Social Care Referrals Prize Challenge Webinar – October 15, 2020

Ami Patel: Hello folks. My name is Ami Patel. Thank you for joining us today on the webinar about the social care referrals competition. I did want to wait another minute or so. We are waiting for two folks who are presenting with us. Thank you for your patience, and we will get started here shortly.

All right. Hi everyone. Again my name is Ami Patel with the Administration for Community Living. This is our second webinar on the challenge competition for social care referrals. We will go ahead and get started here. Hopefully, our presenters will join us. Please go to the next slide. For the agenda today, we will start off with opening remarks and a bit on the background for the challenge competition. Hopefully, we will have a presentation by Greg Bloom about the open referral initiative. We will end with the demonstration of the new platform for registering and submitting applications for the challenge. Lastly, some resources and Q&A at the end. Throughout the webinar, all lines are on mute. We ask that you use the chat feature to submit any questions or comments. Be sure to select all participants so we receive your chat. I want to take a moment and check, do we have Kelly Cronin on the line? Okay, that's alright. We will go on to the next slide here.

So we wanted to start off with just a few opening remarks. We are excited to have this opportunity to address social care referrals and interoperability across the space of healthcare, and integrating social and care services. We are excited for the momentum we have. Those who have started to submit their interest in registering for this challenge. The overall excitement around being able to work with several organizations across the industry. In the next slide, just to review a quick focus for the challenge competition. We are seeking interoperable technology solutions developed by multi-stakeholder teams. The focus will be on more efficiently sharing data through standardized, open community resource directories to ensure better informed decision-making as people are moving to and from health and social care needs. Incorporating closed-loop referral protocols to track individuals when they are obtaining services from a health system or health plan and needing to connect to community based resources. Of course producing data around standardized social determinants of health. This definitely speaks to the priorities ACL has again, around connecting health and social care integration. I'm just going to pause for one second because I know one of our presenters, I apologize, is having trouble joining our WebEx. Bear with me with these technical difficulties.

 Alright. Apologies everyone. So next slide. Today we wanted to focus on a couple of updates to be made to the challenge posting. For those of you who are new or joining us for the first time, this is our second webinar. If you would like to learn more about the background and the goals of the challenge, please check out the recording and the slides available from the first webinar which are on the ACL.gov/social care referrals website. That link will be provided later. As I said, we want to overview the updates and changes made to the challenge. We streamlined the focus of the challenge to be a bit more, to provide more clarity about what the expectations are. We hope these changes support more targeted solutions as it relates to some of the technical aspects. In the next slide, one of the first updates we made was to the judging criteria. And you will see here, we added the proposal should plan to adapt open API standards for existing community resource directories using the human services data specification. Part of the open referral original presentation we hope to have here in a few minutes. You will hear more about this. This was our attempt to further refine what we mean by interoperability and provide the focus on demonstrating technical

progress around open standards for community resource directories. We have specific reference to the human services data specifications. Along what was already there in the challenge posting around the gravity project terminology and standards. That presentation is included in the first webinar we have had. You can check that out. To note here, we did remove reference to requiring bidirectional e-referral standards and just recognize there's a lot of work in this area. And the effort may not be realistic for the purpose of the challenge. We wanted to instead provide a focus more on the resource data exchange standards and the use of SDOH data.

The next slide, another change to the judging criteria is within the product functionality section. We have added the inclusion of lookup and retrieval of community resources through the use of standardized community resource directories. By that we mean, this is essentially a way to trigger the community resources that best meet the needs of individuals perhaps after planning assessments or just some way to emphasize the closed-loop referral and exchange of information back to where a referral is coming. That's what we mean by the lookup and retrieval functionality. That is what we expect included in your description of the concept for the phase one submission. And now we will look into some changes to the submission process.

Next slide again, I apologize to everyone. I wanted to pause for a second and just double check that we have our presenters on the line. So just bear with me one more second here. All right, great. So here again I wanted to review the changes we made to the submission guidelines. The biggest change is that we now have an online process for submitting phase one applications. We will go over what that looks like and later on in the presentation today, so next slide, as far as the content of the phase one submission. We refined what we are looking for in the project narrative. This has been broken down into a specific outline for the entry form submission. It relates to each of the judging criteria. Here we are still looking for brief overview of the design and concept. A focus on how your solution supports the partners and stakeholders on your team. A description of which new or creative aspects of technologies were used to design the concept. Also, how that relates to the specific functionalities we have outlined in the judging criteria.

The next slide, we want to understand the potential for the proposed solution to be demonstrated or implemented if it were selected for the next phases of the competition. This can include the business and technical risks that have been considered. A description of a general timeline to meet those goals, when or if your solution is selected for the next phase. The timeline is something that is new.

The next slide. As part of the submission of the entry form, we are asking for brief description of the team members. A little bit about what their role is. We just want to emphasize here that we are really encouraging the inclusion of these key partners as best as possible within your teams. The team can include health I.T. developers, healthcare providers or health plans making referrals for community resources, states or community-based organizations, many of whom have their own resource directories and systems to capture and receive referrals. This could even include Medicaid agencies as well as other relevant expertise to be included in here in your teams. What we really want to see in the description of your phase one submission, we want to understand the commitment from various stakeholders to implement open standards to collaborate on approaches with the recognition that they need to be more aligned about the need for technology's solutions and the need for interoperability. Having the right partners is a critical piece to this challenge. You will see later with the demonstration with the platform we have a team cooperation page that will help

support with the matchmaking and connecting folks with each other. We will go over that again later.

Next slide. The last change we made was to the description of the attachments for the phase one submission. We are still looking for use cases that would help describe the examples and how the solution will be implemented. And how the key partners at the state and community level would be involved in that use case and example of dataflow. For the technical specifications, we provided more clarity on specifically describing the use of the human services data specification and the technical approaches to adopting the gravity projects SDOH data content. That is all defined in the judging criteria. The technical approach can be architectures or workflows in the diagram. And that is something you will sort of upload through the submission platform. That summarizes the key changes. And the updates we made. Hopefully this helps to further define what we are looking for. These changes speak to the exciting progress we have seen across the industry. This challenge is a great opportunity for us to bridge those gaps and put the focus on the collaborative approach around seamlessly integrated health and social care through health and technology solutions. At this time, I would like to move in discussion on the open referral initiative. We again, have included, a direct link to the open API approaches and the open referral initiatives for the human services data specification. I would like to introduce, Greg Bloom, who is leading the work for the next part of our presentation.

Greg Bloom: Hi there. You can hear me?

Ami Patel: Yes, we can hear you.

Greg Bloom: Thank you for your patience. Sorry I'm late. I think you will be flipping the slides? Okay. Thanks for the introduction. I lead the open referral initiative. I worked with Bread for the City for the District of Columbia. It's a beloved health and human service provider in D.C. That's where I first encountered this problem over 10 years ago. The challenge of sharing directory information about health, human and social services. We did a lot of work in D.C. that is ongoing to make this information easier to share. The open referral initiative began when I teamed up similar efforts in other communities around the country and around the world to develop open standards and interoperable practices for sharing information about social services. Let's jump to the next slide.

We can keep the contact information if you want to get a hold of me. We can go to the next slide.

This is the scope of the human services data specification which is open referral's specs, which are now industry standards for data exchange. Which agencies provide what services? Where are they located? When and how are they accessed? That's the simplest version of describing the data we are talking about. Next slide.

Some of the see me talk about this elsewhere. You can see the actual technical specifications at docs.openreferral.org. The human services data specification, HSDS, consists of a vocabulary like a data dictionary describing various kinds of information about organizations and services and a logic model that spells out how they relate to each other. The bulk format is in CSV be with the JSON data package. Then we have API protocols which were authored by Ken Lane who did API standards development for the White House, Google and Microsoft. There is a suite of protocols that accomplish different purposes based on the human services data specification. Next slide.

So this is just a sample of the range of organizations that have been using these protocols in one capacity or another. The most important thing to note, the alliance of referral systems (AIRS) that credits providers across North America. They provide training and develop standards for the field. We worked with them to develop the human services data specification making sure they would be an alignment with previous generations of data exchange formats and AIRS in 2018 endorsed HSDS as the industry standard for data exchange. Every vendor that does business with AIRS is expected to publish, and/or consume data about services. Below AIRS you see 211. The United Way worldwide is working with the 211 network to develop a data platform. The national data platform using the specs and various other AIRS vendors. They use HSDS as methods of data exchange. We have adoption in the legal aid field. Legal services a prominent vendor that uses this to structure the database about legal aid services. A whole range of startups are using the specs or at least are moving in the direction like healthify. Purple Binder acquired before them. We heard from activate care. They are interested in adopting these methods. In North Carolina, unite us is using HSDS to receive data from 211 for the North Carolina NC Cares 360 platform. We have adoption in the fields of disaster response through the Sahana Foundation. Hunger Free America is developing a new national hunger resource infrastructure that they are using these protocols. There are others in the food aid field which service food banks. You can see others adoption on the blog on open referral.org. Next page.

The important thing to note is open referral is not a solution. This is not a platform. Open referral is not a software solution. We do not have a database. These are methods of finding solutions in communities -- we are trying to span the range of options for which communities can answer this question. Which is, this is public information that should be freely available to you through any system. The question is, if it's going to be public, and it takes energy to maintain this information. People have to make phone calls to make sure they have accurate information about services. How can we sustain maintenance? What I would love to see out of this ACL challenge. I'm not the one doing this, but to the extent I am advisor. What I would love to see is not just technical implementations, but they should be the opportunity for communities to think through what is a sustainable, open business model? What is the model for producing this data not just as this organization or that organizations website asset, but as open infrastructure? We have to find new answers. There's a few models we are testing which may be good ways for you to think about how to scope your partnership proposal. Next page.

So one method, these are descriptions from a different angle of this discussion, but I will talk to you about three different methods of data exchange and give examples. One is where one organization maintains data and shares it with other organizations. One to many. A second data exchange method is when many organizations, multiple organizations, maintain overlapping sets of data and exchange data with each other. Many to many. The third model, which may be of interest to some of the folks on this call, is when some sort of authority figure, probably a funder or maybe accrediting agency, creates a register. The register is an official canonical list. It is supposed to be trustworthy. This model is probably only going to work if you have an authority agency that says there will be a register and everybody that gets funding or is accredited by us, must be listed in the system and up-to-date.

I will share more detail about each of these models because this may help you think through your prototypes. The data utility model. One organization maintains all the information and they share this data with third parties. The data is now one organization maintains it, that many organizations can use it. The question is, how is that sustainable?

The model we are exploring is essentially transforming resource data, which is currently a commodity. Some organizations collect and try to sell to other organizations. We are transforming it into an infrastructural service. Here I'm using 211 as an example. This is a hypothesis. This is just a generic example. 211 may share data with anyone of these third-party systems just as a hypothesis. The question is, we saw the technical problem more or less. Moving data from one system to many. HSDS makes it dramatically cheaper to develop system integrations that are feasible across many systems.

The question is, the organization will spend a lot of time and money and care maintaining data. How do they make it sustainable? What we are exploring in this may or may not be something you want to explore in your challenge -- the business modeling sounds like it would be a plus. What are the fees or the revenue streams that might come back to a data service provider that are not for the data itself, but for services associated with the data?

If your proposal can show we can technically share data in this method, but we also want to figure out what is an equitable arrangement? What is an equitable model for these partnerships so the organization that maintains the data is able to recover the cost of maintenance and increase the quality of service as more and more organizations use the data? We are exploring methods like the data may be free but the service, the guarantee of updating at a certain frequency is what organizations pay for. The data may be free, but the guarantee of training and tech support maybe what you pay for. Or maybe the data is free, but if you want the data provider to deploy a white label website, that's what you pay for. These are the kinds of market designs we think will lead to more efficient and equitable allocation of resources in these fields. Models paying for a one off data dump that doesn't meet anyone's needs.

Let's move to the next model. So this model, I have only found one example of it in the wild, but it was very compelling example. Not in this country. It was in Ontario, Canada. You had dozens of organizations using the same software system but having different databases. They were able to collaborate on who was responsible for maintaining which data. That was a good example that now Benetech in the Bay Area is trying to replicate. This idea is that multiple organizations may be maintaining overlapping sets of information about services and they will figure out how to share updates and match records from different systems. The idea being, this kind of data collaborative can enable organizations to get better data at lower costs. We have examples of this in the Bay Area on the next slide, I have some information. Service net, it's open source essentially business-to-business infrastructure for different organizations maintaining resource directories to compare records in each system, identify conflicts, discuss you know what is the truth? Share verification information. And reach alignment on records they were previously competing over and in the future they can cooperate. On the next slide.

This is an example of the Benetech service net. They had 75% of each of their directories was contained among other directories. At the same time, $.25, 25% for every director. There were multiple value proposition to start sharing data. Service net is built for that undertaking. Service net is open source software. You could read apply it and adopt yourself. You could partner up with Benetech and submit a proposal to continue development I would love to see other examples of communities trying to solve this data federation problem and facilitate collaboration. An ADRC and 211 probably have the high percentage of overlap between records. They probably partner. There probably are siloed and redundant and they could benefit from collaborating. This is a more complex undertaking. Next slide.

The register model. I think this will most likely succeed we have some sort of network authority or funding agency or accrediting agency. There will be a register they will deploy the tools for the register. This is something sometimes 211's provide for funders. Now that we have a standard format for publishing this information, the value of building an official list, that have developed the policies and monitoring and compliance mechanisms to ensure that list remains trustworthy, the value of this approach is most greater now. There a couple of examples on the next slide.

The New York City Mayor's office of opportunity published an open data set published contractors that receive funding from the mayor's office. It is a baseline of data, not enough to make a referral, but it can be infrastructure other parties used to synthesize with their data set. This lays the groundwork for the government to collect data about the use of data about the services they are funding. It helps them understand where there are still unmet needs, where programs can be aligned more effectively--this kind of register approach lays the groundwork for much richer data ecosystem that can generate insights for programmatic evaluation and data driven decision-making. Next slide.

I guess that's the end of my examples. I'm happy to field any questions. I also noticed, Eric John asked in the chat, about schema.org. We are partnering with the Stanford legal design to schema.org into civil service schema. That's just a project in legal aid. I can point to the early drops and we will figure out later this year, how to generalize that integration. Right now is just for legal aid programs. The idea, this is the data exchange format. Open referral addresses the classic problem with standards and that there is too many. This is designed to achieve interoperability. It is not try to beat the other standards. Is trying to enable interoperability across diverse, technical logical and institutional context. If you have any suggestions, if you want to talk about possible project proposals, I would be glad to keep talking. Thanks y'all.

Ami Patel: Thank you so much, Greg. It's great to get specific examples. We are excited to have the opportunity to work with you on this. As mentioned, please continue to add questions in the chat. We will get to them towards the end. Looking into the phase one submission.

In the next slide, once again, we have a new sort of platform in the process for the application entry form and registering for the challenge competition. These links are here. At this point, I would like to turn it over to Michael Timmons, the vice president for customer experience at Skild. Michael and his team have been tremendously supportive with the challenge providing technical guidance and supporting the platform for submission. Michael, thank you to you and your team. I will turn it to you to provide the demonstration of the platform.

Michael Timmons: Thanks Ami. I see my share button, but it's great out at the moment. Can you give me permission to share?

Ami Patel: Yes. We will hand you the ball here in a second.

Michael Timmons: There we go. Thank you. All right. Let me get these things out of here. Let me try a different method.

Ami Patel: We do see your screen.

Michael Timmons: There we go. That's better.

Ami Patel: Got it.

Michael Timmons: I work for Skild and we have been helping them to flush out the challenge and support with project management. We're also the platform behind the submissions. Right now I will demonstrate how you can register and log into the platform to submit your entries. As Ami mentioned on the last slide, the login is socialcare.innovationchallenge.com. When you go there you have the option to login or register. I'm on the registration page. A basic form with some standard information about who you are, your organization. There are some checkboxes that ask what your organization is like. Just an attestation. When you submit that, you will get an email and that needs to have a confirmation link clicked in it to confirm you are real person. Once you click that it will bring you back to the login and registration page where you can login using the email password you created. I will login as a test contestant.

Once you login, you will be taken to the dashboard page. You will see there is an area in the blue box that is messaging directly from the ACL team. That may change over the course of the challenge. Look there for updates. Below that is where your entry form is. And then some resources. I will start with the quick links. These are some of the tools or bits of information that will help to guide you through this process. The webinar will be here. The previous webinars are linked here as well. The transcript. You can get a link to the team collaboration page and some frequently asked questions. On the right, you will notice we have our area for entry. This countdown circle will tell us how many days are left until the deadline closes for submissions. Each day it will countdown until he gets to zero.

There several elements to complete. You can come here and fill out as much as you want, and then come back at a later time. As long as the windows open, then you are good to come back and finish. I don't know if you just saw, there is a banner that says saved. The system auto saves every 60 seconds. If you come in and fill out half of it and you lose your internet connection, and you didn't save on your own, you do not need to worry. Your data is safe. When you log back in, it will pick up where you left off. At the bottom you can see also a save area as well. We can save and preview and I can see what I've done to this point. A little attestation you need to do. Some of these are required fields. You will see the red star there. This is what the form looks like once you submit your entry, you go to the preview mood and officially submit. When you do that, you will get confirmations on screen in the red box and it will be a timestamp when it was registered in the platform. You will also receive an email that will let you know it was received.

Ami mentioned we created a team gallery. As you submit information into that entry form, we are pulling some of that information and displaying it publicly. This is what we are calling the collaboration gallery. Other teams could potentially connect with you and offer some assistance to things you may not have. For example, we could click any of these to filter by what it is these teams are offering. You will see as we get these teams to register, your logo will be there and the name. You have a choice to ask whether or not you want people to collaborate with you. You can see in this case, this team does want collaboration. To see any of these teams' information, you click on it and then you will get more information. You can see here, there's an email address they have. There is a website to go to. This is what they are offering in terms of the areas of expertise. Here are some of the areas they need.

We also have the ability for you to put information about your organization as well. They provided a little bit of a background. We are constantly updating this. Every day we come in and transfer the data people are submitting into the entry form. Keep checking back to this

page so you can see as teams register who is in there and what they are offering. If you're interesting in collaborating, reach out to the contact listed in the area. The last thing to mention, one of our team members is available for informational sessions. If you want additional information beyond this webinar or the resources available, you can book a time with my colleague, Ian. We will put that link in chat or on the website so you can link to it. You will see his calendar. There are different dates. Once you book that, you get the confirmation email and everything is set. You just need to dial in to the link on Zoom. I think that's pretty much how the platform will work if you have any questions, let me know. Can reach me at Michael@skild.com.

Ami Patel: Thank you so much Michael. I appreciate the demonstration. As mentioned, we do have a link for you can click and book a meeting. We welcome that opportunity. The team collaboration page is definitely valuable in the opportunity for you to collaborate with each other. Take a look at that page as well. I see questions coming into the chat. We will go through those here shortly.

For the next slide, I did want to do a quick review of some key reminders. If we can move to the next slide. First the phase one applications are due by five p.m. Eastern Standard time on Monday, December 14. After the judging process we will award up to 16 who will receive $30,000 each to move on to phase two of the competition. For up-to-date information, as mentioned and to view past webinar recordings, you can check out our site, ACL.gov/social care referrals. As Michael mentioned, all of those resources are also on the quick links on the platform once you register and go in there. So multiple ways to check out resources. We also have a frequently asked questions document which will be updated after today's webinar. All of that will be posted in the same place. Lastly, we have a more centralized email address available. Please reach out at any time. There will be multiple ways to connect throughout the next couple of weeks and months here. Before we get into some of the direct Q&A, I know Kelly Cronin, the deputy administrator and director of the center for innovation in partnership at ACL was able to join us. Kelly, you have any thoughts or anything to add to the discussion today?

Kelly Cronin: Hi Ami. Thanks. I think you covered so many important things as has Greg. I just wanted to reiterate the challenge. I have been hearing I think there is increasing interest and awareness around the opportunities to better connect healthcare providers and community-based organizations. I think having more interest in this challenge and participation, is only going to help advance the work in this area. In particular, I think have some more focus and collaboration around solving some of the interoperability challenges. Hopefully, move to more of a collaborative space across technology platforms. And the key stakeholders that are often sort of behind the financing and organization of what's happening. I just wanted to thank you all for having interest in learning more about this. Hopefully participating. You know, we want to keep an open dialogue with you all. This webinar is a good chance for you to give us feedback, or ask questions. We are really open to having an ongoing with conversation with anyone who wants to know more or wants to engage more with us. Again, thank you to those who are on the webinar. Also to Ami, who has put a lot behind this in the last six months. I think we are all benefiting from all of her hard work. Back to you Ami.

Ami Patel: Thank you so much, Kelly. Thank you for joining us. I know there's always some technical issues. Alright. We will go ahead and use the rest of the time to go through some questions you all have submitted thank you to Greg for responding to some of these directly.

There was a question there on the New York City opportunity social service map. In case folks did not see that specific question and answer, Greg could you talk more about that?

Greg Bloom: Sorry about that. I realized I was sending a private chat to the public thread. Although it was innocent information. There was a question about what the New York City government published this was a couple of years ago. They do have a data set about all the cities facilities. This is a different open data set about all the services contracted by mayoral agencies. Those are relevant data sets. I think they saw and used the standard because they realized the need is not to get all the data in one place, the real need is to link data from different places together in ways that are coherent even though they are distributed. Being able to join up the city's canonical information about all the facilities with the cities canonical information about or the information from contracting system about all the services is a big next step. You can even see from this example, how organizations in the private sector and community can help the city published basic information. It is not up-to-date or rich. It's a baseline they recognize information about the file should not be used for referral. A project that would match the cities canonical information about contractors with the maintained resource directory that has rich information, updated information linked back to public records. That's the example of a really -- for anyone outside of this field, that sounds really boring and not directly helping anybody, but you are setting the stage for all kinds of more robust operations in the future if you can integrate previously siloed systems together.

Ami Patel: Great. That's helpful insight to have for sure. Looking through the chat here. This one might be for you, Michael. In the entry form, do these specific character limits for each questions include spaces?

Michael Timmons: Yes, they do count as a character.

Ami Patel: Okay. The character limits are generally from questions around two pages if you were to think about writing it out in the word document. Hopefully that's helpful to understand. Looking here again to the questions in the chat. The question is, is there a different link from the one we needed to send to submit a letter of intent? Thank you for asking that question. One of the changes we made initially we were asking folks to email a letter of intent just to inform us of your intention to submit a solution for the challenge. Now that is actually going to be the registration process. As Michael showed us, you will use the socialcare.innovationchallenge.com to register. That will be your letter of intent if you will. There's no need to use any other link or set up there.

Another question here. Could submissions focus on a vulnerable population other than disabilities and elderly or individuals with disabilities? The answer is, yes. We are looking for solutions that essentially support all populations moving through the healthcare system. Whether older adults, a person with a disability, a veteran, caregivers, the goal is really anyone with a need for holistic health and social care. Connecting them to the right resources and be able to demonstrate that can be seamless process through technology solutions. The population served would be up to the team and who the organizations are and where they are regionally within your team.

Next question. Will there be additional awards above the $30,000 after phase two? So, yes. Once the six winners are selected for phase two, after phase two and the judging process for that -- which will be June 2021 -- we will select three additional winners to move forward to phase three. Those winners will receive about $60,000 each. There will be one final prize

winner at the end of the competition who will receive about $140,000 for the one final winner.

All right. Another question here. This would might be for you, Greg. Unclear about the measurable's about this opportunity. To create a database of community resources. Is it to create a reasonable collaboration of service providers to serve people with disabilities? I am not an I.T. person. This seems very I.T. specific.

Greg Bloom: I'm not the authority for this question answered definitively. I did respond in the chat. It is a fair point to observe the question of interoperability is relatively technical. Although from another angle, from the organization perspective, this is really about business operations and how partnerships work. On one level it's very technical, but the other level it's really strategic. How are different organizations that have different systems going to collaborate? What I have been talking about, one method of collaboration around the specific kind of data. Specifically, data about services. A measurable could be, first, are we able to share information from one system to another? That you know, is that successful? Data from one system going to another system? You may observe are there errors? Was there lost information? What are the issues that arose when people using one system tried to use data from another system? All of those will be valuable insights that inform the question of how can this partnership, among organizations that previously did not collaborate or competed with each other -- these kinds of technical questions will be essential figuring out the strategic and operational answers for how interoperability can work on an organization level and not just a technical level. Does that make sense, Daniel?

Ami Patel: Thank you, Greg. That was really helpful. I will admit I am not an I.T. person either. That's why I'm assessing the need with collaborating with partners. This is certainly not only specific to the I.T. or technical pieces to really ensuring seamless connections to community resources. I appreciate that question there. Alright. I see another question here. This is from someone who is asking, can they participate if they are not U.S. citizens, but your company is in the U.S.? For challenge competitions, there is a requirement the team lead or individual submitting the solution is a U.S. citizen. That's mostly for the purposes of allowing for us to award the prize funding. Please do look at the challenge.gov posting for more information. There are some specific there about who can and cannot participate.

Question here, are there different levels in which teams can collaborate on a proposal? Absolutely. That's the purpose of having the team collaboration page. If we identify some teams that are possibly working in the same region or need to connect with the specific kind of organization, or health system or even with the state and local community based organization contacts. We want to help connect you and identify who might be the best lead to sort of promote that teambuilding there. Please reach out if you have a specific question related to that.

Moving on to another question. Sorry. Just moving down here. So there is one question here. Is 211 already an available partner? To my response before, we certainly are hoping 211 in certain regions or nationally will consider participation and we are doing a lot of outreach in that sense. If we are able to connect 211 to other teams who have already submitted interest, we will be able to do that on the team collaboration page. Certainly, hopeful they are a partner in some sense. Definitely, a good opportunity to collaborate with them on this.

Okay. Another question here. So any need to consider how to connect information between healthcare providers and community-based organizations as health consumers? That's

definitely focused on the need for, you know seamless exchange of data and the open referral piece as well. Kelly, do you have any thoughts on that question?

Kelly Cronin: I'm sorry. I was not tracking which question you are on.

Ami Patel: The need to consider how to connect information between healthcare providers and community-based organizations.

Kelly Cronin: I'm not exactly sure about the scope of the question. Any need to consider? Is this -- is this like in terms of the content or the messaging standard or the relationship between providers? I mean, I think, in many cases, there is you know, sort of an EHR outbound message going to the CBO. It could be embedded with the referral notes. There could be a prescreen of SDOH needs at the healthcare level or an SDOH assessment at the level of the CBO. It is highly variable depending on which partners you are working with. What will work within the workflow and existing technology infrastructure? It may be if they could ask more specifically what they would like to understand or know. I think we are open to what would be most workable for this specific set of stakeholders. And you know, the populations they are serving. We haven't gotten into detail about this, but there has been some consideration, if there's a history of behavioral health history, or there is sensitive data -- there may be consideration given to opting in or data segmentation to respect people's privacy and ensure you are protecting confidentiality.

Ami Patel: Okay thank you. That kind of goes to the next question here. In addition to the director of services, are you also interested in the privacy implication of sharing data between regulatory domains?

Kelly Cronin: Yeah, I mean I think this is a highly complex area that you know, if the parties involved are recognizing that this is important to be able to not only share this compliance with these existing regulations, but if they think there are areas of ambiguity they would like to work with us on, we would be open to that. We do recognize that there was a HIPAA rulemaking that did address information sharing with community-based organizations. You know under sort of the treatment payment and operations parameters. Given that many CBO's do play a role in continuity of care and services. But if there are issues related to FERPA or other regulations, we would be willing to talk about what kind of clarity would be needed to ensure appropriate private and secure information sharing.

Ami Patel: Okay. Thank you. Another general question here, could you describe further how you believe organizations and individuals could be benefited from the challenge? What things could change? How could things change? For that the goal is to break down silos of all the different referral platforms and resource directories that are out there. We are really trying to promote a seamless connection and information back and forth to inform the healthcare providers or the health plans that an individual is connected to the right community-based resources. Certainly trying to promote a lot of change in turns of various organizations in the healthcare realm.

Kelly Cronin: Building on that Ami, I think I'm back to Craig's example earlier. If there is a 211 and other information referral systems within a similar geography. In many cases, there's a lot of overlap in the community based organizations they refer to. It would be nice to have sort of you know, a more, over time, open infrastructure that would allow for a current electronic account of what are all the community resources. And not have people compete on that per se. We've been hearing for example from, some health plans that they don't

necessarily look at, you know, networks of food banks as something they would be interested in competing on. At that's just an anecdote. The notion is, these are really needed resources that help people that are in need. Particularly during the pandemic we want them to be as available and to be as up-to-date as possible. You know, this is also just given the historical context, a lot of these have been made possible through philanthropy and government subsidies for decades. It is something we think really should be available as a public good over time. We do need to think through critically about you know, what is the business model behind it to maintain and encourage and maintain this change and to keep it dynamically updated. I think overall, everybody would be better off if we had an open current account of what is out there at a community level to keep people connected. I think also, we are seeing duplicate of spending going on in many markets. For people trying to see this.

Greg Bloom: Kelly, if I could just cap off what you just said with a set of value propositions that could be measurable. The question here, when it comes to resource data and interoperability, can better quality data, flow in a community at lower costs? Can more people access the data through more channels rather than previously one or two channels? In the future, many channels. The highest, the sort of most long-term, but you know, we may as well start thinking about it now. When resource data is treated as infrastructure rather than as commodity. When many organizations are using the same resource data in many systems, you can collect much more robust analytics about who is searching for what services and channels and context. Who is clicking on what stuff. That can give a much broader array of insights into the needs of the community and the patterns of service delivery. I don't necessarily expect people to jump directly there from here. People should be thinking about what becomes possible when many different systems reference the same data to conduct service, data, delivery and data-driven decision-making maybe possible. That is potential value eventually to end users. That's what you want, and immediately to funding organizations and service writers or service providers themselves.

Ami Patel: Thank you so much Greg and Kelly. This has been a really great discussion and we are so happy to have the momentum and appreciate everyone's interest in this competition. To all of those questions we did not get to, we will address them in the FAQ document which we will offer and share after today's webinar. With the recording. Looking at the time, we really appreciate everyone's attendance today. Please reach out with any questions. We look forward to continuing this discussion. Thank you Greg and Michael for joining us today.

Greg Bloom: Thanks Ami.