













Unified Social Service Directory (USSD)

Project Description & What We Tested	
<p>Vendor: United Way RI 2-1-1 – Katie Blais, Project Manager</p> <p>State Contact(s): Marea B. Tumber, OHIC/SIM</p> <p>   </p> <p>Funds Allocated: \$140,000 (\$100,000 – SIM; \$40,000 – RIDOH)</p>	<p>Project Goals:</p> <ul style="list-style-type: none"> • Explore the opportunity to develop an integrated, coordinated, statewide infrastructure for addressing SDOH. • Bring together state agencies and community organizations to participate in the development of this plan. • Begin with a pilot project: a statewide resource database that will deliver real value to healthcare providers across Rhode Island. In order to ensure results provided to participating patients are high-value, the founding subscribers, and other partners, will collaborate on developing a common framework for categorizing, organizing, displaying, and reporting information. • Build connections with existing IT platforms in community healthcare organizations. While many provider groups in the state have made progress toward SDOH assessment and referral, they are at different points of maturity in terms of infrastructure and establishing processes. Some organizations rely on Internet searches and paper referrals, while others are developing systems to make and track referrals and facilitate case management. To maximize the utility of a centralized resource database, connections will need to be created such that EHRs or other IT systems can pull data from the database to facilitate referrals and case management.
Similar Projects and Research	Milestones & Accomplishments
<p>San Diego Community Information Exchange (CIE): A CIE is an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning. Care planning tools enable partners to integrate data from multiple sources and make bi-directional referrals to create a shared longitudinal record. By focusing on these core components, a CIE enables communities to shift away from a reactive approach to providing care toward proactive, holistic, person-centered care.</p> <p>North Carolina NC Cares 360 North Carolina received a statewide \$6M contract through Medicaid and a portion of that is being used to create a resource directory, using 2-1-1 as the source of data. They are working with working Unite Us and Expound to create a shareable and trackable database.</p>	<p>Data Validation of 2-1-1 Database:</p> <ul style="list-style-type: none"> • The SIM grant allowed 2-1-1 to hire a team of validators to examine and update close to 100% of the 2-1-1 database. • All agencies and services are now coded with AIRS Taxonomy, an international standard for Information and Referral organizations. <p>USSD Server Creation:</p> <ul style="list-style-type: none"> • The SIM grant has allowed for the creation of a server that allows for easy manipulation and export of data based on partners needs. • This server is the foundation to build on additional functionality and enhancements to scale and grow the database project. • The server was tested to pull data for the RIDOH Early Childhood Screening Project, one of the project’s Pilot Partners.

- Impacts:
-  Patients
 -  PCPs
 -  Payers
 -  Specialists
 -  State Government
 -  Community Mental Health Center Staff
 -  Hospital & Long-Term Care Staff
 -  Community Based Organizations

Sustainability & Transition Planning	Challenges
<ul style="list-style-type: none"> • Creation of USSD Steering Committee and appropriate sub-committees to formalize project governance • Continued search for additional sources of funding • Assisting with state exploration of a shared eReferral system 	<ul style="list-style-type: none"> • Multiple systems with differing abilities to upload, connect, and read data makes it difficult to connect. • Duplicated efforts of data collection • Difficulty with continued data validation

Impacts:

Patients

PCPs

Payers

Specialists

State Government

Community Mental Health Center Staff

Hospital & Long-Term Care Staff

Community Based Organizations