

Social Care Services Evidence Table: Screening and Assessment Functions

This evidence summary includes a broad range of research/resources on screening and assessment functions and is primarily focused on health care impact. It is not intended to be an exhaustive compilation of research/resources on this topic. The information presented in this summary can inform the value proposition of partnering with a community-based organization (CBO) or a network of CBOs to offer these services and supports as part of a strategy to address social determinants of health (SDOH).

As part of the core functions outlined in the No Wrong Door (NWD) System model, aging and disability networks routinely conduct screening and assessments to identify service needs and connect individuals to relevant services and programs. In states that participated in the [Balancing Incentives Program](#) (BIP), aging and disability organizations that comprise the state's NWD system have implemented initial screenings (Level I Assessment) that collect financial and functional data and point to potential needs and program eligibility, as well as assessments that provide a more complete picture of an individual's abilities and needs (Level II Assessment).

Increasingly, health care providers and systems are interested in identifying the unmet needs of the individuals they support that may in turn affect their health status and utilization. SDOH screenings and functional assessments are two ways in which health care systems to gather this type of member-level data. These tools can be defined as follows:

- **Screening for the SDOH:** Screening tools and processes aimed at addressing health equity and barriers to care. SDOH screening tools come in many variations, however, most cover the domains of finances, education, food, housing, and transportation.¹
- **Functional Assessment:** The process that captures and analyzes a person's general behavior and capabilities to interact with the world, in order to determine his or her changing needs.²

The Centers for Medicare and Medicaid Services, the National Academies of Sciences, Engineering, and Medicine, the American College of Physicians, and the American Academy of Pediatrics have all expressed support for screening for SDOH in health care settings to begin address SDOH which are increasingly recognized as playing a powerful role in individuals overall health.³ Likewise, research suggests that functional status information is among one of the most predictive elements of health care utilization and health outcomes.⁴ In addition to ensuring that an

¹ <https://www.bmc.org/healthcity/sdoh-screening>

² <https://www.leadingage.org/white-papers/functional-assessment-and-activity-monitoring-technology-primer-and-provider-selection>

³ <https://www.healthaffairs.org/doi/10.1377/hblog20190520.243444/full/>

⁴ <https://www.ncvhs.hhs.gov/wp-content/uploads/2017/08/010617rp.pdf>

individual's health care is appropriately tailored to best meet their specific needs and is tracked consistently over time, functional status information can directly benefit health providers, payers, and policymakers. Functional status information could provide valuable insight for financial management, utilization, and quality assurance. This data can be used to evaluate treatment outcomes, compare treatment modalities, measure health care performance, and predict expenditures. Additionally, this information can be used to calculate risk adjustments, document medical necessity, and adjust payment levels.⁵

Health care systems and clinical sites often experience challenges to implementing screening and functional assessment such as: time and resources constraints that impede data collection and the ability to gather accurate information; limited knowledge of local resources and services to support referrals; and limitations in regard to what services and supports can be reimbursed or paid for by the health care system. CBOs that comprise the disability and aging network are uniquely qualified to partner with health care organizations to screen and assess individuals in their community. Aging and disability networks are recognized as trusted members of their communities with strong ties and knowledge of local resources. Staff of CBOs often reflect the communities which they serve in regard to both language and culture, promoting culturally and linguistically responsive services and supports. In addition to culturally responsive services and supports, the aging and disability networks have the potential to embed the following area of expertise into their screening and assessment approaches:

- Evidence-based practices and models in engaging individuals (ex. person-centered practices, trauma-informed care)
- Expertise in engagement (ex. motivational interviewing and coaching, promotion of self-advocacy skills)
- Navigation resources and expertise⁶

Aging and disability networks are well positioned to bridge the screening and assessment processes with referral linkages due to their expertise in navigation (See Navigation Access Function table) and local community resources. Partnering with CBOs that comprise the aging and disability networks to support functions such as screening and assessment has the potential to save costs, reduce duplication of efforts, close the loop on referrals, and provide culturally responsive supports for individuals.

Research and resources related to screening and assessment functions provided by aging and disability networks are included below.

⁵ <https://www.ncvhs.hhs.gov/wp-content/uploads/2017/08/010617rp.pdf>

⁶ <https://www.practicalplaybook.org/blogs/why-public-healthhealthcare-should-partner-community-based-organization-address-social-determinants>

Screening & Assessment Functions Research

Study	Population Studied	Objective of Study	Type of Analysis	Findings / Results
Wallace et al. (2020)	210 emergency department patients in Utah; data were linked from the patients' social needs screening to electronic health records and interview notes.	To evaluate a process for systematically identifying social needs during routine health service delivery to facilitate access to community-based services and integrate existing clinical and community-based referral data systems.	Two phase, mixed - methods feasibility study	Three months post-screening showed that patients with social needs experienced a significant increase in emergency department use compared to those without social needs.
Samuels-Kalow et al. (2020)	16 emergency department (ED) patients and six staff members from regional community organizations	To identify the range of opinions regarding EDs based social risk screening held by patients and staff. In depth, qualitative interviews were conducted with a selected sample of ED patients and staff. Health literacy assessments were also conducted.	Qualitative interview analysis	The interviews revealed that participants held three main opinions toward ED: social risk screening is important; challenges around screening include fear, mistrust, and resource constraints; and there is room for program improvement and development.

Screening & Assessment Functions Resources

Resource Author	Description of Content	Target Audience
The Commonwealth Fund	The Return on Investment (ROI) Calculator for Partnerships to Address the Social Determinants of Health is designed to help CBOs and their health system partners plan sustainable financial arrangements to fund the delivery of social services to high-need, high-cost patients.	Health systems, payers, medical providers, social service providers, and CBOs seeking to address SDOH.
Center for Consumer Engagement in Health Innovation (2018)	This brief aims to provide an overview of social needs screening tools, as well as options and considerations for implementing social needs referral tools and processes.	Consumer health advocates looking for effective and culturally competent use of social need referral tools in state public programs.
Borras-Fernandez et al. (2016)	This article provides an overview of functional assessments and their relevance to clinical practice. It contains a detailed table of a number of different functional assessments used across various fields.	Physicians or health care practices interested in adopting functional assessments and curious about the functional assessments that currently exist and are used.
Subcommittee on Populations-National Committee on Vital and Health Statistics (2017)	This article defines functional status and assessments, provides an overview of how functional assessments are used in clinical settings, and details some common challenges.	Physicians or health care systems interested in learning the utility of functional assessments in clinical settings.

Resource Author	Description of Content	Target Audience
The EveryOne Project (2019)	This guide includes an introduction to social needs screening, an overview of guidelines for various roles and responsibilities related to social needs screening, a description of a number of SDOH and their importance, and links to a number of resources.	Organizations or health systems looking to adopt social needs screening and are interested in learning more about the practice and discovering relevant resources.
Olson et al. (2019)	This article provides an overview of SDOH screening, describes the challenges historically faced by health care institutions, and details opportunities for improvement.	Health systems looking to adopt SDOH screening or currently facing challenges and are interested in exploring potential solutions.