Virtual Sharing Session on Site Visit Learnings from Montefiore
Today’s Agenda

• Welcome, Housekeeping, Framing: (3m)
• Site Visit Evaluation Summary Share Back (5m)
• Team Round Robin (35m) and Q&A/Discussion (15m)
• Closing - coming up next (3m)
Webinar Reminders

1. Everyone is unmuted.
   - Press *6 to mute yourself and *7 to unmute.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted on RBC Portal and sent out via the next newsletter.
Goal of this call

- **Share** lessons learned and takeaways with those who weren’t in attendance
- **Discuss** how you’ve shared this experience within your organization
- **Describe** how you have or plan to implement ideas inspired by the site visit
- **Learn from each other!**

Reminder: All resources from the site visit are available on the portal here:

[careinnovations.org/rbc-portal/resources/#sitevisit](careinnovations.org/rbc-portal/resources/#sitevisit)
Site Visit Evaluations

Here’s what we heard from you:

<table>
<thead>
<tr>
<th>We learned...</th>
<th>We’re still confused about...</th>
<th>What we found most valuable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The value of staff support and training</td>
<td>How to get strong leadership buy-in for staff support</td>
<td>The people!</td>
</tr>
<tr>
<td>To include security personnel in TIC!</td>
<td>Other interventions to address toxic stress and trauma</td>
<td>Everything</td>
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<tr>
<td>About the idea of a Critical Incident Team</td>
<td>Behavioral/mental health integration on- and off-site</td>
<td>Seeing what other teams are doing</td>
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<td>About the Healthy Steps model</td>
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<td>The Crawford Bias Model</td>
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<td>How to make the TIC model real</td>
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<td>Juan Cabrera</td>
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Round Robin 1
Ravenswood Family Health Center
Key Takeaways

• Incorporate PEARLS into daily/operational workflow
• Increase training opportunities (role-specific) with follow up
• Identify champions from every role to create buy-in
Bringing Back Takeaways

Representatives attending site visit will give brief summary to RBC team during team meeting

Taking Action

Implement a modified Critical Incident Management Initiative
- As needed basis
- Response to recent vicarious trauma
- Open conversation with staff/IBHS provider (over lunch)
Lifelong Medical Care
Key Takeaways

• **Funding brainstorming and advocacy**: TIC Program funding from 3 main sources: grants (need to find and write grant proposals!), Montefiore (i.e. 33% of funding) and visits' revenue (mostly from older pediatric patients seeing BH clinicians). We were impacted by the importance of grants to protect dedicated time for TIC building and training.

• **Recruiting Champions** across disciplines to increase TIC-building capacity. Thinking outside of traditional roles and reaching out to LCA (LifeLong Clinicians’ Association) for interest in gauging clinicians' surveys on office environment, self-care, job satisfaction, burnout symptoms, etc).

• **TIC Training**: Use of recurring training modules and scripts for staff. Montefiore TIC Program created 4 modules for in-person and online training on annual and recurring basis, customized to staff role i.e. front desk vs MA vs clinician focus. And continued TIC training for Senior Leadership team e.g. incorporating into their already-scheduled meetings/retreats.
Bringing Back Takeaways

How did you (or how are you planning to) share your learnings with your team and other stakeholders?

Talking with the rest of the team, refocusing on realistic priorities, and utilizing resources such as agency grant writers and engaging new CMO for leadership buy-in.

Taking Action

One idea we are trying (or want to try out) that we walked away from the site visit with is... focusing on trauma-informed care among staff and putting ACE implementation on the back burner, and focusing on family engagement by creating Patient Focus Groups at each site for active community participation in planning of resiliency support and ACES prevention/screening.
UCSF Benioff Children’s Hospital Oakland
RBC Montefiore Clinic Site Visit June 2019
Key Takeaways

• Takeaway #1 - The importance of allotting FTE’s to a dedicated staff member to assist in the logistics/planning/organization of rolling out Trauma Informed Care as an change initiative. Dedicated staff time supports the initiatives more effectively.

• Takeaway #2 – Include all levels of staff – supporting their voice in the change process by encouraging staff to find their “why” in the Trauma Informed Roll out.

• Takeaway #3 – Operationalizing expectations/protocols in order to change the culture. Elicit buy in, foster interest, support the growth!
Bringing Back Takeaways

• Make this a part of our lexicon: “Ask not, what is wrong with a patient family...think about what must have happened...”

• Share with FQ Leadership, our lessons learned from the site visit

• FQ Staff Retreat 7/16 explores the role of kindness and self-care as key pieces of Trauma Informed Care, supported by the efforts we saw demonstrated at Montefiore Clinic. They are willing to “rumble” (Brene Brown)

Taking Action

One idea we are trying (or want to try out) that we walked away from the site visit with is...

Have the harder conversations – keep circling back to the vision!
Key Takeaways

• Having dedicated staff (in their case Healthy Steps) with expertise in parenting support makes a big difference in the impact they are able to make.

• Focusing on supporting staff to reduce stress and trauma (whether by CIM or more comfortable staff spaces) is a key to successful work.

• Everyone who has any contact with patients (clinical or not) has an opportunity to make the environment less traumatic and more healing (don’t forget security).
Bringing Back Takeaways

We met with our core team once we returned and shared some of the key takeaways with them.

Taking Action

We are working with our security contractor to set up a training with our security officers.

We are exploring the possibility of a team to respond to potentially traumatic incidents at our site.

We plan to modify the posters Montefiore used with our logo and post them in our waiting room.
Take a Breath!
What questions do you have for the first set of teams?
Round Robin 2
WEST COUNTY HEALTH CENTERS
Key Takeaways

• Support staff FIRST.

• Behavioral Health Team develops TIC content and teaches TIC to their sites. (Train the trainer model)

• Training in TIC should also be integrated with multicultural awareness training (unconscious/implicit bias, microaggressions, and cultural sensitivity).
Bringing Back Takeaways

How did you (or how are you planning to) share your learnings with your team and other stakeholders?

• We plan to explore how to integrate our TIC training with multicultural awareness training as those two issues are closely connected.

• Together as a team, we plan to devote time at our next project team meeting to sharing insights and lessons learned from each site visit.

Taking Action

One idea we are trying (or want to try out) that we walked away from the site visit with is...

• To work with Senior Leadership & HR to explore how to incorporate TIC training with multicultural awareness.

• Lessons & key takeaways that all project team members identify as a priority will be brought to the appropriate workgroup, which are:
  • ACE Workgroup,
  • TIC Workgroup, &
  • Student Success Collaborative
Key Takeaways

• Takeaway #1
  • In-clinic therapists as a core element of their trauma informed pediatric care looks ideal
  • Great to know that SMC is in alignment with many of the Trauma Informed Care practices at Montefiore and already has this approach in a number of our programs

• Takeaway #2
  • Thought of the role of the therapists at Montefiore and how it may differ from the role of our Interface therapists in SMMC
  • Our efforts to strengthen connections between the pediatric clinic and our existing, high quality trauma informed mental health services for kids 0-5 may be an alternative to co-location when not feasible

• Takeaway #3
  • The importance of considering the connection between developmental screenings (ASQ) and ACEs screenings
Bringing Back Takeaways

How did you (or how are you planning to) share your learnings with your team and other stakeholders?

• We discussed our impressions during our monthly RBC team meeting

Taking Action

One idea we are trying (or want to try out) that we walked away from the site visit with is...

• The data on the relationship between Parent ACE score and child’s response to the Healthy Steps program was very impressive. Our agency should consider adding the Parent ACEs screening
Observation

- We appreciated the unstructured time we had to share information and speak to the other sites, we find it very beneficial to be able to exchange thoughts and ideas. It would be great to have more opportunities for this in later convenings.
- Some counties were surprised by the training.
marin community clinics
connecting for health
Key Takeaways

• Our team was very impressed with the 4-pronged approach to staff trainings Montefiore has developed and we are interested in incorporating some of their modules into our own trainings at MCC to further move towards organizational change. We also valued input on the need to train staff groups separately to eliminate any power dynamic within the groups during trainings.

• Our team was also impressed with the Critical Incident Response Team and we discussed the possibility of implementing one for MCC as well.

• Our team continues to be impressed with the Healthy Steps Program, as we first learned of it from one of our sister sites in the CYW cohort as well, and would love to find a way to fund that program at MCC. It was very helpful to learn more about the specific schedules of the providers involved in the program at Montefiore and how they make it work in a medical model.
Bringing Back Takeaways

Our team members who attended the site visit brought back their takeaways to our RBC group and recapped them in our in-person meeting last month. We discussed how to use the takeaways to improve patient and staff experience at MCC. We plan to use some of the information learned from the site visit in our upcoming All Provider Training, which will further distribute the takeaways across MCC as a whole.

Taking Action

One idea we are trying (or want to try out) that we walked away from the site visit with is to incorporate some of Montefiore’s more in-depth trauma training into our own trainings for staff at MCC. We have an All Provider Training scheduled for September in which we will be reviewing TIC concepts and plan to incorporate some specific aspects of Montefiore’s training outline into this and other staff trainings.
What’s Next

RBC Listserve: resilient-beginnings@googlegroups.com

1. **Who is in the group?** RBC participants, coaches and CCI program staff are on this group. Any messages sent to this group will be sent to everyone, pending my approval.

2. **How do I post to the group?** Send an email to resilient-beginnings@googlegroups.com to start a new thread. Or respond to an existing thread by replying to the last message.

3. **What kinds of things can I post?** Post questions, relevant resources, or ah-ha moments you have for the group. This is intended to be a simple communication tool that you can use in real time to get responses. The CCI team will also be sending timely articles, webinars, and resources as they are timely.

• **CCI Team Calls in August**
  • Opportunity to share what we have planned for RBC Y2 & get your feedback
Thank you!

For questions contact:

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