Health Related Social Needs Screening and Referrals Workshop

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Workshop Overview

1. Maternal- and Neonatal-Specific Domains for Screening
2. Screening Process – Scripts and Messaging
3. Referral Resources
4. Discussion and Wrap-Up

2026-27 Initiatives

A Family Approach to Postpartum Discharge Transition: Alliance for Innovation on Maternal Health Patient Safety Bundle

- AIM Data Collection Plan: Among the denominator, those who were screened for SSDOH (aka HRSN) using a standardized, validated tool by the time of discharge from birth hospitalization
- AIM Implementation Details and Data Collection Plan: Screening should include:
  - Medical conditions
  - *Mental health needs or conditions*
  - *Substance use disorder needs*
  - Social and structural drivers of health

Opportunities, Risks, Needs

- Opportunities:
  - Increased contact with medical and other providers
  - Increased motivation for change, receiving assistance
- Risks:
  - Increased risks around IPV, Mental Health, SUD
  - Heightened concerns or fears around disclosures
- Needs:
  - Needs and concerns specific to the perinatal time frame

Maternal- and Neonatal-Screening Domains

- Standard validated screening tools offer broad categories, but lack questions specific to maternal and neonatal-specific needs
- As part of the Post Partum Discharge Transitions initiative, we are developing a supplemental measure to capture the maternal and neonatal-specific domains teams are screening for
- This is your opportunity to help us shape this measure!

Maternal- and Neonatal-Screening Domains

- Instructions:
  - At each table you will find a 2-sided worksheet
  - Please designate a note-taker for your table
  - For each of the SSDOH domains on Side 1, please brainstorm and write-down any maternal- and/or neonatal-specific screening questions you:
    a) May already be asking as part of your screening or discharge processes, and should or could be asking
    b) If you identify items that don't fit into any of the identified categories, please list those at the bottom under "Other"

Share Out and Discussion

Screening Process: Scripting & Messaging

- Instructions:
  - At each table you will find a 2-sided worksheet
  - Please designate a note-taker for your table
  - For each of the questions on Side 2, please discuss, brainstorm and record ideas and suggestions for the following questions

Screening Process: Scripting & Messaging

- What are important elements that should be included in the staff script?
- If doing Q&A with patient, what other skills/scripting might be important to provide staff?
- What about scripting for when patients refuse to complete the screen?
- What do you do if the patient refused but there are other evident signs of SSDOH needs?
- What other resources do staff need to be knowledgeable about the referral process and setting patient expectations?
- What other strategies can be used to help communicate messages about screening to patients?

Share Out and Discussion

Referral Resources

ILPQC Mapping Tool
Resources/ Services in Hospital's Service Area to
Address Patients' Social Determinants of Health

This worksheet can be used to organize social determinants of health key contacts, resources and services in your local area available to support patients.

Perinatal Social Work Services:

- Contact Information:
- Process for linking patients to social work services at your hospital:

Hotlines:

- **National Domestic Violence Hotline:** (800) 799-7233
- **National Suicide Prevention Lifeline:** (800) 273-8255
- **National Sexual Assault Hotline:** (800)-656-4673
- **National Human Trafficking Hotline:** (888)-373-7888
- **SAMSHA's National Helpline:** (Substance Abuse and Mental Illness Service Administration) free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and

https://ilpqc.org/wp-content/uploads/2022/11/Resource-Mapping-Tool_FINAL_4.26.docx

Referral Resources

https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-services/documents/flyer-enhanced-member-supports-unit.pdf

Referral Resources

PA NAVIGATE

Free or reduced-cost help starts here!
PA Navigate connects Pennsylvanians with health and social care services in their local community. Find help now with food, housing, utilities, transportation and more by entering your zip code.

ZIP 15209 Search

PA NAVIGATE
linking patients to community resources

https://www.panavigate.org/