

THREE YEARS.

Here's what we built.

EL PROYECTO DEL BARRIO INC.

Health Related Social Needs (HRSN)

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EPT Final Learning Community · Part 1 · [September 29 or October 1, 2026]

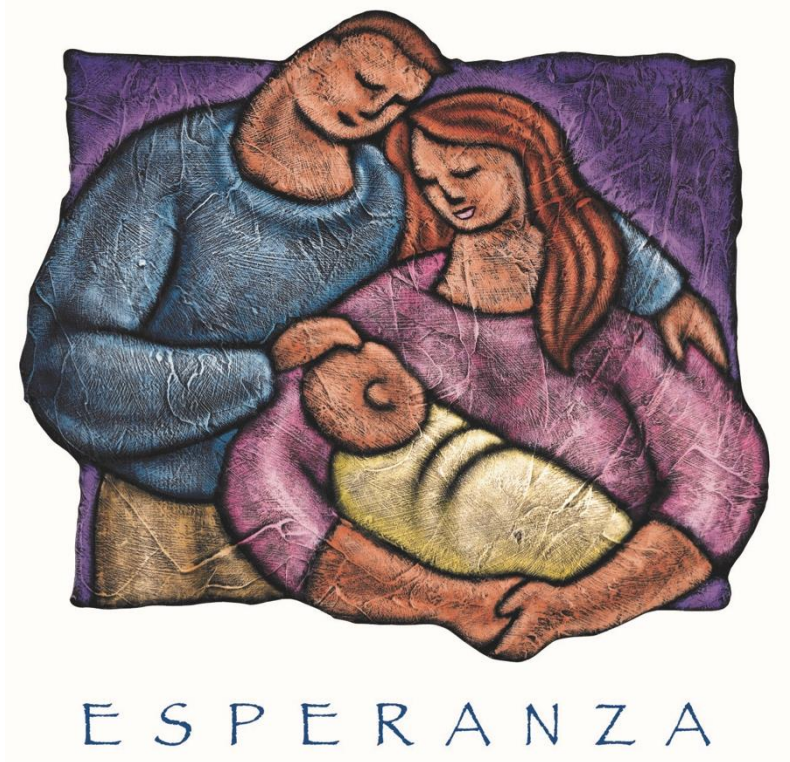


El Proyecto del Barrio Inc.

Who we are and who we serve

WHO SPEAKS HERE

Ruth Lopez Novodor
Director of Managed Care



1

Practice type

El Proyecto del Barrio, Inc. is a Federally Qualified Health Center (FQHC). We serve the San Fernando & San Gabriel Valleys We provide employment services to adults & youth We work with hundreds of preschoolers annually

2

Patients served

We conduct more than 175,000 office visits with patients each year. We’ve helped underserved populations since 1971.

3

Our EPT population of focus (Children and Youth)

El Proyecto Del Barrio Inc. selected food insecurity as a priority HRSN for Children and Youth based on patient feedback, screening data, and staff observations..

4

What this storyboard is about

EPDB prioritized strengthening screening, outreach, and linkage to food assistance resources, including CalFresh, on-site supportive services, and community-based programs..

Three Years Ago

Who we were before EPT

WHO SPEAKS HERE

Marcos Landeros – Utilization
Review Manager



What could you not do in 2023 that this work was going to require?

Where we were

Prior to the EPT program, our FQHC held Baby2Baby events and used paper applications to assist children and families in need, but there was no formal workflow or centralized system to track participation, referrals, or outcomes. Although services were being provided, we could not reliably measure how many children and youth were reached or linked to resources. As a result, our baseline tracking metric was 0%



What Was Really Going On

What we found when we looked closer

WHO SPEAKS HERE

Marcos Landeros – Utilization
Review Manager



Why was the gap there? And how did you find out — did you ask patients, ask staff, dig into the data?

What we learned

Through in-person encounters, telephone outreach, and PRAPARE screening, we learned that food insecurity was a recurring need among children, youth, and postpartum families. Our OB/Postpartum team found that identifying needs during routine encounters created an important opportunity to connect families to resources immediately. Positive screens led to education and direct connections to services such as CalFresh and other food resources, reinforcing the importance of screening and linking families to support at the point of care.

In their words

“*Patients are so grateful and they say that El Proyecto del Barrio Inc. has helped them during these difficult times with Immigration.*

— CPSP · your front desk

What We Built

The change we made, and who runs it

WHO SPEAKS HERE

Marcos Landeros – Utilization
Review Manager



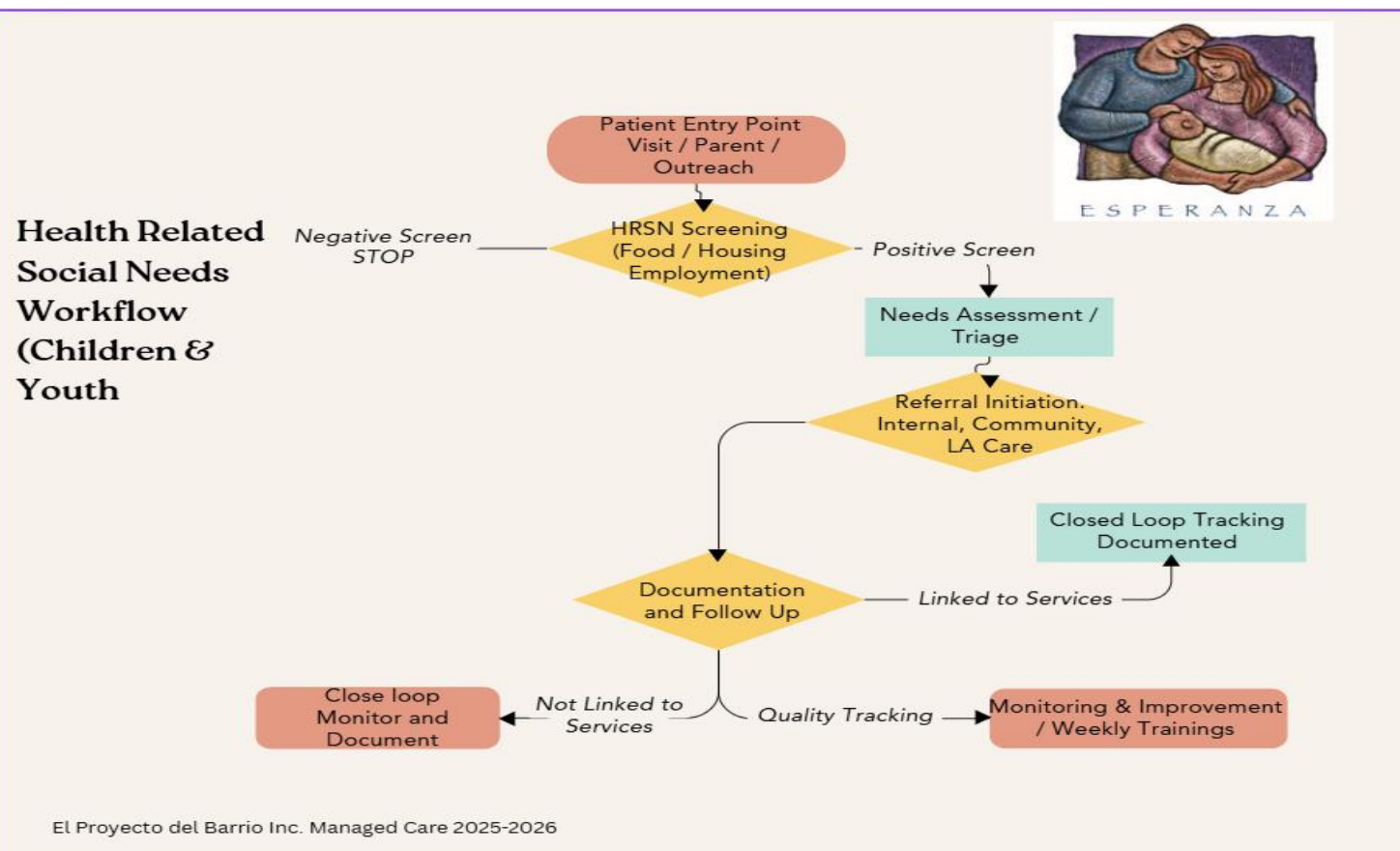
What did you build or change? Name it — then name who does it, and when.

The change

Staff currently use structured manual tracking to document positive HRSN screens, referral dates, follow-up activities, outreach attempts, barriers, and known outcomes. Until a standardized HRSN referral workflow is approved and fully integrated into eClinicalWorks (eCW), this manual process supports monitoring and closed-loop follow-up. EPDB is working toward an approved eCW workflow that will provide more consistent documentation, reporting, and tracking of referrals to CalFresh and other resources for children, youth, and their families.

From the person who runs it

“Through this program, we have been able to help our patients not only with diapers, but also with other items for their babies
- Oxana Leon, Lead CPSP



What Happened

Our numbers, and what surprised us

WHO SPEAKS HERE

Marcos Landeros – Utilization
Review Manager



0

where you started

72%

where you ended - Positive Screens linked to
Services.

44%

patients impacted – Patients linked to
services

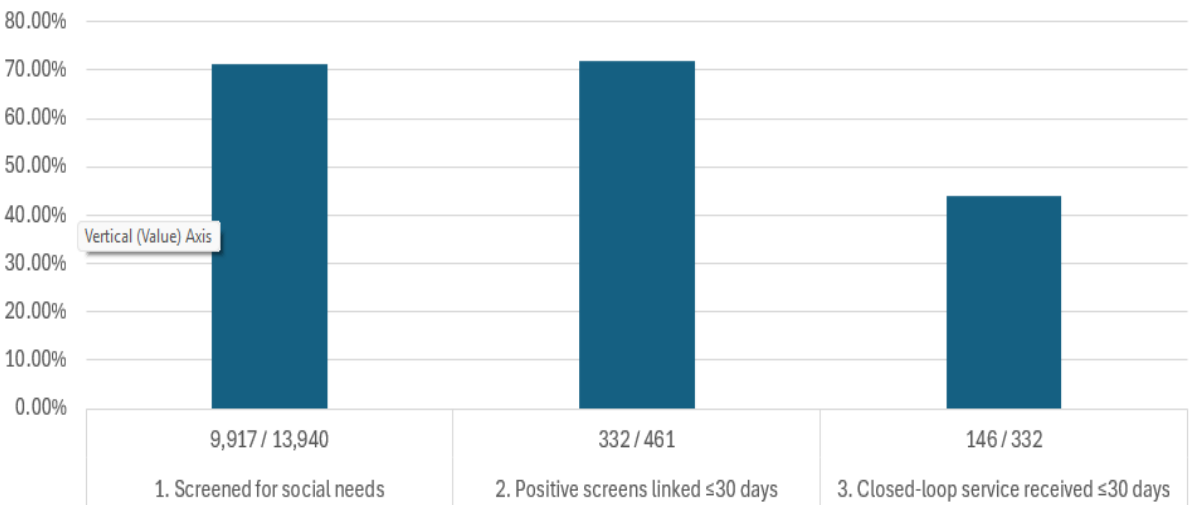
The numbers,

Among the Population of Focus, 71.1% were screened for social needs. Of 461 positive screens, 332 (72.0%) were linked to services within 30 days, and 146 (44.0%) received services through the closed-loop referral process

What did not go as planned — and what surprised you

We learned that previously we could track the screenings and results as they were integrated into eCW, but tracking the referral wasn't possible as our workflows did not lead to the necessary documentation for tracking within eCW

Performance rate by Measure



The Patient Behind the Number

One story behind the numbers

WHO SPEAKS HERE

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Review Manager



“As a single, undocumented mother with limited resources, I am very grateful to El Proyecto del Barrio for the support they have provided. My Baby’s father went back to Mexico, because of immigration fears. I am only able to work limited hours because I care for my child, and I am paid in cash when work is available. Without these resources and support, life would be much more difficult for my baby and me.”

— a patient in her mid twenties

And the story around it

She had received OB care at El Proyecto del Barrio , but during her pregnancy, CPSP and EPDB staff identified additional needs and connected her to resources she had not previously had access to in Mexico. Through education and direct support, she received valuable services that helped her prepare for and care for her new baby.



What We Can Do Now

The capability we did not have before

WHO SPEAKS HERE

Marcos Landeros – Utilization
Review Manager



We can now identify and monitor children, youth, and families who screen positive for priority HRSNs, track referrals and outcomes, and connect them to needed resources. Previously, these events and services were provided but were not formalized or consistently tracked. We now have a more structured process to schedule families for on-site resources, monitor follow-up, and improve closed-loop reporting.

What it feels like now

“ It feels like we have started a process that will help provide the foundation and roadmap for other targeted needs in the community.



And who does it reach?

The EPT Program helped us better reach our underserved children, youth, and families, particularly expectant and new mothers who may have limited access to essential resources. It allows us to identify their needs earlier and connect them to valuable services and support.

What It Took to Keep It Going

What it took, and what makes it sustainable

WHO SPEAKS HERE

Marcos Landeros – Utilization
Review Manager



What it took

Managed Care in collaboration with IT dedicated time to enhancing PRAPARE screening and tracking features within eClinicalWorks, while additional staff time was shifted toward outreach and follow-up for patients with identified needs. We also introduced additional communication methods to improve engagement and help connect patients and families to needed resources.

What makes it sustainable

The process is sustainable because it is becoming part of our ongoing eClinicalWorks workflow, with technology and tracking systems continuing to advance as EPDB grows and strengthens its HRSN services.

Staff have expanded outreach and resource events for expectant and new mothers, and these efforts will continue beyond the program as part of EPDB's ongoing mission and commitment to serving families in need.

What We'd Tell You

What we'd tell another practice

WHO SPEAKS HERE

[name · role]



1

If you were doing this over, what is one thing you would do differently?

If we were to do this again, we would review and validate the data earlier and more frequently to identify gaps and prevent delays. This HRSN deliverable taught us that stronger data monitoring from the beginning would support a smoother process and more timely reporting.

2

Where would you like to build on this, or grow next?

We would like to build on this work by expanding to another Population of Focus,(for example: type 2 diabetes patient screens positive for food instability such as adults with chronic conditions.) With the knowledge, workflows, and lessons gained through this HRSN initiative, we are better prepared to navigate the process and support additional populations.

3

Steal this from us.

Other health centers can use our HRSN workflow from the previous slide as a starting point rather than building a process from scratch. The workflow can be modified to fit their healthcare setting, staffing, patient population, and available resources.

THANK YOU

Questions?

EL PROYECTO DEL BARRIO INC

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CPS's PSR's, and Clinical Staff

