

## Screening Guidance

This guide provides an overview of DULCE’s systematic approach to screening for HRSNs and addressing the SDOHs. It will provide a basic guidance of why DULCE screens for HRSNs and addresses SDOHs, how the screens should be conducted, who does the screens, what screening covers, and when the screens should be conducted.

### Why does DULCE screen for HRSNs?

HRSNs are individuals’ immediate needs that arise from social and economic factors—such as inadequate or unstable housing, poor nutrition, and lack of transportation—that have a negative impact on their health outcomes. HRSNs must be addressed for individuals to be healthy and thrive; thus, screening for HRSNs is essential. DULCE employs a systematic approach to screening for HRSNs that includes the necessary infrastructure, training, and processes that will enable the DULCE Interdisciplinary Teams to detect HRSNs of the families they serve, use screening information to inform appropriate responses to positive screens, and identify gaps in resources and services for families. It is also important to screen for HRSNs because many conditions contribute to stress. Stressful environments can threaten the health of the child and lead to negative health outcomes which are more likely to impact families with low income, families of color, and immigrants.<sup>3,4</sup>

Although it is very important to address *individual-level* HRSNs, DULCE acknowledges that it is also important to address SDOHs. SDOHs are broad social and economic conditions—such as underlying systemic issues that cause food insecurity—that perpetuate poor health at the *community- or population-level*. Addressing SDOHs would involve such activities as community advocacy and making policy recommendations that expand access to healthy food, raise the minimum wage, or improves the quality of our educational system. Screening for HRSNs allows for the DULCE Interdisciplinary Teams to identify SDOHs to inform advocacy at the broader community-level. Integrating a legal partner and EC systems representative as part of the Interdisciplinary Team supports this systems-level advocacy.

### What is a strengths-based, family-centered screening approach?

When asked about their social needs, families may feel ashamed and that they are being judged about their circumstances. They may fear that acknowledging their needs could trigger serious consequences, such as having their child removed from their care. To mitigate these possibilities, DULCE uses a strengths-based, family-centered approach when screening for HRSNs. A strengths-based, family-centered approach is a collaborative way of screening between a DULCE parent and a DULCE Interdisciplinary Team. A strengths-based, family-centered approach focuses on building trust, communicating respect, and identifying individuals’ strengths, assets, and resources in addition to determining their immediate needs and challenges. In this approach, individuals are not diminished in the screening and problem-solving process; they are viewed as more than their needs and as in charge of their own lives.

Effective screening is essential for identifying a need for specific concrete supports, potential barriers to those supports and connecting families to resources and services. At the family level, resolution of these needs can prevent individual and family crises and promote optimal health and family stability. At the system level, successful social screening encounters—above and beyond

---

<sup>3</sup> Morsy, L. & Rothstein, R. (2019). Toxic stress and children’s outcomes. *Economic Policy Institute*. Washington, DC.

<sup>4</sup> Artiga, S. & Ubri, P. (2017). Living in an immigrant family in America: How fear and toxic stress are affecting daily life, well-being, & health. *Kaiser Family Foundation*. San Francisco, CA.

traditional clinical and behavioral health screening interactions—can improve care quality and contain costs by detecting drivers of unnecessary healthcare utilization, such as harmful housing conditions.<sup>5</sup>

**These six recommendations guide strengths-based, family-centered screening:**

1. Involve families and communities in the development of screening tools and protocols.
2. Screen for both risk factors and protective factors.
3. Set person-centered screening priorities within the universe of HRSNs.
4. Ensure that screening is conducted by care team members trained and supervised in strengths-based approaches.
5. Recognize that screening for HRSNs is not risk-free for families and proceed accordingly.
6. Acknowledge family-level risks and strengths in a broader historical context.

For further information regarding each recommendation, refer to [A Strengths-Based Approach to Screening Families for Health-Related Social Needs](#).

**What screening tool should sites use?**

DULCE requires screenings across 9 domains:

1. Employment Security
2. Food Security
3. Intimate Partner Violence (IPV)
4. Financial Supports
5. Transportation
6. Mental Health/Caregiver Depression
7. Housing Stability
8. Housing Health & Safety
9. Utilities

**The DULCE National Team recommends that sites use the [Center for Medicare & Medicaid Services, Accountable Health Communities Health-Related Social Needs Screening Tool \(AHC HRSN\)](#). However, sites may use different validated screening tools for their work.**

If sites prefer to use another screening tool, we recommend cross-checking that screener with the AHC HRSN screening tool. Sites can consider adding other optional tools that are relevant given the unique needs of their community. Note, the DULCE screening domains are not all-inclusive of the screening domains listed in the AHC HRSN tool.

The AHC HRSN screening tool is not meant to be a script and the Family Specialist is encouraged to develop their own approach to introducing the questions that normalizes them, invites conversation, and supports the Family Specialist’s relationship with the family. For guidance on navigating each WCV and organizing conversations with families, refer to DULCE’s [Well-Child Visit Guidance](#).

**Who administers the screening tool and/or questions?**

Screenings are conducted by the Family Specialist who communicates results to the DULCE Interdisciplinary Team during the weekly case review. For the IPV and Mental Health/Caregiver Depression screens, DULCE recommends following existing practice procedures in order to avoid duplication of screening. The Family Specialist should be aware of the results of these screenings by checking the electronic medical record and/or through direct communication with the individual conducting these screenings.

---

<sup>5</sup> Boynton-Jarrett, R. & Flacks, J. (2018). Strengths-based Approaches to Screening Families for Health-Related Social Needs in the Healthcare Setting. Washington, DC.

### **What resources and infrastructure should be in place at the practice to ensure a systematic approach to screening and addressing a positive screen?**

The medical provider, Family Specialist, and clinic administrator work together with key partners in the clinic to identify where in the clinic's workflow the Family Specialist will conduct the screening and how to communicate the responses. During case review, the Interdisciplinary Team should note patterns in positive screens and draw upon the cross-sector knowledge of the team to ensure individual HRSNs and community-level SDOHs are addressed. For an example of DULCE's capacity to accelerate systems change at the broader community-level, refer to [DULCE Legal Partners Drive Improvements in Medi-Cal Enrollment Procedures for Babies in Two California Counties](#), a blog on CSSP's website. As the Family Specialist develops a trusting relationship with the family over time, new needs that were initially screened as negative might naturally emerge through conversation rather than through a formal screen. These instances should be noted as a positive screen.

In addition to training the Interdisciplinary Team, the necessary resources and infrastructure should be integrated within each screening domain.

- **For each screening domain:**
  - Use the appropriate DULCE process map as a model. The local DULCE Interdisciplinary Team will create a process map that shows an ideal process for responding to positive screens.
  - Identify clinic and community information, materials, and referral resources.
  - Build community partnerships to facilitate warm handoffs.
- **Train the DULCE Interdisciplinary Team in:**
  - Understanding barriers to concrete support that families with newborns may disclose during screenings.
  - Identifying families' legal rights and available community resources that may eliminate detected barriers.
  - Motivational interviewing and relationship-based practices that seek to meet families where they are and support them to address the issues raised in a positive screen.
  - Family Specialists should refer to the [Family Specialist Local Training Plan](#) document to ensure they receive all appropriate training to address positive screens.

### **Process Maps**

A process map shows the relationships and interdependence among activities in a process. It is a useful tool to:<sup>6</sup>

- Establish a common understanding of the process.
- Learn how to simplify the process and remove unnecessary steps.
- Identify the data elements needed to understand the process.
- Clarify roles and responsibilities for the process steps.
- Dream up the "ideal" process.

The purpose of process maps within DULCE is to provide a visual representation of every step, touch, task, person, and resource used to help the DULCE Interdisciplinary Team in connecting families to information, services, and local resources after a positive screen. Process maps should clearly identify the roles of each DULCE Interdisciplinary Team member in the process. Sites are expected to develop and refine their own process maps that match the unique context of their community

---

<sup>6</sup> Massoud R., Askov K., Reinke J., Franco L. M., Bornstein T., Knebel E., & MacAulay C. (2001). A modern paradigm for improving healthcare quality. QA Monograph Series 1. Bethesda, MD: Quality Assurance Project, US Agency for International Development (USAID).

during DULCE onboarding and installation. [DULCE Process Map Templates](#) for most screening domains provide a template for sites to work from and can be found on the Partner Portal.

### **DULCE Data Collection**

DULCE data is collected bi-annually through the coordinated efforts of the EC, health, and legal stakeholders. The data collection process is designed to maintain DULCE affiliation, inform spread and scale, and convey the impact of the approach. Local data is shared with the DULCE National Center through a data collection tool used to house and analyze the data. Annually, a report is shared with DULCE sites highlighting the community and national level impact of the approach. The DULCE screening data is vital to understanding impact. The data elements we collect for each of the nine screens are:

1. Total number of children whose parents/parents were screened
2. Total number of positive screens
3. Total positive screens connected to resources

### **At what visits are the screenings conducted?**

- DULCE recommends that Family Specialists use their first meeting with the family to focus on relationship-building, celebrating the birth of their baby, and supporting the family during this hectic time shortly after birth. Refer to the Screening Overview chart below for a specific month for each screen.
- All screens should be conducted by the 4-month visit except for the Mental Health / Caregiver Depression screen which should occur at the 1, 2, 4, and 6-month visits. During the 4-month visit, the Family Specialist will review prior screens and ensure positive screens have been addressed. If the family was not yet ready or able to access support, revisit the screen to check for changes in readiness. Flag outstanding issues for discussion at weekly case review.
- During the 4-month visit, Family Specialists should also prepare families for transition from DULCE to their medical home. The [DULCE Transition Checklist](#) is a useful tool the Family Specialist can use to prepare for transition.

Screening Overview				
DULCE Required Screening Domain	AHC HRSN Question Number Equivalent	When	Purpose of the Screening Tool	What Does Connected to Resources Look Like?
Employment Security	Employment (#12)	Month 1	To identify that the family has the <b>employment support</b> they need and for which they are eligible.	At least one parent is employed <b>OR</b> is receiving unemployment insurance if eligible and interested.
Food Security	Food (#3-4)	Month 1	To identify that the family has the <b>nutritional support</b> they need and for which they are eligible.	Family has enough food to adequately feed their family, has WIC/SNAP if they qualify, and/or has access to food banks and pantries.
IPV	Safety (#7-10)	Month 1	To identify if the parent wishes to seek resources and support for IPV and ensure all families know DULCE can help with IPV.	Caregiver has a safety plan and has reached a harm reduction or safety goal if identified with the DULCE team, and/or has access to eligible protections and benefits, if they wish.
Financial Supports	Financial Strain (#11)	Month 1	To identify that a family has all the supplemental income resources for which they are eligible.	Family has all of the benefits and resources for which they are eligible, such as TANF, SSI, SSDI, and financial counseling.
Transportation	Transportation (#5)	Month 1	To identify if the parent has consistent and reliable access to transportation.	At least one parent has consistent and reliable access to transportation to access goods and services such as healthy foods, medication, education, employment, and WCV.
Mental Health/ Caregiver Depression	Mental Health (#23-24)	Month 1, 2, 4, 6	To identify if the parent is struggling with depression by screening positive on a validated screen.	Caregiver(s) has access to emotional support through the Family Specialist or mental health clinician. For more severe cases, parent is connected to services and supports that meet the parent's needs to address their symptoms.

Screening Overview				
Housing Stability	Living Situation (#1)	Month 4	To identify if the family's home is a reliable and stable source of housing.	Family has stable housing without fear of losing it in the future <b>OR</b> family has rental subsidy or affordable housing.
Housing Health & Safety	Living Situation (#2)	Month 4	To identify if the family's home maintains a healthy and safe environment for children to thrive.	Family is connected to individuals helping to address or remedy housing health and safety concerns.
Utilities	Utilities (#6)	Month 4	To identify if the family's home has access to affordable and consistent utility services.	Family is confident that utilities will stay on, and/or are enrolled in a shut off protection or utility discount program, if they qualify.