



# Healthy Start Screening Tools: Getting Ready to Screen Program Participants beginning January 2017

November 22, 2016

# Webinar Objectives

- Explain the role of the Healthy Start Screening Tools for care coordination
- Describe initial considerations for January 1, 2017 screening of Healthy Start participants
- List available Healthy Start technical assistance and training opportunities through January 2017

# Webinar Speakers

- I. **Message from the Division** - Commander Johannie Escarne, Acting Branch Chief in the Division of Healthy Start and Perinatal Services
- II. **Healthy Start Screening Tools Overview** - Megan Young, Boston Public Health Commission, Healthy Start CoIIN Member
- III. **Healthy Start Screening Tools Training and Technical Assistance** – Naima Cozier, EPIC Center
- IV. **Closing** - Megan Young
- V. **Questions and Answers**



# Webinar Materials

## Webinar Workbook

1. Screening Tool Flowchart
2. Summary of each HS Screening Tool
3. EPIC Center TA and Training Summary
4. Screening Tool Implementation Checklist

# Website Materials

<http://healthystartepic.org/screening-tools/>

1. OMB approved screening tools
2. Screening Tool Flowchart
3. Screening Tool Implementation Checklist
4. Screening Tool Pilot Test Report
5. FAQ: Screening Tools



# Message from the Division: Informed Consent for Healthy Start Enrollment and National Evaluation

Commander Johannie Escarne, Acting Branch  
Chief in the Division of Healthy Start and  
Perinatal Services



Supporting communities to  
give every child a Healthy Start.

Healthy Start EPIC Center

For more information about the Healthy Start national evaluation, IRB protocol, or consent process

,

**Please contact Ms. Jamelle Banks at  
[jbanks@hrsa.gov](mailto:jbanks@hrsa.gov) or (301) 443-1726**





# The Healthy Start Screening Tools

Megan Young  
Boston Public Health Commission  
Healthy Start COIIN Member



# A Collective Effort

,

Together we have developed and refined a set of **standardized, evidence-based screening tools** that will substantially improve our ability to document our **participants' needs for care coordination** and **satisfy our required reporting.**



# Why Standardize?

The efforts to standardize the screening process is based on the goal to ensure sustainability of the program in order to mobilize more communities and create more equity for our families in need.

They are rooted in the community, multidisciplinary, comprehensive, and incorporate a cultural competent, family centered approach.



# Screening an Essential Step in Care Coordination

- Screening gauge s participant risk(s)
- Indicates whether further evaluation or assessment is necessary
- Indicates which services or referrals may be most appropriate
- Screening does not diagnose or provide in-depth assessment

# The Healthy Start Screening Tools

- Are adapted from existing evidence-based screening tools
- Address comprehensive risks for each perinatal period
- Are the foundation for care coordination
- Align with the Healthy Start reporting

**Local Healthy Start Program**

**National Healthy Start**

**Healthy Start Screening Tools**

**Inform Care Coordination**

**Facilitate Quality Improvement using Performance Measures**

**Inform Local Evaluation**

**Performance measures used to calculate benchmarks**

**Inform National Evaluation**

# Our Focus for Today

## Screening to Inform Care Coordination



# Screening: First Step for Care Coordination

Healthy Start Participant Enrolled and Screened with Healthy Start Tools

Internal Services and External Referrals

Social Services:  
SNAP, TANF,  
Head Start,  
Home Visiting,  
Housing, etc.

Mental  
Health  
Services

Health  
Promotion  
and  
Education

Primary  
Care

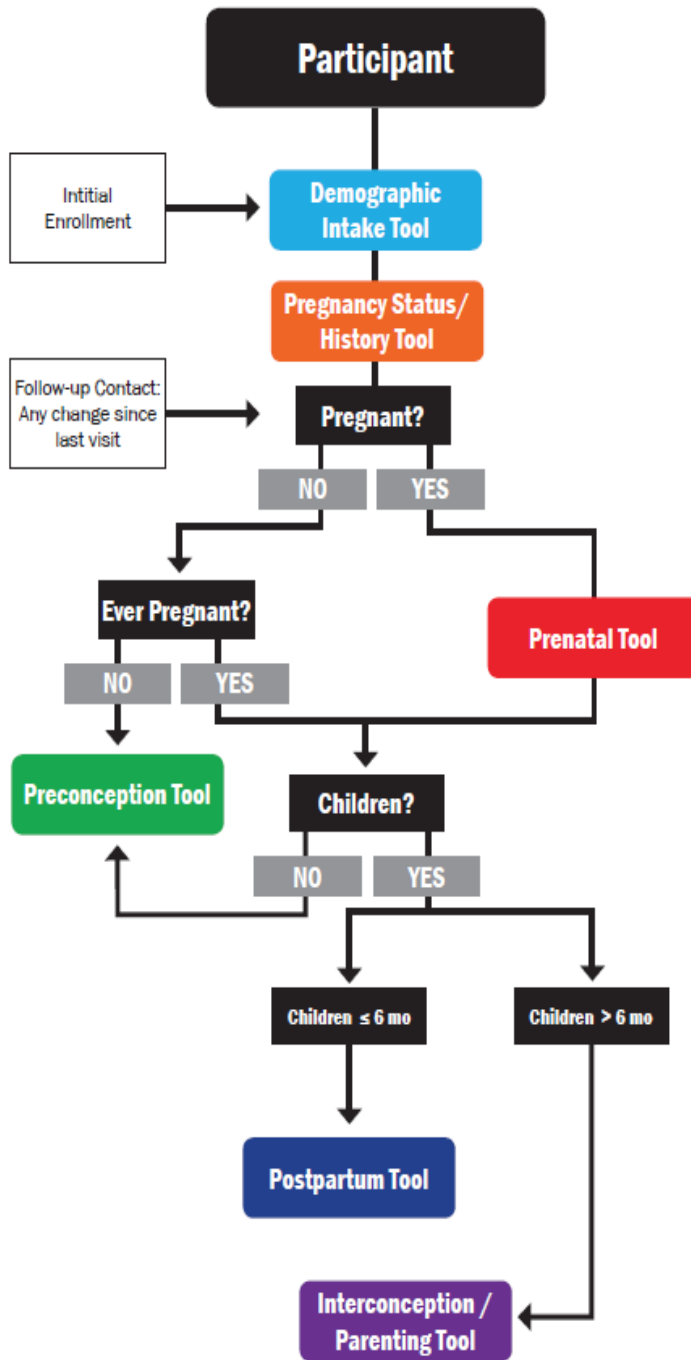
Evidence based Interventions:  
Nurse Family Partnership , Mom as  
Gateway, Baby& Me: Tobacco Free,  
Community-Based Doula Programs,  
Child FIRST, etc.

# When to Use Each Tool

Tool	Perinatal Phase	Complete
Demographics	All participants	Upon enrollment
Pregnancy History	All participants	Upon enrollment
Preconception	Participant has <u>never</u> been pregnant	Annually
Prenatal	Participant is pregnant	Each new pregnancy
Postpartum	Participant delivers	After delivery and ideally before 4 weeks postpartum
Interconception / Parenting	Participant has a child between 6 and 24 months	Once for each child



# Healthy Start Participant Screening Process (p.2)



**Preconception:** Participant has never been pregnant or had a live birth (complete annually)

**Prenatal:** Participant is pregnant (complete with each new pregnancy)

**Postpartum:** Participant delivers (complete as soon as possible after delivery and optimally before 4 weeks postpartum)

**Interconception/Parenting:** Participant with child between 6 – 24 months old (complete as soon as possible after child is 6 months old. If participant only has children older than 24 months old, omit parenting questions)

# Screening Tool Reminders (p. 3)

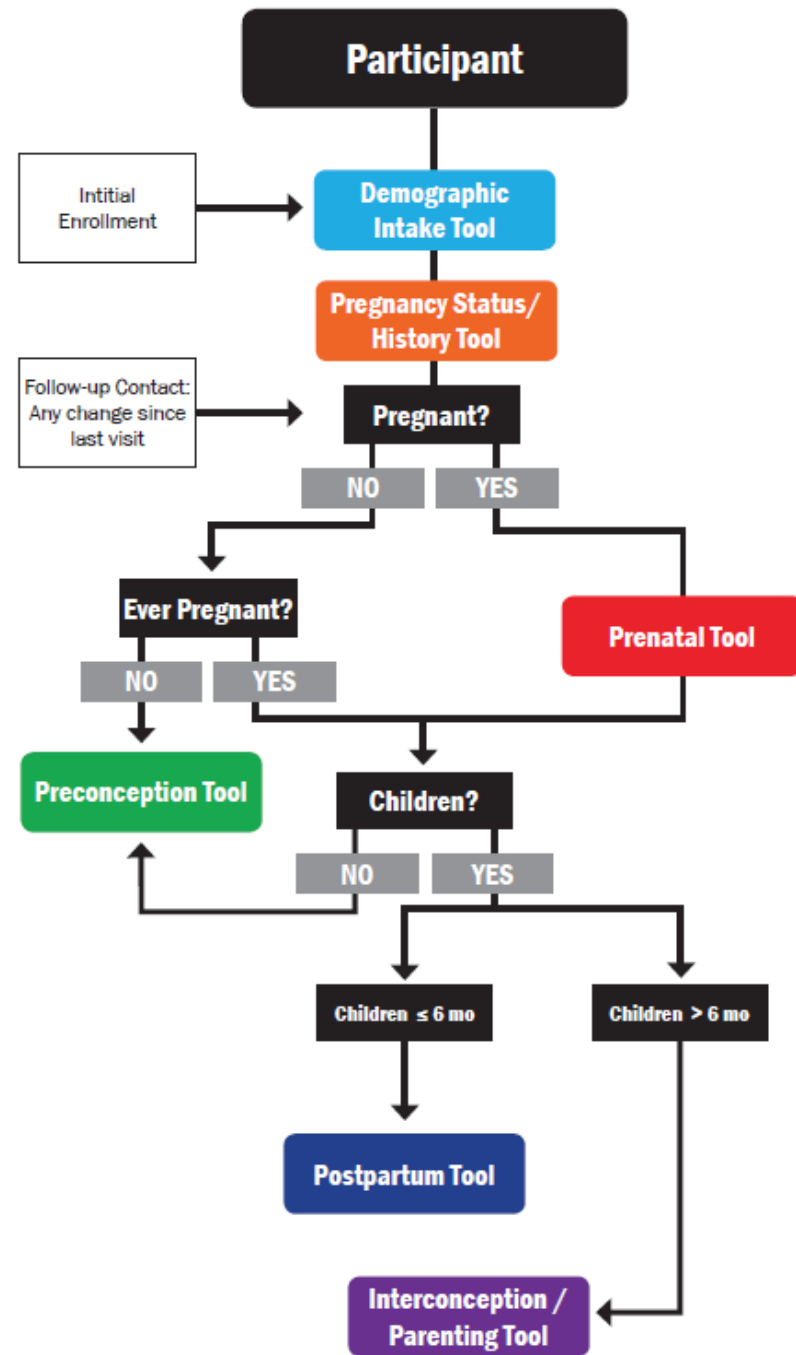
- They do not have to be completed each time a participant is seen
  - Update with any changes (status, referral follow-up info, etc.)
- They were not designed to be self-administered
- They do not have to be completed at one time
  - Should be completed within 30 days
- They should be completed as soon as possible within each perinatal phase
  - Maximizes amount of time the Healthy Start team has to address participant's needs within that phase

# Screening Tool Scenarios

**Ipsa** is not pregnant and has no children. She miscarried a pregnancy two years ago.

**Tami** is currently 5 months pregnant and has two children: one is 5 years old and one is 16 months old.

**Courtney** is not currently pregnant, and has a 3 month old and 20 month children.



# Demographic Screening Tool (p.5)

**Who:** All participants

**When:** Upon enrollment

**Why:** Provides general background information

**What:** 10 Questions (14 with sub-questions)

**Est. Time:** 4.6 minutes

- Date of Birth
- Best contact Information
- Emergency Contact
- Education
- Race/Ethnicity
- Place of Birth
- Language spoken

# Pregnancy History Screening Tool (p.5)

**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

- Assess woman's current pregnancy status
- Document previous pregnancy history
- Identify risks from previous pregnancy(s) which may impact future pregnancy (ies)

# Healthy Start Participant: Ipsa

She is not pregnant and has no children. Ipsa miscarried a pregnancy two years ago.

Screening tools needed:

- Demographic
- Pregnancy Status
- Preconception

# Preconception Screening Tool (p.6-7)

**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

- Optimize women's health, behaviors, and knowledge before pregnancy
- Enhance access to and quality of care
- Facilitate reproductive life planning
- Promote education, screening, referral, and treatment for women with high-risk conditions

# Healthy Start Participant: Tami

She is currently 5 months pregnant and has two children: one is 5 years old and one is 16 months old.

## Screening tools needed:

- Demographic
- Pregnancy Status
- Prenatal
- Interconception/Parenting (Child only questions for the 16 month old)



# Prenatal Screening Tool (p. 8-9)

**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

- Improve health risk screening for all pregnant women
- Provide evidence-based tobacco cessation counseling
- Refer and treat women with substance abuse and mental health disorders
- Increase access to and quality of prenatal care
- Support comprehensive home visiting programs.

# Interconception/Parenting Screening Tool (p.13- 15)

**Who:** Administer to participant: with child between 6-24 months old

**When:** ASAP when child is 6-24 months

**Why:** Optimize mother and infant outcomes.

**What:** 59 Questions (76 with sub-questions)

**Est. Time :** 61 min.

- Support comprehensive home visiting programs
- Ensure infants and families are connected to a medical home
- Connect families to benefits and services to meet basic needs
- Provide child development and parenting education and support
- Provide socio-emotional development screening for children

# Healthy Start Participant: Courtney

She is not currently pregnant, and has a 3 month old and 20 month old child.

## Screening tools needed:

- Demographic
- Pregnancy Status
- Postpartum (3 month old child captured here)
- Interconception/Parenting (20 month old captured here)

# Postpartum Screening Tool (p. 10 -12)

**Who:** Postpartum participants

**When:** Administer as soon as possible after delivery, and before 4 weeks postpartum.

**Why:** Optimize maternal and newborn health

**What:** 50 Questions (75 with sub-questions)

**Est. Time:** 52 minutes

- Ensure quality of care for newborns
- Ensure access to quality postpartum care
- Assess for and manage mood disorders/screen for postpartum depression
- Facilitate reproductive life planning
- Provide lactation counseling and support
- Promote safe sleep

# What about Existing Healthy Start Participants?

Beginning January 1, 2017, all Healthy Start participants should be screened for their current perinatal phase regardless of whether previously enrolled.



# The Healthy Start Screening Tools Training and Technical Assistance

Naima Cozier  
Healthy Start EPIC Center

## EPIC Center

Orientation to  
screening tools

Assess readiness for  
implementation  
screening tools

TA and training for  
implementation of  
Screening tools

EPIC Electronic Data  
Collection Tool  
Training and Support

## DSFederal

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

# For HSMED-related concerns/questions

Please email DSFederal:  
**[HSSupport@DSFederal.com](mailto:HSSupport@DSFederal.com)**





# Healthy Start EPIC Center Support

## One on One Support

- HS EPIC HelpDesk email or phone
- EPIC TA Request

## Webinars and Recorded Training

## Screening Tools Implementation Readiness Peer Discussion Groups

- Integrating Healthy Start Screening Tools into Custom Data Collection Systems
- Using Healthy Start Screening Tools as Written



# Healthy Start EPIC One on One Support

**HS EPIC HelpDesk email: [healthystartepic@jsi.com](mailto:healthystartepic@jsi.com)**

**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

**EPIC TA Request: <http://healthystartepic.org/about-hs-epic-center/request-technical-assistance/>**



# Webinar: Electronic Screening Tool

A simple tool to enable Healthy Start programs (who do not have access to a database solution) to implement electronic data collection and required XML reporting to DS Federal

**Webinar:** Introducing One Option for Implementing the HS Screening Tools: Electronic Screening Tool

- December 5, 2016
- 2:00 – 3:00 PM Eastern



# Screening Tools Implementation Support: Vendor Negotiations (p. 23)

## Challenger Soft and Social Solutions ETO group negotiation:

- Reduce cost of customizing an interface to support the screening tools, generate a data submission to DS Federal
- Improve efficiency as tools are modified over time

We are collecting information from each group of grantees who use these systems to inform the contract negotiation, such as:

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

## For questions contact:

- Yvonne Hamby, EPIC Center
- [Yhamby@jsi.com](mailto:Yhamby@jsi.com) or 303-262-4304



# Screening Tools Implementation

## Readiness Peer Discussion Groups (p. 20 -22)

**Facilitated discussion groups to brainstorm implementation challenges with fellow Healthy Start grantees and develop initial action plans for putting a standardized screening process in place:**

- 1. Integrating Healthy Start Screening Tools into Existing Data Collection Systems**
- 2. Using Screening Tools as Written**

**Who should attend:** Program Directors, Program Managers, Data Managers, Data Entry Staff, Care Coordinator, Case Managers, Social Workers

**Pre-work:** Complete the Healthy Start Screening Tool Implementation Checklist (p.25)



# Screening Tools Implementation

## Readiness Peer Discussion Groups (p. 20 -22)

### Using Healthy Start Screening Tools as Written

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

EPIC Center Facilitators: Kimberly Bradley and Naima Cozier

Call One: December 5, 2016

Call Two: January 12, 2017

#### 2. Electronic Screening Tool

EPIC Center Facilitators: Karuna Chibber and Katie Robert

Call One: December 14, 2016

Call Two: January 12, 2016

### Integrating Screening Tools into Existing Data Collection Systems

#### 1. Integrating Healthy Start Screening Tools into paper forms

EPIC Center Facilitators: Jillian Maccini and Megan Hiltner

Call One: December 14, 2016

Call Two: January 12, 2017

#### 2. Integrating Healthy Start Screening Tools into existing database (Excel, ACCESS, Vendor, on-line, etc.)

EPIC Center Facilitators: Suz Friedrich and Naomi Clemmons

Call One: December 20, 2016

Call Two: January 17, 2017

# Healthy Start Screening Tool Implementation Checklist (p.25)

- Compendium of actions and/or strategies.
- Help assess the status of your program and assist in setting priorities to prepare for implementation

**Play**

**Activity**

**Written Protocols/Procedures in Place**

**Who can Lead? Who can help?**

**Haven't  
started  
1**

**Working on it  
2**

**Almost  
complete  
3**

**Complete  
4**

**Not  
applicable  
N/A**

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			



# Healthy Start Screening Tool Implementation Checklist (p.25)

**Play 1: Forming a Screening  
Tool Implementation Team**

**Play 2: Use a Change Model**

**Play 3: Develop a Plan**

**Play 4: Confidentiality /  
Informed Consent**

**Play 5: Screening Tool(s)**

**Play 6: Establish Referral  
Mechanisms**

**Play 7: Follow Up**

**Play 8: Flow**

**Play 9: Consider capabilities &  
limitations of organization's data  
collection capacity regarding:**

**Play 10: Quality Improvement (QI)  
and Data Collection**

**Play 11: Billing/Reimbursement**

**Play 12: Training**

**Play 13: Communications**

**Play 14: Reflection and  
Celebration**





# Closing

Megan Young  
Boston Public Health Commission  
Healthy Start COIIN Member



Each of us can foster the adoption of standardization within our own programs or across other Healthy Start programs by serving as Ambassadors for this initiative.

## Help colleagues understand the importance of standardization:

- to deliver consistent quality services for participants.
- to advance Healthy Start by providing data that can drive program level improvements.
- to validate Healthy Start by demonstrating effectiveness and impact of Healthy Start on participants through the national evaluation.
- to sustain Healthy Start funding by demonstrating positive participant outcomes.



# Questions



Supporting communities to  
give every child a Healthy Start.

**Healthy Start EPIC Center**