



Social Determinants of Health and Integrated Care

Natalie Slaughter, Facilitator
Courtney Wiggins, Co Facilitator

Session 4:
Screening for Individual Social Risk Factors and Post-Screening Action
Tuesday, May 18, 2021

Vision: Healthy Communities, Healthy People



Session Four

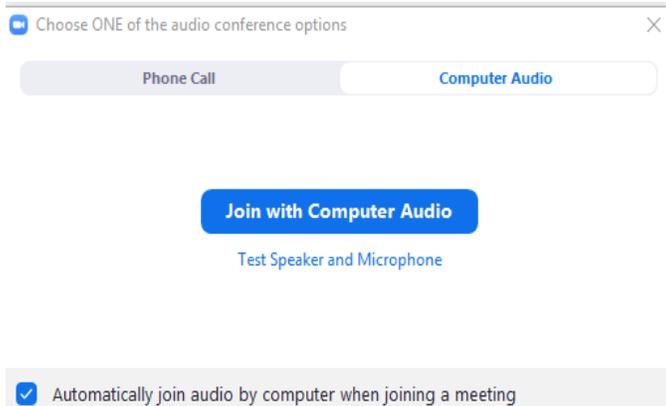
Welcome Back!



Housekeeping

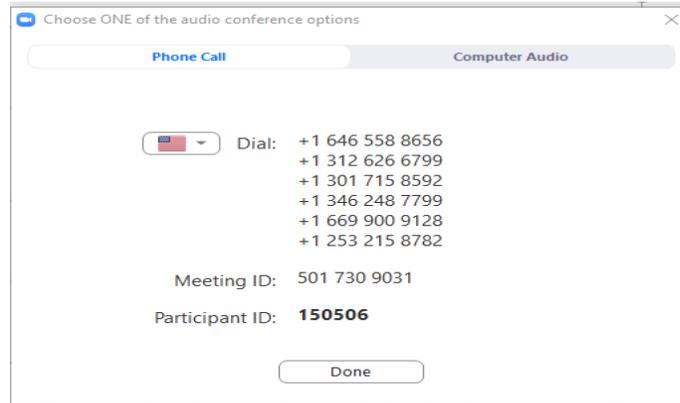
To establish an audio connection:
By computer:

- Click **Join with Computer Audio**.

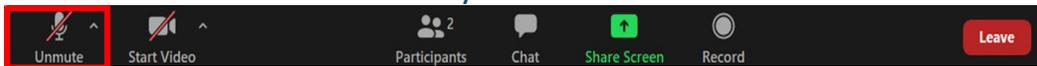


By phone:

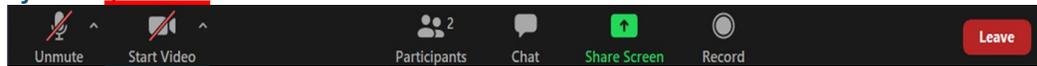
- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



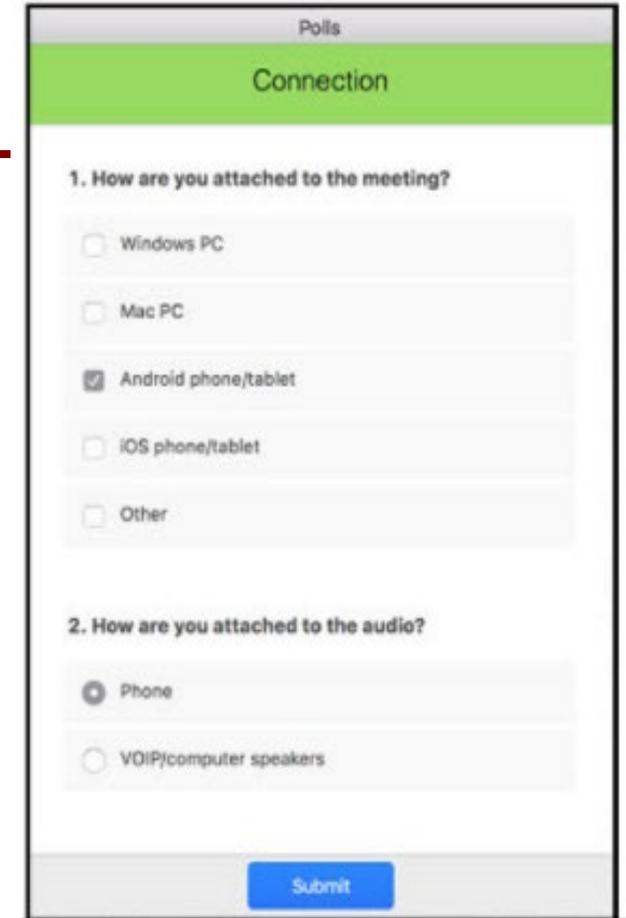
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Notes:

- Please participate and, if possible, be on camera.
- Please mute your phone line if dialed in for audio and remain on mute until you would like to speak.
- This CoP is being recorded.

Session Guest Speaker and Facilitators



Guest Speaker – Joe Hyde, M.A., LMHC, CAS
*Senior Technical Expert Lead
JBS International, Inc.*



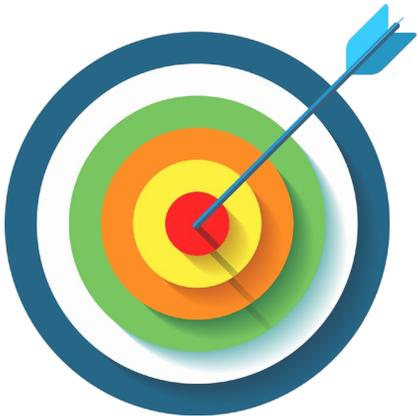
Facilitator – Natalie Slaughter, M.S.P.P.M.
*Technical Expert Lead
JBS International, Inc.*



Co-Facilitator – Courtney Wiggins
*Public Health Analyst
The Bizzell Group*



Today's Learning Objectives



Source: iStock

At the end of this session, participants will be able to

- Describe **screening and assessment tools and strategies** for assessing individual social risk factors—including Screening, Brief Intervention, and Referral to Treatment (SBRIT);
- Establish a **process for screening and assessing** social risk factors in their community;
- Identify strategies for **referrals and warm handoffs**; and
- Identify current/potential, internal/community, and traditional/innovative **resources**.

Session 4 Agenda

- A quick check-in with report out on progress with action plan
- Review of today's objectives
- Brief presentation
 - *"Screening for Individual Social Risk Factors and Post-screening Action."* Guest speaker: Joe Hyde, MA, LMHC, CAS
- Discussion/Q&A
- Between-session activity
- Plus/Delta Feedback
- Wrap-up



Participant Check-in



Image source: iStock by Getty Images

Stages of Action Planning



1

Stage 1

- **Gaining Leadership Support**
 - SDOH as a priority issue
 - Commitment to championing SDOH

2

Stage 2

- **Constructing your Implementation Team**
 - Cross-functional staff (e.g., *front desk, medical assistant, peer workers, sr. staff*)

3

Stage 3

- **Developing your Implementation Plan**
 - SMART Goals
 - Action planning

Introducing the $R = MC^2*$ Model of Readiness and Capacity



R = Readiness

- Organizational readiness is a multi-level, multi-faceted construct.
- Readiness is degree to which an organization has optimized key attributes necessary to successfully implement a change.
- Readiness is viewed on a continuum rather than as a binary construct.
- Readiness is not just a precursor to an effort; it is the construct that impacts the life span of the effort.
- Organizational readiness fluctuates and should be monitored and supported continuously.

Readiness from Perspective of Interactive Systems

Framework: **Readiness = MC²***

- **Motivation** (*and commitment to action*) of leadership and essential stakeholders
- **Capacity** of the implementation team
- **Capacity** of the service system, practice sites, and workforce

*Wandersman et al., 2008



Motivation (*and Commitment to Action*) of Leadership and Essential Stakeholders

Key Attributes

- Leadership awareness of issue and need for action
- Stakeholder engagement
- Alignment with existing policy
- Viable business model
- Some amount of systems change required
- Fit with current priorities
- Required buy-in from outside this office
- Collaboration with other (state or community) agencies
- Change is consistent with organizational values

Optimal

Leadership and stakeholders

- Describe issue as a priority problem/issue
- Understand benefit of intervention and that this intervention is better than business as usual
- Are committed to champion this intervention as a solution
- Are committed to use of influence and resources, and empower action
- Are committed to policy change (as needed)
- View these actions as consistent with mission and values and adds value to services



Capacity of the Implementation Team

Key Attributes

- Adequate human resources/staffing
- Authority
- Knowledge, skills and abilities: content knowledge; systems knowledge; skills for planning, implementation, and evaluation; meeting facilitation
- Access to necessary data
- Support services (TTA)

Optimal

- Adequate human resources to accomplish tasks
- Empowered to plan and act
- Adequate content knowledge for intervention(s)
- Adequate systems knowledge
- Adequate skills for planning, implementation, and evaluation
- Engaged and collaborating with essential stakeholders
- Adequate IT to support operations
- Timely communication and decision-making
- Process improvement (PDSA)
- Access to a range of support services (TTA)

Capacity of the Service System

Key Activities

- Practice site champions
- Workforce
- Staff content knowledge for intervention
- Supervisory competence
- Site-specific implementation plan
- Access to support services (TTA)
- IT to support operations
- Monitoring/supporting implementation fidelity
- Evaluation demonstrating outcome
- Partner relations
- Staff buy-in at sites
- Staff roles and workflow
- Financing

Optimal

- Active leadership support and empowering team
- Practice site champions
- Adequate workforce to accomplish task
- Adequate content competence for intervention, plus EBP collateral competence
- Supervisory competence
- A realistic implementation plan
- Ongoing access to a range of support services (TTA)
- Adequate IT to support operations
- Performance improvement team approach (PDSA)
- Agreements with partners (as needed)
- Essential staff buy-in at sites
- Successful adaptations to best serve population
- Staff roles and workflow aligned to implementation
- Financially sustainable



Developing An Action Plan

- **Start where you are now:**
 - **Stage 1** – an action step may be to identify a champion within leadership.
 - **Stage 2** – an action step may be to identify agency staff to participate in a cross-functional SDOH team.
 - **Stage 3** – an action step may be to identify screening tools most compatible with your agency’s EHR.

Action Step	Target Completion Date	Person Responsible

Session #4: Screening for Individual Social Risk Factors and Post-Screening Action

SDOH and Integrated Care

Guest Speaker – *Joe Hyde, M.A., LMHC, CAS*



Why Screen?

Because if you don't ask, you don't know.



Universal Screening: The First Step in SBIRT

What is SBIRT?

- **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment (SBIRT) is a comprehensive, integrated public health approach to the delivery of identification, early intervention, and treatment services.
- Originally developed for early identification of risky or harmful substance use, but today commonly addresses depression, anxiety, health literacy, social determinants of health (SDOH).

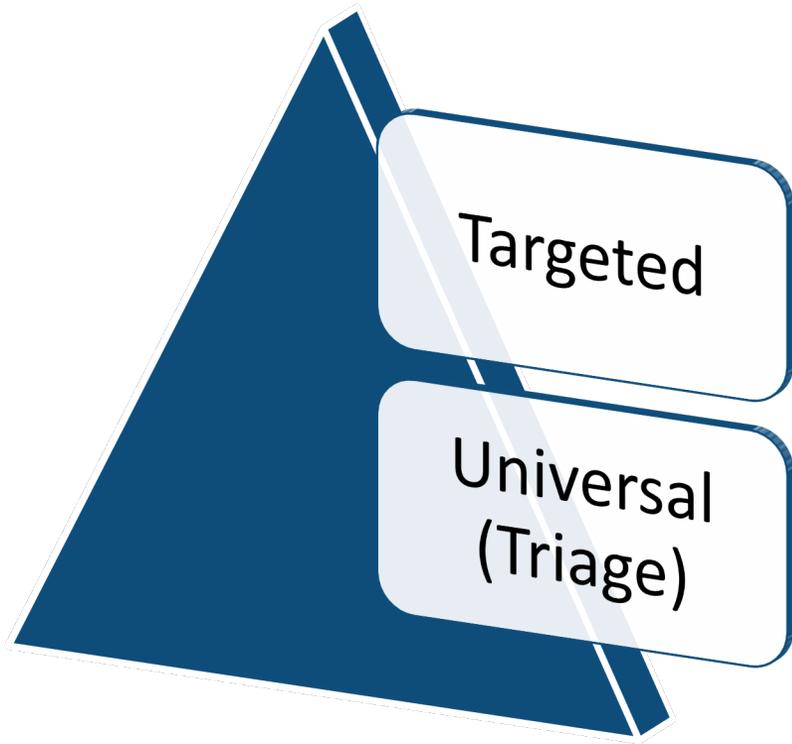


What Is SBIRT in relationship to SDOH?

An intervention based on Motivational Interviewing strategies

- **Screening: **Universal screening**** for quickly assessing use and severity of impact (Risk Stratification)
- **Brief Intervention:** Brief (solution-focused) motivational and awareness-raising intervention
- **Referral to Services:** Referrals to social service assistance

Screening & Workflow Options



Universal (Triage) Screening = Screen Everyone

What does universal mean?

As best you are able, **triage screen everyone** coming through the door.

What does triage screen mean?

- Use a short screening tool to quickly get results.
- A triage screen is not a diagnostic tool.

Who does universal screening?

Medical assistants, nursing assistants, front desk staff (if included in check-in paperwork), behavioral health consultants.

Where does universal screening happen?

Waiting room, exam rooms, telehealth visits, online portal.

When does universal screening happen?

At least annually with wellness checks.



Is Universal (Triage) Screening an Option for You?

*If so, **access to care** may be where you start. For example:*

1. What language are you most comfortable speaking?
2. In the last year, has lack of transportation kept you from medical appointments?
3. Do you have a reliable telephone, cell phone, or tablet?

If positive to any triage question, complete full SDOH screen (PRAPARE).



Personal Characteristics											
1. Are you Hispanic or Latino?	8. Are you worried about losing your housing?										
Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>										
2. Which race(s) are you? Check all that apply	9. What address do you live at? Street: _____ City, State, Zip code: _____										
<table border="1"> <tr><td>Asian</td><td>Native Hawaiian</td></tr> <tr><td>Pacific Islander</td><td>Black/African American</td></tr> <tr><td>White</td><td>American Indian/Alaskan Native</td></tr> <tr><td colspan="2">Other (please write): _____</td></tr> <tr><td colspan="2">I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Asian	Native Hawaiian	Pacific Islander	Black/African American	White	American Indian/Alaskan Native	Other (please write): _____		I choose not to answer this question <input type="checkbox"/>		Money & Resources
Asian	Native Hawaiian										
Pacific Islander	Black/African American										
White	American Indian/Alaskan Native										
Other (please write): _____											
I choose not to answer this question <input type="checkbox"/>											
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?	10. What is the highest level of school that you have finished?										
Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>	<table border="1"> <tr><td>Less than high school degree</td><td>High school diploma or GED</td></tr> <tr><td>More than high school</td><td>I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Less than high school degree	High school diploma or GED	More than high school	I choose not to answer this question <input type="checkbox"/>						
Less than high school degree	High school diploma or GED										
More than high school	I choose not to answer this question <input type="checkbox"/>										
4. Have you been discharged from the armed forces of the United States?	11. What is your current work situation?										
Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>	<table border="1"> <tr><td>Unemployed</td><td>Part-time or temporary work</td><td>Full-time work</td></tr> <tr><td colspan="3">Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____</td></tr> <tr><td colspan="3">I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Unemployed	Part-time or temporary work	Full-time work	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____			I choose not to answer this question <input type="checkbox"/>			
Unemployed	Part-time or temporary work	Full-time work									
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____											
I choose not to answer this question <input type="checkbox"/>											
5. What language are you most comfortable speaking?	12. What is your main insurance?										
Family & Home	<table border="1"> <tr><td>None/uninsured</td><td>Medicaid</td></tr> <tr><td>CHIP Medicaid</td><td>Medicare</td></tr> <tr><td>Other public insurance (not CHIP)</td><td>Other Public Insurance (CHIP)</td></tr> <tr><td>Private insurance</td><td></td></tr> </table>	None/uninsured	Medicaid	CHIP Medicaid	Medicare	Other public insurance (not CHIP)	Other Public Insurance (CHIP)	Private insurance			
None/uninsured	Medicaid										
CHIP Medicaid	Medicare										
Other public insurance (not CHIP)	Other Public Insurance (CHIP)										
Private insurance											
6. How many family members, including yourself, do you currently live with? _____	13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.										
I choose not to answer this question <input type="checkbox"/>	_____										
7. What is your housing situation today?	I choose not to answer this question <input type="checkbox"/>										
I have housing <input type="checkbox"/>											
I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) <input type="checkbox"/>											
I choose not to answer this question <input type="checkbox"/>											

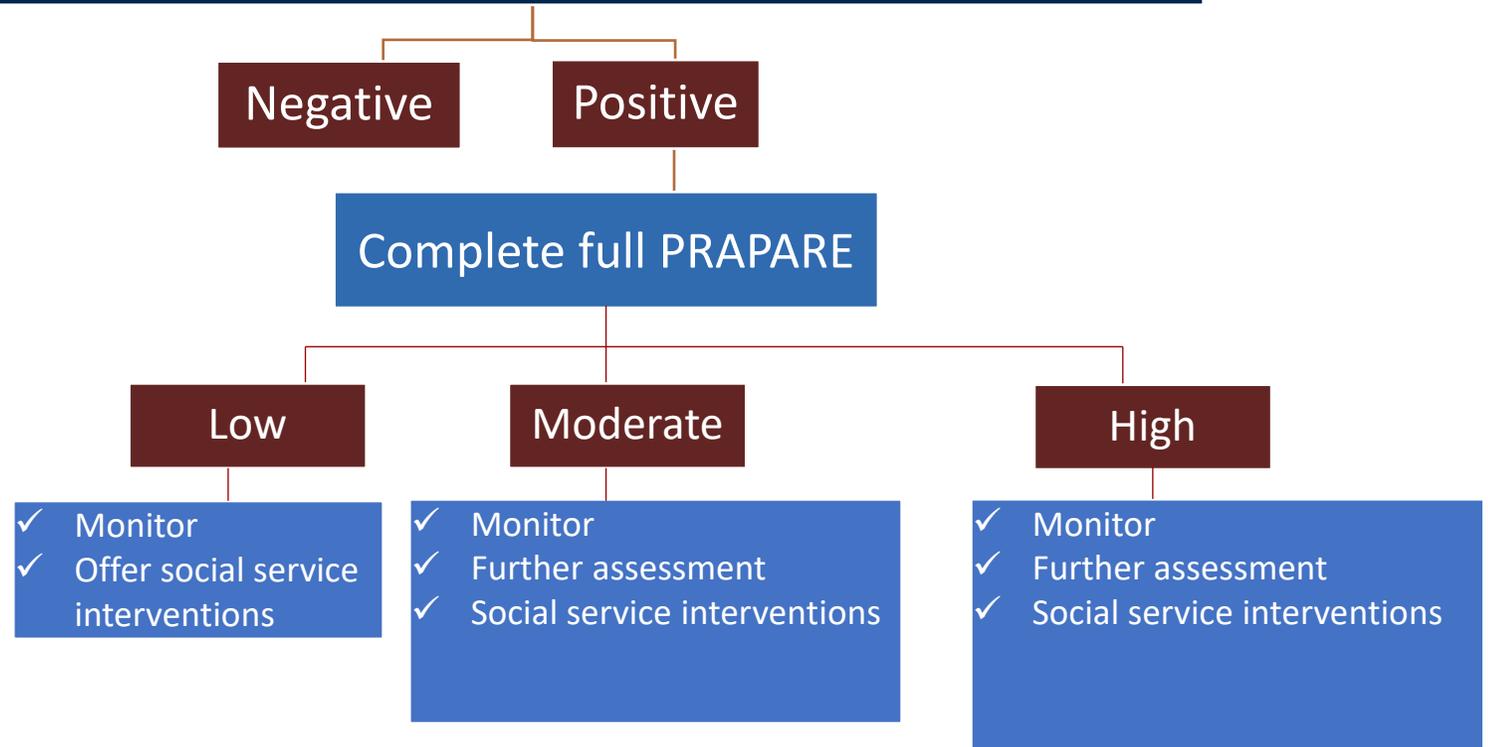
14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed ? Check all that apply.	17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?																																				
<table border="1"> <tr><td>Yes</td><td>No</td><td>Food</td><td>Yes</td><td>No</td><td>Clothing</td></tr> <tr><td>Yes</td><td>No</td><td>Utilities</td><td>Yes</td><td>No</td><td>Child Care</td></tr> <tr><td>Yes</td><td>No</td><td colspan="4">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td></tr> <tr><td>Yes</td><td>No</td><td>Phone</td><td>Yes</td><td>No</td><td>Other (please write): _____</td></tr> <tr><td colspan="6">I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Yes	No	Food	Yes	No	Clothing	Yes	No	Utilities	Yes	No	Child Care	Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)				Yes	No	Phone	Yes	No	Other (please write): _____	I choose not to answer this question <input type="checkbox"/>						<table border="1"> <tr><td>Not at all</td><td>A little bit</td></tr> <tr><td>Somewhat</td><td>Quite a bit</td></tr> <tr><td>Very much</td><td>I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Not at all	A little bit	Somewhat	Quite a bit	Very much	I choose not to answer this question <input type="checkbox"/>
Yes	No	Food	Yes	No	Clothing																																
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Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)																																			
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Somewhat	Quite a bit																																				
Very much	I choose not to answer this question <input type="checkbox"/>																																				
15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.	Optional Additional Questions																																				
<table border="1"> <tr><td>Yes, it has kept me from medical appointments or</td></tr> <tr><td>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td></tr> <tr><td>No</td></tr> <tr><td>I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Yes, it has kept me from medical appointments or	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	No	I choose not to answer this question <input type="checkbox"/>	18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?																																
Yes, it has kept me from medical appointments or																																					
Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need																																					
No																																					
I choose not to answer this question <input type="checkbox"/>																																					
Social and Emotional Health	Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this <input type="checkbox"/>																																				
16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)	19. Are you a refugee?																																				
<table border="1"> <tr><td>Less than once a</td><td>1 or 2 times a week</td></tr> <tr><td>3 to 5 times a week</td><td>5 or more times a</td></tr> <tr><td colspan="2">I choose not to answer this question <input type="checkbox"/></td></tr> </table>	Less than once a	1 or 2 times a week	3 to 5 times a week	5 or more times a	I choose not to answer this question <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this <input type="checkbox"/>																														
Less than once a	1 or 2 times a week																																				
3 to 5 times a week	5 or more times a																																				
I choose not to answer this question <input type="checkbox"/>																																					
	20. Do you feel physically and emotionally safe where you currently live?																																				
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>																																				
	I choose not to answer this question <input type="checkbox"/>																																				
	21. In the past year, have you been afraid of your partner or ex-partner?																																				
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>																																				
	I have not had a partner in the past year <input type="checkbox"/>																																				
	I choose not to answer this question <input type="checkbox"/>																																				



Universal (Triage) Screening for SDoH

1. Screening is conducted as part of annual wellness visit.
2. Patient is triaged in waiting area, in exam room, via portal or other virtual technology.
3. A positive screen results in full screen and intervention.
4. Follow-up includes monitoring or social services referral for further assistance.

Universal Screen: *(Waiting room, via telehealth, etc.)*



Targeted Screening = Patients with Known Challenges

Patients with Positive Universal SDoH Screening and/or known SDoH Risk Factors:

- Limited language/literacy
- Homelessness
- Lack of transportation
- Others?

Targeted SDoH Screening

What does targeted mean?

More frequent, in-depth screening (e.g. full PRAPARE tool) to monitor, track, and support patients with **known SDOH challenges**.

What does screening mean?

Use an assessment tool that can help you monitor need for services.

Who does targeted screening?

- It depends on your practice setting and structure.
- MAs, case managers, peers, CHWs, BHCs.

Where does targeted screening happen?

Waiting room, exam rooms, telehealth visits, online patient portals.

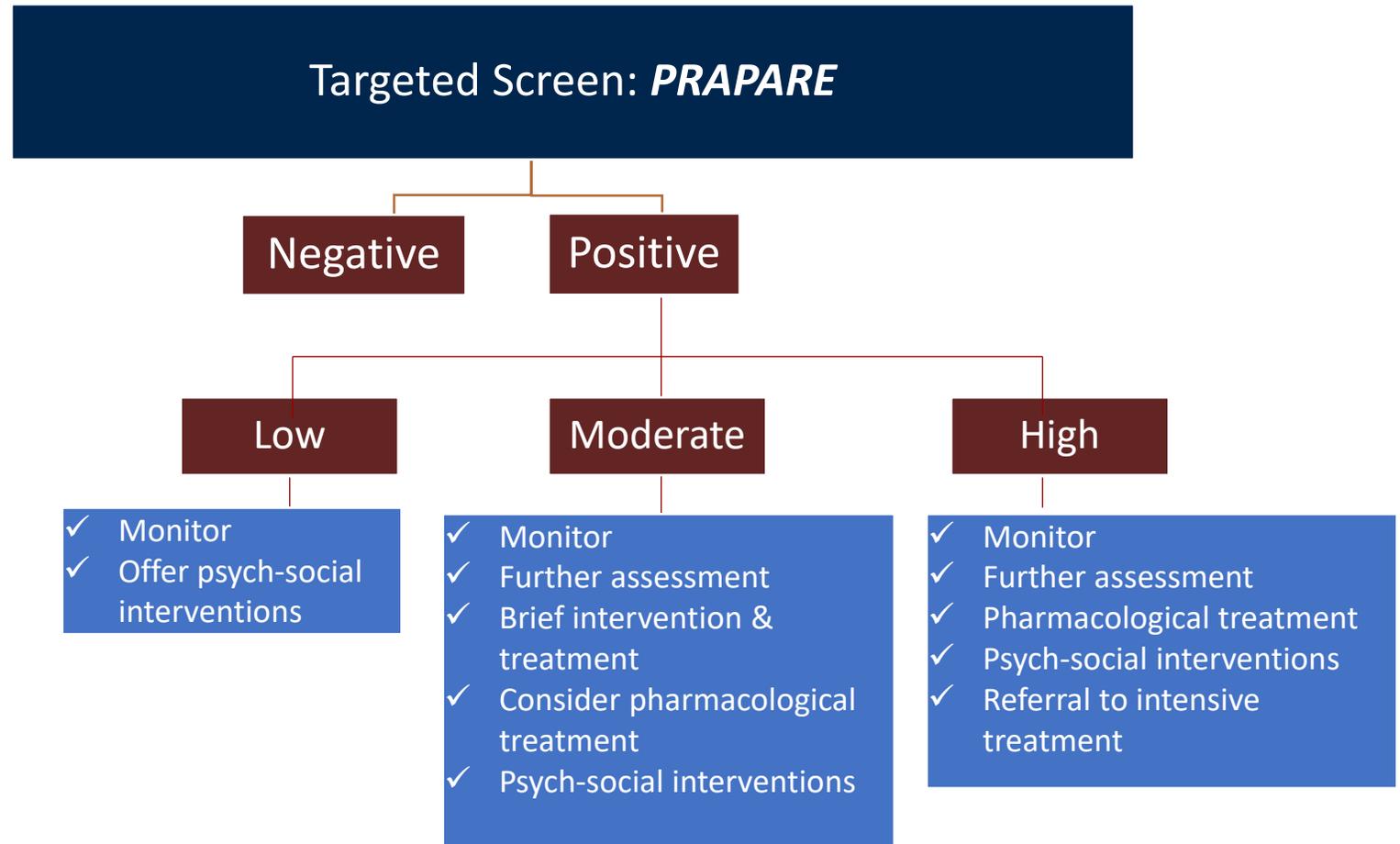
When does targeted screening happen?

It depends on a) which SDoH screening tools being used and b) what questions are on the tool



Targeted Screening in an Integrated Care Workflow

1. Review universal SDoH screening results to determine if targeted screen is indicated.
2. Determine SDoH screening frequency for targeted screens.
3. Offer community resources that help address SDoH.



Thank You and Questions



Breakout Questions

1. What are the priorities of your organizations right now?
2. Where does this work with SDOH fall within the organization's priorities?
3. What's working?
4. What are challenges?



Report Out and Open Discussion

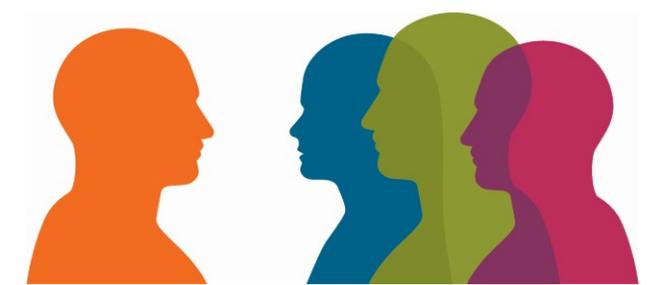


Source: ThinkStock

Discussion Question

LIST THE STEPS NECESSARY TO ADVANCE YOUR WORK IN _____	PERSON RESPONSIBLE	BY WHEN	COMMENTS/ POTENTIAL BARRIERS/CONCERNS
1.			
2.			
3.			
4.			
5.			
6.			

What action item can you put into your action plan that is related to screening for individual social risk factors and post-screening action?



Source: ThinkStock

Reflecting on Today: Plus, Delta

- + What worked for you today?
- Δ What would you change?



Next Steps

- Choose an action item related to today's presentation that will help your health center take a step in screening for individual social risk factors in the communities where you serve.
- Before next week's session, using the action plan worksheet, work with your team to build out that action item.
- Identify partnerships that should be established for successful referral and warm handoffs.
- Remember office hours on Tuesdays and Wednesdays—See you there!



Source: iStock by Getty Images

Wrap Up

- What questions do you have?
- Next steps—between-session activities:
 - Continue to work with your team to develop an action plan.
 - Work with team to identify milestones and timeline for goals.
 - Identify, within your center, up to three capacity strengths and up to three capacity needs of the implementation team and of the system.



Image source: iStock by Getty Images

Weekly Office Hours

- **Tuesdays (following the session) 4:00–5:00 p.m. ET**
- **Wednesdays 2:00–3:00 p.m. ET**
- Designed to discuss progress and/or challenges related to
 - The session topic,
 - Your team's CoP goal, and
 - Support in between session activity.

BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-learning Webinars
 - Strategies for Community Outreach
 - Virtual Site Visits to Improve Outcomes
 - Join a Community of Practice (CoP)



BPHC-BH TA
Bureau of Primary Health Care Behavioral Health Technical Assistance

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Welcome to the BPHC-BH TA Resource Portal!

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The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Strategies for Community Outreach
- Virtual Site Visits to Improve Outcomes
- Join a Community of Practice (CoP)

Complete the Readiness Assessment



Upcoming TA Opportunities!

Webinars

- **Strategies for Addressing Health Disparities in Medications for Opioid Use Disorders**
Wednesday, June 2, 3:00–4:00 p.m. ET
Registration Link: https://zoom.us/webinar/register/WN_hUz8J4lvQ0eidc8x6XCkFQ
- **Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal Child Health Care Setting**
Thursday, July 29, 3:00–4:00 p.m. ET
Registration Link: coming soon!

Registration links for webinars can also be found on the BPHC-BH TA Portal.

You can receive **1 hour of Continuing Education** credit for your participation.



Upcoming TA Opportunities! (cont'd)

Communities of Practice (CoPs)

Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin

- *Cohort 2: Thursdays, 6/10/21 – 7/15/21, 2:30–4:00 p.m.*
<https://zoom.us/meeting/register/tJUuduqhpjluHtwabD2xSdkmuHLR5Qju0XeD>

CoP Satisfaction Assessment

- Please complete a satisfaction assessment of today's session.
- If you plan to obtain CEUs for your time in this CoP, the Satisfaction Assessment is required.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.



Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 9 CEs for participation in all 6 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.



Thank You!

Contact Information:

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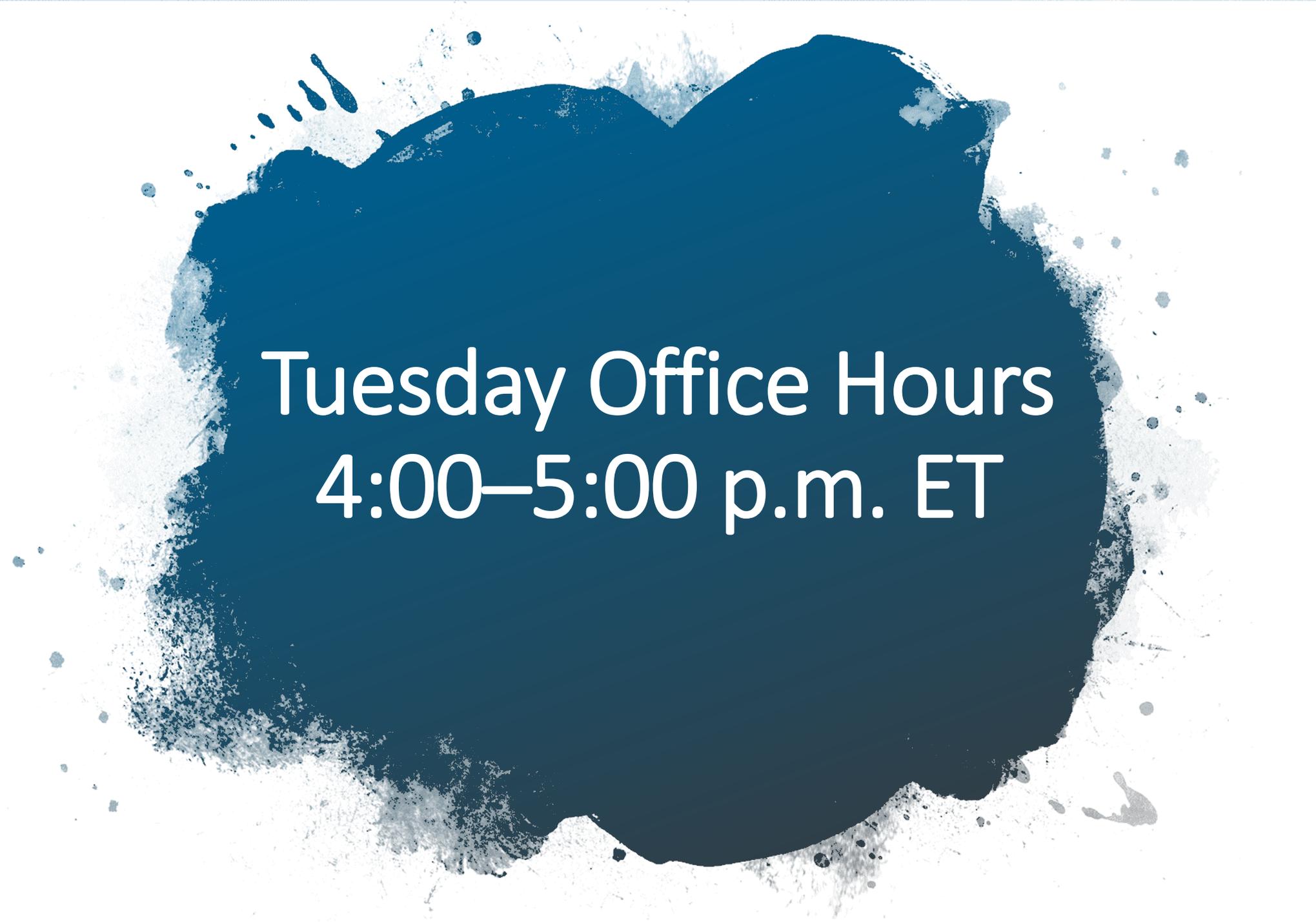
Courtney Wiggins, cwiggins@thebizzellgroup.com

Vision: Healthy Communities, Healthy People



BREAK





Tuesday Office Hours
4:00–5:00 p.m. ET