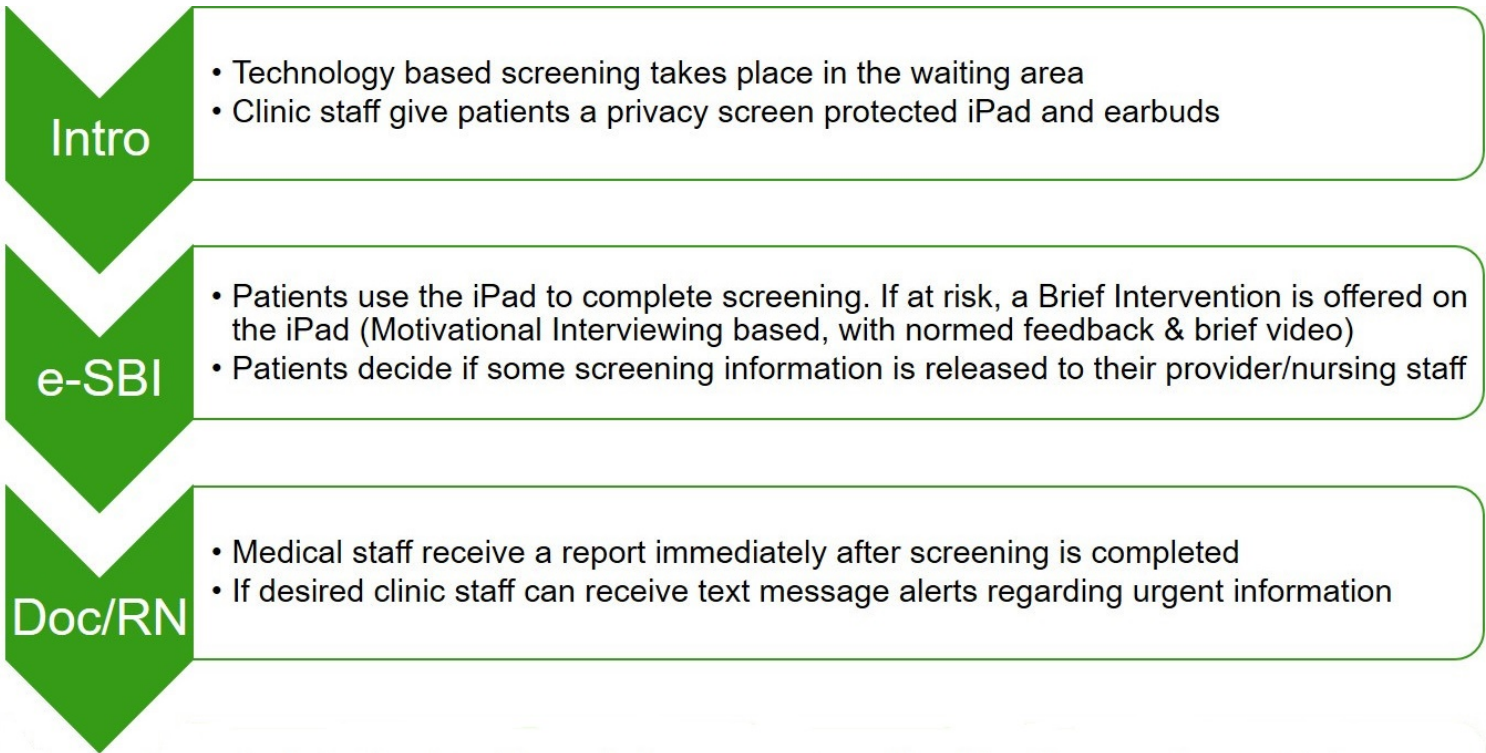




Electronic Screening and Brief Intervention (e-SBI)



93% share all screening information with medical staff (across 4 MI clinics)



90% of new pregnancy intakes are given the iPad (across 2 MI clinics)



1

Regulatory Approvals & Agreements. Identification of appropriate officials at each health system is crucial. The following may be necessary: IRB approval, signed Business Associates Agreement, information technology approval, letter of research support and/or medical board approval, and agree to use technology with every new OB intake.



2

Customization of Services. Each site has different behavioral health resources. The HT2 counselor will customize the services for each site based on what the site needs. Clinics must provide input regarding app content. Examples include:

- PHQ-9 vs. EPDS
- Print vs. Emailed report
- In-house clinician vs. outside clinic
- Reporting and alert preferences



3

Key Personnel. Identification of staff for the clinic champion, and key front desk person for planning and implementation phases. These will serve as the points of contact with the HT2 team. Clinic staff will assist with tracking and sharing nonidentifiable data with the lead contact of the regional perinatal collaborative for CQI purpose.



4

Establish Meeting Schedule. Regular meetings by phone or video, and in person for training are crucial during planning and the beginning of implementation (beginning weekly and slowly decreasing to monthly).



5

Set Target Date. A target date for implementation is set after regulatory approvals are in place, clinic staff approve screening and intervention modifications, and training is complete.