La Clinica de La Raza, Inc. (La Clinica) is a Federally Qualified Health Center providing comprehensive health care to underserved populations in Alameda, Contra Costa, and Solano Counties. The diverse and low-income communities in these counties face barriers to accessing care related to cost, linguistic isolation, and inaccessibility of health care providers. To meet the needs of these low-income communities, La Clinica has been at the forefront of developing culturally and linguistically responsive patient-centered health care services that reduce barriers to care for over 47 years.

In recognition of the high need for integrated services for those recently released from prison in Solano County, La Clinica established a Transitions Clinic in 2016. Modeled after and part of the Transitions Clinic Network based out of San Francisco and funded by a local managed care plan as well as the Board of State and Community Corrections, La Clinica’s Transition Clinic provides comprehensive, integrated clinical care, care coordination, referrals, and case management services tailored to the formerly incarcerated population, who often experience significant economic and societal obstacles that may prevent them from obtaining gainful employment, stable housing, and a supportive social network. La Clinica decided to implement PRAPARE at their Transitions Clinic to better understand the socioeconomic obstacles and barriers that their patients face and to target appropriate services, referrals, and interventions.

La Clinica has a Memorandum of Understanding with the Solano County Sheriff’s Office that allows the community health worker (CHW) to receive a list of individuals that are being released. La Clinica also receives referrals from case managers at different prisons and parole agencies in the area. The CHW is able to establish a relationship with the inmate before their release date by connecting via webcam through a confidential iWeb visit to identify the needs of the individual. The CHW is then able to schedule a primary care appointment.

At La Clinica’s Transitions Clinic, a community health worker (who had also been formerly incarcerated) administers the PRAPARE screening tool at intake in a conversational way to build rapport and trust with patients. Because the community health worker had also been formerly incarcerated, they are able to relate to patients’ experiences and understand how some questions can trigger unresolved trauma. During the conversation, the CHW provides coordinated support services and referrals to other community resources. Given the need to build trusting and lasting relationships with individuals who were recently incarcerated, La Clinica ensures to allocate sufficient time at the intake process, even up to an hour if needed.

After administering PRAPARE, the patient visits with the medical provider to receive primary care services. The Transitions Clinic team (consisting of a medical provider, a CHW, and a Community Health Education Supervisor) works closely together to coordinate care and provide case management. The CHW attends collaborative meetings, community events, and outreach events and visits halfway homes and shelters to promote the services provided at the Transitions Clinic.
Based on PRAPARE data, the top needs for La Clinica’s Transitions Clinic are housing and mental health services. To address lack of housing, the Community Health Worker and an intern from Touro University worked together to begin targeted outreach to housing organizations. La Clinica is currently considering direct partnerships with SHELTER, INC. and CAN-B to connect more patients to housing assistance, rental support, and other related services. La Clinica also hopes to hire an Integrated Behavioral Health Clinician to incorporate into the Transitions Clinic team to provide in-house behavioral health services.

Establishing partnerships with the Contra Costa/Solano Food Bank, Solano County Sheriff’s Office, Probation Department, and Medical Services/Public Health, the Workforce Investment Board of Solano County, Transitions Clinic Network, and Touro University have also been key to providing comprehensive services to patients.

Challenges and Solutions

La Clinica encountered two main challenges in administering PRAPARE and responding to needs identified. The overarching challenge in collecting social determinants of health data is that La Clinica’s Community Health Education (CHE) department is the only department collecting PRAPARE currently. Integrating PRAPARE collection during patient registration would create a more streamlined and sustainable process of data collection. In order to do this, La Clinica recognizes the importance of having a provider champion from the medical team that could elevate the importance of collecting PRAPARE data in preparation of value based reimbursement. The lack of adequate community-based resources to meet priority needs, such as stable and affordable housing, continues to be a barrier. La Clinica has utilized PRAPARE data to advocate for fair housing policies in Contra Costa County.

Outcomes

PRAPARE data is collected at three different time points: intake, three months, and at six months to assess the impact of administering PRAPARE at the Transitions Clinic among formerly incarcerated individuals. The data provides evidence of the benefit of addressing the holistic needs of communities that are disproportionately affected by incarceration. Participants reported improvements in health status and in employment, housing, and food security.
Lessons Learned

La Clinica gained the following lessons learned through the PRAPARE process:

**Connection pays off.**
Networking, community connections, and persistence pays off – especially when dealing with the criminal justice system.

**Attract patients with incentives.**
Providing marketing supplies (tote bags, sandwich bags, healthy snacks for the children) has helped attract patients to the PRAPARE table where data is collected in waiting rooms.

**Establish a champion.**
Establishing a medical provider as a champion promotes buy-in from all staff and that maintaining a strong relationship between the provider champion and the other team members supports team engagement and efficiency.

**Schedule kick-off meetings.**
Scheduling kick-off meetings at the beginning of every initiative is important in outlining objectives and setting expectations.

Next Steps

In addition to the Transitions Clinic, La Clinica collects social determinants of health data through PRAPARE Implementation for the following initiatives:

- **Health care navigation assistance in Alameda, Contra Costa, and Solano Counties**

- **Increasing awareness and knowledge about the role that mental health plays in overall health for Latino parents in Contra Costa County**

- **T3+ (Triage, Transport and Treat) Patient Navigator Program - an impatient care discharge navigation program**

La Clinica is also exploring ways to facilitate referrals and develop a system to close the loop on referrals and plans to continue expanding the use of the PRAPARE screening tool with various populations, including veterans.

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