



SOCIAL DETERMINANTS OF HEALTH FREQUENTLY ASKED QUESTIONS

Why do we have to do this?

The purpose of collecting this data is to provide a uniform means to collect information through City-funded social service contracts on the unmet needs encountered by service customers. Data otherwise not available will be used to inform the City and public on unmet needs that need attention and aggregate progress of city-funded services. We will also be able to utilize this data to align in the nationwide interest in social determinants of health. The City believes through the targeted use of the screening, we can better determine gaps in services, and also realize how and where we are investing City dollars in appropriate areas. This data will also be used in informing the City's Public Health Initiative.

How do we do this?

Administer the screening to your clients at intake and at discharge, or annually depending on the length of program. Provide aggregate data on City provided sheet on a quarterly basis. The column numbers on the "intake" spreadsheet should correspond for the same client on the column numbers of the "discharge/annual" spreadsheet. Insert the answers onto the Intake and Discharge worksheets using the number "1". Any "yes" responses or responses that indicate additional supports are needed requires additional screening and/or referral as appropriate.

Who is required s to do this?

The City has indicated in your FY20 contracts which entities are required to complete the SDOH screening with clients.

How do we report information?

On the provided Excel spreadsheet, email to program specialist. **Do not print and handwrite.** Column 1 on intake must be same client on column 1 on discharge worksheet. After reported on the client, you will not report on that client in subsequent quarters.

How do we access information that the City has collected?

The City will provide quarterly aggregate data on the City's website at <http://www.cabq.gov/family/partner-resources/social-determinants-of-health>

What will you do with this information?

Show impact of services funded by the Division, show gaps of services funded in the community; make recommendations for health policy and PHI; utilize by agencies when applying for funding; make connections, crossover for services; enable connection to services; looking at bigger pictures; poverty, crime, financial hardship, prevention intervention, etc.

If we already capture the data in other assessments we utilize, do we have to use the City provided form?

No. If you are collecting this information in other assessments, you need only to provide the data on individual clients on the Excel spreadsheet, and show the staff during monitoring where you are gathering the data.

What happens if we identify needs that we cannot resolve?

The City is working to expand linkages for services. We want to know the gaps in services that are not being funded by the City or provided to the community.

Is this required for all of our clients?

Only clients newly enrolled after July 1, 2019.

What about Youth? This seems to be an adult survey.

The City will be providing a youth (under 18) screening tool during FY2020.

What if a client's needs have been met in the last 3 months prior to entry into program by some type of residential facility, e.g. correctional facility, hospital, etc.?

Please ensure the client is aware when the opportunity exists to answer "N/A - I was in a residential facility the last three months or longer (can include hospital, residential treatment, correctional facility, etc.)"

When is information due?

At time of quarterly report. Only report on those that were captured at intake and discharge, or annually as appropriate.

What about clients that stay in program for years?

Administer the discharge/annual screening and compare against the initial screening conducted at the time of entry into the program on the Excel spreadsheet.

What if we have the same person in multiple programs in our agency?

Each program will report on at intake and discharge, as different programs may be offering different services. (The answer for this changed over the course of the meeting on June 18, 2019.)

Will information and availability for linkages be discussed with providers?

Twice a year the Division/Department will host a contractor forum. Our first forum will be held in February 2020. Location to be determined. This will also allow us to have two quarters of data for review.

What about clients we are not able to report on the discharge?

Do not include them in the aggregate data, rather report the total number of clients that were administered the intake screening, but unable to collect the discharge data on the Notes tab of the reporting Excel spreadsheet.

What about other languages?

The City is working on having the assessment tool available in multiple languages. We will notify all providers when these tools are available.

Is there a flow chart available?

Coming soon to <http://www.cabq.gov/family/partner-resources/social-determinants-of-health>