Standard Operating Procedure for Screening and Referral

A standard operating procedure or SOP is a document that outlines the steps staff should use to carry out an activity. The purpose of a SOP is to enhance efficiency, improve consistency, and promote effective implementation. SOPs identify the “owner” of an activity (i.e., the person responsible for making sure the activity is implemented according to the procedures detailed in the SOP).

Owner: AHCM Director & Clinical Site Implementation Lead

Version: 1.0

Issue date: TBD

Revisions: August 3, 2017

Participants: LIST ALL CLINICAL SITES?
List of names of all staff involved in operationalizing the activity. This list can change over time if staff leave or new staff join the team. However, this will require a revision to the SOP and should be noted by a minor revision (increase number of second digit in version number).

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PURPOSE
This SOP outlines the actions to be undertaken to effectively screen and refer individuals for social needs. These steps ensure participating clinical sites implement screening processes with a shared understanding of parameters, priorities, optionality, and requirements and, ultimately, that individuals are screened in a personalized manner that meets their unique needs. This SOP also details the processes and timeframe by which the results will be used to enable timely access to appropriate services available within the community.

INTENDED AUDIENCE
The intended audience for this SOP includes the management and operational staff of clinical sites who will implement the screening and referral processes. This SOP will also be of
assistance to the IT staff and contractors who are asked to make changes to software that will be used to implement screening and referral processes.

### DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Client</td>
<td>An individual seeking care at a clinical site</td>
</tr>
<tr>
<td>Clinical Site</td>
<td>Primary care, behavioral health, hospital emergency department, labor &amp; delivery, psychiatric unit</td>
</tr>
<tr>
<td>Care Coordination Platform</td>
<td>The Care Coordination Platform that will be used by all Navigation sites for AHCM</td>
</tr>
<tr>
<td>Community Navigator</td>
<td>A community navigator is a person embedded in the community who can support individuals with an identified social need and two or more ER visits in navigating community resources.</td>
</tr>
<tr>
<td>Eligible Client</td>
<td>An individual within the 21 county RMHP AHCM region enrolled in Medicare, Medicaid, or both</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>A Health Information Exchange is an organization that is able to pass clinical data from one clinical site to another. In Western Colorado, the Health Information Exchange is Quality Health Network or QHN</td>
</tr>
<tr>
<td>HRSN Screening Tool</td>
<td>Health-Related Social Needs Screening Tool is the screening tool developed by CMMI for the Accountable Health Communities Model Initiative</td>
</tr>
<tr>
<td>Participating Clinical Sites</td>
<td>Clinical sites (as defined above) that are screening for social needs as part of AHCM.</td>
</tr>
<tr>
<td>Practice</td>
<td>A health care business, often owned and managed by a group of clinicians, operating one or more clinical sites</td>
</tr>
</tbody>
</table>

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NOTE:

A. PROCEDURES FOR ALL PRACTICES & CLINICAL SITES IN DEVELOPING PROPOSED WORKFLOWS FOR ADMINISTERING HRSN SCREENING TOOL

1. Description: The following describes procedures which Practices and participating clinical sites are to follow in developing proposed workflows for administering the HRSN screening tool to clients. It also details the process that the AHCM Director will use to review and approve the proposed workflows that Practices submit. The HRSN screening tool can be found in the appendix of this document (attachment 1).

2. Process: Each Practice is responsible for developing a proposed workflow for administering the HRSN screening tool for each clinical site. In doing so, Practices must choose from the menu of options. In developing a workflow, each Practice and clinical site will need to consider how best to conduct the social needs screening at different types of clinical sites (e.g. ER vs labor & delivery). Criteria that should be given priority in determining what methods will work best are detailed below along with the various elements the clinical site should consider.

A: Identifying Clinical Sites
Step 1: For each Clinical Site who signed an MOU determine the location and type of settings where the screening will be implemented. For example, a hospital may only have a labor and delivery unit and not a psychiatric unit.
Step 2: Determine how many of these clinical sites are one of the types of sites listed below AND planning to participate in AHCM, incorporating administration of the AHCM HRSN screening tool into their regular workflow.
  o Types of Sites: Primary Care, Behavioral Health, Hospital Emergency Department, Labor and Delivery, Psychiatric Unit
Step 3: For each participating clinical site, identify an AHCM point of contact, an AHCM Implementation Lead; this person should be the person at the clinical site responsible for overseeing administration of the HRSN screening tool at an organizational level.
Step 4: Review current staffing, data systems, and workflows at each participating clinical site
Step 5: For each participating clinical site, the Practice and the AHCM POC at the clinical site, at a minimum, should follow the procedures detailed in parts B - F on pages 4-15 of this document corresponding the correct type of clinical site.

3. Required resources: Resources required for screening will differ from one clinical site to the next depending on the methods clinical sites employ. Some practices may want to invest in tablets or install kiosks. There will be a small amount of funds available to some practices who do not have financial resources. Some practices will want to make changes in their EHRs or existing software or databases to accept social needs screening data; this will require financial investment from clinical sites and Practices. No matter how a clinical site administers the screening, staff time will be required to set up site-specific workflows, oversee administrative processes, and/or conduct the screenings. Practices and sites are not expected to hire new staff to implement these processes. In all cases, a shared understanding of the value of screening for social needs along with a commitment to the process—including any changes it will entail in organizational processes and culture—will be essential.

4. Anticipated challenges and mitigation strategies:
   - Adoption Across Clinical Sites with varying resources: Given the number of practices and clinical sites across this 21 county region, clinical workflows, staffing, technology, and resources vary considerably from place to place. For example, some practices are fully electronic, while
others remain paper-based. While adding the social needs screening to the workflow will be easy for some practices and clinical sites, for others it will require a significant change in their existing workflows.

- To this end, ensuring consistency in application of the screening tool is our biggest challenge; this will be mitigated by providing practices and clinical sites with flexibility about how to apply the screening tool provided the proposed workflow considers key criteria for each step of the process.

5. **Responsible party:** Each participating Practice is responsible for developing a workflow for each of the participating clinical sites. The person ultimately responsible within each Practice is the person whose name is on the Memorandum of Understanding signed as part of the AHCM application and award. These practices are:

[Insert list of clinical sites]

6. **Timing/frequency:** These tasks only need to be done once upon implementation

**B. SCREENING IN PRIMARY CARE SETTINGS**

1. **Description:** The following describes the workflow participating clinical sites that are Primary Care Settings are to follow in developing the workflow for administering the HRSN Screening tool.

2. **Process:**

   - **Step 1:** Patient identification. Decide who will receive the HRSN screening tool. Primary Care Settings have two options:
     - Screening all Practice patients
     - Identifying and screening all Medicaid, Medicare and Medicare-Medicaid patients
   
   In making this decision, consider how you will ensure the screening is universal.

   - **Step 2:** Timing. Primary Care Settings have four options of when to administer the screening
     - Before the visit
       - Phone Call
       - Patient Portal
     - Intake/lobby
     - Rooming process
     - As part of the visit
       - Patient Room
       - Other
   
   In making this decision, consider how likely a patient is to feel comfortable and willing to take the screening in that setting, the patient’s safety and acuity, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

   - **Step 3:** Administration. Primary Care Settings have six options for who provides the screening to the patient. No matter how the screening is provided, the individual who interacts with the patient must provide a verbal or written introduction that normalizes that the HRSN screening.
     - Patient completes it themselves
     - Community health worker or care coordinator
     - Administrative personnel
     - Medical Assistant
     - Nurse
In making this decision, consider how likely the clinic’s patients are to have questions or need assistance to complete the screening, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- **Step 4:** Method. Primary Care Settings have five options of the method to use in administering the HRSN screening.
  - Paper
  - Kiosk
  - Tablet
  - Online via patient’s own device
  - Staff verbally conducts the interview
  In making this decision, consider patient’s tech savvy, likelihood that patients will need assistance to complete the screening, how to minimize the need for additional data entry at the clinical site, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- **Step 5:** Data Systems. Primary Care Settings have five options for the data interface to use in capturing HRSN screening data:
  - Electronic health record to QHN
  - QHN Results
  - Community Resource Network
  - Care Coordination platform, currently Essette
  - Internet
  In making this decision, consider the data systems already in place, how to minimize additional data entry work, who within the clinical site or Practice needs to be able to access to the information, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- **Step 6:** Process Improvement. Primary Care Settings must have a process in place for reviewing and improving this workflow. It must include:
  - Patient feedback
  - Staff feedback
  - An oversight mechanism at the Practice level

3. Required resources:

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

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<td>Availability of qualified staff to initiate activity</td>
<td>Recruiting and training new staff</td>
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5. Responsible party: Clinical Site Implementation Lead

6. Timing/frequency: Developing the process is a one-time event, administering the screener should be repeated every time a patient visits the clinic who has not received the screener in a year.

**C. SCREENING IN BEHAVIORAL HEALTH CLINICS**

1. Description: The following describes the workflow participating clinical sites that are Behavioral Health Clinics are to follow in developing the workflow for administering the HRSN Screening tool.

2. Process:
   - **Step 1: Patient identification.** Decide who will receive the HRSN screening tool. Behavioral Health Clinics have two options:
     - Screening all Practice patients
     - Identifying and screening all Medicaid and Medicare patients
     In making this decision, consider how you will ensure the screening is universal and not targeted based on apparent status or other factors.
   - **Step 2: Timing.** Behavioral Health Clinics have four options of when to administer the screening
     - Before the visit
     - Intake/lobby
     - Rooming process
     - As part of the visit
     In making this decision, consider how likely a patient is to feel comfortable and willing to take the screening in that setting, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.
   - **Step 3: Administration.** Behavioral Health Clinics have six options for who provides the screening to the patient. No matter how the screening is provided, the individual who interacts with the patient will provide a verbal introduction that normalizes that the HRSN screening.
     - Patient completes it themselves
     - Community health worker or care coordinator
     - Administrative personnel
     - Medical Assistant
     - Nurse
     - Clinican
     In making this decision, consider how likely the clinic’s patients are to have questions or need assistance to complete the screening, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.
   - **Step 4: Method.** Behavioral Health Clinics have five options of the method to use in administering the HRSN screening.
     - Paper
- Kiosk
- Tablet
- Own device
- Staff verbally conducts the interview

In making this decision, consider patient's tech savvy, likelihood that patients' will need assistance to complete the screening, how to minimize the need for additional data entry at the clinical site, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- Step 5: Data Systems. Behavioral Health Clinics have five options for the data interface to use in capturing HRSN screening data:
  - Electronic health record to QHN
  - QHN Secure
  - Community Resource Network
  - Care Coordination platform, currently Essent
  - Internet

In making this decision, consider the data systems already in place, how to minimize additional data entry work, who all needs access to the information, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- Step 6: Process Improvement. Behavioral Health Settings must have a process in place for reviewing and improving this workflow. It must include:
  - Patient feedback
  - Staff feedback
  - An oversight mechanism at the Practice level

3. Required resources: Describe anticipated resources such as staff, money, and equipment.

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

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5. Responsible party: Clinical Site Implementation Lead

6. Timing/frequency: Developing the process is a one-time event, administering the screener should be repeated every time a patient visits the clinic who has not received the screener in a year.
D. SCREENING IN EMERGENCY DEPARTMENTS

1. Description: The following describes the workflow participating clinical sites that are Emergency Departments are to follow in developing the workflow for administering the HRSN Screening tool.

2. Process:
   - Step 1: Patient identification. Decide who will receive the HRSN screening tool. Hospital Emergency Departments have two options:
     - Screening all patients
     - Identifying and screening all Medicaid and Medicare patients
     In making this decision, consider how you will ensure the screening is universal and not targeted based on apparent status or other factors.
   - Step 2: Timing. Emergency Rooms have two sets of options of when to administer the screening, based on whether the patient's condition is acute or non-acute.
     - Acute
       - After the rooming process
       - As part of the episode of care
     - Non-Acute
       - Intake/lobby
       - Rooming process
       - As part of the episode of care
     In making this decision, consider how the HRSN screening tool will be incorporated into existing clinical workflows.
   - Step 3: Administration. Emergency Departments have two sets of options for who provides the screening to the patient, based on whether the patient's condition is acute or non-acute. No matter how the screening is provided, the individual who interacts with the patient will provide a verbal introduction that normalizes that the HRSN screening.
     - Acute
       - Community health worker or care coordinator
       - Administrative personnel
       - Medical Assistant
       - Nurse
       - Clinician
     - Non-Acute
       - After triage/in waiting room
       - Community health worker or care coordinator
       - Administrative personnel
       - Medical Assistant
       - Nurse
In making this decision, consider how likely the ED’s patients are to have questions or need assistance to complete the screening, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

• Step 4: Method. Emergency Departments have two sets of options as to the method to use in administering the HRSN screening, based on whether the patient's condition is acute or non-acute.

  - Acute
    - Paper
    - Tablet
    - Staff verbally conducts the interview

In making this decision, consider patient's tech savvy, likelihood that patients' will need assistance to complete the screening, how to minimize the need for additional data entry at the clinical site, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

  - Non-Acute
    - Kiosk
    - Patient's own device
    - Paper
    - Tablet
    - Staff verbally conducts the interview

• Step 5: Data Systems. Emergency Departments have five options for the data interface to use in capturing HRSN screening data:
  - Electronic health record to QHN
  - QHN Secure
  - Community Resource Network
  - Care Coordination platform, currently Essette
  - Internet

In making this decision, consider the data systems already in place, how to minimize additional data entry work, who all needs access to the information, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

• Step 6: Process Improvement. Emergency Departments must have a process in place for reviewing and improving this workflow. It must include:
  - Patient feedback
  - Staff feedback
  - An oversight mechanism at the Practice level

3. Required resources: Describe anticipated resources such as staff, money, and equipment.

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.
Challenge (example) | Description (example) | Mitigation Strategy (example)
--- | --- | ---
Staffing shortage | Availability of qualified staff to initiate activity | Recruiting and training new staff

5. Responsible party: Clinical Site Implementation Lead

6. Timing/frequency: Developing the process is a one-time event, administering the screener should be repeated every time a patient visits the clinic who has not received the screener in a year.

**E. SCREENING IN LABOR AND DELIVERY**

1. Description: The following describes the workflow participating clinical sites that are Labor and Delivery settings are to follow in developing the workflow for administering the HRSN Screening tool.

2. Process:
   - **Step 1:** Patient identification. Decide who will receive the HRSN screening tool. Labor and Delivery settings have two options:
     - Screening all patients
     - Identifying and screening all Medicaid and Medicare patients
     In making this decision, consider how you will ensure the screening is universal and not targeted based on apparent status or other factors.
   
   - **Step 2:** Timing. Labor and Delivery settings have three options of when to administer the screening:
     - Intake/lobby
     - Rooming process
     - As part of the episode of care
     In making this decision, consider how the HRSN screening tool will be incorporated into existing clinical workflows.

   - **Step 3:** Administration. Labor and Delivery settings could have a number of different professionals administer the screening:
     - Community health worker or care coordinator
     - Administrative personnel
     - Medical Assistant
     - Nurse
     - Clinician
     In making this decision, consider how likely the clinic's patients are to have questions or need assistance to complete the screening, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.
• Step 4: Method. Labor and Delivery settings have a number of options for how to administer the screening
  o Kiosk
  o Patient's own device
  o Paper
  o Tablet
  o Staff verbally conducts the interview

In making this decision, consider patient's tech savvy, likelihood that patients' will need assistance to complete the screening, how to minimize the need for additional data entry at the clinical site, as well as how the HRSN screening tool will be incorporated into existing clinical workflows

• Step 5: Data Systems. Labor and Delivery settings have five options for the data interface to use in capturing HRSN screening data:
  o Electronic health record to QHN
  o QHN Secure
  o Community Resource Network
  o Care Coordination platform, currently Essete
  o Internet

In making this decision, consider the data systems already in place, how to minimize additional data entry work, who all needs access to the information, as well as how the HRSN screening tool will be incorporated into existing clinical workflows

• Step 6: Process Improvement. Labor and Delivery settings must have a process in place for reviewing and improving this workflow. It must include:
  o Patient feedback
  o Staff feedback
  o An oversight mechanism at the Practice level

3. Required resources: Describe anticipated resources such as staff, money, and equipment.

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

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5. Responsible party: Name the individuals involved in conducting this part of the SOP. Typically, one individual is identified as the owner or lead and other individuals are identified as staff who will support that person.
6. Timing/frequency: Identify the specific (or relative) timeframe for implementation of the task. For example, if a data reporting task must be completed within 30 days of the end of a budget year, make that clear in this section. Alternatively, if a task must be completed for each patient screened, it should be noted here.

F. SCREENING IN PSYCHIATRIC UNITS

1. Description: The following describes the workflow participating clinical sites that are Psychiatric Units are to follow in developing the workflow for administering the HRSN Screening tool.

2. Process:
   - Step 1: Patient identification. Decide who will receive the HRSN screening tool. Psychiatric Units have two options:
     - Screening all Practice patients
     - Identifying and screening all Medicaid and Medicare patients
   In making this decision, consider how you will ensure the screening is universal and not targeted based on apparent status or other factors.
   - Step 2: Timing. Psychiatric Units have four options of when to administer the screening
     - Before the visit
     - Intake/lobby
     - Rooming process
     - As part of the visit
   In making this decision, consider how likely a patient is to feel comfortable and willing to take the screening in that setting, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.
   - Step 3: Administration. Psychiatric Units have six options for who provides the screening to the patient. No matter how the screening is provided, the individual who interacts with the patient must provide a verbal introduction that normalizes that the HRSN screening.
     - Patient completes it themselves
     - Community health worker or care coordinator
     - Administrative personnel
     - Medical Assistant
     - Nurse
     - Clinician
   In making this decision, consider how likely the clinic's patients are to have questions or need assistance to complete the screening, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.
   - Step 4: Method. Psychiatric Units have five options of the method to use in administering the HRSN screening.
     - Paper
     - Kiosk
     - Tablet
     - Own device
     - Staff verbally conducts the interview
In making this decision, consider patient's tech savvy, likelihood that patients' will need assistance to complete the screening, how to minimize the need for additional data entry at the clinical site, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- **Step 5:** Data Systems. Psychiatric Units have five options for the data interface to use in capturing HRSN screening data:
  - Electronic health record to QHN
  - QHN Secure
  - Community Resource Network
  - Care Coordination platform, currently Essette
  - Internet

In making this decision, consider the data systems already in place, how to minimize additional data entry work, who all needs access to the information, as well as how the HRSN screening tool will be incorporated into existing clinical workflows.

- **Step 6:** Process Improvement. Psychiatric Units must have a process in place for reviewing and improving this workflow. It must include:
  - Patient feedback
  - Staff feedback
  - An oversight mechanism at the Practice level

3. **Required resources:** Describe anticipated resources such as staff, money, and equipment.

4. **Anticipated challenges and mitigation strategies.** Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

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5. **Responsible party:** Name the individuals involved in conducting this part of the SOP. Typically, one individual is identified as the owner or lead and other individuals are identified as staff who will support that person.

6. **Timing/frequency:** Identify the specific (or relative) timeframe for implementation of the task. For example, if a data reporting task must be completed within 30 days of the end of a budget year, make that clear in this section. Alternatively, if a task must be completed for each patient screened, it should be noted here.

**Notes:** This section is optional and can include notes or comments to be documented. For example, things that need to be considered moving forward. If there are any references that support this component, they should be noted here.
G. SUBMISSION, REVIEW, AND APPROVAL OF CLINICAL SITE WORKFLOWS

1. Description: The following details the process for submission, review, and approval of workflows at each participating clinical site.

2. Process:

A: Process for Practices & Clinical Sites
   Step 1: Ensure each clinical site within your Practice has completed one worksheet (see appendix, attachment 2A – 2E) for each clinical site and that the worksheet completed corresponds to the correct type of clinical site (e.g. Labor & Delivery or Primary Care)

   Step 2: Send completed workflow worksheets to the AHCM Director for review by [INSERT DATE] at [INSERT CONTACT INFORMATION]

B: Process for AHCM Director and Reviewers
   Step 1: Upon receipt, review the proposed workflows from each practice, considering the following criteria:
   - Feasibility
   - Patient-centered design
   - Alignment with grant requirements and deliverable
   - Cost

   Step 2: Respond to participating clinical sites with any concerns by XXX. If no concerns are raised by this date, the workflow will be considered approved.

C: Process for Workflows Returned to Clinical Sites with Questions
   Step 1: If a workflow is returned with questions or suggested modifications, the Practice and relevant clinical sites should arrange for a phone call with the AHCM Director to discuss concerns.
   Step 2: Following this conversation, the Practice and clinical site are to respond with an updated workflow within two weeks.

3. Required resources: Describe anticipated resources such as staff, money, and equipment.

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

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Notes: This section is optional and can include notes or comments to be documented. For example, things that need to be considered moving forward. If there are any references that support this component, they should be noted here.

H. PROCEDURES FOR DEVELOPING DATABASE OF COMMUNITY-BASED RESOURCES

1. Description: The following describes the process that will be used to develop and maintain a current and comprehensive database of community-based resources for referrals. We will be leveraging the 2-1-1 Database in Colorado so the process described will be the process employed.

2. Process:

   Step 1: On a monthly basis 2-1-1 staff will pull a list of resources that have not been updated within six months and will conduct proactive outreach in order to update the resource.
   Step 2: On an annual basis, 2-1-1 staff will conduct in-person site visits to each AHCM region to solicit input on the
   Step 3: 2-1-1 staff will submit monthly reports on progress made and will respond to reasonable ad hoc requests for reporting.

3. Required resources: 2-1-1 will have 1.5 dedicated FTE.

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

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6. Timing/frequency: Identify the specific (or relative) timeframe for implementation of the task. For example, if a data reporting task must be completed within 30 days of the end of a budget year, make that clear in this section. Alternatively, if a task must be completed for each patient screened, it should be noted here.
Notes: This section is optional and can include notes or comments to be documented. For example, things that need to be considered moving forward. If there are any references that support this component, they should be noted here.

Repeat the above steps for each component.

H. PROCEDURES FOR REFERRING TO COMMUNITY-BASED SOCIAL SERVICE PROVIDERS & COMMUNITY NAVIGATION

3. Description: The following describes the workflow that will be used to ensure a referral is automatically generated for eligible clients who identify a social need and the process by which clinical sites will provide eligible clients with a referral to community-based organizations that provide social services. Practices and clinical sites may customize this workflow to align with existing procedures whenever possible.

4. Process:

A: After completion, the screening will be submitted electronically to QHN. If the client meets the criteria for Navigation, they will be asked as part of the survey if they are ok receiving outreach from a navigator.

B: QHN will access the 2-1-1 database to identify resources within the geographic area that are appropriate for the client demographic. This mapping between social needs and resources will be done before and will be adjusted on a regular basis based on the addition and subtraction of community resources.

C: QHN will deliver back to the site, in a format dictated by the delivery method.

C: The Clinical Site is responsible for printing and providing the patient with the Health Related Social Needs Screening referral list and making any documentation in the EHR.

D: If a client meets the criteria for Community Navigation, the information on the screening will be electronically sent to the Community Navigator via the Community Resource Network (CRN)

3. Required resources: Describe anticipated resources such as staff, money, and equipment.

4. Anticipated challenges and mitigation strategies. Describe challenges likely to be encountered in this phase. This can be presented as a table or text.

<table>
<thead>
<tr>
<th>Challenge (example)</th>
<th>Description (example)</th>
<th>Mitigation Strategy (example)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing shortage</td>
<td>Availability of qualified staff to initiate activity</td>
<td>Recruiting and training new staff</td>
</tr>
</tbody>
</table>
5. Responsible party: Name the individuals involved in conducting this part of the SOP. Typically, one individual is identified as the owner or lead and other individuals are identified as staff who will support that person.

6. Timing/frequency: Identify the specific (or relative) timeframe for implementation of the task. For example, if a data reporting task must be completed within 30 days of the end of a budget year, make that clear in this section. Alternatively, if a task must be completed for each patient screened, it should be noted here.

Notes: This section is optional and can include notes or comments to be documented. For example, things that need to be considered moving forward. If there are any references that support this component, they should be noted here.

*Repeat the above steps for each component.*

**APPENDICES**

1. Health Related Social Needs Screening Tool
2. Screening & Referral Workflow Worksheets for Practices
   a. Primary Care
   b. Behavioral Health
   c. Hospital Emergency Department
   d. Labor & Delivery
   e. Psychiatric Unit
3. Script for Referring to Community Based Organizations Providing Social Services
4. Template for Referring to Community Based Organizations Providing Social Services
5. Script for Offering Eligible Clients the Services of a Community Navigator
6. Template for Eligible Clients Connecting them with their Assigned Community Navigator
2. Screening & Referral Workflow Worksheets for Practices
   A. Primary Care Screening Workflow Worksheet

**SCREENING WORKFLOW WORKSHEET**
**PRIMARY CARE**
Practices are to complete one worksheet for each clinical site.

I – BASIC INFORMATION

<table>
<thead>
<tr>
<th>Practice Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice POC:</td>
<td>(name) (phone) (e-mail)</td>
</tr>
<tr>
<td>Clinical Site:</td>
<td>(name) (county) (address)</td>
</tr>
<tr>
<td>Clinical Site POC:</td>
<td>(name) (phone) (e-mail)</td>
</tr>
</tbody>
</table>

Clinical setting: ☐ Outpatient

II – SCREENING WORKFLOW QUESTIONS

1. Who will be screened? ☐ All clients ☐ Medicaid/Medicare enrolled clients ☐ Other

2. Where will screening occur? ☐ Online via patient portal ☐ Admissions/in-lobby ☐ As part of rooming process

3. Who will administer the screening? ☐ Patients ☐ Administrative staff ☐ Medical Assisant ☐ Community Health Worker ☐ Nurse ☐ Clinician ☐ Other (explain)

4. Via what medium? ☐ Patient’s own device ☐ Kiosk ☐ Tablet ☐ Paper

5. By what data system will screening data be captured? ☐ EHR ☐ Online webform (built for AHCM) ☐ Other

6. Do you have a system for continually improving this workflow? ☐ Yes ☐ No

III – NARRATIVE EXPLANATION

On a separate sheet of paper, provide a narrative explanation of the workflow the practice intends to use for screening. At a minimum, the narrative should address each of the following:

- How the screening tool will be administered
- How the tool will be incorporated into clinical workflows at the clinical delivery sites to ensure that screening is universal, not targeted based on apparent status or other factors
- How the Practice will monitor the screening practices of the clinical site
- The quality improvement process the clinical site intends to use
B. Behavioral Health Screening Workflow Worksheet

SCREENING WORKFLOW WORKSHEET
BEHAVIORAL HEALTH
Practices are to complete one worksheet for each clinical site.

I – BASIC INFORMATION

Practice Name: __________________________________________

Practice POC: ____________________________________________
(name) (phone) (e-mail)

Clinical Site: ____________________________________________
(name) (county) (address)

Clinical Site POC: ________________________________________
(name) (phone) (e-mail)

Clinical setting: ☐ Inpatient ☐ Outpatient ☐ Both

II – WORKFLOW QUESTIONS

1. Who will be screened? ☐ All clients ☐ Medicaid/Medicare enrolled clients ☐ Other

2. Where will screening occur? ☐ Online via patient portal ☐ Admissions/in-lobby
☐ As part of rooming process

3. Who will administer the screening? ☐ Patients ☐ Administrative staff ☐ Medical Assistant ☐ Community Health Worker ☐ Nurse ☐ Clinician ☐ Other (explain)

4. Via what medium? ☐ Patient’s own device ☐ Kiosk ☐ Tablet ☐ Paper

5. By what data system will screening data be captured? ☐ EHR ☐ Online webform (built for AHCM) ☐ Other

6. Do you have a system for continually improving this workflow? ☐ Yes ☐ No

III – NARRATIVE EXPLANATION

On a separate sheet of paper, provide a narrative explanation of the workflow the practice intends to use for screening. At a minimum, the narrative should address each of the following:
- How the screening tool will be administered
- How the tool will be incorporated into clinical workflows at the clinical delivery sites to ensure that screening is universal, not targeted based on apparent status or other factors
- How the Practice will monitor the screening practices of the clinical site
- The quality improvement process the clinical site intends to use
C. Hospital Emergency Department Screening Workflow Worksheet

### SCREENING WORKFLOW WORKSHEET
#### HOSPITAL EMERGENCY DEPARTMENT
Practices are to complete one worksheet for each clinical site.

## I – BASIC INFORMATION

<table>
<thead>
<tr>
<th>Practice Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice POC:</td>
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</tr>
<tr>
<td>(name)</td>
<td>(phone)</td>
</tr>
<tr>
<td>(e-mail)</td>
<td></td>
</tr>
</tbody>
</table>

Clinical setting: □ Inpatient □ Outpatient □ Both

## II – WORKFLOW QUESTIONS

1. Who will be screened? □ All clients □ Medicaid/Medicare enrolled clients □ Other

   *Acute Care*

   2. Where will screening occur? □ During Episode of Care □ As part of rooming process

   3. Who will administer the screening? □ Administrative staff □ Medical Assistant □ Community Health Worker □ Nurse □ Clinician □ Other (explain)

   4. Via what medium? □ Patient’s own device □ Kiosk □ Tablet □ Paper

   *Non-Acute Care*

   2. Where will screening occur? □ After triage, in waiting room □ As part of rooming process □ During Episode of Care

   3. Who will administer the screening? □ Patients □ Administrative staff □ Medical Assistant □ Community Health Worker □ Nurse □ Other (explain)

   4. Via what medium? □ Patient’s own device □ Kiosk □ Tablet □ Paper

   *Both*

   5. By what data system will screening data be captured? □ EHR □ Online webform (built for AHCM) □ Other

   6. Do you have a system for continually improving this workflow? □ Yes □ No

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SCREENING WORKFLOW WORKSHEET
HOSPITAL EMERGENCY DEPARTMENT

III – NARRATIVE EXPLANATION

On a separate sheet of paper, provide a narrative explanation of the workflow the practice intends to use for screening. At a minimum, the narrative should address each of the following:

- How the screening tool will be administered
- How the tool will be incorporated into clinical workflows at the clinical delivery sites to ensure that screening is universal, not targeted based on apparent status or other factors
- How the Practice will monitor the screening practices of the clinical site
- The quality improvement process the clinical site intends to use

D. Labor & Delivery Screening Workflow Worksheet

SCREENING WORKFLOW WORKSHEET
HOSPITAL EMERGENCY DEPARTMENT
Practices are to complete one worksheet for each clinical site.

I – BASIC INFORMATION

Practice Name: ____________________________

Practice POC: __________________________________________________________
(name) (phone) (e-mail)

Clinical Site: ____________________________________________________________
(name) (county) (address)

Clinical Site POC: __________________________________________________________
(name) (phone) (e-mail)

Clinical setting: ☐ Inpatient ☐ Outpatient ☐ Both

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SCREENING WORKFLOW WORKSHEET
LABOR & DELIVERY

II – WORKFLOW QUESTIONS

1. Who will be screened? □ All clients □ Medicaid/Medicare enrolled clients

   Acute Care
2. Where will screening occur? □ During Episode of Care

3. Who will administer the screening? □ Administrative staff □ Medical Assistant □ Community Health Worker □ Nurse □ Clinician □ Other (explain)

4. Via what medium? □ Patient’s own device □ Kiosk □ Tablet □ Paper

   Non-Acute Care
2. Where will screening occur? □ After triage, in waiting room □ As part of rooming process □ During Episode of Care

3. Who will administer the screening? □ Patients □ Administrative staff □ Medical Assistant □ Community Health Worker □ Nurse □ Other (explain)

4. Via what medium? □ Patient’s own device □ Kiosk □ Tablet □ Paper

   Both
5. By what data system will screening data be captured? □ EHR □ Online webform (built for AHCM) □ Other

6. Do you have a system for continually improving this workflow? □ Yes □ No

III – NARRATIVE EXPLANATION

On a separate sheet of paper, provide a narrative explanation of the workflow the practice intends to use for screening. At a minimum, the narrative should address each of the following:

- How the screening tool will be administered
- How the tool will be incorporated into clinical workflows at the clinical delivery sites to ensure that screening is universal, not targeted based on apparent status or other factors
- How the Practice will monitor the screening practices of the clinical site
- The quality improvement process the clinical site intends to use
## E. Psychiatric Unit Screening Workflow Worksheet

### SCREENING WORKFLOW WORKSHEET  
**PSYCHIATRIC UNIT**

Practices are to complete one worksheet for each clinical site.

### I – BASIC INFORMATION

**Practice Name:**

**Practice POC:**

- (name)  
- (phone)  
- (e-mail)

**Clinical Site:**

- (name)  
- (county)  
- (address)

**Clinical Site POC:**

- (name)  
- (phone)  
- (e-mail)

**Clinical setting:**  
- □ Inpatient  
- □ Outpatient  
- □ Both

### II – WORKFLOW QUESTIONS

1. **Who will be screened?**
   - □ All clients  
   - □ Medicaid/Medicare enrolled clients  
   - □ Other

2. **Where will screening occur?**
   - □ Online via patient portal  
   - □ Admissions/in-lobby  
   - □ As part of rooming process

3. **Who will administer the screening?**
   - □ Patients  
   - □ Administrative staff  
   - □ Medical Assistant  
   - □ Community Health Worker  
   - □ Nurse  
   - □ Clinician  
   - □ Other (explain)

4. **Via what medium?**
   - □ Patient’s own device  
   - □ Kiosk  
   - □ Tablet  
   - □ Paper

5. **By what data system will screening data be captured?**
   - □ EHR  
   - □ Online webform (built for AHCM)  
   - □ Other

6. **Do you have a system for continually improving this workflow?**
   - □ Yes  
   - □ No

### III – NARRATIVE EXPLANATION

On a separate sheet of paper, provide a narrative explanation of the workflow the practice intends to use for screening. At a minimum, the narrative should address each of the following:

- How the screening tool will be administered
- How the tool will be incorporated into clinical workflows at the clinical delivery sites to ensure that screening is universal, not targeted based on apparent status or other factors
- How the Practice will monitor the screening practices of the clinical site
- The quality improvement process the clinical site intends to use
3. Template for Referral to Social Services Assistance from Community-Based Organizations

<table>
<thead>
<tr>
<th>Practice-Specific Header &amp; Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: Patient Name:</td>
</tr>
</tbody>
</table>

**BACKGROUND:**
Some text about why the clinical site asked about social determinants in the first place, the western slope’s interest in improving health, broadly, and the connection to social needs.

As part of today’s visit you indicated (X – clinical site fills in blank from pick list). For this reason, we are providing you with the following referral to organizations in our community that may be able to help you.

**REFERRAL:**
Name of Organization #1
Physical Address
Phone Number
Website
Hours
Types of services provided

**FOLLOW-UP:**
If you have any trouble contacting this organization or would like information on different community-based organizations that help Western Slope residents address utility bills, transportation, food needs, domestic violence or social isolation, you may contact [INSERT CONTACT NAME AND NUMBER OF PERSON AT CLINICAL SITE.]

4. Script for Referral to Social Services Assistance from Community-Based Organizations
5. Template for Connecting Eligible Clients to Assigned Community Navigation

<table>
<thead>
<tr>
<th>Practice-Specific Header &amp; Info</th>
</tr>
</thead>
</table>

Date:
Patient Name:

BACKGROUND:
As part of today's visit, you were identified as eligible to receive help from a community navigator to address your needs and make full use of social services available in your community. This assistance is available via a locally-led and federally funded effort across the western slope called the Accountable Health Communities Model.

The types of activities that a community navigator is able to do include, but are not limited to: X, Y, Z. If you do not want Community Navigation you can decline at any time.

The name and contact information of the community navigator assigned to work with you is listed below. If you are not able to meet with her/him today, then she/he will try to reach you over the next couple of days to set up a time to meet with you as soon as possible. You are also welcome to contact this person directly to set up a time to meet.

REFERRAL:
Name of Person
City, State
Phone Number
E-mail Address

FOLLOW-UP:
If you have any trouble contacting your assigned community navigator please call so we can help you make contact with this person.

[INSERT CONTACT NAME AND NUMBER OF PERSON AT CLINICAL SITE.]

6. Script for Offering Eligible Clients Community Navigation Services