

Community Information Exchange: Community Engagement Findings and Recommendations

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EXECUTIVE SUMMARY

Background

The Oregon Health Authority's (OHA) Office of Health Information Technology (OHIT) is interested in the growing community information exchange (CIE) efforts across the state. In 2022, the [Health Information Technology Oversight Council \(HITOC\)](#) was directed by the state legislature through House Bill 4150 to gather information from community-based organizations (CBOs) to inform recommendations to accelerate, support, and improve statewide CIE efforts that serve the needs of communities. Between May - July 2022, the Collective Health Strategies (CHS) team, on behalf of OHA, engaged 99 CBOs statewide through in-depth interviews and an online survey to understand views and experiences with CIE, and solicit input into recommendations to inform the CIE Workgroup and HITOC's process, discussion, and recommendations, including legislative recommendations. Through this, twenty interviews and 97 survey responses were collected and analyzed to inform the statewide CIE Workgroup's legislative recommendations. Findings and recommendations from the community engagement are detailed in this report.

What is CIE?

CIE is a network of collaborative partners using a multidirectional technology platform to connect people to the services and support they need. Partners may include human and social service, healthcare, and other organizations. Technology functions must include closed loop referrals, a shared resource directory, and informed consent.

Key findings from CBO surveys and interviews

See full report [Findings section](#) for more detail.

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 network

- Many respondents pointed to the importance of connecting - or strengthening connections across - services, organizations, and resources with clients as a key reason they found CIE important or useful.
- Other clearly stated benefits include increasing staff capacity and efficiency, improving coordination and collaboration across organizations, easier access to services and information, accessibility in rural areas, and opportunities for CBOs to connect with culturally and linguistically specific organizations that would better serve client needs.
- Those who use CIE generally understand and believe in the benefits, yet many worry that if the system is not widely used enough it will not achieve these benefits fully.

- Many interviewees expressed concern about implementing CIE in a “broken” social services system, yet they still feel that it’s an important part of the solution.
- General attitudes about CIE are positive, with concerns focusing on staff capacity/time; the need for widespread, consistent use; having to use multiple data systems that don’t integrate; language/digital access and attending to an increased volume of referrals.

Greater understanding brings greater engagement with CIE and support for use

- The CBOs that worked with OHA and county health departments to use CIE for COVID-19 wraparound work had a positive experience and saw value in the system. Organizations in nearby areas also saw this success and saw it as a reason to participate.
- Perspectives of CBO interviewees were diverse, ranging from strong support to skepticism of CIE. Organizations currently using CIE are generally aware of the benefits and bought into the vision. Organizations not using or familiar with CIE generally expressed a lack of understanding what CIE is and what it can do, however many were optimistic about the opportunity CIE provides to connect and coordinate services for their clients.
- Many people leading their organizations to use CIE are enthusiastic supporters or champions who believe in the CIE Workgroup’s mission.
- CBOs that are currently using a CIE are comfortable with how privacy concerns are handled, despite privacy being a big concern for CBOs that are not yet actively using CIE.

Strong relationships are key to a strong CIE network

- Relationships are key, and while many believe that CIE can help make connections easier and strengthen relationships, it will not replace the time-intensive need to form and cultivate relationships with community members and fellow CBOs/service providers to successfully deliver services.
- Those who strongly believe in the value of CIE - often those already using CIE - generally understand that pairing relationships with CIE technology has the potential to bolster existing relationships and forge new ones.
- Many CBOs, in particular culturally and linguistically specific organizations that serve communities of color, emphasized that trust is essential for clients to engage with services, especially where there is historical mistrust of systems that needs to be repaired.
- There is also an expressed need to ensure adequate resources for continued relationship building as an important part of implementation so that CIE doesn’t “depersonalize” services.

Staff capacity to implement CIE is the greatest concern for CBOs

- Many CBOs shared that with funding for staff time and adequate training they could start using CIE at their CBO.
- Existing CBO staff are stretched thin, and many organizations are struggling to find and retain staff.
- Patchwork grant funding makes broad infrastructure investments like CIE even more challenging for CBOs, as staff time is tightly tied to funding for specific programs or initiatives.
- Some CBOs are already at service capacity, making them nervous about receiving too many referrals and not being able to fulfill them.

Recommendations

Recommendations are listed in order of priority based on information gathered through CBO interviews and surveys.

1. Offer robust funding to support CBO use of CIE

- General financial support needed for adoption/use of CIE (in particular for startup costs) is between \$25,000 - 1 full-time employee (FTE) (amount for 1 FTE varies by organization).
- Funding is needed broadly to increase staff and organizational capacity to use CIE, connect systems, and maintain or grow service offerings. Specific CBO needs include funding for CIE system set up, staff time, resource navigation, and training. Relationship building will require dedicated time to successfully grow the CIE network, so adequate funding should be built into budgets.
- Pilot grants are a mechanism that CBOs have found to be successful in the past. Providing 1-2 year pilot grants for implementation would allow CBOs to support systems development, testing, evaluation, and improvements on CIE use, but more importantly to create a network/cohort of CBOs implementing CIE together.
- Financial incentives (e.g., payment per referral) built into CBO contracts may help accelerate adoption of CIE, yet incentives should be crafted in a way that minimizes impacts on equity.
- Consider funding to support integration or connection with other data systems to considerably lessen the administrative burden on staff.
- There is widespread agreement that culturally and linguistically specific organizations are an important part of a robust CIE network, yet are more likely to experience capacity issues due to chronic underinvestment. Prioritize these CBOs for investments and administer grant funds in a manner that does not increase burden (e.g., use fiscal intermediaries or minimize prescriptive funding requirements).

2. Promote equity, accessibility, and accountability

- Ensure the most important foundational components that will promote equity are in place: language access (in multiple languages for both staff and clients), literacy (including compliance with existing laws like the Americans with Disabilities Act), and technology access.
- Challenges specific to rural communities like gaps in broadband access, funds/transportation to travel to trainings and lack of access to virtual services need to be addressed to ensure rural communities are not excluded from participating in CIE.
- Ensure that CIE platforms have the technological capabilities to identify culturally and linguistically specific organizations and make their services accessible. Work with CBOs to ensure that referrals can be made in a culturally and linguistically responsive manner and to organizations that can meet those needs.
- Be responsive to the needs of the community and clients through good governance, person-centered values, and accountability.
- Address historical mistrust of government and health care systems through listening and 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. Ensure ongoing oversight of protections, perhaps through an oversight committee that utilizes the expertise of CBOs currently collecting protected information in this area.
- Ensure legal backing for protections for sensitive information (i.e., to ensure immigration status is not inappropriately shared). Create a Bill of Rights for CIE users to ensure no one is profiting from the use of the community's data.

4. Provide technical assistance, training, and education

- CBOs desire a single, clear place to access resources and support.
- Provide ongoing technical assistance (possibly through office hours) to ensure CBO staff are able to use CIE and resolve issues quickly and efficiently. Ensure support staff are easy to reach, responsive to questions, and knowledgeable about the local community.
- CBO staff desired training from other CBOs, technology vendors or state agencies on CIE use and best practices generally, but also suggested training would be helpful on cultural humility, implicit bias, communicating about privacy with clients, resource navigation, and data management.

- 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

- A statewide CIE coordinating entity should be a neutral, third-party convener (i.e., not state government) and community-led through diverse representation, including CBOs that serve culturally and linguistically specific populations, serve all geographic regions, are of varying staff sizes, and have varying experiences with CIE. OHA and/or other state agencies should coordinate and support the entity.
- The roles of the entity should be:
 - Lead the collaborative creation of statewide goals and priorities, and monitor progress
 - Coordinate and convene partners, including a statewide community of practice
 - Communicate about CIE-related opportunities
 - Provide oversight and governance, with CBOs providing leadership in these areas
 - Collect, monitor, evaluate, and report on statewide trends, especially with regard to equity, functionality, and success. Make improvements in response to findings.
 - Administer or oversee funding and pilot project grants
 - Support ongoing training for CBO staff
 - Advocate for increase in social services and behavioral health funding alongside CIE implementation
 - Plan ahead for increase in system needs related to emerging threats (e.g., natural disasters, wildfires)
 - Outreach and recruitment to encourage participation in CIE to quickly get as many organizations using CIE as possible (so that organizations do not lose interest and the system has greater functionality as a whole), but do not force participation
 - Consider a hub-and-spoke model (which has been successful in other states), with someone embedded in each community as the main point of contact and trusted local voice for CIE in each region.
 - Utilize data gathered through the system to make improvements in CIE and in the overall social and health systems

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.
- Use recommendations in “[Advice to OHA, healthcare and vendors for CIE outreach](#)” section of this paper to craft key communications and messages.
- Conduct outreach to educate the CBO community on the benefits of CIE and clarify the relationship to other existing systems (e.g., 211 or other resource navigation systems).

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

- Target behavioral health providers for inclusion in a statewide CIE network.
- Take a statewide or regional approach to technological improvements to avoid or remove duplication with existing databases or systems.
- Beyond CIE, contextual factors like chronic lack of social services availability statewide, and the strength of a CBO’s reimbursement capabilities will impact their ability to implement robust CIE systems. Statewide partners supporting CBOs should make efforts to align with other statewide opportunities to support CBO capacity building and social service availability.

BACKGROUND AND CONTEXT

Oregon Health Authority (OHA) Office of Health Information Technology (OHIT) is interested in the growing community information exchange (CIE) efforts across the state. In 2022, the [Health Information Technology Oversight Council \(HITOC\)](#) was directed by the state legislature through House Bill 4150 to gather information from community-based organizations (CBOs) to inform recommendations to accelerate, support, and improve statewide CIE efforts that serve the needs of communities. To this end, from May - July 2022, the Collective Health Strategies (CHS) team, on behalf of OHA, engaged CBOs statewide to understand views and experiences with CIE, and solicit input into recommendations to inform the CIE Workgroup and HITOC's process, discussion, and recommendations, including legislative recommendations.

What is CIE?

CIE is a network of collaborative partners using a multidirectional technology platform to connect people to the services and support they need. Partners may include human and social service, healthcare, and other organizations. Technology functions must include closed loop referrals, a shared resource directory, and informed consent.

Project goals

Through in-depth community engagement, CHS endeavored to identify common challenges, barriers, and opportunities for support for CBOs to participate in CIE. Findings are intended to inform the development of legislative recommendations to advance strategies to support statewide CIE in a way that works for people and organizations in Oregon. The goals of this project were to:

- Conduct a survey, in-depth interviews, and engage CBO partners to identify challenges and barriers to CIE utilization, as well as strategies that would help in adoption and participation in CIE. Eligible participants included individuals, CBOs (including those who serve culturally and linguistically specific populations), and other interested parties.
- Analyze results from data collection efforts, summarize key themes, and report on findings.
- Inform HITOC and the CIE Workgroup (a subcommittee of HITOC) on process, discussion, and recommendations, including legislative recommendations.

Background on CIE in Oregon

As part of House Bill 4150 (2022), HITOC chartered a CIE Workgroup to make recommendations to accelerate, support, and improve statewide CIE. The Workgroup identified a vision that all people living in Oregon and their communities have access to CIE that creates seamless, trusted, person-centered connections and coordination to meet people's needs, support community capacity, and eliminate silos to achieve health equity.

Regardless of the vendor, free tools are available to CBOs across the state. CIEs are available statewide, and in Oregon concentrated efforts are sponsored by Medicaid coordinated care organizations (CCOs) and health plans that are then extended to community partners for use. The two main CIEs in Oregon are Connect Oregon (powered by Unite Us) and findhelp (formerly Aunt Bertha).

Strong CBO participation and partnerships are crucial for the success of statewide CIE. CIE can contribute to Oregon's vision for addressing social needs and promoting health equity. CIEs help advance health equity by reducing many of the barriers between people and the services designed to support them by helping connect people to a comprehensive range of available services. This connection is integral to addressing health inequities and the overall well-being of individuals. CIE strategies must incorporate the voices of communities, especially those organizations that are on the forefront of providing services to communities who face health inequities.

METHODOLOGY

The CHS team, in partnership with OHA OHIT, developed a plan to identify common challenges, barriers, and opportunities for support related to CIE adoption and use among CBOs in Oregon. Through a combination of surveys and interviews, the CHS team explored:

- Current CBO awareness, use, and experiences with CIE
- Barriers, challenges, and perceived benefits to adoption or use of CIE
- The role of CIE in promoting health equity
- Recommendations on a variety of support needed to bolster current use of CIE or expand CIE adoption, including ideas related to governance and the role of OHA and Oregon Department of Human Services (ODHS)

Two key frameworks informed the approach to both questions and analysis: the awareness, desire, knowledge, ability, and reinforcement (ADKAR) change-management methodology and the technology acceptance model (TAM).

ADKAR provides an approach that supports an understanding of current views and attitudes about CIE as well as what might be needed to support individual and organizational use of the technology.

TAM is a theory to model the acceptance and use of a technology. The theory is characterized by a validated questionnaire that covers perceived usefulness and perceived ease of use. Question wording was adapted to fit Oregon's CIE use case. To ensure a focus on advancing

health equity, questions were added to understand CBO's perceptions about how CIE might support or hinder progress toward health equity.

CHS used a mixed-methods approach to ensure representation from a large, diverse group of organizations, and that a mix of quantitative and qualitative data is collected and synthesized. Information was gathered through two primary methods:

- 20 in-depth interviews with key stakeholders from 19 CBOs and one county government office
- A brief quantitative and qualitative survey distributed to a range of CBOs statewide through existing networks and trusted community contacts

Interview and survey question development

Interview and survey questions were developed in tandem to elicit insights across key project goals utilizing existing frameworks mentioned above to ensure a broad understanding of challenges and opportunities. The interview questions were organized into broad themes that were identified through CHS' review of project background materials, including CIE Workgroup surveys and ideas, [CIE Issue Brief](#), and the legislation that initiated this project. The themes identified include: current use of CIE systems, reflections on current CIE systems in use, perceived functions and benefits, barriers, solutions, needs, equity, roles of various entities, and governance. Interviewers also asked whether the interviewee would be interested in providing feedback at a future date on the CIE Workgroup's proposed legislative concepts. As mentioned above, the interview questions were designed around the ADKAR model, which acknowledges that CBO interviewees are at all levels of engagement with CIE efforts, from basic awareness of CIE to frequent use. TAM questions were included in the survey to gather quantitative insights into the acceptance of CIE.

Interview questions and script are included in [Appendix I](#). Survey questions and introductory text are included in [Appendix II](#).

Interview planning and recruitment

CHS developed a list of key contacts to identify potential interview participants and then solicited names of CBOs and staff representing organizations that were both using and not using or unfamiliar with CIE. Those key contacts included:

- OHA staff:
 - Programs managing networks of CBO grantees (i.e., the OHA Community Partner Outreach Program, or CPOP, and the OHA Public Health Community Engagement Program)
 - Outreach at Tribal Monthly Meeting

- Outreach to Area Agencies on Aging (AAA)
- CIE Workgroup members and chairs, including coordinated care organization (CCO) representatives and CBO representatives
- Unite Us, a CIE vendor in Oregon branded as Connect Oregon
- Findhelp, a CIE vendor in Oregon
- Cascade Health Alliance, the CCO utilizing findhelp CIE, in Klamath county
- Oregon 211info
- Regional Health Equity Coalition (RHEC) representatives
- Oregon Community Health Workers Association (ORCHWA)
- Project Access NOW (PANOW)

Based on this outreach, a list of over 60 CBOs was compiled that included CBOs with various levels of engagement with CIE, organization size, priority population, and geographic area served. The team strived for a balance of breadth and depth - looking to reach CBOs of varying staff sizes that were both using and not using CIE already and that served specific cultural or linguistic populations across the state.

Specifically, prioritization was based upon: 1) CBOs that represent culturally and linguistically diverse communities, 2) CBOs that represent a range of geographic regions, and 3) CBOs that represent a range of different levels of engagement with CIE (i.e., using successfully, using with issues, considering but not currently using, and not yet using/unfamiliar).

Connections to key interviewee contacts were made via email, either through direct contact introduction, or through referencing a recommendation. CHS offered accommodations to minimize CBO barriers to participation, including the opportunity to complete the interview virtually on the phone or through a video platform (e.g., Teams or Zoom). Real-time language interpretation through the video platform was available as needed. Evening and weekend interview times were also available to accommodate different scheduling needs. All interview participants were offered a \$50 store value card for one hour of their time.

Twenty one-hour interviews were conducted via Zoom video conference between May 24, 2022 and July 19, 2022. Interviews were recorded and transcribed by Otter.ai for analysis.

Survey planning and dissemination

In addition to targeted interviews, CHS developed a comprehensive survey tool and broadly distributed it between June 10 - June 30, 2022 utilizing SurveyMonkey Pro. The survey was translated into Spanish by Language Link, an external translation provider, to ensure Spanish-speaking CBO staff could respond in their preferred language. Instructions on accessing other

accommodations accompanied the survey dissemination. To incentivize responses, survey respondents were entered into a drawing to receive one of ten \$50 store value cards.

The survey was widely distributed through existing CBO networks to increase participation and rely on trusted partners to deliver the survey request. These networks included:

- CCOs and CCO Community Advisory Councils
- CIE Workgroup member networks
- HITOC members
- OHA CPOP and Public Health community engagement teams
- Outreach at Tribal Monthly Meeting
- Area Agencies on Aging (AAA)
- Traditional Health Workers (through the Oregon Community Health Workers Association or ORCHWA)
- Regional Health Equity Coalitions
- ODHS Self Sufficiency program network
- Oregon Health Leadership Council
- Oregon 211info
- Oregon Unhoused Network (through Oregon Housing and Community Services)
- OHA COVID-19 funding grantee network
- Healthier Together Oregon network
- Findhelp
- Unite Us

Survey questions were customized to match participants' level of engagement with CIE. The survey took an average of 14.5 minutes to complete, with 82% of those who started the survey completing all questions. In total, 97 complete responses were received.

Interview and survey response summary statistics

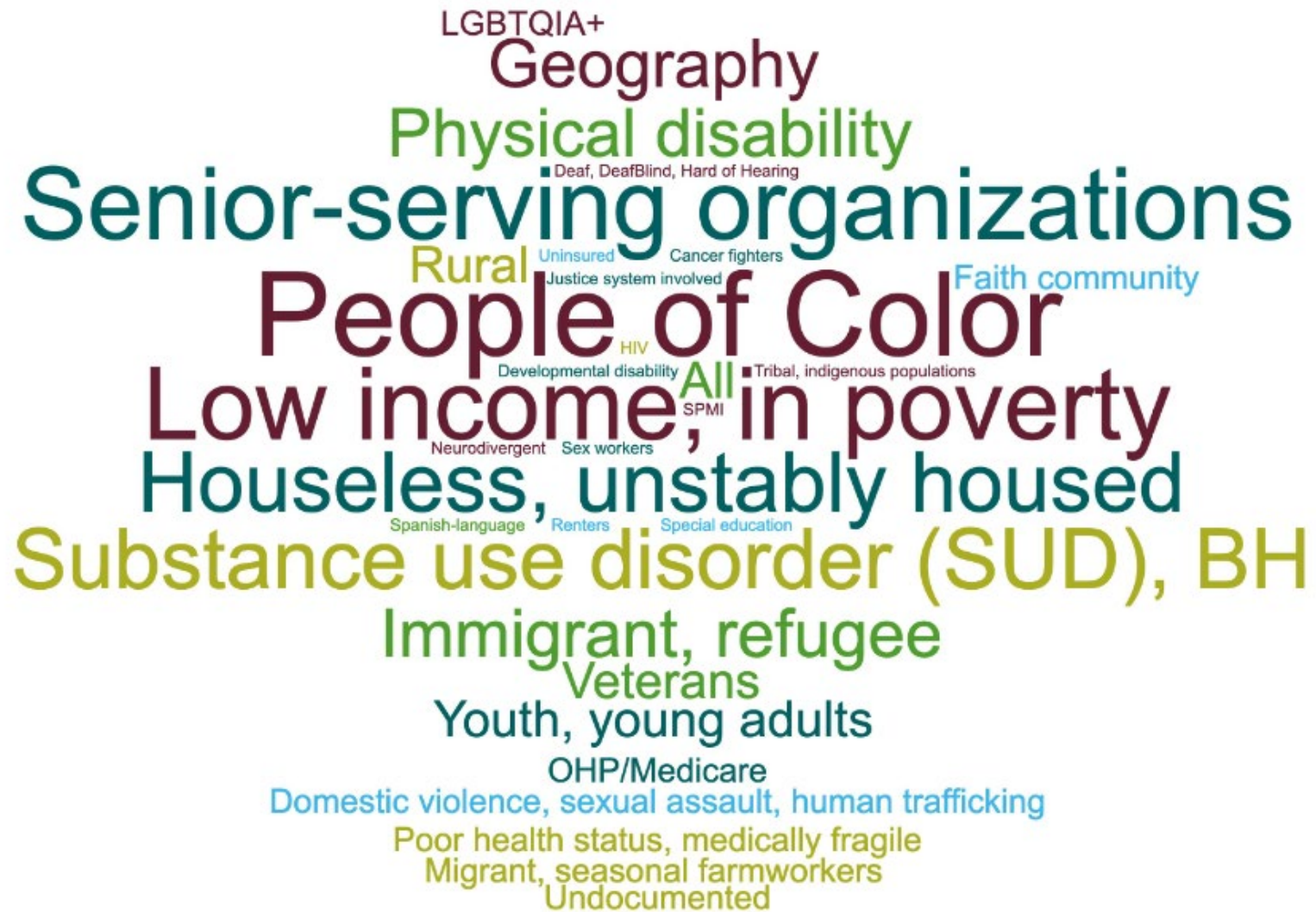
Responses were received from a wide range of CBOs statewide. Organization names are not shared in this report to protect the confidentiality of respondents and interviewees.

Survey response summary statistics

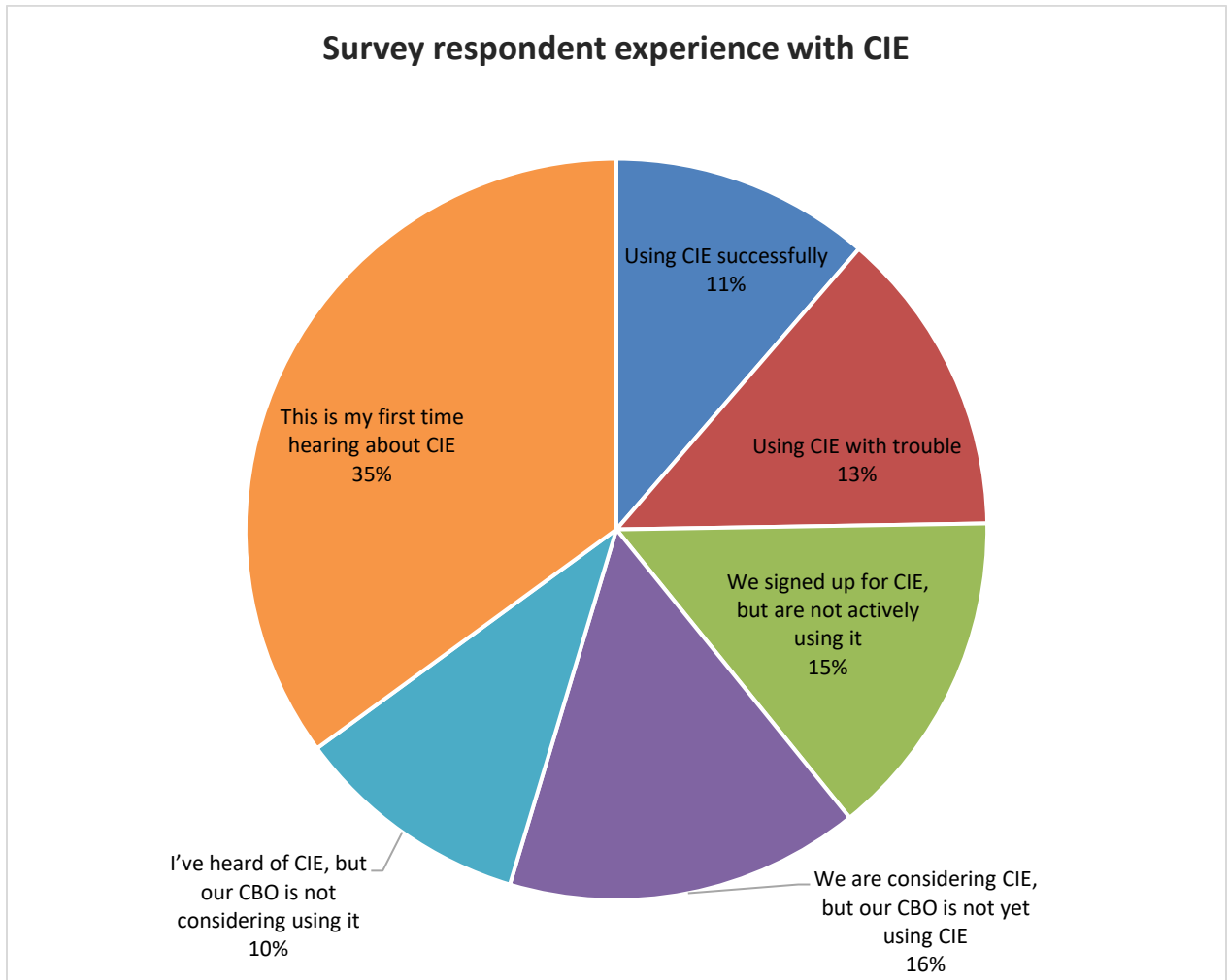
Organizational characteristics and individual demographics for the 97 survey respondents include:

- CBOs with staff sizes ranging from 0 - 1800
- Top three most frequent CBO staff roles responding were: Director, Executive Director, or CEO; Manager or Program manager; Community Health Worker
- CBOs serving all counties, including six CBOs that serve clients statewide

The graphic below represents populations served by CBOs as described by respondents (font size indicates frequency with which an organization serves a specific population):

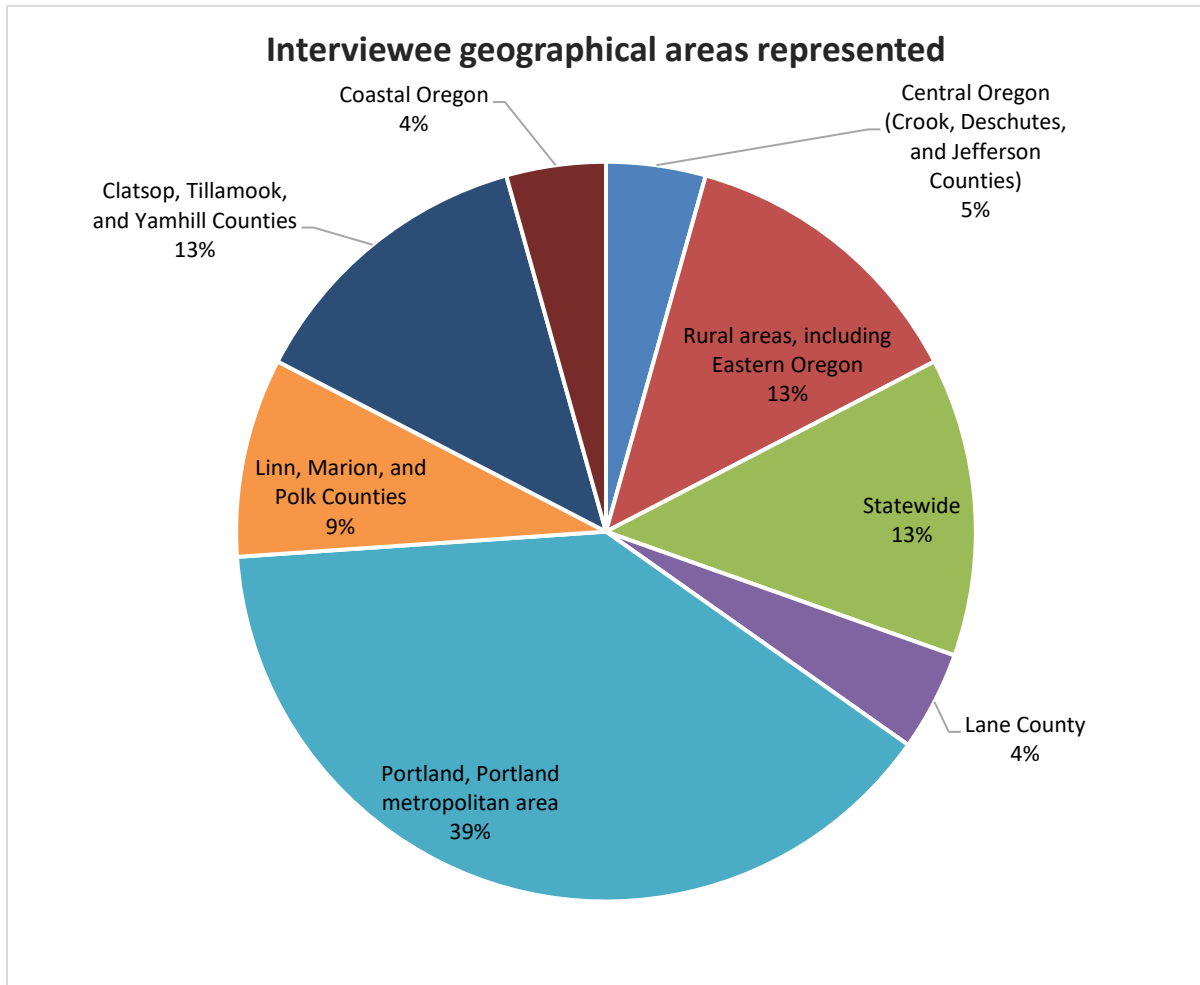


Survey respondents represented a variety of experiences with CIE at the time of the survey:



Interview response summary statistics

Interviewees included representatives from CBOs serving the following geographic areas:



Interviewees included representatives from CBOs serving the following priority populations:

- Anyone within a given geographical area
- Underserved, underrepresented populations
- People struggling with housing or houselessness
- Mental and behavioral health, including SUD, addiction, and trauma
- Multicultural support, including English as a Second Language and cultural preservation
- Underserved youth, including those recovering from substance use disorders
- Latino community
- Black/African American
- Individuals who are experiencing food insecurity
- Spinal cord injury survivors
- Health, healthcare, and health related services
- People experiencing poverty

Interviewees included representatives currently using CIE and not currently using CIE (includes those who were: unaware of CIE prior to the interview; aware, but not sure yet of value; aware, not interested; planning to join, just have not registered yet):



9 interviewees use CIE; 11 do not

Interview and survey analysis

Interview and survey data were analyzed separately.

Interviews were coded across key themes identified at the outset of the project and from the interviews themselves, including:

- Barriers, challenges, and reluctance to use CIE
- Perceived benefits and functions of CIE
- Ideas for addressing barriers and creating a robust system
- Reflections on the OHA CIE Workgroup vision and CIE systems
- Funding and incentives
- CIE and health equity
- Ideas for the role of a statewide convening entity
- Advice to OHA, health care, and vendors for CIE outreach

Survey responses were further stratified by CBO size based on staff size (small (30 or fewer FTE), medium (31 - 200 FTE), large (201 or more FTE)), population served (for populations with sufficient representation in responses, including older adults, people of color, and rural geography), and current use or awareness of CIE (using, not using). Responses within each stratification were compared with each other and the mean across key questions, including:

- Current awareness or use of CIE
- Priority level
- Estimated cost to use or implement CIE at their organization
- Top challenges indicated from a list of options
- Top support requests indicated from a list of options
- Top roles for a statewide governing entity

Findings were remarkably similar across interviews and surveys, with quantitative survey data bolstering the findings from qualitative interviews. Given the similarities in findings, analysis of interviews and surveys used the same coding framework and were combined to illustrate the insights gathered throughout the entire engagement process.

Data limitations

It is important to note that the voluntary nature of both the survey and interviews, along with the hand-selection of interviewees solicited by the project team (including CHS and OHA) produces some limitations on the general applicability of these findings. Some organizations were unable to participate in interviews due to staff capacity. Those who have more extreme - positive or negative - thoughts on CIE may have been more likely to participate. These factors may result in a selection bias. The number of responses to both the survey and interviews is limited and not intended to be a representative sample of the range of CBOs working in fields where CIE may be relevant. While undoubtedly relevant, these findings may not represent all CBO views on CIE in Oregon.

FINDINGS

The surveys and interviews resulted in significant, highly valuable data that detailed a range of experiences, including challenges or concerns, benefits or opportunities, and suggestions for CIE support and improvements.

Throughout this report, findings from surveys and interviews are interwoven. Analysis of both interviews and surveys were remarkably similar, pointing to general agreement across key themes. In interviews, responses differed most prominently by use/awareness of CIE - those who were not using CIE were more concerned about certain key aspects of CIE (privacy and capacity) than those who are using CIE, however the sentiments themselves were aligned with those who are using CIE. When stratifying survey responses by CBO size, population served, and current use/awareness of CIE, responses to key questions were also very similar. Findings relevant to certain subsets of those either surveyed or interviewed are indicated within the line.

Findings that are most important for achieving health equity are marked with an asterisk (*).

1. Awareness of CIE

Interviewees learned about CIE in a variety of ways including:

- Kaiser Permanente grant funding opportunity
- Project Access NOW
- Connect Oregon (Unite Us) regional meetings and events
- CCO meetings and events - GOBHI, Health Share of Oregon, Cascade Health Alliance

- OHA COVID-19 grant program
- Healthy Klamath and Cascade Health Alliance announcement at community meeting
- Clinical healthcare partners
- San Diego 211 conference
- National work with human service providers

2. Perceived benefits and functions of CIE

In general, attitudes about CIE were positive across survey and interview respondents. CBO staff see the realized and potential value in using CIE to increase connections among healthcare, social services, and communities.

There really are two things about the CIE that are very attractive to us. One is the ability to build a customer profile. And then retain the history associated with that individual. Right now we do that in a very, quite honestly clunky, semi manual fashion that we know we are quickly outgrowing so having that ability to build that database, the customer information is really attractive to us. The second component about a CIE that we really like is our ability to connect with and source other nonprofits to help address more broadly the needs of the client.

- Interviewee

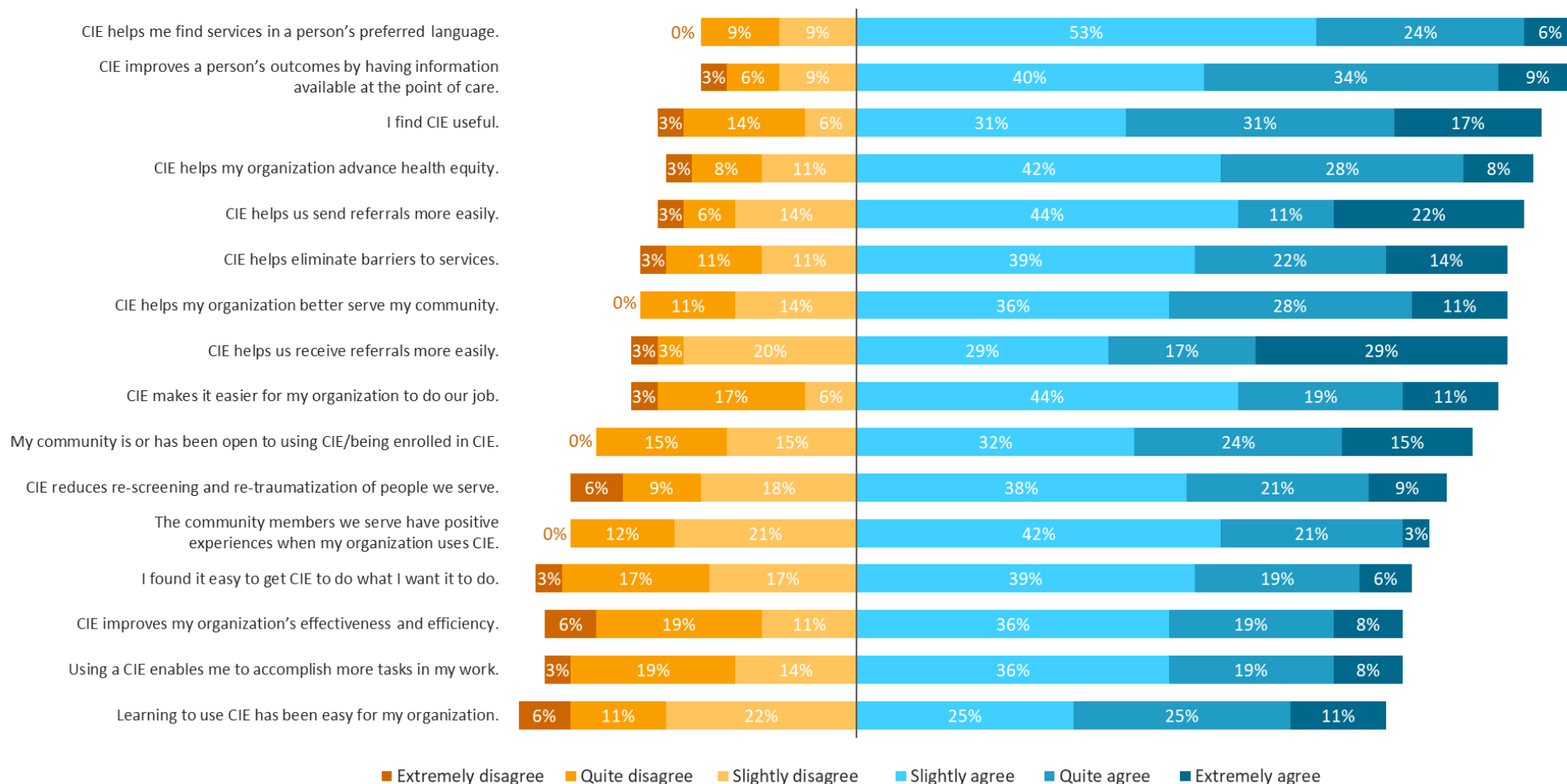
Survey respondents using CIE overwhelmingly agreed that:

- CIE helps me find services in a person's preferred language. (83% agree)*
- CIE improves a person's outcomes by having information available at the point of care. (83%)
- I find CIE useful. (79%)

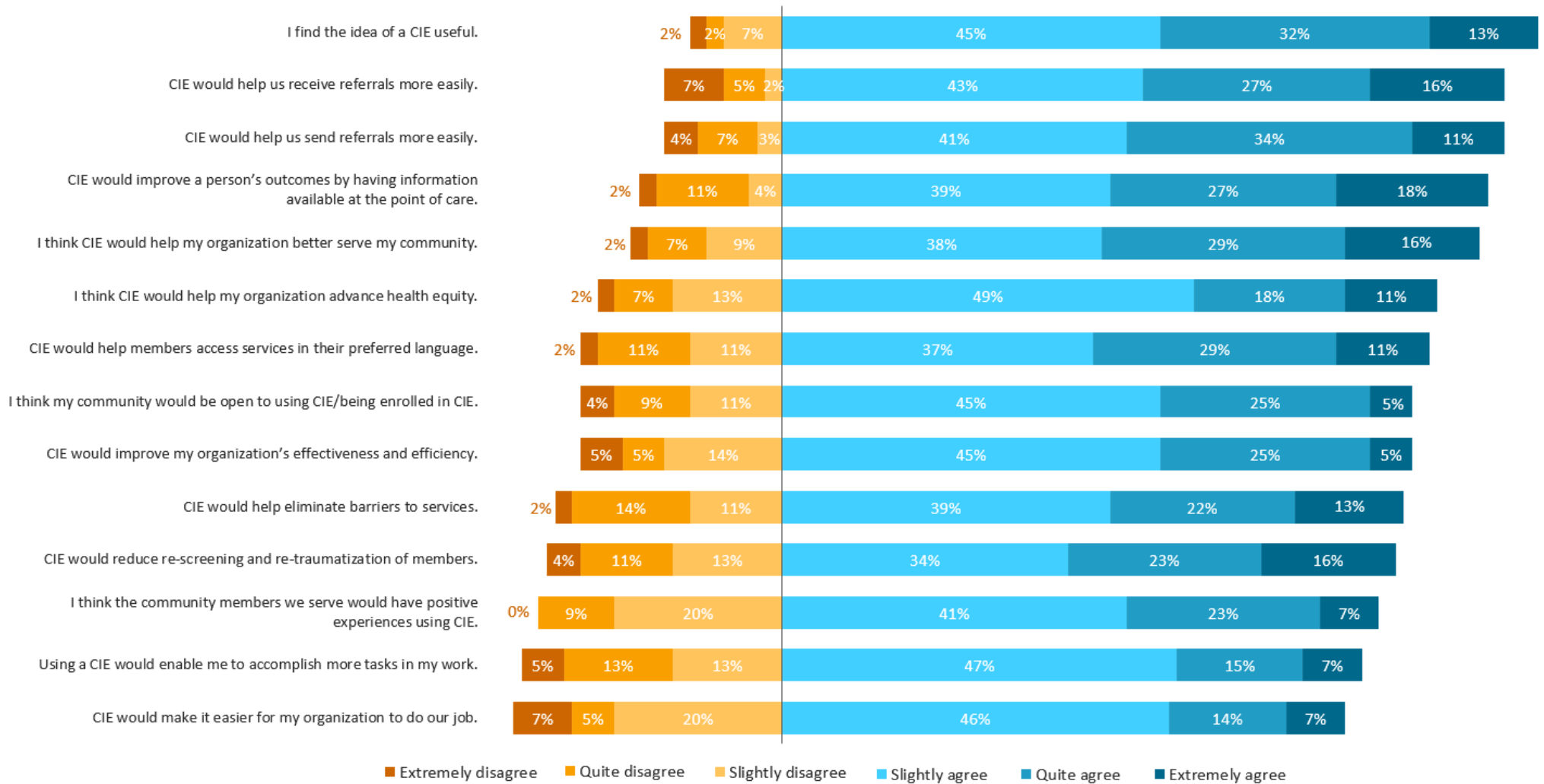
Survey respondents not currently using CIE overwhelmingly agreed that:

- I find the idea of a CIE useful. (90% agree)
- CIE would help us receive referrals more easily. / CIE would help us send referrals more easily. (86%)
- CIE would improve a person's outcomes by having information available at the point of care. (84%)

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



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



2.1 Easier access to resources and information

- Most CBOs agree that having easier access to resources and information is a huge benefit of CIE. Especially for those in more isolated or underserved areas. It gives them the ability to connect beyond their local area to access resources in other parts of the state, including through increased referrals to virtual social and health care opportunities. Connecting people to services and the health and social care system would promote health equity.*

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. We keep hearing stigma in accessing food assistance is one of the biggest barriers. - Interviewee

- CBOs are especially interested in finding, connecting to and funding behavioral health services to fill the great need of clients, including community mental health services.*
- There is interest in connecting health care to social service agencies, even among those who voiced concern about connecting between social service providers due to the lack of supply of existing social services and potential for increased CBO workload.
- People see the potential to prevent further negative health impacts through more tightly connected medical and community-based care, ensuring clients receive wraparound support they need in a timely manner.

[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

- Many are excited about the ability to help meet client's needs by using CIE to find and create pathways to other CBOs for services they might not offer, in particular CBOs that serve culturally and linguistically specific populations.*

I think it would make it more seamless for the community and let them know that even though we as an organization can't serve them, we have the tools and the partners in the community to make sure that they're served in the capacity that they need. - Interviewee

A lot of our focus has been currently with COVID-19. But in dealing with families and providing wraparound support for those services, a lot of other needs have come to light with securing housing, for example, has been one of them, food, and also job security. So being able to connect these clients with these other resources has really been a challenge because sometimes we're not completely prepared. So we have to look around or ask around to see if the services are being provided by any partner organizations. - Interviewee

- CIE helps CBOs promote their services and programs and raise awareness of their partners' services. Many CBOs have existing relationships with culturally and linguistically specific organizations. CIE could help support and strengthen these relationships, improving the ability of CBOs to identify the "best fit" organization for their clients, especially those with culturally and linguistically specific needs.*
- There is interest in the ability of clients to easily self-refer, with CBOs able to follow up instantly in multiple ways depending on the individual's preferences. CBOs using the self-referral capabilities of CIE have found it successful. However, many clients are mistrustful and others prefer to use the phone to access services.*
- Mobile intake capabilities would be enhanced or possible with CIE.

Having like the self-referral button, and the ability to communicate by email, [text] and phone allows us to follow up with folks more, it feels like there's less shame in filling out the form. And following up in a way where you don't have to actually talk to someone, you know, it minimizes some of that, like trauma of having to make that crappy call when you're in crisis. - Interviewee

2.2 If implemented thoughtfully, CIE could promote health equity

Overall, interviewees feel that CIE will increase equity because it allows more information about services to get to more people, and it could possibly allow groups of CBOs to see issues way in advance and avoid a crisis down the line.*

2.3 CIE could improve staff capacity and efficiency through more streamlined communications and documentation, simplify workflows, and reduce burden of phone calls and searching for other services, especially with closed-loop referrals

Community-based organizations peer-run organizations like ours, we are you know, feet on the ground organizations, we're grassroots, and I think this tool to be able to reach out, because we're always underfunded, we're always understaffed, you know, and this cuts down on hours and hours and hours of

time that we would be on the phone, we have to do one referral, we can send it out, we can make notes, we can talk back and forth with other people, we only have one consent form, you know, all these things have made it a lot easier for us to operate, made it to where we can spend more time with our feet on the ground. - Interviewee

That closed loop referral process would probably provide a little bit more efficiency and a better way to track especially across systems, because it's easy to track that within a health system, but across health systems, or contract. So I could really see the benefit there. - Interviewee

2.4 CIE would promote collaboration and coordination between organizations

It would create a larger message for the community, right, that even though we serve separate communities that we stand together and the services and the goals that we're trying to provide. - Interviewee

That's what I liked about this ... everyone's welcome at the table, which is awesome. So it's not like an exclusive group where only your medical and behavioral health and people can, can you know, reside. So it's a place for everyone. - Interviewee

So when we go in there, we can see that, hey, you know, they've already been to Catholic Community Services, and they're helping them with, you know, 123, all these things. And we're like, Okay, well, that's great. So we don't need to try to help them with those things. So you're already getting help, so we're not duplicating our efforts, or, or people will come in and be like, Oh, well, they didn't call me and you must not have done the referral like, Well, according to the notes, they tried calling you for that, and have not been able to get a hold of you. - Interviewee

2.5 CIE worked well for COVID-19 wraparound services work

- Those that used CIE for county-level COVID-19 wraparound services said that their experience was positive because it helped them organize and coordinate efforts. Organizations also had a script so communication about what was happening was very clear, the services were concrete and well-defined, and reimbursement/payment for services was addressed.

2.6 CIE helps multiple agencies “see the whole person” by getting a view of all the services they need holistically

- This is especially important for serving whole families.

But really all we're doing is sharing, and it's with a release, you know, with informed consent, we're just sharing that this is the client, and these are the entities that they're touching, and contact information for that, for that case manager or whoever. So we can see if they're being served. - Interviewee

2.7 Avoiding rescreening and retraumatization

- Many social service organizations are already gathering data, such as entry assessments, for required reporting and end up collecting the same information over and over. Some CBOs agreed that avoiding rescreening and retraumatization could be a benefit of CIE, but overall this was not something CBOs brought up in interviews unprompted. Despite the perceived benefits of CIE, interviewees could not envision that other duplicative screening requirements for federal or other funding sources would be reduced or eliminated with CIE use because many times these programs require different questions.

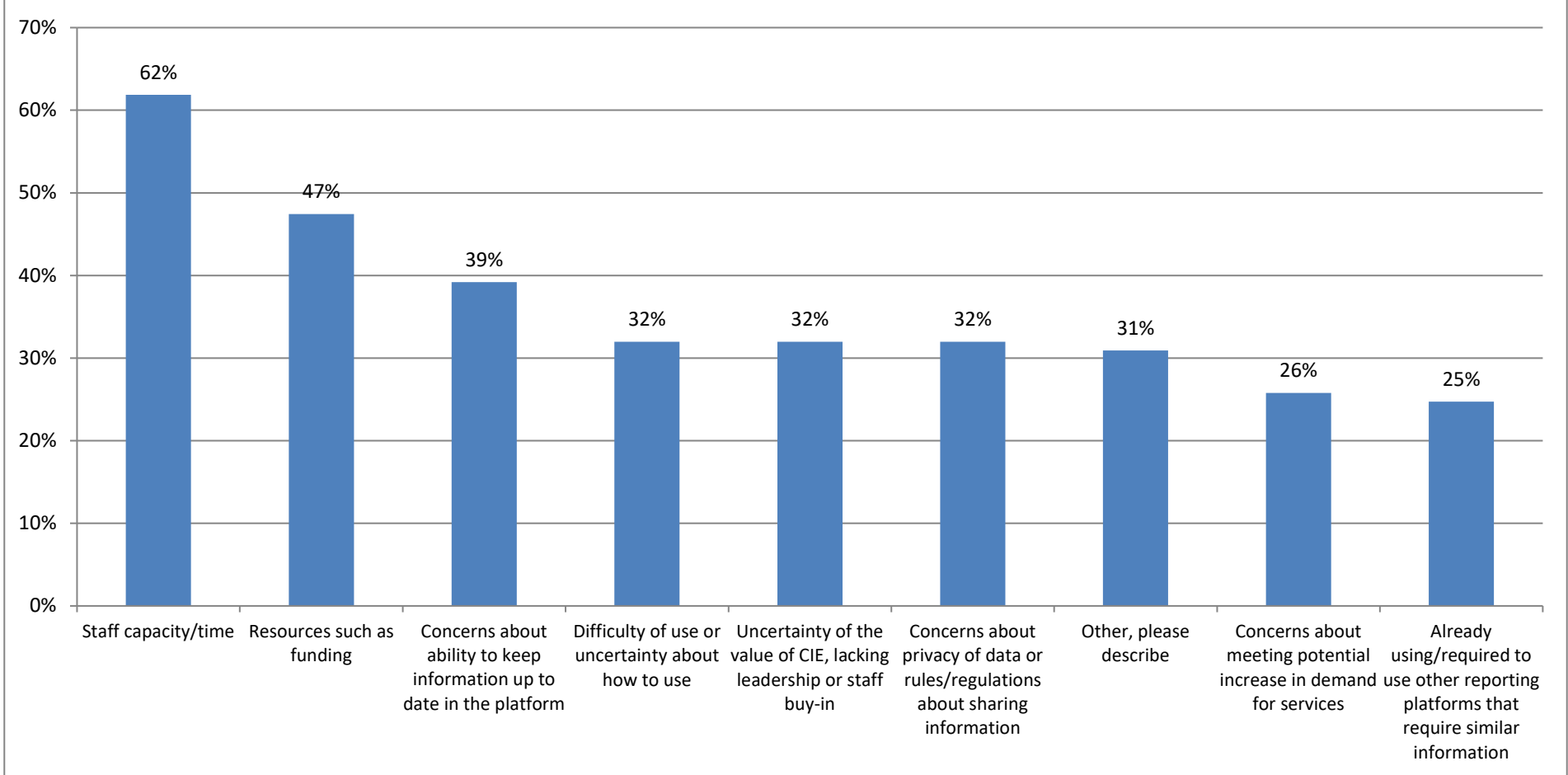
2.8 For CBOs that bill Medicaid, there could be a financial benefit if CIE helps create sustainable reimbursement systems which would allow CBOs to increase the volume of services provided (e.g., they can get more clients into behavioral health services)

- This provides financial stability, sustainability, and lends credibility to the organization.
- Even for those that do not currently bill Medicaid for services, using CIE was a strategy to gain credibility and collect data to demonstrate their impact in the hopes of becoming a covered service.

3. Challenges, barriers, and concerns

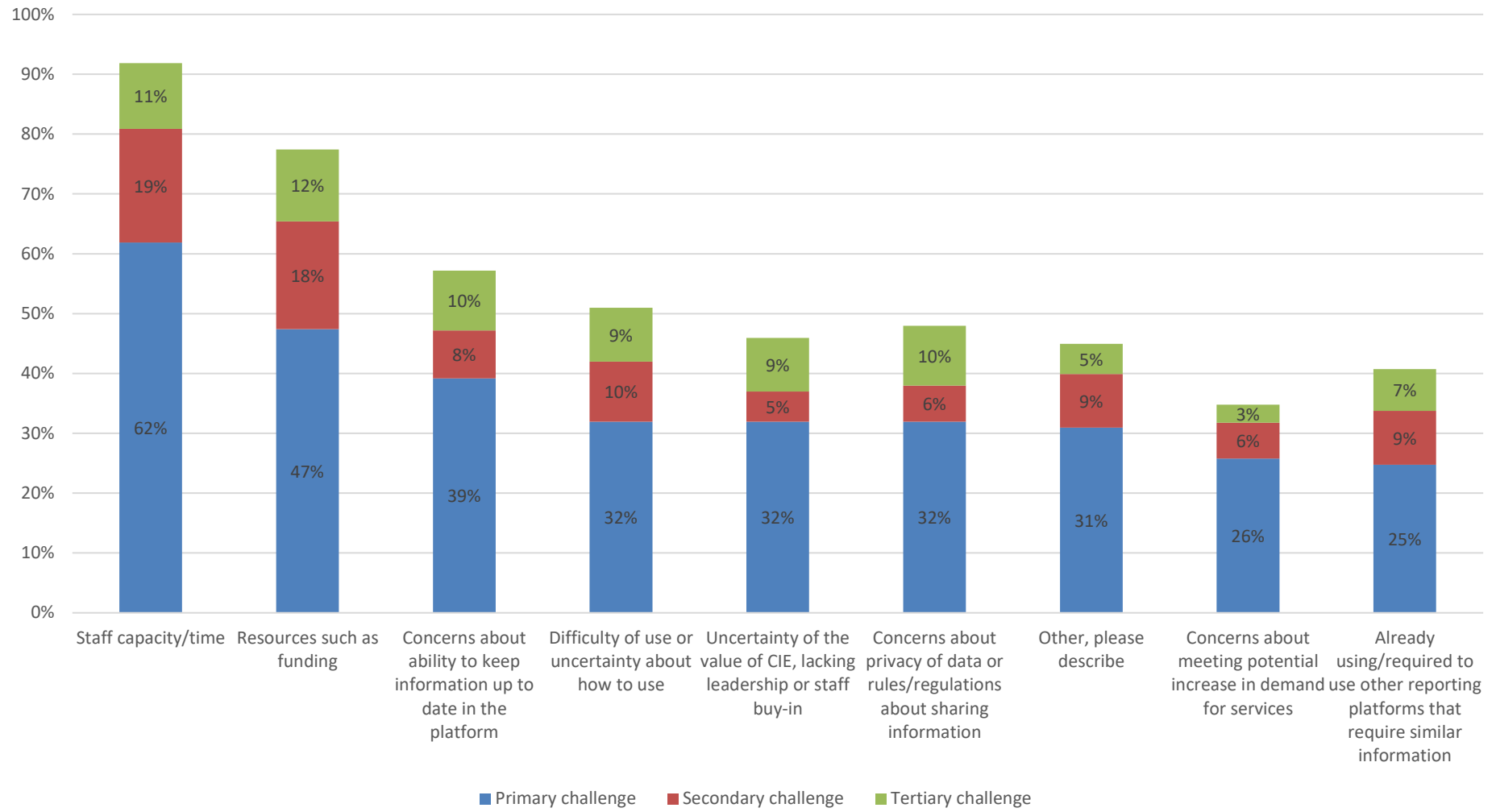
While respondents recognize the importance and ability for CIE to have a positive impact on their clients, partners, and community, the challenge is in how to conduct effective, efficient, and equitable implementation of CIE. Interviewees shared that the most significant challenge CBOs are currently facing and are most concerned about is staff time and capacity, with 62% of survey respondents also indicating this as a concern. Many of the other most commonly selected challenges are closely connected to staff capacity, including resources such as funding (47%), and concerns about ability to keep information up to date in the platform (39%). These findings held true in interviews, where nearly all interviewees indicated a concern about staff time and capacity, including funding for staff time.

Challenges experienced when considering or using CIE



Answers with less than 10% of responses include: Language access (e.g., platform or resources are not available in my primary language), 9%; Leadership or staff discomfort with using technology, 9%; Lack technology needed (e.g., computers, reliable internet), 5%.

Priority selections for challenges faced when using or considering using CIE



Answers with less than 10% of respondents indicating it as a primary challenge include: Language access (e.g., platform or resources are not available in my primary language), 9%; Leadership or staff discomfort with using technology, 9%; Lack technology needed (e.g., computers, reliable internet), 5%.

3.1 Concerns about staff capacity

- CBOs are concerned about staff capacity to initiate and maintain CIE, including additional work of more intensive referral navigation or case management, increased need for client follow up, updating and maintaining the system periodically, and more data entry needs. Smaller, culturally and linguistically specific organizations often have very limited capacity to begin with.*
- There is a shared concern about joining a system that would increase referrals when staff (and services they provide) are already at capacity, in both the social and health care systems.
- Many felt that a dedicated staff person would be needed to monitor the system.

Our experience is that without a dedicated staff member with time to constantly update our listing in any CIE, it is not worthwhile. And similarly, CIEs are only as good as the data (and time) that are put into them by other entities. Currently most CBOs we partner with don't have FTE they can dedicate for this purpose.

- Survey respondent

- Some worried that staff time required upfront to build relationships with clients and get buy-in for connecting them to services would be significant. Resource navigation staff already spend a lot of time trying to track people down when referrals are made without significant clients' engagement and readiness upfront.
- Organizations may be unstable post-COVID since they have been navigating a lot of change. That needs to settle before starting new programs.
- Interviewees seem to be split in their opinions about the digital literacy capabilities of staff, with some sharing that their resource navigation staff that would use CIE lack sufficient digital literacy, and others sharing that their staff (especially those out in the community) would be comfortable with a digital platform.*
- Beyond initial startup, funding, and time to train staff on an ongoing basis is a challenge.
- Even if CBOs had the ability to support CIE-related positions, there was a short-term concern about hiring staff. Current workforce shortages could make it difficult to find staff. Many CBOs have current open positions and recruiting in rural areas is especially difficult. Additionally, much current CBO grant funding is restricted to specific projects or conditions, so could not support CIE.

3.2 Privacy concerns

- CBOs and clients alike are concerned about privacy and confidentiality of data in CIE. People from groups experiencing inequities, in particular communities of color, LGBTQ, undocumented, sexual and domestic violence survivors, and minors, are wary about

sharing their information because of safety and legal concerns, and historic mistrust of government data collection efforts. (Although many CBOs are currently collecting and storing confidential information, interviewees were not asked about how those current systems function).*

- Despite concerns, those currently on the network acknowledged privacy concerns, but were generally satisfied with HIPAA compliance and indicated that their clients often already needed to provide the information that would be collected on CIE.
- There is a general distrust of the health care system in certain communities, especially with people that have been historically mistreated or left out.*
- CBOs have concerns about data collection, ownership, and equity. CBOs posed questions about who owns the data and how it is or will be used.*

What's the central energy or driver for this platform? And if they're trying to, I don't know, develop metrics that make them look good in order to sell it to other organizations, or states or whatever, that's gonna really complicate what we're trying to do, what the state is trying to develop. - Interviewee

- Some groups would need assurance that things like immigration status would not be shared with the government.*
- There are also specific privacy concerns related to federal or organizational requirements or limitations for personal data collection. Closed loop referrals may not even be a possibility for some, including organizations that serve those experiencing domestic violence.*
- Some CBOs do not want liability for holding personal information.

3.3 Concerns about duplication of existing systems

- Many CBOs are using CIE alongside other systems due to requirements from other grants and programs (e.g., from county, federal sources). Additionally, some organizations already use other data tracking systems created within their CBO. If this adds another intake assessment or becomes a requirement for CBOs, it will add to staff capacity burden and concerns.

We've got, you know, case notes in one system, we've got medical stuff in this other system, we've got rental history in this system, and they're not communicating with one another. So if someone were to look at this person, they only see this one side of them, as opposed to seeing kind of a full 360 view of where they're at. - Interviewee

We work with community health workers at a bunch of different clinics and behavioral health organizations. They all use different electronic health record systems. So we can't just like get a report from them and say, this is what we did, we have provide our own online data collection system, which means that they're already double documenting work, in order for it to get the payment that we provide. - Interviewee

- Other data reporting, management, and storage systems used include 211; Efforts to Outcomes (ETO); Homeless Management Information System; Portland Public Schools; Aging and Disability Resource Connection; Compass; Link to Feed; Activate Care; Eastern Oregon Community Resource Network; EPIC
- Some expressed a worry about CIE being duplicative of 211, currently the most comprehensive database and resource navigation service in the state.
- Whole resource navigation organizations do similar functions to what CIE does without a referral technology. So there is concern, especially among CBOs that primarily conduct case management, that CIE is duplicative of entire organizations.
- Even in the absence of other technology systems, organizations have robust internal referral systems and workflows built already.
- There is concern that referrals put into the system without time invested with clients or partners to understand the problem will be poorer quality referrals - ones that increase volume of referrals but are not likely to get buy-in from clients.

I don't know that words can express the problem of being on the receiving end of other CBOs having free reign to just send referrals without any investment, any personal relationship or investment to the situation. - Interviewee

3.4 CIE efforts are relatively new and current use is limited, it will only be effective if most organizations are actively using it

- Many CBOs using CIE have received very few referrals through the platform. Referrals are still frequently received in traditional ways, including through fax, email, and phone call. These are often in addition to occasional CIE referrals.

It's as meaningful as the users make it by feeding information into it and using it. - Interviewee

- Not having enough CBOs on board in an area reduces the impact of the system. Some CBOs noted they are ready to use CIE, but since others in their area are not on the system it has not been used or has limited value.

- Acceptance of CIE by clients will most likely happen by word of mouth in communities.
- There is concern about CIEs being able to record a full range of services and service providers, especially in rural areas where services are often provided by neighbors or small churches that will not join the network.
- Technology is a barrier for some.

People are going to go the traditional way, how we've always made referrals, we fax them, or we call our favorite connection person, you know, that kind of stuff. And he can't take emails and he only takes faxes. - Interviewee

3.5 Demand for services is already high, and there is concern that CIE will increase that demand

- CBOs wonder what the added value is of signing up for a system that will not increase the availability of services. More funding is needed for services alongside CIE efforts, otherwise CBOs will not adopt it because they won't be able to find and/or provide the services they need.
- CBOs already bear the burden of trying to provide services that cannot meet the demand. They may not be interested in more referrals from other CBOs or health care partners without an increase in availability of services.

There's still a lot of reservation among CBOs. And among the AAAs, 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

- Some culturally and linguistically specific organizations worry that increasing referrals will put pressure on them to serve clients outside of their priority groups or mission. On the other hand, other CBOs are also frustrated that presently there is no central database of culturally and linguistically specific social or health care organizations to refer to.*

[There is] always the concern of, if I'm working with a client and I know the client [has] language barriers or culturally specific needs - [whether] I'm sending my

client or my participant to an organization that I don't know if it's going to have the same awareness. - Interviewee

3.6 People will need help navigating the social services system, even with robust CIE

- Health and social service systems are complex. Many believe better-funded navigation services are essential to improving the system, and even well-functioning CIE won't replace this need. Complex decision making about which service might be best for a client will still be needed.
- Navigation services and case management are relationships-based, and at best empower clients to navigate complex systems on their own, so it may not be feasible or desirable to replace or lessen this with CIE.

People in the most vulnerable (groups) need navigation help to navigate the system. So even a technology platform probably by itself isn't going to do that. - Interviewee

3.7 Local relationships are the core of a well-functioning referral system

- Trusted relationships are crucial to a local, well-functioning referral system. These include CBO to CBO, CBO to client, and CBO to health care system. Some were concerned about the influence of CIE on these relationships, indicating it might distance those serving the client from each other and the client alike.

It's taking away personal and it's taking away the educational component. Yeah, it's like, magically, this referral is made for someone and they're not any part of it. So they still don't know how to get their needs met. - Interviewee

No matter how complicated or sophisticated or fancy that system is, the platform is, it's always going to depend on relationships. - Interviewee

- CBOs expressed concern that CIE would “depersonalize” or “dehumanize” the process of working with clients.*

How are we building profiles on people and then are we like, just kind of McDonald-izing services in a way so that we're not really paying attention to the person because we've built this, like, we've farmed this data to build a profile on what they need. And we're just kind of looking at that as what, how we're going to help the person versus kind of talking to them. - Interviewee

Anytime you try to describe a client and what they need, using a drop-down menu or something like, you just immediately lose a case and you start creating boxes. So I think that that's how I see that system, the system could just dehumanize a person. - Interviewee

The main issue for these CIE is that they don't take into account community health workers' principles that are based on face and heart connection at all levels especially during referrals. This digitization of referrals misses completely these values. I will concede that for us CBOs staff, this is a convenient system, but I would like something that can satisfy both community members who have low literacy and the CBOs staff. - Survey respondent

3.8 Some CBOs struggle to see the added value of the system for staff and organizations

- This is especially true for organizations that don't yet have exposure to CIE.

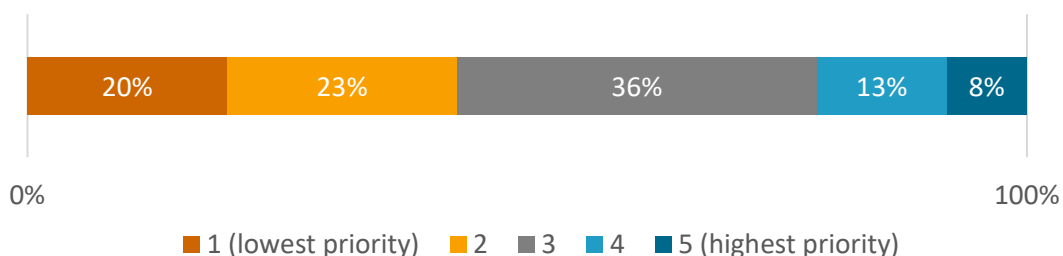
I guess I'm not entirely sure how CIE could be helpful in that, because I'm not super knowledgeable on everything that CIE could do. - Interviewee

- Some feel that CIE isn't a huge need. People are already sending referrals - usually via phone or email - without trouble.
- Technology may not be the top priority for organizations, especially in rural areas.

I think that in organizations, even big ones doing a lot of work out here, I think we see a lot of that technology isn't always their biggest priority. - Interviewee

- The priority level of CIE varies widely across organizations. Among those viewing CIE as their organization's lowest priority, there were an elevated number of organizations serving older adults. Those currently using CIE were the most likely to rank CIE as their organization's highest priority.

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



3.9 Concerns about equitable accessibility of CIE

- Using a CIE can be cumbersome - there are many steps to getting programs and services to use a CIE.
- CBOs worry about how accessible CIE is for clients and staff alike, especially regarding digital/technology access, internet access, and language access. In one example, a CBO with a Spanish-speaking staff member had to hire a translator for their staff to be able to use a specific CIE.*

3.10 Concerns about the current state of implementation and use of CIE in the state, and generally about state-led or initiated technology systems

- Both from those using and not using CIE, there was some concern about how CIE has been rolled out in Oregon. CBOs are concerned about large health insurers and systems advancing CIE efforts without consultation or input from CBOs.

Currently the majority represented are health systems, CCOs, and [local public health agencies]. Not a lot of CBO voices or perspectives which means not a lot of CBOs are connected to the CIE. - Survey respondent

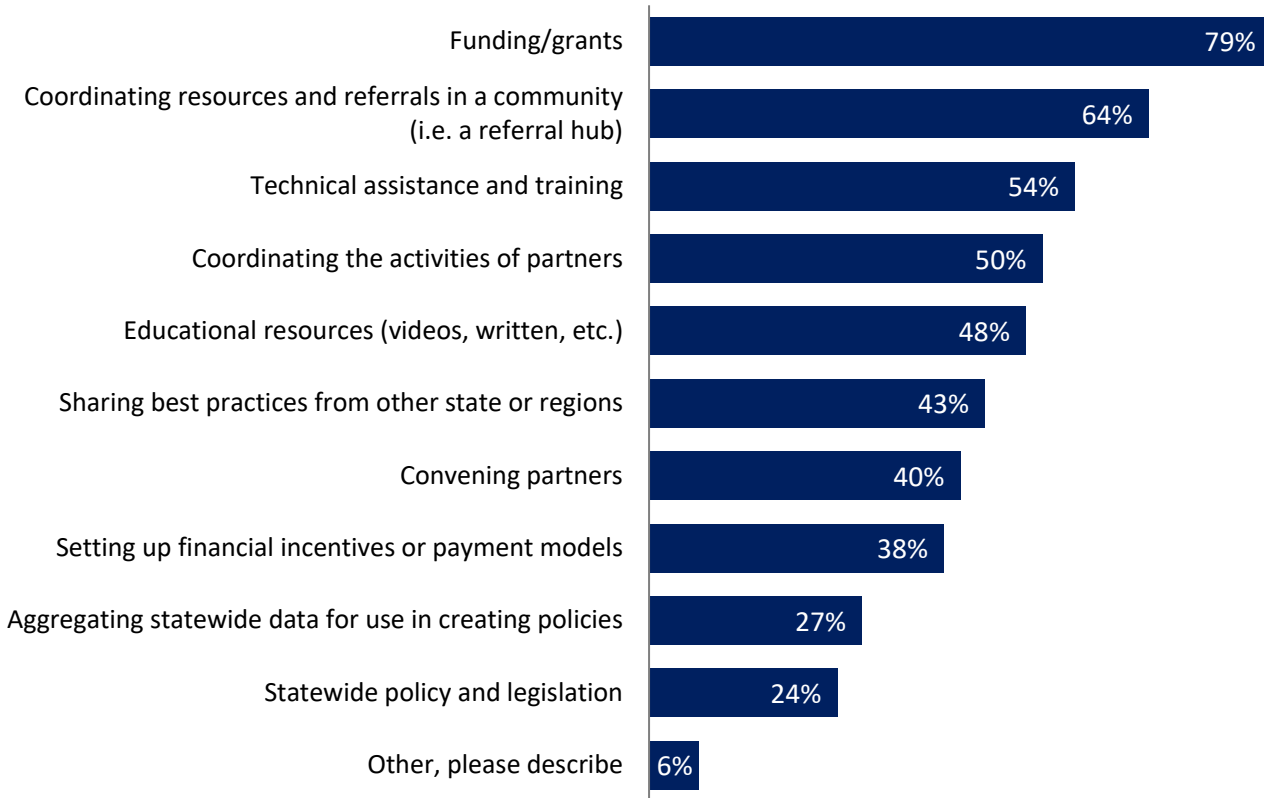
- Some shared that previous experience with other state-led technology systems implementation has not gone well. Examples shared included the ONE system interfering with existing data systems.

We've had to take on a lot of new technology systems from the state already. And it hasn't always done all that well. In fact, recently it hasn't done very well at all. So I think a good example is ONE, you know, the rollout of ONE has ended up being really significant on employees, and their ability to serve clients, and as constant barriers for clients to actually access services. - Interviewee

I think there's definitely a challenge in hesitance too, because systems kind of come and go at the state level. - Interviewee

4. Interviewee and survey respondent ideas for addressing barriers and creating a robust system

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



4.1 Invest in CBOs to increase organizational and staff capacity to implement CIE

- CBOs will require funding to get started with CIE, for staff time, technology, training, and other needs. CBOs are increasingly being asked by health care to work with health plan members, so they will need investment in infrastructure to be successful. Unrestricted funds are most useful for implementing CIE.

If you wanted to really open the doors, and really have it be a successful system, we would need a much more increased capacity, which would just be staff costs, and all the other things associated with that, including infrastructure money.

- Interviewee

- Dedicated staff are needed to lead CIE work within CBOs. Many CBOs say that they will require at least one internal staff person to take the lead and train other staff, monitor

referrals, troubleshoot technology, learn the system, participate in advisory boards, workgroups, or coalitions, and work with vendors and other external partners.

- Many CBOs suggested a 1-2 year “pilot” program approach where CBOs would be given grants with few limitations to adopt and use CIE. Some CBOs have had success with this type of model (including Kaiser CIE grantees). It will be essential to continue to provide support for CIE use among those who choose to continue post-pilot.
- Almost all interviewees mentioned the need for startup cost support, while less shared the need for significant ongoing funding to maintain CIE once implemented with the exception of support for ongoing training.
- Additional funding is needed at the system and organizational level to build a “data bridge” that would connect CIE with other systems being used (e.g., HMIS).
 - Integration is already possible with some platforms, but the integration cost is prohibitive for many CBOs (e.g., Activate Care).

4.2 Increase in demand created by CIE should be coupled with increase in funding for services

- CBOs consistently stated that the value of CIE will be diminished if it is not coupled with an effort to address the greater need - not enough social services available to meet the needs.

If there's true acknowledgement of the importance of social determinants of health, then they need to start to pay for those social determinants of health, they need to start paying for those services. - Interviewee

4.3 Training and technical assistance

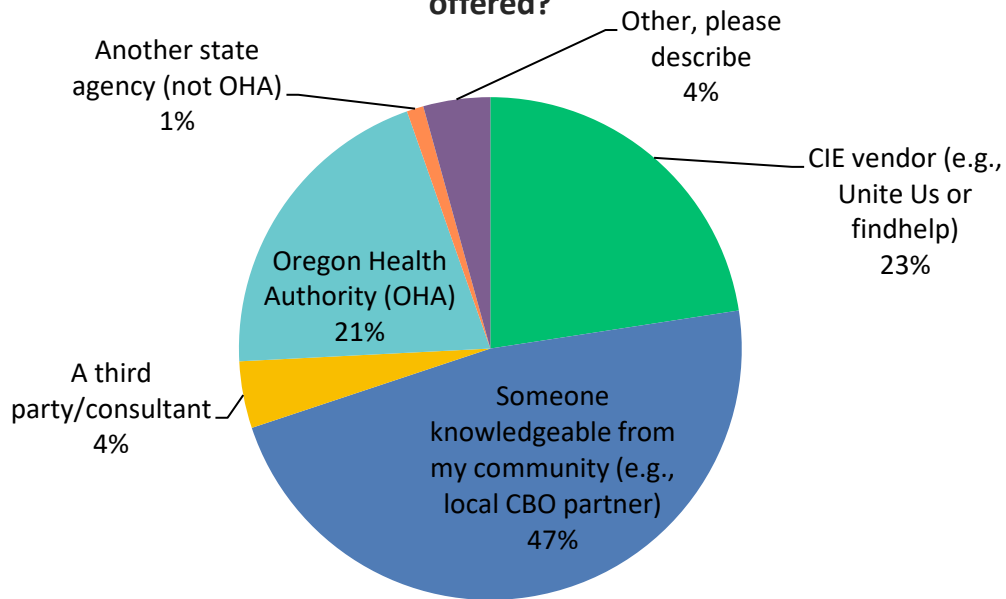
Respondents provided ideas about how CIE training and technical assistance could best support them:

- IT technical assistance and support
- Office hours
- Training
 - Group training in-person is ideal, but virtual or recorded sessions (like on-demand tutorials) would also be helpful
 - Training from vendors or other CBOs would be most useful
 - Training should be ongoing
 - Preferred training topics include: how to use the system, communicating about CIE, addressing and communicating about privacy concerns, troubleshooting technology issues, cultural competency training for all CIE users, basic resource navigation skills, and data management

- Training can be tailored to specific groups of users, like community health workers
- Create a community of practice for CIE organizations to meet periodically to share challenges and successes
- Build on current networking events or meetings to engage users (i.e., some community health workers already gather to share resources and ideas and some counties host meetings for social service partners)

In our nonprofit, we'd say like, there's no such thing as like, too much communication. And in that same regard, I would say that there's no such thing as like too much support. I would say, you can't go wrong with having multiple different ways to provide support. - Interviewee

Who would you most like to receive technical assistance from if offered?

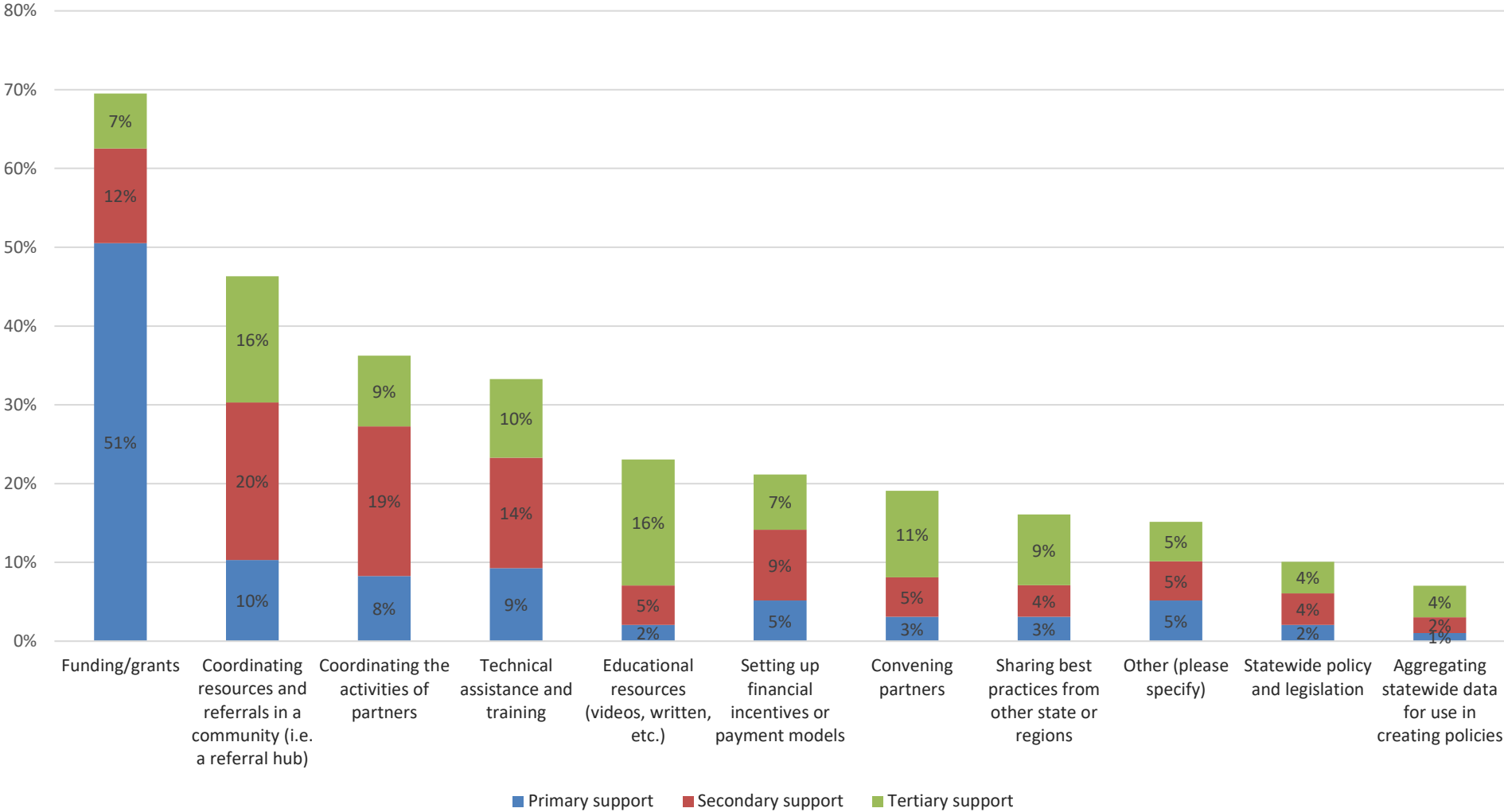


Other responses: ODHS; CIE vendor and local knowledge expert partnership

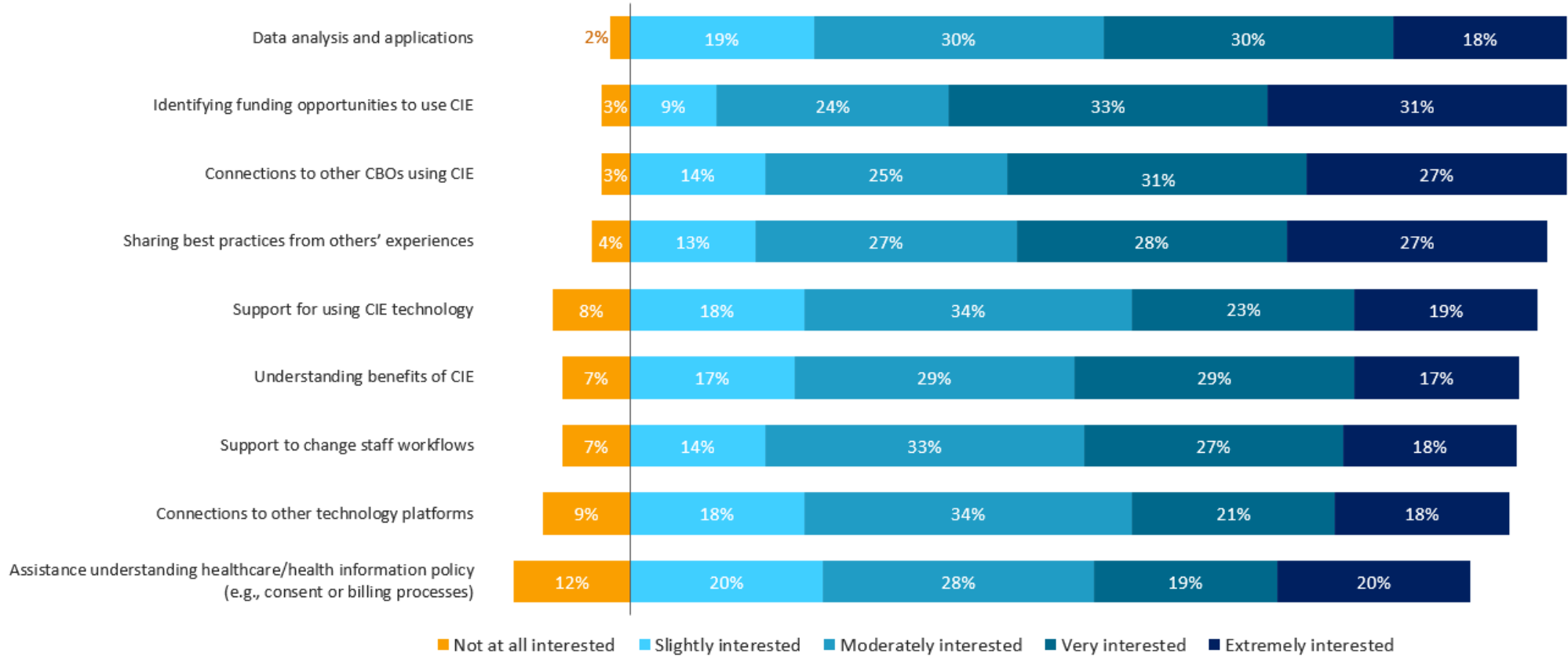
- Overall, survey respondents were enthusiastic about interest in technical assistance or education across a wide variety of supports

When provided a range of options for support, survey respondents across both those who are using CIE and not using CIE, the top supports requested were (#1) funding/grants and (#2) coordinating resources and referrals in a community (i.e., a referral hub).

Priority selections for areas where technical assistance or education could be provided



Level of interest in areas where technical assistance or educational opportunities could be provided



4.4 Very clear, frequent communication with clients and broader communities is needed to build relationships and maintain trust

- CBOs could use support from OHA or other statewide entities on developing clear and consistent messaging.
- Communications to clients should highlight the added value of the system to CBOs, address historic mistrust and privacy concerns, and share clear information about why you are calling, where you are from, what you are providing, and what to expect.*
- CIE efforts can build trust by communicating through trusted voices already embedded within the community.*
- The county public health COVID-19 wraparound support “pilot” could be used as a model for how to set up networks that promote frequent and clear communications among CBOs and with OHA.
- Outreach needs to be focused on the communities that are least likely to access CIE, with more time spent to reach them and share the value of participating. Otherwise CIE won’t be equitable because it will just reach those that are already connected to services.*

4.5 Privacy concerns should be addressed

- Clearly communicate and educate CBOs on HIPAA compliance and other privacy and security measures.*
- Build in a process for getting permission from clients to use/store their information.*
- Provide clear, transparent communication in understandable ways about how collected information is used and shared.*
- Ensure protections for sensitive information with legal backing (i.e., ensure immigration status wouldn’t be shared with the government).*
- Consider use of a coding system to deidentify information.
- Ensure Bill of Rights to ensure technology platform is not profiting off of community’s data.*
- Consider convening a data justice and oversight committee composed of community and CBO leaders to ensure issues of data justice, decolonization, and privacy are adequately addressed.*

4.6 Language access and health/digital literacy should be addressed

- Almost all CBOs shared the need for access in multiple languages. Spanish is essential at a minimum, yet some communities (e.g., immigrant and refugee communities) will require access to many more languages.*
- Some indigenous people do not have a written language, so videos would be helpful.*

- Interviewees using a CIE stated that delays in getting the language functionality working are having an impact on users.*
- Language access is important for both clients and for CBO staff.*

We have a lot of staff that are monolingual in Spanish only. So if we could maybe give them access to the system, we have a lot of community organizers that only speak Spanish, so we're not able to assign them with the system if it's only in English. But if it was in Spanish, we might be able to pass over some of that work to them. - Interviewee

- CIE information should address literacy access needs as well. Many clients have low literacy which is a barrier to accessing services.*

There's also making sure that like, the information that we provide is accessible for our community, some of our community members have reading levels that aren't beyond like, fifth grade. - Interviewee

- Rural communities face issues with technology access and abilities. CIE may exacerbate technology inequities for rural communities if it is not addressed.*

4.7 Systems should be created to help reduce duplication with collecting information for multiple data entry platforms

- Creating uniform or standard questions across social services and health care organizations would be ideal.
- In the meantime, provide something that would help easily integrate/transfer CIE data with existing systems (e.g., a csv file that could be pulled easily).

4.8 Users need to be “guaranteed” success with the system, or they will stop using it (i.e., early reassurance that referrals made are picked up, a robust network of CBOs regularly using the system from the beginning)

- Many indicated that the success of the network relied significantly on the uptake among CBOs and healthcare providers in their area.
- Incentivizing use alongside an equity-focused roll-out plan that is sensitive to the challenges CBOs are facing today will be essential to foster trust and longevity of CIE.

4.9 Desired functions of CIE

- Easy to navigate user interface where clients can easily see where they can access services (even if clients are not directly accessing it right now, CBOs would like to show the interface to clients)
- Easy, automatic connection/integration with other systems
- CIE tracks organizational capacity, so users know when another organization has capacity to accept new referrals (in real time)
- Ability to easily identify and access culturally and linguistically specific organizations and medical providers (e.g., many people prefer to receive services from a fellow community member or someone with a shared identity)*
- A decision tree is built into CIE that allows the referring agency to be more thoughtful and intentional when adding referrals to a CIE. For example, maybe a CBO connects a person directly if it is easy enough, versus putting a referral into the system.
- CIE has the ability to filter by local/regional/statewide resources, and a mapping feature is available
- Needs to be mobile friendly
- Needs to have a good search engine
- Provides CBO phone number for those who prefer calling
- Improved or easier access to service insights and reporting for CBOs to compile data

4.10 Building relationships and trust with communities must be factored into building a CIE system

- CIE implementation should be coupled with investments in relationship and trust building among CBOs on a system, perhaps regionally.*

Ensuring that we are working in a way that uplifts people feeling safe and comfortable. So just maybe being, you know, like, cognizant that it might be something that may require more time than what may be originally anticipated.

- Interviewee

And if there was funding for some kind of universal Oregon-wide thing, I think investing in relationship building between the refer-er and refer-ee is really valuable, like face to face, coffee, or whatever, saying like: this is this is the organization and these are the things that we do and this how it works best, like that is really helpful. Making it a living network versus just electronic.

- Interviewee

- Ensure CBOs are able to understand others' services, values, mission, and population served.*
- Create opportunities for organizations to share about their work, including educating others on the culturally and linguistically specific needs of their community, to spread awareness.*

I think one of the first things I would like to see is representation because that's the only way we are gonna make our culture, our voice known in different you know, in different parts of policy making legislation. - Interviewee

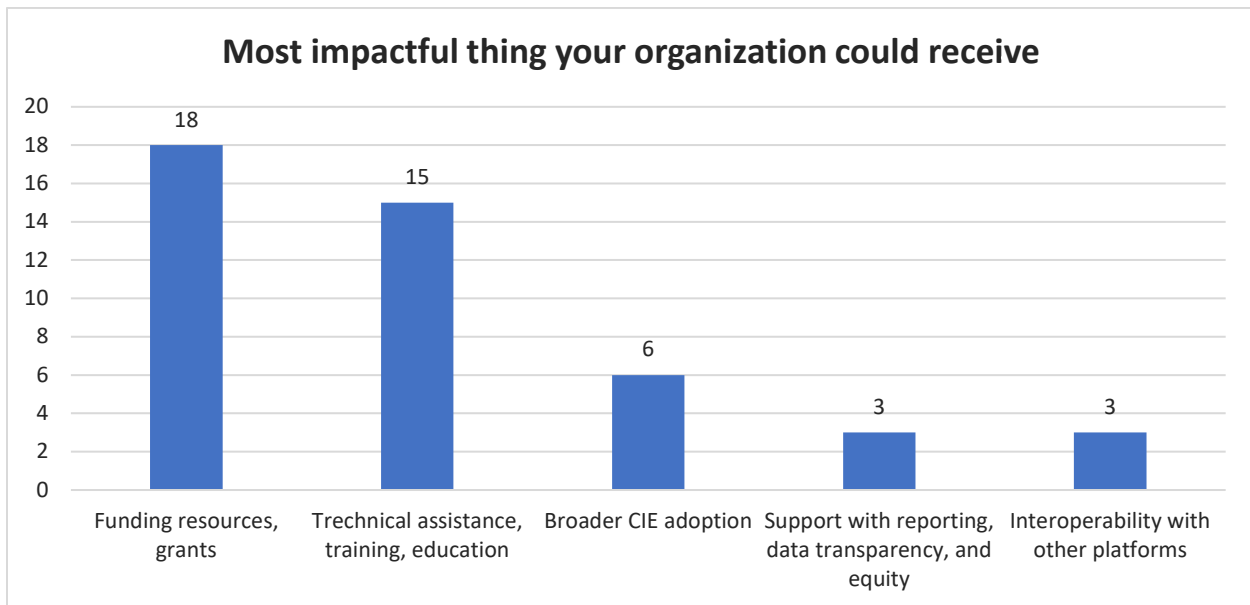
4.11 Address data equity needs and concerns

- CBOs and statewide groups should use data collected on the platform to improve the overall system, yet it should be done in a way that respects community needs and concerns.*

Kaiser required us to attend their conference last fall, and it was about data equity. Our network is so young, we're not having these conversations, but I think that's something to put on the horizon to make sure that we're really looking at and being thoughtful about like, what data we collect, how we're using it, engaging the community and making sure that's okay. That, you know, all the stakeholders agree with the appropriateness of what we collect and how we use it will be important. - Interviewee

If there's some intention around how to roll it out how to do kind of iterative. Really, actually really rapid process improvements. And use the data to do that, and get some of those resources back to the community, and really be intentional and thinking about what's the workflow analysis impacting what's happening in the community, I think it could be really beneficial. - Interviewee

Survey respondents indicated the most impactful areas for support:



5. Reflections on broader statewide CIE goals

5.1 CIE may not be enough on its own to fulfill the vision of the Workgroup or promote equity, yet it could be an important part of the solution

- CIE has the potential to improve how communities collaborate to address intersecting challenges.
- Most interviewees support the vision of the CIE Workgroup, but are unsure if CIE will be successful in getting us all the way there for many reasons:
 - Current technologies used may not be the right tool
 - CIE is functioning in an imperfect system
 - Larger systemic issues like the housing crisis, cost of living, and the minimum wage are playing into this
 - The behavioral health system must be better coordinated first

I don't think that any existing system can provide that. Because they're all thinking that they can do it all, but they can't do it all, you know, that's the first thing they have to realize is, you know, whether it's Unite Us or Aunt Bertha, it has limitations. And, you know, maybe they should be realistic about what they can do, versus trying to be the end all for everything. - Interviewee

- Some of the other important pieces of a system that will lead to health equity include:
 - Investing in relationships
 - Persistent outreach to priority communities or those experiencing inequities
 - Systems change in US healthcare

5.2 Interviewees agreed about the complexity of navigating complex social and health care systems, but disagreed about whether CIE would improve or worsen the issue

- Resource navigation in general is solving a problem navigating many overlapping, complex, and confusing health care and social service systems. The problem is that clients cannot navigate those systems easily. Some interviewees felt that CIE will not solve that problem and could potentially make it worse if clients are further removed from understanding the existing health and social service systems when CIE is implemented (because organizations may spend less time educating clients through intensive case management).
- Other interviewees felt differently, that the connections created through CIE would strengthen relationships between CBOs and clients, and CBOs with other CBOs. In general, CIEs need to be able to address that issue - making the various existing health and social care systems easier to navigate, not harder.

5.3 Multiple referral systems need to be coordinated and connected

- Multiple referral systems should be connected, maybe with a centralized repository. CBOs are stretched thin and checking multiple places for referrals is challenging. Systems must talk to each other.

5.4 Further implementation of CIE statewide should include community and CBO voice

- CIE has been informed and driven by health care to date, not the local community or CBOs.*

My understanding is that CIE...has been driven by major stakeholders in the health sector, Kaiser CEOs, health systems, and not been fully informed by the other half of the users, which is community-based organizations or people or organizations that are being referred those clients. - Interviewee

I think the CIE needs to be more than just culturally and linguistically responsive but it also needs to be responsive to each community it is working within. That means being a part of the community, listening to the community. We have not seen that [from CIE]. It feels like something that is being pushed on organizations without capacity, interest or some who have specific requests that are not being met. The perception is that [the CIE] is in over their head with unmet promises from a boots on the ground perspective. - Survey respondent

5.5 Historical underinvestment of CBOs needs to be addressed if health care and other partners want to rely on CBOs to implement CIE at the community level

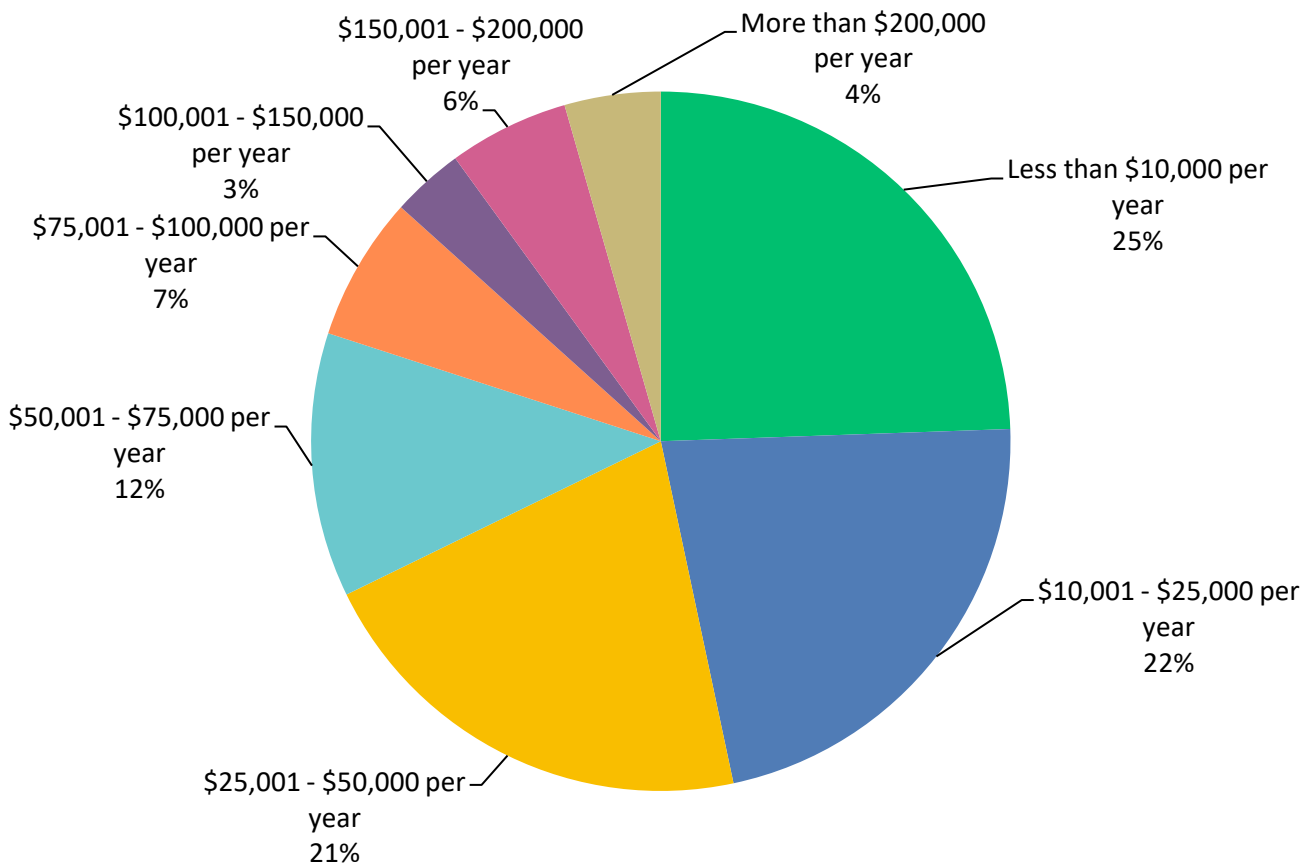
- Staff and organizational capacity and function is limited in part due to historical underinvestment in CBOs, especially those providing social services.*
- Some shared the concern that while attention in the healthcare and public health community is shifting to focus on the social determinants of health (SDOH), funding for CBOs that address SDOH has not caught up to this shift.*

6. Funding and incentives

6.1 Funding is needed to support the implementation of CIE

- CBOs surveyed reported how much they think adoption and use of CIE has or would increase their organization’s costs each year:

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



- To understand differences across varying CBOs, responses were stratified across key groups:

Organization size:	Annual cost							
	Less than \$10,000	\$10,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$75,000	\$75,001 - \$100,000	\$100,001 - \$150,000	\$150,001 - \$200,000	More than \$200,000
Small (0 - 30 FTE), n=67	30%	24%	16%	15%	5%	5%	3%	2%
Medium (31 - 200 FTE), n=23	13%	22%	26%	13%	13%	0%	13%	0%
Large (201+ FTE), n=7	17%	0%	50%	0%	0%	0%	0%	33%
Overall	24%	22%	21%	12%	7%	3%	6%	4%

Green or red = more than 10% away from overall response. Green +10% or more, Red -10% or more, bold is concentration of responses.

Population served:	Annual cost							
	Less than \$10,000	\$10,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$75,000	\$75,001 - \$100,000	\$100,001 - \$150,000	\$150,001 - \$200,000	More than \$200,000
Older adults, n=9	18%	18%	18%	0%	9%	9%	18%	9%
People of Color, n=17	18%	18%	18%	29%	0%	6%	12%	
Rural, n=6	40%	0%	40%	0%	0%	0%	0%	20%
Overall	24%	22%	21%	12%	7%	3%	6%	4%

Green or red = more than 10% away from overall response. Green +10% or more, Red -10% or more, bold is concentration of responses.

- The less restrictions on funding the better. Specifically, unrestricted grant funds would be most helpful.

I know the CCOs have their flexible funds that they're required to use, maybe having the information that comes from the CIE kind of analysis of what's working, what's not working, and have that inform how they use their flex funds and how they invest those funds. - Interviewee

- Funding is needed for:
 - Staff - CIE could be a full-time job for some and is often spread across multiple staff. There is a need for one person within a CBO to take the lead in a referral coordination role.

- General administrative burden
- Technology systems
- Startup costs
- Stipends/support to attend trainings
- Pilot projects
- Services
- Workflows
- Staff training
- Participation in statewide or other coordinating entities
- Building relationships and trust, and increasing buy-in (between CBOs, communities, and health care)
- The Kaiser grant funding for CIE implementation through their Community Clinic Integration (CCI) Grant Initiative was \$30,000 per year for 2 years. Many interviewees said this was sufficient as a starting point but was not enough for a full-time staff person to maintain and use the system which would be ideal.

6.2 CBOs had mixed perspectives on financial incentives for increasing the use of CIE

- Many CBOs currently using CIE thought incentives could be a good way to recruit organizations to the platform and ensure use among individual staff members. This is essential given the perspective that CIE will only achieve the vision if use is widespread.

Again, unless all CBOs and agencies using a CIE have time to keep their information current, accurate, and reflective of capacity, no CIE will be successful because once a tool is determined to be ineffective, people stop using it.
- Survey respondent

- Generally, interviewees not currently using CIE had a negative view of financial incentives. Within the behavioral health community, there may also be restrictions against incentive use, which could be perceived as steering clients towards/away from certain services.

If the incentives are to use CIE I'm not sure that's the right incentive. I think the incentive needs to be to serve people and to improve wellbeing in the community. And CIE is a tool toward that. - Interviewee

It feels kind of icky to me. It feels like a financial incentive to do less personal, less relational work. - Interviewee

- Some felt that incentives were messy and not ideal, but if necessary, a tiered approach to incentives works better than a per-referral incentive.
- There are potential downsides and unintended consequences of incentives that should be addressed. For example, for organizations that provide long term care, closed-loop referrals are not a good indicator for success due to lengthy timeline of care and completion of care.

CIE is an important tool, but it is also important to consider how that tool is adopted, used and shared within the community. We risk alienating smaller clinics or CBOs if we force them to onboard to a system that we cannot incentivize them to use either with staff time or supports. Ultimately this may mean we miss clients who would otherwise have their data captured by this system and risk retraumatization by having them to explain their story over and over to each agency. - Survey respondent

6.3 Reimbursement for services needs to be built into the system to promote long term sustainability for CBOs

- Interviewees desired reimbursement for services or a system where payment follows the referral.
- CBOs cannot support this long term through relying on grants to fund services, so they will eventually need to transition to a sustainable reimbursement model.

7. Ideas for the role of a statewide convening entity

- Most CBOs embraced the idea of a statewide coordinating entity for CIE. Among survey responses, 65% of respondents extremely or quite agreed that a statewide entity to coordinate and convene partners (either nonprofit or governmental) would help facilitate the adoption and use of CIE.

I think it would be less chaotic or less unorganized if we have someone in charge, yes. Because we can, like I said, synchronize our information. Because every organization is different and is using different platforms. We're gonna have one that is going to serve us well. Yes, but for that it has to be a central organization that understands the complexity of Oregon. And the different regions. I think it cannot be just a government, it has to be private or nonprofit and government together as a partner. - Interviewee

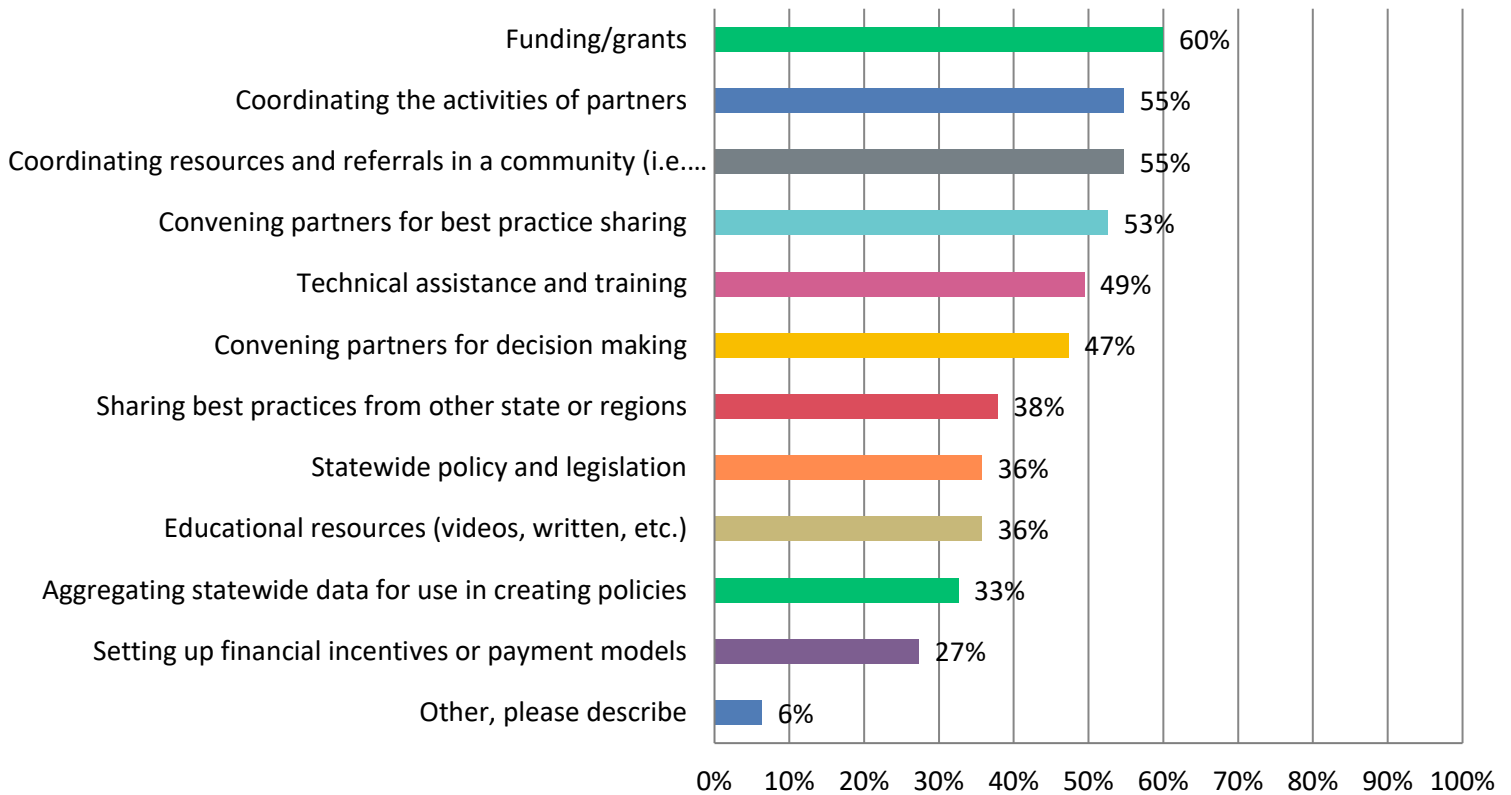
- Some CBOs said that a third-party organization would be preferred over OHA for this role, in particular to promote continuity in staffing and ensure it is community-led.

- CBOs shared ideas about the possible role that a statewide coordinating entity could play to support alignment across organizations, sectors, and systems. Ideas from CBOs are included in the [Recommendations section](#) below.

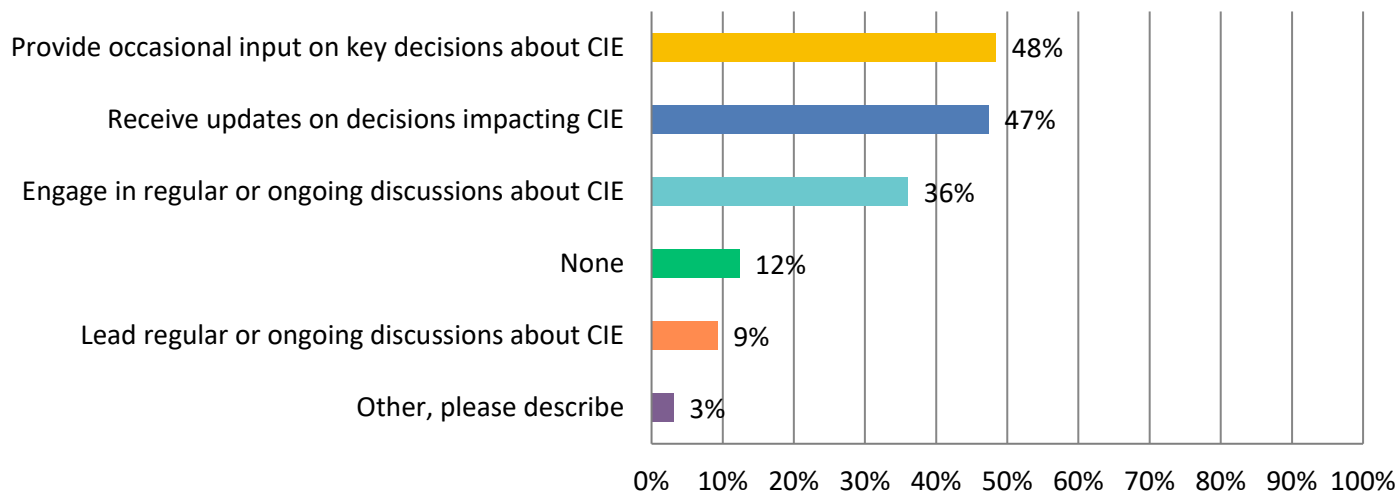
I like the idea of a statewide process so that we can be communicating across county lines, because I know that our services blur across county lines, and so, you know, if we can all be hopping on and using the same thing, that would be amazing. - Interviewee

- Additionally, CBOs mentioned that OHA could play a key role in coordination and facilitation, advocating for more funding and resources for CIE and services, and coordinating statewide access to those resources. They could also provide oversight to make sure the system is working and evolves with needs, and track and monitor data over time.
- Survey respondents shared top priorities for the role of a coordinating entity as well as their desired input into decision-making around CIE:

A CIE coordinating entity (either nonprofit or governmental) would be most helpful in the following ways



What role, if any, would you or your organization like to play in decision-making about CIE? Select all that apply.



8. Advice to OHA, health care and vendors for CIE outreach

- First, ask questions and understand what people are already doing, and where their hesitation and mistrust stems from. Then, demonstrate the value add of CIE for them.
- Demonstrate the benefits of CIE:
 - Highlight the benefits compared to the burden on staff capacity
 - Emphasize the benefits of having access to more resources than are currently available
 - Highlight the support and resources that will be provided to get the system up and running
 - Share who else is using the system and how prevalent CIE use is

CBOs across the state, we're just yeah, we're all worn really thin. And so asking us to do anything else is like, Oh, no. So whatever support y'all can provide, would be a leading selling point. - Interviewee

- Be accountable and knowledgeable about historical context of government working with communities*
- Engage outreach staff from the community*
- Describe expected workload impact clearly and concisely
- Be sensitive to challenges with capacity/time and demands CBO staff are experiencing
- Promote transparency around data collection and use

- Describe expected or achieved outcomes
- Consider potential negative impacts of CIE use and identify ways to mitigate

RECOMMENDATIONS

Recommendations stem directly from respondents' stated needs as well as from thorough analysis of survey responses and interview transcripts. They are designed to strategically address multiple challenges and affect multiple positive outcomes. For example, addressing privacy concerns could also promote health equity.

Recommendations are also designed to address the broader goals discussed earlier in this paper - promoting the CIE Workgroup's vision, OHA's strategic goal to eliminate health inequities in Oregon by 2030, and the intent of HB 4150 to "accelerate, support and improve secure, statewide community information exchanges that would allow the seamless coordination of health care and social services across all delivery systems, prioritizing health equity, confidentiality and the security of information".

Recommendations are generally presented in order of priority, with strategies that address the most commonly reported barriers to CIE shared first.

1. Offer robust funding to support CBO use of CIE

- General financial support needed for adoption/use of CIE (in particular for startup costs) is between \$25,000 - 1 FTE (amount for 1 FTE varies by organization).
- Funding is needed broadly to increase staff and organizational capacity to use CIE, connect systems, and maintain or grow service offerings. Specific CBO needs include funding for CIE system set up, staff time, resource navigation and training. Relationship building will require dedicated time to successfully grow the statewide CIE network, so adequate funding should be built into budgets.
- Pilot grants are a mechanism that CBOs have found successful in the past. Providing 1-2 year pilot grants for implementation would allow CBOs to support systems development, testing, evaluation, and improvements on CIE use, but more importantly to create a network/cohort of CBOs implementing CIE together.
- Financial incentives (e.g., payment per referral) built into CBO contracts may help accelerate adoption of CIE, yet incentives should be crafted in a way that minimizes impacts on equity.
- Consider funding to support integration or connection with other data systems to considerably lessen the administrative burden on staff.
- There is widespread agreement that culturally and linguistically specific organizations are an important part of a robust CIE network, yet they are more likely to experience

capacity issues due to chronic underinvestment. Prioritize these CBOs for investments and administer grant funds in a manner that does not increase burden (e.g., use fiscal intermediaries or minimize prescriptive funding requirements).

2. Promote equity, accessibility, and accountability

- Ensure the most important foundational components that will promote equity are in place: language access (in multiple languages for both staff and clients), literacy (including compliance with existing laws like the Americans with Disabilities Act), and technology access.
- Challenges specific to rural communities like gaps in broadband access, funds/transportation to attend trainings and lack of access to virtual services need to be addressed to ensure rural communities are not excluded from participating in CIE.
- Ensure that CIE platforms have the technological capabilities to identify culturally and linguistically specific organizations and make their services accessible. Work with CBOs to ensure that referrals can be made in a culturally and linguistically responsive manner and to the appropriate organizations.
- Be responsive to the needs of the community and clients through good governance, person-centered values, and accountability.
- Address historical mistrust of government and health care systems through listening and 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. Ensure ongoing oversight of protections, perhaps through an oversight committee that utilizes the expertise of CBOs currently collecting protected information in this area.
- Ensure legal backing for protections for sensitive information (i.e., to ensure immigration status is not inappropriately shared). Create a Bill of Rights for CIE users to ensure no one is profiting from the use of the community's data.

4. Provide technical assistance, training, and education

- CBOs desire a single, clear place to access resources and support.
- Provide ongoing technical assistance (possibly through office hours) to ensure CBO staff are able to use CIE and resolve issues quickly and efficiently. Ensure support staff are easy to reach, responsive to questions, and knowledgeable about the local community.

- CBO staff desired training from other CBOs, technology vendors, or state agencies on CIE use and best practices generally, but also suggested training would be helpful on cultural humility, implicit bias, communicating about privacy with clients, resource navigation, and data management.
- 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 convenor (i.e., not state government) and community-led through diverse representation, including CBOs that serve culturally and linguistically specific populations, serve all geographic regions, are of varying staff sizes, and have varying experiences with CIE. OHA and/or other state agencies should coordinate and support the entity.
- The roles of the entity should be to:
 - Lead the collaborative creation of statewide goals and priorities, and monitor progress
 - Coordinate and convene partners, including a statewide community of practice
 - Communicate about CIE-related opportunities
 - Provide oversight and governance, with CBOs providing leadership in these areas
 - Collect, monitor, evaluate, and report on statewide trends, especially with regard to equity, functionality, and success. Make improvements in response to findings.
 - Administer or oversee funding and pilot project grants
 - Support ongoing training for CBO staff
 - Advocate for increase in social services and behavioral health funding alongside CIE implementation
 - Plan ahead for increases in system needs related to emerging threats (e.g., natural disasters, wildfires)
 - Outreach and recruitment to encourage participation in CIE to quickly get as many organizations using CIE as possible (so that organizations do not lose interest), but do not force participation
 - Consider a hub-and-spoke model (which has been successful in other states), with someone embedded in each community as the main point of contact and trusted local voice for CIE in each region
 - Utilize data gathered through the system to make improvements in CIE and in the overall social and health systems

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.
- Use recommendations in “[Advice to OHA, healthcare and vendors for CIE outreach](#)” section of this paper to craft key communications and messages.
- Conduct outreach to educate the CBO community on the benefits of CIE and clarify the relationship to other existing systems (e.g., 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 statewide CIE.
- Take a statewide or regional approach to technological improvements to avoid or remove duplication with existing databases or systems.
- Beyond CIE, contextual factors like chronic lack of social services availability statewide, and the strength of a CBOs reimbursement capabilities will impact CBO ability to implement robust CIE systems. Statewide partners supporting CBOs in their efforts should make efforts to align with other statewide opportunities to support CBO capacity building and social service availability.

CONCLUSION

This community engagement effort painted a vivid picture of the awareness, challenges, and needs of CBOs statewide related to statewide CIE. Findings related to perceived benefits, key barriers or concerns, and CBO ideas on how to address these provided a frame from which to approach findings and develop actionable recommendations.

This report is intended to help inform CIE workgroup legislative recommendations under HB 4150. We strongly recommend sharing key findings or insight on what steps will be taken to use or address the findings. Many interviewees were interested in reviewing and potentially providing additional input on Workgroup recommendations once they are developed. This is an important first step to ensure CBO needs and priorities are reflected in a community-centered, trusted CIE network in Oregon. We recommend developing a paired down summary version of this report, including any specific action items that stem from the findings that would be suitable for public dissemination, or at a minimum, suitable for CBO partners.

Overall, this effort confirmed that CIE is an important part of statewide efforts to improve systems and services to achieve health equity, and there are practical, actionable ways that the implementation process can be strategic and thoughtful to achieve that goal.

Considerations for implementation of recommendations

The findings from this community engagement effort offer an important view into the many overlapping and interconnected challenges and opportunities for CIE in Oregon.

Recommendations cover a broad range of organizational, policy, and systems level interventions that, when paired together, have the potential to drastically improve connections and coordination within the broad social service system and beyond.

Regardless of the approach to implementation of recommendations, it is necessary to think through implications and be sensitive to the time and capacity of CBOs. Across the state, CBOs are facing staff shortages and high turnover. In the assessment, some indicated the need for a carefully planned roll out that is sensitive to the stress on the social service system experienced during COVID and the ongoing capacity limitations due to historic disinvestment in the system.

A proven way to ensure recommendations are implemented in effective, sustainable ways, is to incorporate diverse partner perspectives into the decision-making and planning process. Any recommendations planned for implementation should be vetted by partners from CBOs to ensure concerns about capacity are mitigated. Best practices for community engagement call for inclusion of network members in leadership and decision-making.

Appendix I: Interview questions and script

CIE Interviews with community-based organizations

Collective Health Strategies & OHA

May 2022

INTERVIEW SCRIPT

Thank you so much for taking the time to talk with us today.

First, I wanted to do introductions, and then I will share a bit about this project, and ask if you have any initial questions about the process or purpose before we jump in.

We will spend the majority of our time going through the questions Dana shared in advance of the interview. There are a lot of questions, so this will likely take the full 60 minutes.

So, let's get started with introductions. [My name is Nancy Goff/Dana Hiniker. I am an independent public health consultant from Collective Health Strategies]. We have been contracted with the Oregon Health Authority (OHA) to interview community-based organizations (CBOs) about community information exchanges (CIE).

CIE is a network of collaborative partners using a multidirectional technology platform to connect people to the services and supports they need. Partners may include human and social service, healthcare, and other organizations, and technology functions must include closed loop referrals, a shared resource directory, and informed consent.

CIEs allow for efficient and person-centered care through integrated tools like a directory of community resources, screening questionnaires, closed loop referrals and reporting. What this looks like on the ground is that a person can be asked whether they have housing or food needs at their doctor's office, and their doctor can easily and instantly share that need with community organizations through a computer platform.

CIEs help advance health equity by reducing many of the barriers between people and the services designed to support them. CIEs help connect these separate services. This connection is integral to addressing health inequities and the overall well-being of individuals.

CIEs are available statewide, and in Oregon concentrated efforts are sponsored by Medicaid coordinated care organizations (CCOs) and health plans that are then extending to community partners for use. The two prominent CIE vendors in Oregon are Connect Oregon (powered by

Unite Us) and findhelp (formerly Aunt Bertha). Regardless of the vendor, free tools are available to community organizations across the state.

Why are we doing these interviews?

CIE can contribute to Oregon’s vision for addressing social needs and promoting health equity. This interview is part of an effort to engage community-based organizations (CBOs) to better understand their barriers, needs, perspectives and ideas around community information exchange networks (CIE). Strong CBO partnerships are crucial for making CIE work statewide. CIE strategies must incorporate the voices of communities, especially those organizations that are on the forefront of providing services to communities who face health inequities.

In 2022, the state legislature directed OHA to engage CBOs in developing recommendations that accelerate, support, and improve statewide CIE. The legislation says that the Health Information Technology Oversight Council (HITOC) shall convene one or more groups of stakeholders and relevant experts, including but not limited to representatives of social service agencies and community-based organizations, and representatives of organizations that advocate for or serve communities that face health inequities.

What is our process?

To accomplish this task, we are interviewing CBO representatives from twenty different CBOs serving diverse populations statewide between now and mid-June. We are also conducting a survey so that we can hear from more people. The information we gather in the survey and interviews will inform recommendations to the state legislature, including possible requests for statewide funding to CBOs to engage with CIE.

The summary report we write will not have any interviewee names, unless we want to quote something you say in this interview directly. In that case, we will check with you first before publishing your quote (quotes can be shared with or without your name). However, your information will be otherwise kept confidential and only be shared with members of this project team (includes OHA OHIT staff and consultants). We are hoping to record these interviews for transcription and analysis purposes. Would it be ok with you if we recorded today’s interview? Any questions before we begin?

INTERVIEW QUESTIONS

CURRENT USE

1. Please describe your current knowledge/use/your CBOs use of CIE.
 - How did you learn about CIE?
 - Prompts: people, touchpoints

- For current users only: How often do you/does your CBO use CIE?
- For current users only: Who uses CIE within your CBO?

REFLECTIONS ON CURRENT CIE SYSTEM

2. For non-users: If you/your CBO are not using a CIE currently, why not?

For current users: If you/your CBO is currently using a CIE, why?

- What motivated your organization to participate?
 - What is going particularly well?
 - What is not going well?
3. The statewide CIE Workgroup’s vision is that “CIE creates seamless, trusted, person-centered connections and coordination to meet people’s needs, support community capacity, and eliminate silos to achieve health equity in Oregon.” Do you share this vision? Why or why not?

PERCEIVED FUNCTIONS/BENEFITS

4. How can CIE help you/your CBO in your work? What specifically would you like CIE to do to meet your/your CBOs needs? What might be missing?
 - a. Prompts: connections to resources, services provided by culturally and linguistically specific CBOs in preferred languages/cultures, avoids retraumatization, person-centered care, information at point of care, creates a centralized place to communicate about the status of a referral or service
5. What concerns do you have, if any, about CIE?

BARRIERS AND SOLUTIONS

6. What are your/your CBOs barriers or challenges to using/participating in CIE?
 - Prompts: staff capacity, workflow changes, funding, sustainability, increase in demand without increase in money or staff for more services, too many systems/duplicate data entry, staff turnover, privacy concerns
 - For each barrier identified, how could this barrier be addressed to make CIE successful?

NEEDS

7. What would facilitate your/your CBOs decision to participate in/current participation in/adoption of CIE? What is needed to make CIE work well for your CBO? For the whole state?
 - Prompts: resources, funding, financial incentives, TA/training, leadership support/sponsorship, communications, partnerships, computers, integrations with other technology

- If applicable, follow up on each suggestion to ask who would provide that service
 - If TA/training/resources/funding are mentioned, ask specifically what kind would be most useful.
8. What specific kinds of support would be needed for CIE to successfully serve *your communities*?
 9. What advice would you give CCOs, healthcare partners, governments and/or technology vendors when engaging new or reluctant CBOs to participate in a CIE network? What should they do or say?
 10. We often hear that funding and/or incentives would be key to CBO participation. Examples of funding include grants for training staff, changing workflows, start up, staff or building service networks. Incentives would include things like payments for a certain number of referrals completed, or payment for services by a referring health care partner. What specific ideas do you have about funding or incentives for increasing the CBO use of CIE?

EQUITY

OHA's strategic goal is to eliminate health inequities in Oregon by 2030. This means people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. A critical component of achieving this goal is addressing social determinants of health, such as food and housing insecurity, because research has shown that what improves health is largely what happens outside of a medical setting. CIEs help by eliminating many of the barriers between people and the services designed to support them. CIEs help connect these separate services, and this connection is integral to addressing health inequities and the overall well-being of individuals. Yet we are aware that technology based solutions can reinforce current inequities.

11. From a health equity perspective, what considerations or concerns about CIE should we know about?
 - a. How will CIE promote health equity? How will it reinforce inequities?
 - b. How do you think the communities you serve feel/will feel about CIE?
 - i. Prompt: what communities are you specifically talking about?
 - c. Do you think having and using CIE will help us advance health equity? Why or why not?

ROLES/GOVERNANCE/STRUCTURE

12. Is there a need to have a statewide coordinating entity to promote alignment across organizations, sectors, and systems? If so, who should do this? What would the organization do and how?

- a. Prompts: governance- who makes decisions and how (advisory group, coordinating entity, local control, statewide governance role/voice), alignment, best practices, financial assistance, payment models
- b. What is the appropriate role for the state in CIE efforts?

LEGISLATIVE CONCEPTS

13. We would be very interested in continuing to talk with you as the information from these interviews begins to inform state policy decisions. Would you be interested in providing your feedback on the legislative recommendations of the CIE Workgroup after they are developed, either by email or through another brief conversation on the phone with me? We expect this work to take place in the next 3-4 months.

We are able to provide a gift card from Safeway, Albertsons or CVS. Which would you prefer? Someone from the OHA will be reaching out to you by email about sending it to you soon, probably within a week.

Appendix II: Survey questions and introduction text

ENGLISH:

Dear NAME,

I hope you're doing well. I am a consultant working with the Oregon Health Authority (OHA). We are conducting a short survey to understand the current state and perceptions of community information exchange (CIE) among community-based organizations like yours. This survey is intended for CBOs across Oregon, whether or not they have considered using or are currently using CIE.

The survey is linked below, and will remain open for responses through **Friday, June 24**. We would greatly appreciate it if you or another representative from your organization would complete this survey (only one response per person). **Survey respondents will be entered to win one of ten, \$50 store value gift cards.**

About this work: This survey is part of an effort to engage community-based organizations (CBOs) to better understand their barriers, needs, perspectives and ideas around community information exchange systems (CIE), and to elevate the voice of CBOs to make the work more equitable. CIE is a network of collaborative partners using a multidirectional technology platform to connect people to the services and supports they need. The two main CIEs in Oregon are Connect Oregon (powered by Unite Us) and findhelp (formerly Aunt Bertha). Strong CBO partnerships are crucial for making a statewide CIE system work.

This project is sponsored by the Oregon Health Authority (OHA) Office of Health IT, and the information gathered will be used to inform the statewide CIE Workgroup, and possibly other statewide policies in the future. We expect the results of these interviews to strongly inform recommendations to the state legislature in 2023.

More information about CIE in Oregon can be found on the [OHA CIE website](#).

Please reach out to Dana at dchiniker@gmail.com if you have any questions about this survey, the project as a whole, or how your responses will be used.

Accessibility: Everyone has a right to know about and use OHA programs and services. Some examples of the services and accommodations OHA can provide: sign language and spoken language interpreters, written materials in other languages, braille, large print, audio and other

formats. If you need help or have questions, please contact Dana Hiniker at dchiniker@gmail.com at least 48 hours before you intend to complete the survey.

About Community Information Exchange (CIE)

CIE is a network of collaborative partners using a multidirectional technology platform to connect people to the services and supports they need. Partners may include human and social service, healthcare, and other organizations, and technology functions must include closed loop referrals, a shared resource directory, and informed consent.

CIEs allow for efficient and person-centered care through integrated tools like a directory of community resources, screening questionnaires, closed loop referrals and reporting. What this means is that partners can send referrals to other organizations for social needs and hear back on if that person was helped.

CIEs help advance health equity by reducing many of the barriers between people and the services designed to support them. CIEs help connect these separate services, and this connection is integral to addressing health inequities and the overall well-being of individuals. This survey is part of an effort to engage community-based organizations (CBOs) to better understand their barriers, needs, perspectives and ideas around using community information exchange (CIE). Strong CBO partnerships are crucial for making statewide CIE work. This project is sponsored by the Oregon Health Authority's (OHA) Office of Health IT, and the information gathered will be used to inform the statewide CIE Workgroup, and possibly other statewide policies in the future.

More information about CIE in Oregon can be found on the [OHA CIE website](#).

Survey

Thank you for taking the time to share insights about your experiences with community information exchange (CIE). Your responses will be confidential and individual responses will not be shared with anyone outside of the data analysis team.

This survey has 30 questions and should take about 20 minutes to complete.

Organization demographics

1. Name (Your name will be kept confidential)
2. Email address (Your email address will be kept confidential)
3. Organization name
4. How many full time equivalent (FTE) staff work at your organization? (For example, two half-time staff equals one full time equivalent).
5. Your role within your organization

6. I consent to my organization's name being disclosed in public reports about the survey (We will never disclose individual names publicly). Y/N
7. Which county/counties does your organization serve? Select all that apply.
 - a. List of options, multiple choice
8. What population or community does your organization primarily serve? *Open ended.*
9. How would you characterize your experiences with CIE?
 - a. Using CIE successfully
 - b. Using CIE with trouble
 - c. We signed up for CIE, but are not actively using it
 - d. We are considering CIE, but our CBO is not yet using CIE
 - e. I've heard of CIE, but our CBO is not considering using it
 - f. This is my first time hearing about CIE
10. Please briefly describe your experiences with CIE. *Open ended*

Understanding key challenges and barriers

11. The following table lists some challenges we have heard previously related to using CIE. Please indicate which of the following are challenges you have experienced when considering or using CIE. Select all that apply.

- a. Staff capacity/time
- b. Resources such as funding
- c. Lack technology needed (e.g., computers, reliable internet)
- d. Language access (e.g., platform or resources are not available in my primary language)
- e. Difficulty of use or uncertainty about how to use
- f. Already using/required to use other reporting platforms that require similar information
- g. Concerns about ability to keep information up to date in the platform
- h. Leadership or staff discomfort with using technology
- i. Concerns about meeting potential increase in demand for services
- j. Uncertainty of the value of CIE, lacking leadership or staff buy-in
- k. Concerns about privacy of data or rules/regulations about sharing information
- l. Other, please describe

12. Of the challenges you selected above, please rank your top three (3) challenges.

- a. List of challenges (above)

Perceived usefulness, ease of use and ability to support equity

Table with scale: Extremely agree, Quite agree, Slightly agree, Slightly disagree, Quite disagree, Extremely disagree

If Question 8 is a., b. or c., answer Question 13

13. Please indicate to what extent you agree with the following statements:

- a. Using a CIE enables me to accomplish more tasks in my work.
- b. CIE helps us send referrals more easily.
- c. CIE helps us receive referrals more easily.
- d. CIE improves my organization's effectiveness and efficiency.
- e. CIE makes it easier for my organization to do our job.
- f. I find CIE useful.
- g. Learning to use CIE has been easy for my organization.
- h. I found it easy to get CIE to do what I want it to do.
- i. CIE helps my organization advance health equity.
- j. CIE helps my organization better serve my community.
- k. My community is or has been open to using CIE/being enrolled in CIE.
- l. The community members we serve have positive experiences when my organization uses CIE.
- m. CIE helps eliminate barriers to services.
- n. CIE helps me find services in a person's preferred language.
- o. CIE reduces re-screening and re-traumatization of people we serve.
- p. CIE improves a person's outcomes by having information available at the point of care.

If Question 8 is d., e. or f., answer Question 14 (For more information about CIE before you answer this question, please see the [CIE Brief](#))

14. Please indicate to what extent you agree with the following statements:

- a. Using a CIE would enable me to accomplish more tasks in my work.
- b. CIE would help us send referrals more easily.
- c. CIE would help us receive referrals more easily.
- d. CIE would improve my organization's effectiveness and efficiency.
- e. CIE would make it easier for my organization to do our job.
- f. I find the idea of a CIE useful.
- g. I think CIE would help my organization advance health equity.
- h. I think CIE would help my organization better serve my community.
- i. I think my community would be open to using CIE/being enrolled in CIE.
- j. I think the community members we serve would have positive experiences using CIE.
- k. CIE would help eliminate barriers to services.
- l. CIE would help members access services in their preferred language.
- m. CIE would reduce re-screening and re-traumatization of members.
- n. CIE would improve a person's outcomes by having information available at the point of care.

15. On a scale of 1-5 where 1 is lowest priority and 5 is highest priority, how would you rate CIE as a priority for your organization?

a. Scale 1 - 5

16. Please share any comments about your responses to the table above. *Open ended.*

17. How can CIE in Oregon be set up to be culturally and linguistically responsive? *Open ended*

Opportunities for support

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

- a. Funding/grants
- b. Coordinating the activities of partners
- c. Convening partners
- d. Statewide policy and legislation
- e. Setting up financial incentives or payment models
- f. Technical assistance and training
- g. Educational resources (videos, written, etc.)
- h. Sharing best practices from other state or regions
- i. Coordinating resources and referrals in a community (i.e. a referral hub)
- j. Aggregating statewide data for use in creating policies
- k. Other, please describe

19. Of the supports you selected above, please rank your top three (3) most important.

a. List from above

20. Please indicate your level of interest in the following areas where support such as technical assistance or educational opportunities could be provided:

Table with scale: Extremely interested, Very interested, Moderately interested, Slightly interested, Not at all interested

- a. Understanding benefits of CIE
- b. Support for using CIE technology
- c. Assistance understanding healthcare/health information policy (e.g., consent or billing processes)
- d. Identifying funding opportunities to use CIE
- e. Connections to other CBOs using CIE
- f. Data analysis and applications
- g. Sharing best practices from others' experiences
- h. Connections to other technology platforms
- i. Support to change staff workflows
- j. Other, please describe

21. Who would you most like to receive technical assistance from if offered? Select all that apply.

- a. CIE vendor (e.g., Unite Us or findhelp)
 - b. Someone knowledgeable from my community (e.g., local CBO partner)
 - c. A third party/consultant
 - d. Oregon Health Authority (OHA)
 - e. Another state agency (not OHA)
 - f. Other, please describe
22. What role, if any, would you or your organization like to play in decision-making about CIE? Select all that apply.
- a. None
 - b. Receive updates on decisions impacting CIE
 - c. Provide occasional input on key decisions about CIE
 - d. Engage in regular or ongoing discussions about CIE
 - e. Lead regular or ongoing discussions about CIE
 - f. Other, please describe
23. A statewide entity to coordinate and convene partners (either nonprofit or governmental) would help facilitate the adoption and use of CIE.
- a. Extremely agree, Quite agree, Slightly agree, Slightly disagree, Quite disagree, Extremely disagree
24. A CIE coordinating entity (either nonprofit or governmental) would be most helpful in the following ways (Select all that apply):
- a. Funding/grants
 - b. Coordinating the activities of partners
 - c. Convening partners for decision making
 - d. Convening partners for best practice sharing
 - e. Statewide policy and legislation
 - f. Setting up financial incentives or payment models
 - g. Technical assistance and training
 - h. Educational resources (videos, written, etc.)
 - i. Sharing best practices from other state or regions
 - j. Coordinating resources and referrals in a community (i.e. a referral hub)
 - k. Aggregating statewide data for use in creating policies
 - l. Other, please describe
25. Of the supports you selected above, please rank your top three (3) preferences for the most helpful ways a statewide coordinating entity could support CIE.
- a. List of supports (above)
26. What would be the one most impactful thing your organization could receive to either enhance your experience with CIE, or begin using CIE? *Open ended.*
27. How would increased funding help your organization adopt or use CIE? *Open ended*

28. We would like to know more about the costs organizations expect to face when they adopt and use CIE. While connecting to CIE is free, there may still be resource needs associated with CIE use. For some organizations, using CIE may require hiring additional staff, updating IT equipment, or changing workflows. All things considered, how much do you think adoption and use of CIE has or would increase your organization's costs each year? Please answer the best you can, even if you are not sure.
- Less than \$10,000 per year
 - \$10,001 - \$25,000 per year
 - \$25,001 - \$50,000 per year
 - \$50,001 - \$75,000 per year
 - \$75,001 - \$100,000 per year
 - \$100,001 - \$150,000 per year
 - \$150,001 - \$200,000 per year
 - More than \$200,000 per year
29. Tell us more about the CIE-related costs your organization expects (or has incurred, if you already use CIE). What do these costs apply to? *Open ended*.
30. Please share any other important insights into your organization's experience with CIE.

SPANISH:

Estimado NOMBRE,

Espero que esté bien. Soy un consultor que trabaja con la Autoridad de Salud de Oregon (OHA). Estamos realizando una breve encuesta para comprender el estado actual y las percepciones del Intercambio de Información Comunitaria (CIE) entre organizaciones comunitarias como la suya. Esta encuesta está dirigida a las Organizaciones Comunitarias (CBO) de Oregon, ya sea que hayan considerado o no usar el CIE o lo estén utilizando actualmente.

La encuesta aparece a continuación y permanecerá abierta para recibir sus respuestas hasta **el jueves 24 de junio**. Le agradeceríamos enormemente que usted u otro representante de su organización completaran esta encuesta. **Los encuestados participarán para ganar una de las diez tarjetas de regalo para la tienda con un valor de \$50.**

ENLACE

Acerca de este trabajo: esta encuesta es parte de un esfuerzo para involucrar a las Organizaciones Comunitarias (CBO) y que comprendan mejor sus barreras, necesidades, perspectivas e ideas en torno a los sistemas de Intercambio de Información Comunitaria (CIE), y para elevar la voz de las CBO para que el trabajo sea más equitativo. CIE es una red de socios colaborativos que utilizan una plataforma tecnológica multidireccional para conectar a las

personas con los servicios y apoyos que necesitan. Los dos principales CIE en Oregon son Connect Oregon (con tecnología de Unite Us) y findhelp (anteriormente Aunt Bertha). Las asociaciones sólidas de CBO son cruciales para que un sistema CIE estatal funcione.

Este proyecto está patrocinado por la Oficina de TI de Salud de la Autoridad de Salud de Oregon (OHA), y la información recopilada se utilizará para informar al grupo de trabajo del CIE a nivel estatal y, posiblemente, a otras políticas estatales en el futuro. Esperamos que los resultados de estas entrevistas sirvan de base para las recomendaciones a la legislatura estatal en 2023.

Puede encontrar más información sobre CIE en Oregon en el [sitio web de la OHA CIE](#).

Comuníquese con Dana en dchiniker@gmail.com si tiene alguna pregunta sobre esta encuesta, el proyecto en su conjunto o cómo se utilizarán sus respuestas.

Accesibilidad: todos tienen derecho a conocer y utilizar los programas y servicios de la OHA. Algunos ejemplos de los servicios y adaptaciones que la OHA puede ofrecer: intérpretes de lenguaje oral y señas, materiales escritos en otros idiomas, braille, letra grande, audio y otros formatos. Si necesita ayuda o tiene preguntas, comuníquese con Dana Hiniker en dchiniker@gmail.com al menos 48 horas antes de completar la encuesta.

Acerca del Intercambio de Información Comunitaria (CIE)

CIE es una red de socios colaborativos que utilizan una plataforma tecnológica multidireccional para conectar a las personas con los servicios y apoyos que necesitan. Los socios pueden incluir organizaciones de servicios sociales y humanos, atención médica y otras, y las funciones tecnológicas deben incluir derivaciones de circuito cerrado, un directorio de recursos compartidos y consentimiento informado.

Los CIE permiten una atención eficiente y centrada en la persona a través de herramientas integradas como un directorio de recursos comunitarios, cuestionarios de detección, derivaciones e informes de circuito cerrado. Esto significa que los socios pueden enviar derivaciones a otras organizaciones para necesidades sociales y saber si esa persona recibió ayuda.

Los CIE ayudan a promover la equidad en salud al reducir muchas de las barreras entre las personas y los servicios diseñados para apoyarlas. Los CIE ayudan a conectar estos servicios separados, y esta conexión es fundamental para abordar las desigualdades en salud y el bienestar general de las personas.

Esta encuesta forma parte de un esfuerzo por involucrar a las Organizaciones Comunitarias (CBO) para que comprendan mejor sus barreras, necesidades, perspectivas e ideas en torno al

uso del Intercambio de Información Comunitaria (CIE). Las asociaciones sólidas de las CBO son cruciales para que CIE funcione en todo el estado. Este proyecto está patrocinado por la Oficina de TI de Salud de la Autoridad de Salud de Oregon (OHA), y la información recopilada se utilizará para informar al Grupo de Trabajo del CIE a nivel estatal y, posiblemente, a otras políticas estatales en el futuro.

Puede encontrar más información sobre CIE en Oregon en el [sitio web de la OHA CIE](#).

Encuesta

Gracias por tomarse el tiempo para compartir ideas sobre sus experiencias con el Intercambio de Información Comunitaria (CIE). Sus respuestas serán confidenciales y las respuestas individuales no se compartirán con nadie ajeno al equipo de análisis de datos.

Esta encuesta tiene 30 preguntas y debería tardar unos 20 minutos en completarse.

Demografía de la organización

1. Nombre (su nombre se mantendrá confidencial).
2. Dirección de correo electrónico (su dirección de correo electrónico se mantendrá confidencial).
3. Nombre de la organización.
4. ¿Cuántos empleados equivalentes a un puesto de tiempo completo (FTE) trabajan en su organización? (Por ejemplo, dos empleados de medio tiempo es igual a un equivalente de tiempo completo).
5. Su función dentro de su organización.
6. Doy mi consentimiento para que el nombre de mi organización se divulgue en los informes públicos sobre la encuesta (nunca revelaremos públicamente los nombres de las personas). S/N
7. ¿A qué condado/condados presta servicios su organización? Seleccione todas las opciones que correspondan.
 - a. Lista de opciones, opción múltiple.
8. ¿A qué población o comunidad atiende principalmente su organización? *Pregunta abierta.*
9. ¿Cómo describiría sus experiencias con el CIE?
 - a. Uso CIE exitosamente.
 - b. Uso CIE con problemas.
 - c. Nos registramos en CIE, pero no lo estamos utilizando activamente.
 - d. Estamos considerando CIE, pero nuestra CBO aún no utiliza CIE.
 - e. He oído hablar de CIE, pero nuestra CBO no está considerando usarlo.
 - f. Es la primera vez que oigo hablar de CIE.
10. Describa brevemente sus experiencias con CIE. *Pregunta abierta*

Comprender los desafíos y barreras clave

11. En la siguiente tabla se enumeran algunos desafíos que hemos escuchado anteriormente relacionados con el uso de CIE. Indique cuáles de los siguientes desafíos ha experimentado al considerar o utilizar CIE. Seleccione todas las opciones que correspondan.

- a. Funciones/tiempo del personal.
- b. Recursos como la financiación.
- c. Falta la tecnología necesaria (por ejemplo: computadoras, Internet confiable).
- d. Acceso al idioma (por ejemplo: la plataforma o los recursos no están disponibles en mi idioma principal).
- e. Dificultad de uso o incertidumbre sobre cómo usarlo.
- f. Ya usa/se requiere el uso de otras plataformas de informes que requieren información similar.
- g. Preocupaciones sobre la capacidad de mantener la información actualizada en la plataforma.
- h. Incomodidad de los líderes o del personal con el uso de tecnología.
- i. Preocupaciones acerca de satisfacer el posible aumento de la demanda de servicios.
- j. Incertidumbre sobre el valor de CIE, falta de liderazgo o aceptación del personal.
- k. Preocupaciones sobre la privacidad de los datos y normas o reglamentos sobre el intercambio de información.
- l. Otro, por favor describa.
- m. Por favor ingrese un comentario.

12. De los desafíos que seleccionó anteriormente, clasifique sus tres (3) desafíos principales.

- a. Lista de desafíos (arriba)

Utilidad percibida, facilidad de uso y capacidad para apoyar la equidad

Tabla con escala: Totalmente de acuerdo, Bastante de acuerdo, Ligeramente de acuerdo,

Ligeramente en desacuerdo, Bastante en desacuerdo, Totalmente en desacuerdo

Si la pregunta 8 es a., b. o c., responda a la pregunta 13

13. Indique en qué medida está de acuerdo con las siguientes declaraciones:

- a. El uso de un CIE me permite realizar más tareas en mi trabajo.
- b. CIE nos ayuda a enviar referencias más fácilmente.
- c. CIE nos ayuda a recibir referencias más fácilmente.
- d. CIE mejora la eficacia y la eficiencia de mi organización.
- e. CIE facilita que mi organización realice nuestro trabajo.
- f. Pienso que CIE es útil.
- g. Aprender a usar CIE ha sido fácil para mi organización.
- h. Me resultó fácil lograr que el CIE haga lo que quiero que haga.

- i. CIE ayuda a mi organización a promover la equidad sanitaria.
- j. CIE ayuda a mi organización a servir mejor a mi comunidad.
- k. Mi comunidad está o ha estado abierta a usar CIE/estar inscrita en CIE.
- l. Los miembros de la comunidad a los que servimos tienen experiencias positivas cuando mi organización usa CIE.
- m. CIE ayuda a eliminar las barreras a los servicios.
- n. CIE me ayuda a encontrar servicios en el idioma preferido de una persona.
- o. CIE reduce la reevaluación y la retraumatización de las personas a las que servimos.
- p. CIE mejora los resultados de una persona al tener información disponible en el punto de atención.

Si la pregunta 8 es d., e. o f., responda a la pregunta 14 (para obtener más información sobre CIE antes de responder a esta pregunta, consulte el [resumen de CIE](#))

14. Indique en qué medida está de acuerdo con las siguientes declaraciones:

- a. El uso de un CIE me permitiría realizar más tareas en mi trabajo.
- b. CIE nos ayudaría a enviar referencias más fácilmente.
- c. CIE nos ayudaría a recibir referencias más fácilmente.
- d. CIE mejoraría la eficacia y eficiencia de mi organización.
- e. CIE facilitaría a mi organización el desempeño de nuestro trabajo.
- f. Me parece útil la idea de un CIE.
- g. Creo que CIE ayudaría a mi organización a promover la equidad en salud.
- h. Creo que CIE ayudaría a mi organización a prestar un mejor servicio a mi comunidad.
- i. Creo que mi comunidad estaría abierta a usar CIE/estar inscrita en CIE.
- j. Creo que los miembros de la comunidad a los que servimos tendrían experiencias positivas al usar CIE.
- k. CIE ayudaría a eliminar las barreras a los servicios.
- l. CIE ayudaría a los miembros a acceder a los servicios en su idioma preferido.
- m. CIE reduciría la reevaluación y la retraumatización de los miembros.
- n. CIE mejoraría los resultados de una persona al tener información disponible en el punto de atención.

15. En una escala del 1 al 5, en la que 1 es la prioridad más baja y 5 es la prioridad más alta, ¿cómo calificaría a CIE como una prioridad para su organización?

- a. Escala 1 - 5

16. Por favor, comparta cualquier comentario sobre sus respuestas a la tabla anterior.

Pregunta abierta.

17. ¿Cómo se puede configurar la CIE en Oregon para que responda cultural y lingüísticamente? *Pregunta abierta*

Oportunidades de apoyo

18. Para participar en CIE, ¿qué tipos de apoyo serían más útiles?

- a. Financiación/subsidios.
- b. Coordinar las actividades de los socios.
- c. Convocatoria de socios.
- d. Política y legislación estatal.
- e. Configuración de incentivos financieros o modelos de pago.
- f. Asistencia técnica y formación.
- g. Recursos educativos (vídeos, escritos, etc.).
- h. Compartir las mejores prácticas de otros estados o regiones.
- i. Coordinar recursos y referencias en una comunidad (es decir, un centro de referencia).
- j. Agregar datos de todo el estado para usarlos en la creación de políticas.
- k. Otro, por favor describa.

19. De los apoyos que seleccionó anteriormente, clasifique los tres (3) más importantes.

- a. Lista de arriba

20. Indique su nivel de interés en las siguientes áreas en las que se podría proporcionar apoyo, como asistencia técnica u oportunidades educativas:

Tabla con escala: Extremadamente interesado, Muy interesado, Moderadamente interesado, Poco interesado, No me interesa en absoluto

- a. Comprender los beneficios de CIE.
- b. Soporte para usar la tecnología CIE.
- c. Asistencia para entender la política de información de salud (p. ej., procesos de consentimiento o facturación).
- d. Identificación de oportunidades de financiación para usar CIE.
- e. Conexiones a otras CBO mediante CIE.
- f. Análisis de datos y aplicaciones.
- g. Compartir las mejores prácticas de las experiencias de otros.
- h. Conexiones a otras plataformas tecnológicas.
- i. Apoyo para cambiar los flujos de trabajo del personal.
- j. Otro, por favor describa.

21. ¿De quién le gustaría más recibir asistencia técnica si se la ofrecieran? Seleccione todas las opciones que correspondan.

- a. Proveedor de CIE (por ejemplo, Unite Us o findhelp).
- b. Alguien con conocimientos de mi comunidad (por ejemplo, un socio de CBO local).

- c. Un tercero/consultor.
 - d. Autoridad de Salud de Oregon (OHA).
 - e. Otra agencia estatal (no OHA).
 - f. Otro, por favor describa.
22. ¿Qué papel, si lo hubiera, les gustaría desempeñar a usted o a su organización en la toma de decisiones sobre CIE? Seleccione todas las opciones que correspondan.
- a. Ninguna.
 - b. Recibir actualizaciones sobre las decisiones que afectan a CIE.
 - c. Proporcionar aportes ocasionales sobre decisiones clave sobre CIE.
 - d. Participar en debates regulares o continuos sobre CIE.
 - e. Dirigir debates regulares o continuos sobre CIE.
 - f. Otro, por favor describa.
23. Una entidad estatal para coordinar y convocar a los socios (ya sea sin fines de lucro o gubernamentales) ayudaría a facilitar la adopción y el uso de CIE.
- a. Completamente de acuerdo, Bastante de acuerdo, Ligeramente de acuerdo, Ligeramente en desacuerdo, Bastante en desacuerdo, Completamente en desacuerdo
24. Una entidad coordinadora de CIE (ya sea sin fines de lucro o gubernamental) sería muy útil de las siguientes maneras (seleccione todas las que correspondan):
- a. Financiación/subsidios.
 - b. Coordinar las actividades de los socios.
 - c. Convocar socios para la toma de decisiones.
 - d. Convocar a los socios para compartir las mejores prácticas.
 - e. Política y legislación estatal.
 - f. Configuración de incentivos financieros o modelos de pago.
 - g. Asistencia técnica y formación.
 - h. Recursos educativos (vídeos, escritos, etc.).
 - i. Compartir las mejores prácticas de otros estados o regiones.
 - j. Coordinar recursos y referencias en una comunidad (es decir, un centro de referencia).
 - k. Agregar datos de todo el estado para usarlos en la creación de políticas.
 - l. Otro, por favor describa.
 - m. Por favor ingrese un comentario.
 - n.
25. De los apoyos que seleccionó anteriormente, clasifique sus tres (3) preferencias principales para conocer las formas más útiles en que una entidad coordinadora estatal podría apoyar a CIE.
- a. Lista de soportes (arriba)

26. ¿Qué sería lo más impactante que su organización podría recibir para mejorar su experiencia con CIE o comenzar a usar CIE? *Pregunta abierta*
27. ¿Cómo ayudaría el aumento de fondos a su organización a adoptar o utilizar CIE? *Pregunta abierta*
28. Nos gustaría saber más sobre los costos que las organizaciones esperan enfrentar cuando adoptan y usan CIE. Si bien la conexión a CIE es gratuita, es posible que aún existan necesidades de recursos asociadas con el uso de CIE. Para algunas organizaciones, el uso de CIE puede requerir la contratación de personal adicional, la actualización del equipo de TI o el cambio de los flujos de trabajo. Teniendo en cuenta todos los aspectos, ¿en qué medida cree que la adopción y el uso de CIE aumentan o aumentarían los costos de su organización cada año? Por favor, responda lo mejor que pueda, incluso si no está seguro.
- Menos de 10,000 dólares al año
 - \$10,001 - \$25,000 por año
 - \$25,001 - \$50,000 por año
 - \$50,001 - \$75,000 por año
 - \$75,001 - \$100,000 por año
 - \$100,001 - \$150,000 por año
 - \$150,001 - \$200,000 por año
 - Más de 200,000 dólares al año
29. Cuéntenos más sobre los costos relacionados con CIE que su organización espera (o en los que ha incurrido, si ya usa CIE). ¿A qué se aplican estos costos? *Pregunta abierta.*
30. Comparta cualquier otra información importante sobre la experiencia de su organización con CIE.