

### → Our Mission

To connect all people in need and the programs that serve them (with dignity and ease).

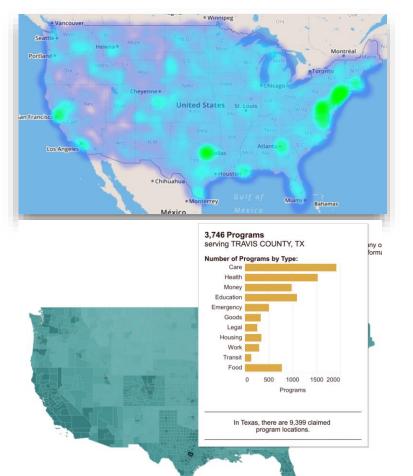


### **Nationwide Network**

Our search is in every ZIP Code in the United States. This heat map shows searches across the country.

We're transparent about our program network — you can see program information and availability for <u>every county in the US</u>.

9,139,294 Users552,570 Program Locations82,631 In-Network Locations

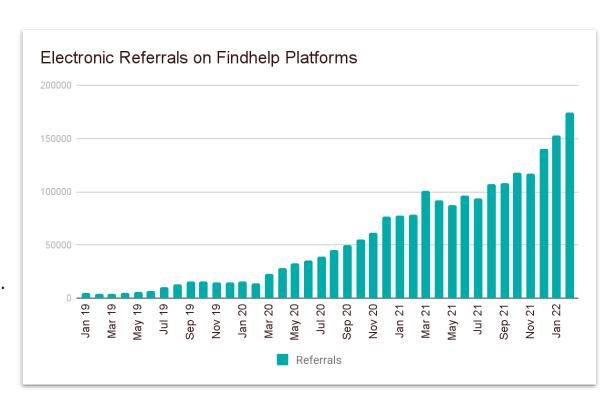




### **Closed-Loop Referral Network**

Findhelp has the largest closed-loop referral network in the country.

Our customers join an active network with participating community organizations nationwide.





## **Nationwide Network**

430+

Customers

**78** 

Multi-state Customers (and **Growing**)





















MAYO Geisinger MaineHealth























**EDUCATION** 

**OTHER** 























**Dallas County** Community College District















LOS RIOS























9/20

Largest U.S. Hospital Systems

164

**Healthcare Systems** 

70+

**Health Centers** 

9/10

Largest U.S. Health Plans

102

**Health Plans** 

3

**Primary Care Associations** 























































## **Principles**



Consumer-directed privacy and per-referral consent



Equal access to an inclusive and holistic network of programs



Government partnership through capacity-building, standards and interoperability certification, and innovation demonstrations



# Information Sharing & Privacy



### **Protecting the Seeker's Privacy**

We all have tough moments in life. Whether it's struggling with addiction, unemployment, or just a series of bad events.

- 1. Self-navigation referrals are private to the Seeker and the community organization
- 1. The Seeker is in control of who else gets to see that private referral
- The Seeker can share or remove access over time to that private referral



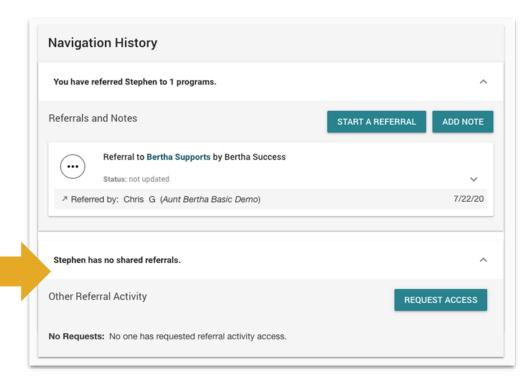


# **Self-Navigated Referrals**





## Self-Navigated Referrals are Private





### Referral Activity Sharing Request Approved

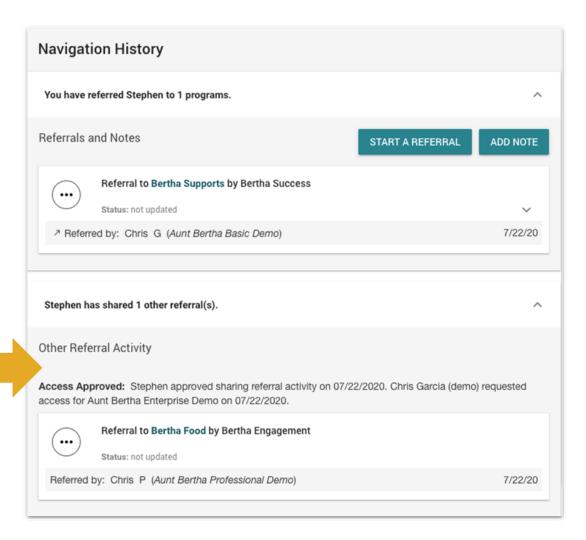
Your request to view additional referral activity was approved.

View Profile

Enterprise Demo

Questions? Contact support@findhelp.com





#### Company Confidential

Access Limited to Authorized Personnel



# **Consent for Each Referral**

Confirm Consent *	☐ I have appropriate consent from the person or their guardian (if under 18) to:
	<ul> <li>Send their contact info and additional info through this system to this agency, and</li> <li>Send them info about this program through the Findhelp Enterprise Demo platform (including any responses sent to them by the program).</li> </ul>
	The consent check box must be checked
	⊠ SEND

#### Tell us about the person you're helping: Someone you've Connected before: Use contact info on file Polly Pocket Connecting someone new: Their Name\* Polly Pocket Their Email Address candace+pollyp@findhelp.com Their Phone Number **Their Language** English **Their Patient ID** Their Medicaid ID Best way to reach them\* ☐ Email ☐ Text message ☐ Phone call Don't reach out Comment Add a comment... Confirm Consent \* ☐ I have appropriate consent from the person or their guardian (if under 18) to: · Send their contact info and additional info through this system to this agency, and o Send them info about this program through the Findhelp Enterprise Demo platform (including any responses sent to them by the program). The consent check box must be checked **⊠** SEND

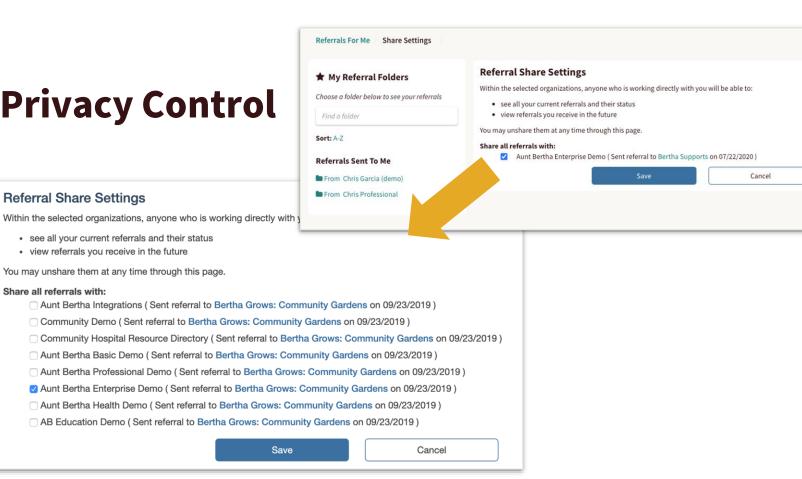


## **Privacy Control**

· see all your current referrals and their status · view referrals you receive in the future You may unshare them at any time through this page.

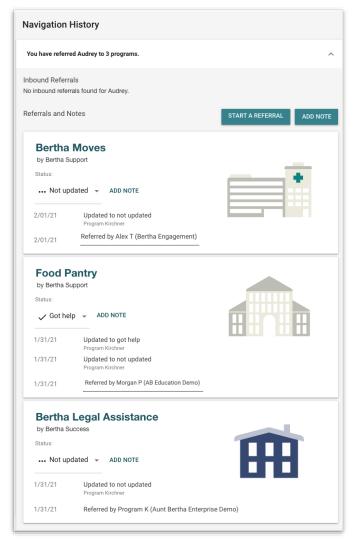
**Referral Share Settings** 

Share all referrals with:





# **Coordination:**Coalition Sharing



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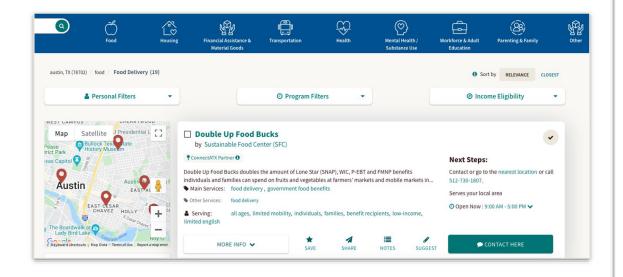
### Implications of an "all-in" permission approach:

- Discrimination
- Vulnerable situations
- Family privacy
- Conflicts of interest

This Authorization covers, without restriction, all information disclosed and re-disclosed to CIE by you, your family, Partner Agencies including your care team, or any other person involved in your care while this Authorization is in effect. CIE and its Partner Agencies may share your personal, financial and health information. You agree to notify CIE if your information changes or is incorrect. Information disclosed pursuant to this Authorization may be re-disclosed and no longer be



## Anonymity Differences



### Assistance Request Form If you are experiencing an urgent need related to COVID-19, dial 2-1-1 or 888-892-1162 (available 24 hours a day 7 days a week! to contact NC 2-1-1 by United Way of North Carolina for assistance. If you are experience an urgent need unrelated to COVID-19 and you would like to be connected to services near you, please complete the form below and an NCCARE360 Navigator from NC 2-1-1 will contact you. The information you enter is completely confidential and will only be shared in order to connect you to services If you are a veteran or military-connected family member, click here to get help. Please use this form only to request services for yourself, or a child (under LB years old) or adult for whom you have legal guardianship. Consent submitted through this form should be signed by the person who would be receiving services, or signed by their parent or legal guardian only. First name \* Last name Date of birth . Phone number Email address Address Address Type Address Line 1 Address Line 2 State Zip Code What services are you seeking? Please describe your request for services Please sign in the box below to provide your consent to receive services The consent signature is required



#### STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to a closed loop referral system in the department of health and human services.

Be it Enacted by the Senate and House of Representatives in General Court convened:

- 1 New Paragraph; Department of Health and Human Services; Closed Loop Referral System. Amend RSA 126-A:4 by inserting after paragraph V the following new paragraph:
- VI. If the department itself or through a contracted entity provides a closed loop referral system, the following privacy and security provisions shall be included:
- (a) The department shall not access any individual's personally identifiable information or protected health information from or through any closed loop referral system unless the individual is currently receiving services funded through a department of health and human services program or has received services funded through a department of health and human services program within the past 12 months, has previously given consent for the department to access their personally identifiable information or protected health information and has not revoked consent.
- (b) Notwithstanding the foregoing, the department may obtain specific consent from an individual to access the individual's personally identifiable information or protected health information on each consent for a referral for services, provided that in obtaining consent;
- (1) A separate page, in hard copy or electronically, shall be used; and

https://legiscan.com/NH/text/SB423/id/2520684/New\_Hampshire-2022-SB423-Amended.html

1/3

#### 3/4/22, 1:31 PM

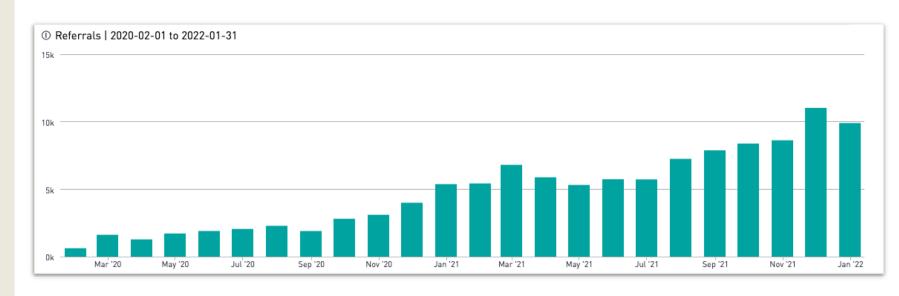
New Hampshire-2022-SB423-Amended

- (2) The request shall be phrased as follows: "Do you consent to allow the New Hampshire department of health and human services to have access to your personally identifiable information and your private health information along with information about your referrals for services? Please note that you will receive the same services whether you sign this form or not."
- (c) Within 48 hours of becoming aware of a data breach, the contracted entity providing a closed loop referral system shall begin the process of notification by first class mail or other individually agreed to communication mechanisms to all individuals impacted by the
- (d)(1) An individual's personally identifiable information or protected health information may be added to the closed loop referral system only if:
- (A) The individual consents to its inclusion on each instance of a referral for services, and
- (B) The individual whose information is intended to be included in the closed loop referral system shall retain the right to opt into the system on each referral and retain the right to revoke consent to be in the system at any time.
- (2) If an individual revokes consent to be in the system, then, to the extent allowed under federal or state law, information relative to the individual's referrals for services shall be deleted from the system within 7 days of the revocation.
- (e) No provider or organization utilizing the closed loop referral system network shall have access to an individual's personally identifiable information or protected health information unless the individual has been referred to that provider or organization for services and the provider or organization requested consent from and was given consent by the individual to access such information.



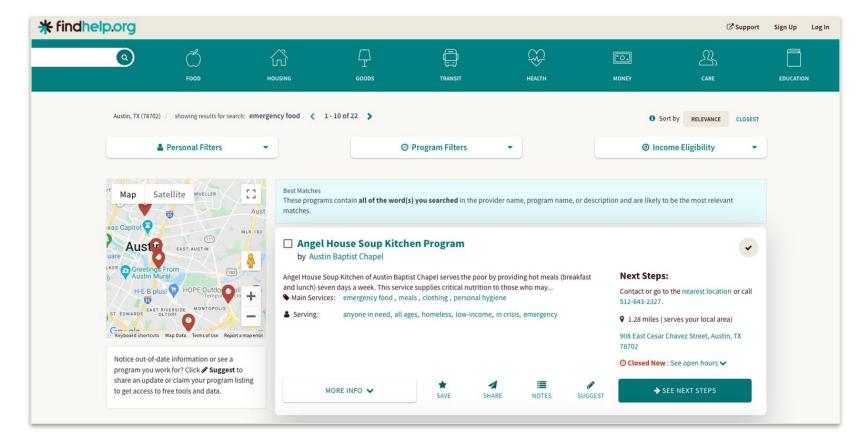
### **Referrals in North Carolina**

More than 116,500 referrals made over two years





### A Holistic and Inclusive Network





## **Diversity of Programs** (Focused Projects)

Our network curation team has completed or is working on several focus projects to increase the number of listed programs related to:

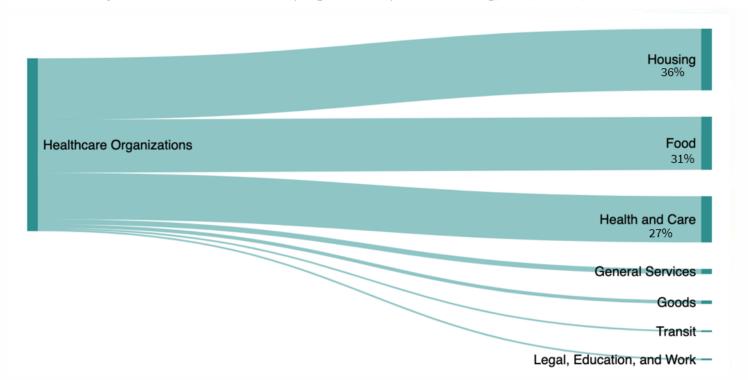
- Native American support programs
- Indian Health Services
- Free resources for severe mental illness.
- Centers for Independent Living
- Re-entry programs
- 3,000 COVID-19 support programs
- Immigration Legal Services (in partnership with Stanford)
- Dental care in states without covered adult preventative care





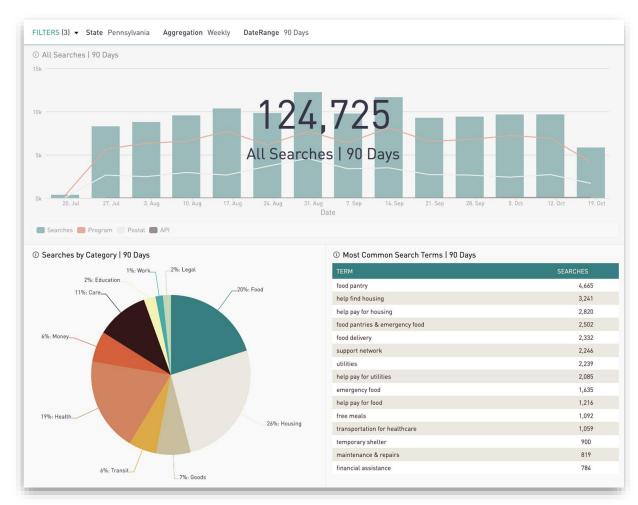
### **Industry Focus**

Healthcare customers are using the platform to improve patient outcomes and reduce costs by referring patients to services they need. Most referrals are to programs that provide housing, food, health, and care services.





## Needs Data





### > USCDI v2

Summary of Data Classes and Flements

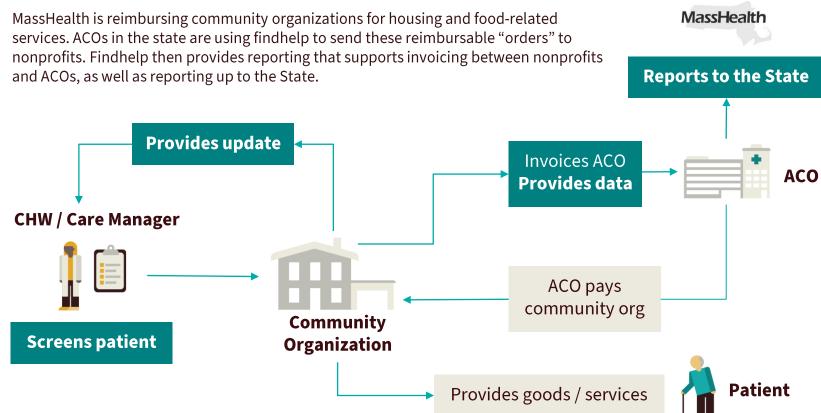
#### **Allergies and Intolerances** Goals Procedures Substance (Medication) Patient Goals Procedures Substance (Drug Class) SDOH Goals SDOH Interventions Reaction **Health Concerns Provenance** Health Concerns Author Time Stamp Assessment and Author Organization Plan of Treatment Assessment and Plan of Treatment **Immunizations** SDOH Assessment Immunizations Smoking Status Smoking Status Laboratory Care Team Member(s) **Unique Device** Tests Care Team Member Name Identifier(s) for a Values/Results · Care Team Member Identifier Patient's Implantable Care Team Member Role Device(s) Care Team Member Location Medications Unique Device Care Team Member Telecom Medications Identifier(s) for a Patient's Implantable Device(s) **Clinical Notes** Patient Demographics Consultation Note First Name **Vital Signs** · Discharge Summary Note Last Name Diastolic Blood · History & Physical Previous Name Pressure Procedure Note Middle Name Systolic Blood Progress Note (including Middle Initial) Pressure Suffix Body Height Sex (Assigned at Birth) Body Weight Sexual Orientation **Clinical Tests** Heart Rate Gender Identity Clinical Test Respiratory Rate Date of Birth Clinical Test Result/Report Body Temperature Race Pulse Oximetry Ethnicity Inhaled Oxygen Preferred Language Concentration Current Address Diagnostic Imaging BMI Percentile Previous Address Diagnostic Imaging Test (2 - 20 Years) Phone Number · Diagnostic Imaging Report Weight-for-length Phone Number Type Percentile Email Address (Birth – 36 Months) · Head Occipital-frontal **Encounter Information** Circumference Encounter Type Percentile **Problems** Encounter Diagnosis (Birth - 36 Months) Problems Encounter Time SDOH Problems/Health Concerns Encounter Location Date of Diagnosis

· Date of Resolution

Encounter Disposition

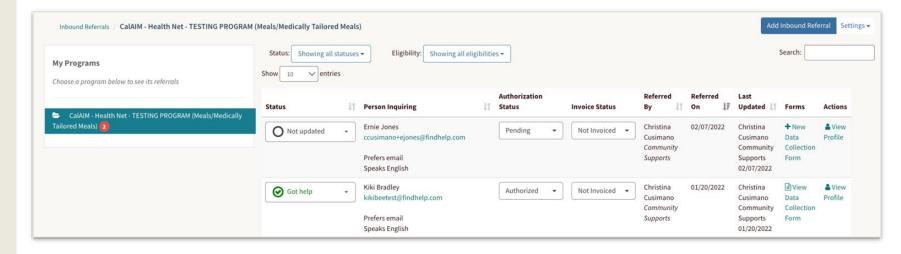


## **Paying for Social Care Services**





### See all referrals for your program



Filter by authorization and invoice status



# Health IT Policy Committee

### **Findings**



- Community organizations are integral partners to advanced health models and are highly motivated to share data, but sharing across clinical settings and social services is not standardized and poorly incentivized.
- Advanced health models are making substantial progress by making existing data actionable in new ways, but stakeholders also need seamless access to analytics capabilities to make this data useful.
  - . Some advanced health models are responding to interoperability challenges by granting community organizations with access to a single platform, rather than realizing true interoperability across different systems.



# Exclusivity forced on CBOs?

Actual clause in CBO contract

h. *Exclusivity*. Contractor will not enter into any arrangement, agreement or contract to provide services to other providers of social determinants of health software, including but not limited to findhelp PBC, Healthify, Inc. and NowPow, during the Term.



### Summary

# At some point in our lives, everyone is a Seeker.

- Giving up our privacy should not be required to get help
- Having healthcare coverage or insurance should not be required to get help
- Government should provide guidance on the importance of key principles in the use of federal funding for state and federal RFPs