

PRACTICE PAPER

Eisner Health's Journey Through Implementing Trauma-Informed Care

How one organization reduced escalations, supported staff wellness, and improved the patient experience by integrating trauma-informed care

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ABOUT THIS PRACTICE PAPER

Trauma-informed care (TIC) offers a way for organizations to understand the impact of toxic stress and resilience on both patients and staff, then leverage that understanding to improve organizational culture and practices. Within community health, TIC provides a critical foundation for integrating screening for Adverse Childhood Experiences (ACEs).

This practice paper shares key lessons from Eisner Health's experience implementing TIC, many of which are universal takeaways that can be applied to organizations of all kinds. As your team embarks on integrating ACE screenings and/or implementing TIC, use this practice paper for firsthand insights on how to navigate the journey, avoid or overcome common challenges, and maximize success.

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This paper was produced with grant funding support from the California ACEs Aware initiative, a first-in-the-nation effort to screen children and adults for Adverse Childhood Experiences (ACEs) in primary care, and to treat the impacts of toxic stress with trauma-informed care. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation. For more information, visit the [ACEs Aware website](#).



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EXECUTIVE SUMMARY

“When we take care of ourselves, that’s when we can provide the best care for others.”

- Eisner Health team member

When Eisner Health, a Federally Qualified Health Center (FQHC) in Southern California, began to integrate trauma-informed care (TIC) into its practices, the organization’s primary goal was to reduce the number of escalations among staff and with patients. Members of the team didn’t realize the profound impact a trauma-informed approach would have on their culture, the patient experience, and their personal lives as well.

Trauma-informed care includes awareness of the prevalence of trauma and adversity (including early adversity) and understanding of the impacts of trauma on physical, emotional, and mental health. Its principles help support a strengths-based and nonjudgmental approach to toxic stress risk assessment and intervention, and to prevent inadvertent retraumatization of patients and vicarious traumatization of service providers.¹

Intrigued by TIC’s principles and promising benefits, Eisner Health secured funding to implement this approach within the organization and **began the planning process**. Through a series of surveys, training sessions, planning initiatives, clinic-

by-clinic rollouts, **long-term supports, and organizational changes**, Eisner Health’s team has begun transforming not only its patient care, but also its culture.

Along the way, Eisner Health leveraged several **facilitators** that propelled its success, experienced complex **challenges**, and learned invaluable **lessons and best practices** that it uses to guide ongoing implementation and share knowledge with others. Some of the top lessons learned include:

RECOGNIZE TIC AS A CRITICAL FOUNDATION FOR IMPLEMENTING ACE SCREENING

If your organization is implementing ACE screening, pair it with TIC to support long-term sustainability and work toward achieving an even greater impact.

KNOW YOUR “WHY” BEFORE BEGINNING

Defining the high-level vision or purpose Eisner Health was trying to achieve kept everyone focused on a shared goal and laid a strong foundation for long-term sustainability.

¹ Bhusan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. *Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health*. Office of the California Surgeon General, 2020. DOI: [10.48019/PEAM8812](https://doi.org/10.48019/PEAM8812).

ROOT TIC IN ORGANIZATIONAL CULTURE

Eisner Health navigated its TIC implementation as a long-term, cultural initiative, not a one-time or standalone project. This helped facilitate buy-in, make the integration smoother, and achieve long-lasting results.

FOCUS INWARD FIRST

As Eisner Health implemented TIC, it prioritized looking inward first, with a specific focus on supporting staff resilience as the foundation for improving the patient experience. This approach helped the team make a greater impact both internally and externally.

CREATE A COMMON LANGUAGE

Across departments, Eisner Health established a consistent definition and language for TIC, stress management, and resilience. This shared understanding was a critical step in building empathy, shifting the organization's culture to acknowledge that team members bring their whole selves to work, and laying a foundation to focus on staff wellness.

INCORPORATE THE VOICE OF PATIENTS AND STAFF WHEN DESIGNING SOLUTIONS

Including patients on implementation teams and getting input from staff about their needs helped all parties feel heard and ensured that the solutions designed would be truly effective.

These best practices and others led to powerful results at Eisner Health. In addition to reducing the number of complaints and incidents (such as escalations to a supervisor and calls to security), employees say they feel safer, more supported, and more empowered to manage stressful situations within themselves, with other team members, and with patients. With more knowledge and tools at its disposal, Eisner Health has created a better experience for staff and patients alike.

While Eisner Health customized its approach, many of its strategies and lessons learned are universal and can be applied by any organization in any sector.

Here is Eisner Health's story, along with its team's practical recommendations for others navigating their own TIC journey.

Already wondering, “What does all of this mean?”

Use the following overview to understand the key concepts discussed in this practice paper and why they matter.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

The term Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study conducted among more than 17,000 adult patients by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, referred to as the ACE Study.²

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (up to age 18). Though often used colloquially to refer to a variety of adversities in childhood, when capitalized, the term ACEs specifically refers to 10 categories of adversities in three domains – abuse, neglect, and household challenges:

- **Abuse:** physical, emotional, and sexual abuse
- **Neglect:** physical and emotional neglect
- **Household challenges:** growing up in a household with incarceration, mental illness, substance dependence, absence due to parental separation or divorce, or intimate partner violence

ACEs are highly prevalent and affect all populations. In California, 62% of adults have experienced at least one ACE and 16% have experienced four or more ACEs.³ ACEs affect all communities. They cross ethnic, socioeconomic, gender, and geographic lines. Because more stressors are channeled into certain communities, some populations are disproportionately affected.

ACEs are strongly associated with some of the most common, serious, and costly health conditions facing our society today, including at least nine of the 10 leading causes of death in the United States, as well as earlier mortality from all causes.⁴

TOXIC STRESS

It is now known that one important way in which ACEs impact physical and mental health is through prolonged activation of the biological stress response and associated changes in brain development, as well as through hormonal, immune, and genetic regulation. These long-term changes are known as the toxic stress response.

² Felitti VJ, Anda RF, Nordenberg D, et al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, (14), 245–58.

³ California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), (2011-2017).

⁴ Centers for Disease Control and Prevention. (2017, accessed May 8, 2019). *Leading causes of death by age group* [Image]. https://www.cdc.gov/injury/images/lc-charts/leading-causes_of_death_by_age_group_2017_1100w850h.jpg

SOCIAL DETERMINANTS OF HEALTH

Beyond ACEs, additional adversities are also risk factors for toxic stress. Conditions in the environments in which people live, learn, work, play, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes and risks. According to the World Health Organization, the social determinants of health are education, employment, health systems and services, housing, income and wealth, the physical environment, public safety, the social environment (including structures, institutions, and policies), and transportation.⁵

While validated odds ratios are available in large, population-based studies using the 10 standardized ACE criteria, the strengths of association between other experiences/social determinants on health and health outcomes have not been similarly standardized.

ACE SCREENING

Screening for ACEs, assessing risk for toxic stress, and responding with evidence-based interventions and TIC can significantly improve the health and well-being of individuals and families.

The Pediatric ACEs and Related Life-events Screener (PEARLS) is used to screen children and adolescents ages 0-19 for ACEs, while the ACE Questionnaire for Adults is used to screen adults. The tools are available in 17 languages, in both de-identified and identified formats.

For more information, visit the [ACEs Aware Screening Tools web page](#).

The total reported exposure to the 10 ACE categories indicated in the ACE screening tool – Part 1 of the PEARLS and in the ACE Questionnaire for Adults – is referred to as the ACE score. ACE scores range from 0 to 10.

RESILIENCE

The ability to withstand or recover from stressors. Resilience results from a combination of intrinsic factors and extrinsic factors (like safe, stable, and nurturing relationships with family members and others), as well as pre-disposing biological susceptibility. Extrinsic factors can also include community and systemic environment that can impact opportunities for individuals to build resilience.

TRAUMA-INFORMED CARE (TIC)

Trauma-informed care provides a framework to translate our understanding of ACEs and toxic stress into meaningful action.

It provides a lens to consider all policies, procedures, and practices within an organization, rather than creating a separate, siloed initiative. Given the prevalence of ACEs and toxic stress, TIC is relevant to any organization.

⁴ Solar O, Irwin A. *A conceptual framework for action on the social determinants of health*. (2010) Geneva: World Health Organization.

TRAUMA-INFORMED CARE INVOLVES:

- **Understanding** the prevalence of trauma and adversity and their impacts on health and behavior;
- **Recognizing** the effects of trauma and adversity on health and behavior;
- **Training** leadership, providers, and staff on responding to patients with best practices for trauma-informed care;
- **Integrating** knowledge about trauma and adversity into policies, procedures, practices, and treatment planning; and
- **Resisting** re-traumatization by approaching patients who have experienced ACEs or other adversities with non-judgmental support.

Principles of trauma-informed care:

The following key principles of trauma-informed care should serve as a guide for all health care providers and staff:

- Establish the physical and emotional **safety** of patients and staff.
- Build **trust** between providers and patients.
- Recognize the **signs and symptoms of trauma** exposure on physical and mental health.

- Promote **patient-centered, evidence-based** care.
- Ensure provider and patient **collaboration** by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment.
- Provide **care that is sensitive** to the patient’s racial, ethnic, and cultural background, and gender identity.

These principles serve as the foundation for operationalizing the concepts of ACEs and toxic stress, and creating a resilient culture.

ACES AWARE INITIATIVE

ACEs Aware is an initiative of the Office of the California Surgeon General and the California Department of Health Care Services, as well as part of Governor Newsom’s California for All Initiative.

Led by Dr. Nadine Burke Harris, California Surgeon General, and Dr. Karen Mark, Medical Director of the Department of Health Care Services, ACEs Aware offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for Adverse Childhood Experiences (ACEs). The California Surgeon General has set a bold goal to cut ACEs in half in one generation.

BACKGROUND

About Eisner Health

Eisner Health is a quality-focused, federally qualified, non-profit community health center in Southern California dedicated to improving the physical, social, and emotional well-being of the people it serves, regardless of income.

Providing a medical home to more than 48,000 patients annually on a budget of over \$50 million, Eisner Health is one of the few providers of accessible, free, or low-cost primary care in Downtown and South Los Angeles and the San Fernando Valley. Eisner Health's integrated medical home model incorporates a range of services, from primary care to childbirth classes, dental services, and counseling for emotional disorders. In fiscal year 2020, Eisner Health provided over 165,000 visits to nearly 48,000 individuals across 17 different locations.

74% of Eisner Health patients identify as Hispanic or Latino/a, and 23% of patients are best served in a language other than English. Over 50% are at or below the federal poverty level.

Methods and scope of this paper

This practice paper shares key lessons that Eisner Health's teams learned as they implemented TIC across the Behavioral Health, Medical, and Dental Departments at three sites: the Lynwood Clinic, Adult Clinic, and Downtown Dental Clinic.

Information was gathered via 24 qualitative interviews with clinical leads, administrative leads, and staff members at each of these locations; Eisner Health administration and leadership; and patient representatives from two clinic sites. Data was then distilled into key insights about Eisner Health's approach, barriers, facilitators, and other lessons learned.

Interviews were conducted between November 2020 and January 2021, prior to the implementation of ACE screening at Eisner Health.

[See the appendix for a full list of roles interviewed.](#)



A conference serves as a catalyst for change

Eisner Health's journey through implementing TIC began more than six years ago when Chief Medical Officer Dr. Deborah Lerner attended a conference focused on community healthcare and wandered into a session hosted by a social worker who worked for the San Diego Police Department.

The social worker's story of how TIC had transformed her work planted a seed in Dr. Lerner's mind, which continued growing over time as she observed real-world challenges with staff, providers, and patients at Eisner Health. Regardless of the people involved, she noticed a similar pattern of escalation and conflict in high-stress situations. For example, a verbal complaint or threat from a patient often intensified quickly, frequently resulting in security having to intervene. In addition, providers sometimes used firm language toward other team members during tense situations, such as when front office staff wanted to add a walk-in appointment into an already crowded schedule. These interactions eroded trust and communication, creating even more of a hotbed for escalations and incidents.

Dr. Lerner observed that the common connection among these challenges was that Eisner Health's staff members needed more support and tools to navigate stressful circumstances and conversations, as well as skills to help manage those feelings in themselves and their patients.

Dr. Lerner recalled the conference presentation she saw and recognized that TIC could be a way to address these issues on a deeper level and in a sustainable way. Many Eisner Health employees live in the chronically stressed communities that the organization serves, and all staff naturally bring life experiences and stressors to the workplace. By providing more knowledge about stress and tools for managing it, Dr. Lerner hoped Eisner Health could better support its staff, build internal resilience, and improve employee wellness.



PROCESS AND APPROACH

Eisner Health's journey through integrating trauma-informed care

1

Funding the journey with grants

2

Staffing and starting the journey in phases

3

Navigating the TIC journey

4

Integrating ACE screening for a whole-human care approach

1

FUNDING THE JOURNEY WITH GRANTS

Although Dr. Lerner presented TIC to senior team colleagues and attempted to bring the approach to Eisner Health for several years, the idea didn't firmly take hold until 2018, when Eisner Health secured two grants from the Health Resource & Services Administration (HRSA) to support its implementation.

The first grant was a one-time training grant that allowed it to pilot this approach at one site. The second grant allowed Eisner Health to hire a dedicated TIC coordinator in February 2019 to support the ongoing effort — a critical component of the initiative's short-term and long-term success.

2

STAFFING AND STARTING THE JOURNEY IN PHASES

In keeping with Eisner Health's preferred approach of empowering individual clinics to lead initiatives based on each one's specific needs (versus a top-down approach), the organization chose to implement TIC one clinic at a time. Eisner Health also committed to placing case managers trained in integrated behavioral health at each site, which expanded the clinic's capacity to meet its patients' behavioral health needs, reinforced the connection between physical and mental health, and laid a solid foundation for introducing TIC.

Eisner Health's TIC coordinator began in February 2019. The position was housed within the Behavioral Health Department, which received training and ongoing support shortly after the care coordinator started.

In April 2019, Eisner Health began TIC implementation at its Lynwood Clinic. Lynwood was chosen as the first site because of its relatively small size and stable leadership, including a clinical director and clinic manager. Lynwood offers adult, pediatric, obstetrics, and dental services, providing an ideal laboratory for piloting TIC with patients who come to Eisner Health for a wide range of care.

Through the one-time grant funding from HRSA, Eisner Health hired the National Council of Behavioral Health to support the initial TIC training and assessment at Lynwood. After that clinic's initial rollout, Eisner Health continued expanding its TIC approach at the Downtown Dental Clinic beginning in September 2019 and the Adult Department beginning in October 2019.

The pandemic reinforces the power of Eisner Health's approach

Eisner Health's internal focus on staff wellness became even more important when the COVID-19 pandemic hit.

In spring 2020, the TIC initiative was temporarily put on hold as the organization adapted to the challenges of the pandemic, including shifting many of its services to a telehealth model, moving employees who don't interact with patients to remote work when possible, and dealing with staff shortages. Even as the initial crisis stabilized, it was clear that employees were stressed.

Leadership focused on ensuring physical safety during this time by working together to obtain necessary personal protective equipment, enabling technology changes to support remote work, and encouraging consistent communication across the clinic sites. This collaborative approach included holding a call every morning where site leadership offered the opportunity to share feedback and be heard. However, as time went on and unpredictability persisted, tempers flared, anxiety increased, and absenteeism grew.

Many team members lived in communities that had been disproportionately affected by COVID-19. Existing issues related to cultural, historical, and gender trauma were exacerbated by the pandemic. Employees were dealing with intense situations at home: intergenerational households where it was easier to catch and pass the virus, partners losing jobs, childcare issues due to school closures, and more. There were fears about going to work, but also fears about not getting paid if they stayed home.

All of these factors sharpened Eisner Health's focus on the importance of staff wellness as it refocused its TIC initiative.

3 NAVIGATING THE TIC JOURNEY

While each Eisner Health clinic has its own unique culture and considerations, all sites followed certain key steps throughout the process of implementing TIC and integrating its principles into each site's culture.

1. Initial assessment and buy-in

First, the TIC coordinator set up a meeting with leaders of the department to practice transparency and collaborate regarding what to expect in rolling out this initiative, including training, development of a core team for implementation, and identifying strengths and needs of the department. Then, employees at each clinic completed an internally-developed survey to ensure the voices of all parties were heard while identifying the best ways to support them during rollout. The survey included questions about teamwork and communication, work stress, feeling valued, and improving the patient experience.

2. Training

All staff members at each clinic received training that focused on the key concepts of TIC. Through the one-time grant funding from HRSA, Eisner Health hired the National Council of Behavioral Health to conduct the inaugural training session at Lynwood and provide a framework for the work to follow. Subsequent sessions were led by Eisner Health's TIC coordinator.

The content covered:

- The different types of stress
- Sources and symptoms of toxic stress
- Interactive exercises for participants to recognize the signs of toxic stress in patients, other team members, and themselves

All sessions focused on staff wellness, developing regulation skills, and viewing behaviors as adaptive responses to stress. There was also an emphasis on self-awareness and self-reflection to encourage employees to consider how they contribute to the collective stress or calm in interactions with both patients and other staff members.

For instance, the Dental Department's front office team members realized that they would occasionally forget to greet one another when entering the clinic if they were having a tough morning. The mood would become contagious, and people would assume someone was upset with them. TIC offered language for the team to identify and communicate each person's feelings towards one another, as well as skills to manage the stress of life inside and outside of the office.

As Eisner Health's employees completed training, they reflected on what they learned and worked together to identify specific attitudes and behaviors they wanted to start, stop, and continue at their sites.

What is trauma-informed care training?

Eisner Health's trauma-informed care training introduced staff to the concepts of a TIC approach, including ACEs and toxic stress, social and historical trauma, the body and brain, and resilience.

The training style mirrored the principles of TIC and encouraged teams to focus on their strengths as they defined their approach, enabling the groups to simultaneously learn about the concepts while practicing them. For example, employees created agreements to define and clarify safety within the training space. They also established predictability by sharing an agenda, while staying flexible to meet the group's specific needs.

Throughout the training sessions, team members participated in self-reflection activities focused on realizing the impacts of trauma, recognizing symptoms within themselves, and reflecting on their own protective factors and resilience. These activities helped them create a common language to discuss how they respond when stressed (through fight, flight, freeze, or fawn) and to pinpoint what might help them regulate, practice empathy, and better care for themselves, each other, and their patients.

For example, a common theme that came up was to stop shutting down when overwhelmed and start asking for help. This information, along with the survey results gathered prior to training, helped determine areas to focus on during implementation.

3. Assembling an implementation team

Following these training sessions, Eisner Health established implementation teams at its Lynwood, Adult, and Downtown Dental Clinics. With the TIC principles of trust, collaboration, and patient-centered care in mind, each team consisted of clinical and administrative site leadership, frontline staff, the organization's TIC coordinator, and a representative from the Behavioral Health Department. The Lynwood and Adult teams also included patient representatives. These teams held regular meetings and were a

critical part of leading the implementation process, incorporating feedback on what was working well, and identifying opportunities for improvement.

4. Clinic-by-clinic rollout

The core implementation teams led TIC implementation efforts at their own sites, identifying strengths, needs, and potential solutions along the way. After the initial training, staff attended additional meetings with the TIC coordinator to focus on wellness, stress regulation techniques, operations, case discussion, and care coordination between providers and behavioral health clinicians. The TIC coordinator also consulted with clinic leadership at all sites to support and guide the implementation process, encouraging collaboration and wisdom sharing.

Finally, the Lynwood, Adult, and Downtown Dental implementation teams walked through the patient experience with a trauma-informed lens to identify opportunities to reduce stress throughout the process.

4 INTEGRATING ACE SCREENING FOR A WHOLE-HUMAN CARE APPROACH

The launch of the California [ACEs Aware](#) initiative in January 2020 motivated Dr. Lerner to implement ACE screenings at Eisner Health in conjunction with the organization's TIC initiative. Eisner Health began screening for ACEs in its Sherman Oaks clinic in early 2021 as part of the California ACEs Learning and Quality Improvement Collaborative (CALQIC) after a delay associated with the pandemic, and continued rollout among its other clinic sites. Trauma-informed care has provided a broader context and platform for the implementation of ACE screening.

The ACE screening tools were first introduced to staff during the initial introduction to TIC training session. They were used within the TIC approach to help employees identify the impact of their own past experiences first, rather than after implementing screening with patients. This inward-facing approach helped Eisner Health set the tone for

focusing first and foremost on staff wellness, as well as for positioning ACE screening as an empathetic way to better understand each person as a whole human with an individual history rather than as a tool to identify problems that need to be fixed.

Over the long term, Eisner Health aims to integrate ACE screenings to support the whole-person care approach in the organization's Pediatric, Women's Health, and Family Medicine clinics. Using the de-identified Pediatric ACEs and Related Life-events Screener (PEARLS), providers are able to use the tool to first connect and empathize with patients, then educate them and their caregivers on the impact of toxic stress exposure. Providers then coordinate with case managers who offer resources and skills to help respond to identified risk factors for toxic stress and/or associated health outcomes.

The collaborative approach outlined in the principles of TIC enables departments to work together and connect patients and their families to concrete resources in the community. Eisner Health's TIC coordinator, Andi Fetzner, PsyD, says, "The result of the ACE screening process isn't just a number. It's a new way of looking at what's happened in a person's past without limiting what's possible for their future."

"The result of the ACE screening process isn't just a number. It's a new way of looking at what's happened in a person's past without limiting what's possible for their future."

- Andi Fetzner, PsyD | Eisner Health TIC Coordinator

Long-term supports and organizational changes for a successful journey

In addition to guiding each clinic's implementation teams, Eisner Health's TIC coordinator provided a variety of supports throughout their journey and helped the organization ensure the improvements it is making would last.

CULTURE

TIC should be intertwined with an organization's culture, not treated as a short-term or one-time, siloed project. By approaching TIC as an organizational initiative rooted in culture, Eisner Health has made meaningful improvements inside and out, from the work environment to patient care.

Examples include:

Team huddles

The Adult Department started offering more opportunities for employees to debrief more regularly instead of only after stressful incidents. The clinic manager's past experience with Lean management (a management approach focused on process improvement) led him to introduce team huddles to the clinic, and TIC reinforced the value of this approach. The huddles have provided a forum for staff to express concerns, challenges, and wins, as well

as an opportunity to share gratitude with other team members. Even if something can't be fixed in the moment, the huddles help employees feel heard, which supports the TIC principle of collaboration and the implementation team's focus on staff feeling valued and heard.

Team connection

TIC has also encouraged staff to connect with each other about topics that are not work related, be kinder with disciplinary action, and recognize each other for a job well done. This peer support is an integral part of this approach. More broadly, TIC has provided a framework to think more intentionally about team building. One clinical director described that TIC has encouraged her to extend the empathy she often has for her patients to her staff, noting that in the past it has been easier to have empathy for her patients since she is not dependent on them for her work.

Management and leadership

In addition, leaders have shared how TIC has changed the way they supervise their teams.

For example, one medical assistant (MA) with supervisory responsibilities said that she used to have trouble relating to another MA who frequently complained about other team members. Before TIC, she says she probably would have switched the assistant's assignment and kept moving her around so she wouldn't have to interact with other MAs.

However, integrating TIC has encouraged her to talk to this team member, ask her what's going on, and set limits around the type of language she uses toward other employees to improve interactions.

Several directors say TIC has changed the way they check in with their employees. For instance, one leader moved from a more general open-door policy to scheduled meeting times with her team members to ensure they are able to check in. Another director makes a point to ask employees how they feel valued and what she can do to support each person.

At the executive level, Eisner Health's President and CEO, Warren J. Brodine, leveraged an open, transparent leadership style that was already in line with TIC. For example, at the height of uncertainty at the beginning of the pandemic in March of 2020, he sent an email pledging his commitment

to providing ongoing communication to staff about Eisner Health's COVID response and how it would impact roles and patient care. "We will keep communicating with everyone as there are new developments — expect something every couple of days or so."

SUPPORTS FOR STAFF (AND PATIENT) WELLNESS

Eisner Health initially focused its TIC efforts internally, implementing several supports for staff wellness to reduce burnout, build resilience, and decrease the frequency of patient-staff escalations. These improvements also organically helped team members better support their patients as they applied the same knowledge and tools when serving others.

Mindfulness and stress management practices

While the implementation teams incorporated many of these practices prior to the pandemic, they expanded some of the supports most requested by staff in the pre-training survey (including wellness tips sent through email, virtual wellness sessions, mindfulness practices, and other methods to help manage stress) across the organization as the initial COVID-19 crisis progressed.

Eisner Health found that live mindfulness sessions presented scheduling challenges for many team members, so it shifted to an email-based program that includes weekly resources (inside and outside of Eisner Health) and wellness tips, such as mindfulness and gratitude practices, stretching and yoga videos, and stress management webinars. While utilization of these resources was not formally measured, anecdotal reports suggested that the

techniques were used by at least some staff to set the tone for the day, during transitions throughout the day (e.g., from a video visit to an in-person visit), or to decompress at the end of the day.

To integrate these offerings even deeper into Eisner Health's culture, the TIC coordinator attended department meetings and led activities to support each team's goals. For example, one team wanted to improve communication, so the TIC coordinator facilitated a game of Telephone to show how stress can affect both the person speaking and the one listening. This activity offered a starting point for employees to identify how they adapt when stressed, practice stress management techniques, and apply new skills in a controlled setting before trying them in the high-stress, fast-paced clinic environment.

In-house resources

As a trained psychologist, Eisner Health's TIC coordinator served as a support for stress management, offering reflective coaching, skill building, and a source of connection to outside resources. She not only led formal training sessions, but was also available as a resource for staff during times of need.

For example, in summer 2020, when tensions were already high due to the pandemic and unrest in the community, there was a shooting directly in front of one of Eisner Health's clinics. Although no employees were physically harmed, it was a traumatic experience for many of them.

Without a TIC coordinator, Human Resources may have been limited to relying on a third party resource to support staff during this difficult time. Instead, employees had the option to debrief and connect with Eisner Health's very own TIC coordinator — a known and trusted resource. Engagement with the TIC coordinator was much higher than it typically is with outside resources, and with her help, team members leveraged the shared language they had developed together during TIC training to understand how toxic stress can affect health and behavior. One person in particular identified that the anxiety she was experiencing in this situation was amplified by stressful past experiences, and she shared with the group a few skills that helped her manage her freeze response.

Support for patients

Many employees have applied the wellness tools they have learned for themselves with their patients. One clinical director shared that she visited Eisner Health's residency clinic (which had not received TIC training at that time) to see patients and was able to intervene to support someone whose behavior appeared erratic and was having a panic attack right before a security officer was called. One of the residents commented, "She had a superpower."

The director discussed how TIC training has helped her and her staff prevent increases in stress by recognizing that behaviors such as yelling, eye rolling, and not complying are stress responses, then engaging patients in a validating, calming way. She expressed that the situation would have played out differently at her own clinic, where staff had already been trained on TIC.

ADDITIONAL TRAINING AND SUPPORTS

On top of the initial TIC training, Eisner Health provided additional TIC skills to several teams and clinics in order to address each one's unique needs.

Motivational interviewing for key staff members

Key employees at clinic sites, as well as all Behavioral Health Department staff, received training on motivational interviewing (a collaborative method to facilitate conversations about behavior change) to help boost teamwork and communication, reduce work stress, and improve the patient experience.

For dental providers and staff

The Dental Department completed focused training on how to support anxious pediatric patients. In alignment with the trauma-informed principles of establishing emotional safety and building trust, the team learned how to avoid pushing patients to do anything they might find traumatic, talk to the parents more about what is happening and why, and ensure the child is ready before beginning any procedures.

For scheduling and insurance

Staff who manage scheduling and insurance also received additional guidance about how to better connect with patients and navigate potentially stressful conversations, such as when a patient doesn't have insurance. Reinforcing the concept from the staff TIC training that behavior is a form of communication, team members identified

their own stress responses and participated in a case study to explore how to identify and respond to someone else when they are feeling stressed in a regulated way.

For Behavioral Health

Behavioral Health clinicians completed specialized training on Eye Movement Desensitization and Reprocessing (EMDR), a form of therapy designed to help patients alleviate distress they may feel after experiencing trauma.

POLICIES AND PROCEDURES

To support the long-term effectiveness of Eisner Health's TIC approach, the organization updated several policies and procedures at both the organizational and individual clinic levels.

Hiring

At the organizational level, some managers have shifted hiring practices to consider the importance of qualities such as self-awareness and empathy. For example, one human resource manager described that the team now prioritizes looking for a new hire with self-engagement and culture-building skills to complement skills that are more focused on policies and procedures. In addition, as job descriptions are updated, language about TIC is being integrated into job descriptions where appropriate.

Working from home

TIC also influenced Eisner Health's work-from-home policies during the COVID-19 pandemic, as leaders prioritized the

importance of their staff's physical and emotional safety. Many team members wanted to work from home. For others, however, the workplace was considered a safe place.

As a result, there was a conscious effort to explicitly ask employees if they could comfortably work from home. If they wanted to but felt they couldn't, leaders made accommodations. If they were able to work from home, leadership worked with staff to make sure they had the necessary technology to do so.

Firm, yet flexible patient policies and procedures

At the clinic level, staff emphasized the importance of balancing firmness with flexibility when it comes to patient policies and procedures.

As part of TIC, Lynwood re-examined its rules around tardiness and no-shows. In the past, if a patient was 20 minutes late, the appointment would be cancelled. Now, employees work hard to accommodate patients when possible. They also began sending patients text reminders about appointments, which has reduced no-shows.

Similarly, while the Downtown Dental Clinic staff encouraged patients to attend appointments alone during the pandemic to minimize the number of people on site, they also were accommodating to patients who didn't have childcare and needed to bring their children to their appointment.

AHA MOMENT

Some challenges with policies and procedures can be solved with communication and connection.

Eisner Health's TIC coordinator helped team members see that many challenges that seemed to be about policies and procedures are actually caused by disconnected communication.

For example, when the coordinator first started, many employees were confused about how to best serve patients who didn't have scheduled appointments. Many of the medical assistants felt like they were getting mixed messages from providers about how to fit these patients into the schedule.

Due to the time-sensitive nature of the situation, interactions were stressful. The TIC coordinator brought the staff together to discuss a plan and emphasized, "This is not about walk-ins. This is about communication, trust, and connection."

PHYSICAL ENVIRONMENT

Recognizing that facilities can be part of a culture change, Eisner Health clinics made simple changes to the physical environment to make it feel more welcoming to patients.

For instance, the Adult Department added reading materials, crossword puzzles, and pictures to the waiting room. Similarly, the Lynwood team painted the waiting room, installed white noise machines in the triage rooms, and added toys for pediatric patients. The Dental Department also added reading materials in the waiting room and repainted a bright red wall to a more calming blue. For both staff and patients, the physical changes created a warmer, more inviting environment than the more institutional standard. Providing toys for kids and activities for adults also helped patients reduce stress during waiting periods.

PATIENT EXPERIENCE

One of Eisner Health's clinical directors noted, "Once we started doing this work, we realized it affected all aspects of patient care." Subsequently, the organization made a number of changes to improve the patient experience.

"Once we started doing this work, we realized it affected all aspects of patient care."

- Eisner Health Clinical Director

Registration, scheduling, and intake

Several departments adjusted processes at the beginning of the patient's experience to help them feel more comfortable and connected:

- Behavioral Health restructured its patient intake process to build in more time for letting patients know what to expect and for getting permission prior to asking certain questions. The department also hoped this change would help remove unnecessary barriers for patients to access appropriate mental health services.
- Based on feedback received from the team's patient representative, the Adult Department is also making an intentional effort to more explicitly communicate the range of service offerings available to patients (even for those who are not sick), greet patients to help them feel more welcome, and make notes in the system to accommodate disabilities that may not be obvious.
- Lynwood's clinical director also emphasized the importance of communication with patients even when the outcome won't be affected, such as letting patients know when a provider is running late despite the inability to change wait times. This was a cultural shift centered around improving communication throughout the process, not necessarily "fixing" an issue.

Other changes have been more subtle, but reflect an effort to use more trauma-informed language and **ask** patients what they need instead of **telling** them what they need.

For instance, during the registration process, patients are now asked, “Do you live with your family?” instead of “Are you homeless?” Patients scheduling appointments now hear, “What is the best day and time for you?” versus “Here is what’s available.”

Service delivery

One of the biggest takeaways that Eisner Health’s teams noticed is how TIC helped them understand and relate to patients in high-stress or conflict-ridden situations.

Communicating with patients

One dental assistant described how, prior to implementing a TIC approach, if a patient was “rude” to her, she would respond to the patient with the same brash tone. TIC has helped her understand how to avoid taking situations like these personally and equipped her with tools to react and respond better. “Now, I sit down and talk to the patient,” she says. “What’s going on? How can I help? We are both humans. Let me understand you.”

One of Eisner Health’s case managers also shared how she was making a care plan with a patient who was very angry. She described that TIC training helped her not take the interaction personally and enabled her to encourage the patient to express frustration, take a deep breath, and share what was driving the anger. The patient said, “I’m in pain all the time, and I’m tired of being angry all the time.” Reflecting on this interaction, the case manager explains, “TIC can encourage us to ask ‘why.’”

Many employees described how the simple act of asking questions, such as “What do you need?” and “What can I do to make it better for you today?” often transforms interactions with patients. One case manager recalled an interaction with a parent of a pediatric patient with behavioral challenges who sounded completely overwhelmed. When the case manager shifted the focus to the parent and asked, “How are you? What do you need for you?” the parent couldn’t answer at first and said, “Nobody has ever asked me that before.” That interaction changed the relationship between them, and the parent felt more willing to share what was going on with the child — a powerful step toward helping the case manager provide even better care.

Serving patients with complex needs

At Lynwood, staff took a team-based approach to help patients with specific, complex needs and prevent high-stress behaviors. For example, to make the experience feel more predictable and comfortable for these patients, the team now identifies those patients in the schedule, greets them as soon as they arrive, moves them to a room right away, and continues to communicate with them throughout the visit to make sure they always know what to expect. Before TIC, team members would complain that treating high-impact patients differently from other patients was unfair, effectively rewarding “bad” behavior.

After implementing TIC, employees now see that this relational approach has helped reduce the anxiety that many patients experience during visits and prevents high-stress behaviors that impact both the patient and others in the waiting room.

Visit notes

The Behavioral Health Department has observed that referring notes from other Eisner providers now contain significantly more detail and context than before (which they attribute to TIC), a greater awareness of the intersection between physical and mental health, and a shared language for communicating with each other. The

Behavioral Health clinical director said that she used to see a lot of diagnoses based on behaviors, but TIC provides a framework for thinking about those diagnoses differently and facilitates the process of embedding the framework throughout the organization.

Integrating and destigmatizing mental health

The Behavioral Health team also noted that embracing TIC has helped reduce some of the stigma associated with behavioral health throughout the organization and build awareness that Behavioral Health is an integral part of the care team, not just a resource.

Embracing telehealth for safety and expanded care

To address the risk of COVID-19 exposure, Eisner shifted a significant portion of its visits to telehealth in early 2020. Most community health centers went back to primarily in-person patient visits by later that year, but as of the time of this paper’s publication in mid-2021, Eisner Health’s percentage of telehealth visits remained relatively high. Continuing to offer telehealth visits and helping patients feel comfortable with them has not only decreased potential exposure to COVID-19, but also increased access to care through virtual visits.

Staffing

Since implementing a TIC approach, some departments have taken a closer look at how they approach staffing.

For example, the Behavioral Health Department started considering not only case volume, but also case intensity. TIC provided the team with a path to think about how to reduce burnout and compassion fatigue as providers managed their caseload, with the goal of improving employee wellness and reducing turnover over time.

Eisner Health also noticed that clinic employees were more stressed during the COVID-19 pandemic and managers needed to accommodate more time off. Both factors resulted in the need for more temporary employees. One clinic manager implemented rolling time off for staff, where team members can step in to cover other employees on the floor so they can take time away from work — a move that she doesn't think she would have done before implementing TIC. Other leaders noted they are being more attentive to ensure their employees are taking breaks and recharging themselves as well.



LESSONS LEARNED

Facilitators, barriers, and key takeaways

As Eisner Health navigated the journey through integrating TIC, it doubled down on several strategies that propelled its success, addressed barriers that hindered progress, and discovered key lessons that any organization can learn from.

TAKING AN INWARD-FACING APPROACH TO TIC IMPLEMENTATION

Facilitators

As Eisner implemented TIC, it prioritized looking inward first, with a specific focus on supporting staff wellness as the foundation for improving the patient experience. This approach was a direct response to challenges the organization experienced with patient-staff escalations and the impact that COVID-19 had on employee wellness.

Prior to the pandemic, the team viewed the goal of TIC as ultimately delivering better care to patients. What staff members didn't realize was that achieving this goal would require better understanding of themselves and their own stress response, and that TIC would make a significant difference in the staff's wellness too. One team member said, "When you change yourself, that's where the impact is." Another noted, "When we take care of ourselves, that's when we can provide the best care for others."

While TIC no doubt facilitated Eisner Health's ability to navigate clinic changes more easily during the pandemic, it also laid the groundwork to continue supporting employee wellness long after COVID-19. "Wellness is on people's minds — it can't not be right now," said Eisner Health's TIC coordinator. "Our role is supporting the staff so they can sustainably serve the community."

Barriers and lessons learned

The inward-facing approach has required patience, relationship building, trust, and a culture that supports those qualities. Some team members still have a hard time grasping that TIC is not a form of therapy and is not just for patients. Asking employees to consider their own experiences and reflect on what they may be bringing to interactions requires vulnerability and risk-taking. For many employees, it took time to build the trust necessary to engage in this reflection — and it's still an ongoing process.

"When we take care of ourselves, that's when we can provide the best care for others."

- Eisner Health TIC Team Member

Conducting TIC training in small groups and offering choices when possible helped build the trust and relationships necessary for this process to work. Making coloring sheets, fidget spinners, stress balls, and food available at the training sessions, as well as incorporating group activities and mindfulness practices into the training also helped keep people engaged. In the future, Eisner plans to build in additional cultural references for Latinx staff members to connect with them even more.

ESTABLISHING AND MAINTAINING A COMMON LANGUAGE AROUND TIC

Facilitators

Across departments, Eisner had a consistent definition of what TIC means: an approach that considers life experiences and current stressors as contributors to how patients, staff, and others interact with one another. Many employees emphasized that this approach really helped them empathize with patients and recognize that behaviors are often ways that people communicate. As one senior leader said, “We all come to work with a story.”

Eisner Health’s training emphasized this common definition of TIC, along with skills in stress management and resilience building. Developing a shared language around these concepts was a critical step in shifting the organization’s culture to acknowledge that team members bring their whole selves to work, while laying the foundation to focus

on staff wellness. Some team members even recognized that TIC was rooted in simple concepts of humanity and noted that it provides a language for practices and philosophies they already embraced, which focused on empathy and understanding. One senior leader said, “I didn’t have a label for it before, but now I know what it’s called.”

Barriers and lessons learned

Despite having a common definition and clear understanding among some employees, others experienced initial challenges with the term “trauma-informed.”

For example, one team member who had previously worked in state facilities associated the term with policies regarding the use of restraints with patients in distress. Another provider in the Dental Department initially associated the term with physical trauma to the mouth. Others mentioned that the use of the term “trauma” was off-putting and made them feel skeptical or hesitant, or made it seem like it didn’t apply to them. Many didn’t fully understand that TIC is a universal approach that acknowledges the impacts of toxic stress on all of us, not just on certain populations.

Another challenge in establishing a common language of TIC throughout the organization has been training for new and current employees. New hires and temporary staff (a group that has grown due to staff shortages and COVID-19) need training to get up to speed on the approach and shared language. Eisner Health has also recognized

“We all come to work with a story.”

- Eisner Health TIC Senior Leader

the importance of ongoing training to reinforce TIC concepts for new and existing employees alike, even though it may be difficult to make time for it. The team also acknowledged that the demand for training will continue to grow as the organization continues expanding its TIC approach and practices.

UNDERSTANDING THE SCOPE AND IMPACT OF TIC

Facilitators

Following best practices, Eisner Health's team focused on applying a trauma-informed lens to its existing practices and supporting a culture built around resilience, not creating a separate or standalone initiative. This helped facilitate buy-in and a smooth integration by reinforcing that TIC is not a replacement for outdated ways, but rather, a new perspective to make the good work staff was already doing less stressful and even more effective.

Barriers and lessons learned

Despite approaching TIC as a new lens to existing practices, there was some confusion around its scope and structure. Some people needed clarity about what TIC is and isn't, as well as how it may or may not impact their work.

For example, Eisner Health's legal counsel expressed concerns about the potential risk associated with implementing TIC, particularly regarding disciplinary actions for employees. One human resources manager also wanted clarity around how to handle information that might come up in training or surveys, such as when and how to notify Human Resources if an employee mentions an experience with sexual harassment to the TIC coordinator.

ESTABLISHING A LEADERSHIP CHAMPION AND DEDICATED STAFF

Facilitators

Eisner Health's medical director's commitment to TIC has been a major facilitator to its success within the organization. She has leveraged her role as a platform to advocate for the approach with other members of senior leadership and across the organization. In addition, Eisner Health's TIC coordinator position has dedicated funding within the budget to specifically support the implementation and maintenance of TIC. The very existence of this role and the ongoing funding allocated to TIC speaks to Eisner Health's commitment to its success.

Barriers and lessons learned

While Eisner Health's medical director and TIC coordinator were successful in gaining buy-in across the organization, the process still took time and is an ongoing effort. For instance, the medical director noted that she dedicated roughly one half day every two weeks to support the initiative during the initial rollout at Lynwood.

This time commitment was imperative though, as the concepts behind TIC were new for a significant portion of employees. Many had questions about what TIC is and how it would impact their job and the organization. Eisner Health's medical director and TIC coordinator gained support for the initiative by answering these questions, building trust around the approach (particularly in areas of the organization where they had less political capital), and developing relationships through formal team meetings and informal one-on-one meetings.

Given how crucial the TIC coordinator's role has been in the initiative's success, several team members noted how important it is to protect the position and avoid using it to cover other roles or staff shortages.

As Eisner continues to roll out TIC throughout the organization, it will face new challenges with supporting the approach on a larger scale, such as providing ongoing training to continue growth and build internal capacity.

ROLLING OUT CLINIC BY CLINIC

Facilitators

Implementing TIC in one clinic at a time has made rollout more manageable and allowed team members to apply what they learn at each site to the next. Eisner Health's team-based approach has also facilitated communication and provided a forum for staff and patients to address concerns and discuss potential solutions. One patient shared that participating in the initiative gave her insight into the staff's experience and helped her empathize with how overwhelmed they often feel, deepening connection and empathy across roles.

Barriers and lessons learned

One challenge of this clinic-by-clinic rollout has been maintaining a cohesive, organization-wide plan for implementation and communication. Some team members noted that it would have been helpful to know the overall plan and that comprehensive communication of the initiative across all clinic sites (including those not directly involved in implementation yet) and non-clinical departments would have created a more uniform understanding of TIC and its role at Eisner. In addition, Eisner Health's administration also

emphasized the need for a better system to systematically budget for and prioritize facilities requests.

CHANGING THE ORGANIZATIONAL CULTURE, COMMUNICATION, AND POWER DYNAMICS FOR THE LONG TERM

Facilitators

For TIC to be effective long term, the Eisner team recognized that implementation would be an ongoing process and that the approach had to be deeply rooted in its organizational culture (not positioned as a specific set of interventions). "Be prepared to invest time; this is not a quick fix," the medical director noted.

Despite an organizational culture made complex from growth by acquisition, many team members noted that the overall environment is open, embracing, and family-oriented, which helped facilitate TIC. Several employees also said TIC has given them a framework to continue building up their team's culture.

For Eisner Health, a key part of developing a trauma-informed culture has been embracing TIC principles; shifting from a "fix-it" culture to understanding the role of validation, listening, and empathy; and modeling TIC principles throughout the organization. For example, TIC training discussions defined how to establish physical and emotional safety for patients and staff. Then, the team emphasized TIC principles and safety from the top down throughout training and implementation.

One behavioral health case manager noted how valued she felt when leaders made the time to meet with staff to see how they could support the transition to remote work,

offering helpful equipment like headsets and taking the time to better understand some of the challenges employees were facing. As Eisner Health's TIC coordinator said, "If we want a healthy staff that models good communication and other trauma-informed principles, we have to provide the environment where that is modeled."

Barriers and lessons learned

Throughout the years, Eisner has grown through acquisition, as well as through planned expansion. Each clinic has its own unique culture, communication style, and considerations for implementing TIC. Consequently, the team realized a one-size-fits-all approach would not work. Each implementation team had to consider the specific needs of its clinic site, including team dynamics and service delivery, during its rollout.

Another challenge Eisner experienced when implementing TIC was navigating power dynamics across the organization and within clinics, both between employees and senior leaders, as well as between providers and non-providers.

One team member shared that she was nervous to talk about some of her experiences when members of senior leadership were present, and she needed time to get more comfortable. Some leaders were aware of this dynamic and made conscious efforts to shift it. For instance, the medical director made an impact on TIC implementation teams when she told employees they could refer to her by her first name.

Power dynamics also played a role in interactions between providers and non-providers, as well as between licensed and non-licensed providers. To improve relationships at one of the clinic sites, the implementation team made a conscious effort to share leadership roles at team meetings between both the clinical leader and the administrative lead, while also including behavioral health staff in the meetings.

The pandemic changed the power dynamics for certain staff, such as medical assistants. Staff shortages continued to worsen, overwhelming many of the MAs. Clinics

"If we want a healthy staff that models good communication and other trauma-informed principles, we have to provide the environment where that is modeled."

- Eisner Health TIC Coordinator

had to rethink some of the traditional power dynamics between providers and MAs to focus more intentionally on creating an environment where staff feel comfortable asking for help and where MAs feel they will be heard if they speak up about their needs to help manage stress or burnout.

These types of communication barriers and cultural improvements also impacted patients. As Eisner Health's chief operations officer said, "A lot of challenges with patients could be mitigated if we just say things differently." To address this, staff training focused on building communication skills, which team members say have helped them navigate tough conversations calmly.

For instance, one employee explained that TIC changed interactions with one provider, who used to be an emergency room physician. Previously, the physician's communication style focused on delivering orders, especially during stressful times. Now, the style is more collaborative, which aligns with the principles of TIC and helps empower people to make their voice heard.



Additional facilitators, barriers, and key takeaways

IMPROVING DIVERSITY, EQUITY, AND INCLUSION

While Eisner Health does not have a formal Diversity, Equity, and Inclusion (DEI) initiative, several team members say TIC has provided a framework for considering racial disparities and social determinants of health. One employee interviewed noted that the TIC training encouraged her to reflect on what's happening in our society, including Black Lives Matter protests and the disproportionate impact of COVID-19 on communities of color.

Eisner Health's President and CEO, Warren J. Brodine, has made a point to acknowledge the broader systemic issues that affect its patient population, including threats of immigration raids, George Floyd's murder and the events that ensued, and violence against Asian American and Pacific Islander communities. Brodine's acknowledgment has empowered department leadership to create a safe space for continuing conversations around these issues, with a cohesive understanding of how Eisner Health is responding as an organization.

NAVIGATING STAFF TURNOVER

By its very nature, healthcare is a stressful environment in which to work. The demand for additional staff and support is ever growing, while the supply is often shrinking. These dynamics are exacerbated during major incidents and public health events impacting the community and world, such as COVID-19. Eisner Health experienced these challenges firsthand.

Even before the pandemic, Eisner Health went through a period of higher turnover among leadership and staff during TIC implementation. In the Behavioral Health Department, the clinical director left shortly before Eisner Health's TIC coordinator began her position. Within the Downtown Dental Clinic, the clinical director and the clinic manager left within the same year. At Lynwood, there was a period of time where there were no dedicated case managers. These transitions, combined with ongoing staff shortages related to COVID-19, presented challenges to the continued integration of TIC.

INCORPORATING THE VOICE OF PATIENTS AND STAFF

Eisner Health's approach to TIC implementation emphasized incorporating the voice of staff and patients in the design of the solution, as well as implementation. Each clinic-specific implementation team included team members across different roles within the clinic. Two of the clinics also included a patient.

Before TIC, senior leaders primarily had exposure to patient feedback through satisfaction surveys. But with TIC, leaders have new opportunities to hear from patients in a deeper way. Team members also appreciate being able to provide ongoing input and participate in the implementation teams, ensuring that any interventions meet the needs of those who they are designed to support.

BALANCING EMPATHY WITH SETTING BOUNDARIES

Empathy is a critical part of TIC, but Eisner Health's team recognized that it's also important to set clear expectations around how to treat each other and ensure a culture of safety among staff and with patients. One clinical lead said, "TIC taught me the importance of having expectations and boundaries, making sure they are communicated to patients, and also the importance of making exceptions."

Some team members also expressed that finding the balance between understanding and accountability has been a challenging part of incorporating TIC into their practices. For instance, one senior leader said it can be tempting to want to extend additional care to support someone, but clinicians must maintain boundaries and understand the limits of what they can provide in a care relationship.

"TIC taught me the importance of having expectations and boundaries, making sure they are communicated to patients, and also the importance of making exceptions."

- Eisner Health TIC Clinical Lead

RESULTS

Positive impacts achieved from the inside out

ORGANIZATIONAL IMPACTS

One of the challenges in measuring the impact of TIC is that it's difficult to attribute changes to TIC alone. For example, metrics such as staff satisfaction or turnover are confounded by other factors both inside and outside of the organization. Furthermore, Eisner Health's approach to TIC has centered around the role of organizational culture, where impacts are often difficult to quantify. One team member noted that the impact was not always concrete, but more about an attitude shift people felt throughout the organization.

That being said, Eisner Health has noticed many positive impacts to the business and culture since implementing TIC. The team's original impetus for embracing TIC was to reduce escalations. Although Eisner Health

did not formally measure escalations, employees observed a reduction in both the number of complaints from staff and patients, as well as the number of incidents (such as escalations to a supervisor and security being called). Staff shared that they were able to pause and see the situation from the patient's perspective before responding, as they were taught in the trauma-informed care training.

Other team members noted subtle ways that Eisner Health is making progress, such as improving the language on the organization's website and the types of posters displayed on clinic walls. One clinical director said she knew the organization was succeeding in empowering its staff and prioritizing safety when one of her assistants said, "I feel safe here. I feel taken care of."

*"I feel safe here.
I feel taken care of."*

- Eisner Health TIC Team Member

PERSONAL IMPACTS

Many team members and patients note that the impact of TIC has extended beyond the workplace and into their personal lives. For instance:

More mindfulness and self-insight

Several employees said that, as a result of TIC, they now recognize behaviors they previously thought were “bad” as indicators of stress. Many adopted mindfulness practices. One person shared that she has even taught her family what she has learned about how to manage stress and purchased books about mindfulness for her nephew, which helped him overcome struggles with distance learning during the pandemic. A patient also said that understanding the link between stress and health encouraged her to set an alarm to remind herself to practice mindfulness daily.

Enhanced personal relationships

Some employees noted that TIC has influenced their personal relationships. Several people said TIC has given them more empathy for others’ experiences. One team member shared that she attends her mother’s doctor appointments, and she would often get frustrated when her mother changed her appointments. TIC has helped her be more patient and understanding with her mother. Other employees say TIC


has encouraged them to listen more and acknowledge they can’t always fix things. As one person said, “People just want to be heard.”

Improved approaches to parenting

Several staff members mentioned TIC has influenced their parenting style as well. One employee realized what works for one child may not work for others. A physician also noted that she is used to jumping in and trying to fix things even at home, particularly when she is stressed. TIC has taught her the importance of allowing her kids to express their emotions instead of focusing only on problem solving.

Another employee noticed that she would get angry and frustrated at her middle schooler for procrastinating on his homework before TIC, but after learning how stress can cause a freeze response, she shifted her approach to help him address the underlying stress he was experiencing. Yet another team member noted that TIC has reduced how often he yells at home.

From small impacts to major shifts, many employees agree that TIC has become part of their personal lives, not just their careers. As Eisner Health’s medical director said, “There is no way to work in trauma-informed care without it infiltrating you.”



“There is no way to work in trauma-informed care without it infiltrating you.”

- Eisner Health TIC Medical Director

KEY RECOMMENDATIONS

Strategies and tactics for an effective TIC implementation and long-lasting results

TOP RECOMMENDATIONS

The following strategies and tactics greatly contributed to Eisner Health's success. Most of these are universally applicable to any organization considering TIC.

Recognize TIC as a critical foundation for implementing ACE screening

Trauma-informed care goes hand in hand with ACE screening. The TIC framework helps translate our understanding of ACEs and toxic stress into meaningful action. It also provides a broader context in which to implement ACE screening and an intentional way to support the long-term sustainability and the impact of screening.

If your organization is implementing ACE screening, leverage TIC as a lens to consider all policies, procedures, and practices within an organization.

Know your “why” before beginning

Eisner Health's medical director embarked on the journey of implementing TIC with a deeper “why” (a high-level vision or purpose): to better support staff wellness and stress management in order to reduce escalations and improve the patient experience. The COVID-19 pandemic magnified the challenges Eisner Health was already feeling and reinforced the importance of pursuing this plan.

Clearly defining this “why” set the tone for Eisner Health's TIC implementation and laid a strong foundation for long-term sustainability.

Integrate TIC into existing operations, and approach it as a long-term cultural initiative

Leadership and staff throughout Eisner Health realized that TIC is a way of doing things, not a checklist of interventions. This long-term cultural transformation is deeply rooted in embracing and operationalizing trauma-informed principles, including safety, trust, and collaboration. Creating a culture that balances empathy and accountability is crucial to creating boundaries and ensuring that staff feel safe.

Rather than treating TIC as a one-time or standalone initiative, integrate it into your existing core operations for maximum sustainability. Examples include:

1. Give each department an opportunity to contribute.

For example, HR can refine hiring practices and new hire orientation to reflect TIC values and set the tone for a sustainable culture. HR can also nurture inclusivity by considering the voices, thoughts, and perspectives of the employees who will be impacted by the department's policies and procedures. TIC initiatives also may require funding for changes to the physical space, time off for staff, and activities or celebrations for team building.

2. Include the voices of consumers and staff in need when making plans and decisions.

For instance, managers can ask their teams questions like, "What do you need?" during times of change, instead of simply offering what is available.

3. Focus on building cross-functional and cross-department relationships within your organization to support innovation.

One way Eisner Health built and nurtured these relationships was by integrating behavioral health with clinic operations. Case managers, integrated behavioral health specialists (therapists), and the Comprehensive Perinatal Services Program (CPSP) are present and accessible at all clinic sites. Dental services and programs that support more specific needs (such as people experiencing homelessness, older adults, and patients who would benefit from health education) are also easily accessible.

4. Approach these processes in a way that makes sense for your team's unique situation and the underlying culture of your organization.

For health organizations, this might involve analyzing patient throughput, cycle time, and other aspects of patient care. In a school, it might mean moving from punitive suspensions to more restorative practices

so that kids can feel more connected to their peers and community. In a non-profit, it might look like encouraging more transparent communication between the board, consumers, and staff to help reduce turnover and increase service quality.

Focus inward and support staff wellness first

Eisner Health's inward-facing approach acknowledges that staff wellness has a direct impact on patient care, is a crucial part of an organization's culture, and starts from the ground up, with each person looking inside to understand themselves and their own stress response. As such, staff wellness supports designed to reduce burnout and build resilience were central to Eisner Health's TIC implementation. In addition, the team developed a culture that encourages team members to reflect on their role in interactions with other employees and patients.

Develop a shared language

Creating a shared language during Eisner Health's training helped staff understand the impact of stress on health and behavior, and create a common starting point to move toward solutions. It was also important to explore how language can have different cultural contexts. For example, many members of Eisner Health's Latinx staff shared that the word "strong" was often associated with not talking about tough situations or sharing feelings. Having opportunities for continuing education and training on TIC, as well as additional materials that are relevant to specific ethnic groups, will help employees practice and reinforce their new skills over time.

Incorporate the voice of patients and staff when designing solutions

Including patients on implementation teams and getting input from staff about their needs was a key part of Eisner Health's approach and subsequent success with TIC. This helped both patients and staff feel truly heard (supporting the mantra of, "Nothing about us, without us") and ensure that the solutions designed would be truly effective.



ADDITIONAL RECOMMENDATIONS FOR SUCCESS

IDENTIFY A LEADERSHIP CHAMPION

Eisner Health's medical director played an important role in gaining buy-in from the top down and maintaining ongoing commitment to TIC throughout the organization.

PRIORITIZE GAINING BUY-IN

Eisner Health emphasized the importance of gaining buy-in across all levels of the organization, as well as the role of ongoing relationship building and communication to maintain that buy-in. Clearly defining the scope and role of TIC can help facilitate this process. In addition, speaking to the needs of specific departments and roles, as well as identifying how TIC will help meet those needs, also increases engagement.

DEFINE THE SCOPE OF TIC

This is an area that Eisner Health actually struggled with. For other organizations going through the same transformation, the team recommends clearly defining the scope of what TIC is and is not, then sharing that definition throughout the organization. This helps not only keep everyone aligned at a high level, but also makes it easier to collaborate across departments, roll out changes, and prioritize new TIC-related requests as they arise, such as facility improvements that would enhance the patient experience and reduce stress.

ACKNOWLEDGE STRENGTHS

Eisner Health's process of uncovering needs and opportunities to integrate TIC included identifying existing practices that would support TIC. This strengths-based approach acknowledges and reinforces existing sources of resilience in an organization and models how a similar approach can be powerful for patient care.

PUT DEDICATED TIC STAFF IN PLACE, IF POSSIBLE

Eisner Health's dedicated TIC coordinator has been a critical component of the organization's success. This approach may be more difficult for those who don't have external funding to support this role. If there isn't funding to support a dedicated position, try to find TIC champions at the staff level who work in an interdepartmental capacity.

DEVELOP A CLEAR, YET FLEXIBLE IMPLEMENTATION PLAN

Eisner Health learned that it would have been helpful to create and communicate an organization-wide implementation plan. It's also important to be able to adapt that plan in response to internal and external circumstances.

INVEST IN DEVELOPING EXISTING AND EMERGING LEADERS

As the TIC initiative grows throughout Eisner Health, so has the need for TIC advocacy and support. Eisner Health emphasized the need to not only invest in current leaders, but also to build leadership capacity within each department and clinic so the team has the skills to translate and integrate TIC practices into day-to-day practices. Eisner Health is adopting a model to identify champions within clinics to reinforce TIC principles and wellness practices, such as mindfulness techniques and other TIC skills, at individual sites.

INTEGRATE TIC TRAINING INTO NEW EMPLOYEE ONBOARDING

Providing TIC training as part of the onboarding process helps ensure new employees are familiar with the organization's underlying culture. The training should introduce new hires to the company's shared language, help them understand stress supports, and teach them practical skills for managing supports and applying TIC principles in their daily work. In addition, if your organization is growing increasingly dependent on temporary employees, consider including a primer on TIC as part of the practical training required.

EXPLORE OPPORTUNITIES TO COLLABORATE WITH COMMUNITY PARTNERS

Eisner Health discovered community partners could increase its success with TIC even more. For example, the organization is taking an inventory of services in the community that could help support patient needs for resources, such as legal aid, job training, and transportation. It is also considering offering the TIC coordinator as an educational resource to support other organizations throughout the community.

The journey is just beginning

“When we started, trauma-informed care was about mindfulness, and since then, we see it seeping into all aspects of how we interact with each other and patient care. It’s a process.”

- Eisner Health Clinical Director


While the concept of trauma-informed care originally piqued Eisner Health’s interest as a way to reduce escalations, its team members never could have guessed how much deeper of an impact it would have on their work environment, business, patient population, and themselves.

By embedding TIC principles into its culture, focusing first on staff wellness, creating a common language around TIC, incorporating the voice of patients and staff during solutions design, and implementing other best practices, Eisner Health has transformed its staff and patient experience from the inside out.

Escalations not only decreased, as hoped, but employees also banded together to create a safer and more supportive environment, where they have the knowledge and practical skills needed to manage stress within themselves and for those they serve.

Eisner Health is encouraged by the results it has seen thus far and looks forward to continuing to build upon the progress its teams have made, while sharing what it has learned with others. After all, TIC is about the journey, not the destination.

ABOUT THE AUTHORS



This practice paper was written by Lori Chelius, MBA/MPH, with contributions from Andi Fetzner, PsyD, and Deborah Lerner, MD. Lori and Andi are co-founders of [Origins Training & Consulting](#). Andi also serves as the TIC coordinator at Eisner Health, working in collaboration with Dr. Lerner, Eisner Health's Chief Medical Officer.

LORI CHELIUS MBA/MPH

Lori is driven by a desire to create sustainable change.

Prior to founding Origins with Andi, she spent 15 years pursuing this desire in a number of roles in healthcare and public health, including strategic planning, business development, project management, market research, and needs assessment. During that time, Lori saw opportunity after opportunity to address issues upstream and understand the root causes, not just the symptoms. When Lori met Andi, a fellow champion of a trauma-informed approach, she realized they could team up to help organizations build strong foundations based on solid values, build resilience, and provide even better care for the people they serve. And so, Origins was born.

Lori has a BA in psychology (with a concentration in neuroscience) from Williams College and an MBA and MPH from UC Berkeley.

ANDI FETZNER, PSYD

*Andi lives by the mantra,
“You don’t have to be a
therapist to be therapeutic.”*

Working in social service for 15 years prior to founding Origins with Lori, Andi frequently was frustrated that the focus seemed to be on symptoms and not the underlying cause of the problems. When she learned about the ACEs framework and trauma-informed approach, a light bulb went off. This was how she could support people through the process of resolving those pain points in helping support clients and their families heal.

She then shifted her focus and began training across sectors to amplify this approach to care. She draws from her personal experience growing up as a child in kinship foster care and her professional education to encourage empowerment and equity. Andi has served a variety of populations including children with special needs, at-home youth, adults with special vocational training needs, and youth and families. Since moving to California in 2016, she has served both youth in schools all over LA County as well as victims of the Malibu fires. Her current role of Trauma Informed Care Coordinator at Eisner Health in Los Angeles focuses on the integration of this approach within a community healthcare clinic.

DEBORAH LERNER, MD

Dr. Deborah Lerner received her bachelor’s degree in Psychology from UC Berkeley, her MD from UC San Diego, and joined Eisner Health’s staff in 1991, immediately after completing her residency in Family Medicine at UCLA. As Chief Medical Officer, she is responsible for the quality of care provided by the more than 150 medical, dental, and mental health professionals who are part of Eisner Health. She serves as a key member of the Eisner Health senior management team, providing input on strategic and long-range planning and financial governance. Dr. Lerner is very active in the community clinic world on issues of access for the under-served and workforce development, and served on the board of directors of the California Primary Care Association from 2014 to 2020.

About Origins Training & Consulting

Andi and Lori founded [Origins Training & Consulting](#) to create communities where root causes are the starting point for understanding health and behavior.

Together, they help educators, health care professionals, social service workers, and other leaders integrate a trauma-informed approach into their work so they can become more resilient individuals, organizations, and communities.

List of interviewees

This practice paper was informed by insights gathered via qualitative interviews with the following roles at Eisner Health.

ADMINISTRATION

President and Chief Executive Office
Chief Medical Officer
Chief Operations Officer
Trauma Informed Care Coordinator
Legal Council
Vice President of General Services and Program Management
Director of Human Resources

BEHAVIORAL HEALTH DEPARTMENT

Director of Behavioral Health
Lead Therapist
Sherman Oaks Case Manager
Trauma Informed Care Coordinator

DENTAL DEPARTMENT

Director of Dental
Dental Supervisor
Dental Assistant
Dentist

LYNWOOD CLINIC

Clinical Director at Lynwood Site
Clinic Manager at Lynwood Site
Patient Representative

ADULT DEPARTMENT

Clinical Director and Family Medicine Physician at Adult Department
Clinic Manager at Adult & Pediatric Departments
Front Office Medical Assistant
Back Office Medical Assistant
Patient Representative

RESIDENCY

Clinic Manager