



Building a Community of Decision-makers: Are We There Yet?

Results and Recommendations to Improve Early Connections' Shared Governance Structure

INTRODUCTION

Early Connections, an early childhood initiative of Alameda County Behavioral Health Care Services (ACBHCS), has embraced an innovative model of shared governance called “building a community of decision-makers”. Early Connections is highly committed to a sustainable shared governance structure and processes that promote authentic engagement of diverse family members and providers at all levels of decision-making. Early Connections has embarked on an ambitious effort to create meaningful opportunities and supports that promote conditions of equity and respect, and are responsive and inclusive of diverse families, early childhood mental health providers and key child-serving agencies.¹²

“The vision for family-driven decision-making process included all stakeholders and families working well together, communicating, and respecting one another.”
- Key Stakeholder

This brief³ summarizes successes and challenges associated with Early Connections' shared governance structure, while detailing key lessons learned, and suggesting recommendations for future improvement. Data was collected using a Participant Database, focused conversations with management team members, key informant interviews with BHCS leadership, First 5 leadership, Co-Convener survey, and a review of Full Partnership Coordinator Report and meeting minutes.

What is governance? Governance is defined as decision making at a policy level *that has legitimacy, authority and accountability*.⁴ Governance – policy-level decision-making and oversight – should not be confused with system management – day-to-day operational decision-making.⁵

An ideal shared governing body⁶ :

- ◇ Has authority, capacity, and credibility to govern
- ◇ Is clear about what it is governing
- ◇ Is representative
- ◇ Assumes shared liability across system for the populations of focus.



Outcomes of Interest

By adopting a shared governance structure, Early Connections hopes to achieve the following short and longer-term outcomes:

- Increase parental knowledge, service use, and leadership capacities
- Enhance providers' and partners' awareness of strength-based values and practices when working with families
- Strengthen relationships between families and providers
- Equality among members of the early childhood mental health treatment team
- Early childhood system becomes more respectful of, and responsive to, diverse families
- Organizational cultures become more family-driven
- Increase family involvement and satisfaction with services
- Children are healthier and families become stronger, more empowered, and stable

Limitations: This evaluation relied heavily on self-reports from both governance participants and nonparticipants who had key roles in helping to improve or sustain the Early Connections shared governance structure. Please note that the views in this brief solely represent the perspectives of those interviewed and not necessarily of Alameda County Behavioral Health Care System.

¹ Technical Assistance Partnership for Child and Family Mental Health. (2011). Why Have a Broad-Based Governance System? SAMHSA.

² Components of the System of Care Governance Structure.

³ See the Full Governance Evaluation Report for details.

⁴ Pires, S. (1995). Definition of governance. Washington, D.C.: Human Service Collaborative.

⁵ Pires, S.A. (2010). Building Systems of Care: A Primer. National Technical Assistance Center for Children's Mental Health. Georgetown University Center for Child and Human Development. SAMHSA 64.

⁶ Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative.

RESULTS

In 2011, Early Connections developed a shared governance structure, aligned with SAMHSA's model and guiding principles.

Figure 1. Early Connections Governance Structure 2010-2012



Each governing body has had distinct functions as follows (See full report for roles, membership and status).

1. **Management Team** (System management/operations group)
2. **Full Partnership** (Community based decision-making)
3. **Coordinating Council** (Executive group advocating for system change)
4. **Action Teams** (work groups)

Current Functioning

Key stakeholders interviewed were not satisfied with the current Early Connections overall governance structure, largely because of the amount of time, resources and effort required to sustain it. It also seems to be reactive and not planned out, transparent, or owned, nor aligned with a clear strategic plan and direction. There is great interest in redefining a structured proactive governance structure, aligning it with the recently completed Early Connections Strategic Plan, existing county initiatives and within ACBHCS Children's SOC structure. It is also important to ensure that the reconfigured governance structure upholds the "system of care" principles, for instance, diverse membership and family members' authority in decision-making.

Representation

From June 2011 to June 2012, over 215 members participated in Early Connections governance events. A core group of members has been maintained in the Full partnership, Management Team, and Action Teams. Almost 65% of the participants have attended one event, and 35% attended more than one event.

Early Connections has been largely successful in recruiting, engaging and sustaining culturally and linguistically responsive

governance activities with high representation from Chinese, Vietnamese and Latino family members, including monolingual family members, as well as over 43 partner agencies and partners.

Table 1. Percent of Family Members, Providers and Partners in Early Connections Governance Bodies

	Percent (N)	Target by 2015
Family Members	38.3% (82)	51%
Mental Health Providers	21.5% (46)	NA
Partner Agencies	31.8% (68)	NA
Behavioral Health Care Leadership/Admin	3.7% (8)	NA
Early Connections Core Staff/Other	4.7% (10)	NA
Total	100% (214)	

Number and Types of Decisions Made

In the first 3 years until 2012, Early Connections has made over 70 key decisions (source: Journey Maps).⁷ The number of key decisions made per year has more than doubled, from 15 in year one,⁸ to 20 in year two, to 34 in year three - reflecting the natural progression of developing an initiative, yet with great intensity and speed. It also suggests that Early Connections has more actively implemented key strategies in Year 3 compared to Years 1 and 2. The majority of key decisions made have focused on governance, followed by Partnership Development, Core Strategies, Strategic Planning and Family Leadership (see Figure 2 below).

Figure 2. Types of Key Decisions made, Early Connections, 2009-2012



"Engaging families is less about having them around and more about organizing why they're there and what they're governing." -Key Stakeholder

⁷ There were numerous decisions made on a daily basis that are not reflected above.

⁸ Years reflect federal fiscal years – Year 1 is from 10/1/2009-9/30/2010; Year 2 is 10/1/2010-9/30/2011; and year 3 is 10/1/2011-9/30/2012.

Table 2. Key Accomplishments and Challenges of Early Connections Governance in Years 1-2

Key Accomplishments	Key Challenges
<ul style="list-style-type: none"> • Successfully engaged diverse families and providers • Provided supports and meaningful opportunities for limited shared decision-making • Translated materials and information into Spanish, Vietnamese and Cantonese and ensured that family-friendly language was used • Identified and practiced shared values and commitment to family-driven and culturally responsive activities • Ongoing self-reflection to improve processes 	<ul style="list-style-type: none"> • Preparation and implementation of Full Partnership meetings is extremely time and resource intensive • Authority to govern was unclear • Lack of shared strategic plan • Limited staff capacity and shared ownership of governance structure by staff, management team and all partners involved. • Unclear roles and accountability structures • Diminishing support from system leadership and key partners • Not aligned with existing initiatives' governance

Method of Decision-Making

Though Kaner’s⁹ method of decision-making was largely promoted, there has been an inconsistent and unclear method of decision-making. The primary method of decision-making based on interviews and action team co-convenor survey was by modified consensus or person-in-Charge decides with discussion. Majority Vote, when used, was also effective.

Authority to Make Decisions

There seemed to be agreement that the project director had the most authority or power to make decisions. Some felt that although Action Teams had the ability to make decisions, they were not consistently involved in active decision-making. Family members though present did not always feel they had the power to make final decisions. Though well intentioned, there seemed to be limited shared power in making decisions. Also, it was unclear how much power Early Connections had on decisions in early childhood system, for instance, beyond grant monies. There were no clear reporting mechanisms in place to county board of supervisors, First 5 commission, or BHCS children’s system of care – which would grant it the “authority”.

“The downside is giving an illusion of more control than people have in a sytem that still has to report to directors and to board or supervisors who spend [the] dollars.”
- BHCS leadership



“If we’re integrating...is there a risk of losing some of the things that are unique about the Early Connections principles and values, and goals...” – Key Stakeholder

Aligning with Existing Initiatives

In 2011, Early Connections was not ready to integrate with other 0-8 governance bodies. Stakeholders cited each governance body being at different ‘developmental’ stages as the primary reason.

Table 3¹⁰. Summary of 0-8 Alameda County Initiatives’ Governance Structures

Initiative Name	Agency	Year Began	Strengths*
Early Connections	Alameda County Behavioral Health Care Services	2009	High family involvement; developing family leadership; committed network of 0-5 EPSDT mental health providers
Help Me Grow (HMG)	First 5 Alameda County	2008	Established early childhood partnerships; prevention-focused, governance is developed
Birth to Eight Success Group	Alameda County Health Care Services Agency	2010	Inter-departmental agency heads; committed to coordinating current 0-8 initiatives
Building Blocks	Alameda County Public Health Department	2007	Equity-focused; prevention focused
Alamda County Children’s System of Care	Alameda County Behavioral Health Care Services	Ongoing	Existing governance structure – children’s advisory group; executive leadership buy-in; connected to Board of supervisors; has authority to govern

⁹ The "Facilitator's Guide to Participatory Decision-making" by Sam Kaner et al. (1998) provides strategies and recommendations for successful decision-making.

¹⁰ This table provides limited information about existing early childhood initiatives’ governance structures. It may not include all 0-8 policy, community or program governance bodies such as Alameda County Early Childhood Policy Committee or those within Social Services or Early Care and Education. See full governance evaluation report for more information about HMG, Building Blocks , 0-8 Success Group, BHCS Children’s SOC governance structures.

Table 4. Partners and Provider Agencies Represented in Early Connections Governance, 2011-2012

• Alameda County Behavioral Health Care Services	• Early Consultation & Treatment Program (BHCS)	• OEMC
• 4C's of Alameda County (Community Child Care Council of AC)	• Family Paths	• Our Family Coalition
• A Better Way	• Family Resource Network	• Padre Program (AC Public Health)
• Alameda County Child Care Planning Council	• First 5 Alameda County	• PEERS
• Alameda County Lead Poisoning Prevention Network	• Foothill Head Start	• Pathways to Wellness
• Allen Temple Baptist Church	• Health Care Services Agency	• Regional Center of the East Bay
• Asian Community Mental Health Agency	• Hume Center	• Safe Passages
• Brighter Beginnings	• Jewish Children and Family Services	• TAY- Family Relations Office, ACBHCS
• Building Blocks (AC Public Health Department)	• Kidango	• Through the Looking Glass
• Community Health for Asian Americans	• La Familia Counseling	• Tiburcio Vasquez Health Center
• Children's Hospital Oakland (SEED, Special Start, Center for the Vulnerable Child)	• Lucile Packard Children's Hospital	• United Advocates for Children and Families
• City of Berkeley	• Madre Program (AC Public Health)	• WestEd
• City of Fremont	• Men at Valor Academy	• Women Infant and Children (WIC)
• Department of Children and Family Services, Social Services Agency	• Native American Health Center	• YMCA Central Bay Area
• East Bay Agency for Children	• Northern Region Special Education Local Plan Area (NR SELPA)	

Source: Early Connections Governance Participant Tracking Database 2011-12

For example, Early Connections governance structure was not perceived as “advanced” as Help Me Grow (HMG) governance structure, which was developed earlier and accordingly did not have competing structures at that time. HMG is also led by First 5, an organization that does not need to function within the bounds, requirements, and organizational culture of a county system, thus has more flexibility in implementing change along system of care values. Thirdly, another major difference reported is that HMG though highly values family involvement is not as family-driven at the level that Early Connections is committed to; thus, posing additional challenges for Early Connections that come with engaging various communities in a traditional hierarchical decision-making structure. Two years later, Early Connections seems more ready to learn about and possibly align strategically with other governance structures— this could be partly driven by having a clearer strategic plan with activities and outcomes, and having “developed” their own governance structure.



Key Lessons Learned

Through participation in shared governance, stakeholders have learned the importance of:

1. Having a unified vision and plan that is owned by all members.
2. Staff capacity to do systems change.
3. Transparency and clear communication mechanisms with family members, providers and partners.

“We didn’t own our choice - it was a set-up.”
 – Key Stakeholder

4. Building trusting equitable relationships takes time, open-mindedness and facilitated structure.
5. Having clear reporting mechanisms and shared authority within existing county system.
6. Authority to govern needs to be clear.



Most Sustainable Components

Stakeholders across the county believe that the following are the most critical contributions being made by Early Connections.

They hope that the following components of Early Connections governance are sustained:

1. Family involvement and family leadership structure.
2. Management team playing the role of an active advisory and decision-making body while including the provider and administration in decision-making.
3. A smaller more efficient Full Partnership/ governance council with in-house translation, family stipends, and family-driven policies.
4. Co-learning Collaborative approach between Mental Health Providers and family members is working well, including providers across agencies as partnerships need to be supported and nourished.

“Family members and family leadership should be integrated through the system, not just on the [Early Connections] team”
 – Key Stakeholder



Next Steps for Sustainability

The following is a summary of some suggestions offered by key stakeholders as next steps Early Connections can take to promote sustainability of key components. They felt that it is important to combine governance structure with rest of Early Connections, key strategies.

1. Create an efficient collapsed governance structure that is cost-effective.
2. Co-learn and connect more intentionally to Behavioral Health Care existing governance structure.
3. Map out what the impact of governance is on services and families.
4. Build in technical assistance to develop equal partnerships and relationships across partners.
5. Have more equal partnerships and relationships.
6. Engage existing EPSDT provider network more – supervisors and clinical staff.
7. Work with Behavioral Health Care Services (BHCS), Health Care Services Agency leadership, and BHCS Human Resources to secure county positions, shared investments, and place for early childhood work to be housed within BHCS County System.

“There’s a lot of money being spent in trying to build governance....I do believe that the policies that we [Early Connections] do have in place are transferable. So they would work in other forums ”

– Key Stakeholder

RECOMMENDATIONS

1. Identify upcoming policy decisions versus day-to-day decisions, and establish a clear transparent process and method of decision-making for each.
2. Establish a smaller more focused Governance Council for Early Connections building on tools/lessons learned from Full Partnership that is flexible, and can make select decisions in a more timely way – with 51% family member representation, 20% provider and 30% partners; serving functions of Full Partnership.
3. Create a centralized early childhood system of care unit within BHC System that capitalizes upon and sustains the work of promising Early Connections strategies, including a director position with various leads.
4. Develop one integrated Early Childhood Executive Committee in Alameda County with top leadership across the system, in collaboration with members from Early Connections Coordinating Council, Help Me Grow Executive Council, and Birth to Eight Success Group (with 10-15 members including family members, bylaws, clear roles and accountability).
5. Sustain well-functioning Early Connections Management Team. Ensure that the Management Team has technical and staff capacity including budgets, data, and grants management, and community engagement, to expand and sustain Early Connections efforts within BHCS. Expand membership to include a First 5 liaison, clinical supervisor, Family Partner, and BHCS administrator (data/budgets person).
6. Establish a formal feedback loop with the EPSDT Mental Health Provider Committee.
7. Develop bylaws that clarify authority for Early Connections governance council, under the existing county governance structure, that is, establish reporting mechanisms to Board of Supervisors, First 5 Commission, ACBHCS Children’s SOC (see proposed structure in full report). Develop criteria to prioritize decisions to be made in a shared process, e.g., urgent (time-sensitive), high consequence, will lose funding, requirement for funder or policy.
8. Capitalize on the capacity of existing family leaders to participate on existing relevant committees across the county to ensure family voice has authority in system-wide decision-making.

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