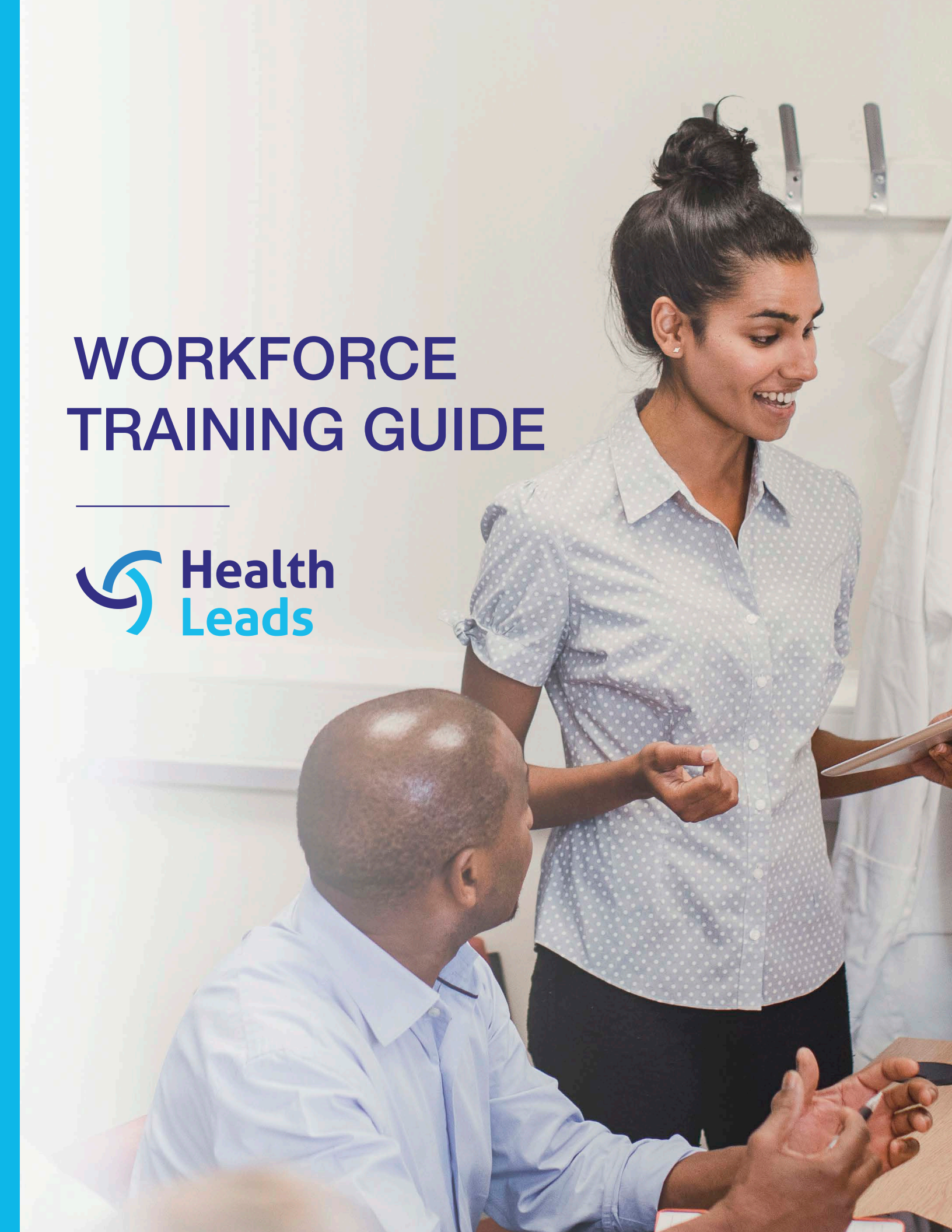
WORKFORCE TRAINING GUIDE

Health Leads



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Overview

For over 20 years, Health Leads volunteer student Advocates played a critical role in connecting patients to essential needs such as housing, food, and legal services. Today, a range of workforces beyond clinicians - including community health workers, promotoras, and patient navigators - are becoming increasingly critical to building healthy communities. Although this training manual was designed specifically for Health Leads Advocates, we believe many of the activities, discussion guides, and facilitation tips will be helpful to any workforce providing navigation services to patients and their families. Rooted in our past learning and experiences, we hope this manual will serve as a helpful tool for the very relevant challenges and opportunities that remain in healthcare today.

While using this manual, we encourage you to tailor content to your own organization. To support this process, you will find Differentiation sections throughout the manual that provide tips on how to ground conversation in your organization's unique mission, values, and technology platform.

ABOUT US

Health Leads is an innovation hub that runs both national and local initiatives that address the deep societal roots of racial inequity that impact our health. A non-profit founded in 1996, the organization helped set the standard for health systems and clinics looking to integrate programs that connect people to essential health resources like food, heat and housing. Today, Health Leads is focused on helping build partnerships and redesign systems so every person, in every community, can live with health, well-being and dignity. For more information, including a complete Resource Library with toolkits, webinars and other tools, visit www.healthleadsusa.org.

Welcome

INTRODUCTION TO WORKFORCE TRAINING GUIDE 5-7

TRAINING FRAMEWORK 8

ADVOCATE AND FAMILY STRENGTHS 9-11

Introduction to Workforce Training Guide

APPROACH VS. PRACTICUM

The training curriculum is divided into two styles of sessions. Approach sections are designed to help patient navigators develop their style of interaction with clients. These sessions will help patient navigators develop HOW they will perform their duties in a values- and strengths-based manner. Practicum sessions will help patient navigators learn WHAT skills are needed to effectively perform their job duties.

FACTS VS. SKILLS

Patient navigators often enter training with the expectation that training will cover every fact and detail about resources in the community. This training will not do that! As a trainer it is important to be clear with patient navigators that we are emphasizing the basic skills they need to get started working with clients on day one. Their learning will continue throughout their entire time as a patient navigator.

EXPERIENTIAL LEARNING

This curriculum is not only a training. It is an opportunity to introduce patient navigators to an organization's values and community. Ensuring patient navigators feel part of a team, supported in their learning, and celebrated in their growth is a critical aspect. A successful facilitator will be present and responsive in not only teaching knowledge and skills to patient navigators, but engaging with them on an emotional level.

ENERGY

Pay attention to the non-tangible aspects of training, such as how patient navigators are welcomed when they enter the training space, how the energy feels in the room, and whether patient navigators are socializing with other patient navigators or veteran patient navigators.

SUGGESTIONS FOR AN ENGAGED AND PRESENT AUDIENCE

- Have name tags available and make sure patient navigators keep them on
- Keep your patient navigators fed and watered; we do our best learning when we are comfortable.
- Stay flexible with your facilitation. Notice when the group is not attentive and use these suggestions: do a quick energizer, take a two minute break, ask patient navigators to change seats, etc.
- Prep supplies and have a "back of house" co-facilitator pass out supplies, ensure AV works etc.
- Switch up your facilitation duties so that facilitators are present and engaged.

WORKING WITH THIS CURRICULUM

When planning to facilitate a session, review all the content and determine what mixture of activities will best serve the needs of your trainees. For every unit, the goal should be to present the essential question of the session and the unit. It may not be necessary to include every activity in a session to reach that goal. The essential questions and understandings for the unit should be your guide in determining what to include.

INTRODUCTION TO A UNIT

The Essential Questions, Understandings, Skills, Link and Goals sections are all the foundational information needed to present a unit. The trainer should have a clear sense of each.

Essential Questions

Use the unit plan to choose which essential questions and sub-questions are being directly addressed by this training activity. These questions should provide the "why" or the purpose of this training activity. As the training activity is developed, make sure each section is aligned with the essential questions you are addressing.

Understandings

Use the unit plan to choose which understandings will be fostered during this training activity. These understandings should flow from the essential questions selected above. The understandings are the concepts the trainees need to grasp in order to perform their roles as patient navigators.

Skills

Use the unit plan to choose the specific skills that will be developed and practiced during this training activity. These are the skills the trainees will need to effectively perform their roles as patient navigators.

Link

Connect this training activity to background knowledge, previous experiences, or information taught earlier. Be explicit about how information, understandings, and skills are connected.

Goal For Learning Activity

Explicitly state the purpose of this learning activity to the trainees as their goals. The goals should be created from the essential questions, understandings, and skills sections. The goals are stated in the voice of the Advocate so the trainees are clear about what they are working towards. The goals should be posted for all trainees to clearly see at the start of each training activity. The trainer can also verbally explain these goals in a conversational way.

OUTLINE FOR LEARNING

The next three sections are the facilitated part of the curriculum. Each unit has three elements; Modeling ("I do"), Active Engagement ("We do"), and Assessment ("You do"). These sections allow for the patient navigators to fully absorb the skills and understandings needed.

Modeling

This is the "I do" component of the lesson, where the trainer models what the trainees are expected to do in order to accomplish the goals listed above. The demonstration should be explicit.

Active Engagement

This is the "we do" component of the lesson, where the trainees and trainer work together to accomplish the goals. Think of this as guided practice, where the trainees are using their understandings and trying out the desired skills, but still have the support from the trainer. Allowing the trainees to work in groups enables all participants to be actively involved in their own learning. The sharing and feedback from the trainer allows the trainer to informally assess which groups or trainees need more support to accomplish the goals as they continue to practice.

Assessment

This is the "you do" component of the lesson, where the trainees have an opportunity to independently demonstrate their ability to accomplish the training activity's goals (including the desired understandings and skills). This section should be done with minimal to no trainer support. The product of this section can be used to assess individual trainees' progress towards the training activity's goals. There are assessments listed within each training activity, but the trainer may choose to use only some or one of the assessments for each unit. Make sure to use at least one assessment for each unit.

ADDITIONAL NOTES FOR THE TRAINER

At the end of each section, there are sections which are helpful for the trainer to use when teaching the session.

Differentiation

This is the place to describe how a trainer should break down the activity, provide further support for a less experienced group, and/or push a more experienced group to higher expectations or deeper levels of inquiry. This is also where suggestions will be made for groups to adapt the training for organization outside of Health Leads.

Materials

A list of the materials needed to perform this training activity.

Helpful Hints

A list of any suggestions that might support a first-time trainer or reminders to

Training Framework

WORKFORCE TRAINING GUIDE'S I.D.E.A.L. FRAMEWORK

Each of the sessions in Training Guide relates to one of these learning goals. At completion of Training Guide, patient navigators will be competent in these areas, which are all part of the client intake and the work that patient navigators will do with clients.

Introductions:

"Hello"

Dedicate time &...

Importance of being in the moment with families

Explore

Understanding families' circumstances

Assess the resources

Asking the right questions to find the best fit

Linking families to services

Plan, prioritize, proceed

Welcome:
Advocate and Family Strengths

45 MINUTES

Essential Questions

How do my beliefs connect to the vision of my organization and how can I support their mission?

- How can I benefit from working as part of a team?
- How can I contribute to the team?
- How can I impact families and the health care system through my work?

Understandings

- When working as an Advocate, one demonstrates leadership by setting a standard for quality care and, through the work, builds their own leadership skills
- Patient navigators AND families are both essential members of the Health Leads team and each bring their own unique strengths

Skills

- Identify their own strengths that contribute to the capacity of the Health Leads team
- Identify the families' strengths that contribute

Link

TIME: 2 MINUTES

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Identify my own strengths that contribute to the capacity of the Health Leads team

Goal #2:

Identify the families' strengths that contribute to the capacity of the Health Leads team

Modeling

TIME: 13 MINUTES

For this activity, move through each step for section A (modeling, active engagement, application) before then moving through each step for section B (modeling, active engagement, application).

a. Explain that the patient navigators bring many strengths to the Health Leads team. It's important that we are able to acknowledge our own strengths and recognize strengths in our team members. Introduce an Advocate who will model by saying:

   My name is

   A fun fact about me is

   A belief/experience/skill that is a strength I bring to the team is

Active Engagement

TIME: 20 MINUTES (10 MINUTES FOR A AND 10 MINUTES FOR B)

a. Ask each trainee to write down their own introduction, fun fact, and strength so they can focus on what others say. Then have each team share aloud. The color team leaders will record the strengths on the left hand side of a T-chart as they are shared aloud.

b. Then explain that other critical members of our Health Leads team are the clients. We are not doing this work for families, but rather WITH them. The families we serve bring incredible strength to our team.

c. Ask an Advocate to read a client story aloud.

d. Ask the trainees to discuss with their teams the strengths they believe the client possesses (based on the story they just heard). The color team leaders will record the strengths on the right hand side of a T-chart as they are shared aloud.

Application/Assessment

TIME: 8 MINUTES (5 MINUTES FOR WRITING, 3 MINUTES FOR MOTIVATION)

Journal:

Ask the trainees to write an explanation of how their strengths will contribute to the team.

After they complete the above writing task, ask the trainees to look back at the T-charts posted around the room, focusing on the extraordinary strengths that are flowing into the work done by the team. Ask trainees to stand if they are ready to join the team (this should be said in a motivational, inspiring way). When people stand, tell them to look around at their teammates and to take stock of the MANY strengths they possess—THIS is what's going to make it possible to realize the vision of Health Leads!

Differentiation

- If trainees are already very familiar with one another, skip the introduction component.
- The written assessment could be combined with the writing for sharing out their strengths piece during the active engagement.
- If you are doing this training outside of the Health Leads context, use your own organization's mission and vision statements and ask clients to stand up to join YOUR organization during the final application.

Vocabulary

- Strengths
- Team

Materials

- T-charts on chart paper
- Markers
- Client story to read aloud
- Companion Guide (or paper)
- Pens

Roles and Responsibilities

Roles and Responsibilities

UNIT OVERVIEW 13-14

ROLES AND SUPPORT STRUCTURES 15-20

UNIT WRAP UP 21

Roles and Responsibilities: Unit Overview

47 MINUTES

Essential Questions

How can I benefit from working as part of a team?

- How can I contribute to the team?
- How do I know when to consult other team members to best support a client?
- How can I impact families and the health care system through my work? How do I establish a trusting, safe space with my client?
- How do I keep both my client and myself safe throughout our interactions?
- How do I communicate concern without damaging my relationship with the client?
- How do I know when to consult other team members to best support a client?

Important Understandings

- Patient navigators AND clients are both essential members of the Health Leads team and each bring their own unique strengths
- A successful team requires the contribution of all members.
- The members of a team possess distinct skills and areas of expertise that complement one another.
- A team's success depends on all members having a strong understanding of the definition of their own roles and the roles of their team members.
- On the Health Leads team, the client should drive the work and the other members should be working to support movement towards the clients' desired goals.
- The Advocate's responsibilities are to receive clients through clinic screenings, do intake conversations with clients, to link clients to resources, create an action plan with the client, follow up with a client, provide updates to the provider, respond professionally and in a timely manner to clinic inquiries, and dedicate 8-10 hours/week to Health Leads activities.
- The role of the Advocate is distinct from the role of a social worker or mental health provider.
- An Advocate never works alone. They will always be supported by a team.
- The Program Manager or Coordinator's responsibility is to support the work of the patient navigators by helping to clarify confusions, prioritize work, provide constructive feedback, and strategically problem solve.
- Issues that involve mental health, domestic violence, or substance abuse are considered red flags and require the Advocate to seek support from the program manager or coordinator and the social worker/mental health provider, depending on the protocol of your site.

Skills

- Set expectations with clients
- Work within the boundaries of one's role
- Recognize signs (red flags) that indicate more support is needed
- Consult other team members when the situation necessitates it

Assessment

Role play a situation that involves recognizing red flags and reaching out for help

Content

- Elements of a successful team
- The organizational structure of Health Leads
- Issues that are red flags

Differentiation

If you are doing this outside of a Health Leads context, the concept of working as a team should still be applicable, but be sure to make adjustments to ensure that the training speaks directly to the team

Vocabulary

- Advocate
- Advocate Association
- Behavioral Specialist
- Campus Coordinator
- Client
- Clinical
- Managing Director of Programs
- Mental Health Provider
- Nurses
- Physician
- Physician Assistant
- Program Coordinator
- Program Manager
- Resource Coordinator
- Social Worker
- Surgeon
- Triage Coordinator
- Technician

Roles and Support Structures

42 MINUTES

Essential Questions

- How can I benefit from working as part of a team?
- How can I contribute to the team?
- How do I know when to consult other team members to best support a client?
- How can I impact families and the health care system through my work?
- How do I establish a trusting, safe space with my client?
- How do I keep both my client and myself safe throughout our interactions?
- How do I communicate concern without damaging my relationship with the client?
- How do I know when to consult other team members to best support a client?

Understandings

- Patient navigators AND clients are both essential members of the Health Leads team and each bring their own unique strengths
- Successful team requires the contribution of all members.
- The members of a team possess distinct skills and areas of expertise that complement one another.
- A team's success depends on all members having a strong understanding of the definition of their own roles and the roles of their team members.
- On the Health Leads team, the client should drive the work and the other members should be working to support movement towards the clients' desired goals.
- The Advocate's responsibilities are to receive clients through clinic screenings, conduct intake conversations with clients, link clients to resources, create an action plan with the client, follow up with a client, provide updates to the provider, respond professionally and in a timely manner to clinic inquiries, and dedicate 8-10 hours/week to Health Leads activities.
- The Program Manager or Coordinator's responsibility is to support the work of the patient navigators by helping to clarify confusions, prioritize work, provide constructive feedback, and strategically problem solve.
- The role of the Advocate is distinct from the role of a social worker or mental health provider.
- Issues that involve mental health, domestic violence, or substance abuse are considered red flags and require the Advocate to seek support from the program manager or coordinator and the social worker/mental health provider.

Skills

- Work within the boundaries of one's role and learn how to explain this to clients
- Recognize signs (red flags) that indicate more support is needed
- Consult other team members when the situation necessitates i

Link

TIME: 7 MINUTES

Tell trainees:

Today we have discussed how working with Health Leads involves joining a team. Now, I'd like for you to think about a team you admire. It could be a professional sports team, the cast of a TV show, or a team you have personally participated on. As you think about that team, consider what makes their work together successful? What qualities does the team possess that makes it great?

As the trainees share out answers, record them on chart paper.

Then ask the trainees:

Who are the people who contribute to the team? Once they are focused on the idea that people contribute in different ways to making a great team successful, choose one example the trainees have shared and ask what happens if one member decides to do the job of another member (For example: What happens if the power forward from the Chicago Bulls decides he needs to spend time cataloging equipment or managing finances?). Work to elicit the consequences (he is missing practice, he may not be able to do those jobs as well as the people who normally do them, he may lose focus on the game.) The idea is to help the trainees to see that when a team member steps out of their role, the performance of the whole team can suffer.

Explain to the trainees:

A team's ability to function depends on good role definition. At Health Leads, the organization's success depends on all members fulfilling their roles to the best of their ability and understanding the roles other team members play. Each role complements the others and, therefore, everyone must work within their roles for the team to safely and smoothly support families.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Set clear expectations with clients of the ways in which my role allows me to support them

Goal #2:

Work within the boundaries of my role as an Advocate

Goal #3:

Recognize signs (red flags) that indicate I need to seek support from a Program Manager or Coordinator

Goal #4:

Know who to consult on my team when I need more support

Modeling

TIME: 10 MINUTES

Remind trainees that the client is an incredibly important member of the Health Leads team. The client drives the work. The rest of the Health Leads team works in support of the client. Then explain that you are going to review the Health Leads team members and the responsibilities that correspond with each role.

Use the power point to show each role and responsibility, but rather than read from the slides, connect to the specifics for those roles within your region for Health Leads and clinical staff and allow the slides to provide visual reinforcement.

If you are a Health Leads site: The following roles should be discussed (the responsibilities for each role are listed in the Power Point slides):

Client, Advocate, Campus Coordinator, Program Coordinator, Triage Coordinator, Resource Coordinator, Advocate Associate, Program Manager, and Managing Director of Programs.

For other sites: spend some time discussing who will be interacting with the trainees and how they will be supported in their work.

Go into the most detail for the Advocate's responsibilities:

- Receive clients through clinic screenings
- Do intake conversations with clients to link clients to resources
- Create an action plan with the client
- Follow up with a client
- Provide updates to the provider
- Respond professionally and in a timely manner to clinic inquiries
- Dedicate 8-10 hours/week to Health Leads activities.

The following Clinical roles should be discussed:

Nurses, Physician Assistant, Social Worker, Mental Health Provider, and Behavioral Specialist.

Then explain to trainees:

As you can see, your jobs as patient navigators are incredibly important. However, you are not the only team member. It is essential to remember what falls under your responsibilities and, when you encounter something that is not your responsibility or you're not sure about, you should reach out to the person whose responsibility it is. If you're not sure, you can always go to your Program Manager or Coordinator.

Active Engagement

TIME:15 MINUTES

Divide the trainees into their color teams. Each team will have a story about a client to read. The trainees on each team will work together to determine which team members should be involved/fulfill the responsibilities described within that story. Give the teams 5 minutes to discuss amongst themselves, and then have them share out with the group.

Story #1:

Advocate Sally is working with a single teenaged mother who initially came to the desk looking for help enrolling her newborn child in health insurance, applying for WIC, and possibly getting a legal referral for issues she was having with her landlord. The Mom is really responsive to Sally's calls and initially Sally was calling Mom twice a week to make sure she had everything she needed for the applications.

Sally has been working with this mother for 4-weeks but hasn't contacted the family at all in the last 12-days. Sally has been feeling really overwhelmed because she has two exams and a midterm this week and isn't sure how to balance Health Leads and her academics.

Which member from the team should Advocate Sally reach out to in this situation?

After the color teams that worked on this story share out, show the slide of the Program Manager/Program Coordinator (depending on your region's preference). Explain that this person should be their first line of support and patient navigators should feel comfortable bringing any concerns or to talk through any situations in which they feel unsure or doubtful.

Story #2:

A family walks up to the desk with a referral that has the following needs checked-off: Food Pantries, Food Stamps, After-school Care, ESL, Diapers. During the conversation Dad tells Advocate Abe that he is also really worried about his bills and is concerned that his lights may get turned off soon.

Dad tells Advocate Abe that it is really stressful working two jobs and he sometimes just doesn't know how to make ends meet. At the end of the time at the desk, the Dad tells Advocate Abe that he really hopes they can help and he is really glad he came over today because he doesn't know what he would do without this help.

Who should Advocate Abe contact for support with this case?

Again, show the slide of the Program Manager/ Coordinator (depending on regional preference) and connect the idea that patient navigators should feel comfortable checking in frequently with this person, especially after meeting new clients whose cases are multi-faceted. The Program Manager/Coordinator is there to support the work of the patient navigators by helping to clarify confusions, prioritize work, provide constructive feedback, and strategically solve problems. Emphasize the fact that there is a support structure in place for any need that arises during an Advocate's work with a client.

Story #3:

Advocate Adam receives a referral from Dr. Leads for a mother who recently moved and needs furniture and clothing for her three children, ages 3, 5, and 12. While Adam is doing his initial intake to get information, the mother discloses to Adam that she may have to move again soon because her housing isn't safe.

When he asks what she means by that she reluctantly replies, "I'm afraid that my husband knows where I am staying. I had to move to get away from him, he has hit me and the children in the past and I am worried that he will do that again." The mother asks Adam not to say anything to anyone. On the call Adam listens carefully and with compassion to the mother.

After Adam hangs up the phone, to whom should he reach out to for support with this case?

After the color teams share out their thoughts on this case, show the slide for the mental health provider/social worker to remind them of the responsibilities connected to this role. Remind the patient navigators that mental health providers and social workers are trained professionals with certifications, much like the doctors in the hospital. Providing the best service possible to clients means being clear about when an issue needs to be passed on to another team member.

Patient navigators are not trained to handle issues of domestic violence, substance abuse, or mental health. These issues are known as red flags. When a client indicates that they are facing one of these issues, it is essential for patient navigators to reach out for support from their Program Coordinator/Manager and the Social Worker/Mental Health provider. Let trainees know that it's ok to reach out for help even if it's not an obvious red flag issue. patient navigators should always "trust their guts" and if they feel like something is not right, they should follow that instinct and reach out for support. If an Advocate is concerned about the client's safety or their own safety, that IS a red flag!

Explain:

Clients may want you to step outside your role to help them because they trust you. You may feel pulled to step outside your role because you are so motivated to help. This is often particularly true for bilingual patient navigators who work with clients who do not speak English. While on the surface it may appear to help, going outside of your role sets a client up for unrealistic expectations and doesn't let them get the best possible service from individuals who are trained to provide it. It can also lead to Advocate burnout. It is important to stay in your role, but to support clients in getting the help they really need. It's important to be sensitive to the fact that clients may not like the idea of you bringing in someone else, but you must assure them that while you will continue to support them, they need an expert to help with that particular issue. Do your best to put clients at ease with the new team member you are bringing in on their case.

Application/Assessment

TIME: 8 MINUTES

Tell trainees that just like in that last scenario, sometimes red flags will come up during intake conversations that should immediately alert patient navigators to seek the support of other members of the team.

Pair Share

Turn to a partner. Read the following scenario and work with your partner to generate a few sentences the Advocate could say to the client to let them know that the Advocate is reaching out for a help in a way that maintains the Advocate-client relationship.

Scenario #1:

A father of two is at the clinic. While discussing the safety of his living situation, he reveals that he has not been able to pay the utilities because he has become addicted to pain killers after he hurt his back at work a few months ago. He is very embarrassed and has not told anyone else about this.

Then ask the trainees to switch roles and play out the following scenario:

Scenario #2:

A young mother of a 5 year old reveals that she recently had a miscarriage and has had trouble getting out of bed many mornings. Sometimes she just can't get the energy to go food shopping or to bring her son to school.

After they have done both scenarios, have them share out any strategies or phrases they used that helped them navigate the conversation around bringing in more team members for support.

Differentiation

For patient navigators who may have more experience working with clients, have them reflect on when they have needed to seek support from other team members. For patient navigators with more experience, ask them to identify moments when they recognized (or should have recognized) a red flag and reflect on how those situations played out. If you are doing this outside of a Health Leads context, make sure to substitute the important roles from your organization and share their responsibilities and how they support the work of the patient navigators.

Vocabulary

- Client
- Advocate
- Campus Coordinator
- Advocate Associate
- Program Coordinator
- Triage Coordinator
- Resource Coordinator
- Program Manager
- Managing Director of Programs
- Clinical
- Technician
- Physician
- Surgeon
- Nurses
- Physician Assistant
- Social Worker
- Mental Health Provider

Materials

- Powerpoint
- Chart paper
- Markers

Roles and Responsibilities: Unit Wrap Up:

5 MINUTES

Re-state Essential Question 1

How do my beliefs connect to the vision of Health Leads and how can I support their mission?

- How can I benefit from working as part of a team?
- How can I contribute to the team?
- How do I know when to consult other team members to best support a client?
- How can I impact families and the health care system through my work?

Ask trainees to share out their answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Remember, today we discussed our Health Leads team and how, in order to be successful, it requires the contribution of all members. The members of our team possess distinct skills and areas of expertise that complement one another. All Health Leads members must understand the definition of their own roles and the roles of their team members. On this team, the client should drive the work and the other members should be working to support movement towards the clients' desired goals.

We zoomed in on the Advocate's responsibilities, which are to receive clients through clinic screenings, conduct intake conversations with clients, link clients to resources, create an action plan with the client, follow up with a client, provide updates to the provider, respond professionally and in a timely manner to clinic inquiries, and dedicate 8-10 hours/week to Health Leads activities.

We also learned that patient navigators have a strong support system as the Program Manage or Coordinator's responsibility is to support the work of the patient navigators by helping to clarify confusions, prioritize work, provide constructive feedback, and strategically problem solve.

Re-state Essential Question 2

How do I establish a trusting, safe space with my client myself?

- How do I keep both my client and myself safe throughout our interactions?
- How do I communicate concern without damaging my relationship with the client?
- How do I know when to consult other team members to best support a client?

Ask trainees to share out their answers

- (Accept 2-3 brief contributions from the trainees)

Skills Developed

Once you have established a trusting relationship with your client, it is possible that they may share information that necessitates reaching out for more support from your team members. Remember, even though you will really want to help in those moments, the role of the Advocate is distinct from the role of a social worker or mental health provider. It's important that you let trained professionals handle red flag issues that involve mental health, domestic violence, or substance abuse.

Advocacy & Assumptions

Advocacy and Assumptions

UNIT OVERVIEW ____ **23-24**

UNDERSTANDING CULTURE AND OURSELVES ____ **25-27**

ASSUMPTIONS AND THE ICEBERG ____ **28-31**

BUILDING A SHARED VISION FOR SERVING FAMILIES ____ **32-33**

UNIT WRAP UP ____ **34**

Advocacy & Assumptions: Unit Overview

155 MINUTES

Essential Questions

How does my cultural lens impact the way I think, speak, and react to my clients?

- How do I recognize the assumptions I make about my clients?
- How do I keep those from hindering the development of my Advocate-client relationship?
- How do I establish a trusting, safe space with my teammates with my client?
- How do I let my teammates and my client know they can feel safe being vulnerable with me?
- How do I acknowledge my own assumptions in order to prevent them from hindering the development of my Advocate-client relationship?

Understandings

- A person's culture includes communication, relationships, rituals, roles, languages, beliefs, practices, customs, expectations, courtesies, traditions, foods, etc.
- A person's culture influences their beliefs and practices for wellness and health care.
- The way a person perceives others is altered by the cultural filter through which they are looking.
- Every person has observable and non-observable characteristics. Most characteristics are non-observable but people think that they are observable
- People frequently use their cultural filter to make assumptions about other people's non-observable characteristics.
- People may be careful about what characteristics they make observable.
- Making assumptions can impede an Advocate's ability to see and hear the truth from a client.
- Patient navigators must obtain a true picture of a client's needs in order to appropriately support their health and social well-being.
- The only way to get the truth is to ASK the client and listen, while being aware of how our filters impact how we hear that truth.
- A safe space is essential to teamwork and to develop a client-Advocate relationship.
- A client-Advocate relationship is essential to establish trust.
- patient navigators' attitudes, words, actions, and non-verbal cues are the primary factors influencing the development of a safe space for Advocate-client interactions.
- Making assumptions can impede an Advocate's ability to establish a safe space.

Skills

- Name their own cultural filters
- Label characteristics as observable or non-observable and recognize that most characteristics are not observable
- Distinguish assumptions from communicated truths
- Describe the impact of their cultural filters on their interactions with others
- Name their own need to feel safe when working as part of a team
- Design strategies to overcome assumptions during client interactions
- Listen to the client

Assessment

- Design a role play with partner to demonstrate the effect of a cultural lens/filter when interacting with new people
- Distinguish between observable characteristics and non-observable characteristics by completing an Iceberg diagram for a Case Study client.
- Write commitment for way to recognize and address bias when working with a client

Content

- Coffee Filter Diagram
- Iceberg Diagram
- Distinction between observable characteristics and non-observable characteristics
- Distinction between assumptions and the truth
- Qualities of a safe space

Differentiation

- Acknowledge that this may bring up sensitive memories for certain patient navigators
- For trainees who may need more support, consider sharing out some of the individual strategies/ commitments other trainees have written on their cards concerning how they will develop a safe space.

Helpful Hint

In order to divide into the color teams, trainee nametags should be pre-color coded.

Vocabulary

- Assumption
- Culture
- Cultural lens/ cultural filter
- Iceberg
- Non-observable
- Observable
- Safe space
- Trust
- Truth

Advocacy & Assumptions: Understanding Culture and Ourselves

50 MINUTES

Essential Questions

How does my cultural lens impact the way I think, speak, and react to my clients?

- How do I acknowledge my own assumptions in order to prevent them from hindering the development of my Advocate-client relationship?

How do I establish a trusting, safe space between my teammates and myself and between the client and myself?

- How do I let my teammates and my client know they can feel safe being vulnerable with me?

Understandings

- A person's culture includes communication, relationships, rituals, roles, languages, beliefs, practices, customs, expectations, courtesies, traditions, foods, etc.
- A person's culture influences their beliefs and practices for wellness and health care.
- Making assumptions can impede an Advocate's ability to see and hear the truth from a client.
- The way a person perceives others is altered by the cultural filter through which they are looking.
- A safe space is essential to teamwork and to develop a client-Advocate relationship.

Skills

- Name their own cultural filters
- Describe the impact of their cultural filters on their interactions with others
- Name their own need to feel safe when working as part of a team

Link

TIME: 10 MINUTES

Call Back:

Tell trainees:

In our last activity, we spoke a lot about the strengths you bring to this team. We very much believe that teamwork is essential to accomplishing the Health Leads mission. However, becoming a team takes work. As we challenge ourselves to grow our advocacy understandings and skills, we need to make sure that we establish a safe place for that growth to take place. Think about what you need your teammates to do in order to be able to speak openly and honestly throughout our training sessions. Remember some of our sessions will pull you out of your comfort zone. What do you require in order to feel safe even when you may not be fully comfortable? Discuss this with your color teams. After 4 minutes of discussion, ask the teams to share out the guidelines or group "norms" they wrote. Record them for all to see. (If no one shares the following, add them yourself: Confidentiality (what's said stays in the room), honesty, assume best intent, active listening. Remind the trainees to keep their own requirements for a safe space in mind as they begin to consider what a client might need to feel safe with them.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Name what I need to feel safe when working as part

Goal #2:

Name my own cultural filters

Goal #3:

Describe the impact of my cultural filters on my interactions with others.

Modeling

TIME: 18 MINUTES

Explain that now we are going to rely on that safe space we created, so we can dive into a topic that people often have strong feelings about—culture. What do we mean when we say culture?

Pair Share

Ask the trainees to turn to their partner for 3 minutes to list what is included under the umbrella term culture. When they turn back, ask trainees to share out what they listed. Record their responses on chart paper. Make sure at least the following are included: communication, relationships, rituals, roles, languages, beliefs, practices, customs, expectations, courtesies, traditions, foods, etc.

Pair Share

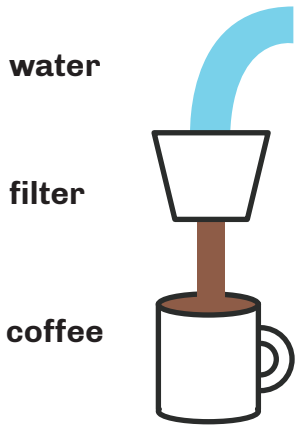
Explain that you will now consider the impact of culture on beliefs and practices in health care. Ask them to turn to their partner to share the way their family/culture would suggest treating the common cold.

After 3 minutes, ask several people to share out their remedies.

Then ask the trainees to consider the cultural values that are revealed through these remedies. Help the trainees to make distinctions between remedies that promote preventative care, pain management, eastern/western medicine, etc.

Point out the wide variety of different responses (although some only slightly different) that any number of us would say is the "right" response. Ask the trainees to imagine all the different responses they would get inside the clinics they are going to work in. If this is how different cultures approach something as simple as the common cold, imagine how culture impacts the ways we approach more complex health care treatments, their immigration status, or beliefs around welfare. Think about how this would impact communication between a patient and a doctor or between that same patient and you, the Advocate.

Explain that our perception of the world, under the influence of our culture, operates much like a coffee pot. (Draw/show the following diagram)



Describe the diagram:

The water is the information. Then you have your filters, which are formed based on your upbringing, culture, and what you have been exposed to. By the time the water (or information) reaches the mug as coffee, it can have a completely distinct color, flavor, or strength, depending on the specific filter used. What this means for us is that as we listen to our clients, what we hear may actually be "colored or flavored" by our cultural filters, meaning that we may not capture the full truth a client is sharing with us, but rather our own distinction perception or version of that truth.

Filters are not always value neutral- filters are impacted by racism, sexism, homophobia. We live in a society where systemic oppression is around us and whether or not we would like to have these "isms" as part of our filters, they are.

Give an example of how your own filter has influenced an interaction you've had. If you don't have a more personal one, use the following:

- For many reasons I have a big filter around people with a loud tone. If a person comes up to me and is speaking to me in a louder more agitated voice, I can perceive it as them being mad at me. That same person can go up to another person, in that same tone with the same volume, and that person could perceive it as a normal conversational style. So when I perceive someone is mad because of tone and volume I have to really sift through whether or not it's my filter or something they are bringing to the table.

Active Engagement

TIME:5 MINUTES

Turn and tell your partner an assumption you've made that has filtered out the truth so that you heard/perceived a different version of that truth.

Application/Assessment

TIME: NONE

Trainer's note: there is no assessment for this first section because the next section builds on these learnings.

Differentiation

- Allow for multiple interpretations of the role-play, as long as the end product demonstrates the distinction between reality/truth and our perceptions through a cultural filter.
- You may need to give a quick example of a role-play if trainees are hesitant to engage in designing their own.

Key Vocabulary

- Assumption
- Iceberg
- Observable
- Non-observable
- Truth

Materials

- Companion Guide
- Picture of Client from Case Study (optional)

Advocacy & Assumptions: Assumptions & the Iceberg

35 MINUTES

Essential Questions

How does my cultural lens impact the way I think, speak, and react to my clients?

- How do I recognize the assumptions I make about my clients?
- How do I prevent my assumptions from hindering the development of my Advocate-client relationship?

Understandings

- Every person has observable and non-observable characteristics.
- People may be careful about what characteristics they make observable.
- People frequently use their cultural filter to make assumptions about other people's non-observable characteristics.
- Making assumptions can impede an Advocate's ability to see and hear the truth from a client.
- Patient navigators must obtain a true picture of a client's needs in order to appropriately support their health and social well-being.
- The only way to get the truth is to ASK the client and listen, while being aware of how our filters impact how we hear that truth.

Skills

- Label characteristics as observable or nonobservable and recognize most characteristics are not observable.
- Distinguish assumptions from communicated truths
- Describe the impact of their cultural filters on their interactions with others

Link

TIME: 8 MINUTES

Call Back:

Tell trainees:

We just talked about how our perceptions of the world are impacted by our cultures. Let's see how true that is. Let's start by looking at me. What would you know about me if you saw me walking down the street? Tell me things you know just by looking at me? As the trainees share their responses, record them on a pre-made iceberg diagram on chart paper.

(For everything patient navigators name that is truly observable write it at the top/above the surface of the water. For everything they say they can tell about you that is non-observable, put it at the bottom. You may choose to write the characteristics that we think are observable but are not always (such as gender) in a neutral spot near your water line. An alternative way to do this- is to have a co facilitator write all the things shouted out on post it notes. In the modeling section you can revisit each thing said and determine with the group if it goes above or below the iceberg.)

Really push them to make some leaps. The trainees likely will not want to be wrong, but the more playful you make it, the more they'll take risks. Some possible prodding questions are "Am I smart? Am I educated? Do you think I'm straight or gay? If you see me walking down the street, am I safe or am I a threat to you? Do I have kids? What's my ethnicity?" Encourage them to comment on things that might seem awkward or taboo to say to someone's face, but that they are likely making an assumption about. [Trainer note: you can encourage this by responding neutrally to everything participants call out].

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Label characteristics as observable or non-observable and recognize that most characteristics are not observable (even those we think are observable).

Goal #2:

Distinguish assumptions from communicated truths

Goal #3:

Acknowledge the impact of their cultural filters on their interactions with others

Modeling

TIME: 7 MINUTES

Explain:

The reason I recorded your ideas onto this iceberg diagram is because this diagram helps us distinguish between characteristics that are observable and non-observable, even though most characteristics are not observable (even the ones we think actually are). We really can only see 10% of who a person is/what they are bringing to the table by looking at them. What we can visually observe, or what we think we can observe, is listed on the surface of the iceberg. The remaining 90% is non-observable and rests under the surface. We cannot know this 90% when we see a person, but that doesn't stop us from actually making assumptions about that 90%. Just as you all did about me. Let's look at the accuracy of the information we have recorded in each section (It should show that all of what is above the surface is correct, but below the surface some are true and others are not).

Point out that it is natural for people to make assumptions, so they shouldn't feel bad about the things they assumed. Assumptions are formed from cultural filters and all of their experiences. In many cases, they are not even aware of how their experiences shape their assumptions. If they let their assumptions lead their interactions with clients, they may not be able to discover common ground with the client and they feel distant or polarized. Explain that when we assume that what we know about a person is RIGHT, we make a dangerous gamble with their needs and their health.

In order to actually hear the truth of what a client is telling them, they must be able to distinguish what is truly observable from what is an assumption. Then they need to pause their assumptions and ASK the client to share the actual truth.

Active Engagement

TIME: 8 MINUTES

Ask the trainees to fill out an iceberg diagram for themselves. Ask them to think about:

- What do you think people see when they look at you?
- What are some of the things you think people assume about you that may be wrong, and what are the things in your iceberg that people don't see?
- What's in your iceberg that you believe would be surprising to people?

Pair Share

After 3 minutes of writing, ask the trainees to turn and share what they have written with their partner. Ask them to focus their conversation around this question:

What kind of judgments or assumptions do you face in your day-to-day life that impact how you interact with the world?

Application/Assessment

TIME: 10 MINUTES

Ask them to imagine seeing this client come to the desk while they are working as patient navigators:

- 20-year-old single mother whose children are American citizens.
- She, however, does not have permanent residency.
- English is her second language.
- She has brought her two children to the hospital for flu shots but has no health insurance.
- She is getting kicked out of her apartment next week.

Ask the trainees to complete another iceberg diagram for this client. They should include:

- Their own immediate assumptions (both positive and negative) about this client
- Concerns the client may have about how she is perceived

Differentiation

- Allow for multiple interpretations of the role-play, as long as the end product demonstrates the distinction between reality/truth and our perceptions through a cultural filter.
- You may need to give a quick example of a role-play if trainees are hesitant to engage in designing their own.

Pair Share

After they have individually completed their iceberg diagrams, ask them to turn to their partner to and discuss what they wrote.

Then call the group's attention again and ask them to reflect on the following:

- What made it difficult for you to relate to her?
- What common ground did you discover between yourself and this woman?
- How do we discover what's actually beneath the surface for this woman?
- How does systemic oppression impact this client's experience?

Make sure the conversation ends on the idea that the only way to get the actual truth is by asking the client and listening, with an awareness of how our filters may be impacting our listening.

Differentiation

You could provide a visual of the woman in the case study given during the independent work to help trainees further distinguish between the observable and non-observable.

Key Vocabulary

- Assumption
- Iceberg
- Observable
- Non-observable
- Truth

Materials

- Companion Guide
- Picture of Client from Case Study (optional)

Advocacy and Assumptions: Building a Shared Vision for Serving Families

30 MINUTES

Essential Questions

How does my cultural lens impact the way I think, speak, and react to my clients?

- How do I overcome the assumptions I initially make about my clients?

How do I establish a trusting, safe space between my teammates and myself and between the client and myself?

- How do I acknowledge my own assumptions in order to prevent them from hindering the development of my Advocate-client relationship?

Understandings

- Making assumptions can impede an Advocate's ability to see and hear the truth from a client.
- Patient navigators must obtain a true picture of a client's needs in order to appropriately support their health and social well-being.
- The only way to get the truth is to ASK the client and listen, while being aware of how our filters impact how we hear that truth.
- A client-Advocate relationship is essential to establish trust.
- Patient navigators' attitudes, words, actions, and non-verbal cues are the primary factors influencing the development of a safe space for Advocate-client interactions.
- Making assumptions can impede an Advocate's ability to establish a safe space.

Skills

- Design strategies to overcome assumptions during client interactions
- Listen to the client

Link

TIME: 2 MINUTES

Call Back:

We have been doing some really complicated thinking around acknowledging our own assumptions so that we can hear the truth from our clients. Another important aspect of getting to the real truth is establishing a safe space for our clients, just as we established a safe space for ourselves within our teams.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Design a strategy to overcome my assumptions during interactions with a client

Goal #2:

Listen to a client to hear the truth

Modeling

TIME: 6 MINUTES

Share a story of a time someone made you feel comfortable in a way that let you open up and be really honest with vulnerable information and how you transferred that experience into your own method of working with clients. The more specific you can be, the better.

Active Engagement

TIME: 10 MINUTES

Get back together with your partner. I want you to do some storytelling together. Tell each other a story about a moment when a stranger made you feel comfortable being vulnerable and sharing information with them. Share with your partner what about the experience made you comfortable. What did they say, do, create?

To make them feel comfortable being vulnerable and to really hear their truths?

Then call the group back together and discuss the following:

Given everything you've reflected on when it comes to your own story and what it means for clients to share their stories, what do we want their time with us to be like? What kind of environment do we need to create for our clients to feel safe? What does making that "Safe Space" look like for them? How do we want them to experience us? How will you shape your attitudes, words, actions, and non-verbal cues in order to make them feel safe? What do we need to do to overcome our own assumptions in order

Application/Assessment

TIME: 10 MINUTES

If this is what we want it to feel like, what is your role in creating that experience? What do you need to do to ensure that our clients have the positive interaction you are describing? Ask each trainee to take one of the notecards inside the welcome packet.

Give them these instructions:

On one side, write your name, and on the other side, write a strategy you will use to work through your assumptions to better work with clients and really hear their truths this year. You're going to hold on to this and we want you to reflect on this throughout the year. On another notecard write your email address, and that same commitment. Find a person you do not know in the room and share this with them. After your first week getting started working with clients, you will email each other and check in about how it went and how you actively worked through this with your first family.

Differentiation

For trainees who may need more support, consider sharing out some of the individual strategies/ commitments other trainees have written on their cards concerning how they will develop a safe space.

Advocacy and Assumptions Unit Wrap Up

Re-state Essential Question 1

How does my cultural lens impact the way I think, speak, and react to my clients?

- How does making an assumption limit my work with clients?
- How do I recognize the assumptions I initially make about my clients?
- How do I keep my assumptions from hindering the development of my Advocate-client relationship?

Ask trainees to share out their understandings and answers

- (Accept 2-3 brief contributions from the trainees)

Skills Developed

A person's culture includes communication, relationships, rituals, roles, languages, beliefs, practices, customs, expectations, courtesies, traditions, foods, etc. Culture influences a person's beliefs and practices for wellness and health care. Additionally, the way we perceive others is altered by our cultural filters. We use our cultural filter to make assumptions about other people's non-observable characteristics, but those assumptions can impede our ability to see and hear the truth from a client. Our job is to obtain a true picture of a client's needs in order to appropriately support their health and social well-being and the only way to do that is to ask and to listen without filters.

Re-state Essential Question 2

How do I establish a trusting, safe space with my teammates and with my client?

- How do I let my teammates and my client know they can feel safe being vulnerable with me?
- How do I acknowledge my own assumptions in order to prevent them from hindering the development of my Advocate-client relationship?

Ask trainees to share out their understandings and answers

- (Accept 2-3 brief contributions from the trainees)

Skills Developed

A safe space is essential for teamwork and for the development of client-Advocate relationships based on trust. Our attitudes, words, actions, and non-verbal cues are the primary factors influencing the development of a safe space for Advocate-client interactions. We need to be diligent about working through our own assumptions in order to establish a safe space and allow clients to be vulnerable and honest with us.

Introductions

Introductions

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ELEMENTS OF A GOOD INTRODUCTION 38-41

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Introductions: Unit Overview

40 MINUTES

Essential Questions

- How can I best communicate my intentions and capabilities as a member of Health Leads when introducing myself to clients, clinic staff, peers, and other constituents?
- How do I alter my tone to best suite different audiences?
- How do I alter the words or phrases I use to best suite different audiences?
- How do I establish a trusting, safe space between the client and myself?
- How do I set the tone and expectations for a relationship that involves open communication during the introduction?
- How can I show respect towards a client's culture during our interactions?
- How can I be aware of my own culture influences the way I introduce myself?
- How can I bring a sense of calm to situations that involve high stress and/or intense emotions?

Understandings

- The introduction is my chance to set the tone/build a foundation for my client-advocate relationship.
- My audience should influence the tone, word choice, and non-verbal communication I use during an introduction.
- There are verbal and non-verbal ways of communicating I can use that will make the client feel either more or less comfortable being vulnerable with me.
- There are verbal and non-verbal ways of communicating I can use that will escalate or mitigate a situation involving high stress or strong emotions.
- My culture and background influences my natural tendencies during introductions and interactions with others.

Skills

- Use intentional communication skills during interactions
- Alter tone and word choice to match the audience
- Articulate their own natural tone of voice and body language tendencies
- Reflect on how those tendencies may impact their client
- Use targeted language or non-verbal interactions to diffuse situations that involve stress
- Explain Health Leads to wide variety of audiences

Assessment

Write a “tip sheet” that lists advice/reminders to their future advocate selves for making a good introduction.

Content

- Elements of a good interaction
- Means of communication
- Cultural influences on interaction style

Differentiation

- Consider altering the examples of clients that are used for the introductions to best match the clients these trainees will be serving.
- If trainees have more experience working directly with clients, you may choose to zoom in on introductions to examples of clients with whom trainees may have had specific challenges developing a relationship. Ask the trainees to imagine a scenario where they start over from the first introduction with those clients. Ask them to focus on how they would now shape their introduction to ensure they did not encounter the same challenges.

Vocabulary

- Introduction
- Interaction
- Intentions
- Capabilities
- Clients
- Clinic staff
- Constituents
- Culture
- Relationships
- Expectations
- Verbal
- Non-verbal
- Tone

Introductions:
Elements of a Good Interaction

40 MINUTES

Essential Questions

How can I best communicate my intentions and capabilities as a member of Health Leads when introducing myself to clients, clinic staff, peers, and other constituents?

- How do I alter my tone to best suite different audiences?
- How do I alter the words or phrases I use to best suite different audiences?

How do I establish a trusting, safe space between the client and myself?

- How do I set the tone and expectations for a relationship that involves open communication during the introduction?
- How can I show respect towards a client's culture during our interactions?
- How can I be aware of my own culture influences the way I introduce myself?
- How can I bring a sense of calm to situations that involve high stress and/or intense emotions.

Understandings

- The introduction is my chance to set the tone/build a foundation for my client-advocate relationship.
- My audience should influence the tone, word choice, and non-verbal communication I use during an introduction.
- There are verbal and non-verbal ways of communicating I can use that will make the client feel either more or less comfortable being vulnerable with me.
- There are verbal and non-verbal ways of communicating I can use that will escalate or mitigate a situation involving high stress or strong emotions.
- My culture and background influences my natural tendencies during introductions and interactions with others.

Skills

- Use intentional communication skills during interactions
- Alter tone and word choice to match the audience
- Articulate their own natural tone of voice and body language tendencies
- Reflect on how those tendencies may impact their client
- Use targeted language or non-verbal interactions to diffuse situations that involve stress
- Explain Health Leads to wide variety of audiences

Link

TIME: 10 MINUTES

Call Back:

Tell trainees:

In our last activity, we explored the ways in which our own assumptions can influence our interactions with clients. Now we are going to look specifically at our very first interaction with a client, our introduction. From the moment you start your shift, whether you are making phone calls, or talking to a client at the desk – you are going to have to get really good at introducing yourself to clients and clinic staff. It is something you will do on a daily basis and often times meeting you will be the first experience a client has with Health Leads, laying the foundation for your relationship with the client and the client's relationship with our program.

We are going to start by noticing our own natural communication tendencies. You will be introducing yourself to 2 other trainees. When you do so, tell them your name, year in school, and if you had a superhero power what it would be. Take note of your own communication tendencies by asking yourself:

- What was the volume of my voice on a scale of 1-5 (5 being very loud)?
- How would I describe my tone of voice?
- What was the pace of my speech on a scale of 1-5 (5 being very fast)?
- How would I describe my non-verbal communication? Consider eye contact, hand movements, body posturing, closeness to other person, etc.

Pair Share:

After each introduction, the trainee who introduced him or herself will silently answer each of the above questions in his/her head. Then the person who "received" the introduction will answer the same questions, telling the person how he or she was perceived during the interaction. The trainees should take note of any differences in how they think they were communicating and how they were actually being perceived.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Use intentional communication skills during interactions

Goal #2:

Articulate my tone of voice and body language tendencies so that I can alter them when necessary to match the needs of my audience

Goal #3:

Use targeted language or non-verbal interactions to diffuse situations that involve high stress/intense emotions

Modeling

TIME: 8 MINUTES

Explain to trainees that the awareness they just gained about their communication tendencies will be really important as they develop their skills at introducing themselves to clients.

Share with trainees the elements of a good introduction:

When introducing oneself, a patient navigator should:

- State his/her name
- Ask the name of the client/staff/constituent
- Express pleasure at meeting this person 51
- Ask if he/she has a moment to talk
- Explain your capabilities and intentions as a Health Leads patient navigator
- Ask if he/she is interested
- Always give space for the client to speak

Model an example of this introduction:

Looking at a picture of a father with three young children, if this family came to the desk state:

Hi my name is _____ ,
What's your name? It's nice to meet you. I see you were referred to our program by your doctor. Do you have a minute to talk? I work with doctors, nurses, and social workers in the clinic to connect families to community services like health insurance, childcare, and public benefits. Is that something you might be interested in?

Then tell the trainees that you are going to model the same interaction with a different client. Show a picture of a young mom with a crying baby.

Think Aloud :

In order to model how and why your introduction will change, explain that as you talk to this woman, you notice that her baby is crying and she seems overwhelmed. You don't want to make assumptions about what is happening with her, but you also don't want to overwhelm her if this is not the right time to talk. So you will approach with a friendly and patient tone of voice. You might also adjust some of the words you use and offer her options about how to engage with Health Leads. You will also look for longer pauses to create an even greater space for her to share about herself.

Hi my name is .
What's your name? It's really nice to meet you. Your baby is cute how old are they? (pause) How is your day going? (pause: Depending on the client's response you can decide how much information to share) Do you have a minute to talk? If not, you can leave your number we can call you at a better time. (If the patient says you can continue). I work with doctors, nurses, and social workers in the clinic to connect families to community services like health insurance, childcare, and public benefits. Is there something I might be able to help you with?

Active Engagement

TIME: 12 MINUTES

Tell trainees that now they are going to practice introductions. Keeping the list of the elements of a good introduction posted, ask the trainees to introduce themselves to the following clients (showing a picture of each client before asking them to make that introduction).

- Introduction #1: Man and his father
- Introduction #2: Frustrated looking mother
- Introduction # 3: Pregnant teenager
- Introduction #4: Doctor
- Introduction #5: Over the phone

Then indicate the signs (could be with pictures) that are posted around the room, listing the clients from the above interactions. Ask the trainees to go to the sign that represents the introduction that was the easiest for them. Ask them to stop and reflect on what it was that made that interaction so easy. Then ask the trainees to go to the sign that represents the introduction that was the hardest for them. Ask them to stop and reflect on what it was that made that interaction so hard.

Pair Share

Ask the trainees to reflect with a partner on the following questions:

How did changing the audience change what you talked about or how you phrased what you said? Think back to the work we did around culture and making assumptions. How do you think culture and background influences or plays a role in how we introduce ourselves and how clients or people who work at the clinic receive that information? What kinds of things could we keep in mind to be respectful of the cultures that we're interacting with when we approach them and still get the information we need across?

Independent Work/Assessment

TIME: 8 MINUTES

Ask the trainees to think about the self-reflection and planning they have just done around introductions and then ask them to write a "tip sheet" that lists advice/reminders to their "future advocate selves" for how to make a good introduction.

Show these possible sentence starters to support their brainstorming:

For this audience, remember to _____

Remember that for _____

Culture it's important to _____

Don't let _____

get in your way of _____

Remember to take a beat/breath etc after _____

in order to let the client have a moment to speak about him or herself _____

Always _____

Never _____

Differentiation

- Consider altering the examples of clients that are used for the introductions to best match the clients these trainees will be serving.
- If trainees have more experience working directly with clients, you may choose to zoom in on introductions to examples of clients with whom trainees may have had specific challenges developing a relationship. The focus can also be on how to describe their program. Ask the trainees to imagine a scenario where they start over from the first introduction with those clients. Ask them to focus on how they would now shape their introduction to ensure they did not encounter the same challenges.

Key Vocabulary

- Introduction
- Interaction
- Intentions
- Capabilities
- Clients
- Clinic staff
- Constituents
- Culture
- Relationships
- Expectations
- Verbal
- Non-verbal
- Tone

Materials

- PowerPoint with client pictures
- Signs with clients from introduction activity
- List of elements of a good introduction
- Pens
- Advocate Journals/Companion Guide
- Tip sheet sentence starter

Introductions: Unit Wrap Up

Re-state Essential Question

How can I best communicate my intentions and capabilities as a member of Health Leads when introducing myself to clients, clinic staff, peers, and other constituents?

- How do I alter my tone to best suite different audiences?
- How do I alter the words or phrases I use to best suite different audiences?

Ask trainees to share out their understandings and answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

The introduction is our chance to set the tone/build a foundation for our client-advocate relationships. We practiced including the elements of a good introduction.

When introducing oneself, a patient navigator should:

- State his/her name
- Ask the name of the client/staff/constituent
- Express pleasure at meeting this person
- Ask if he/she has a moment to talk
- Explain your capabilities and intentions as a Health Leads patient navigator
- Ask if he/she is interested
- Always give space for the client to speak

Those elements will always be present, but we also need to consider our audience and let who we are introducing ourselves to influence the tone, word choice, and non-verbal communication we use during an introduction.

Re-state Essential Question

How do I establish a trusting, safe space between the client and myself?

- How do I set the tone and expectations for a relationship that involves open communication during the introduction?
- How can I show respect towards a client's culture during our interactions?
- How can I be aware of my own culture influences the way I introduce myself?
- How can I bring a sense of calm to situations that involve high stress and/or intense emotions?

Ask trainees to share out their understandings

and answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

There are verbal and non-verbal ways of communicating we can use that will make the client feel either more or less comfortable being vulnerable with us and can either escalate or mitigate a situation involving high stress or strong emotions. We need to consider how our own culture and background influences our natural tendencies during interactions with others when approaching and introducing ourselves to clients, peers, and staff members. We should also consider the culture, situation, and emotions of the person we are approaching. We also need to always remember to give the other person the time and space to share about themselves and their own concerns and to connect to and ask questions about the information we have shared. Remember how careful you had to be when adjusting your introductions across the different client photos. Take the time to be thoughtful about to whom you are introducing yourself. Review your tip sheet each day when you start this work and go back to your tip sheet and add new things you've learned as you do this job.

Dedicate Time and Explore

Dedicate Time and Explore

UNIT OVERVIEW 44-45

PIECES OF THE PIE 46-49

UNDERSTANDING BARRIERS 50-52

UNIT WRAP UP 53

Dedicate Time and Explore: Unit Overview

90 MINUTES

Essential Questions

How do I establish trust with this client?

- How do I let them know they can feel safe being vulnerable with me?
- How do I ensure our exchanges are honest and all pertinent information is being shared?
- How do I recognize and acknowledge my own biases in order to prevent them from hindering the development of my Advocate-client relationship?

How do I balance being the client's Advocate with being a good detective/information gatherer?

- How do I ensure that I am getting a complete picture of the client's story/life scenario?
- How do I help the client understand that I am asking questions because I want to Advocate for them?

Understandings

- Clients may be protective of their personal information due to lack of trust, fear of being reported to authorities, pride/embarrassment, etc.
- A client-Advocate relationship is essential to establish trust.
- My own biases can impact my ability to build a relationship with a client..
- The more information I uncover, the better-positioned I will be to help the client.
- The more I can show the client the direct connection between the information they provide and the services I can recommend, the more the client will trust my intentions.

Skills

- Acknowledge and name their own biases
- Reflect on how those biases may impact their client
- Design strategies to overcome personal bias during client interactions
- Listen to the client
- Anticipate questions that might be more difficult for some clients to answer
- Identify strategies for asking difficult questions
- Identify strategies for helping client feel comfortable answering difficult questions
- Listen in a way that will help me understand the client's priorities
- Explain the direct connection between obtaining answers to the questions and obtaining services for the client
- Identify where to input information into Health Leads Reach

Assessment

A written reflection on how their own biases (at least one) could impact the relationship building process with clients and strategies they can use to overcome them (at least one). A written reflection on 2-3 questions that could present challenges for their clients, why, and how they might overcome those challenges.

Content

- The qualities of a strong introduction
- The demographic, financial, and goal information that needs to be collected
- The impact of tone of voice, word choice, and body language on establishing trust/building relationships
- The personal biases possessed by patient navigators and how these impact Advocate-client relationships
- The questions patient navigators will ask clients
- The direct connection between obtaining answers to the questions and obtaining services for the client

Differentiation

- Depending on the language backgrounds of the trainees, consider language barriers between clients and patient navigators and how that could impact building a relationship (reflect on the discussion about using an interpreter that occurred during the Saying Hello unit)
- Consider the ability of trainees to empathize with clients' challenges based on their previous exposure to/experience with those types of challenges (or lack thereof)

Vocabulary

- Advocate
- Assets
- Bias
- Client
- Demographic
- Goals
- Intake
- Payer &Provider
- Reach

Dedicate Time and Explore: Pieces of the Pie

40 MINUTES

Essential Questions

How do I establish trust with this client?

- How do I ensure our exchanges are honest and all pertinent information is being shared?
- How do I balance being the client's advocate with being a good detective/information gatherer?
- How do I ensure that I am getting a complete picture of the client's story/life scenario?
- How do I help the client understand that I am asking questions because I want to advocate for them?

Understandings

- Clients may be protective of their personal information due to lack of trust, fear of being reported to authorities, pride/embarrassment, etc.
- The more information I uncover, the better-prepared I will be to help the client.
- The more I can show the client the direct connection between the information they provide and the services I can recommend, the more the client will trust my intentions.

Skills

- Listen to the client
- Anticipate questions that might be more difficult for some clients to answer
- Identify strategies for asking difficult questions
- Identify strategies for helping client feel comfortable answering difficult questions
- Listen in a way that will help me understand my client's priorities
- Explain the direct connection between obtaining answers to the questions and obtaining services for the client
- Identify where to enter information into Reach

Link

TIME: 7 MINUTES

Call Back:

Connect to what trainees already know about building a trusting relationship, the questions they will ask, and the information they will collect from clients. Remind the trainees that they are still on the E of the IDEAL acronym, as they are working to Explore the client's situation by asking questions to gather information.

As trainees share types of information that they will collect from the clients, the facilitator records the information into the appropriate "slice of the pie" (each slice represents one of the following categories: Demographic, Payer &Provider, Assets, and Goals).

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Ensure that the client shares all pertinent information.

Goal #2:

Explain why gathering all of this information is important.

Goal #3:

Anticipate the challenges we may face in gathering this information and help clients understand that we are asking questions because we want to Advocate for them.

Modeling

TIME: 5 MINUTES

Use the demographic section to model the goals:

Explain that the Importance of the Demographic section is:

Obtaining the correct demographic information is essential to identify services the client is eligible to receive. It is also incredibly important to obtain accurate contact information in order to do be able to get in touch with the client and do effective follow-up work. Finally, Health Leads is committed to evaluating our work and improving our services. Without accurate demographic information we have no way to know how effective we are in meeting needs subsets of our clients.

Explain that, while it is vital that we collect the demographic information, it can sometimes be challenging. While we may be used to sharing our names and phone numbers, some areas like ethnicity or income are more personal. But there are circumstances when we do share. Share a time that you had to share financial information (when applying for a job, financial aid, getting an apartment) and what made you comfortable sharing the information. It was likely the knowledge that the information would not be shared unnecessarily and knowing the reason it was needed. Explain that the same assurances can be shared with our clients.

Challenges in obtaining accurate Demographic Information:

- We may feel awkward asking certain questions, like gender or race, where we think we know the answer or where we are afraid the client will be offended that we asked. But it is important that our clients answer these questions for themselves. [Ask participants how they might respond to a client who is surprised or offended by a question].
- The Demographic section gets tricky when a client says they only has one phone number. We want to get as many means of contacting a client as possible. In case the client's contact information changes, we want to help the client brainstorm other people in their lives whose contact information could be used as backups. [Ask participants for ways that a service provider might be able to contact them if their phone was turned off to help them identify ways to think through this with a client.]

Tell them that they will need the Demographic info for various fill in questions in Reach. These fill in questions are mandatory (meaning you can not save until the information is inputted).

Active Engagement

TIME: 10 MINUTES

Ask the trainees to get back into three groups. One group will work on the Payer and Provider section. A second group will work on assets. A third group will work on goals. Each group will brainstorm the importance and challenges for their respective section. Use the Pieces of the Pie PowerPoint to review the importance and challenges.

	PAYER & PROVIDER	ASSETS	GOALS
IMPORTANCE	It lets us know the clients' financial situation, the resources at their disposal, benefits, and their eligibility for certain services. It allows clinical communication with their provider and to determine if they have insurance or if that is a need.	This section ensures that we don't duplicate services to which clients already have access. It also empowers the client by helping them articulate their supports as assets. It shows which community based services they are already using.	This section gives us insight into the clients' priorities, helps us set meaningful goals, and helps us clarify expectations for the advocacy work. It can also help motivate clients to take steps towards their self-identified goals.
CHALLENGES FOR CLIENT	Clients may be embarrassed about their financial status, which might make them hesitant to be truthful. Client may not know all of their financial details.	Clients may not understand purpose of these questions; clients may be embarrassed to admit previous help received.	Clients may want you to generate the goals; Clients may be unrealistic about the goals.
CHALLENGES FOR ADVOCATE	Questions cover topics that the Advocate may not be used to asking or comfortable discussing.	Patient navigators sometimes forget that client's social ties can be assets. patient navigators may not be comfortable asking personal questions.	Patient navigators may think they know what the clients' goals should be and this may differ from what the client wants.

Application/Assessment

TIME: 6 MINUTES

Journal or Pair Share:

Ask the trainees to think back through the sections and choose two questions that could present challenges for their clients and ask them to write or discuss those questions, why they might be challenging, why it's important to pursue that information, how they might provide the client with context for the question, and other methods to overcome those challenges in order to obtain important information.

Differentiation

- If you are doing this outside of a Health Leads context, make sure to use categories that align with your data collection system. However, the importance and challenges of information gathering should be common across organizations.

Vocabulary

- Assets
- Advocate
- Demographic
- Goals
- Payer and Provider

Materials

- Pie Slices (1 pie per team)
- Power Point Presentation
- Easel Paper
- Marker
- Tape

Dedicate Time and Explore: Understanding Barriers

45 MINUTES

Essential Questions

How do I establish trust with this client?

- How do I let them know they can feel safe being vulnerable with me?
- How do I acknowledge my own biases in order to prevent them from hindering the development of my Advocate-client relationship?

Understandings

- I can use both verbal and non-verbal communication to help the client feel either more being vulnerable with me.
- A client-Advocate relationship is essential to establish trust.
- My own biases can impact my ability to build a relationship with a client and to obtain a complete picture of the client's situation.

Skills

- Acknowledge and name their own biases
- Reflect on how those biases may impact their client
- Design strategies to recognize and overcome personal bias during client interactions
- Listen to the client

Link

TIME: 2 MINUTES

Call Back:

In the Pieces of the Pie activity, we thought a lot about what challenges might arise from the client's side of the relationship that could impact our ability to get honest, complete responses to our questions. Now we are going to examine the barriers that may arise from the Advocate's side that could impact the development of the Advocate-client relationship and the ability to get honest, complete responses.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Identify my own biases

Goal #2:

Explain how my biases could impact my Advocate-client relationship and my ability to get honest, complete responses to my questions.

Goal #3:

Identify strategies to overcome my biases during Advocate-client interactions

Goal #4:

Familiarize myself with the intake questions

Modeling

TIME: 15 MINUTES

Review the slides from the "Introductions" activity and choose the one with whom you (the trainer) felt the least comfortable making an introduction. Explain the reason you chose that slide, connecting that reason to your own bias. Explain that you recognize this as a bias because it is not based in fact; it's a feeling or inclination based on a perception or prejudice that may arise from a social group's way of viewing certain people or your own personal experiences with a specific person or group of people.

Demonstrate how you would have interacted with this client (perhaps ask another trainer or a trainee to play the client) if you had not taken the time to be self-reflective. After the role-play, explain how your bias impacted your ability to form an Advocate-client relationship and to get an honest, complete portrait of the client's situation. Reflect on which questions caused particular difficulty.

Think Aloud:

Then "think aloud" to model brainstorming strategies to overcome the above bias when interacting with this client. One of the biases should include assuming the client is uncomfortable, when that may not be the case. List at least 2 strategies and do another role-play (using 2 or 3 intake questions), modeling how the Advocate-client interaction would look when those strategies were implemented.

Active Engagement

TIME: 10 MINUTES

Pair Share:

Have the trainees divide into pairs, so each trainee is working with a partner.

Ask the trainees to review the client photos from the "Introductions" activity. Ask them to engage in a role-play where partner A plays the Advocate and partner B plays the client with whom partner A felt the least comfortable (from the client photos). Have partner A use the list of intake questions with partner B. Say that all the intake questions must be asked. No question can be skipped, because it is important to continue for the case.

Questions include:

- Name
- Birthday
- Gender
- Race and Ethnicity
- Immigration status.

Then ask partner A to self-reflect on why they felt the least comfortable with that client. Ask the trainees to identify their bias and explain how it impacted the Advocate-client relationship and sharing of information.

Finally have partner A say which questions were most difficult to ask. Why were they difficult? What strategies can the pair brainstorm to make asking those questions easier? Partner B may also be able to contribute to the conversation about the impact of the bias from the client's perspective. Then ask the partners to work together to brainstorm strategies they can use to overcome that bias. If there is still time, they can return to the role-play to try out the strategies.

Then have the partners switch roles and try the role-play again. This time partner B chooses the client with whom they felt the least comfortable during the Introductions activity.

Application/Assessment

TIME: 7 MINUTES

Journal:

Ask each trainee to write a reflection, naming their own bias(es) and explaining how it/they could impact the relationship-building and information-gathering processes with clients. Then ask them to list at least one strategy they can use to overcome their bias during future interactions with clients.

Differentiation

- If you are doing this outside of a Health Leads context, make sure to use categories that align with your data collection system. However, the importance and challenges of information gathering should be common across organizations.

Differentiation

- Reflecting on one's own biases requires a high level of self-awareness. Trainees will likely have varied levels of comfort with this process. Be aware of that and sensitive to it, while emphasizing the importance of self-reflection when working as an Advocate. Understand that some trainees will only be capable of surface level analysis and may need more individual support from supervisors moving forward in order to dig deeper into their own biases.
- Some trainees may openly share biases that other trainees find insulting. Remind trainees that the training room is a safe, judgment free space where we are supporting one another in growing to be strong patient navigators. We must respect that each person will have a unique starting point and a unique growth trajectory. Please note that trainers have a responsibility to note when someone has said something offensive and give the person room to try again. This should not be done in a harsh or judgmental way, but we do risk the safety of other patient navigators if someone says something offensive and we don't acknowledge what happened.

Vocabulary

- Advocate
- Bias
- Client
- Intake

Materials

- Intake form or paper with these questions: Name, birthdate, gender, race, ethnicity and immigration status
- Client photos from "Saying Hello"
- Chart paper
- Markers

Dedicate Time and Explore: Unit Wrap Up

5 MINUTES

Remind the trainees:

Today we explored the answers to some questions that are vital to the work we are learning how to do with Health Leads.

Re-state Essential Question 1

How do I establish trust between the client and myself?

- How do I let them know they can feel safe being vulnerable with me?
- How do I ensure our exchanges are honest and all pertinent information is being shared?
- How do I acknowledge my own biases in order to prevent them from hindering the development of my Advocate-client relationship?

Ask trainees to share out their understandings and answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Clients may be protective of their personal information due to lack of trust, fear of being reported to authorities, pride/embarrassment, but providing context is an important way we can make our clients feel safe sharing this information. A client-Advocate relationship is essential to establish trust. We worked to recognize that our own biases can impact our ability to build a relationship with a client, by naming our own biases, reflecting on how those biases may impact a client, and then we designed strategies to overcome personal bias during client interactions.

Re-state Essential Question 2

How do I balance being the client's Advocate with being a good detective/information gatherer?

- How do I ensure that I am getting a complete picture of the client's story/life scenario?
- How do I help the client understand that I am asking questions because I want to Advocate for them?

Ask trainees to share out their understandings and answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

We worked to understand that when working with clients, the more information we uncover, the more comprehensively we will be able to help the client. Additionally, the more we can show the client the direct connection between the information they provide and the services we can recommend, the more the client will believe our intentions. We must be careful to anticipate questions that might be more difficult for some clients to answer, choose our wording carefully, and help the client understand how that information will be used and why it is necessary. We have to really listen to our clients so that we can accurately record their information in the data collection system and also so that we are able to get to know our clients well enough that we can help them to identify their priorities.

Intake Break 1

Intake Break 1

UNIT OVERVIEW 55-56

INTERACTING WITH REACH™ 57-60

UNIT WRAP UP 61

Intake Break 1: Unit Overview

45 MINUTES

Essential Questions

How do I balance entering information into Reach with maintaining focus on and responsiveness to my client?

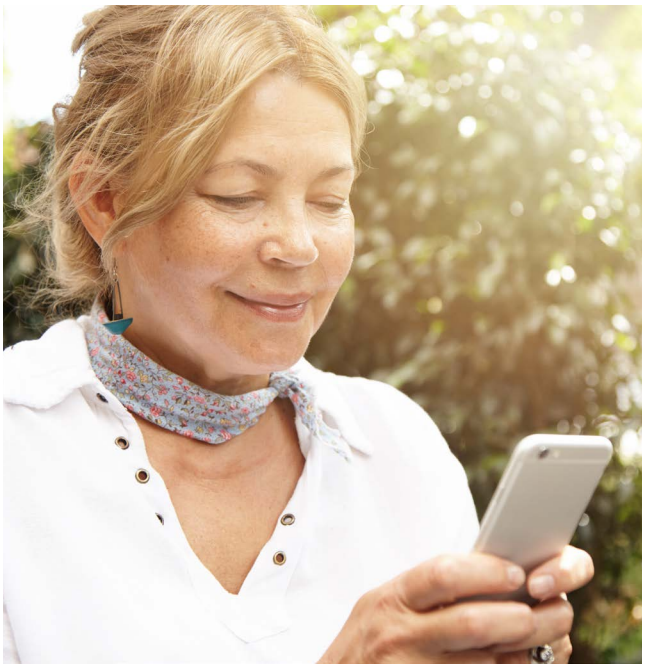
- How do I integrate the computer into the conversation with my client?
- How do make the work I am doing on Reach transparent to the client? How do I establish a trusting, safe space with the client?
- How do I become comfortable asking sensitive questions?
- How does my word choice impact the degree of comfort my client experiences in answering my questions?

Important Understandings

- Making the process of entering information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share.
- The more information I uncover, the better equipped I will be able to help the client.
- The more comfortable you are asking sensitive questions the more comfortable your client will feel.
- Explaining why you need sensitive information often makes clients more willing to share that information.
- Asking clients about their race, gender, ethnicity, and immigration status can be awkward if words and phrases are not chosen carefully and intentionally.
- The more I can show the client the direct connection between the information they share and the services I can recommend, the more the client will trust my intentions.

Skills

- Log in and access Reach.
- Navigate Reach to document the case during a client intake.
- Manage the technology demands while still focusing on the client.
- Choose words and phrases carefully and intentionally to maximize a client's willingness to share information.



This unit outlines activities that specifically leverage the Health Leads Reach technology platform, but trainers should feel free to adapt these messages and activities to their technologies and workflows.

Application/Assessment

Group generated list of “Best Intake Practices” with a contribution from each triad.

Content

- What is Reach
- How and when to access Reach
- What information to input into Reach and in what sections

Differentiation

- If trainees need to look at the key board while they type, they may need to practice looking at a client while they are speaking and then typing the info into Reach.

Vocabulary

- Intake
- Log in
- Reach
- Screening Tool

Training Activity #1: Interacting with Reach

40 MINUTES

Essential Questions

How do I balance entering information into Reach with maintaining focus on and responsiveness to my client?

- How do I integrate the computer into the conversation with my client?
- How do make the work I am doing on Reach transparent to the client?
- How do I establish a trusting, safe space with my client?
- How do I become comfortable asking sensitive questions?
- How does my word choice impact the degree of awkwardness or comfort my client experiences in answering my questions?

Understandings

- Clients may feel more comfortable sharing sensitive information if they can see the computer screen so they know where the information is going and how it is being stated.
- Making the process of filling information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share.
- The more information I uncover, the better I will be able to help the client.
- Explaining why I need sensitive information often makes clients more willing to share that information.
- Asking clients about their race, gender, ethnicity, and immigration status can be awkward if words and phrases are not chosen carefully and intentionally.
- The more I can show the client the direct connection between the information they provide and the services I can recommend, the more the client will trust my intentions.

Skills

- Log in and access Reach.
- Navigate Reach to document the case during a client intake.
- Manage the technology demands while still focusing on and being responsive to the client.
- Choose words and phrases carefully and intentionally to maximize client's willingness to share information.

Link

TIME: 2 MINUTES

Call Back:

Tell trainees:

We've talked a lot about creating a safe space for your client to ensure open communication. Now we are going to add another level of complexity to that work—recording the information a client shared with you in Reach, our computer database. Reach is the program we use to track our clients and the services we are providing. Recording the data thoroughly and accurately is what enables all members of the Health Leads team to provide consistently strong support to a client. It will also help you to identify the appropriate services to recommend to the client.

Goal for Learning Activity

TIME: 3 MINUTES

Goal #1:

Log in and access Reach.

Goal #2:

Navigate Reach to document the case during a client intake.

Goal #3:

Manage the technology demands while still focusing on and being responsive to the client.

Goal #4:

Choose words and phrases carefully and intentionally to maximize client's willingness to share information.

Modeling

TIME: 15 MINUTES

Model the intake that is listed below and record the information onto Reach. Help the trainees to sign into Reach so they can follow along with the copy in their training manual. Their Reach usernames and passwords should be printed on the back of their nametags. Remind them that this is an initial intake and, therefore, using Reach is necessary.

Be sure to model transparency by showing the client what you are typing and explaining why you are asking certain questions.

Advocate:

You are talking with this Client for the first time, in person, after the Client expressed interest in Health Leads. Remember to look at the screening tool!

Client:

You completed a Health Leads screening form during your child's doctor's appointment. The doctor told you about Health Leads, but you don't remember much of what she said. You are a 33-year-old single parent. You have a 3 year-old and need help paying the utility bill and buying food. You are especially concerned because Armisen & Bishop—your utility company— has scheduled your electricity to be turned off in a week due to nonpayment of your bills. If your utility bill was under control, you feel like you would be able to provide your family with enough food. You are incredibly sad and feel really guilty for having to use these services.

- Income: less than $1,500/month
- Living Situation: Rent an apartment for $800/month
- Address: 1200 SE Belmont St. Portland, OR 97214

*** Though you will not get far enough in the intake process to identify resources, these are the appropriate resources that would turn up in a Reach search for this client's needs:*

Need:
Utility: Shut Off Protection

Resource Name:

Armisen & Bishop Utility Services: Shut Off and Discount Rate Assistance

DAE?

Yes

Reason:

Client has Armisen & Bishop Utilities, so they are eligible, the resource is at a Health Leads desk so it should be accessible and desirable as well.

Need:

Food Pantries

Resource Name:

Hyde Park & Kenwood Interfaith Food Pantry

DAE?

Yes

Reason:

Client is eligible for resource, and it is open on Saturdays when she does not have to work.

Afterwards, allow the trainees to ask questions and note techniques or word choices you used that made the process more smooth or effective. Record these on chart paper as they share them. If they don't bring them up, point out the specific ways you negotiated asking about race, gender, ethnicity, and immigration status. Also, point out each time you explained why you needed the information you were requesting from clients.

Active Engagement

TIME: 15 MINUTES

Explain to the trainees that they will be working in triads alongside a fellow trainee and a veteran Advocate to practice their own intake. The Advocate will play the client and the two trainees will tag team completing the intake process. The information required for this activity can be found in the Companion Guide. Remind trainees that they are working to balance creating a safe space for an honest, human interaction with the client while also recording accurate and thorough information onto the computer.

Tell trainees:

Remember to introduce yourselves and start a conversation with the client to learn more about their situation. Remember to use Reach to record the information you learn, but don't let the computer get in your way. Practice having the technology be a part of the conversation.

Tell veteran patient navigators:

Remember to observe the trainees' interactions carefully so you can give helpful feedback afterwards.

Pair Share

After this activity is complete, ask the trainees to turn to their partners to discuss the following:

- What was challenging about this work?
- What questions arose for you?

Application/Assessment

TIME: 10 MINUTES

Ask the trainees to jot down a technique or word choice they saw their partner use that made the process more smooth or effective. Ask each triad to share at least one with the whole group as you record it on chart paper, generating a list of Best Intake Practices by recording what they share on chart paper (adding to what was already written during the modeling section of this activity).

Differentiation

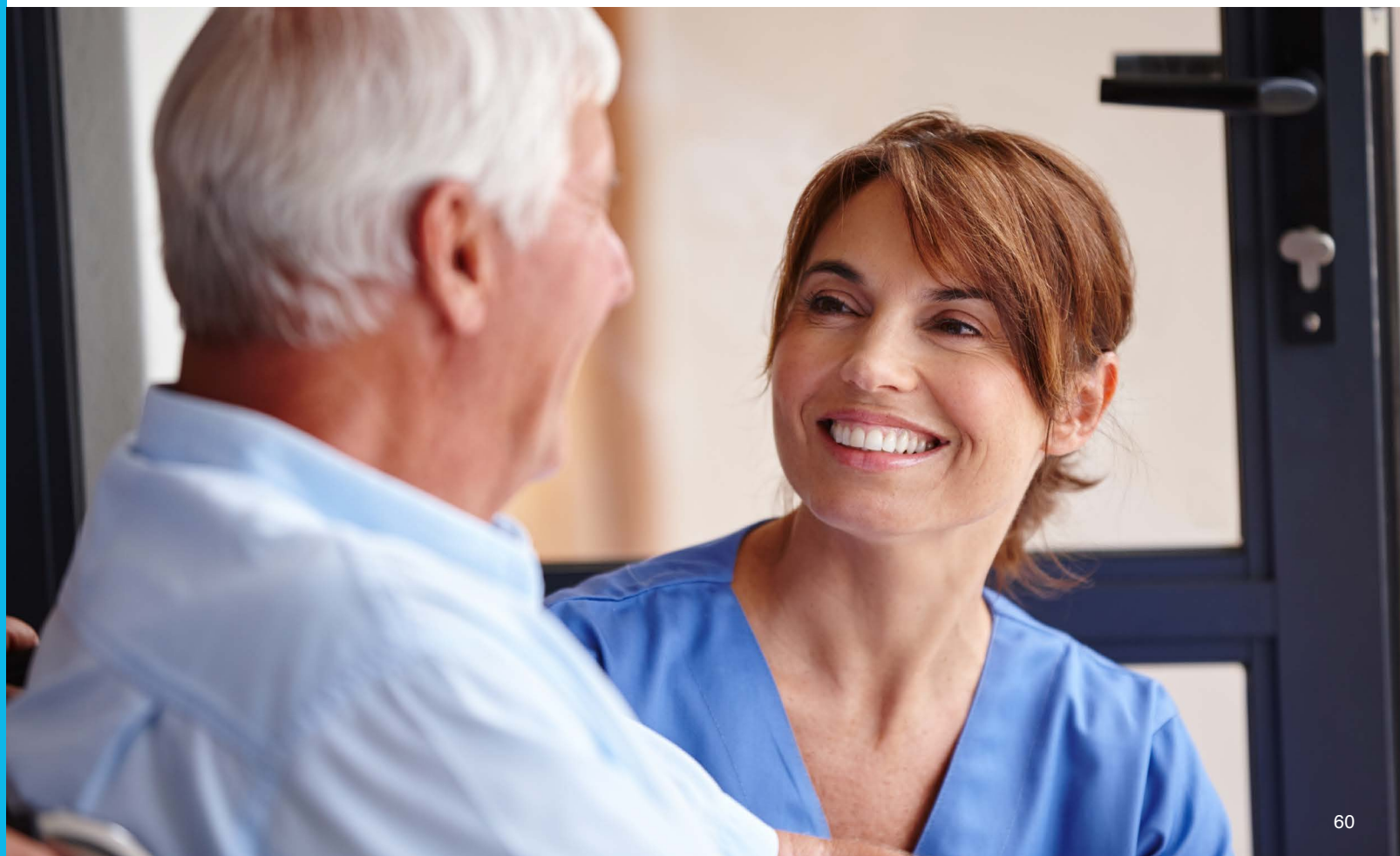
- If trainees need to look at the keyboard while they type, they may need to practice looking at a client while they are speaking and then typing the info into Reach
- If you are doing this outside of a Health Leads context, use your own program for recording client information.

Vocabulary

- Intake
- Log in
- Reach
- Screening Tool

Materials

- Computer for each triad.
- Reach username and password for each trainees (this should be printed on the back of each name tag; see Operations guide for username generation)
- Prepared client stories and filled in screening tools
- IDEAL acronym Power Point slide
- WIFI



Intake Break 1: Unit Wrap Up

5 MINUTES

Re-state Essential Question

How do I balance entering information into Reach with maintaining focus on and responsiveness to my client?

- How do I integrate the computer into the conversation with my client?
- How do make the work I am doing on Reach transparent to the client?

Ask trainees to share out their understandings and answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

We learned that clients may feel more comfortable sharing sensitive information if they can see the computer screen so they know where the information is going and how it is being stated. We always want to make the process of filling information into Reach as transparent as possible to allow the client to feel more in control of what is happening with the information they share.

While it is important to get comprehensive information to best serve our clients, we also need to take the time to explain why the sensitive information is needed often makes clients more willing to share that information.

Re-state Essential Question

How do I establish a trusting, safe space with the client?

- How do I become comfortable asking sensitive questions?
- How does my word choice impact the degree of awkwardness or comfort my client experiences in answering my questions?

Ask trainees to share out their understandings and answers

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

As we continue to hone our skills in building relationships with our clients by establishing a safe space, we need to be cognizant of the ways in which we ask clients about their race, gender, ethnicity, and immigration status. We have to remember that the more often we can show the client the direct connection between the information he or she provides and the services we can recommend, the more the client will trust us and our reasons for asking these questions.

Day Two: Welcome

ACTIVITY #1: WELCOME AND CHECK IN 63
ACTIVITY #2: MINGLE 64

Activity #1: Welcome & Check-In

10 MINUTES

Goal for Activity

Goal #1:

Acknowledge the work that was done the day before and reflect on learning

Materials

- None

Activity Implementation

Have the trainees stand in a circle: Welcome them back to day 2 of training. Let the trainees know you wanted to check in and see how the group was doing.

Ask these questions:

- What were some of the things you learned yesterday?
- Did anything surprise you?
- What did you learn that you did not expect to learn yesterday?

This does not have to be drawn out. If trainees aren't raising their hands, call on people. If there have been students that have been particularly quiet, do not point that out in the front of the room, but still call on them specifically to answer the question.

Activity #2: Mingle

10 MINUTES

Goal for Activity

Goal #1:

Quick review of the skills learned the day before

Materials

- None

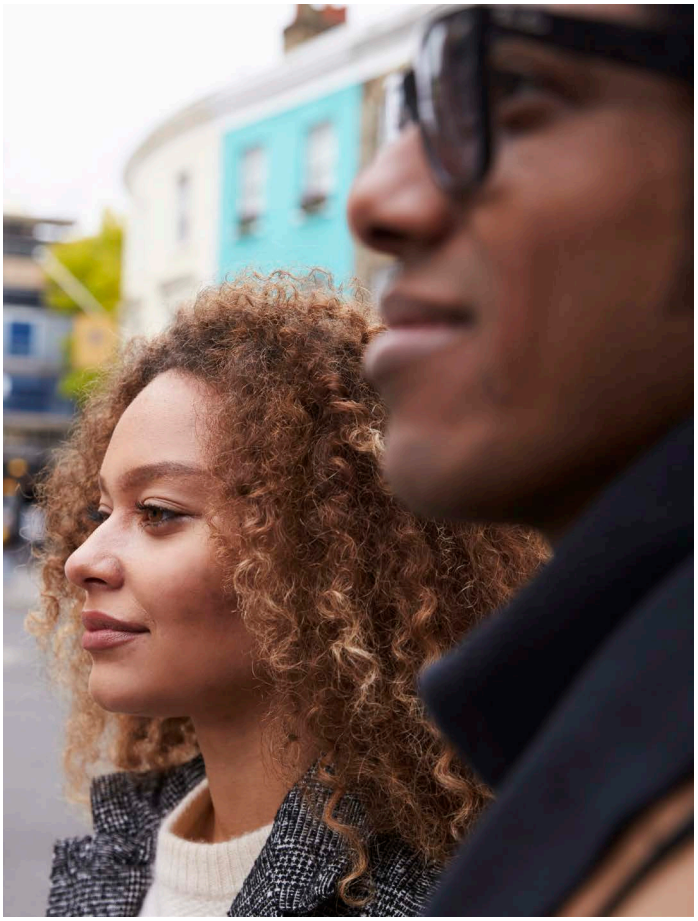
Activity Implementation

Trainer to say:

Before we move into our next activity, I want us all to practice some skills from yesterday. Introducing yourself and this program/our work is going to be one of the things you do most. We want to make sure those skills are second nature to you.

So now you have the time to practice your introduction with 3 people. In the introduction, remember you'll have to say your name, and what the program does. Don't forget to let them introduce themselves. This time, these people are sitting in the clinic and have never heard of us. The person not doing introductions, make up a personality and act it out in the interaction.

After the patient navigators have introduced themselves. Facilitator should thank them and say they are excited for a new day of learning.



Assessing Resources to Services

Assessing Resources to Services
UNIT OVERVIEW ____ **66-67**
TRAINING ACTIVITY #1:
SCOPE OF SERVICES ____ **68-71**
TRAINING ACTIVITY #2:
PRIORITIZING NEEDS ____ **72-74**
UNIT WRAP UP ____ **75**

Assessing Resources to Services: Unit Overview

60 MINUTES

Essential Questions

How do I use my knowledge of a client's needs and particular situation to connect them to the appropriate services?

How does the Advocate stay within the scope of services when working with clients? How do I work with a client to prioritize their needs and determine where to start?

- How do I determine if a service is a good match for a specific client?

Important Understandings

- In order to be healthy, a family has many diverse needs that must be met
- Ppatient navigators must infer needs from the information a client shares
- Client needs fall within a range of categories
- Some client needs are outside the scope of Health Leads' work
- Patient navigators must stay within the scope of services when supporting clients.
- A client's preference should be an important factor in determining which needs are prioritized
- Prioritizing needs is a subjective process; patient navigators may have different ideas about how to do so
- Identification, desirability, accessibility, and eligibility are the cornerstones of finding resources for clients
- In order to be a good match for a client, a resource must meet the criteria of desirability, accessibility, and eligibility.

Skills

- Identify a family's needs/personal resource goals
- Infer client needs from information shared with the Advocate
- Use the Scope of Services tool in Reach to guide a resource search
- Categorize needs within the Scope of Services tool
- Work with client to prioritize needs
- Apply the DAE (desirability, accessibility, eligibility) criteria to determine if a resource is a good fit for a client

This unit outlines activities that specifically leverage the Health Leads Reach technology platform, but trainers should feel free to adapt these messages and activities to their technologies and workflows.

Assessment

- After hearing a client story, trainees will select the needs and sub-needs indicated by the information shared, using the Scope of Services menu.
- After selecting services for the client described in the client story, the trainees will apply the DAE criteria to determine if those services are a good match for the client

Content

- The Scope of Services of Health Leads (the 11 categories)
- Public Benefits
- Community Based Resources
- DAE (desirability, accessibility, eligibility) criteria

Differentiation

If you are doing this training outside of a Health Leads context, use your own organization's categories of needs and services to scaffold the activity. If you have a computer-based tool, replace Reach and Scope of Services with your tool's name. If you do not, model the tools you would expect an Advocate to use (perhaps a services manual).

Vocabulary

- Accessibility, Desirability, Eligibility (DAE)
- Public Benefits
- Community Based Resources
- Medicaid
- Prioritize
- Public Benefits
- Scope of Services
- WIC
- Rapid Resource Response (RRR)

Training Activity #1: Scope of Services

35 MINUTES

Essential Questions

How do I use my knowledge of a client's needs and particular situation to connect them to the appropriate services?

Understandings

- In order to be healthy, a family has many diverse needs that must be met
- patient navigators must infer needs from the information client shares
- Client needs fall within a range of categories
- Some client needs are outside the scope of Health Leads' work

Skills

- Identify a family's needs/personal resource goals by using one's own instincts
- Infer client needs from information shared with the Advocate
- Use the Scope of Services tool in Reach to guide a resource search
- Categorize needs within the Scope of Services tool

Link

TIME: 10 MINUTES

The work we do at Health Leads is focused on keeping families healthy. In your color groups, please take a moment to imagine and then draw a family. After you have drawn the family, imagine what resources they require to be healthy. As you think of resources, jot them on post-it notes and stick them around the picture of the family. Remember, we are thinking about the needs of ALL members of the family you have drawn.

Goal for Learning Activity

TIME: 3 MINUTES

Goal #1:

Use my own instincts in identifying the needs that a family may have when working with Health Leads

Goal #2:

Infer client needs from information the client shares with me

Goal #3:

Use the Scope of Services tool in Reach to guide a resource search

Goal #4:

Categorize needs within the Scope of Services tool in Reach

Modeling

TIME: 5 MINUTES

Tell trainees that as you walked around, you noticed that many of the needs they identified would fall under the Scope of Services that Health Leads provides for clients. Ask trainees to share any knowledge they have of the Scope of Services from their online training module.

Build on those responses, but be sure to explain the following:

There are 11 categories of services within the scope of Health Leads' work. The individual services within those 11 categories are classified as either Public Benefits or Community Based Resources. Public Benefits are services that are funded and administered by the government. Community Based Resources are resources administered by agencies in the community.

Ask trainees to give examples of services and support them in classifying them as either Public Benefits or Community Based Resources.

Explain to trainees that it is likely that they will feel anxious to know all resources immediately upon starting this work, but that time studying the online module and time on the job actually linking clients to services are the two best ways to become adept at making the connection between client needs and services. As they build their skills, there is a tool to help them find resources: the Scope of Services in Reach. The tool is incredibly useful for them as they start this work, but they will eventually rely less on the tool. This is much like visiting a new restaurant.

Explain the connection to trainees as follows:

At first, you must read the menu carefully, using the categories of Appetizers, Entrees, Desserts (which are like the needs listed in the Scope of Services), and then read each item within that category like nachos, calamari, etc (which are like the sub needs) to determine what you'd like. However, when you visit frequently, you rely less on the menu. You don't go into your favorite restaurant and agonize over the menu unless you need/want to try something new. The Scope of Services works in this exact same way. In the beginning, as you are getting familiar with what the restaurant provides, you'll look at the Scope of Services all the time, and then one day you'll know what your favorite dishes are. Until that day, this tool exists for you to take advantage of and get guidance from.

This brings us to the L in our IDEAL acronym, for Link families to services.

Active Engagement

TIME: 12 MINUTES

Tell trainees:

Now we are going to practice categorizing a client's needs within the Scope of Services. Let's look back at the resources your families would need to be healthy. In your groups, take those post-it notes off of the family pictures and work together to decide the Scope of Services category in which they belong. Put the post-its onto the chart that lists that category. If you find that there is a need that does not match any of the 11 categories, please put it on the chart that says "Out of Scope." You can use the Scope of Services menu that is in your folder/companion guide.

When they have placed all of the post-its, call the whole group's attention. Review some of the needs under each category, naming them aloud for the group. Ask the patient navigators if post-its under one need category (e.g. Food) could be further broken down into separate sub-categories (e.g. Food Stamps, WIC). patient navigators will likely be able to generate and come up with some sub-needs, but will need support. Do this for each category. When you come across an RRR-only sub-need, take a few moments to introduce the concept of Rapid Resource Response, and mention which sub-needs are RRR-only when you come to them. When you get to the Out of Scope chart, ask them why they think this need is excluded from the Health Leads scope?

Application/ Assessment

TIME: 7 MINUTES

Tell trainees:

Now I am going to read you a client story. As I read this story, I want you to pick out all of the resources you think the family could use. You all have our Scope of Services menu now so circle what you think the appropriate needs and sub-needs are for this client as you hear them.

Read this story:

Mr. and Ms. Rodriguez are referred to Health Leads by their pediatrician, Dr. Fagan. There are three children in the family: an infant born in the United States and a 4.5 year old and an 8 year old both born in Mexico. Mom and dad are undocumented immigrants, as are the two older children. The family is currently living in a shelter. The dad is paid off the books and does not work regularly, earning about $800/month. The newborn and mom have Medicaid. The rest of the family is uninsured. Mom is receiving WIC for the newborn. The family has limited English-speaking skills. They may be too worried about their immigration status to access benefits to which they are entitled. It is not clear whether they have enough food for the family. The shelter provides some meals but they may need to supplement with food from a food pantry.

When the trainees have completed the above task, ask them to share out what information indicated a need and which need and sub-need they selected based on that information. Ask if anyone chose a different need or sub-need for that same information. If there are discrepancies, discuss why.

Differentiation

If you are going to do this training outside of a Health Leads context, use your own organization's categories of needs and services to scaffold the activity. If you have a different computer-based tool, replace Reach and Scope of Services with your tool's name. If you do not, model the tools you would expect an Advocate to use (perhaps a services manual).

Vocabulary

- Scope of Services
- Public Benefits
- Community Based Resources
- RRR?
- WIC
- Medicaid

Materials

- Chart Paper
- Post It Notes
- Markers
- Scope of Services Menu
- Power Point

Training Activity #2: Prioritizing Needs

20 MINUTES

Essential Questions

How do I prioritize a client's needs to identify their personal resource goals and determine which services should first be applied?

- How do I determine if a service is a good match for a specific client?

Understandings

- A client's preference should be the primary factor in determining which needs are prioritized
- Prioritizing needs is a subjective process; patient navigators may have different ideas about how to do so
- Identification, desirability, accessibility, and eligibility are the cornerstones of finding resources for clients
- In order to be a good match for a client, a resource must meet the criteria of desirability, accessibility, and eligibility

Skills

- Work with client to determine their priorities
- Apply the DAE (desirability, accessibility, eligibility) criteria to determine if a resource is a good fit for a client

Link

TIME: 2 MINUTES

Call Back:

We just worked hard to determine what a client's needs are and how to use those needs to find resources for our clients. As you may have noticed, many clients will have more than just one need. Since this is often the case, patient navigators need to prioritize those needs so clients can address their resource goals in an order that makes sense. Once you know the need you are addressing, it's then important to choose an appropriate service to match that need.

Goal for Learning Activity

TIME: 1 MINUTES

Goal #1:

Work with client to determine their priorities

Goal #2:

Determine if a service recommendation is a good match for a client

Modeling

TIME: 5 MINUTES

Explain to trainees:

It can be challenging to decide which need should be addressed first, especially when the client has many crucial needs impacting their ability to be healthy. Different patient navigators might prioritize different services. Prioritizing services is always going to be somewhat subjective. However, it is critical that the client is setting the priority, even if the Advocate disagrees.

Prioritizing based on what the client wants is also the first factor in determining if a resource is a good match for a client. At Health Leads, we use the acronym DAE, which stands for Desirability, Accessibility, and Eligibility. As we just discussed, the client must actually want this resource—that's what we refer to as desirability. Additionally, the client must be able to get to this resource—that's what we refer to as accessibility.

And finally, the client must qualify for this service—that's what we call Eligibility. You can have the best possible resource, you can have researched it, labored over it, you can be so excited about it, but if those three criteria are not met, then you will not be providing your client what they need.

Active Engagement

TIME: 8 MINUTES

Ask trainees to remember the story of the Rodriguez family that you read aloud earlier (bring the story up on the Power Point slide so they have it as a reference).

Ask trainees to work in their color groups for 5 minutes to consider:

What need would you focus on first? What would be second? What factors are you using to prioritize?

When describing accessibility- how does racism impact access?

For the last 3 minutes, bring the whole group back together and discuss the group prioritizing process. Ask if there was consensus among the group members or if different members had different ideas about which should take top priority? Make sure they understand that it's ok for patient navigators to have different priorities, as long as the client makes the ultimate decision about what to prioritize.

Application/Assessment

TIME: 4 MINUTES

Give the trainees a location where the Rodriguez family lives (choose one that is similar to the client population your trainees will serve and is recognizable) and what method of transportation they primarily use (eg city bus, trains, car, etc).

Ask the trainees to apply the DAE criteria to their prioritized list of resources. Are the resources they listed a good match for the client or did applying the DAE criteria change the type of resources they would recommend?

Differentiation

- If trainees need to look at the keyboard while they type, they may need to practice looking at a client while they are speaking and then typing the info into Reach
- If you are doing this outside of a Health Leads context, use your own program for recording client information.

Vocabulary

- Desirability
- Accessibility
- Eligibility
- (DAE)
- Prioritize

Materials

- Powerpoint
- Scope of Services Menu (used during previous activity)

Assessing Resources to Services: Unit Wrap Up

5 MINUTES

Re-state Essential Question

How do I use my knowledge of a client's needs and particular situation to connect them to the appropriate services?

- How does the Advocate stay within the scope of Health Leads' services when working with clients?

Ask trainees to share out their understandings and answers.

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

The Scope of Services is a tool in Reach that supports patient navigators in becoming more familiar with the 11 categories of needs and the resources available to address those needs. patient navigators will find both Public Benefits and Community Based Resources listed among the services. patient navigators will likely rely on the Scope of Services at the beginning of their advocacy work as they develop fluency with the available resources.

Re-state Essential Question

How do I prioritize a client's needs to determine which services make sense and which should first be applied?

- How do I determine if a service is a good match for a specific client?

Ask trainees to share out their understandings and answers.

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Prioritizing needs is subjective, but it must be based on what the client wants. In order to determine if a resource is a good match for a client, we use the acronym DAE, which stands for Desirability, Accessibility, and Eligibility. A client must want a service, be able to get to it, and qualify for it. patient navigators must always apply the DAE criteria before recommending a service to a client.

Intake Break Two

Intake Break Two

UNIT OVERVIEW ____ **77**

TRAINING ACTIVITY #1:

ASKING QUESTIONS AND ENTERING INFORMATION ____ **78-96**

UNIT WRAP UP ____ **97**

SUMMATIVE ASSESSMENT: JEOPARDY ____ **98**

Intake Break 2
Unit Overview

60 MINUTES

Essential Questions

How do I balance entering information into Reach with maintaining focus and responsiveness to my client?

- How do I integrate the computer into the conversation with my client?
- How do I grow in my ability to uncover client needs in order to connect them to services?
- How do I utilize constructive feedback?

Important Understandings

- Making the process of filling information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share.
- Clients will not always directly state their needs so follow-up questions and conversation is often necessary to identify needs.
- The more information I uncover, the more comprehensively I will be able to help the client.
- Feedback should be specific and actionable.
- The purpose of feedback is to get another perspective and improve your performance, not to defend one's own perspective.

Skills

- Navigate Reach to document the case during a client intake.
- Manage the technology demands while still focusing on the client.
- Utilize the Scope of Services tool in Reach.
- Infer client needs from information shared with the Advocate by analyzing their initial narrative and asking follow up questions
- Give and receive feedback in a constructive way

Assessment

Group generated list of "Best Intake Practices" with a contribution from each partnership or group (this will build upon the list that was started during Intake Break 1 on Day 1 of training)

Content

- Qualities of Strong Feedback
- 11 Categories of Needs in the Scope of Services

Differentiation

If you are doing this training outside of a Health Leads context, you should substitute your own system for recording information during a client intake.

Vocabulary

- Medicaid
- Reach
- Scope of Services
- SNAP
- SSI
- TANF
- WIC

This unit outlines activities that specifically leverage the Health Leads Reach technology platform, but trainers should feel free to adapt these messages and activities to their technologies and workflows.

Training Activity #1: Asking Questions and Entering Information

60 MINUTES

Essential Questions

How do I balance entering information into Reach with maintaining focus and responsiveness to my client?

- How do I integrate the computer into the conversation with my client? How do I grow in my ability to uncover client needs in order to connect them to services?
- How do I utilize constructive feedback?

Important Understandings

- Making the process of filling information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share.
- The more information I uncover, the better able I will be to help the client.
- Clients will not always state their needs directly, so follow-up questions and conversations are often necessary to identify needs
- Feedback should be specific and actionable
- The purpose of feedback is to get another perspective and improve your performance, not to defend one's own perspective.

Skills

- Navigate Reach to document the case during a client intake.
- Manage the technology demands while still focusing on the client.
- Utilize the Scope of Services tool in Reach
- Infer client needs from information shared with the Advocate by analyzing their initial narrative and asking follow up questions
- Give and receive feedback in a constructive way

Link

TIME: 1 MINUTES

Call Back:

Just as we did during Intake Break 1, we are going to model for you some best practices for doing a client intake. Just like last time, focus on how the trainer balances being present to the client while still gathering and entering information onto the computer. We are still working on the L of IDEAL—Linking clients to services.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Navigate Reach to document the case during a client intake.

Goal #2:

Manage the technology demands while still focusing on the client.

Goal #3:

Utilize the Scope of Services tool in Reach

Goal #4:

Infer client needs from information shared by analyzing their initial narrative and asking follow up questions

Goal #5:

Give and receive feedback in a constructive way

Modeling

TIME: 10 MINUTES

The purpose of this demo is to help the trainees see how to integrate the Scope of Services with the client interaction. You only need to get through the introduction, demographics, and figuring out what sub-need you're working on.

Tell the trainees who is playing the Advocate and who is playing the client. The trainers should read the descriptions below and be prepared to role-play these parts. Be sure that you model the aspects of transparency and client-centered-focus that were discussed during Intake Break 1.

Remind trainees that they are going to be giving and receiving feedback during their opportunity to practice an intake.

Explain the following:

It's important to remember the qualities of strong feedback.

For the givers of feedback:

1. It has to be specific (that was good vs. when you shook her hand and looked her in the eye, that was effective)
2. It has to be actionable (I didn't like it vs. I think you could have been more effective if you had done X);

   For the receivers of feedback:

3. Don't defend what you just did (I meant to do this because). The purpose of feedback is to get another perspective, not to defend your own. Instead, thank your observer and consider the perspective they gave you.

As you observe this intake, think about how you might give feedback according to the guidelines listed above.

Advocate:

You are meeting this client for the first time. They have walked up to you while you are working your shift. For Intake Break II, we want you to practice using Reach while working with a Client. Enter information about your client while you do this scenario and use the Scope of Services to determine how to work with an out-of-school-time need.

Client:

You are a 23-year-old single mother with a 6-year-old. You have been receiving Medicaid, SNAP, WIC and TANF cash benefits. The time limit is up for TANF and you no longer qualify. In addition, because your child has just turned 6, you no longer qualify for WIC benefits. You are unemployed and live alone with your child in subsidized housing. You are a certified nurse assistant, and you previously worked as a CNA in a local nursing home until it closed last year. Your resume is still up to date, but you need help finding and applying to job listings. Additionally, because you are unemployed your rent has been adjusted to $0, but you are still struggling to buy food.

- Income: less than $400/month
- Living Situation: Rent an apartment for $0/month
- Address: 1200 SE Belmont St. Portland, OR 97214

Active Engagement

TIME: 40 MINUTES

Divide the trainees into triads and ask them to login to the Reach training site

- https://training-healthleads.cs10.force.com/clientconnect/CCxLogin

Tell trainees:

We will do two scenarios during this intake break. For each scenario, one of the new trainees should serve as the Advocate in the scenario, while the other new trainee is the client. The veteran Advocate will observe both demonstrations and offer constructive feedback. The observer should be taking notes during the scenarios to support them in giving feedback according to the guidelines we discussed.

Those playing the client—we expect an Emmy award-winning performance to help your fellow trainees practice their skills.

Those playing the role of the Advocate—this is your opportunity to practice the skills you have learned today so that you are more at ease the first time you do an intake with a real client.

You can find the descriptions of each role within your Companion Guide (they are also listed below). You will each have 15 minutes to play out your scenario and 5 minutes to give each other feedback. Then we will switch roles.

Pay attention to the strategies that worked and the challenges that arose when integrating technology into your interaction. I will let you know when it is time to share feedback and when to switch scenarios.

Make sure that you are saving the client information that you input. You are going to use this client information again in the last intake break of the day. Also, notice which areas of need/which categories in the Scope of Services are discussed during these scenarios.

Scenario A

Client:

You are a 33 year-old single mother with an 8 year-old. You have a full time job and are looking for an afterschool program for your son, a 2nd grader. Your friend was watching him, but she just got a job, so you're worried you'll have to quit your job if you don't find something soon. Your friend starts her new job in two weeks. You think you can afford to pay for a sliding-scale afterschool program. You are hoping to find an afterschool program that is fairly close to your home, where your son can have fun with other children his age. To save money you also stopped buying new clothing. Several of the items you own are very old now, and do not look presentable when you go to work. So, you are also looking for clothing for yourself.

- Age: 33 (DOB 10/30/80)
- Gender: Female
- Language: English
- Income: approx. $1,500/month
- Children: 1
- Living Situation: Rent an apartment for $800/month
- Address: 4805 NE Glisan Street Portland, OR 97213
- Referred by: No referral from a clinical provider. You saw the Health Leads sign in the waiting room and stopped by the desk after your son's appointment to find out more.

Potential Needs:

- Child Related: Out of school time
- Commodities: Clothing

Advocate:

You are meeting this client for the first time. She walked up to you during your shift. Remember, you don't have to solve every problem/need right away.

For this intake break we want you to practice using Reach while working with a client. Enter your client while you do this scenario.

Observer:

- How well did the Advocate introduce Health Leads and their role as an Advocate?
- What questions did the Advocate use? How were they successful? How can they be improved
- List one thing the Advocate did that improved their interaction with the client.
- What one piece of feedback would you give to the Advocate to work on for their next client interaction?
- How did the Advocate use Reach? What tips would you give them to better integrate the computer into their interaction?

Scenario B

Client:

You are 66 years old, just retired and are receiving SSI and Medicare. You are taking your grandson to the clinic today for his flu shots. While your benefits cover the basics, money is tight at the end of the month. You came to Health Leads today to apply for food stamps (SNAP), and you want to know if there is a way to get a discount on your electric bill.

- Name: you pick! Make it fun!
- Age: 66 (DOB 10/26/47)
- Gender: Male/Female
- Language: Spanish
- Income: approximately $800/month
- Children: 2 grown
- Living Situation: Rent an apartment for $400/month
- Address: 1401 SE Morrison St, Portland, OR 97214
- Referred by: Your doctor, Dr. Jennifer Smith

Needs:

- Food Stamps/ SNAP
- Utility Discount
- Name: you pick! Make it fun!
- Age: 68 (DOB 10/26/47)
- Gender: Male/Female
- Language: Spanish
- Income: approximately $800/month
- Children: 2 grown
- Living Situation: Rent an apartment for $400/month
- Address: 1401 SE Morrison St
- Portland, OR 97214
- Referred by: Your doctor, Dr. Jennifer Smith
- Food Stamps/ SNAP
- Utility Discount

Advocate:

You are meeting this client for the first time. They have walked up to you while you are working your shift. Remember, you don't have to solve every problem/need right away.

For this intake break we want you to practice using Reach while working with a client. Enter your client's info while you do this scenario.

Observer:

- How well did the Advocate introduce Health Lead and their role as an Advocate?
- What questions did the Advocate use? How were they successful? How can they be improved?
- List one thing the Advocate did that improved their interaction with the client.
- What one piece of feedback would you give to the Advocate to work on for their next client interaction?
- How did the Advocate use Reach? What tips would you give them to better integrate the computer into their interaction?

Application/Assessment

TIME: 7 MINUTES

Ask trainees to work in partners (pair share) or in their color groups to discuss the following for 4 minutes: What strategies did you find helped you successfully navigate balancing the client-focused interaction with inputting information? What constructive feedback did you receive that would be helpful for others to hear? During the last 3 minutes, ask each partnership or group to share out one strategy or suggestion and add it to the group-generated list of "Best Intake Practices"(this will build upon the list that was started during Intake Break 1 on Day 1 of training).

Differentiation

If you are doing this training outside of a Health Leads context, you should substitute your own system for recording information during a client intake.

Vocabulary

- Medicaid
- Reach
- Scope of Services
- SNAP
- SSI
- TANF
- WIC

Materials

- Intake Break Scenario (in Companion Guide)
- Computers for each triad
- Best Practices chart from Day 1
- Markers
- Power Point
- IDEAL acronym Power Point slide
- WIFI

Intake Break 2: Unit Wrap Up

5 MINUTES

Re-state Essential Question

How do I balance entering information into Reach with maintaining focus on and responsiveness to my client?

- How do I integrate the computer into the conversation with my client?

Ask trainees to share out their understandings and answers.

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Making the process of entering information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share. It's important to be present to the client during the conversation, even though you also need to enter information. Eye contact and active listening, such as nodding and making brief verbal responses, are often helpful to let clients know that you are listening and interested in what they have to say.

Re-state Essential Question

How do I grow in my ability to uncover client needs in order to connect them to services?

- How do I utilize constructive feedback?

Ask trainees to share out their understandings and answers.

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Clients will not always directly state their needs so follow-up questions and conversation are often necessary to identify needs. The more information an Advocate uncovers, the better they will be able to help the client.

An important part of growing one's practice involves being open to feedback. When giving feedback, it should be specific and actionable. When receiving feedback, one should listen for the other perspective, not to defend one's own perspective.

Intake
Break Three

INTAKE BREAK 3:
UNIT OVERVIEW ____ **106-107**
TRAINING ACTIVITY #1:
CONNECTING CLIENTS TO SERVICES ____ **108-116**
INTAKE BREAK 3:
UNIT WRAP-UP ____ **117**

Intake Break 3: Unit Overview

60 MINUTES

Essential Questions

How do I balance entering information into Reach with maintaining focus on and responsiveness to my client?

- How do I integrate the computer into the conversation with my client? How do I grow in my ability to uncover client needs in order to connect them to services?
- How do I know if a service is a good match for a client?
- How do I set reasonable expectations for my client regarding these services?
- How do I utilize constructive feedback?

Important Understandings

- Making the process of entering information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share.
- Clients will not always directly state their needs, so follow-up questions and conversation are often necessary to identify needs.
- The more information I uncover, the more I will be able to help the client.
- In order to be a good match for a client, a resource must meet the criteria of desirability, accessibility, and eligibility.
- patient navigators need to be explicit about the timelines for receiving services so that clients have realistic expectations.
- Feedback should be specific and actionable.
- The purpose of feedback is to get another perspective, not to defend one's own perspective.

Skills

- Utilize the Scope of Services tool in Reach
- Manage the technology demands while still focusing on the client.
- Develop the ability to identify client needs by analyzing their initial narrative and asking follow up questions
- Infer client needs from information shared with the Advocate
- Apply the DAE (desirability, accessibility, eligibility) criteria to determine if a resource is a good fit for a client
- Set resource and timeline expectations with families
- Give and receive feedback in a constructive way

This unit outlines activities that specifically leverage the Health Leads Reach technology platform, but trainers should feel free to adapt these messages and activities to their technologies and workflows.

Assessment

Group-generated list of “Best Intake Practices” with a contribution from each partnership or group (this will build upon the list that was started during Intake Breaks 1 and 2)

Content

- Health Leads’ Scope of Services (the 11 categories)
- DAE (desirability, accessibility, eligibility) criteria

Differentiation

If you are doing this outside of a Health Leads context, you should substitute your own system for recording information during a client intake.

Vocabulary

- DAE (Desirability, Accessibility, Eligibility)
- Medicaid
- Reach
- Rapid Resource Results (RRR)
- Scope of Services
- SNAP
- SSI
- TANF
- WIC

Intake Break 3: Connecting Clients to Services

60 MINUTES

Essential Questions

How do I balance entering information into Reach with maintaining focus on and responsiveness to my client?

- How do I integrate the computer into the conversation with my client? How do I grow in my ability to uncover client needs in order to connect them to services?
- How do I know if a service is a good match for a client?
- How do I set reasonable expectations for my client regarding these services?
- How do I utilize constructive feedback?

Important Understandings

- Making the process of entering information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they share.
- Clients will not always directly state their needs, so follow-up questions and conversation is often necessary to identify needs.
- The more information I uncover, the more I will be able to help the client.
- In order to be a good match for a client, a resource must meet the criteria of desirability, accessibility, and eligibility.
- patient navigators need to be explicit about the timelines for receiving services so that clients have realistic expectations.
- Feedback should be specific and actionable.
- The purpose of feedback is to get another perspective, not to defend one's own perspective.

Skills

- Utilize the Scope of Services tool in Reach
- Manage the technology demands while still focusing on the client.
- Infer client needs from information shared with the Advocate by analyzing their initial narrative and asking follow up questions
- Apply the DAE (desirability, accessibility, eligibility) criteria to determine if a resource is a good fit for a client
- Set resource and timeline expectations with families
- Give and receive feedback in a constructive way

Link

TIME: 1 MINUTES

Call Back:

Just as we did during Intake Breaks 1 and 2, we are going to model for you some best practices for doing a client intake. Just like last time, focus on how the trainer balances being present to the client while still gathering and entering information onto the computer. This time, also focus in on the resource categories that the Advocate is using to locate resources to match the client's needs. As you watch, notice that we are moving to the L of our IDEAL acronym—Linking clients to resources.

Goal for Learning Activity

TIME: 2 MINUTES

Goal #1:

Manage the technology demands while still focusing on the client.

Goal #2:

Utilize the Scope of Services tool in Reach

Goal #3:

Develop the ability to identify client needs by analyzing their initial narrative and asking follow-up questions

Goal #4:

Apply the DAE (desirability, accessibility, eligibility) criteria to determine if a resource is a good fit for a client

Goal #5:

Set resource and timeline expectations with families

Goal #6:

Give and receive feedback in a constructive way

Modeling

TIME: 10 MINUTES

Tell trainees:

You are going to see the continuation of our intake interview modeled for you. This interview will pick up from the earlier intake break scenario and move on to select services matched to client needs. The scenario you are about to see is the mom who needs help finding food pantries and getting Rapid Resource Results (RRR) information about employment.

Continue with the scenario of the single mother needing to find food pantries and job listings (the client scenario is listed below as a reminder):

Advocate:

You are meeting this client for the first time. She has walked up to you while you are working your shift. For Intake Break II, we want you to practice using Reach while working with a Client. Enter information about your client while you do this scenario and use the Scope of Services to determine how to work with an out-of-school-time need.

Client:

You are a 23-year-old single mother with a 6-year-old. You have been receiving Medicaid, SNAP, WIC and TANF cash benefits. The time limit is up for TANF and you no longer qualify. In addition, because your child has just turned 6, you no longer qualify for WIC benefits. You are unemployed and live alone with your child in subsidized housing. You are a certified nurse assistant, and you worked as a CNA in a local nursing home until it closed last year. Your resume is still up to date, but you need help finding and applying to job listings. Additionally, because you are unemployed your rent has been adjusted to $0, but you are still struggling to buy food.

- Income: less than $400/month
- Living Situation: Rent an apartment for $0/month
- Address: 1200 SE Belmont St. Portland, OR 97214

During this portion of the intake interview, focus on the following information:

In Reach there are 5 food pantry resources in Portland. Of those, two are online food pantry locators and the other three are physical food pantry locations. Use the DAEs to figure out which program is best. The online databases help patient navigators find local and convenient food pantries for the client, without entering dozens of individual pantry locations into Reach. Out of 3 possible locations in Reach, only the Hyde Park & Kenwood Park Interfaith Food Pantry will work for the client, because the client meets the eligibility requirements and it is open on Saturdays when she doesn't work.

Additionally, the client needs RRR help for Employment 101. Out of 4 possible resources, the DAEs will help you narrow down the list to the 1 or 2 resources (Employment Assistance @ The Knowledge Hook-Up and/or Job Search Resources @ the Oregon Department of Labor and Training) that may actually fit your client's needs.

Focus trainees' attention to the categories of services that were used: Food Pantries and Employment 101 (RRR).

Active Engagement

TIME: 35 MINUTES

Divide the trainees into triads and ask them to login to the Reach training site

- https://training-healthleads.cs10.force.com/clientconnect/CCxLogin

Tell trainees:

You are going to continue from where you left off in the last intake interview and use the DAEs to find the right resources for the 33 yr. old mom and the 66 yr. old client. You are going to keep the same roles you held previously.

The veteran Advocate will observe both demonstrations and offer constructive feedback. The observer should be taking notes during the scenarios to support them in giving feedback according to these guidelines:

Quickly review the following:

For the givers of feedback:

1. It has to be specific (that was good vs. when you shook her hand and looked her in the eye, that was effective)
2. It has to be actionable (I didn't like it vs. I think you could have been more effective if you had done X);

   For the receivers of feedback:

3. Don't defend what you just did (I meant to do this because). The purpose of feedback is to get another perspective, not to defend your own. Instead, thank your observer and consider the perspective they gave you.

Just like last time, those playing the client—we expect an Emmy award-winning performance to help your fellow trainees practice their skills.

Those playing the role of the Advocate—this is your opportunity to practice the skills you have learned today so that you are more at ease the first time you do an intake with a real client.

You will each have 10 minutes to play out your scenario and 5 minutes to give each other feedback. Then we will switch roles.

Pay attention to the strategies you use to identify a resource for your client. Also, notice which areas of need/which categories in the Scope of Services are discussed during these scenarios. Take note of the language you use to remind the client that Health Leads does not directly administer the resources discussed. Also, note the strategies you use to explain to clients how long it might take to access and/or obtain resources. I will let you know when it is time to share feedback and when to switch scenarios. After the scenarios are complete, call the group back together to review the following categories in the Scope of Services that were discussed during these scenarios:

Scenario A:

33 year-old single mom looking for Out of School Time Program & Clothing.

- Afterschool Program for Portland Public School District is the closest program to their home for which her son fits the age requirements and there are sliding scale fees available.
- Free Clothing for Low-Income Adults is the only resource that is known for having women's clothing readily available, and Client meets the income eligibility requirements.

Scenario B:

66 year-old looking to apply for SNAP and Utilities Assistance.

- SNAP (Foodstamps) is the exact resource assistance that the client was looking for. The client might be interested in Supermarket Gift Cards, but that isn't the resource they were looking for.
- Northwest Utilities Discount Gas and Electric offers discount rates on utilities to qualifying lowincome clients.

Scenario A

Client:

You are a 33 year-old single mother with an 8 year-old. You have a full time job and are looking for an afterschool program for your son, a 2nd grader. Your friend was watching your son, but she just got a job, so you're worried you'll have to quit your job if you don't find something soon. Your friend starts her new job in two weeks. You think you can afford to pay for a sliding-scale afterschool program. You are hoping to find an afterschool program that is fairly close to your home, where your son can have fun with other children his age. To save money you also stopped buying new clothing. Several of the items you own are very old now, and do not look presentable when you go to work. So, you are also looking for clothing for yourself.

- Age: 33 (DOB 10/30/80)
- Gender: Female
- Language: English
- Income: approx. $1,500/month
- Children: 1
- Living Situation: Rent an apartment for $800/month
- Address: 4805 NE Glisan Street Portland, OR 97213
- Referred by: No referral from a clinical provider. You saw the Health Leads sign in the waiting room and stopped by the desk after your son's appointment to find out more.

Potential Needs:

- Child Related: Out of school time
- Commodities: Clothing

Advocate:

You are meeting this client for the first time. She walked up to you during your shift. Remember, you don't have to solve every problem/need right away.

For this intake break we want you to practice using Reach while working with a client. Enter your client while you do this scenario.

Observer:

- How well did the Advocate introduce the program and their role as an Advocate?
- What questions did the Advocate use? How were they successful? How can they be improved?
- List 1 thing the Advocate did that improved their interaction with the client.
- What 1 piece of feedback would you give to the Advocate to work on for their next client interaction?
- How did the Advocate use Reach? What tips would you give them to better integrate the computer into their interaction?

This unit outlines activities that specifically leverage the Health Leads Reach technology platform, but trainers should feel free to adapt these messages and activities to their technologies and workflows.

Trainer Cheat Sheet for Scenario A Resources

The spreadsheet below summarizes the list of resources that will turn up in a Reach search for this client's needs. It also evaluates each resource based on the DAEs to help you determine which resource would be most appropriate for the client.

NEED	RESOURCE NAME	DAE?	REASON
COMMODITIES: CLOTHING	Food & Commodities Assistance for Low-Income Families	Maybe	TGoods are seasonal: client/Advocate should call ahead to make sure that women's clothing is available
	Clothing Donations for Low-Income Families	No	Goods are seasonal: client/Advocate should call ahead to make sure that women's clothing is available
	Free Clothing for Low-Income Adults	Yes	Client is income eligible, resource specializes in adult clothing (especially for women)
	Donated Clothing & Home Goods for Low-Income Families	No	No, resource specializes in clothing for babies, young children, and early teenagers

NEED	RESOURCE NAME	DAE?	REASON
CHILD- RELATED: AFTERSCHOOL PROGRAM	Dr. Day Care After School Programs and Childcare	Maybe	Child is appropriate age and mother meets employment requirement, but this program is farther away so may not be ideal
	Afterschool Program for Portland Public School District	No	Child is appropriate age, program has sliding scale fees, and it is closer to their home
	Teen/Young Adult Service Center	Yes	Acceptable if the volunteer playing the role of the Client decides that they are Catholic
	Homework then Play	No	Child is the appropriate age, but he is not in 3rd grade so not eligible for the program.
	Oregon Urban Debate League	No	For high school students, wrong age group

Scenario B

Client:

You are 66 years old, just retired and are receiving SSI and Medicare. You are taking your grandson to the clinic today for his flu shots. While your benefits cover the basics, money is tight at the end of the month. You came to Health Leads today to apply for food stamps (SNAP), and you want to know if there is a way to get a discount on your electric bill.

- Name: you pick! Make it fun!
- Age: 68 (DOB 10/26/47)
- Gender: Male/Female
- Language: Spanish
- Income: approximately $800/month
- Children: 2 grown
- Living Situation: Rent an apartment for $400/month
- Address: 1401 SE Morrison St, Portland, OR 97214
- Referred by: Your doctor, Dr. Jennifer Smith

Needs:

- Food Stamps/ SNAP
- Utility Discount

Advocate:

You are meeting this client for the first time. They have walked up to you while you are working your shift. Remember, you don't have to solve every problem/need right away.

For this intake break we want you to practice using Reach while working with a client. Enter your client's info while you do this scenario.

Observer:

- How well did the Advocate introduce Health Leads and their role as an Advocate?
- What questions did the Advocate use? How were they successful? How can they be improved?
- List 1 thing the Advocate did that improved their interaction with the client.
- What 1 piece of feedback would you give to the Advocate to work on for their next client interaction?
- How did the Advocate use Reach? What tips would you give them to better integrate the computer into their interaction?

As you watch, notice that we are moving to the L of our IDEAL acronym- Linking Families to Services.

Trainer Cheat Sheet for Scenario B Resources

The spreadsheet below summarizes the list of resources that will turn up in a Reach search for this client's needs. It also evaluates each resource based on the DAEs to help you determine which resource would be most appropriate for the client.

NEED	RESOURCE NAME	DAE?	REASON
FOOD: SNAP/FOOD STAMPS	SNAP (Food Stamps)	Yes	The exact resource the client was looking for
	Holiday Meals	No	No, this is a resource for an entirely different sub-need. Client still might be interested. Good example of a resource that could be flagged so that the resource coordinator could re-categorize the service in the appropriate sub-need.
	Supermarket Gift Cards for Low-Income Households	Maybe	No, this is a resource for an entirely different sub-need. Client still might be interested. Good example of a resource that could be flagged so that the resource coordinator could re-categorize the service in the appropriate sub-need.

NEED	RESOURCE NAME	DAE?	REASON
UTILITY ASSISTANCE	Armisen & Bishop Utility Services: Shut Off and Discount Rate Assistance	No	Client does not meet the eligibility. He does not live alone- so not everyone in the house over the age of 65 and it is not clear there is someone under the age of one.
	Utility Bill Payment Assistance (Summer Cooling Program)	Maybe	Reach lists eligibility as low income, but without looking at the application hard to know if the client will qualify. It is a one-time discount.
	Northwest Utilities Discount Gas and Electric	Yes	The Utility company offers discount rates to defray the cost of monthly utility bills to qualifying low-income consumers. Since the client is receiving SSI he already qualifies. The Advocate can offer to fax the information to the company. Cleint would need to show his SSI card and a recent bill.

Application/Assessment

TIME: 7 MINUTES

Ask trainees to work in partners (pair share) or in their color groups to discuss the following for 4 minutes: What strategies were helpful to identify a resource for your client? What language helped you to remind the client that Health Leads does not directly administer the resources discussed? What strategies helped you to explain to clients how long it might take to access and/or obtain resources? What have you learned from your triad members that will help you with your first real client? What constructive feedback did you receive that would be helpful for others to hear? During the last 3 minutes, ask each partnership or group to share out one strategy or suggestion and add it to the group-generated list of "Best Intake Practices"(this will build upon the list that was started during Intake Breaks 1 and 2).

Differentiation

If you are doing this outside of a Health Leads context, you should substitute your own system for recording information during a client intake.

Materials

- Intake Break Scenario (in Companion Guide)
- Computers for each triad
- Best Practices chart from Intake Breaks 1 and 2
- Markers
- Power Point
- IDEAL acronym Power Point slide
- WIFI

Vocabulary

- DAE (Desirability, Accessibility, Eligibility)
- Medicaid
- Rapid Resource Results (RRR)
- Reach
- Scope of Services
- SNAP
- SSI
- WIC
- TANF

Intake Break 3
Unit Wrap Up

5 MINUTES

Re-state Essential Question

How do I balance entering entering into Reach with maintaining focus on and responsiveness to my client?

- How do I integrate the computer into the conversation with my client?

Ask trainees to share out their understandings and answers.

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Making the process of filling information into Reach as transparent as possible will allow the client to feel more in control of what is happening with the information they shares. It's important to be present to the client during the conversation, even though you also need to input information. Eye contact and active listening, such as nodding and making brief verbal responses, are often helpful to let clients know that you are listening and interested in what they have to say.

Re-state Essential Question

How do I grow in my ability to uncover client needs in order to connect them to services?

- How do I know if a service is a good match for a client?
- How do I set reasonable expectations for my client regarding these services?
- How do I utilize constructive feedback?

Ask trainees to share out their understandings and answers.

- *(Accept 2-3 brief contributions from the trainees)*

Skills Developed

Clients will not always directly state their needs so follow-up questions and conversation is often necessary to identify needs. The more information an Advocate uncovers, the more they will be able to help the client. In order to be a good match for a client, a resource must meet the criteria of desirability, accessibility, and eligibility. patient navigators must help establish clear expectations for what timelines are reasonable for clients to start receiving services.

An important part of growing one's practice involves being open to feedback. When giving feedback, it should be specific and actionable. When receiving feedback, one should listen for the other perspective, not to defend one's own perspective.

Summative Assessment: Jeopardy

60 MINUTES

Content, Skills, Understandings Being Assessed

This section is an exercise designed to summarize much of the information and skills discussed throughout the rest of the training.

Assessment Format

This assessment is in the form of a jeopardy-style questions game, in which the trainees will work with a group to generate the answer, but individual trainees will be responsible for reporting the answer. Time is a factor as the first group to reach the designated is object is the one that earns the right to answer the questions. Each trainee from each group must answer one question before any trainee can answer a second question.

Assessment Materials

- Computer
- Projector
- Internet access
- Object for groups to grab
- Chart paper and markers

Assessment Instructions

Prepare the projector to the slides that have the jeopardy questions. Use the chart paper and markers to create a scoreboard.

Divide the trainees into their color teams.

Tell trainees:

This is a jeopardy style questions game that will ask you questions based on what we covered yesterday. All teams will have the opportunity to answer the questions, but the team with the most points at the end of the game will win a prize. I will pull up the question on the board.

The Rules

- Rule #1: You and your team can take as much time as you want to think about it and come up with the answer together.
- Rule #2: The first team to grab this object [hold it up] will get the opportunity to answer the question. However, the person who grabs the object is the only person who can answer. As soon as your hand touches the object you can no longer talk, look, or speak to your team. If you look for guidance from your team, your team will be disqualified for that round!
- Rule #3: Each person on your team must answer one question before any one of you can answer a second question.
- Rule #4: If the first group that answers is incorrect, the other team may answer the question.
- Rule #5: If there are multiple correct answers, after the first team answers, the floor may be opened up to other teams.

Give the teams 2-3 minutes to strategize before starting the game.

Remember: The facilitator for this game must know the information well enough to be able to judge whether or not the answers are correct instantly. Additionally, it is the role of the trainer to connect the questions and answers to the larger scope of Health Leads training and the learning the trainees have done. This game requires the trainer to be constantly engaging with the trainees, maintain their attention, keep things moving, and reinforce the rules in a supportive way.

Once the game is completed, award the winning team with a standing ovation.

Assessment Follow-Up

Ask the trainees to return to their seats and have the trainers/ leadership team sit in front of the group.

Ask the trainees to reflect on the learning they just reviewed and the work they have done over the past two days of training. Ask if they have any questions. They can be technical, logistical questions or deeper questions about the work they have signed up to do with Health Leads.

Allow the questions and answers continue for about 10 minutes.

Activities

CLOSING ACTIVITY #1: CELEBRATING OUR STRENGTHS 100
CLOSING ACTIVITY #2: MAKING A COMMITMENT 101

Closing Activity #1: Celebrating our Strengths

15 MINUTES

Goal for Closing Activity

Goal #1:

Acknowledge our strengths as a team

Materials

- None

Logistics/Preparation

Make sure the furniture is moved in a way so that you can gather everyone into a circle.

Activity Implementation

Gather all trainees and trainers into a circle.

Tell trainees:

You have all grown as individuals this weekend, but you have also grown as a team. You just had the opportunity to hear positive feedback about your skills from our veterans, but now we want you to have the opportunity to give each other positive feedback because this is the team you will work with over the next semester, or possibly the next few years!

This is your opportunity to shout out whatever you need to say to close out the experience for yourselves. It may be a shout out to your team members or a comment on the experience of participating in this training this weekend. Whatever it is you would like to share, please step into the circle, and take a maximum of one minute to shout it out.

The Managing Director of Program should be the last to go in the circle and close out the experience by reminding the people in the room about the opportunity they have to change health care this year through their work with part of the team. This message should not last longer than 2-3 minutes.

Closing Activity #2: Making a Commitment

15 MINUTES

Goal for Closing Activity

Goal #1:

Commit to the clients/the families that I will serve as part of the team

Materials

- Post It Notes
- Pens
- Chart Paper
- Markers

Logistics/Preparation

- Post up easel papers around the room with the number of clients who will be served for the year specific to that desk. If a region is doing this there should be one easel page for each desk
- Place a post-it note and a pen on each participants chair
- Have 3-4 stories prepared.
- 2 stories about how clients have been impacted
- 1-2 stories about how patient navigators have been impacted by their experience with the organization

Activity Implementation

Share two stories about how local clients have been impacted by the work of the team. Then share one or two stories about how local patient navigators have been impacted by their experience with the team.

Explain that all the strengths this team possesses, which they just celebrated, are going to have a huge impact on the clients they will serve. Over the next year, so many more stories will be formed. In fact, at this location, the team will be serving X number of clients…and that will be X number of stories and points of impact on client and Advocate lives.

Explain that the patient navigators just committed to be a part of the team to the staff and veteran patient navigators by accepting their blue polo. Now they are going to make that commitment to the final member of the team—the clients.

Ask trainees to please take a minute to write what their commitment to their clients—those families who they've yet to meet! Once they're finished, ask them to put their post-it notes on one of the easel pages around the room and return to their seats.

Once they have posted their notes and returned to their seats – choose a few notes at random to read out loud. End the training with a final, warm welcome to the team!

About Health Leads

Health Leads is an innovation hub that runs both national and local initiatives that address the deep societal roots of racial inequity that impact our health. A non-profit founded in 1996, the organization helped set the standard for health systems and clinics looking to integrate programs that connect people to essential health resources like food, heat and housing. Today, Health Leads is focused on helping build partnerships and redesign systems so every person, in every community, can live with health, well-being and dignity.

Health Leads

Learn more at www.healthleadsusa.org, reach us at info@healthleadsusa.org
and follow us on Twitter, Facebook and LinkedIn.

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