Albert Chou:

This is IT Visionaries your number one source for actual insights and exclusive interviews with CIOs, CTOs, and CSOs, and many more. I'm your host, Albert Chou, a former CIO former sales VP, and now podcast host.

Eleanor Castillo Sumi:

What I would say with Legends of Low Code is that it opened my eyes to a whole lot of other opportunities. There are things out there as a clinician that I didn't know about that I knew technology could help. I didn't know how technology could help, but I knew it could help. And so being a part of Legends of Low Code gave me that opportunity to see exactly how they could help.

Albert Chou:

To their disbelief, and in just a matter of days, the Salesforce Trailblazers created multiple Low Code solutions for nonprofit healthcare provider, Pacific Clinics. Legends of Low Code is a unique Salesforce Plus video series. And it amazed Eleanor Castillo Sumi, the SVP of strategy, innovation and growth at how much the Trailblazer teams accomplished to create a better user experience for their customers. In this episode, we go behind the scenes as Pacific Clinics' CFO, Jason Gurahoo, who joins Eleanor to shed light on the technical challenges they face every day as they serve thousands of Californians across incompatible technology systems. If you haven't seen it yet, go to salesforce.com/plus to watch Legends of Low Code now.

IT Visionaries is powered by Salesforce platform and Dreamforce 2022. Catch the news and insights coming out of Dreamforce this year for free on Salesforce Plus. Just visit salesforce.com/P-L-U-S. Content will start rolling on September 20th. Jason, Eleanor, thanks for joining us today on IT Visionaries.

Jason Gurahoo:

Thanks for having us.

Eleanor Castillo Sumi:

Thanks for having us. Albert.

Albert Chou:

Listen, we're pumped to have you guys on the show. For anyone who's listening right now but has not gotten a chance to actually see the show Legends of Low Code, let's do this. Let's bring our audience up to speed on what is Pacific Clinics and what's all about. And what we'll do is we'll dive into some of the technology and the innovation that's going on there to make the services better. So we'll start with Jason. For our audience who may not be familiar with Pacific Clinics, tell us what is Pacific Clinics and what does it do?

Jason Gurahoo:

So Pacific Clinics is now the largest behavioral health agency in the state of California. We recently went through a merger of two very large behavioral health agencies in California to become the largest. I think Eleanor can talk to the breadth of services we deliver to the clients and customers.

Eleanor Castillo Sumi:

Yes, so as a merged organization, we provide behavioral, which means mental health and substance use services to the full age continuum. So from zero to older adults. We also provide foster care and social services as well as educational services. So for example, we have a Head Start program, adult learning as well as school based programs.

Albert Chou:

That is awesome. I mean, clearly things that are in desperate need. For our audience who may not be familiar, are the services you provide at a for-profit basis or is Pacific Clinics a non-profit?

Jason Gurahoo:

So Pacific Clinics is a non-profit. We serve the managed care population, which in California is one of the largest populations in the United States.

Eleanor Castillo Sumi:

14 million.

Albert Chou:

Yeah, it's a big customer base. Critical need. A lot of people that need services. It is a nonprofit. Now, historically what we understand about nonprofits is that funds are limited, right? It's not quite the same as a normal or private institution that's going to possibly have the investments to make in technology. We saw your team join us on Legends of Low Code previously. Go check it out. It's on Salesforce Plus right now. Legends of Low Code is a television show where the Salesforce Trailblazers who are good at building applications and services on the Salesforce platform, they got to meet with a bunch of nonprofits. Each nonprofit only sat down with them for a very limited time, kind of revealing the requirements, or I guess the problems, like, "This is the problem. This is the scope. This is the challenge. This is what I'd like to see a solution." These teams were challenged with just a little bit of time to try to solve that problem.

Eleanor, give us a framework of why you wanted to be on the show. The world of nonprofits is always a challenge because you want to give good and there's donors giving to you, but at the same time there's never feels like there's quite enough resource. And so when you have an opportunity to build innovation, it seems pretty cool. I'd love to hear the thought process behind like, "Hey, we're going to do this. This is what we need help with." And take our audience through that needs assessment to say like, "This is what we realized and this is why we wanted to do the show."

Eleanor Castillo Sumi:

Yeah, Albert. So you're absolutely right. For nonprofits, to really think about innovation is really difficult. The way the structure works in California is that for the most part, organizations like us get paid through what is called a cost reimbursed process. So we can only get reimbursed for what it costs to do our business. So anything outside of that innovation is not necessarily reimbursable. However, a few years ago when we were going through our visioning process and strategic planning process, we recognized the need to be able to transform. Given the changing landscape, we knew that it was absolutely critical for us to transform our business. That's the reason why now Pacific Clinics today has been around business for over 155 years, is our ability to anticipate these changes and make changes accordingly.

And I would say we reached out to Salesforce, but it's gratitude to them for selecting us because my understanding was that there were other applicants that wanted to be part of Legends of Low Code and

we were selected. So we are very grateful for that opportunity. It's also this partnership that I have with Jason. As the VP of strategy, innovation and growth, I needed a partner in thinking, I needed a partner to be creative in our finances. Not that he did anything illegal.

Jason Gurahoo:

Thank you.

Eleanor Castillo Sumi:

But I needed somebody to think differently about how we build our business so that we can innovate and how much risk are we willing to take. So he's been a great partner in all of this. And it goes back to, again, our strategy and our vision several years ago. And today, California is undergoing a transformative process with the entire system, as I mentioned, with 14 million people. So it's not just the state, it trickles down all the way down to the organization. So I think it's really critical for organizations to figure out how they can transform along with the larger system. And Salesforce is giving us that platform to be able to do that.

Albert Chou:

And just a quick little background from my knowledge, I always like to frame up for our audience. So when I was in grad school, I went to Emory University, I went to the School of Public Health. One of the things we talked about was delivering services is just half the battle. It's like the other half of the battle in the public realm is kind of like the red tape, the logistics, the administration. And so kind of what you're talking about as data systems of record, whatever the intake process, we understand that that can be a huge problem. We know that the processing post service can be a huge paperwork problem. I remember doing studies where I had put together and compile all these data and statistics to validate the existence of the service. And he was like, "Ah man, I feel like this service should be widely recognized as necessary. I don't know why I need to fill this out," but it was done.

I wanted to turn it over to, Eleanor. Where did you start seeing maybe bottlenecks or opportunities or what side of the process were you like, "Hey, we need more systems. We need technical help"? Because it's one thing to provide the care, but a lot of times that's what I was talking about, it was like the challenge for providing care isn't actually delivering the care, It's all the things that lead up to it and all the things after it.

Eleanor Castillo Sumi:

So let me give a preference to my background. I'm a clinical psychologist by trade. And so that's what I went to school for and that's what my livelihood should be. But I also have been very passionate about social justice. And so that's a population that we serve, individuals with a lot of these challenges in their day to day life. And like I said, there's so many things to take into account. Jason has been a really great partner. I'll have him talk about the data piece from his perspective because he has a background in IT. And so it really is that true partnership, right? I have content of how things work clinically and how we would like to have things work clinically and he has the more technical piece. So between that, if you were to talk about people, process and technology, I think the two of us addressed a lot of that from inception and just kind of had this think tank together.

One of the things that Jason did in this whole process was to really tease apart what is now under new business. Historically, it's been under operations. And we learned that, again, with nonprofits, you have people who are really passionate about the work and really want to do every aspect of the work. But

building, putting more tasks and responsibility on people who need to be focused on the day to day operations really takes away from setting us up for tomorrow. So he created this whole new business structure. And part of that thinking is the incubator. And here I am talking for Jason talking about his thoughts so he can correct me if I'm wrong. But he created new business where the whole idea is to be an incubator to pilot some of these things, get it to turnkey operations so that we can get it to operations. And just keep that mantra. We're a large organization, We provide services across multiple counties in California. The resources aren't equal in each county.

So what are the key essential things that you need? How do we build the infrastructure and then how do we get it out there into the programs out in the county so that we can just keep the mantra of building, innovating, sustaining and growing. What I would say with Legends of Low Code is that it opened my eyes to a whole lot of other opportunities. There are things out there as a clinician that I didn't know about that I knew technology could help. I didn't know how technology could help, but I knew it could help. And so being a part of Legends of Low Code gave me that opportunity to see exactly how they could help. And that's what the tears are all about at the end, is I've been in this industry, I use my kids as a hallmark of how things are progressing. If my kids ever needed services, I don't think they would've had the services that mental health would be as accessible as physical health services.

So at the end, I didn't expect to get overwhelmed, but I got overwhelmed because in less than two days we had potential solutions to help the organization. The implications were huge. And not only did we get potential solutions, but we got three wonderful options. And that's what was so amazing. The trailblazers were amazing. They listened, they were empathetic. I felt like they were in our business because they came up with solutions that were really helpful. But that's what new business is all about, is testing all of these things. And now the rest of the organizations are coming to us to say, "How soon can you get to the rest of us?" And there's over 2,000 employees in organization and they all want to have their hands on Salesforce. And maybe Jason is closing his ears on that part, but...

Albert Chou:

All right, listen, this is great to hear. This is phenomenal because... By the way, Eleanor, the passion that you were just talking with, I'm like almost... I sounded like emotional, like, "Dude, we were able to deliver all these new services from this." This is amazing stuff. I want to dive into that. But before we do, one of the big roadblocks a lot of our nonprofit guests, CTO, technical leaders have is how do they get projects off the ground? Jason, it sounds like Pacific Clinics was already going after this incubator model, new business model. We've heard it in private industry, I've never heard this in nonprofit. This sounds pretty cool. Give us an idea, how did you incubate this as a possibility? Because it sounds like you've actually delivered or dedicated resources with people to try to figure out solutions to these problems. Tell us how this came about for you.

Jason Gurahoo:

So I come from for profit, I spent most of my career in high tech and consumer products. And so incubator and how private equity comes in for startups is how you do business. So Eleanor and her role of strategy and business development, it was really the key. So looking out into how do we really perform our mission, how do we really serve the underserved. And as Eleanor said, California is really changing the way it wants its population served and it's significantly changing its fiscal structure. Nonprofits really have to be able to be strategic and be able to understand what the future's going to look like.

So I want to go back to how did we get to Salesforce because it's funny. Eleanor and I both came to... We need a new tool for what we want to do, reaching out to population management versus the legacy

way of dealing with the counties and the state government's controlled way of getting referrals. The idea of, well, we really want to touch the population and serve the population. And the issue was there's no tool. We had no tool in the organization to deal with the volume of data you need to deal with when you're starting to look at population management.

Albert Chou:

Can you give our audience an idea of why it was so difficult? How many records are you talking about? How is it being done? Was it manually being done? I'd love to understand the problem a little bit more. That way our audience can get in that mindset of where you were at.

Jason Gurahoo:

Yeah, so it's really a front end issue versus a back end issue. In the legacy world, you get referrals. And so get your client and then you can serve your client. All of the administrative requirements that come with doing that as you serve to get to your true work, which is in service to the client, that's the world we were in. In the new world, you want to be looking at the population of 100,00 in a small city, 100,000 that need service.

And so you really have to be able to go look at that 100,000 potential clients and figure out who needs the service. And so that was where Eleanor went to, that front end, "This is what we need to do and this is what California wants." I had the experience in my for profit world, I was in finance buying an analysis of a national Salesforce. And we had implemented Salesforce back then 30 years ago. Implementing Salesforce for a sales team. And so I thought, "Well this is the same thing. This is about looking at a large volume of potential client and starting to qualify and all the things you need to do."

Eleanor, and I'm now speaking for Eleanor, but in parallel she had a Salesforce experience and she also saw that the CRM model really fit what we wanted to do. Not only just identifying the clients but also in case management and actually serving the client. So we both came to we need a tool, we know we need something like a CRM. We both said we know Salesforce has such a strong social conscience in how they want to do their business. And so that's how we both said, "Well, we need a tool. Let's reach out to Salesforce.' So that was actually the, how did we get here. Became a real partnership of Salesforce wanting to really be involved in supporting the behavioral health population. Salesforce really wanting to be a part of a community that raises up the folks in the community.

I remember talking to Ben Woo and saying, "Look, we actually can't tell that you're in a different organization. We feel like you're all part of the same organization." We wouldn't be able to separate a Salesforce employee from a Pacific Clinics employee with such a nice match in terms of people and the passion and the commitment to do what we wanted to do.

Eleanor Castillo Sumi:

Just some other context and just the complexities around this. So for the last few decades we've been doing business a certain way. And so Jason has referred them here as our legacy business. So that is contracting with the counties. In the state of California they carve out services for what they call your moderate severe population. So those that need more than just your 50 minute traditional mental health setting, they need a whole lot more. And that has been our business for decades. And so we've built our infrastructure around that business. And so we're pretty efficient with running that business. However, with the transformation, we now are dealing with a very different payer source, multiple payer source. In fact, one of our strategic goal was to diversify our funding stream because we were so dependent on the counties.

And so by doing so, we knew that we needed to be able to deal with the complexities of all these different funders. So you do have that one layer of regulations. And needing that flexibility in the system to be able to do that, a lot of the EHR today as is that support our business line, are really tailored around what Jason calls our legacy system. So again, we needed that flexibility. Jason also talked about that population health. So yes, the doors were pretty controlled. We knew we would have certain referrals. That was not an aspect of business that we needed to be concerned about. In this new phase or in this new world, we needed to be concerned about that. So marketing, I mean, that was another process that we weren't familiar with. And then learning about Social Studio and Pardot, I mean those are all things that were new to us.

So again, different regs. You bring that down to then different pay requirements, different data that needed to be collected, how we collect that data and how that data then moves between programs. At the end of the day though, the need to be able to build a payer to get reimbursed for services was also a need and they all have different requirements and processes around that. And then we also wanted to do program evaluation to measure the effectiveness of our program. So there are a lot of different things that we needed to do. We had a single tool to be able to do all that. And that single tool is not sufficient for us and is not sufficient for us.

But let me give you an example of if we didn't have Salesforce, what this would mean for us. We now have a program, it's called Enhanced Care Management, where the health plan gives us thousands of names every month and they may or may not be the same names. And so in the past what would happen is they would give us the names in an Excel spreadsheet or at least we would get it-

Albert Chou:

That hurts me already. It hurts me.

Eleanor Castillo Sumi:

... into an Excel spreadsheet. And then you would have to sort through the Excel spreadsheet to see if they're already in our system because they wouldn't flag if they're new. So we would have to then go open up our EHR to see if they're there. And if they're not there, then have our team reach out to them. And if they're there, then don't reach out to them because they're our clients. So every month we had to go through that process. And that took 80 hours. So that means half the month gone with just sorting Excel spreadsheets.

Albert Chou:

That's bananas. Okay. Was there at least a keystone match for example like social security number? Or was it free text entry like I enter my name, Ben Woo, but then I entered it Benjamin Woo another time and now all of a sudden it doesn't match, you have to cross validate?

Eleanor Castillo Sumi:

Well our EHR doesn't have an API so you can't even do that.

Albert Chou:

Oh, dang. And this is important. I want people to know the technical challenge in front of us because I can say it because I don't depend on these groups right now and I'm not in California, but I will put a few words in your mouth. You tell me if I'm right or wrong. Okay. One of the big challenges I know from working with city, state, municipalities, they're all on kind of different systems or they've certainly

patched it at different places. All the data payloads are kind of different. And if you're telling me all this data is coming in differently in different payloads, so that means you can't do, like you just said, use no cross reference matches. You can't even run Excel VLOOKUP because it's just entered in differently. So you have to do data transformation and just do lookup.

Then you also mentioned coding and payments. And then if all those systems are different, you can almost guarantee all their payment systems are different, which means all of their billing requirements are different. So if I'm billing county one, it's going to be one way. Billing county two, it's another way. And if you don't have a system for any of that, it's just straight manpower. And for a nonprofit that's expensive.

Eleanor Castillo Sumi:

Absolutely. Yep. I mean we do double entry. I mean if you want to talk about needing to cut your G&A, fancy how Jason and I got it, you need to cut your G&A, but you need to also get paid. So instead of hiring people, technology is the solution.

Albert Chou:

That's it.

Jason Gurahoo:

Yeah. And I would say the nature of a nonprofit does not allow you to invest in your infrastructure, right? The nature of non-profits is its mission, right? And there's so much passion and so much energy with limited resources that technology doesn't get the right amount of time and effort to support the mission. So we have to leverage technology in the entire agency to be able to increase our reach in our service. I've told our leadership team, we can guarantee with putting technology, enabling technology into this very large behavioral health agency, that we can free up hours of clinicians' time so that they don't have to be doing double entry, they don't have to be writing notes, they don't have to be dealing with taking all of their time to do the administrative work, but free that up and then you have the time to go see your client and your customer.

And so we understand that that's what technology in a nonprofit will do for us, but we have to be able to do it right. You have to have the big strategic plan, you have to have the right partners like Salesforce, the right tools. So I would say to you, Eleanor in business development was a key aspect to say, "Look, we can start doing it here, we can start modeling it, we can start an incubator here." But at the end of the day, the success models of putting it in play then allows us to basically then put it into the whole agency. And so that's where we are, right? We're not just looking to put it into one or two new programs. We're really looking to enable technology into the whole agency to support the mission.

Albert Chou:

I mean that makes total sense. The more things you can automate, simplify, the more time and resource, as you have already stated so eloquently, you can put towards providing care. And I think that's the hard part for people to understand about nonprofit health organizations, is so much of their time is dedicated to non care. That's what's insane. Most of their time is spent in non care, which is crazy. And when I think about what you just described, the technical deficit that was in place, those are the challenges in place for you. I also want to frame up for audience. If you've ever worked at a private tech company or a private company that might have enough R&D budget to have developers and engineers on the side, I call it on the bench or on the sideline, but working on exploratory projects, you

have to deliver to a P&L but at the same time you're building something for the future so it takes time. Nonprofits just don't have that type of runway in that arena.

The other thing I wanted to ask you about, software is long been promised to solve all these problems, but really software is just a tool, right? And so tools work in the practitioner's hands, right? I always use the carpentry example. If you give me a hammer, you will not get cabinets back. But if you give a skilled carpenter a hammer, they'll bring you back cabinets. And so that's also a challenge of software, is that if you don't have the right practitioner on your side, you mentioned earlier the marketing tools, the social tools, data tools, flow building tools, those are all nice but at the end of the day, someone has to build it. Someone have to put it together. What was that like? Did Pacific Clinics already have people that were versed in this? Did you have to get educated? Or was that kind of like you learned as you went through Legends of Low Code and then now that skill is starting to be like, I guess, multiplied or cultivated inside the organization? Give our audience an idea of where you were in terms of technical skill.

Eleanor Castillo Sumi:

Well, Jason and I might have different opinions on this.

Albert Chou:

Good. We'll start with you, Eleanor.

Eleanor Castillo Sumi:

What I would say is most of the employees in this organization are clinicians. Some of them have gone off the ranks because they're really good clinicians and I've been fortunate to go off the ranks as well. But I'm not an IT and I shouldn't be talking about IT, but people will say that [inaudible 00:26:09]. For me, it was looking literally going to different conferences looking for the solution. And then pairing up with somebody who can help talk me through some of the different solutions. So Jason was one partner. We have a Salesforce implementation partner in all of this. But what Legends of Low Code has done is help us see what we don't know as potentials. And I think that's so critical, which is why we're having a large number of our team go to Dreamforce because it's not just because it's a fun Salesforce conference, although I hear it is. I've never been.

Albert Chou:

I've been.

Eleanor Castillo Sumi:

It's going to be our first.

Albert Chou:

It's pretty busy.

Eleanor Castillo Sumi:

Just a bit, right? But for me it was seeing all the different solutions. So you don't even know what to ask for until you can see something as a potential solution. So that's from our side what needs to happen. I think that needs to happen across our cross-functional groups and not just our clinicians who are doing the work, our partners in finance, our partners in IT. And I think we're in this transition phase to say, "Okay, what is it that we need?" But right now we've got great partners who are helping us through this

transition so it doesn't take 20 years to implement. When we're done or when we get to a certain stage, we'll know what skill sets to bring in, so what people to bring in, what skills they need to come into place because it may or may not be our current team. Or what do we need to do with our current team to help them develop their skills to meet the new demands?

So those are kind of the questions that I think we're answering right now, but it's not all in house. You need partners in this. And like Jason said, the partners that we have right now, we don't even see them as external partners in all of this. They are so integrated in our thinking and our thoughts and just how we envision all of this that I think that is probably the secret ingredient to our success, is that they share in our mission and their true business partners. Jason calls them business partners rather than just vendors. And I think there is a difference in that. Again, people that will walk with us along the way. Jason, am I fired after this?

Jason Gurahoo:

So I will say to you, our agency is about the clinicians. And so the clinicians want to do what their passion is, which is to serve the clients. And so Eleanor's secret sauce was to say, "Look, you need the tools." She wasn't talking about brand new tools. She was just saying, "Today someone can use their phone, automatically make an appointment to get service." Your question was, "Do we have the right resources? How do we get there?" We're learning, as Eleanor said. She said it exactly right. We're learning what we need. The beauty about Low Code, it's like any of the tools that allow you to say, "Look, you don't have to be a programmer. You can configure, you can write reports." Well, Low Code is so much more powerful than that, right?

And so now in the support groups and the IT groups, I'm talking to the head of IT. Once we put these applications in place, what type of in-house support do you need to continue to maintain and actually evolve the application which Low Code is designed to do versus going out and hire a consultant to help you do it? So we are learning. We are learning and we're putting in places the type of supports we need to continue to not just maintain, but to evolve the applications.

Eleanor Castillo Sumi:

That's right.

Jason Gurahoo:

Because I think you know that the one constant in business is change, right? And so we constantly have to be able to work with change and evolve.

Albert Chou:

It's exciting to hear directly from you because I've been in the tech game for a while although I don't currently build technology anymore, but I remember when the first, they weren't called Low Code then, when the first WYSIWYG builders were coming about. There were so many promises of what it could potentially be. And of course Low Code has evolved significantly since then. So when I hear the fact that your organization, Pacific Clinics, that you're seeing an opportunity to invest/build on Low Code without hiring expertise, meaning you might need some outside consulting but you don't have to necessarily be experts in tools like it used to be build the solutions that you possibly need, I think there's been a long mismatch between what vendors have promised and what is actually possible. So to hear you on the front lines actually doing it, pretty darn exciting.

There's a famous quote when it comes to technology and implementation. It's by an author, but Arthur C. Clarke says, "Any sufficiently advanced technology is indistinguishable from magic." For yourselves, as you saw the Trailblazers building applications for you or process improvements for you, was there ever a moment where you're like, "What just happened? This is amazing. This is insane. This has totally helped me."? I'd love to hear your perspective. Was there a moment where you realized, "Wow." I know I'm inherently selfish so when I see someone do something that takes off a lot of pain work on my plate, I'm like, "Yes, this is amazing." Eleanor, your head's already nodding so jump in there. What did you see? Were you like, "This is like magic."?

Eleanor Castillo Sumi:

Well, it was funny because when I threw in the red shirt to say, "Automation was great but we need validation," in my head, in my world, it was like, "Okay, this would literally take years to do. So how will they do it in this time that we have?" Because they're still expected to do it. But they did. They addressed it. And going through Legends of Low Code, the taping was pretty surreal. I mean, I'm watching them. I'm watching them pull things together, they're asking me questions, it's great. And then as they did their presentation, that's when I thought, "Oh my gosh. Oh my goodness." I mean, that was magical for me. That was just mind blowing. It was phenomenal. It was breathtaking. All three teams, it's too bad that I had to choose one, the judges had to choose one, because all of them were amazing.

And again, there are things in there that I just thought, "I know this story. It's years.' That's why I said hopefully it doesn't take 20 years. And that is not a joke. But they did it. They responded to it. And that's exactly what we need. Anytime a change would come, we would with much chagrin go, "Ugh, okay, can we see if they really want that? Do they really want that? Can we not do that?" Every single time. And we work, like I said, in a number of counties and each county has their own rule. Even though in one state, each county has their own rule. And so we've resisted change because it's just so difficult on us. And our infrastructure was not designed to be able to make changes at the whim just like that. But with Low Code, you can. "Okay. So I didn't like a design that way. Not only did I get one design, I got three options for the same request."

And so just being able to change at the whim, that is such a huge part for organizations like us that have to... Regulators don't realize what it means. They think it's just a simple thing. It might be the right thing to do for the consumers for them to have better access to services, whatever that care that might be. But implications for organizations like us to make that change is huge. And it's not just on the clinician. It's a ripple effect throughout the organization. So to have Low Code to be able to change pretty easily is just amazing.

Albert Chou:

Jason, I didn't know if you had a moment where you're like, "Wow, this is amazing. This is going to fundamentally transform the way we operate."

Jason Gurahoo:

Well look, I will tell you, when Eleanor cries in the organization, it's usually tears of frustration, right? When she cried, those were tears of joy, okay? What was really amazing to me was the 15, 30 minutes that the teams had, that's all they had to understand the business requirements, right?

Albert Chou:

That's wow.

Jason Gurahoo:

I mean, we sit in meetings for hours, multiple meetings to come up with requirements to find a solution. They had a 15, 20 minute debrief by Eleanor and then they came up with a solution. And it wasn't even two days because one of the days was all of the other things they had to do. So they're real programming. And for the product, it was maybe a day, right? So that was incredible. The thing that I really, really liked when we look at our service and the multiple languages and trying to find folks that can speak multiple languages, especially in the Bay Area and that translation feature, that was a magic moment. I was thinking we need that in every single app we do from now on.

Albert Chou:

The thing I keep hearing, which I love to hear, is when we work with non-profits or nonprofit people on the show, it's always mission first, right? That's why they choose to do what they do. No one gets into nonprofit because they want to solve these headache problems between counties and municipalities and cities. That's not the reason why anyone gets into it. So to actually hear from people on the front lines actually seeing this and the fact that Eleanor you actually cried because you just realized how much pain had been pulled out of your life, now that's fantastic. That allows the org to do what it's set to do, which is provide critical health services, mental health services to underserved populations. Paperwork was never your dream. Well, I can say that. I feel confident to say that you never dreamt about doing paperwork.

Eleanor Castillo Sumi:

Much less Excel spreadsheets.

Albert Chou:

I was picturing your pain as you described though, like, "Oh my goodness. This is-"

Eleanor Castillo Sumi:

We're talking about columns and columns that's past the ZZ, in whatever variable that has passed ZZ.

Albert Chou:

Yeah, I don't want to see it. I don't want to see it. We know Jason and Eleanor kind of walked through what they experience on Legends of Low Code. Go check it out if you like what you heard. If you were curious about Pacific Clinics, it is available. Their website is pacificclinics.org.

Jason, Eleanor, I want to say thank you for joining us. Thanks for sharing all the services that you do. Thanks for sharing the problems that you've now solved. We're glad to have you on the show. It was awesome hearing your story.

Eleanor Castillo Sumi:

Thanks Albert.

Jason Gurahoo:

Thanks so much, Albert.

Albert Chou:

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