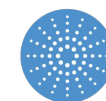


Connecting for Better Health Meeting

September 12, 2024

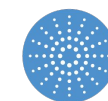


Connecting for Better Health

Advancing data sharing to improve the health of all Californians

Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	Introducing the Common Health Coalition <ul style="list-style-type: none">Chelsea Cipriano, Managing Director, Common Health Coalition	20 minutes
3	Data Elements to Support Closed-Loop Referrals <ul style="list-style-type: none">Alana Kalinowski, Director of Interoperability and Collective Impact, 211/CIE San Diego	20 minutes
4	California State Legislation Tracking	5 minutes
5	News, Events, and Announcements	10 minutes



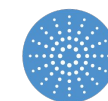
About The Coalition

Our Vision: Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable



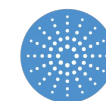
Policy Priorities

- **DSA Education & Implementation:** Promote awareness of the DSA and support data exchange implementation to realize the promise of AB 133
- **Funding:** Advocate for the state to dedicate continued funding for health and social services data sharing and encourage state agencies to seek federal match when and where appropriate
- **Integration of social services data:** Develop and communicate case studies and policy recommendations that support cross-sector data sharing, consent, and authorization
- **Advance DxF Governance, Enforcement, and Accountability:** Work towards the passage of DxF legislation, monitor state legislation and budgetary actions related to data sharing, and provide critical feedback to CDII and other state agencies to resolve challenges



Introducing the Common Health Coalition

Chelsea Cipriano, MPH
Managing Director
Common Health Coalition



A common goal; an uncommon approach



Purpose

Improve the US health system so we are better prepared for the urgent health crises of both today and tomorrow. We'll do this by **strengthening collaboration** between the U.S health care and public health systems, and by translating the lessons learned from the COVID-19 pandemic into **lessons mobilized** for action.

Scope

The Coalition focuses on:

- Facilitating coordination between partners
- Identifying and amplifying work at the intersection of health care and public health
- Advocating for policy changes aligned with its goals
- Implementing initiatives to improve health outcomes

Founding members



COMMON HEALTH Coalition

Together For Public Health



Strategic advisory council

The advisory council includes nearly 40 healthcare and public health leaders that provide strategic guidance and ensure CHC's accountability to public health principles and to the realities and challenges of implementation.

Co-chairs:

Dr. Georges Benjamin, APHA

Dr. J. Nadine Gracia, Trust for America's Health

Visit commonhealthcoalition.org/about for a full list of the advisory council members.

Our approach: *CARE*

- C** **Coordination** between health care and public health with clearly delineated goals, roles, and responsibilities.
- A** **Always-on emergency preparedness**, meaning the creation of shared, well-maintained emergency preparedness plans between health care institutions and public health entities so there will be a reliable infrastructure that can be scaled up quickly during a crisis.
- R** **Real-time disease detection** so that threats are assessed and response can be mobilized more swiftly.
- E** **Exchange of data** in a way that is swift, consistent, and actionable, particularly for identifying and addressing health inequities.

6 commitments and 33 actions

1

Establish and
codify
collaboration

2

More easily get staff
where and when
they are needed

3

Share data in real
time to advance
equitable outcomes

4

Expand electronic
disease reporting

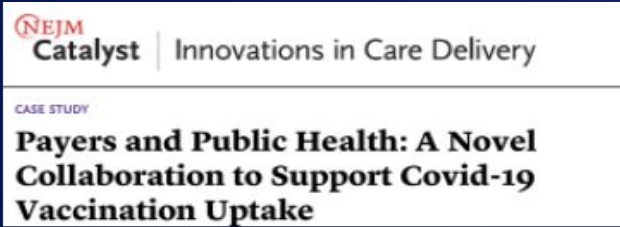
5

Standardize
readiness across the
health care system

6

Advance
existing federal
efforts

Health as the common goal



New York City

The NYC Department of Health partnered with 7 health plans to support provider-initiated COVID-19 vaccine counseling.



Ochsner Health

In Louisiana, Ochsner Health is bringing together partners across sectors to drive improvements across the state in key priority areas as delineated in their existing cross-sector statewide plan, including hypertension, diabetes, and cancer screening.



Oklahoma's RMRS

Oklahoma Regional Medical Response System Healthcare Coalition created a Medical Emergency Response Center. The Coalition coordinates with nearby hospitals, local emergency medical services (EMS), public health, and long-term care facilities.



Minnesota EHR Consortium

Minnesota's Electronic Health Record Consortium was born during COVID-19 response to require data sharing agreements and systems between public health and hospital systems, and is now used to address chronic conditions, overdose deaths, identify inequities, and inform policy and practice.

NEJM Catalyst Special Issue - August 2024



NEJM Catalyst

JOURNAL ▾ EVENTS ▾ INSIGHTS COUNCIL ▾ TOPICS ▾ ABOUT PUBLICATIONS ▾ 🔍

CASE STUDY f X in ✉

Pediatric Asthma Surveillance System (PASS): Community-Facing Disease Monitoring for Health Equity

Free access link:

catalyst.nejm.org/toc/catalyst/5/8



NEJM Catalyst

JOURNAL ▾ EVENTS ▾ INSIGHTS COUNCIL ▾ TOPICS ▾ ABOUT PUBLICATIONS ▾ 🔍

CASE STUDY f X in ✉

Knocking Down Public Health and Health Care Silos: An Innovative Covid-19 Health Equity Response

Authors: Ingrid Johansen, MN, MPH, RN, TCRN, CEN, PHN, Mohammed Selim, BDS, MBA, MS, Mark Jackson, MSc, and Carolina Ramirez Rattray, MPH [Author Info & Affiliations](#)

Published July 17, 2024 | NEJM Catal Innov Care Deliv 2024;5(8) | DOI: 10.1056/CAT.24.0118 | [VOL. 5 NO. 8](#)



JOIN US!



WHO

Health care and public health organizations across the country. More than 70 have already signed on!

WHY

Connection to a network of organizations committed to this important work at the intersection of health care and public health, access to webinars and tools to advance the work, and a space through which you can amplify your existing work to a broad and diverse audience. And, importantly, it's free to join!

HOW

Fill out the form at CommonHealthCoalition.org and tell us what you plan to do (or are doing).



**COMMON HEALTH
Coalition**

Together For Public Health

Thank you!

Chelsea Cipriano, Managing Director

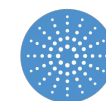
Chelsea@commonhealthcoalition.org

Data Elements to Support Closed-Loop Referrals

Alana Kalinowski, MSW

Director of Interoperability & Collective Impact

211/CIE San Diego



CIE San Diego Interoperability & Data Integration



Alana G. Kalinowski, MSW

211/CIE San Diego
Director of Interoperability &
Collective Impact



211 San Diego and CIE



GENERAL LINE

- 24/7 contact center
- 10-minute information and referral
- 300+ languages
- Use CIE to document all interactions with callers and consent into CIE
- CRM integrated with CIE platform

CARE COORDINATION

- Specialty line with case management
- Contracted partnerships with Managed Care Plans (MCPs)
- In-depth assessment and coordinated referrals via the CIE
- CRM integrated with CIE platform

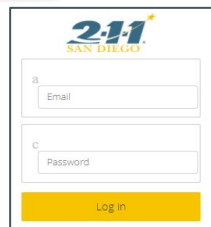


Community
Information
Exchange

Connect to 137+ organizations through direct system access and leveraging data integration between systems



CIE Network
Partners



Individual User Access

- Secure login
- Individual level PII & CIE profile, Screenings, Assessments, Comprehensive Social Continuum Assessment (CSCA)
- Electronic Referrals

System to System Integration

- Secure member matching
- API connections
- Eligibility prioritization



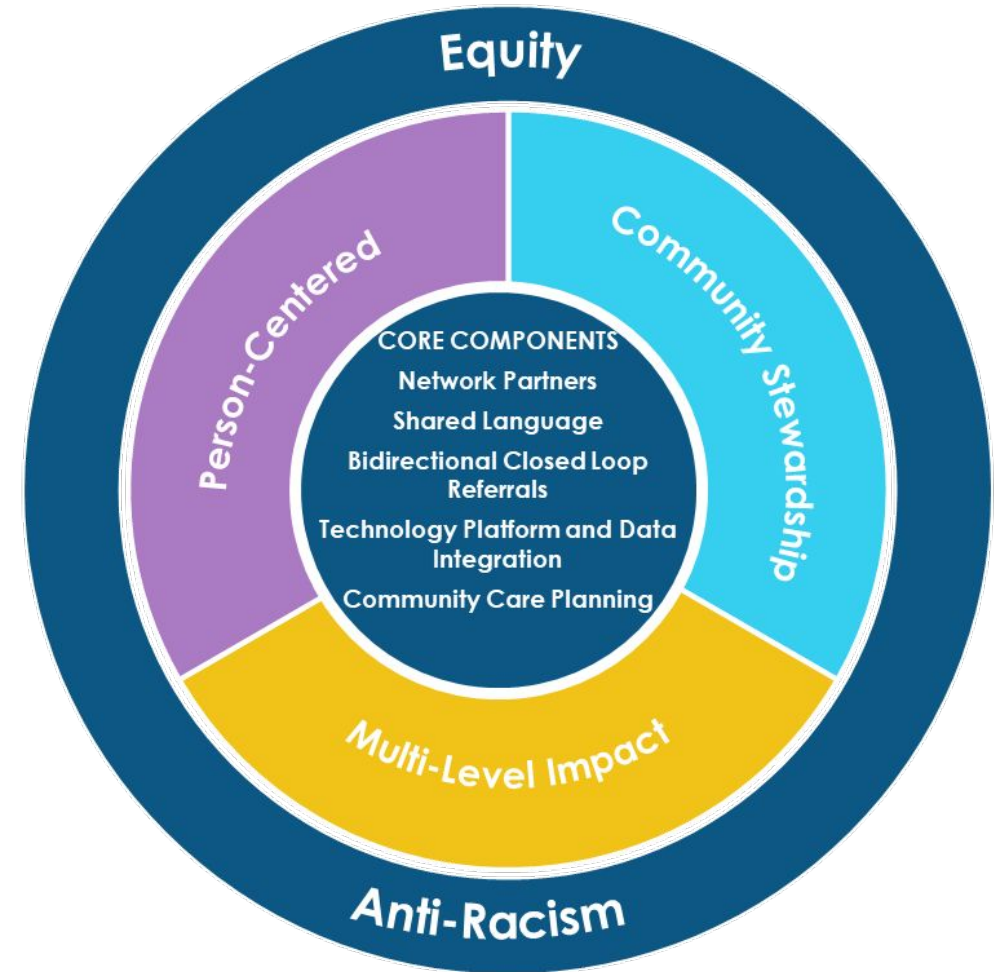
Community
Information
Exchange



What is a Community Information Exchange (CIE)?

A CIE is **community-governed** infrastructure that enables information to be effectively and responsibly shared among many organizations, using different, **interoperable technologies**, in support of **holistic coordination of care** and **equitable systems change**. Specifically, a CIE enables the **sharing of data** among multiple kinds of stakeholders – such as providers who need to share data to provide more holistic care, people in need who must navigate complex systems of care, and researchers and decision-makers.

As **critical infrastructure** that supports many stakeholders, using many different technologies, a CIE can enhance understanding of individuals' and communities' needs, improving service accessibility, service outcomes, and the health and well-being of a community.





Technology
Platform and
Data
Integration

CIE Interoperability

CIE: Local data intermediary

- Risk indicators/risk populations coded to related to corollary resources provided by CBOs
- Allows for CBO customizability to align with FHIR data standards

ETL (Intelligent Informatica Cloud)

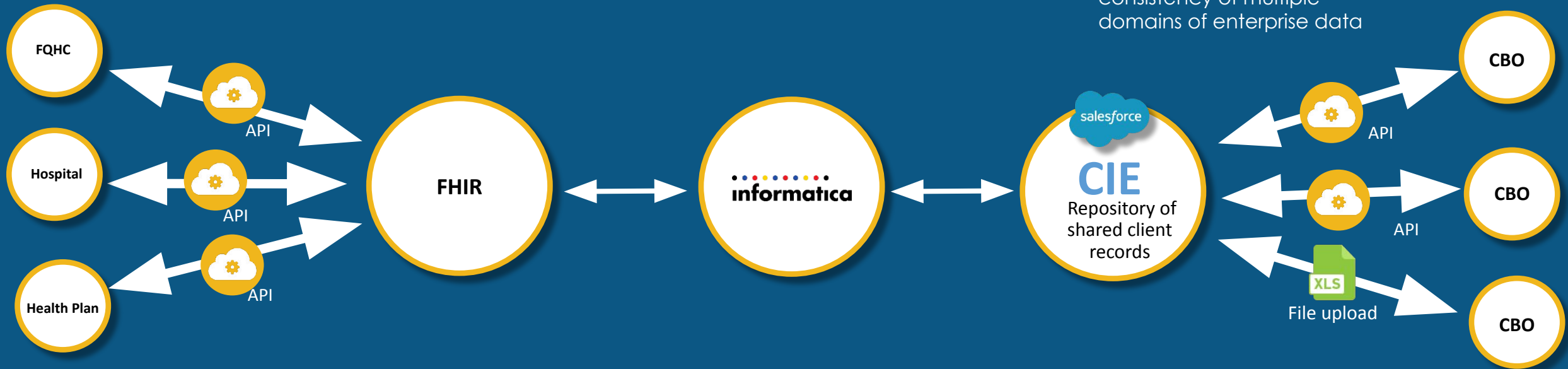
Extract Transform Load

1. Reads data from a database
2. Converts the data for the new database
3. Loads into the new database

MDM – Installed on top of SalesForce (created by Informatica)

Master Data Management

- Detects and merges duplicate records
- Ensures the accuracy, completeness, and consistency of multiple domains of enterprise data





Primary CIE Uses



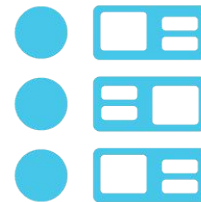
Searching patients/members to see historical use of social services

- Tailor services accordingly
- Reach out to existing care team member or agency for support



Make referrals to external community and healthcare organizations

- Ability to track referrals to partners
- Send client profile directly to agency (outcomes of referral)



Shared screening or prioritization of resources

- Example--Homeless Prevention resources
- Prioritize access to services (history or acuity)



Receive alerts to be proactive or response

- Join as care team member and receive alerts

Resource Database and Bi-directional Referrals



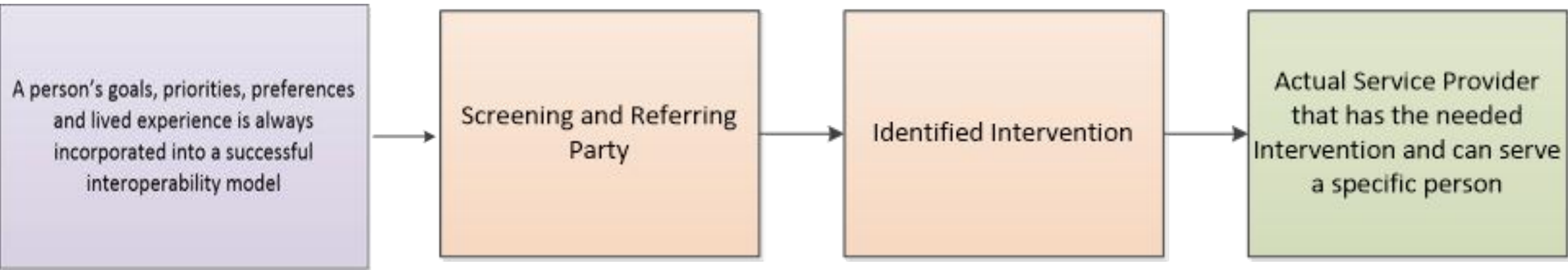
Hub for social and health sites and providers

- Shared taxonomy language for referrals
- Dedicated resource staff
- Regular updates made to resources
- Standards to listings and requirements
- Inclusion/Exclusion Criteria
- Linked to health conditions
- Tracks resource availability and unmet needs

The screenshot displays the Southern Caregiver Resource Center (SCRC) portal interface. The search results for 'food bank' in zip code 92123 are as follows:

Resource Name	Contact Information	Location	Distance
Family & Youth Enrichment Program, Neighborhood Food Exchange Distribution Armed Services YMCA, San Diego In partnership with the San Diego Food Bank, this monthly event provides essential and nutritious food to military families facing financial challenges. It also includes rotating bi-eligibility.	(858) 751-5755 3295 SANTO RD SAN DIEGO, CA 92124	Oceanside	Located 5.68 miles away
Supplemental Food Box Program Bread of Life Rescue Mission Offers supplemental food boxes for low income residents once a month. Eligibility.	(760) 722-0800 1919 APPLE ST STE L OCEANSIDE, CA 92054	Oceanside	Located 29.58 miles away
Food Pantry Spread the Love Charity Provides a meal to individuals experiencing homelessness 7 days a week. Also provides a food pantry. Eligibility.	(760) 460-4013 485 BROADWAY AVE SAN DIEGO, CA 92103	San Diego	



The interface also includes a sidebar with 'Client Details' (Name: Blue, ID: 432508), a 'Search by category' menu (Food, Housing/Shelter, Material Goods, Transportation, Utilities, Consumer Services, Criminal Justice and Legal services, Education), and a map of the San Diego area with red location pins.



Referrals (6+)

Referral #	Domain	Created Date	Referred By Ag...
Referral-02296...	Safety & Disaster	4/21/2023 8:47 ...	2-1-1 San Diego
Referral-02296...	Safety & Disaster	4/20/2023 5:02 ...	2-1-1 San Diego
Referral-02285...	Social/Commun...	4/10/2023 3:44 ...	2-1-1 San Diego
Referral-02285...	Personal Hygien...	4/10/2023 2:57 ...	2-1-1 San Diego
Referral-02080...	Activities of Dail...	10/4/2022 11:43...	Kaiser Permane...
Referral-01783...	Housing	1/25/2022 10:04...	SAY San Diego

[View All](#)

[ABOUT](#)
[CONTACT](#)
[SIGN IN](#)

SEARCH

2-1-1 San Diego

Enhanced Care Management (ECM)

Not ADA Accessible

2-1-1

Intake Hours of Operation ⓘ
7:30 am-5:30 pm, Monday-Friday

Intake Procedure
Referral, Call

Documents Required
No Documents Required

Description



Enhanced Care Management ECM provides a whole-person approach to care. Addresses the clinical and non-clinical circumstances of high-need Medi-Cal beneficiaries.

Offers Comprehensive Assessment and Care Management Plan, Enhanced Coordination of Care, health promotion, Comprehensive Transitional Care, member and family supports, and Coordination of Referral to Community and Social Support services.

Eligibility

Members must be enrolled in a Medi-Cal Health Net or Blue Shield Promise managed care health plan and meet criteria for at least one of the Populations of Focus

- Individuals who are experiencing homelessness and have at least one complex physical, behavioral, or developmental health need.
- Individuals who are considered high utilizers of care, including those who have had 5+ emergency department visits or 3+ unplanned hospital or short-term skilled nursing facility stays in the last 6 months, or those who have been identified by their health plan as having a pattern of high utilization that could have been avoided.

Getting to Minimum Data Elements

(https://www.bluepathhealth.com/wp-content/uploads/2024/08/DRAFT-CLR-Implementation-Guidance_Final-for-Public-Comment-1-2.pdf)

Table 1: Member Information:

Mandatory inclusion

- Monthly income
- Household size
- Member Guardian or Conservator Role/Relationship to Member/Patient/Client (they currently only have First Name, Last Name, and Phone listed)

Strongly Recommend:

- Insurance Type (e.g. Medi-Cal, Medicare, etc.)
- Insurance Name (Blue Shield Promise, Moline Health, etc.)
- Source(s) of Income
- Non-cash benefits
- Employment Status
- Number of Children in the Household
- Health Condition

Other key data elements for successful connection to social services:

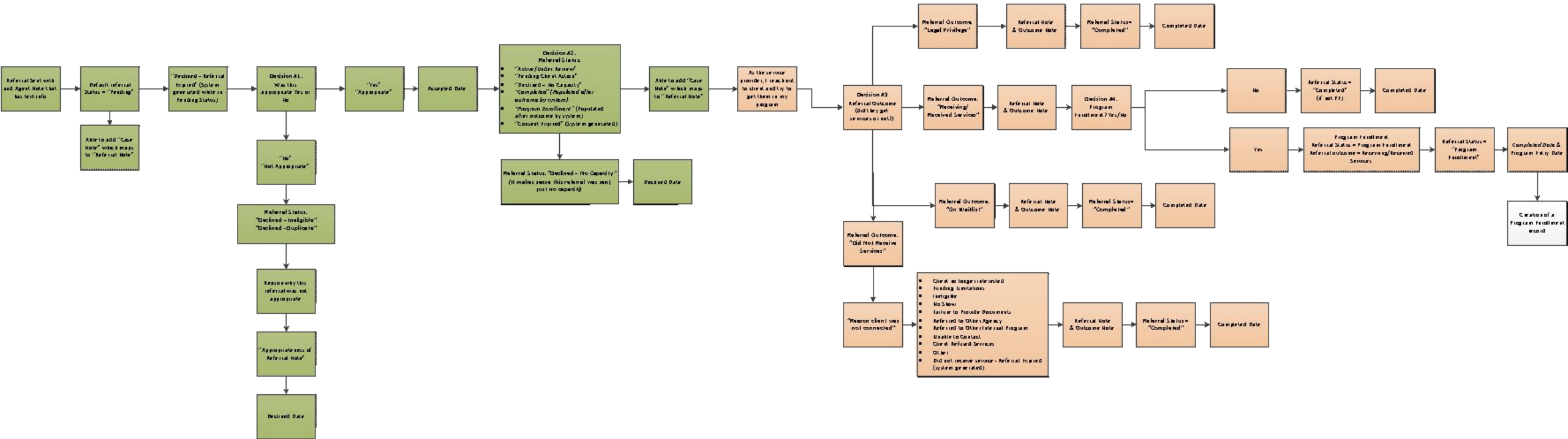
- Veteran Status
- Sexual Orientation
- Disabling condition
- # of children in the household under the age of 5
- Chronicity of Homelessness
- History of Homelessness
- Highest level of education
- Justice Involved
- HIV status
- ADL abilities/level of need



Closed-Loop Referral in CIE SD: Access while understanding community capacity

This is the portion of the referral life that is between the sending and receiving agencies

This is the portion of the referral life that is between the client and receiving agency



Types of Data in CIE San Diego

- **Client/Patient Demographics**
- **Standardized Screening Tools**
- **Strengths-based screening tools**
- **Comprehensive assessments by Domain**
-Nature and immediacy of situation, barriers and supports in play, a person's knowledge and ability to utilize resources
- **Alerts**
- **Program Enrollments**
- **Referral sent, referral status, and referral outcomes (both hand off and client engagement), associated z-codes**
- **Care Teams**
- **ICD-10 (Z-codes)**
- **Relationships - Household structures**
- **Eligibilities**
- **Note and Attachments**
- **Program Screening tools**
- **Client Data Source - Who is contributing to this records**
- **Field-level tracked history**
- **Services, with encoded service descriptions (211 LA Taxonomy)**
- **Real-time "Bed count" availability (CalAIM Recuperative Care)**



Examples of CIE Data Sources

- Social Service Providers
 - Interfaith Community Services
 - Father Joe's Villages
 - San Diego Workforce Partnership
 - MAAC
 - San Diego Food Bank
- Homeless Management Information System (RTFH)
- EMS Alerts (Cities)
- Health Plans
 - Blue Shield CA Promise Health
 - Health Net
 - Molina
- Hospitals
 - Sharp Healthcare
 - Kaiser Permanente
- Federally Qualified Health Centers
 - San Ysidro Health
 - Family Health Centers



Questions

Contact information:

Alana Kalinowski, MSW, Director of Interoperability & Collective Impact

Email: akalinowski@211sandiegi.org

Phone: 616-581-8680

CIE website: <https://ciesandiego.org/>

211 San Diego Website: <https://211sandiego.org/>

San Diego Health Connect: <https://www.sdhealthconnect.org/>



California State Legislation Tracking



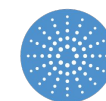
California Legislation Tracking

No./Author	Summary	Recent Developments
<u>SB 957</u> (Wiener)	Requires the CDPH to collect sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC) data from third-party entities, including local health jurisdictions, on any forms or electronic data systems unless prohibited by federal or state law. This bill would only require health care providers to disclose SOGISC information that is voluntarily self-identified and prohibit disclosures for individuals under 18 years of age.	Presented to the Governor (9/9)
<u>SB 1016</u> (Gonzalez)	Requires CDPH by 2028 to use OMB demographic categories for Hispanic and Latino groups, additional categories for each major Latino group and Mesoamerican Indigenous nation, and specified language categories when collecting language preference	Presented to the Governor (9/3)
<u>AB 2198</u> (Flora)	Requires departments to require health care service plans and health insurers to establish and maintain federal API requirements and authorize departments to issue guidance relating to these provisions by 2027 or when final federal rules are implemented, whichever occurs later.	Passed CA Legislature and Enrolled (9/3)
<u>AB 2250</u> (Weber)	Establishes SDOH screeners as a covered benefit for Medi-Cal beneficiaries and require health plans and insurers to cover SDOH screenings. Additionally, requires providers to use specified tools or protocols to document patient responses and require health plans and insurers to provide PCPs access to peer support specialists, lay health workers, social workers, or CHWs.	Passed CA Legislature and Enrolled (9/5)
<u>AB 2058</u> (Weber)	Requires legible disclosures on devices that collect or analyze medical or physiology information regarding effectiveness limitations for the device's intended population considering patient characteristics, including age, color, disability, ethnicity, gender, or race. Infractions are considered to be criminal by 2027.	Passed CA Legislature and Enrolled (9/3)

California Legislation Tracking - Artificial Intelligence

No./Author	Summary	Recent Developments
<u>SB 892</u> (Padilla)	Requires the Department of Technology to establish an automated decision systems procurement standard, which would include risk and equity assessments for automated decision systems.	Passed CA Legislature and Enrolled (9/5)
<u>SB 896</u> (Dodd)	Requires the Office of Emergency Services to perform a risk analysis of potential threats posed by the use of generative artificial intelligence to California’s critical infrastructure.	Presented to the Governor (9/4)
<u>SB 1047</u> (Weiner)	Requires AI developers to implement safety and security protocol, use third-party auditors to perform and submit annual compliance certifications, and prohibit AI use if unreasonable risk could cause harm. Establishes a governing board and division, whistleblower protections, and civil action for unlawful acts.	Presented to the Governor (9/9)
<u>SB 1120</u> (Becker)	Establishes requirements for health plans and disability insurers using AI, algorithm, or software tools for utilization review or management decisions, including that tool bases determinations on specified information and is fairly and equitably applied. Violations are considered to be a crime.	Passed CA Legislature and Enrolled (9/5)
<u>AB 3030</u> (Calderon)	Requires health providers using AI for clinical communications to include AI disclaimers with clear instructions to connect with a human provider, exempting communications read and reviewed by a licensed or certified provider. Violations are subject of state medical boards, as appropriate.	Passed CA Legislature and Enrolled (9/5)
<u>AB 2013</u> (Irwin)	Requires AI developers by 2026 to publicly post high-level summaries of AI training datasets with exceptions for AI with certain purposes and AI developed.	Presented to the Governor (9/5)
<u>AB 2930</u> (Bauer-Kahan)	Requires automated decision tool developers and deployers to perform impact assessments, share results with the State, notify impacted individuals of tool use and tool opt-out requests, accommodate information corrections, prohibits AI with discrimination risk, and authorizes civil action for violations. Requires state agencies using automated decision tools that make consequential decisions to disclose tools used and comply with the deployer requirements.	Ordered to Inactive File (8/31)

News, Events, and Announcements



C4BH Storytelling Continues - Reach Out!

DATA SHARING TO ASSIST CARE MANAGERS



Anwar Zoueihid
Vice President Long Term Services & Supports,
Partners in Care Foundation

DATA SHARING TO PROVIDE LIFE-SAVING NUTRITION



Michelle Kuppich
Executive Director
California Food is Medicine Coalition

SAVING LIVES WITH INFORMED EMERGENCY CARE



Jonathon Feit
Jonathon Feit, Co-Founder & CEO,
Beyond Lucid Technologies

Jonathon's Vision

To transform pre-hospital care systems through enhanced data sharing, eliminating inefficiencies and ensuring seamless, effective emergency medical services.

...d
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...effective
...patients

EMPOWERING HEALTH WITH INTEGRATED SOCIAL AND HEALTH CARE DATA



Bill York
President & CEO,
211 San Diego

Bill's Vision

My vision is an integrated system of social and health care data that empowers decision-making so individuals can build and sustain healthy lives.

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CENTERING COMMUNITY CARE



Scott Perryman
Battalion Chief, Paramedic, PA-C,
Sacramento Metropolitan Fire District

Scott's Vision

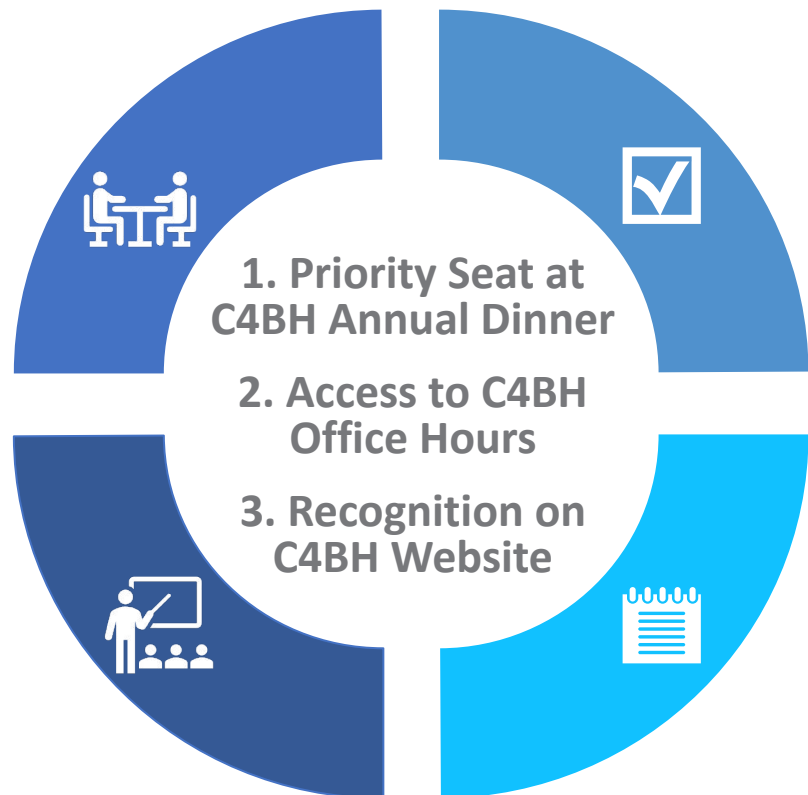
My vision is for Sacramento's Mobile Integrated Health (MIH) to use data sharing to optimize coordinated care for better community health and well-being.



Call for C4BH Supporters

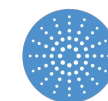
Join C4BH as a Supporter
\$500 contribution

Supporter Benefits



Why Become a Supporter?

- **Impact:** Be on the Leading Edge of Policy and Research
- **Impact:** Contribute to California's Meaningful Transformation
- **Opportunity:** Network with Industry Leaders over Shared Mission
- **Recognition:** Showcase Your Commitment to Health Improvement



C4BH On The Road - Upcoming Conferences

- **October 2-4:** County Health Executives Association of California Annual Meeting | Sonoma, CA | [Register here](#)
- **October 15-17:** Civitas Annual Conference | Detroit, MI | [Register here](#)
 - **Coalition Meetup: October 15 at 7:30PM, Located at FUELL (Detroit Marriott)**
- **October 20-23:** HLTH 2024 | Las Vegas, NV | [Register here](#)
- **October 21-23:** California Association of Health Plans (CAHP) Annual Conference | Palm Desert, CA | [Register here](#)
 - **After Hours Meetup: October 22 at 8PM, Located at Aquifer65 (JW Marriott Desert Springs)**
- **December 4-5:** ASTP/ONC | 2024 Annual Meeting | Washington D.C. | [Register here](#)

Find the C4BH calendar of events [here!](#)



Upcoming Meetings & Webinars

- **September 13, 9-10:30AM PT:** Community Clinic Association of Los Angeles County | From Volatility to Stability: Can California Fix its Boom or Bust Budget? | [Register here](#)
- **September 17, 10-11AM PT:** Civitas | Advancing Consent Management and Interoperability to Support Care Across the Continuum Webinar | [Register here](#)
- **September 17, 1-2:15PM PT:** CalHHS CDII | Joint Implementation Advisory Committee and Data Sharing Agreement Policies and Procedures Subcommittee Meeting | [Register here](#)
- **September 18, 10-11AM PT:** RTI International | The Good, the Bad, and the Ugly of Real-World AI Use Webinar | [Register here](#)
- **September 18, 1:30-3PM PT:** Insure the Uninsured Project | AI Policy Forum Webinar | [Register here](#)
- **September 27:** Community Clinic Association of Los Angeles County Health IT Summit | Los Angeles, CA | [Register here](#)



What We're Reading – Check Out C4BH's Newsletter!

Health Care Leaders Weigh-In On TEFCA

TEFCA will play a critical role in how organizations across the nation can exchange data seamlessly, further advancing interoperability with a common governance and policy floor. Check out perspectives from health care leaders, including C4BH Executive Director Timi Leslie. [Read More](#)

New HIMSS White Paper

HIMSS developed a new white paper outlining the national interoperability frameworks and networks to present the history of interoperability, the key pillars of each intermediary, and provide clarity to how TEFCA can be leveraged to accomplish a connected health system nationwide. [Read More](#)



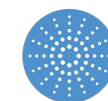
AI Patient Communications in Health Care Call For Transparency and Personalization

As physicians integrate AI technologies into their workflows to manage tasks like data entry and patient communications, they can dedicate more time to patient interaction. At a recent HIMSS AI in Healthcare Forum, experts emphasized the importance of transparency when using AI while highlighting its role in delivering personalized experiences, such as conveying patient concerns to clinicians or tailoring the information provided to patients based on the situational context. [Read More](#)

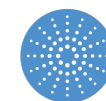


ICYMI: Recent DHCS CalAIM Updates

1. Finalized Presumptive Authorization Policy | [Available here](#)
(begins on page 109)
2. Transitional Rent Concept Paper | [Available here](#)
3. Enhanced Care Management Referral Standards and Form Templates | [Available here](#)

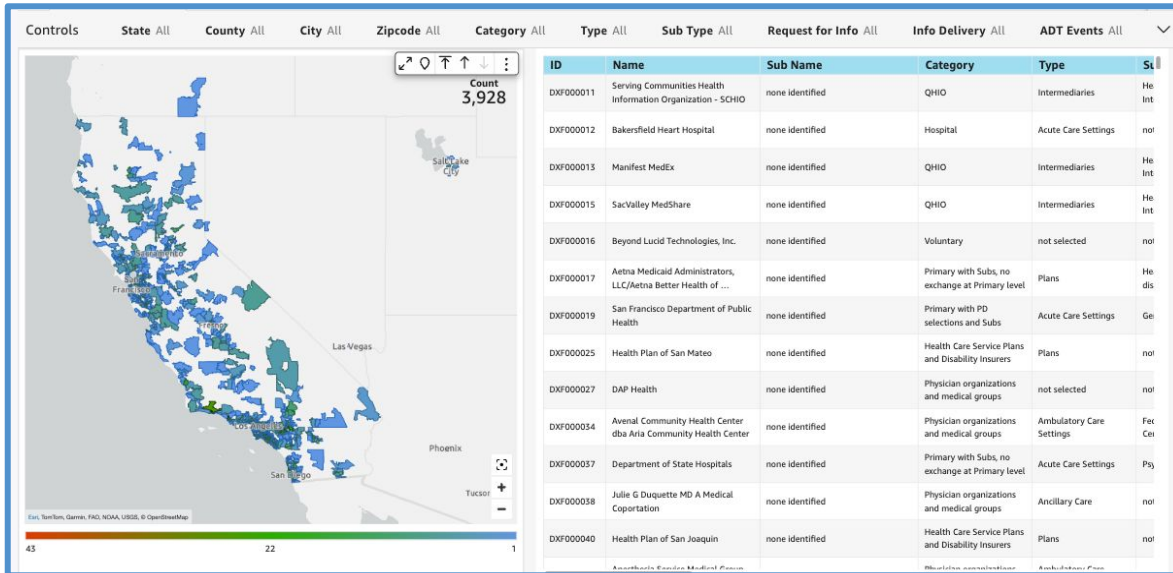


Appendix



Now Live: DxF Community Sandbox Platform

Find and Filter DxF Participants in your Region



Access the Sandbox Platform

The Sandbox enables DxF Participants to

- Use visualization tools to identify neighboring organizations and learn how they are sharing data
- Explore available use cases to further your organization's data sharing practices - with more coming soon!
- Simulate data exchange and test use cases with organizations that have onboarded to the Sandbox



Available Technical Assistance

	Level of DxF Readiness	C4BH Supports	What it is	Outputs
1	Planning	DxF Bootcamp	Half day education of what the DxF is, overview of Policies and Procedures, and help with identifying priority use cases	Develop a DxF Roadmap and Identify Priority Use Cases
2	Assessment	DxF Community Design Studio	6-8 weekly sprints to design real-world community use cases	Technical and Functional data exchange workflows, test data and reports
3	Ready to Connect!	DxF Community Sandbox	Real-world testing environment for DxF priority use cases.	Test and Validate Use Case to Establish Workflows



C4BH Annual Sponsor Tiers

Annual Sponsor Tiers <i>See next slide for exclusive sponsor benefits</i>	Platinum <i>\$100,000+</i>	Gold <i>\$50,000</i>	Silver <i>\$25,000</i>	Supporters <i>\$500</i>
End-of-Year Dinner	Table of 8-10 seats with recognition	4 seats with recognition	2 seats with recognition	Priority Invitation
Add Logo to Website and Sign-On Letters with Opt-Out Approach	✓	✓	✓	✓
Access to Office Hours	✓	✓	✓	✓
Advisory Group Representatives	1+	1	1	
Access to DxF Sandbox Community Studio	Priority Access	✓	✓	
Access to DxF Bootcamps	Priority Access	✓		
First Right to Engage in New C4BH Projects	✓			
White-Labeled DxF Implementation Toolkit	✓			

Do Your Priorities Differ From The Annual Sponsor Tiers? Reach Out To Us!

Additional Sponsor Opportunities Available For Our Annual Dinner