee

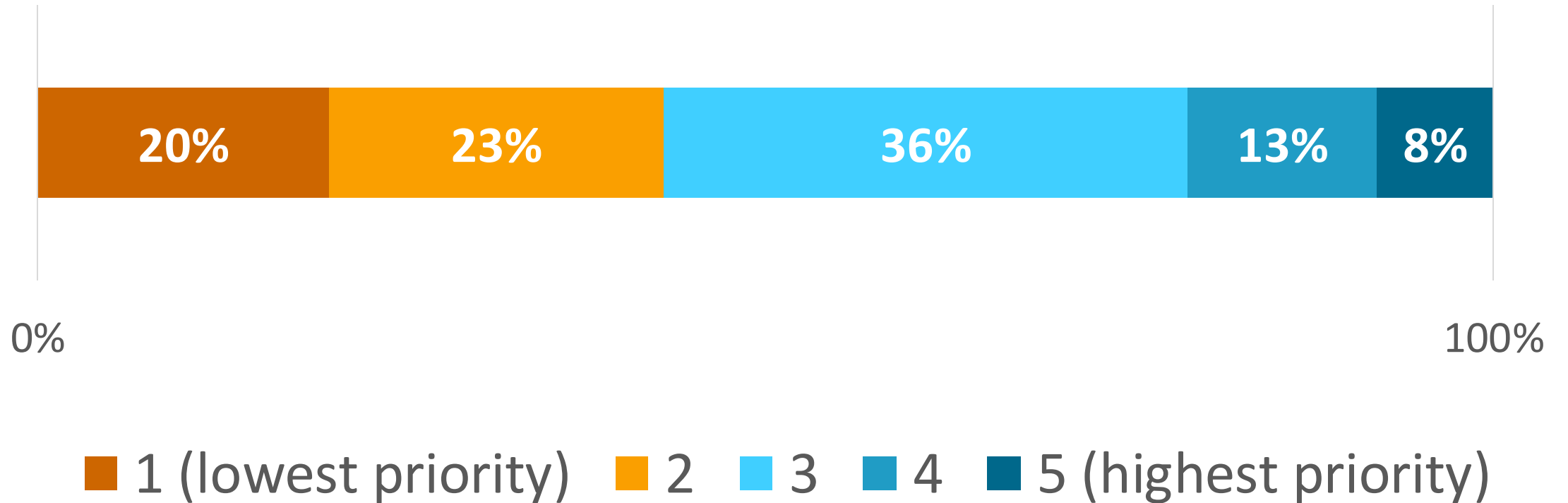
“I'm concerned CIEs are building a bridge to nowhere and creating undue burden without compensation to social service organizations, for the benefit of health care systems who reap the reward.” - Survey respondent



The greatest concerns about CIE

- **Staff time and resources** to implement and use CIE
- **Data privacy:** The more people are engaged with CIE, the fewer concerns they have, especially with regard to data privacy.
- **Increased volume of referrals :** Concerns about increased volume of referrals are linked to a general dearth of social services available
- **Widespread use:** There is recognition that for CIE will only be effective if most organizations are using it.
- **Navigating multiple data systems:** Most CBOs are using multiple systems already to collect and store data

How would you rate CIE as a priority for your organization?

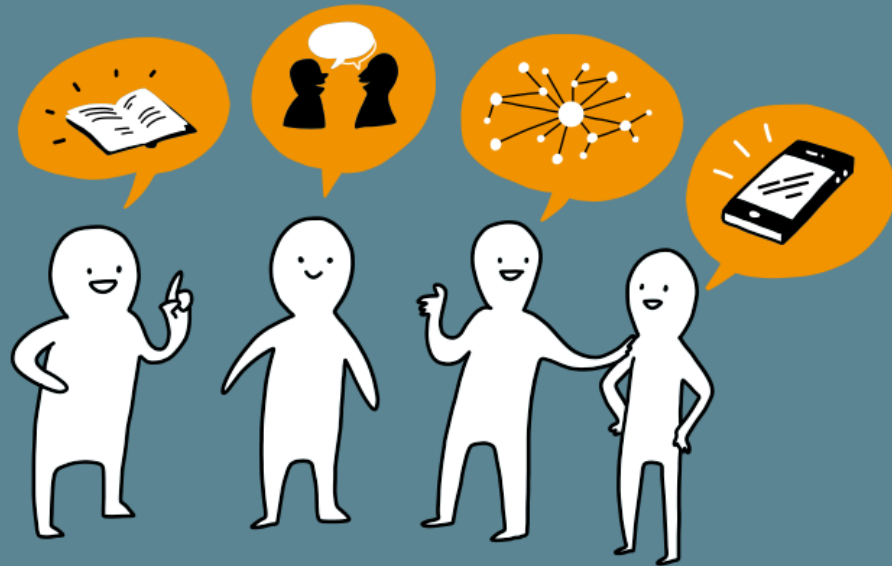


To ensure successful participation in CIE, CBOs stated funding and training/ technical assistance are the top needs

- CBOs will require **initial funding** to get started in CIE, in the range of \$25,000 to 1.0 FTE for startup.
- CBOs will **train and support dedicated staff** to lead CIE within their organization
- There is interest in a pilot program whereby a **cohort implements CIE together** with support from a central coordinating organization.
- Ensure that adequate time, support and funding is available for **building and maintaining strong relationships**, which is the foundation for success

To ensure health equity in implementation, CBOs said that language & digital access, literacy, and privacy concerns should be addressed.

- Almost all CBOs shared the **need for access in multiple languages** (Spanish at a minimum, ideally many more languages)
- **Technology literacy and access** are equity issues facing rural communities that CIE may exacerbate if not addressed.
- Many clients have **low literacy** which is a barrier to accessing services.
- CBOs, especially those not yet using CIE, need **more information about HIPAA compliance, data use/security and protection of sensitive information** (like documentation status or LGBTQ identification).



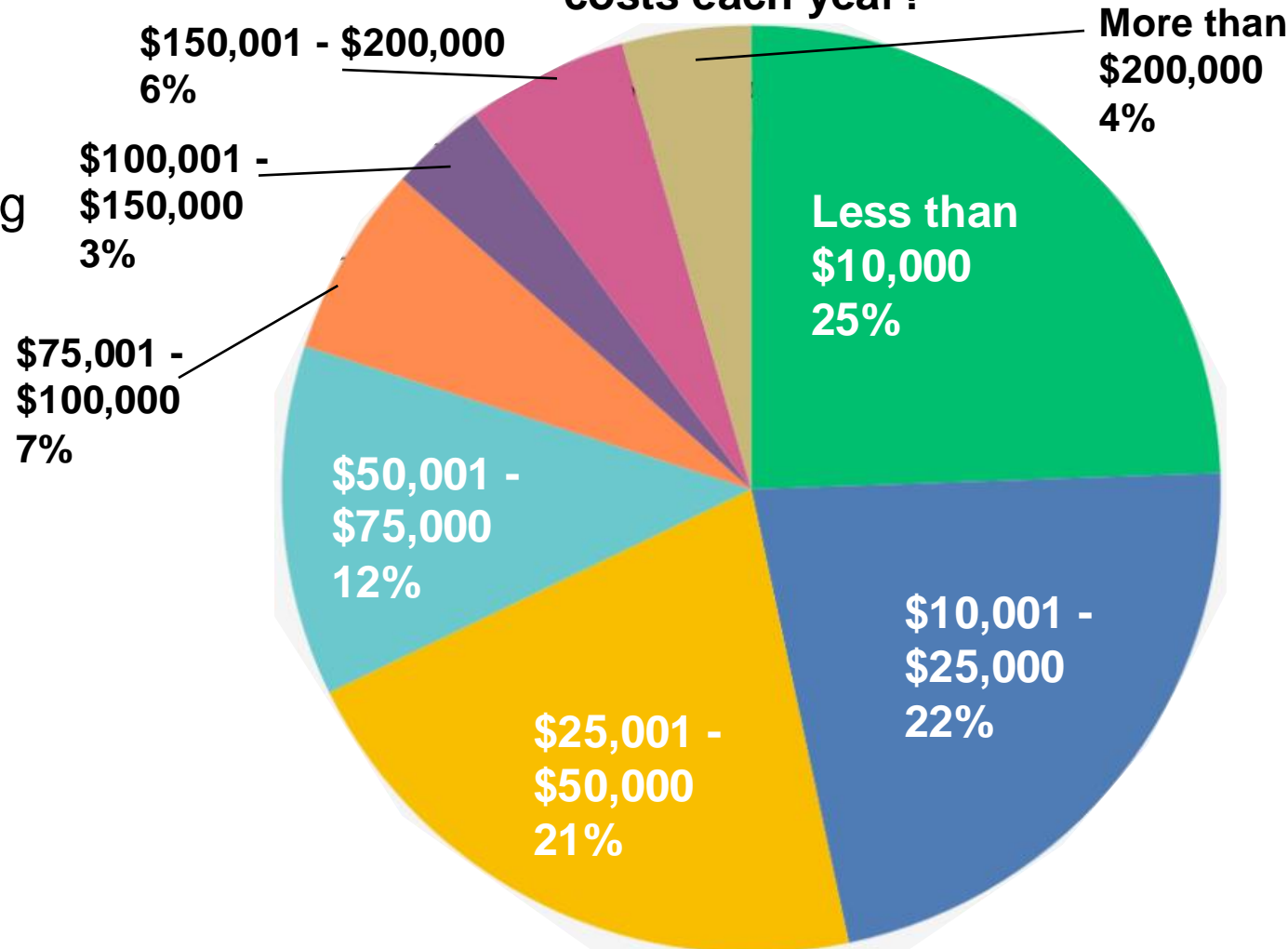
Recommendations

To ensure equitable and inclusive participation of CBOs in CIE

1. Offer robust funding to support CBO CIE use

- **Initial pilot grants of \$25,000 to 1.0 FTE** for the first year of implementation to support system set up, staff time, resource navigation, relationship building and training
- Have **pilot grant recipients implement CIE together in a cohort** with ongoing training or technical assistance from a statewide entity
- **Prioritize chronically underfunded culturally and linguistically specific CBOs** for investments

How much do you think adoption and use of CIE has or would increase your organization's costs each year?



2. Promote equity, accessibility and accountability

- Foundational components that will promote equity in CIE: **language access** (in multiple languages for both staff and clients), **literacy** (including compliance with existing laws like the ADA), and **technology access**, especially in rural communities.
- Ensure that CIE platforms have the **technological capabilities to identify culturally and linguistically-specific organizations** and make their services accessible.
- **Be responsive to the needs of the community** and clients through good governance, person-centered values and accountability.
- **Address historical mistrust of government /health care systems** through listening, understanding concerns, and providing clear and accurate communications from trusted voices.

3. Advance privacy, data protections

- Investigate data use protections and **address concerns about privacy of data collection and use** by clearly communicating about data privacy features in specific CIE technology, data justice principles, and consumer protections.
- Consider **ongoing oversight of protections**, perhaps through a CBO oversight committee
- Ensure **legal backing for protections for sensitive information** (i.e., to ensure immigration status is not inappropriately shared).

4. Provide technical assistance, training, and education

- CBOs desire a **single, clear place to access resources and support.**
- Provide **ongoing technical assistance** to ensure CBO staff are able to resolve issues.
- CBO staff desire **training from other CBOs, technology vendors, or state agencies** on CIE use and best practices.
- Consider **funding CBOs to provide training, education, and capacity building** to those in their community.

5. Create a statewide coordinating entity to promote alignment across organizations, sectors, and systems

- The **statewide entity should be a neutral, third-party convener** (i.e. not state government) and be community-led through diverse representation from CBOs that:
 - Serve all geographic regions,
 - Varying staff sizes,
 - Have varying experiences with CIE.
- The **potential roles of the entity** are shared on an earlier slide.
- OHA and/or other **state agencies should coordinate with and support** the entity.

6. Prioritize relationships, communication and engagement

- **Prioritize fostering relationships, trust and engagement** across CIE partners/users by communicating with CBOs frequently.
- **Center trusted community leaders** in communications.
- Conduct outreach to **educate the CBO community on the benefits of CIE** and clarify the relationship to other existing systems (like 211 or other resource navigation systems).

7. Align CIE efforts with other systems level efforts crucial to ensuring health equity

- Target **behavioral health providers for inclusion** in the CIE network..
- Take a **statewide or regional approach to technological improvements** to avoid or remove duplication with existing databases or systems.
- **Align with other statewide opportunities to support CBO capacity building and social service availability.**
 - Addressing chronic lack of social services availability statewide
 - Strengthen CBOs reimbursement capabilities

CCOs have made progress since this assessment was conducted

- Many CCOs are dedicating significant staff time to **developing strong partnerships with CBOs** to support their CIE use.
- **CCOs implementing the Health-Related Social Needs (HRSN)** parts of the Medicaid 1115 Waiver alongside CBOs/HRSN service providers, in some cases supported by Community Capacity Building funds, has been a **catalyst for accelerating the adoption of CIE by CBOs.**
- Many CCOs successfully **utilize their CIE vendor for training and support** on the technical aspects of CIE

Eastern Oregon Council on Independent Living (EOCIL)



Michelle Villarreal (she/her)

Program Director of Independent Community Services & 2SLGBTQIA+ Community Services
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Program Director of Independent Community
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Eastern Oregon Council on Independent
Living (EOCIL)

Q&A

Next Steps

- Guidance Document On Data Collection – Coming in November!
- Winter TA Events Announcement – Coming in December
- Winter FAQ Release – Coming in December

Upcoming Metric TA Opportunities

- **Learning Collaborative: Overview & Deep Dive on Chart review and Claims Data**
 - November 19, 2024 – [Registration Link](#)
- For 1:1 technical assistance inquiries, reach out to **Claire Londagin** at londagin@ohsu.edu

Measure Contacts

Technical Assistance Team

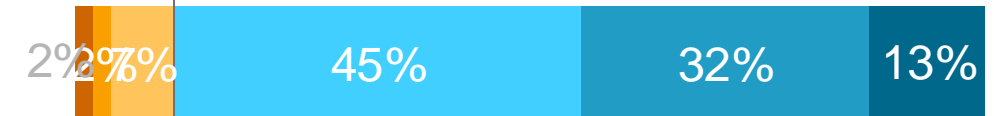
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Perceived usefulness, ease of use and ability to support equity for those who are not using or are unaware of CIE

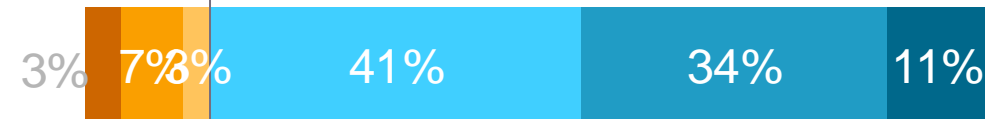
I find the idea of a CIE useful.



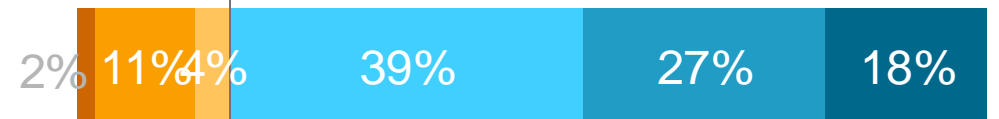
CIE would help us receive referrals more easily.



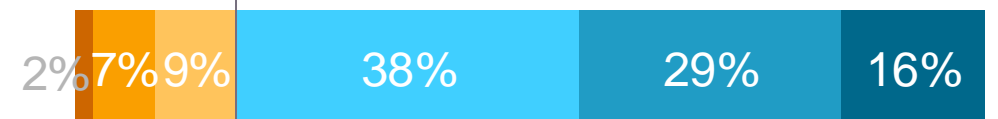
CIE would help us send referrals more easily.



CIE would improve a person's outcomes by having information...

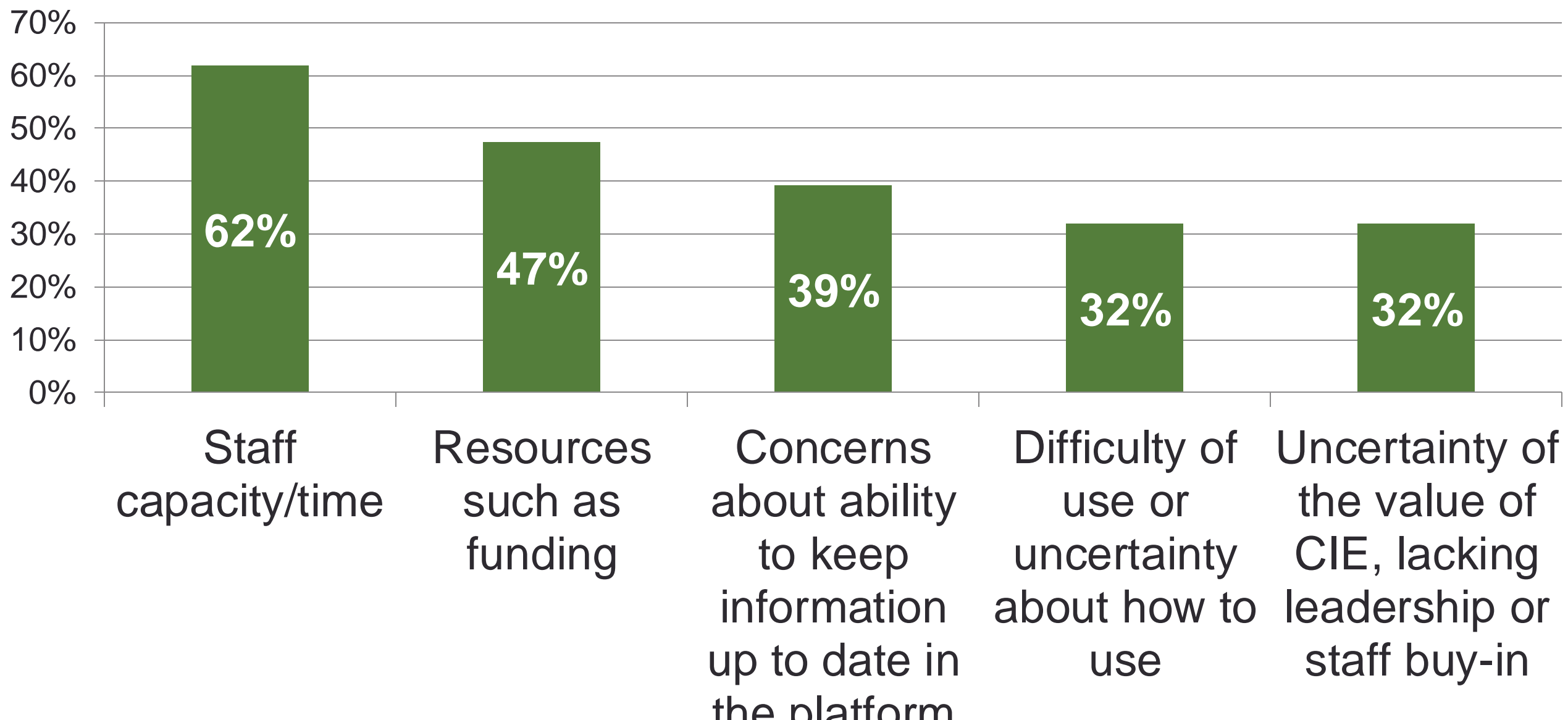


I think CIE would help my organization better serve my community.



■ Extremely disagree
 ■ Quite disagree
 ■ Slightly disagree
 ■ Slightly agree
 ■ Quite agree
 ■ Extremely agree

Challenges experienced when considering or using CIE



In order to participate in CIE, what types of support would be most helpful?

Funding/grants

79%

Coordinating resources and referrals in a community (i.e. a...

64%

Technical assistance and training

54%

Coordinating the activities of partners

50%

Educational resources (videos, written, etc.)

48%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%