

LifeLong Medical Care



Health Services For All Ages

a california *health+* center

Current State Assessment: What We Learned

- **We used the following methods to learn more about our current state:**
 - Interviews
 - Discussions
 - Direct Individual Completion of Capacity Assessment
- **We spoke to:**
 - Staff: Associate Medical Directors, Behavioral Health Clinician Leads, Center Managers/Supervisors, Providers (both primary care and Behavioral Health), Medical Assistants, Front Desk Specialists and Behavioral Health Community Health Workers
- **From providers and staff we learned: Perspectives about how trauma-informed our agency is varied by role and identity of person interviewed**
- **Other insights we gathered from current state activities: the strong need for patient feedback to promote accountability, possibly having each clinic have its own patient voice collaborative to facilitate that.**

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?**

 - The patient voice is essential to this work.

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

 - Involvement in LifeLong's Diversity, Equity, Inclusion & Anti-Racism Committee's work on internal equity integration into Human Resources Department's policies and staff training modules. Anti-racist study.

- A recent decision by administration to open BH positions up to pre-licensed staff resulted in a new cadre of young clinicians reflective of the community and a commitment to support them.

- Intentionally recruiting minority/diverse candidates in our new Family Practice Residency Program.

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

 - Request to develop Patient Voice Collaboratives at each clinic and consider how to best reach families' feedback

 - Ensure that any Trauma Informed Care exercises highlight the specific challenges faced through racial discrimination and exclusion.

Our Team is Excited About . . .

- **In thinking about the 4 RBN focus areas, where does your team have excitement about focusing its work?**
 - We are focused on influencing organizational culture in both office and clinic by sharing Capacity Assessment with Administration, Associate Medical Directors, Center Managers, Leadership of LMC and requesting that Leadership of LMC conduct their own capacity assessment
- We can see it is very important to establish Patient Voice Collaboratives
- **What questions does your team have for other RBN teams?**
- How do they center racial equity in their organizations?
 - Are there ways they've made it realistic/ feasible to get feedback from families about their experience of care?

Our Team is Excited About

- **What questions does your team have for RBN coaches and faculty?**
- How have others helped establish Patient Voice Collaboratives at times/ in ways that are accessible for families?
- What recommendations do you have for an agency that has such different clinics with different organizational cultures, staff, leaderships? How do we approach and strategize sustainability of our work?

Are there work groups you recommend we set up outside of our core team meeting?

What steps can you recommend to help us get traction more efficiently?

- Coaching on recruiting and identifying TIC Champions to propagate TIC culture at sites.
- Support around effective and ongoing/continual staff training programs on trauma-informed care
- Creating a framework using TIC and DEI&AR as we recruit clinicians as well as pursue new partnerships in our communities.
- **What type of assistance and supports would be helpful to your team? A Long coaching session**

North East Medical Services Current State Storyboard



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Current State Assessment: What We Learned

Members of clinical team shared observations for behavioral health and patient-staff interactions:

In the past, screening rates were high and Provider/MA pairs put in effort to follow-up about screening results and spend time with parents to discuss. Due to pandemic, **patients are not coming in-person and screening rates are lower.**

Staff who work with pediatric populations are **skilled at discussing topics and communicating** with parents regarding behavioral health screenings and follow-up care.

The team would like to initially focus on Stockton clinic, where the provider and BH teams have **established integration between different levels of staff:** Pediatricians, Front Desk, MAs.

Current State Assessment: What We Learned

Members of clinical team shared observations for behavioral health and patient-staff interactions:

How Staff Impact the Patient's Environment:

We noticed that Front Desk (FD) staff are faced with **heavy workloads** and **continuous workflow changes**. They might feel **confused or frustrated**, especially throughout the pandemic.

These staff **impact the patient's environment** when they arrive. If staff feel anxious or frustrated, this might lead to the patient feeling this way. Patients might feel **lack of support or judgement**.

Example: Patients come to the wrong floor for a particular service. The FD staff try to help them navigate back downstairs, but it's hard to communicate while wearing PPE. Staff end up raising their voice in an effort to help.

Current State Assessment: What We Learned

Other insights we gathered from current state activities:

- When we consider the patient's **clinical care team**, we imagine pediatricians, BH providers, MAs, but what about Front Desk? They might not feel valued as part of the care team.
- We want to include **entire care team in trainings and implementation**, so all staff feel they are an important part of the program's success. If the entire care team doesn't value or understand ACEs screening, implementation might not be successful.
- We are interested to explore **staff perspective on dignity**. Do staff feel dignity in their work environment, or just focused on completing tasks? How can we increase **empathy culture** at NEMS?

How we are centering equity and racial justice in our work

- **Key reflections and take-aways from the March 4th Virtual Learning Session:**
 - Eye-opening to consider the **larger systems/institutions** in place. Helps us consider what dignity and racial justice **mean to ourselves and our staff**.
 - We also explored how an **individual's culture** might impact how they think about dignity. It might be a personal reflection and not shared with others.
- **What are you currently doing related to centering equity & racial justice?**
 - Providing patient education materials, health assessments, and interpretation in **multiple languages**.
- **What is your teams' thinking or plans related to centering equity & racial justice?**
 - We plan to incorporate lessons on dignity and racial equity in **future trainings**. All staff can benefit from these trainings.
 - Training will benefit **provider-patient relationships** AND **coworker relationships**.

Our Team is Excited About . . .

- Excited to focus on **building the environment** and **community engagement**.
 - We hope to shift staff perspectives to become **trauma-informed** and build **empathy culture** by emphasizing WHY we are doing this and how it impacts patients. This seems like it will be the most challenging aspect.
 - Look forward to **helping staff understand the patient's perspective** and bring in topics of dignity and racial equity.
- **Questions for other RBN teams:**
 - Besides mental health therapy, what other **community resources** can we provide to patients? Particularly resources outside of Chinese community.
- **Questions for RBN coaches/faculty and areas where support is needed:**
 - For NEMS' patient population, we need to find community support and resources with **Cantonese-speaking staff**.
 - How to **promote buy-in** from all levels of organization and leadership?

Thank you!



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MEDICAL SERVICES

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Coastal Health Alliance Site, Petaluma Health Center



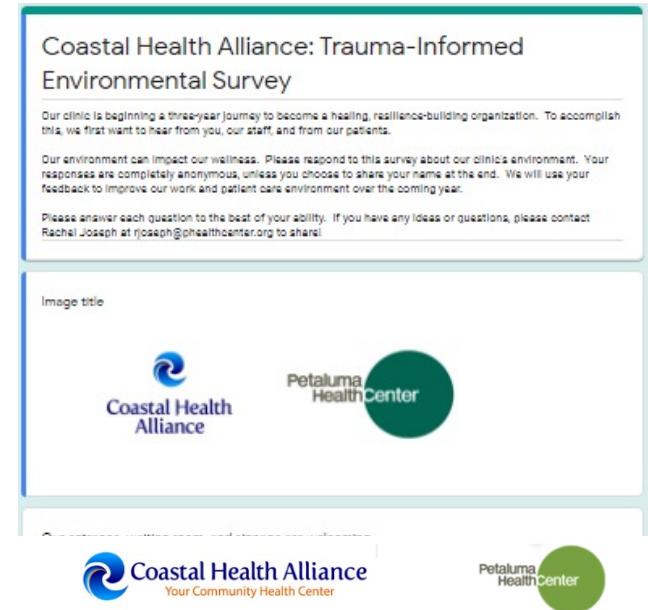
Current State Assessment: What We Learned

- **Our tools:** key-informant interviews, staff survey, and patient surveys
- **We surveyed and interviewed:**
 - 30 Staff of a variety of roles

Responses by Job Category		
Role	# of Responses	%
Administrative Staff (Call Center, Referrals, Billing)	6	20%
MA	7	23%
Provider	5	17%
Front Office	4	13%
Nurse	2	7%
Administrative Leadership	1	3%
Total Responses	30	100%

- 16 Caregivers & Family Members of children < 5

- **Up our sleeves:** We are in the process of coordinating meetings with the leads of community-based early intervention initiatives in our county; we look forward to sharing the outcome of these meetings!



Comienzos Resilientes: Encuesta Familiar y Comunitaria

¡Su familia es importante!

En Coastal Health Alliance, nos preocupamos por la salud y el bienestar de su hijo/a y su familia. ¡Ayúdanos a aprender un poco más sobre usted con esta breve encuesta! Sus respuestas nos ayudarán a servirle mejor.

1. ¿Cuántos años tiene su hijo/a?

0 - 1 año

3 - 4 años

1 - 2 años

4 - 5 años

Current State Assessment: What We Learned Internally

Environment

- Opportunities:
 - < 50% of staff felt that the clinic created a calming environment
 - Staff lack a quiet place to relax and restore when needed
 - Staff want the clinic to be more homey, to be explicitly welcoming to survivors of trauma, and to reflect our commitment to equity and diversity

“We have no visible information to make it a safe space for vulnerable groups...”

Clinical Practices

- Opportunities:
 - Less than 1 in 4 staff felt that our clinic trained them in concepts of trauma and resilience, or informed patients about trauma and resilience
 - Less than 4 in 10 staff believed that we offer information about trauma and resilience to patients

“I think our staff needs more training. [Caring for survivors is] hard, even for trained staff.”

Prevention and Promotion: Equity and Representation

- Opportunities:
 - < 50% of staff felt that the clinic space reflects the cultures of our patients
 - <10% of staff felt confident that we screen patient materials for racial, ethnic, and gender biases

“We have a diverse workforce, except for providers...”

Current State Assessment: What We Learned from Our Patients

Of 16 caregivers surveyed, access to and use of parenting supports varied by respondent primary language:

- 50% of English-speaking parents had attended a parenting group before; only 17% of Spanish-speaking parents had previously attended

Of those who never attended a parenting class:

- Spanish-speaking respondents cited **time**, **transportation**, and **communication** as barriers to attendance.
- English speaking respondents mostly reported that they hadn't participated in a class because **they hadn't considered it**.

- Sources of stress for patients and families touched on common themes:

- Child's behavior (32%)
- Isolation and the pandemic (25%)
- Need for material resources (money, housing, child care)

Resource Used (now or prior)	Spanish-Speaking	English-Speaking
Play group	0%	70% (7)
Parenting group	17% (1)	30% (3)
Behavioral/mental health services	17% (1)	20% (2)
School/daycare-based services	17% (1)	40% (4)
WIC	50 (3)	20% (2)
Head Start	-	-
Food Bank	50% (3)	10% (1)

Families identified common assets they use to manage stress:

"Space to play..."

"Getting out in nature..."

"Siempre vamos a la playa al necesitar sacar el estres y gritamos."

"Being able to communicate..."

"La comunicacion y el apoyo..."

"Nos queremos mucho."

"Care and love."

Current State Assessment: What We Learned from Our Patients

Our patients desire a variety of resources; **interest in types of support varied** by primary language of respondents.

Popularity	Spanish-Speaking	English-Speaking
1 st	Support with positive discipline	Opportunities for group play
2 nd	Opportunities for group play	Support with positive discipline Parenting education
3 rd	Mental health support (child) Mental health support (caregiver)	Mental health support (caregiver)
4 th	Parenting education	Mental health support (child)

How we are centering equity and racial justice in our work

- **From the March 4th Virtual Learning Session**, we were most impacted by the framework of the aquarium – the idea that in order to address inequity and racism, we must acknowledge the structures of oppression that keep us separate.
- Our site is early in studying the landscape of racial equity and racial justice, both **inside our practice** and **in our patient care**.
 - Our merge and the ongoing pandemic created a climate of **transition** and some sense of **uncertainty** and within our team. We have new staff and processes at every level. Today, we need ***collective healing***.
 - We are **beginning to establish trust** with one another and **establish new relationships and norms**.
 - We aim to understand our staff’s experiences of racial (in)equity and (in)justice within our organization to:
 - Make our clinic a responsive, anti-racist, and healing space for staff
 - Enable our team to support healing for our patients

Our Team is Excited About . . .

- **Getting geared up to:**

- Sharing our data with staff and patients, and deepening what we've already learned
- Using staff feedback to transform our **clinic environment** and culture to promote staff healing (and finding out how staff define how this might look)
- Planning staff trainings so that we can have a shared language about racial justice, equity, and trauma
- Building our clinicians' and staff's capacity to assess trauma and promote resilience among our patients
- Engaging our patients to design a prevention initiative that meets their diverse needs

- **Learning these things from other RBN teams:**

- How your teams are setting goals for your RBN work (in your small group? in collaboration with the larger clinic?)
- What tools you're finding are helping you to learn more about what your patients need
- How you're going about assessing your patients' and staff's experience of racism and other forms of bias