

# **Healthy Start Screening Tools:**

Getting Ready to Screen  
Program Participants beginning  
January 2017

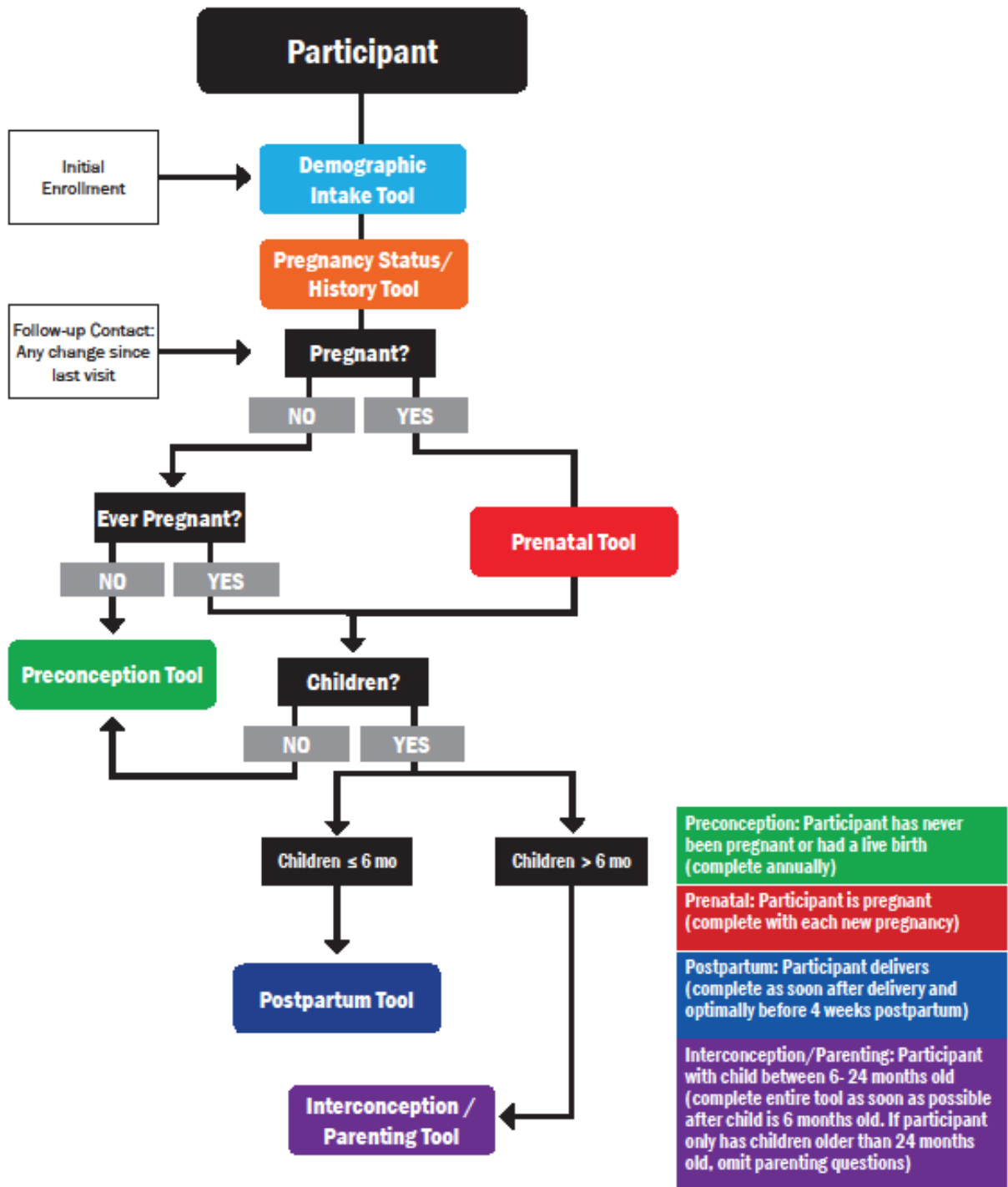
Webinar Workbook  
November 22, 2016

Updated December 3, 2016

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# HEALTHY START PARTICIPANT SCREENING PROCESS



# Screening Tools Reminders

1. The screening tools **do not** have to be completed each time a participant is seen. However, they will need to be updated with any changes (status, referral follow-up info, etc.)
2. The screening tools are not designed to be self- administered.
3. The screening tools do not have to be completed at one time, but should be completed within 30 days.
4. The screening tool should be completed as soon as possible within each perinatal phase in order to maximize the amount of time the Healthy Start team has to address participant's needs within that phase.

# Informed Consent

All Healthy Start programs require consent to provide services to participants. This is standard practice for any organization collecting information on participants to be used to provide services. Without consent, you are not able to deliver any services to a participant. As a program tool, the HS screening tools are implemented the same as any other screening you currently do. In other words, provided you have consent to care from the participant, you can use the screening tools. You do not need the participant to sign the IRB Consent Form to use the screening tools.

IRB approval was received in September 2016. All participants receiving services beginning January 1, 2017 are eligible to be included in the national evaluation. In order for participants' de-identified data to be shared with the national evaluation, you are required to obtain written consent using the IRB approved consent form which **should be signed by Healthy Start participants**. For convenience, the IRB Consent Form incorporates both a consent for care and consent to share data with the national evaluation. Note that a participant who consents to share their data can opt out at any time from the evaluation.

For clarification, a signed IRB approved consent form is **NOT** required to complete the screening tools. However, all Healthy Start programs should already be obtaining written consent from participants to receive services. This standard consent is sufficient to perform any screening. If you have not implemented a standard consent to receive services, the IRB consent form includes basic language which you should use.

It is recommended that you use the IRB approved consent form without modification that includes consent for both the receipt of Healthy Start services and participant data to be shared for the national evaluation. However, if you modify the approved consent form provided you may **NOT** remove language that pertains to the evaluation, completing screening tools, providing individual identifiers, linking to vital records or PRAMS, and sharing de-identified data to MCHB/HRSA.

Please contact Jamelle Banks at [jbanks@hrsa.gov](mailto:jbanks@hrsa.gov) or (301) 443-1726 for more information about the Healthy Start evaluation, IRB protocol, or consent process.

## Demographic Screening Tool

Who: All participants

When: Upon enrollment

Why: Provides general background information

What: 10 Questions (14 with sub-questions)

Est. Time: 4.6 minutes

### Questions from Standardized Surveys:

- Pregnancy Risk Assessment Monitoring System (PRAMS)
- State and Local Area Integrated Telephone Survey (SLAITS)
- US Census
- HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status
- Healthy Start CoIIN Recommendations

## Pregnancy History Screening Tool

Who: All participants

When: Upon enrollment

Why: Responses determine which screening tool (s) to administer

What: 9 Questions (11 with sub-questions)

Est. Time: 6.3 minutes

### Questions from Standardized Surveys:

- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Practice Guidelines: ACOG
- National Survey of Family Growth (NSFG)
- Healthy Start CoIIN Recommendations

# Preconception Screening Tool

Who: Participants who have never been pregnant

When: Administer upon enrollment and annually if not pregnant

Why: Improve health, prepare for pregnancy, and promote family planning

What: 43 Questions (51 with sub-questions)

Est. Time: 51 minutes

## Content:

- Brief demographic section: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services, community safety, medical home/access to care/health insurance
- Health and health history: Health status, healthy weight, chronic conditions, medications, vaccinations, STIs, oral health, safe sex practices
- Mental health: Depression
- Substance use: Tobacco, alcohol, other substances, exposure to tobacco smoke
- Personal safety: Intimate partner violence
- Stress and discrimination: Recent stressful events, perceptions of discrimination, resilience
- Partner involvement/Social support: Support system
- Reproductive life planning: Plan to have children, how many, when, using birth control, which method(s), satisfaction with method, confidence

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC
- Everyday Discrimination Scale (Short Version) \*
- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Study Survey
- MCHB Home Visiting Survey
- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children's Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- National Survey on Drug Use and Health (NSDUH)

- Patient Health Questionnaire-2 (PHQ-2)\*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)  
\*Tested, valid and reliable tool

Types of Questions	Number of Questions	Standardized Surveys and Screening Tools <i>*Tested, valid and reliable tools</i>
<b>Social Determinants of Health</b>	9 (+ 3)	SLAITS, BRFSS, PRAMS Phase 6 NSCH, NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood and Community</b>	4	SLAITS, NSCH, Health Begins
<b>Medical Home / Access to Care</b>	4 (+ 1)	SLAITS, NSCH
<b>Health and Health History</b>	14 (+2)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2*
<b>Substance Use</b>	2	NIDA Quick Screen*, PRAMS Phase 6
<b>Personal Safety</b>	2	PRAMS Phase 6 modified, AAP and ACOG guidelines
<b>Stress and Discrimination</b>	3	PRAMS Phase 7 modified Everyday Discrimination Scale* (Short Version)
<b>Partner Involvement / Social Support</b>	2	Social Support Scale*, modified MI Maternal Risk Identifier Worksheet modified
<b>Reproductive Life Planning</b>	2 (+4)	CDC



# Prenatal Screening Tool

Who: Administer with every pregnant participant, and with every pregnancy

When: On Intake

Why: Optimize health outcomes for mother and infant

What: 51 Questions (64 with sub-questions)

Est. Time: 56 minutes

## Content:

- Prenatal care: First prenatal visit date, difficulty getting prenatal care, source of care, usual place of care, health insurance
- Demographics: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services
- Neighborhood/Community: Community safety, social interaction
- Health and health history: Health status, healthy pregnancy weight, chronic medical conditions, medications, vitamins, vaccinations, STIs, oral health, seat belt use
- Mental health: Depression
- Substance use: Tobacco, alcohol, other substances, exposure to tobacco smoke
- Personal safety: Intimate partner violence
- Readiness for motherhood: Desire for pregnancy, plan for infant feeding, plan for delivery
- Stress and discrimination: Recent stresses, perceptions of discrimination, resilience
- Partner/Social support: Partner/father involvement in pregnancy, support system
- Reproductive life planning: Plan to have more children, how many, when, using birth control, which method(s), satisfaction with method, confidence

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC
- Everyday Discrimination Scale\* (Short Version)
- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Study Survey
- MCHB Home Visiting Survey

- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children’s Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- National Survey on Drug Use and Health (NSDUH)
- Patient Health Questionnaire-2 (PHQ-2) \*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)

*\*Tested, valid and reliable tool*

Types of Questions	Number of Questions	Standardized Surveys and Screening Tools <i>*Tested, valid and reliable tool</i>
<b>Readiness for Motherhood / Prenatal Care</b>	11 (+2)	NSFG , PRAMS Phases 5, 7 & 8, SLAITS, Infant Feeding Practices Study Survey, NSCH, MI Maternal Risk Identifier Worksheet
<b>Social Determinants of Health</b>	10 (+ 3)	SLAITS, BRFSS, PRAMS Phase 6, NSCH NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood &amp; Community</b>	4	SLAITS, NSCH, Health Begins
<b>Health and Health History</b>	12 (+3)	SLAITS, NSFG, PRAMS Phases 6 & 7 NSFG, NSDUH, Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2*, USPSTF, Practice Guidelines: AAFP, ACOG
<b>Substance Use</b>	4	NIDA Quick Screen*, PRAMS Phase 6 MI Maternal Risk Identifier Worksheet
<b>Personal Safety</b>	2	PRAMS Phase 6 modified, Practice Guidelines: AAP and ACOG
<b>Stress and Discrimination</b>	3	Everyday Discrimination Scale* (Short Version), PRAMS Phase 7
<b>Partner Involvement / Social Support</b>	3	PRAMS Phase 5, Social Support Scale*, modified MI Maternal Risk Identifier Worksheet modified
<b>Reproductive Life Planning</b>	2 (+2)	CDC

# Postpartum Screening Tool

Who: Postpartum participants

When: Administer as soon as possible after delivery and ideally before 4 weeks postpartum

Why: Optimize maternal and newborn health

What: 50 Questions (75 with sub-questions)

Est. Time: 52 minutes

## Content:

- Pregnancy outcome: Complications, birth date/place, baby's weight, gestational diabetes
- Infant care: Baby's food and eating, breastfeeding, safe sleep, car safety,
- Baby insurance/Access to care: Health care provider, usual source of care, medical visit, vaccines, insurance
- Reproductive life planning: Plan to have more children, how many, when, using birth control, which method(s), satisfaction with method, confidence
- Demographics: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services,
- Neighborhood and Community: Community safety, social interaction
- Mom Medical home/Access to Care: Health care provider, usual source of care, insurance, postpartum visit
- Maternal health: Health status, healthy weight, chronic conditions, medications, vitamins, vaccinations, STIs, oral health, seat belt use
- Mental health: Depression
- Substance use: Tobacco use during last 3 months of pregnancy, current tobacco, alcohol, or other substance use, exposure to tobacco smoke (mom and baby)
- Personal safety: Intimate partner violence
- Stress and discrimination: Recent stresses, perceptions of discrimination, resilience
- Social support: Partner/father involvement with baby, support system

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- Everyday Discrimination Scale\* (Short Version)
- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Study Survey
- MCHB Home Visiting Study Survey
- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children's Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- Patient Health Questionnaire-2 (PHQ-2)\*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)

*\*Tested, valid and reliable tool*

<b>Types of Questions</b>	<b>Number of Questions</b>	<b>Standardized Surveys and Screening Tools</b> <i>*Tested, valid and reliable tool</i>
<b>Pregnancy Outcome</b>	1 (+7)	NSFG, PRAMS Phase 6, Infant Feeding Practices Study, NSCH
<b>Infant Care</b>	3 (+2)	Infant Feeding Practices Study, NSCH, PRAMS Phase 6 Practice Guidelines: AAP
<b>Infant Safety</b>	5	PRAMS Phases 8 & 6
<b>Baby Insurance/Access to Care/Medical Home</b>	4 (+2)	SLAITS NCHS
<b>Reproductive Life Planning</b>	2 (+4)	CDC
<b>Social Determinants of Health</b>	10 (+3)	SLAITS, BRFSS, PRAMS Phases 6 & 7, NSCH, NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood and Community</b>	4	SLAITS, NSCH, Health Begins
<b>Medical Home/Access to Care/Health Insurance</b>	4 (+3)	PRAMS Phase 6 NCHS
<b>Maternal Health</b>	6 (+2)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2*
<b>Substance Use</b>	3 (+1)	NIDA Quick Screen*, PRAMS Phase 6, MI Maternal Risk Identifier Worksheet
<b>Personal Safety</b>	2	PRAMS Phase 6 modified, Practice Guidelines: AAP and ACOG
<b>Stress and Discrimination</b>	3	Everyday Discrimination Scale* (Short Version), PRAMS Phase 7
<b>Partner Involvement / Social Support</b>	2 (+1)	Social Support Scale*, modified PRAMS Phase 5, MI Maternal Risk Identifier Worksheet modified

# Interconception/Parenting Screening Tool

Who: Administer with participant with child between 6 – 24 months old. If participant only has children older than 24 months old, omit parenting questions.

When: Complete as soon as possible after child is 6 months old.

Why: Optimize mother and infant outcomes.

What: 59 Questions (76 with sub-questions)

Est. Time: 61 minutes

## Content:

- Child health and safety: Date of birth of youngest child, breastfeeding history, reading to child, child's development, safe sleep practices, car safety, lead safety
- Child Access to care: Health care provider, usual source of care, insurance, well-child check-up, vaccines
- Reproductive Life Planning: Plan to have more children, how many, when, use of birth control, which method(s), satisfaction with method, confidence
- Demographics: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services,
- Neighborhood and Community: Community safety, social interaction
- Mom Access to care: Health care provider, usual source of care, insurance, well visit check-up
- Maternal health: Health status, healthy weight, chronic medical conditions, medications, vitamins, vaccinations, STIs, oral health, seat belt use
- Mental health: Depression
- Substance use: Tobacco, alcohol, or other substance use, exposure to tobacco smoke (mom and child)
- Personal safety: Intimate partner violence
- Stress and discrimination: Recent stresses, perceptions of discrimination, resilience
- Social support: Partner/father involvement with baby, support system

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC Guidelines

- Everyday Discrimination Scale\* (Short Version)
- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Survey
- MCHB Home Visiting Survey
- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children's Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- Patient Health Questionnaire-2 (PHQ-2)\*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)

*\*Tested, valid and reliable tool*

<b>Types of Questions</b>	<b>Number of Questions</b>	<b>Standardized Surveys and Screening Tools</b> <i>*Tested, valid and reliable tool</i>
<b>Child Health Status</b>	4 (+2)	NSCH, PRAMS Phase 6
<b>Child Health and Safety</b>	7 (+1)	PRAMS Phases 6 & 8, Practice Guidelines: AAFP, AAP
<b>Child Insurance/Access to Care/Medical Home</b>	4 (+2)	SLAITS, NCHS
<b>Reproductive Life Planning</b>	3 (+4)	CDC
<b>Social Determinants of Health</b>	10 (+3)	SLAITS, BRFSS, PRAMS Phases 6 & 7, Health Begins NSCH, NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood and Community</b>	4	SLAITS, NSCH, Health Begins
<b>Medical Home/Access to Care</b>	4 (+1)	NCHS
<b>Maternal Health</b>	14 (+3)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2
<b>Substance Use</b>	2	NIDA Quick Screen, PRAMS Phase 6 MI Maternal Risk Identifier Worksheet
<b>Personal Safety</b>	1	PRAMS Phase 6 modified
<b>Stress and Discrimination</b>	3	Everyday Discrimination Scale (Short Version), PRAMS Phase 7
<b>Social Support / Father or Partner Involvement</b>	2 (+1)	Social Support Scale, modified MI Maternal Risk Identifier Worksheet modified



# Included Tested, Validated and Reliable Tools

## Patient Health Questionnaire-2 (PHQ-2)

*Over the past two weeks, how often have you experienced any of the following, would you say never, several days, more than half the days, or nearly every day?*

*STAFF: Read each problem to participant, and enter one score for each question.*

Problem	Not at all	Several Days	More than half the days	Nearly every day	Score
Little interest or pleasure in doing things	0	1	2	3	
Feeling down, depressed, or hopeless	0	1	2	3	
<b>Total Score</b>					

FOLLOW UP	
<input type="checkbox"/>	Provided information/ education about resources for depression
Date _____	
<input type="checkbox"/>	Provided further assessment using evidence-based tool such as PHQ-9 or Edinburgh Postnatal Depression Screening Tool.
Date _____	
<input type="checkbox"/>	Provided counseling      Date _____
<b>Referred to:</b>	
<input type="checkbox"/>	Mental Health Center
<input type="checkbox"/>	Primary Care Provider
<input type="checkbox"/>	Other: Please specify _____
Date _____	

## Everyday Discrimination Scale (Short Version)

The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? Would you say almost every day, at least once a week, a few times a year, less than once a year, or never?

*STAFF: Read each treatment below to participant and enter one response for each treatment.*

Treatment	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	Declined to answer
You are treated with less courtesy or respect than other people.							
You receive poorer service than other people at restaurants, stores, or social services.							
People act as if they think you are not smart.							
People act as if they are afraid of you.							
You are threatened or harassed.							

*+If participant answers “a few times a month” or more frequently to any of the above, please go to question 39.*

*If participant answers “less than once a year”, “never”, or declines to answer to all of the above, go to question 40.*

### 39. What do you think is the main reason for these experiences?

*Select only one.*

- |  |  |
|--|--|
| <input type="checkbox"/> Your ancestry or national origins             | <input type="checkbox"/> Your sexual orientation         |
| <input type="checkbox"/> Your gender                                   | <input type="checkbox"/> Your education or income level  |
| <input type="checkbox"/> Your race                                     | <input type="checkbox"/> Your shade of skin color        |
| <input type="checkbox"/> Your age                                      | <input type="checkbox"/> Physical Disability             |
| <input type="checkbox"/> Your religion                                 | <input type="checkbox"/> Other, please specify:<br>_____ |
| <input type="checkbox"/> Your height                                   | _____  |
| <input type="checkbox"/> Your weight                                   | <input type="checkbox"/> Don't know                      |
| <input type="checkbox"/> Some other aspect of your physical appearance | <input type="checkbox"/> Declined to answer              |

## Social Support Scale (Modified)

People sometimes look to others for companionship, assistance, or other types of support. These questions ask you about the types of support that would be available to you if you needed it. If you are not sure which answer to select, please choose the one answer that comes closest to describing it.

For the following questions your response options are the following: None of the time, a little of the time, some of the time, most of the time or all of the time.  
If you needed it, how often is someone available to:

**STAFF:** Read each support task to participant, and select only one response for each support task.

Support Task	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Provide temporary financial support?					
Do something enjoyable with you?					
Help with daily chores?					
Help you if you were sick?					
Turn to for suggestions about how to deal with a personal problem?					

FOLLOW UP
<input type="checkbox"/> Provided information/education about importance of social supports Date _____
<b>Referral made to:</b> <input type="checkbox"/> Social Worker <input type="checkbox"/> Parent help line <input type="checkbox"/> Parent support group <input type="checkbox"/> Other: Please specify _____
Date _____

## NIDA Quick Screen

*If it's okay with you, I'd like to ask you a few questions that will help me give you better care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use.*

*In the past 12 months, how often have you used the following?*

*STAFF: Read substances and answers to participant and enter one response for each substance.*

Substance	Never	1-2x Monthly	Weekly	Daily or Almost Daily	Declined to answer
<b>Alcohol</b> (4 or more drinks per day)					
<b>Tobacco Products</b> (including cigarettes, chewing tobacco, snuff, iqmik, or other tobacco products like snus Camel Snus, orbs, e-cigarettes, lozenges, cigars, or hookah)					
<b>Mood-altering Drugs</b> (including marijuana)					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b> (marijuana, cocaine, crack, heroin, uppers/crank/meth, PCP, diet pills, LSD)					

## Demographic Screening Tool

Who: All participants

When: Upon enrollment

Why: Provides general background information

What: 10 Questions (14 with sub-questions)

Est. Time: 4.6 minutes

### Questions from Standardized Surveys:

- Pregnancy Risk Assessment Monitoring System (PRAMS)
- State and Local Area Integrated Telephone Survey (SLAITS)
- US Census
- HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status
- Healthy Start CoIIN Recommendations

## Pregnancy History Screening Tool

Who: All participants

When: Upon enrollment

Why: Responses determine which screening tool (s) to administer

What: 9 Questions (11 with sub-questions)

Est. Time: 6.3 minutes

### Questions from Standardized Surveys:

- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Practice Guidelines: ACOG
- National Survey of Family Growth (NSFG)
- Healthy Start CoIIN Recommendations

# Preconception Screening Tool

Who: Participants who have never been pregnant or never had a live birth

When: Administer upon enrollment and annually if not pregnant

Why: Improve health, prepare for pregnancy, and promote family planning

What: 43 Questions (53 with sub-questions)

Est. Time: 51 minutes

## Content:

- Brief demographic section: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services, community safety, medical home/access to care/health insurance
- Health and health history: Health status, healthy weight, chronic conditions, medications, vaccinations, STIs, oral health, safe sex practices
- Mental health: Depression
- Substance use: Tobacco, alcohol, other substances, exposure to tobacco smoke
- Personal safety: Intimate partner violence
- Stress and discrimination: Recent stressful events, perceptions of discrimination, resilience
- Partner involvement/Social support: Support system
- Reproductive life planning: Plan to have children, how many, when, using birth control, which method(s), satisfaction with method, confidence

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC
- Everyday Discrimination Scale (Short Version) \*
- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Study Survey
- MCHB Home Visiting Survey
- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children's Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- National Survey on Drug Use and Health (NSDUH)

- One Key Question®(OKQ)\*
- Patient Health Questionnaire-2 (PHQ-2)\*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)

*\*Tested, valid and reliable tool*

Types of Questions	Number of Questions	Standardized Surveys and Screening Tools <i>*Tested, valid and reliable tools</i>
<b>Social Determinants of Health</b>	9 (+ 3)	SLAITS, BRFSS, PRAMS Phase 6 NSCH, NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood and Community</b>	4	SLAITS, NSCH, Health Begins
<b>Medical Home / Access to Care</b>	4 (+ 1)	SLAITS, NSCH
<b>Health and Health History</b>	14 (+2)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2*
<b>Substance Use</b>	2	NIDA Quick Screen*, PRAMS Phase 6
<b>Personal Safety</b>	2	PRAMS Phase 6 modified, AAP and ACOG guidelines
<b>Stress and Discrimination</b>	3	PRAMS Phase 7 modified Everyday Discrimination Scale* (Short Version)
<b>Partner Involvement / Social Support</b>	2	Social Support Scale*, modified MI Maternal Risk Identifier Worksheet modified
<b>Reproductive Life Planning</b>	2 (+4)	OKQ*, CDC

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Who: Administer with every pregnant participant, and with every pregnancy

When: On Intake

Why: Optimize health outcomes for mother and infant

What: 51 Questions (64 with sub-questions)

Est. Time: 56 minutes

## Content:

- Prenatal care: First prenatal visit date, difficulty getting prenatal care, source of care, usual place of care, health insurance
- Demographics: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services
- Neighborhood/Community: Community safety, social interaction
- Health and health history: Health status, healthy pregnancy weight, chronic medical conditions, medications, vitamins, vaccinations, STIs, oral health, seat belt use
- Mental health: Depression
- Substance use: Tobacco, alcohol, other substances, exposure to tobacco smoke
- Personal safety: Intimate partner violence
- Readiness for motherhood: Desire for pregnancy, plan for infant feeding, plan for delivery
- Stress and discrimination: Recent stresses, perceptions of discrimination, resilience
- Partner/Social support: Partner/father involvement in pregnancy, support system
- Reproductive life planning: Plan to have more children, how many, when, using birth control, which method(s), satisfaction with method, confidence

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- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Study Survey
- MCHB Home Visiting Survey



- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children’s Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- National Survey on Drug Use and Health (NSDUH)
- One Key Question®(OKQ)\*
- Patient Health Questionnaire-2 (PHQ-2) \*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)

*\*Tested, valid and reliable tool*

Types of Questions	Number of Questions	Standardized Surveys and Screening Tools <i>*Tested, valid and reliable tool</i>
<b>Readiness for Motherhood / Prenatal Care</b>	11 (+2)	NSFG , PRAMS Phases 5, 7 & 8, SLAITS, Infant Feeding Practices Study Survey, NSCH, MI Maternal Risk Identifier Worksheet
<b>Social Determinants of Health</b>	10 (+ 3)	SLAITS, BRFSS, PRAMS Phase 6, NSCH NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood &amp; Community</b>	4	SLAITS, NSCH, Health Begins
<b>Health and Health History</b>	12 (+3)	SLAITS, NSFG, PRAMS Phases 6 & 7 NSFG, NSDUH, Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2*, USPSTF, Practice Guidelines: AAFP, ACOG
<b>Substance Use</b>	4	NIDA Quick Screen*, PRAMS Phase 6 MI Maternal Risk Identifier Worksheet
<b>Personal Safety</b>	2	PRAMS Phase 6 modified, Practice Guidelines: AAP and ACOG
<b>Stress and Discrimination</b>	3	Everyday Discrimination Scale* (Short Version), PRAMS Phase 7
<b>Partner Involvement / Social Support</b>	3	PRAMS Phase 5, Social Support Scale*, modified MI Maternal Risk Identifier Worksheet modified
<b>Reproductive Life Planning</b>	2 (+2)	OKQ*, CDC

# Postpartum Screening Tool

Who: Postpartum participants

When: Administer as soon as possible after delivery and ideally before 4 weeks postpartum

Why: Optimize maternal and newborn health

What: 50 Questions (75 with sub-questions)

Est. Time: 52 minutes

## Content:

- Pregnancy outcome: Complications, birth date/place, baby's weight, gestational diabetes
- Infant care: Baby's food and eating, breastfeeding, safe sleep, car safety,
- Baby insurance/Access to care: Health care provider, usual source of care, medical visit, vaccines, insurance
- Reproductive life planning: Plan to have more children, how many, when, using birth control, which method(s), satisfaction with method, confidence
- Demographics: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services,
- Neighborhood and Community: Community safety, social interaction
- Mom Medical home/Access to Care: Health care provider, usual source of care, insurance, postpartum visit
- Maternal health: Health status, healthy weight, chronic conditions, medications, vitamins, vaccinations, STIs, oral health, seat belt use
- Mental health: Depression
- Substance use: Tobacco use during last 3 months of pregnancy, current tobacco, alcohol, or other substance use, exposure to tobacco smoke (mom and baby)
- Personal safety: Intimate partner violence
- Stress and discrimination: Recent stresses, perceptions of discrimination, resilience
- Social support: Partner/father involvement with baby, support system

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- Everyday Discrimination Scale\* (Short Version)
- Health Begins: Upstream Risks Screening Tool
- Infant Feeding Practices Study Survey
- MCHB Home Visiting Study Survey
- MI Maternal Risk Identifier Worksheet
- National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
- National Survey of Children's Health (NSCH)
- National Survey of Family Growth (NSFG)
- National Survey of Homeless Assistance Providers and Clients (NSHAPC)
- One Key Question®(OKQ)\*
- Patient Health Questionnaire-2 (PHQ-2)\*
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Social Support Scale\*, modified
- State and Local Area Integrated Telephone Survey (SLAITS)

*\*Tested, valid and reliable tool*

<b>Types of Questions</b>	<b>Number of Questions</b>	<b>Standardized Surveys and Screening Tools</b> <i>*Tested, valid and reliable tool</i>
<b>Pregnancy Outcome</b>	1 (+7)	NSFG, PRAMS Phase 6, Infant Feeding Practices Study, NSCH
<b>Infant Care</b>	3 (+2)	Infant Feeding Practices Study, NSCH, PRAMS Phase 6 Practice Guidelines: AAP
<b>Infant Safety</b>	5	PRAMS Phases 8 & 6
<b>Baby Insurance/Access to Care/Medical Home</b>	4 (+2)	SLAITS NCHS
<b>Reproductive Life Planning</b>	2 (+4)	OKQ*, CDC
<b>Social Determinants of Health</b>	10 (+3)	SLAITS, BRFSS, PRAMS Phases 6 & 7, NSCH, NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood and Community</b>	4	SLAITS, NSCH, Health Begins
<b>Medical Home/Access to Care/Health Insurance</b>	4 (+3)	PRAMS Phase 6 NCHS
<b>Maternal Health</b>	6 (+2)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2*
<b>Substance Use</b>	3 (+1)	NIDA Quick Screen*, PRAMS Phase 6, MI Maternal Risk Identifier Worksheet
<b>Personal Safety</b>	2	PRAMS Phase 6 modified, Practice Guidelines: AAP and ACOG
<b>Stress and Discrimination</b>	3	Everyday Discrimination Scale* (Short Version), PRAMS Phase 7
<b>Partner Involvement / Social Support</b>	2 (+1)	Social Support Scale*, modified PRAMS Phase 5, MI Maternal Risk Identifier Worksheet modified

# Interconception/Parenting Screening Tool

Who: Administer with participant with child between 6 – 24 months old, or no live births, or no children under 24 months

When: Complete as soon as possible after child is 6 months old.

Why: Optimize mother and infant outcomes

What: 59 Questions (76 with sub-questions)

Est. Time: 61 minutes

## Content:

- Child health and safety: Date of birth of youngest child, breastfeeding history, reading to child, child's development, safe sleep practices, car safety, lead safety
- Child Access to care: Health care provider, usual source of care, insurance, well-child check-up, vaccines
- Reproductive Life Planning: Plan to have more children, how many, when, use of birth control, which method(s), satisfaction with method, confidence
- Demographics: Marital/partner status, employment, income status and financial strain
- Social determinants: Transportation, food security, housing security, social services,
- Neighborhood and Community: Community safety, social interaction
- Mom Access to care: Health care provider, usual source of care, insurance, well visit check-up
- Maternal health: Health status, healthy weight, chronic medical conditions, medications, vitamins, vaccinations, STIs, oral health, seat belt use
- Mental health: Depression
- Substance use: Tobacco, alcohol, or other substance use, exposure to tobacco smoke (mom and child)
- Personal safety: Intimate partner violence
- Stress and discrimination: Recent stresses, perceptions of discrimination, resilience
- Social support: Partner/father involvement with baby, support system

## Questions from Standardized Surveys and Screening Tools

- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC Guidelines

- Everyday Discrimination Scale\* (Short Version)
  - Health Begins: Upstream Risks Screening Tool
  - Infant Feeding Practices Survey
  - MCHB Home Visiting Survey
  - MI Maternal Risk Identifier Worksheet
  - National Institute on Drug Abuse (NIDA): NIDA Quick Screen\*
  - National Survey of Children's Health (NSCH)
  - National Survey of Family Growth (NSFG)
  - National Survey of Homeless Assistance Providers and Clients (NSHAPC)
  - One Key Question®(OKQ)\*
  - Patient Health Questionnaire-2 (PHQ-2)\*
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Social Support Scale\*, modified
  - State and Local Area Integrated Telephone Survey (SLAITS)
- \*Tested, valid and reliable tool*

<b>Types of Questions</b>	<b>Number of Questions</b>	<b>Standardized Surveys and Screening Tools</b> <i>*Tested, valid and reliable tool</i>
<b>Child Health Status</b>	4 (+2)	NSCH, PRAMS Phase 6
<b>Child Health and Safety</b>	7 (+1)	PRAMS Phases 6 & 8, Practice Guidelines: AAFP, AAP
<b>Child Insurance/Access to Care/Medical Home</b>	4 (+2)	SLAITS, NCHS
<b>Reproductive Life Planning</b>	3 (+4)	OKQ*, CDC
<b>Social Determinants of Health</b>	10 (+3)	SLAITS, BRFSS, PRAMS Phases 6 & 7, Health Begins NSCH, NSHAPC, MCHB Home Visiting Survey
<b>Neighborhood and Community</b>	4	SLAITS, NSCH, Health Begins
<b>Medical Home/Access to Care</b>	4 (+1)	NCHS
<b>Maternal Health</b>	14 (+3)	SLAITS, PRAMS Phases 6 & 7, NSFG Practice Guidelines: AAFP, ACOG
<b>Mental Health</b>	1	PHQ-2
<b>Substance Use</b>	2	NIDA Quick Screen, PRAMS Phase 6 MI Maternal Risk Identifier Worksheet
<b>Personal Safety</b>	1	PRAMS Phase 6 modified
<b>Stress and Discrimination</b>	3	Everyday Discrimination Scale (Short Version), PRAMS Phase 7
<b>Social Support / Father or Partner Involvement</b>	2 (+1)	Social Support Scale, modified MI Maternal Risk Identifier Worksheet modified

# Included Tested, Validated and Reliable Tools

## Patient Health Questionnaire-2 (PHQ-2)

[http://www.cqaimh.org/pdf/tool\\_phq2.pdf](http://www.cqaimh.org/pdf/tool_phq2.pdf)

*Over the past two weeks, how often have you experienced any of the following, would you say never, several days, more than half the days, or nearly every day?*

*STAFF: Read each problem to participant, and enter one score for each question.*

Problem	Not at all	Several Days	More than half the days	Nearly every day	Score
Little interest or pleasure in doing things	0	1	2	3	
Feeling down, depressed, or hopeless	0	1	2	3	
Total Score					

**NOTE:** Enter the number that matches the participant's answer in the last column, and add the answers for both together to get the final score. If the final score is more than 3, further assessment is needed.

Kroenke K, Spitzer RL, Williams JB. The patient health questionnaire-2: validity of a two-item depression screener. *Med Care.* 2003;41:1284-1292.

Chae, S. Y., Chae, M. H., Tyndall, A., Ramirez, M. R., & Winter, R. O. (2012). Can we effectively use the two-item PHQ-2 to screen for postpartum depression?. *Family Medicine-Kansas City,* 44(10), 698.



## Everyday Discrimination Scale (Short Version)

The next set of questions asks you about how other people have treated you. In your day-to-day life, how often have any of the following things happened to you? Would you say almost every day, at least once a week, a few times a year, less than once a year, or never?

*STAFF: Read each treatment below to participant and enter one response for each treatment.*

Treatment	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	Declined to answer
You are treated with less courtesy or respect than other people.							
You receive poorer service than other people at restaurants, stores, or social services.							
People act as if they think you are not smart.							
People act as if they are afraid of you.							
You are threatened or harassed.							

If participant answers "a few times a month" or more frequently to any of the above, please go to [next question]:

### 39. What do you think is the main reason for these experiences?

Select only one.

- |  |   |
|--|---|
| <input type="checkbox"/> Your ancestry or national origins             | <input type="checkbox"/> Your sexual orientation        |
| <input type="checkbox"/> Your gender                                   | <input type="checkbox"/> Your education or income level |
| <input type="checkbox"/> Your race                                     | <input type="checkbox"/> Your shade of skin color       |
| <input type="checkbox"/> Your age                                      | <input type="checkbox"/> Physical Disability            |
| <input type="checkbox"/> Your religion                                 | <input type="checkbox"/> Other, please specify:         |
| <input type="checkbox"/> Your height                                   | _____   |
| <input type="checkbox"/> Your weight                                   | _____   |
| <input type="checkbox"/> Some other aspect of your physical appearance | <input type="checkbox"/> Don't know                     |
|  | <input type="checkbox"/> Declined to answer             |

Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health. *Du Bois Review: Social Science Research on Race*, 8(01), 95-113.

## Social Support Scale (Modified)

[http://www.rand.org/health/surveys\\_tools/mos/social-support/survey-instrument.html](http://www.rand.org/health/surveys_tools/mos/social-support/survey-instrument.html)

Screening tools used questions from the Emotional/Informational Support, Tangible Support and Positive Social Interactions dimensions of the Social Support Survey Instrument. The COLLN separated the Tangible Support Question [Someone to help with daily chores if you were sick] to: X.3 Someone to help with daily chores and X.4 Someone to help you if you were sick, and added questions X.1 and X.6.

*For the following questions your response options are the following: None of the time, a little of the time, some of the time, most of the time or all of the time.*

*If you needed it, how often is someone available to:*

*STAFF: Read each support task to participant, and select only one response for each support task.*

Support Task	All of the time	Most of the time	Some of the time	A little of the time	None of the time
X.1 Provide temporary financial support?					
X.2 Do something enjoyable with you?					
X.3 Help with daily chores?					
X.4 Help you if you were sick?					
X.5 Turn to for suggestions about how to deal with a personal problem?					
X.6 To watch your baby for you?					

Sherbourne, Cathy D. and Anita Stewart, The MOS Social Support Survey, Santa Monica, Calif.: RAND Corporation, RP-218, 1993. As of November 06, 2016: <http://www.rand.org/pubs/reprints/RP218.html> Social Support Survey is reproduced here in part with permission from the RAND Corporation.

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## NIDA Quick Screen

<https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>

*In the past 12 months, how often have you used the following?*

*STAFF: Read substances and answers to participant and enter one response for each substance.*

Substance	Never	1-2x Monthly	Weekly	Daily or Almost Daily	Declined to answer
<b>Alcohol</b> (4 or more drinks per day)					
<b>Tobacco Products</b> (including cigarettes, chewing tobacco, snuff, iqmik, or other tobacco products like snus Camel Snus, orbs, e-cigarettes, lozenges, cigars, or hookah)					
<b>Mood-altering Drugs</b> (including marijuana)					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b> (marijuana, cocaine, crack, heroin, uppers/crank/meth, PCP, diet pills, LSD)					

Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *Journal of General Internal Medicine*, 24(7), 783-788.

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A Single-Question Screening Test for Drug Use in Primary Care. *Arch Intern Med*. 2010;170(13):1155-1160. doi:10.1001/archinternmed.2010.140.

## One Key Question®

<http://www.onekeyquestion.org/>

**XX> Would you like to become pregnant in the next 12 months?**

Select one only.

- Yes
- No
- I am okay either way
- Don't know
- Declined to answer

**Follow up:** based on a participant's response, Healthy Start programs can more fully support women's preventive reproductive health needs, such as preventing an unintended pregnancy or preparing for a healthy pregnancy. Follow up may include providing information or education about pregnancy planning and birth spacing, providing counseling or contraception, or referral for reproductive services.

OKQ provides a way to more fully understand and support women's preventive reproductive health needs, such as preventing an unintended pregnancy or preparing for a healthy pregnancy. Embedded in a set of questions, documentation of participant responses to the Reproductive Life Planning section of the screening tools meets the performance measure for documenting a Reproductive Life Plan.

The One Key Question® Initiative (OKQ) is the Oregon Foundation for Reproductive Health's groundbreaking, yet simple, solution to making Oregon women and families healthier and ensure that more pregnancies are wanted, planned, and as healthy as possible.

The ONE KEY QUESTION® mark and program are the intellectual property of the Oregon Foundation for Reproductive Health. Used with permission.

# Healthy Start EPIC Center Training and TA

## Healthy Start EPIC Center is available to:

- Support Healthy Start Screening Tools orientation
- Assess readiness for implementation Healthy Start Screening Tools
- Provide training and support for the electronic screening tool

## How to Access Healthy Start EPIC Center training and technical assistance:

1. **HS EPIC HelpDesk email:** [healthystartepic@jsi.com](mailto:healthystartepic@jsi.com)
2. **HS EPIC HelpDesk phone:** 1-844-225-3713, toll free  
Monday - Friday from 8:30 AM - 5:00 PM Eastern  
Messages are returned within 24 hours
3. **HS EPIC TA Request:** <http://healthystartepic.org/about-hs-epic-center/request-technical-assistance/>
4. **HS EPIC Center Website:** <http://www.healthystartepic.org>

## Screening Tools Implementation Readiness Peer Discussion Groups

The facilitated 90 minute discussion groups are an opportunity for Healthy Start grantees to brainstorm implementation challenges with fellow Healthy Start grantees and develop initial action plans for putting a standardized screening process in place.

**Who should attend:** Program Directors, Program Managers, Data managers, Data entry staff, Care coordinator, Case managers, Social Workers

**Pre-work:** Review and complete Healthy Start Screening Tool Implementation Checklist on page 25.

Please note: Grantees can attend multiple groups and should select which peer discussion group to attend based on their most immediate concerns. These peer discussions will NOT focus on answering questions on reporting performance measures, calculating benchmarks, program evaluation, or national evaluation.



## **Integrating Screening Tools into Existing Data Collection Systems**

These guided conversations will be based on the Healthy Start Screening Tool Implementation Checklist for Healthy Start grantees who have decided to use their existing forms and will be mapping the screening tool questions to their paper forms and/or existing databases. We will be focusing on the process of integrating the screening tool questions into your existing data collection systems and operationalizing Healthy Start screening.

### **1. Integrating Healthy Start screening tools into existing paper forms**

**EPIC Center Facilitators:** Jillian Maccini and Megan Hiltner

**Contact Person:** Jillian Maccini- [jillian\\_maccini@jsi.com](mailto:jillian_maccini@jsi.com)

**Call One:** December 14th, 2:00 - 3:30 PM Eastern

Webinar Link:

<https://jsi.webex.com/jsi/j.php?MTID=mba23a640f952133147d1bc5114cd7b31>

**Call Two:** January 12th, 3:00 - 4:30 PM Eastern

Webinar Link:

<https://jsi.webex.com/jsi/j.php?MTID=m5aea6109d3d17a587645691e205a76cd>

### **2. Integrating Start screening tools into existing database (Excel, ACCESS, Vendor, on-line, etc.)**

**EPIC Center Facilitators:** Suz Friedrich and Naomi Clemmons

**Contact Person:** Suz Friedrich - [s\\_friedrich@jsi.com](mailto:s_friedrich@jsi.com)

**Call One:** December 20, 2016, 2:00 – 3:30 PM Eastern

Webinar Link:

<https://jsi.webex.com/jsi/j.php?MTID=m04992901a24848f88d889fe699a635c8>

**Call Two:** January 17, 2017, 2:00 – 3:30 PM Eastern

Webinar Link:

<https://jsi.webex.com/jsi/j.php?MTID=m4d7a283eda34f90ef70ce8cc622f68ba>

## Using Healthy Start Screening Tools as Written

These guided conversations will be based on the Healthy Start Screening Tool Implementation Checklist for Healthy Start grantees who have decided to use the paper version of the Healthy Start Screening Tools or the electronic screening tool.

### 1. Paper version of Healthy Start Screening Tools only

**EPIC Center Facilitators:** Kimberly Bradley and Naima Cozier

**Contact Person:** Kimberly Bradley - KBradley@zerotothree.org

**Call One:** December 5, 2016, 3:00 – 4:30 PM Eastern

Webinar Link: <https://global.gotomeeting.com/join/121241685>

Conference line: 800-689-9374 and Passcode: 656482#

**Call Two:** January 12, 2017, 3:00 – 4:30 PM Eastern

Webinar Link: <https://global.gotomeeting.com/join/121241685>

Conference line: 800-689-9374 and Passcode: 656482#

### 2. Electronic Screening Tool

**EPIC Center Facilitators:** Karuna Chibber, Lisa Blankenship, and Katie Robert

**Contact Person:** Karuna Chibber - karuna\_chibber@jsi.com

**Call One:** Wednesday, December 14, 2016, 2:30-4:00 PM Eastern

Webinar Link:

<https://jsi.webex.com/jsi/j.php?MTID=ma737c500af7071ea5de1bdb12e70cce9>

**Call Two:** January 12, 2016, 2:00 – 3:30 PM Eastern

Webinar Link:

<https://jsi.webex.com/jsi/j.php?MTID=mc9e1741db0504e0af76ffc39e44688cb>



## **Challenger Soft and Social Solutions ETO Group Negotiation**

A small group of Healthy Start COIN members and EPIC Center staff are working with the two (2) vendor-based systems used by the majority of grantees (ETO and ChallengerSoft) to do group contract negotiations on behalf of current grantees that are using the systems. We focused on these vendors, as these were the databases that were being used by the majority of grantees who were using a vendor-based system. This initial focus is on those grantees who already have the software and need screening tools integrated into the system. Once the details of the negotiation are detailed for this group, the second focus will be on those who don't have the software and want to purchase with tools integrated.

These negotiations aim to reduce cost of customizing an interface to support the screening tools, generate a data submission to DS Federal, and improve efficiency as tools are modified over time. The goal of the negotiation is to get the best contract provisions and costs that we can get from each vendor. Once we have the best negotiated a base price for integrating the screening tools, it will be shared and each grantee can then choose to join the group negotiated base rate or negotiate their own contract. Any customization will be addressed by grantees on their own.

We are collecting information from each group of current grantee users (11 grantees who use ETO and 22 grantees who use ChallengerSoft) to inform the contract negotiation, such as:

- Number of sites
- How many end users
- Training support

For questions please contact, Yvonne Hamby of the EPIC Center at [Yhamby@jsi.com](mailto:Yhamby@jsi.com) or 303-262-4304.

# Additional Questions

For questions related to HSMED-related Please email DSFederal:  
[HSSupport@DSFederal.com](mailto:HSSupport@DSFederal.com).

## DSFederal

- XML schema
- Training to create XML export
- Receiving the XML export
- Interface to Healthy Start National Evaluation

## Healthy Start Screening Tool Implementation Checklist

### Introduction

The *Healthy Start Screen Tool Implementation Playbook* is a compendium of actions and/or strategies that will help your Healthy Start program in its implementation of screening tools. The actions/considerations are called “Plays” as they are meant to be put into action at the right time, in the right place, and in the right sequence of the screening tools based on the unique context and culture of your program and organization. Implementing a new process requires a quality management approach that includes quality planning to systematically design a process that will be able to work, monitoring alignment of the process with identified goals and aims, and using data-driven actions to make processes better through quality improvement. The Playbook provides an organizing framework for this quality management approach.

Although the *Playbook*, layout suggests that Plays are implemented in a linear fashion, as in a football game, they are intricately intertwined and should be implemented in the order that best fits your organizational structure, team experience, and culture. For example, Play 1 focuses on team development; however, your organization may already have a team in place, in which case you might start your process by looking at change models (Play 2). This checklist is designed to help assess the status of your program regarding each Play, to assist in setting priorities to prepare for implementation.

*If you are planning to participate in the **Screening Tools Implementation Readiness Peer Discussion Groups** in December 2016 and January 2017, please review the checklist prior to the call.*

## HEALTHY START SCREENING TOOL IMPLEMENTATION CHECKLIST

Play	Activities	Haven't started 1	Working on it 2	Almost complete 3	Complete 4	Not applicable N/A	Written Protocols/ Procedures in Place?	Who Can Help?	Who Can Lead?
<b>Play 1: Forming a Screening Tool Implementation Team</b>	Structure the team	1	2	3	4	NA			
	Who will be on the team?	1	2	3	4	NA			
	What are the responsibilities of each team member?	1	2	3	4	NA			
	<i>Intake staff</i>	1	2	3	4	NA			
	<i>Case worker(s)/ Care Coordinator(s)</i>	1	2	3	4	NA			
	<i>Home Visitors</i>	1	2	3	4	NA			
	<i>Evaluator(s)</i>	1	2	3	4	NA			
	<i>Project Manager(s)</i>	1	2	3	4	NA			

	<i>IT</i>	1	2	3	4	NA			
<b>Play 2: Use a Change Model</b>	Identify a change model	1	2	3	4	NA			
<b>Play 3: Develop a Plan</b>	Identify project goals	1	2	3	4	NA			
	Develop a work plan	1	2	3	4	NA			
<b>Play 4: Confidentiality / Informed Consent</b>	Explore confidentiality concerns	1	2	3	4	NA			
	Develop a written protocol	1	2	3	4	NA			
<b>Play 5: Screening Tool(s)</b>	Ensure screening process protects confidentiality	1	2	3	4	NA			
	Screening documentation process determined	1	2	3	4	NA			
<b>Play 6: Establish Referral Mechanisms</b>	Internal referral mechanisms in place (if appropriate)	1	2	3	4	NA			

	Community partnership(s) in place (i.e. with medical providers, mental health, housing, resources, etc.)	1	2	3	4	NA			
	Protocol for organizing how referrals will occur and to whom	1	2	3	4	NA			
<b>Play 7: Follow Up</b>	Protocol for identifying participants requiring follow up, method of follow up, and frequency of follow up	1	2	3	4	NA			
	Protocol for tracking participants that are referred for services	1	2	3	4	NA			
<b>Play 8: Flow</b>	Determine the process / workflow-- physical “who, what, when, and where” aspects of	1	2	3	4	NA			

	screening							
	Develop document outlining the workflow	1	2	3	4	NA		
<b>Play 9: Consider capabilities &amp; limitations of organization's data collection capacity regarding:</b>	Screening and Follow up	1	2	3	4	NA		
	Workflow	1	2	3	4	NA		
	Quality Planning and Data Training	1	2	3	4	NA		
	Confidentiality	1	2	3	4	NA		
<b>Play 10: Quality Improvement (QI) and Data Collection</b>	Data Collection Tool	1	2	3	4	NA		
	Data Reporting Tool (i.e. reports, dashboards, etc. to monitor performance)	1	2	3	4	NA		
	Plan-Do-Study-Act mechanism	1	2	3	4	NA		

<b>Play 11: Billing/Reimbursement</b>	Data shared with staff	1	2	3	4	NA			
	Coding Identified	1	2	3	4	NA			
	Outreach to payers	1	2	3	4	NA			
	Billing	1	2	3	4	NA			
<b>Play 12: Training</b>	Identify knowledge/skills gaps	1	2	3	4	NA			
	Identified staff who need training	1	2	3	4	NA			
	Develop a plan for initial and on-going training	1	2	3	4	NA			
	Training of existing and new staff	1	2	3	4	NA			
	Ongoing training scheduled	1	2	3	4	NA			
<b>Play 13: Communications</b>	Develop a communication plan	1	2	3	4	NA			



	Promote dissemination of lessons learned	1	2	3	4	NA			
<b>Play 14: Reflection and Celebration</b>	Promote dissemination of lessons learned	1	2	3	4	NA			
	Acknowledge successful implementation!	1	2	3	4	NA			