Session 6

EPT Program: Health-Related Social Needs (HRSN) Milestone Office Hours Series

Session 6: Metrics Submission & Baseline Readiness
April 22, 2026

Facilitated by HealthBegins in collaboration with the Population Health Learning Center

Welcome & Introductions

Our Facilitators

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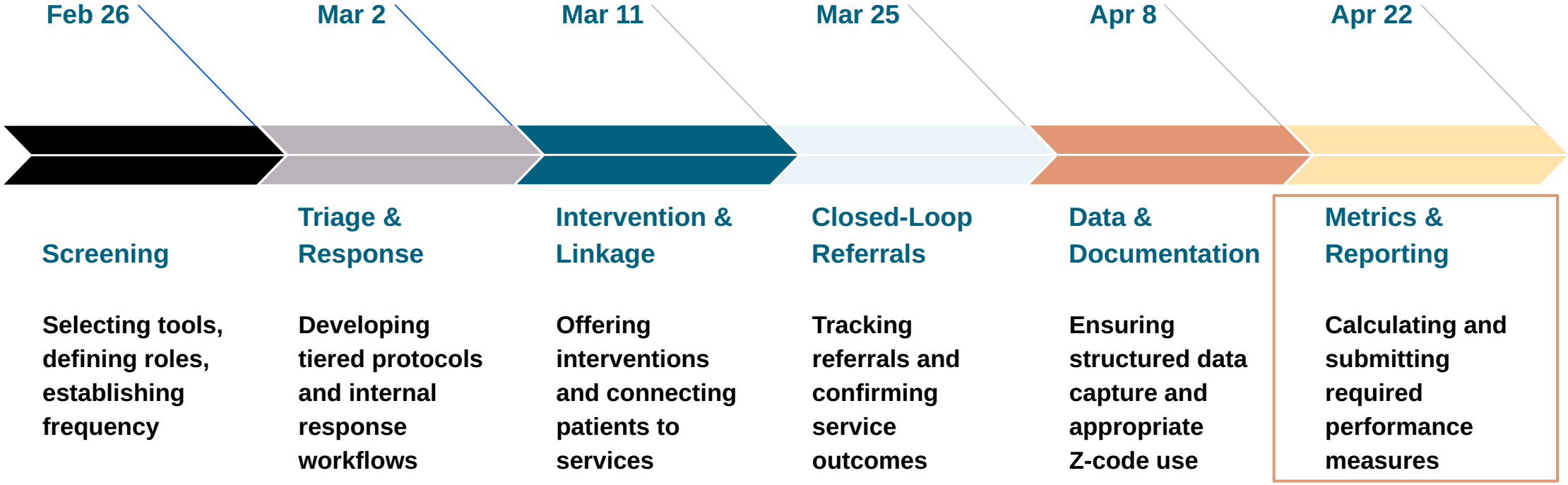
Check In Question

Please put your name, role, organization in the chat and respond to our check in question:

What's one small thing that made you smile today?

Office Hours Series Overview

This Office Hours Series is structured to support implementation across the full HRSN process:



Planning Step 1: Develop Screening Priorities

- Identify the **target population**
- Define social needs and **select a screening tool** (existing or custom)
- Leverage **data sources** such as:
  - Patient feedback
  - California Healthy Places Index
  - Community Health Needs Assessments
- Determine **screening frequency**

Planning Step 2: Develop Screening Workflow

- Determine how **screening is administered** (EHR, patient portal, paper-based, verbal, tablet, etc.)
- Define how **screening data is stored and documented**
- Ensure the ability to report **at least two measures:**
  - Percent of PoF screened
  - Percent of positive screens referred
  - Percent of linked patients with a closed-loop referral
- Clarify **staff roles for screening and referral,** including who conducts screening, reviews results, and follows up
- Establish the **data analysis approach** and **frequency of review**

Planning Step 3: Develop Triage, Referral and Intervention Protocols

- Develop a **tiered triage protocol** based on social needs
  - Incorporate cultural considerations
- Establish a **referral process**
  - Define how referrals are initiated, tracked, and monitored
- Plan for CBO and care coordination partnerships to address positive screens and enable **closed-loop referrals**
- Identify additional interventions to address social needs, including at least one beyond **referral**: **Adjustment, Assistance, Coordination, Counseling, Education, Evaluation of Eligibility, Provision**

Planning Step 4: Create and Implement a Staff Training Plan

- Develop and implement a **training plan**, including frequency, approach, materials, and monitoring for fidelity
  a. Build core **skills**: empathic inquiry, trauma-informed care
  b. Strengthen **knowledge**: impact of social needs on health, available social resources
  c. Address **values and beliefs**
- Monitor **community partnerships and communication workflows** to support closed-loop referrals

Action Requiring Less Time

- Administer the screening to **all patients over a one-week period**
- Survey **staff involved in the workflow** to assess comfort, knowledge, skills, patient response, and screening effectiveness
- Refine the **training plan prior to broader rollout**, for example by including a standardized screening script:
  - *"As part of the care we provide, we ask all patients a few questions about factors that can affect health outside of the hospital, such as access to food, housing, transportation, and safety at home. We ask because these issues can significantly impact your health and recovery, and we want to support you as a whole person, not just treat a condition."* (Inspired by CPCQ Script)

Actions Requiring More Time

- After systemwide implementation, **analyze screening results** by demographic factors, including race, ethnicity, age, gender, sexual orientation, behavioral health condition, and other relevant characteristics
- **Identify variations i**n social needs, referrals, and closed-loop referrals across populations
- Use identified disparities to **engage community partners** on strategies to close gaps
- Implement **new intervention strategies**

What support would be most helpful as you prepare your Social Needs Screening Milestone submission?

Training Resources

eLearning Modules

- Module 1: Getting Started–Understanding Health-Related Social Needs
- Module 2: Building a Social Needs Strategy
- Module 3: Enhancing Social Needs Data Integration & Community Partnerships

Toolkits

- Interpersonal Violence Health Partners Toolkit

Questions?

Thank You!

Thank you for your participation and engagement throughout this series.

If you have questions or would like additional support, please reach out to **info@pophealthlc.org** or **info@healthbegins.org**.

We appreciate your partnership and look forward to staying connected as you continue this work.