



FAST FACTS

PARTNERING FOR CHANGE

SUMMER 2013

A PROMISING STRATEGY OF BUILDING CULTURAL RESPONSIVENESS¹ IN ALAMEDA COUNTY'S EARLY CHILDHOOD MENTAL HEALTH SYSTEM

INTRODUCTION

Early Connections is committed to “ensuring that all services and strategies are designed and implemented within the cultural and linguistic context of the children, youth and families to be served”. Partnering for Change (PfC) is a key strategy of Early Connections, implemented in 2007-08 and 2009-10 by First 5, and this cohort, 2012-13 focusing on agencies serving children with social/emotional concerns. The overall goal of PfC was to support community partners in their efforts to deliver culturally responsive services to young children and their families. This brief² summarizes key findings mainly focused on the impact of PfC, as well as implementation successes/challenges and lessons learned.

Partnering for Change is based on the following core elements of cultural competence (Source: PfC Request For Proposal)

- Assuring that people in need of services are able to access services, have positive experiences and positive outcomes
- Acknowledging, valuing and addressing cultural difference
- Valuing and practicing equity, fairness, inclusion and respect
- Addressing issues of culture and difference as integral to an organization’s work
- Establishing an ongoing process for organizational learning

Short and Long-term Outcomes

Through PfC, Early Connections hopes to achieve the following short- and longer-term outcomes:

- Enhance providers awareness of and positive attitudes towards cultural diversity of families served.
- System becomes more aware of, respectful of and responsive to cultural beliefs and practices of diverse families.
- Organizations culture and practices/policies becomes more culturally and linguistically responsive.
- Increase diverse families access, use and satisfaction with early childhood mental health services.
- Services become more culturally and linguistically responsive.
- Children from diverse families with social-emotional concerns are healthier, and their families more empowered, stronger and stable.

Partnering for Change Goals:

1. Provide community partners serving children age 0-5 and their families with increased support, dedicated time, and resources and tools to enhance their ability to provide culturally responsive services.
2. Support community partners to conduct a cultural competency needs assessment; articulate the agency’s definition, framework and goals regarding cultural competency; and develop and implement a work plan to improve cultural competency.
3. Establish a network of agencies committed to working on cultural competency and sharing lessons learned with other community agencies
4. Enhance the cultural sensitivity of services provided to young children and their families.

Multicultural Organizational Development

(MCO): *A philosophy and practical approach, used by Partnering for Change, that can help organizations to realize their potential of diversity through strategies aimed at personal, interpersonal and organizational levels.*

– Mayeno et al, 2007

Data Sources

The following tools were used to collect data from various sources.

- The Assessment Tool for Organizational Cultural Responsiveness
- CLR Leadership Survey
- Key Informant Interviews with four PfC Providers
- Interviews with Consultant and Coordinator
- Meeting Minutes and Agency Workplans



¹ Cultural Responsiveness is defined as a set of behaviors, attitudes and policies that come together in a system, agency or individuals to work effectively in cross-cultural situations. Numerous other terms such as cultural competence have been used. Cross, T, Bazron, BJ et al, Towards a Culturally Competent System of Care, Volume I, 1989.

² The views expressed in this brief are the perspectives of only those interviewed, and does not necessarily represent the agency’s or Behavioral Health Care System perspectives.



KEY FINDINGS

Participating Agencies and Providers

Six community-based organizations that provide mental health services and related supports through Medi-Cal to young children 0-5 with social-emotional concerns and their families were selected to participate in Partnering for Change (Pfc). The agencies are located throughout the county, with a strong history, commitment and capacity to serving culturally diverse families, with variation in size, and number and race/ethnicities of families served. The agencies were selected, using a structured scoring process, from a pool of applicants who submitted their applications to the Request For Proposals. This is the third cohort that successfully implemented Pfc and focused on organizations that serve children 0-5 with social-emotional concerns.

Table 1. Agencies Participating in Partnering for Change, 2012-2013

• Early Childhood Consultation and Treatment Program, ACBHCS
• Emergency Shelter Program
• Family Paths
• Jewish Family & Children Services of the East Bay
• The Hume Center
• Tiburco Vasquez Health Center



Key Activities Implemented

In the past year, all agencies participated in 4 quarterly peer-learning communities, a one-on-one

“The group meeting really helped to generate ideas and the consultant really helped with implementation.”

-Participant

technical assistance from an experienced diversity consultant, and a year-end “storytelling” retreat. Agencies also completed organizational assessments, and developed and implemented workplans that included partner-led projects. Peer learning community topics included multicultural organizational development framework and practices, communication, asset mapping and resource sharing. The process was largely implemented as intended. Examples of organizational goals included:

- Enhance CLR service delivery – client feedback (4 agencies)
- Enhance staff or leadership diversity (3 agencies)
- Enhance staff interactions/communication (2 agencies)
- Modify HR hiring protocols to become more CLR (Job description change, performance evaluation and interviewing process) (2 agencies)
- Bring cultural responsiveness to the forefront both in case consultation and documentation (1 agency)

MAJOR ACCOMPLISHMENTS AND CHALLENGES

Table 2. Major Accomplishments and Challenges of Partnering for Change, 2012-2013, Alameda County.

Major Accomplishments	Major Challenges
<ul style="list-style-type: none"> • Reinstitution/revival of diversity committees • Revised agency mission and vision statements • Hired bilingual/bicultural staff • Revised CLR-oriented job descriptions and hiring and performance evaluation protocols • Leader’s willingness to be vulnerable (within an agency and as a network) • Improved communication (within agencies and across providers). 	<ul style="list-style-type: none"> • Changing Mindsets • Limited time/priority • Fewer sessions • Less racial/ethnic diversity amongst Pfc leaders



Peer-Learning Community

At least 70% of the participants reported that meetings and consultation together were effective in helping to meet diverse agency needs, and completing and implementing workplans successfully.

What worked well for Peer Learning Community?

1. Having a safe structured well-facilitated place
2. Sharing concrete examples and tools
3. Interaction and sharing experiences with each other
4. Transparency in vulnerability

One-on-one Consultation

Almost all agencies used 20 hours of consultant time (some later than others), focusing on gaining a better understanding of CLR, trainings, and having to navigate difficult conversations with leadership and staff. All agencies reported appreciating the one-on-one consultation time to fully engage staff at multiple levels, and meet them where they were within their organizational context, while helping them focus and develop concrete next steps.

Impact on Mental Health Providers and Organizations

There have been significant changes observed at the individual provider level in terms of her competencies to lead CLR change within her organization, inter-personal level (in terms of greater communication within and across organizations), and organizational-level (in terms of policies/protocols developed, human resource materials developed, improved communication).

“There’s been some profound shifts for all of us and how we work and how we engage families and how we work more as team.”

- Participant

Individual-level Impact

- ✘ Seven out of 9 indicators of provider competencies improved over one year, post-PfC participation.
- ✘ Most significant improvements were for increased provider understanding of CLR, ability to communicate to coworkers and engage staff in changing CLR policies.



Table 3. Changes in PfC Leaders’ views of leadership roles and competencies, pre-post participation in Partnering for Change, 2012-2013 (N=11).

Change	Indicator	Pre-score 6/2012 (N=10)	Post-score 6/2013 (N=11)
	Good understanding of what it takes to be a CLR organization	3.70	4.27*
	Ability to communicate to coworkers CLR-related organizational goals	3.60	4.18*
	Ability to engage staff in changing policies and practices to become more CLR	3.70	4.09*
	Confidence to help increase awareness about CLR within our organization	4.30	4.36
	I can help our staff adapt more CLR behaviors	4.10	4.18
	Ability to communicate what it takes to be a CLR organization in a clear and simple manner	3.80	3.91
	Model cultural and linguistic responsiveness in my own work	4.00	4.18
	Strong commitment to ensuring CLR policies, protocols and practices within organization	4.60	4.45
	Ability to involve and engage stakeholders in effectively planning and designing workplan	4.00	3.73



Organizational-level Impact

For 34 (70%) of the 50 items on the pre-post organizational assessments completed by the six agencies, the average scores across all agencies stayed the same or improved. Most significant improvements on the “post” assessments were for the following organizational-level outcomes. For specific indicators changed, see the full report:

- ✘ **Change in Policies and Procedures** including case documentation changes.
- ✘ **Improved Communication within Organization**
 - Greater connectedness/transparency between leadership and staff.
 - Developing new diversity committees.
- ✘ **Human Resource Development**
 - Agencies made changes in job description, interviewing protocols
 - One agency developed diversity informed clinical practice.

“Our documentation has shifted in terms of the language we use, our involvement with family on everyday levels just shifted and the Spanish-speaking consultation group that is [now] happening..and then our job description and performance evaluation have changed too.”
- Participant

- At least 1 organization hired a Spanish-speaking program manager.

“We decided to reorganize to make room financially to hire on and recruit for the language capacity, but it was something that we really decided to prioritize...”

- ✘ **Community and Consumer Engagement**
 - The providers reported that their agency made more effort to reach out to learn about different communities, establish relationships with family members and obtain input from community members and make changes in program and policies accordingly.
- ✘ **Programs and Service delivery** (including getting client feedback)
 - At least 4 agencies conducted a client satisfaction survey that assessed CLR.

“A CLR focused client satisfaction survey has the potential to “impact [all community clinics] at a system- level.”

- Provider

Perceived System-Level Benefits

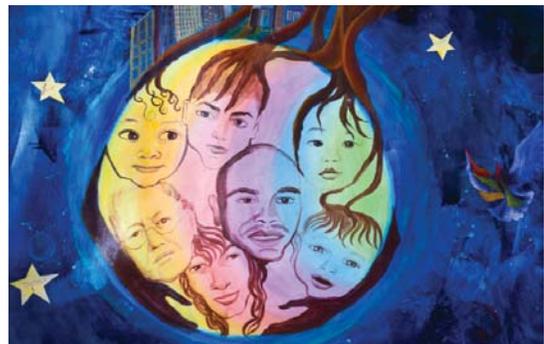
Providers interviewed suggested that the system can benefit from Pfc in the following ways:

- Client satisfaction survey and hiring protocol institutionalize in the county.
- Develop and share best practices/tools across the EPSDT provider network.
- Make the assessment tool available to all organizations.
- Develop more partnerships between family members and provider.

Suggested Areas for Improvement

- Integrate the family perspective.

“Increasing family driven and family engagement involvement piece is something that I feel like we could do better next time, both in the organization assessment and also to include [families]..even in the learning community. “
- More clarity about the process including framework being used would have helped.
- More coaching on how to make that tool more robust and its data usefulness.
- Having more Pfc sessions or build in alternate creative ways of communication across participants in between meetings (e.g. blog).
- Place more emphasis on have a racially and ethnically diverse and gender-balanced cohort.



Key Lessons Learned

"We really did get a lot out of it."

1. **Power matters.** The participant's ability to influence change within their organizations was directly linked to their decision-making power.
2. **Engaging and being vulnerable as management is key.**
3. **It's a dynamic process, different for different agencies.**
4. **Change is difficult and requires cooperation at multiple levels and clear concrete goals:**
"[I learned] how much time and energy and effort it takes to...promote change within agency."
5. **Be inclusive of diversity of population served by agency broadly (not program-specific).**

*"Engaging the whole management team and entire organization had the most impact."
- Provider*

6. **Accept and be open to diverse opinions/values/attitudes within a group** – one provider mentioned that she learned to accept and relax about differences within a group.
7. **Multicultural organizational change is broader than communication.**
8. **Surveys take a long time.**

"Over the years we have really focused on interpersonal communication dynamics, and this was the real opportunity to think about policies, procedures and governance, you know, HR issues and the board of directors."

Acknowledgements:

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CONCLUSION AND RECOMMENDATIONS

This evaluation³ provides strong evidence that Pfc may be a promising strategy to improve mental health and related services and thereby health and wellbeing of diverse families and young children ages 0-5 in Alameda County and beyond. The following recommendations are based on the data shared by the providers, consultant and the CLR Coordinator.

1. Capitalize on the current Pfc providers capacity to influence the larger system. Develop, present/share and disseminate widely among ACBHCS network of EPSDT mental health providers a CLR toolkit of best practices. The toolkit would consist of sample client satisfaction surveys, HR materials, training materials, sample mission/visions statements, personal provider manuals, clinical case consultation written documentation, and other tools developed by Pfc Cohort.
2. Continue to provide structure and TA to sustain work of Pfc providers at the service-levels.
3. Engage and strategically collaborate with ACBHCS county leadership to institutionalize standardized client satisfaction survey with CLR items, HR protocols, and perhaps organizational assessment tool available to all providers.
4. Document impact on services and diverse families, to substantiate sufficient evidence to document best practice.



³ See Partnering for Change Full Evaluation Report by WestEd for details.