



**RESILIENT
BEGINNINGS
NETWORK**

MADE POSSIBLE BY

Genentech
A member of the Roche Group

Current State Assessment: What We Learned

- We used the following methods to learn more about our current state: Discussion amongst each other and with our coworkers
- From providers and staff we learned: That staff feel they can bring their Full Selves to work although we did discover that we are a predominantly female run organization.
- Other insights we gathered from current state activities: That we do not currently have a systematic screening process for identifying and responding to trauma in our patients, their caregivers, or our staff.

How we are centering equity and racial justice in our work

- What are your key reflections and take-aways from the March 4th Virtual Learning Session?

We were impacted by the statements made about the difference between Dignity and Respect with the understanding that while Respect must be earned Dignity should be inherent to the human condition.

- What are you currently doing related to centering equity & racial justice?

As our organization has taken a lead in delivering COVID vaccination to Northern Sonoma county we have done so with Equitable distribution and access at the core of this process. Often times allocating far more resources to ensure we do what it takes to make sure the most vulnerable members of our community are given priority access to vaccine.

- What is your teams' thinking or plans related to centering equity & racial justice?

We hope that the foundational work of RBN will help to expand our ability to respond to trauma in an equitable way and through a lens of racial justice.

Our Team is Excited About . . .

- In thinking about the 4 RBN focus areas, where does your team have excitement about focusing its work? *Remember the 4 focus areas are: environment, prevention and promotion, clinical practice, and community engagement.*
- What questions does your team have for other RBN teams?
 - How are you balancing efficiency and the need for these deeper meaningful conversations in a fast paced primary care setting.
 - Important lessons learned
 - Who is administering the screenings at your institution (Practice models)
- What questions does your team have for RBN coaches and faculty?
 - What tangible examples do you have of safety net clinics that are successfully screening, treating, and promoting healing/resiliency around childhood adversity and trauma.
- What type of assistance and supports would be helpful to your team?
 - Examples of Training material and programs for rolling these tools and interventions out to providers and clinical staff.



MARIN CITY

Health & Wellness Center



Current State Assessment: What We Learned

We interviewed staff and used Relevant (an analytics tool) to learn more about our current state:

- **Providers and staff** acknowledge our organization is working with patients that have experienced trauma and adversity. Staff realize it can affect care team members; and would like conversations around boundaries and self-care into meetings and supervision.
- **From caregivers & family members** we learned that our organization does not solicit input from patients or families regarding our organizational strategy and/or policies and programs.
- **Other insights we gathered from current state activities is**, our organization clearly expresses it's mission. Staff support engaging patients and families in their healthcare. Community and staff input of services is important.



How we are centering equity and racial justice in our work? Now and in the future.

The **mission** of Marin City Health and Wellness is to provide excellent healthcare to patients of all ages and ethnicities, with a special focus on African American health equity. In order to strive towards this mission we are:

- Increasing integration with dental department; actively recruiting pediatric dentists
- Focusing on Trauma-informed patient polices (scheduling, late policy)
- Hiring providers that reflect patient population
- Hiring front line staff reflective of patient population
- Building meaningful relationships with other community organizations that share our mission
 - Partnering with neighboring school (k-8th grade)



Our Team is Excited About:

- Most excited to grow in the **Prevention and Promotion** domain.
 - We look forward to building resiliency within our organization and those we serve in an intentional and systematic way.
- What questions does your team have for other **RBN teams**?
 - How do other teams screen for ACEs in an efficient way?
 - How do other teams promote resiliency within their clinic staff?
 - What organizational relationships have been most helpful?
- What questions does your team have for **RBN coaches and faculty**?
 - What innovative ways can MCHWC have patients complete documentation/paperwork outside of traditional form completion?
 - Ideas for best practices in passing along policies and procedures in positions with high turn-over.





Marin
Community
Clinics

Current State Assessment: What We Learned

- We used the following methods to learn more about our current state:
- We spoke to:
 - Staff: Providers and Case Managers
 - Caregivers & Family Members: Families that received case management services
 - Anyone else: MCC Leadership Team
- From providers and staff we learned:
 - Equity and social justice are a priority across MCC.
 - It can be challenging to engage patients in conversation around sensitive issues related to trauma, racial trauma, domestic trauma, or other issues where patients may be fearful of disclosing information. Providers may feel unprepared to receive this information and provide appropriate/helpful response.
 - Difficult for providers to know all/updated resources available to patients.

Current State Assessment: What We Learned

- From caregivers & family members we learned:
 - “Everything has been good, service from people, nurses, doctors, and those helping with my kids.”
 - “Yes, the truth yes. I have received everything I needed.”
 - “Everything has gone very well with the specialist in the clinic. The doctors take their time to listen to their patients and I feel like I matter to them.”
 - “I really like that the doctors listen to me and the MA’s and doctors work very well together. They work together to help with what we need.”
 - “I have angels named Samantha and Lulu. They are very professional and dedicated. They always follow up with me and they help me a lot.”

Current State Assessment: What We Learned

- From caregivers & family members we learned:
 - “The phone service need to improve. It is difficult to make an appointment and sometime I have to wait an hour to speak with someone.”
 - “The call center is not very good. The wait times are very long and it’s not due to COVID because it has always been that way.”
 - “I had talked to a nurse and received an okay to bring my son with me to my appointment. When I arrived to my appointment. I had to wait 50 minutes outside to again receive permission to enter the clinic with my son for my lab appointment.”
- Other insights we gathered from current state activities: Both staff and patients view MCC as providing excellent clinical services. However, there appears to be room to improve process/workflows to improve Pt experience and access.

How we are centering equity and racial justice in our work

- **What are your key reflections and take-aways from the March 4th Virtual Learning Session?** Our group was moved by the discussion around defining dignity and how we can bring this into our daily conversations/approach with patients who may historically have been marginalized by the healthcare system (or any other system). We also felt the importance of screening for racial trauma and the concept of cultural context and trauma.
- **What are you currently doing related to centering equity & racial justice?** MCC's executive team has identified five equity priorities for the organization over the course of the next 1-3 years, but have selected #1 as our CALQIC goal to complete by October, 2022 :
 - 1) Commit to workforce flexibility across all departments/levels so that all employees can improve work-life balance (and not just Providers)
 - 2) Raising minimum wage our lowest-paid staff. Currently reviewing this process which we expect to take 1-2 years to complete.
 - 3) Equity educational series to ensure our employees, regardless of educational background, have access to information on health topics, finance, how to access behavioral health (EAP), etc.
 - 4) Mentorship program for BIPOC to support growing internal leaders and managers.
 - 5) DEI committee – further discussion and consideration needed. Likely cross departmental and mixed composition, front-line and leadership.

How we are centering equity and racial justice in our work

- Additional departmental initiatives:
- BH workshops are currently focusing on cultural humility, equity, and social justice.
- Our Complex Care team participating in County-wide equity initiatives including the Racial Equity in Housing Lab, The Project Roomkey workgroup to revise criteria to improve racial equity/access, and the VISPDAT equity group to improve access to affordable housing .
- **What is your teams' thinking or plans related to centering equity & racial justice?**
How can we ask about it without over medicalizing it? How do we create a system-wide approach that centers and promotes dignity in every interaction. How can we engage folks who have historically been marginalized by the healthcare system?

Our Team is Excited About . . .

- **In thinking about the 4 RBN focus areas, where does your team have excitement about focusing its work? *Remember the 4 focus areas are: environment, prevention and promotion, clinical practice, and community engagement.*** We remain committed to the goal of enhancing the clinical supports we provide by obtaining patient input to ensure that we are truly meeting the needs of our patients. Our hope is to reduce/eliminate barriers to care for our vulnerable patients which will make it easier for patients to access and engage in care. In this way, we hope to be increasingly able to monitor patient development and provide preventative interventions which will promote physical and mental health and mitigate the impacts of ACES.
- **What questions does your team have for other RBN teams?** How have you elicited patient/family feedback and applied it to service design? How do you offer resources and support without over medicalizing or diagnosing equity and racial justice? How do you make your clinic more inviting? What are you planning to help your patients heal from COVID trauma?
- **What questions does your team have for RBN coaches and faculty?** How can we collect patient feedback in a meaningful way and apply it to service delivery? How can we better communicate with our patients and our staff using a dignity mindset?
- **What type of assistance and supports would be helpful to your team?** Examples of mechanisms for patient feedback and assessment. Feedback from agencies/families using specific models such as Healthy Steps and Help Me Grow.



South of Market

HEALTH CENTER