



**BAY AREA**  
**COMMUNITY**  
**HEALTH**

# Current State Assessment: What We Learned

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- We used the following methods to learn more about our current state:
- We spoke to:
  - Staff: Felt families liked this screening, hardly anyone declined.
  - Staff themselves felt unsafe physically in certain circumstances, felt not listened to.
  - Caregivers & Family Members: Loved our Food pharmacy coupons, information on affordable housing, shelters; liked that we wanted to listen and help
- From providers and staff we learned: providers liked the deeper connection with families, understanding their social circumstances and symptoms/diseases, wanted more time with Families. We need to pay more attention to our staff needs.
- Felt giving more holistic care.
- We need stronger community connections and need to track referrals better, have a dedicated Pediatric behavioral health coordinator in the North.

# How we are centering equity and racial justice in our work

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- What are your key reflections and take-aways from the March 4<sup>th</sup> Virtual Learning Session?  
Opening up opportunities to hire staff from different backgrounds and ethnicities.
- We have staff that speak 21 different languages.
- There is online training by HR about multicultural/multiethnic/diversity training by HR at time of new hire orientation.
- Availability of interpreter services, help completing forms.
- Forms and posters in different languages.

# Our Team is Excited About . . .

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- We want to focus on clinical practice, prevention and promotion.
- Develop resiliency, screen, educate, refer and track.
- Are excited to have a dedicated BH coordinator in the North.
- Working on strengthening our integrated BH workforce in the South.
- We want to learn from other teams how to get Leadership more involved
- Get HR involved in Staff Wellness, including trauma informed care in orientation.
- Strategies to strengthen our Community network of support.

Our coach has been an excellent resource and guide. We need help building online referral sources.



Community  
Medical  
Centers-  
Vacaville

# Current State Assessment: What We Learned

- CMC utilizes the PDSA model to begin the process of implementing new programs, pilots or ideas throughout the agency. It has been our experience that smaller projects within Behavioral Health usually have less structure. For this project we wanted to shift and use a more structure approach involving structure meetings, steps and more involvement of staff and consensus direction by the group.
- The process included the following:
  - Initial buy-in from administrative level
  - Identification of champions
- Meetings included clinical care teams, medical providers, case management, behavioral health and administration

# Current State Assessment: What We Learned Continuation

- At this time, we have not extended the process to [patients and families](#)
- [From providers and staff, we learned:](#)
  - Need to define the purpose of project, the need for education and information about Trauma-Informed principles, development of workflows, how to engage patients, impact on current system and procedures, and resources & staffing

# How we are centering equity and racial justice in our work

- **Key reflections and take-aways** from the March 4<sup>th</sup> Virtual Learning Session
  - Continue to uphold dignity for our patients
  - Practicing awareness of the holistic needs of our patients
  - Promoting team integration
  - Offering space to share concerns
- CMC has been rooted in providing services to marginalized populations since its early days providing services to our agricultural worker population in the Central Valley and expanding to provide diverse, culturally and linguistically appropriate services to diverse populations in 3 counties . Since early in 2018 CMC started working on developing a culturally responsive workflows, by identifying gaps, shifting existing hiring practices and hiring staff reflective of the populations we serve.

# How we are centering equity and racial justice in our work Continuation

In March of 2020, we have developed an Inclusivity and Equity task force that is focusing on the following:

- Implicit Bias training and education of staff.
- Implicit bias in medical treatment of marginalized groups.
- Implicit and overt bias in agency policy and procedures.
- Community Medical Center's community perception in connection to equity and inclusiveness

# Our Team is Excited About . . .

- In thinking about the 4 RBN focus areas, our team have excitement about focusing its work on the areas of [environment and clinical practice](#).

- Team questions for the RBN teams

[when is the initial training? How would the process be?](#)

- RBN team questions for coaches and faculty

[Do you have training curriculum to share with us on the following topics:](#)

[Education and information about Trauma-Informed principles](#)

[Development of workflows](#)

[How to engage patients](#)

- Assistance and supports needed for our team

Thank You...





Santa Rosa  
COMMUNITY  
HEALTH

New Beginnings Clinic

*All of us for all of you...*

# Current State Assessment: What We Learned

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We used Interviews and journey mapping to learn more about our current state. Below is what we learned from the people we interviewed:

## Staff

- A shared sense of mission and values grounds us when we encounter challenges like long patient wait times, understaffing, secondary trauma and a sense of lack of control over economic factors.
- Pain point for Providers is when everyone shows up at once which limits our capacity to provide high quality trauma informed care for our complex patients.
- Our physical space limits our feeling of being a team. The MA's are located too far away and our huddles are only semi-private.
- Remote patient care is creating a strain on the team as they integrate the role of the Behavioral Health provider.
- We all find joy in seeing our patients feel proud about the changes they have made in their lives and grow confidence in their ability to parent.

# Current State Assessment: What We Learned

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## Patients

- Staff, particularly MA's, are kind and patients appreciate that they are known by name. Patients express that they don't feel judged.
- Giving urine samples for drug screening can feel judgmental.
- Physical aspects of the environment are a challenge. The space is not kid friendly and there is no food or drink offered despite long wait times. Patients do say the space is clean and they feel safe.
- The biggest issue raised was wait times (for visits and labs). This has been exacerbated by COVID (waiting outside the building).
- Patients feel like the NBC team advocates for them with Child Protective Services (CPS).

## Community Partners

- Patients express dissatisfaction with wait times but feel well cared for. Patient needs are met.
- There is appreciation for our clinic and its' existence. They feel like partners with us in meeting the needs of their clients.

# How we are centering equity and racial justice in our work

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- We reflect on this topic in the context of patient's lives and what is happening outside our four walls. We see the impacts of the criminal justice and child welfare systems on our patients. We sometimes feel powerless and at the same time recognize our ability to advocate for and educate people about bias against substance disorder and also racial inequities within these systems.
- We are looking forward to getting reliable data that will allow us to analyze the demographics of our patient population more closely. We know it is important to notice where there might be disparate outcomes.
- We would like to more closely examine the demographics of our staff (leadership and front line). This came up in the Capacity Assessment. We want to recognize the dignity and value of our staff and look for possible development opportunities so staff can have opportunities for promotion.
- We are excited about hiring an SUD case manager with a personal background in recovery. This will create a lens that isn't represented in the current team.

# Our Team is Excited About . . .

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In thinking about the 4 RBN focus areas, our team has excitement about:

- Creating an environment where people (staff and patients) feel comfortable talking about life.
- Training and supporting staff. Appreciate that this project is not going to end in 6 months and the support will no longer be there.
- The opportunity to start with our NBC team and then influence the broader organization. Changing and institutionalizing clinical practices so that we frame everything with a resilience lens and strength-based focus.
- Strengthening community engagement and impacting the larger county efforts focused on addressing trauma.
- Promoting the clinic more aggressively to people experiencing homelessness. Inviting people in and understanding how patients get to us. Fear of getting into care is lessening and that is exciting.
- Like the idea of looking at environment and thinking of ways we can enhance staff and patient experience. How to reduce wait times for our patients.
- Being mindful of language so we are not stigmatizing or re-traumatizing people. Providing trainings within our organization and to community partners about the need to stop using words like “addict” and “dirty urine”.

# Our Team is Excited About . . .

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## Questions we have for other teams, coaches and faculty

- How to institutionalize resilience assessments and build them into our workflows?
- What are other teams doing in regard to documentation and patient support that is innovative and resilience focused?
- We are excited for upcoming sessions and know other people's questions will inspire us.
- Excited to collaborate with other SRCH sites and spread what we learn to the entire organization

## Assistance and supports that would be helpful to us

- Examples of how to operationalize across different clinics.
- How to get leadership buy in and support for staff?
- What innovations have others done to support the well-being of staff?

# School Health Clinics of Santa Clara County



OF SANTA CLARA COUNTY

# Centering Equity And Racial Justice In Our Work

One of our strengths of SHC is that we bring in and train employees that reflect the community we serve. For example, we are collaborating with another community clinic to provide COVID vaccine to the community, and we have built a relationship with an organization such as Catholic Charities to provide patients with community services.

# Sample of the Trauma Informed Care Safe and Secure Environment Survey.

NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH

Trauma-Informed Primary Care  
Fostering Resilience and Recovery



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW
1. This organization is committed to the health and safety of its employees.	1	2	3	4	5	D/K
2. I feel physically safe while at work.	1	2	3	4	5	D/K
3. I feel psychologically safe while at work.	1	2	3	4	5	D/K
4. I feel socially safe while at work.	1	2	3	4	5	D/K
5. I feel morally safe while at work.	1	2	3	4	5	D/K
6. I feel supported in the work that I do.	1	2	3	4	5	D/K
7. I feel the physical environment is safe and inviting.	1	2	3	4	5	D/K
8. I am able to express personal feelings or concerns about my work.	1	2	3	4	5	D/K
9. I am encouraged to develop and implement a self-care plan	1	2	3	4	5	D/K
10. I feel the organization properly communicates with all levels of staff.	1	2	3	4	5	D/K
10. I feel my supervisor prioritizes my health and safety.	1	2	3	4	5	D/K
11. My supervisor makes me feel safe and secure.	1	2	3	4	5	D/K
12. I feel safe enough to discuss challenges I am facing in my work with my supervisor.	1	2	3	4	5	D/K

# Methods Used to Learn

We used Trauma Informed Care Safe and Secure Environment Survey. 25% of the employees completed the survey. The survey included choose and open-ended questions.

Interpretation of data collected

- ❖ Neither agree or disagree responses
- ❖ No respondents left behind
- ❖ 16 employees completed the survey

# Current State Assessment: What We Learned

## ► **Other insights**

Gathered from current state activities: from the open-ended question

- ❖ Need for more supervisor availability,
- ❖ Concerns about expressing personal feelings about work
- ❖ More staffing
- ❖ Better lighting & improve clinic
- ❖ More communication and recognition
- ❖ Working from home
- ❖ Problems with balancing workplace health and safety with production and quality

# What We Learned.....

- ▶ Next month we will be doing a family form and patients survey.  
Family attitude on ACE's screening will have a 2 week trial period in April,2021

# School Health Clinic Hopes

- ❖ SHCSCC goal is for the clinic staff and environment to become more trauma aware and safe.
- ❖ We aspire to demonstrate relational health at all levels of School Health Clinics and in our community
- ❖ Finding collective solutions (internal and external)

# Our Team is Excited About . . .

- ▶ In thinking about the 4 RBN focus areas, our team is excitement about focusing on *community engagement*.
- ▶ **Questions**
  1. How do other clinics work with staff perceptions that do not match up to what administration created for clinic programs and policy?
  2. How do clinics work with staff concerns about favoritism?
  3. Learn tips for closing the loop with referral agencies. And understand HIPPA policies for communicating with referral agencies.

