



CA Hub and Spoke AHP Coaching Session 4

Diversity, Equity and Inclusion



AHP SOR3 Hub & Spoke Team



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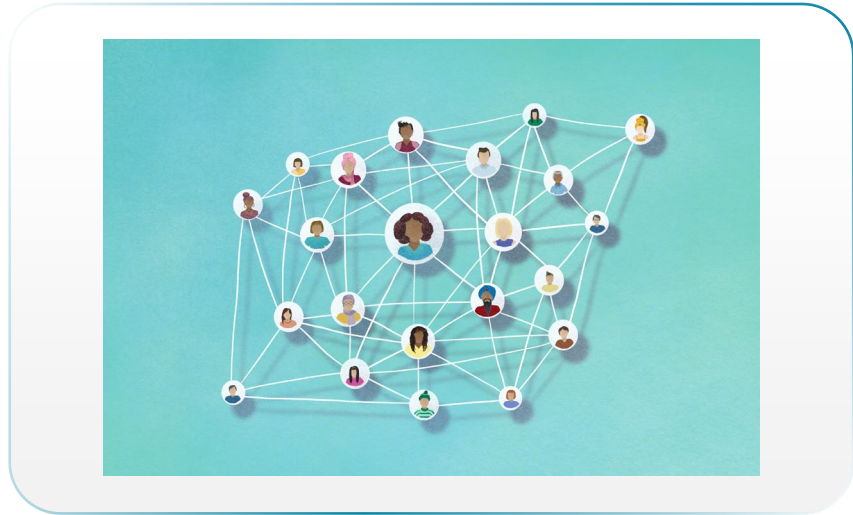
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Agenda

- 01 Agenda
- 02 Introductions/Ice Breaker
- 03 Attendance
- 04 DEI Poll Questions
- 05 DEI Definition, Education, Resources
- 06 Discussion on DEI Integration
- 07 Implementing and Integrating DEI at your site
- 08 GPRA
- 09 Contact and Questions

Introductions and Ice Breaker

Name and what site are you from?



Favorite self care activity?

• Roll Call!



Attendance is an important required deliverable of the grant.

01

If you have already said either verbally or in the chat your name and the organization you represent, **we have marked your attendance.**

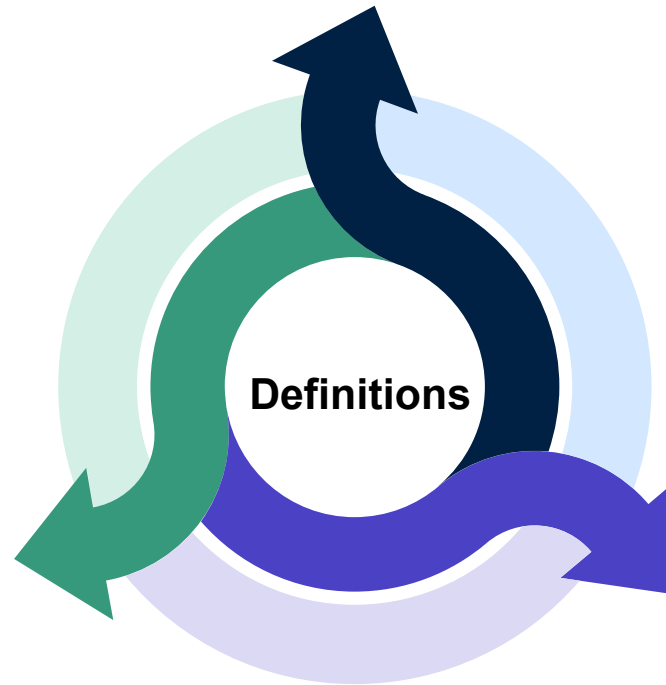
02

We will say the names of the organizations that we **have not heard from** yet to confirm someone is in attendance today.

Defining DEI

Racial Equity

Is the process of eliminating racial disparities and improving outcomes for everyone. Equality serves everyone the same, regardless of need. It is the intentional and continual practice of changing policies, practices, systems and structures by prioritizing measurable change in the lives of people.



Workplace DEI

It is defined as Diversity, Equity and Inclusion. Diverse staff provides equitable treatment and access to care for diverse clientele.

What DEI means for our patients

The opportunity to identify healthcare needs, seek health care services, and obtain them.

DEI Grantee Poll Questions:

DEI Related Questions:

- a. Name of your site
- b. Do you have any DEI initiatives at your site?
- c. Do you have a DEI specific position or roles at your site?
- d. Is cultural competency and DEI training provided at your site?
- e. Do you have diverse staff to help diverse clientele?
- f. Do you try to reach POC/particularly African American, Native American patients since they have highest rates of overdose?



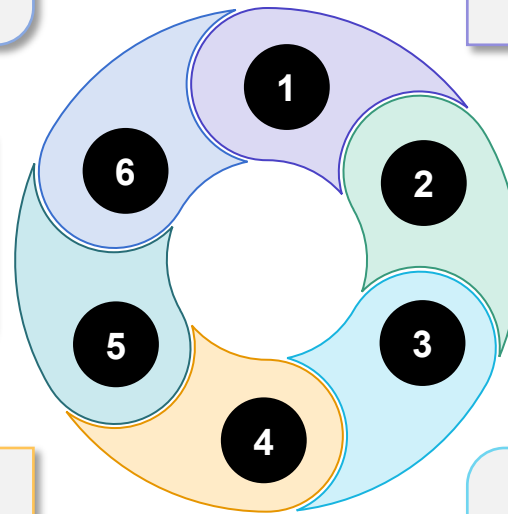
Defining DEI and Highlighting Benefits

Benefits of Prioritizing DEI at your Site

Higher employee retention and lower turnover which fosters a sense of belonging for employees.

Having a trauma informed/culturally competent approach for your setting and services can help patients feel understood and not stigmatized.

African American and Native American have the highest rates of overdoses and lack of access, prioritizing outreach to these communities is vital.



Having diverse staff can help diverse patients feel more comfortable.

Having DEI initiatives and setting goals for your site, will positively impact BIPOC patients.

Educating/Training on DEI or cultural competency will improve providers and staff knowledge. Therefore, they will be able to better serve diverse patients.

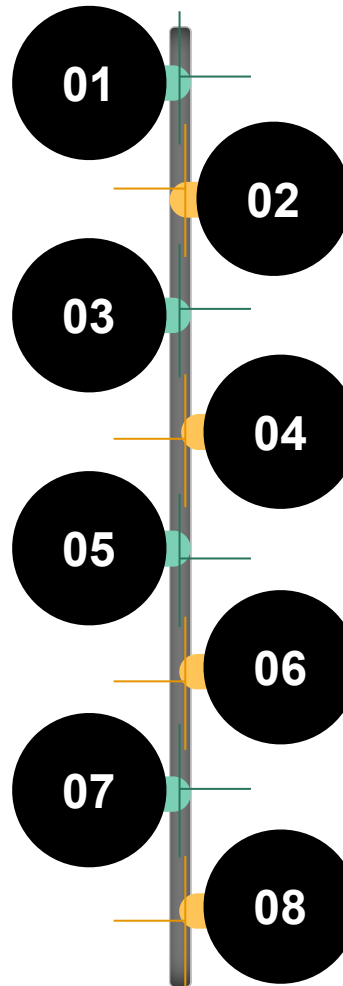
DEI RoadMap – Getting Started

Equity Audit/Assessment- take every quarter to turn the dial.

Internal Education/ Training on DEI or Cultural Competency- for all staff.

Attend /Participate in local outreach events that highlight services

More outreach to lower barriers of entry and establish relationships.



Next step Creating Capacity- Leadership involvement is a must to make change, assign leaders and DEI roles.

Creating a Workplan- Set clear goals and measure progress through evaluation

Look at DEI data on UCLA dashboard to get a baseline measurement.

Source: Charles Hawthorne Presentation RoadMap to Anti-Racist Programming on January 9, 2024, for the Provider Support Initiative hosted by UCLA ISAP

Recognizing and Addressing Barriers to Care

- **Implicit bias** - A positive attitudes toward whites and negative attitudes toward people of color. This implicit bias may be conscious or unconscious and therefor hard to identify. [Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review - PMC \(nih.gov\)](#)
- **Identified in CA-** African American and Native American have highest rates of overdose, and lack of access to proper care in California.
- **Lack of Goals and Metrics-** Look to UCLA data collected.
- **Inadequate Training-** encourage attend or watch recording of DEI- PSI webinar and Learning Collaborative
- **No Buy-In From Leadership-** Use data to show need, and targeted surveys to staff.
- **Budgetary Restrictions-** Create a plan with goals. Identify the policies and practices that need to change. Find new outreach tactics. Partner and build more community relationships. Encourage those leaders to champion the need for a more equitable budget to support the initiative.
- **Cultural Resistance-** “Usually, resistance is rooted in people assuming that DEI is only about race or women. You need to show the totality of DEI and how it benefits them.”

DEI Poll Question:

Are you already integrating or planning to integrate DEI at your site?



How are you integrating or planning to integrate DEI at your site/into your services?

You can do **DEI assessment** to assess for strengths and areas to improve, and whether there is equitable treatment being provided.

01

Sites who have DEI implemented- What's working? What **needs to be improved**?

04

Use the **Road Map and Implicit bias survey** to help improve DEI at your site

02

Sites who don't have it- What are **barriers** keeping you from having a DEI approach? Do you have plan to create a plan or initiative? Do you need help?

05

Some sites indicated that **BIPOC are underrepresented** at their clinics. What is your plan if this is the case at your site?

03

Grantees please share stories and resources with one another

06

Getting started- Implementing DEI at sites

RoadMap to Anti-Racist Programming

01.

Roadmap to antiracist programs and policies to promote racial equity.

- Equity Audit (Process utilized to assess and analyze how fair and equitable the org and their practices are.)
 - ID strengths and weaknesses as a team
 - Who is accessing our services?
 - How does that compare to the population in the area?
 - How are the people not accessing services different than the ones that are?
 - What do people and think about our services about our program?
- Tools:
 - Data Collection
 - Results Based Accountability (Form question you can be accountable with and measure

Getting started- Implementing DEI at sites

As a leader, what are the first steps I can take?

02.

Creating Capacity

- What person or people are the leaders of the DEI integration, assessment or initiative? Who are the support staff that can help? Assign people for different roles of DEI for site. Which DEI role are you?

03.

Provide Internal Education

- Training and education, skill development ie cultural competence and trauma informed care approach, cultural transformations in order to recognize and change bias. Review and revise policies to remove barriers to care. Lastly conduct community engagement.

04.

Create a Work Plan:

- Build this into current strategic plan, add equity piece to team, and time for equity reports. Conduct assessment to identify strengths, improvement to be made, and get leadership involved. Set clear goals, create metrics to evaluate progress.
- Source: Charles Hawthorne Presentation RoadMap to Anti-Racist Programming on January 9, 2024 for the Provider Support Initiative hosted by UCLA ISAP

Implementing DEI- Recognize/ Address Implicit Bias

1. Given the studies that show healthcare providers have positive perception of Caucasian and negative perception of POC, and the fact Native and African American have highest rates of overdose and barriers to access to care doing research, reading resources and using tools for recognizing **Implicit bias and addressing it** is vitally important to do at your site.
2. You may find information, videos, a guide to get started, a guide for facilitators and more from the American Academy of Family Physicians organization. [Implicit Bias Resources | AAFP](#)
3. You may find information, videos, and other resources here. [Implicit Bias Resources - Health Care Access Now](#)
4. This Implicit Project was created by scientists to help with disparity in healthcare. On their website you may learn about their project, their research, publications, use study material, take the test, or use one of their consulting services for programming or education at your site. [The Project Implicit Team – Project Implicit](#)
5. Please find the Implicit Bias survey that providers may take here: [Project Implicit \(harvard.edu\)](#)

Employing Diverse Staff-Helps Overcome Barriers

- Health-care disparities have long existed for racial and ethnic minority populations, and these shocking differences in health care continue to result in individuals from these groups suffering disproportionately, and often unnecessarily, from treatable, curable, or preventable diseases.
- Research has shown that if these diverse patients see themselves within the healthcare workforce, they are more likely to trust their healthcare provider. They are also better able to communicate their condition, more likely to understand and follow their prescribed treatment, and more satisfied with their healthcare.
- Diversity in any workplace means having a workforce comprised of multiple races, ages, genders, ethnicities, and orientations. In other words, it refers to when the medical and administrative staff of a healthcare facility represents a wide range of experiences and backgrounds.
- POC are underrepresented in healthcare profession, please hire more it will help both the company's productivity, and the BIPOC patients experience and outcomes.
- Source: Fact Sheet: The Need for Diversity in the Health Care Workforce by Health Professionals for Diversity (HPD) is a coalition of organizations and individuals [Microsoft Word - Document9 \(aapcho.org\)](#)
 - **Last Resource-** [Chapter 10. Addressing Diverse Populations in Intensive Outpatient Treatment - Substance Abuse: Clinical Issues in Intensive Outpatient Treatment - NCBI Bookshelf \(nih.gov\)](#)

URGENT – GPRA submissions needed

URGENT - GPRA survey submissions are low in the state of CA.

SOR3 H&SS is launching a GPRA Campaign !!!

- State goal of 16,000 GPRA surveys over the SOR3 H&SS Performance period.
 - Presently we are at 5853 submitted surveys.
- A SURVEY coming out soon to assess why numbers are low for H&SS-funded sites.
- A meeting request will be sent out to all sites with low GPRA submissions.
- GPRA Submissions are a required deliverable for H&SS that is evaluated in the invoicing approval process.

Who gets a GPRA

- Clients who receive opioid or stimulant use treatment or recovery services with SOR 3 funding should complete GPRA surveys. This includes:
 - Clients who are under- or un-insured, who are receiving medication, counseling, or other services funded by the grant.
 - Clients who receive medical services (medications, screening, immunizations, etc.) from a physician, nurse or other provider whose salary is funded by the grant.
 - Clients who receive counseling, peer support, or case management services from a staff member whose salary is funded by the grant.
- Follow-Up surveys and Discharge surveys are important too – give incentive gift cards.
- We understand the struggle of having clients complete GPRA surveys. Suggestions to encourage clients:
 - By completing the survey, clients are helping others receive services.
 - Helping the State of CA and the facility to continue to receive funding.
 - Data collected through GPRA surveys can be used for presentations, grant writing and reporting.
 - Incentives moving forward for Follow-Up and Discharges surveys.

Solutions and Helpful Resources

- **Check your work** make sure you see your intake in the RedCap - GPRA portal.
- **Be Pro-active** - Contact us sor3ae@ahpnet.com if you know your GPRA numbers are low.
- **Easily accessibility** - SOR3 will pay for tablets, and laptops to improve mobile access for completing and submitting GPRAs. This can significantly increase completion rates. Tablets and laptops are an allowable cost with H&SS.
- **Hire someone** just for GPRA or use someone you already employ and pay part of the salary out of H&SS grant funds.
- **Hang Flyers** in English and Spanish [GPRA Resources for SOR Contractors - DHCS Opioid Response \(californiaopioidresponse.org\)](http://californiaopioidresponse.org)
- **GPRA resource link** [GPRA Resources for SOR Contractors - DHCS Opioid Response \(californiaopioidresponse.org\)](http://californiaopioidresponse.org)
- **The FAQ** is a useful resource [CSAT GPRA Frequently Asked Questions \(californiaopioidresponse.org\)](http://californiaopioidresponse.org)
- **Email** DHCSReporting@Aurrerahealth.com for additional information, or if they'd like to have a 1:1 meeting with Aurrera to discuss your organizations GPRA submissions.
- **The data collected** can be use for future grant writing, presentations and reports. You can look up your site-specific REDCap url in the handbook in the Grantee Portal of [Home - The California Hub and Spoke System \(cahubandspoke.com\)](http://cahubandspoke.com)

Coaching Call Help

ANY Questions about GPRAs, DEI or other SOR3 matters?

- A copy of this PowerPoint will be sent and posted on the SOR3 website for reference.
- If you need help after the Coaching Call please email for an appointment.
sor3ae@ahpnet.com



Any Questions and Contact?

Contact us at:

- Doveina Serrano dserrano@ahpnet.com
- Susan DeSalvo sdesalvo@ahpnet.com
- Admin Team sor3ae@ahpnet.com
- Kaitlyn Miller kmiller@ahpnet.com

***If you missed roll call/attendance please put your name and site/location in the chat to get your site credit.**

THANK YOU FOR ATTENDING TODAY!!!



Summary of -TOP FINDING from LC- What needs to be addressed to increase equitable access to care?

01. Increasing access to transportation.

02. Provide adequate insurance.

03. Dedicated outreach to different populations to veterans, LGBTQ, tribes, minorities.

04. Keeping equity clearly in focus and at the front of our minds.

05. High overdose and deaths documented for the unhoused population.

06. Retaining/recruiting Bilingual Spanish staff.

07. Network with county partners that have minority advocacy programs.

08. Need to build stronger community relationships.

09. Barriers to cell phone services.

10. Visibility, especially if located in a rural area. Geographical isolation/different cultures are receptive to care in different ways.

11. Stigma related to services provided.

12. Release from prison with no access to care.

Summary of steps sites will take in this quarter from LC

- Reduce stigma through being a site roll modeling DEI
- Implementing cultural humility trainings to expand and introduce staff to different cultures and services.
- Implementing groups for specific populations, get feedback from people with lived experience.
- Ensure that clients are being seen and heard and not just medicated.
- Outreach and Network with other organizations to increase access for minority populations.
 - Outreach to Faith based community, local fire departments
 - Implement street medicine team to outreach and treat OUD unhoused population
- Attending different community events- to informed community of resources.
 - Hold community talks for education on resources.
 - Work with county behavioral health and equity team to determine gaps and better serve marginalized groups.
- Provide “Connections to Care” to implement MAT in jails/criminal justice population, with warm handoff to treatment upon release.
- Increasing advertisement services – local news papers, online newspapers, social media, billboards, bus ads, flyers
- **Identify and evaluate steps we can take to increase services to different populations.**
- Translation materials to other languages.
- Hire bilingual and multicultural health staff.
- Use 3rd party for translation if needed and publicize that programs have translation services.
- Use Telemedicine to help with transportation issues (telehealth equipment for facilities is an allowable cost with SOR3 funds)
 - Use mobile unit to offer MAT that goes out to the community. i.e. shower trailer